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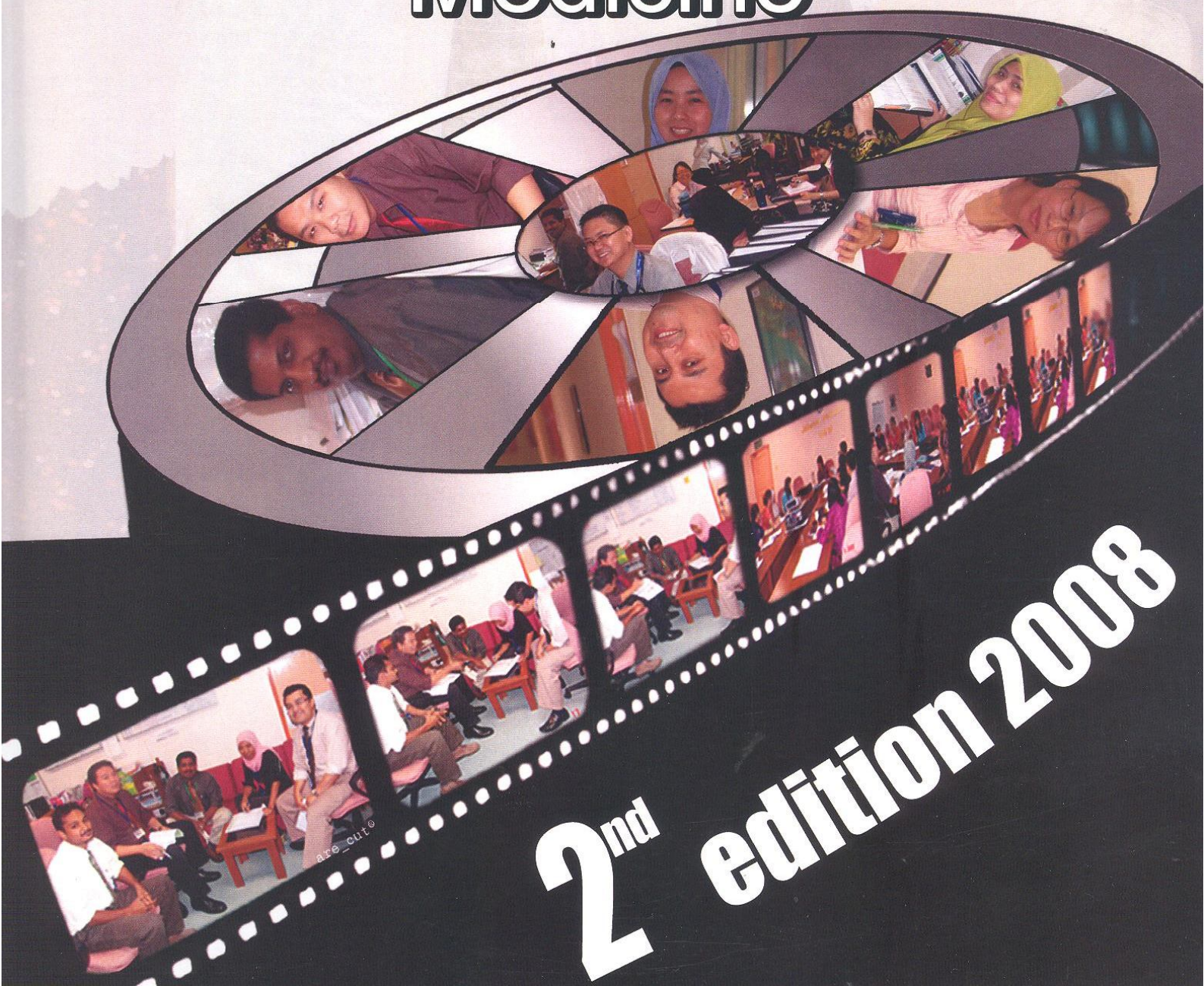
Guidebook For MMed (Psych)/ Master of Psychological Medicine



2nd edition 2008

ACKNOWLEDGEMENT

My thanks to all Conjoint Committee Members, representatives from universities and Ministry of Health Malaysia for their contribution in reviewing this revised version of Guidebook for Master of Medicine (Psychiatry) / Master of Psychological Medicine.

PREFACE

This guide book is written as there is need to have a common guide for all candidates in the Conjoint Programme, Master of Medicine Psychiatry/ Master of Psychological Medicine.

The first edition of the guide book issued in 2003 was adapted from USM Guidebook for Master of Medicine (Psychiatry).

The first 5-year review of Psychiatry Conjoint Curriculum was held on 14th and 15th January 2008. This review has taken into consideration the experiences in conducting the Masters program from the three universities involving UKM, UM, USM and the Ministry of Health Malaysia. The main amendments done are on the conditions and format of examinations. These are based on the views and suggestions from all parties involved in conducting the course as well as suggestions from various external examiners. The representatives of senior postgraduates students were also invited and involved in the review.

This guidebook needs to be amended from time to time in accordance with developments in modern psychiatry

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Chairperson
Conjoint Master of Medicine – Psychiatry/Psychological Medicine
2007- 2008

Committee Members of Conjoint Board Psychiatry 2007 – 2008

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Dr. Chin Cheuk Ngen	Academy of Medicine (AoM)

List of attendees at Review Meeting 14-15 January 2008

No.	Name	Institution
1.	Clin. Prof. Dr. Abdul Hamid Abdul Rahman	UKM
2.	Prof. Maniam Thambu	
3.	Clin. Assoc. Prof. Dr. Rosdinom Razali	
4.	Assoc. Prof. Dr. Ruzanna ZamZam	
5.	Dr. Hazli Zakaria	
6.	Prof. Dr. Hussain Habil	UM
7.	Assoc. Prof. Dr. Steven Jambunathan	
8.	Dr. Muhmmad Mohsin Ahmad Zahari	
9.	Dr. Amer Siddiq	
10.	Assoc. Prof. Dr. Mohd Jamil Yaacob	USM
11.	Prof. Dr. Mohd Razali Salleh	
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13.	Assoc. Prof. Dr. Brian Ho	UPM
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17.	Dr. Hj. Daud Dalip	
18.	Dr. Chin Cheuk Ngen	Academy of Med

CONTENT

List of Appendices

1 OVERVIEW OF THE COURSE

GENERAL OBJECTIVE

The general objective is to impart knowledge and skills to candidates of the 4-year Masters programme in psychiatry, enabling them to function independently as safe and competent psychiatrists.

SPECIFIC OBJECTIVES

1. At the end of the course the candidate shall demonstrate thorough knowledge in the field of psychiatry and adequate knowledge in the psychiatric sub-specialties.

2. Broad knowledge in the fields of psychopathology aspects of etiology, symptomatology, treatment and management.

3. Ability to take a detailed history, and in carrying out physical and mental state examinations.

4. Ability to conduct appropriate investigations.

5. Leadership skills and cooperate with other staff like the clinical psychologist, medical social worker, occupational therapist and others.

6. Good attitudes and a sense of responsibility while discussing with colleagues and while treating patients.

7. Skill in handling discussions and in communicating with patients or their family members.

8. Capacity to continue acquiring current knowledge in psychiatry and in keeping abreast of latest developments in the field of medicine in general.

9. Ability to undertake research activities in psychiatry.

10. Ability to function as a consultant who is efficient in raising the levels of expertise, practice and mental health standard in the society.

CURICULUM STRUCTURE

The course shall comprise of three phases:

Phase I (Year 1)	:	Basic medical sciences and basic psychiatry
Phase II (Year 2 & 3)	:	Clinical psychiatry & research
Phase III (Year 4)	:	Consultant in training

1. Phase I

1.1 Objective

To acquire knowledge in the field of basic medical sciences and basic psychiatry in correlation with psychopathology of the individual disorder. Their exposure to clinical psychiatry will enable them to take comprehensive history, perform complete mental status examination and arrive at the provisional diagnosis.

1.2 Placement and mode of learning

All candidates will be in their respective universities during the first six months of the training. Formal lectures, tutorials and clinical teachings are organised during the intensive course. This formal intensive course will be followed by end-of-course examinations.

After the first six months, candidates under the open system are allowed to continue their services or practices at hospitals or institutions recognised by the Psychiatry Conjoint Board. Emphasis is on self-learning with supervision by consultant and departmental staff in the hospital concerned. Each university is responsible to provide the study guide or package to their students.

Candidates in the open system in the vicinity of their university are required to attend the weekly journal club and case conferences conducted in the university as well as in the department they are posted to. The university will provide guidelines for preparation of case conferences and journal club presentations. A list of seminar topics will be provided from time to time.

1.3 Continuous Assessment

The continuous assessment is an integral and important part of the overall assessment of candidates. At every stage of the formative assessment, feedback shall be given to candidates so that they are given opportunity to improve themselves and rectify any weaknesses.

The continuous assessment shall have three components.

(i) Case protocols

The candidate shall submit two (2) case protocols, in the first year of training, on these two topics:

a. Schizophrenia
b. Anxiety disorder

The candidates should have followed up these cases for at least 3 months before writing them up. Each case protocol should be not less than 10,000 words in length, typed doubled-spaced on one side using A4 sized paper with page numbering. They should be bound before submission. All protocols shall be submitted 3 months before the Part 1 Conjoint Examination. Candidates are advised to have the drafts of their protocol checked by their supervisors for corrections, before preparing the final versions.

Two examiners shall mark each protocol. Candidates must obtain a combined average of 50 for each case protocol to be eligible to sit for the Part 1 Conjoint Examination. Where there is a wide disparity of the marks between the two examiners, the decision of a third (senior) examiner shall be final.

(ii) Supervisor's report

This shall be provided in the prescribed format (Appendix I). A report shall be submitted every 5 months, with the second report being submitted 2 months prior to the Part 1 Conjoint Examination. Supervisors should give feedback to the candidate after each report. The candidates must receive satisfactory supervisor's reports to be eligible to sit for the Conjoint Examination at the end of the year. Where there is discrepancy in the reports of supervisors, the decision of the Department Examination Board shall be final.

A satisfactory performance in the continuous assessment is mandatory for a candidate to be eligible to register for the Part 1 Conjoint Examination. Where there is failure of eligibility to sit for the examination through unsatisfactory performance in the continuous assessment, the candidate shall be deemed to have made one attempt at the examination.

	Postings	Duration
Year 1 **(Phase I)**	**BASIC SCIENCES** Biostatistics and Epidemiology Genetics Immunology Neuroanatomy Neurochemistry Neuroimaging Neuropathology Neurophysiology Pharmacology	1 year
	BASIC PSYCHIATRY Classification in Psychiatry History of Psychiatry Phenomenology Psychiatric interview Psychological assessments Psychopathology Transcultural Psychiatry Communication skills* Psychological Sciences Medical ethics* Medical Sociology Ethology	

2. Phase II (Year 2 and 3)

2.1 Objective

To enable candidates to acquire knowledge, skill and attitudes appropriate for the management of psychiatric patients. By the end of phase II, the candidates should be competent in managing general psychiatry cases and acquired sufficient skill in the management of patients from various sub-disciplines in psychiatry.

2.2 Placement and mode of learning

The proposed postings by rotation for phase II are as follow:

	Posting	Duration	Remarks
Year 2 and Year 3 (phase II)	General Psychiatry**	8 months	Psychotherapy Research Methodology
	Rehabilitation and Community Psychiatry	3 months*	
	Forensic Psychiatry	12 weeks*	
	Geriatric Psychiatry	6 weeks	
	Neurology/medical	3 months	
	Child and Adolescent	4 months	Developmental Psychiatry
	Addiction Psychiatry	6 weeks	

* These postings run concurrently and some may overlap
** can be divided into second and third year, preferably longer duration in third year

Candidates are also required to start one project for the dissertation that begins in the first 6 months of phase II which has to be submitted 4 months before the end of phase III.

Distant learning students will continue their postings at the previous hospitals or institutions for the whole of year 2.

Regular follow up and contact with the coordinator is mandatory to ensure the postings are conducted as scheduled. The candidates may continue the follow up of psychotherapy cases in the third year.

During Phase II the candidates must also attend the following courses:

(i) A course in communication skills and medical ethics with special emphasis on psychiatry for one week in the first 6 months.

(ii) A 2-week course in research methodology (biostatistics) including statistical software, analytical statistic including odds ratio, relative risk, and number needed to treat.

(iii) An intensive course in scientific writing and application of software statistics.

2.3 Continuous Assessment

a) Supervisor's report
b) Log book (depend on university requirement)
c) Case protocols as follows:

i. Organic brain disorder
ii. Mood disorder
iii. Forensic Psychiatry
iv. Community Psychiatry
v. Psychodynamic psychotherapy (minimum of 10 session)
vi. Cognitive psychotherapy (minimum of 10 session)
vii. Child and adolescent Psychiatry
viii. Addiction Psychiatry

- i, ii, iii & iv to be submitted at the end of year II
- v,vi, vii & viii to be submitted at least three months before the second professional examination

3. Phase III (Year 4)

3.1 Objectives

To increase skills in clinical problem-solving and decision-making in patient care. Upon completing Phase III, the candidate should be able to function independently as a consultant in psychiatry. The experience candidates achieved after completing the dissertation will prove to be useful in undertaking future research.

3.2 Placement and mode of learning

Candidates either in university or in the open system are to undertake clinical work. Candidates who are posted as a senior registrar or consultant-in-training are expected to take over completely the responsibility in the management of patients. Candidates are encouraged to make decisions on their own as a specialist. Nevertheless, candidates will work under supervision of a consultant / lecturer who shall be appointed for this purpose. Candidates are encouraged to present and publish research findings at conferences and in medical journals respectively. Candidates are also expected to acquaint themselves with management problems and contemporary issues so as to increase the standard of patient care. Candidates are advised to concentrate on one of the sub-disciplines of his/her interest. Besides carrying out clinical work, candidates are required to continue with their dissertation.

There will be placements in Liaison Psychiatry for three months, elective posting for a month and General Psychiatry for eight months.

3.3 Continuous Assessment

a) Supervisor's report
b) Progress of dissertation report

The progress of the dissertation will be assessed every 6 months in a standard format (Appendix 2). The completed form should be returned in duplicate to the Academic Office and Head of Department

The candidates should submit their dissertation 4 months prior to the Part III examination.

TEACHING METHODS IN GENERAL

Several methods and steps shall be implemented to ensure the process of teaching – learning is carried out effectively.

1. The university/Hospital shall prepare video facilities, list of books, relevant journals and monographs.
2. The university/Hospital shall supply lecture notes, self-learning package, copies of medical journal articles, reference books & audiovisual materials for the respective topics.
3. Schedules for lecture, tutorial, seminars, clinical teaching and other teaching activities shall be released from time to time
4. Candidates have to involve themselves actively in all aspects of patient care and shall be supervised at all times. Candidates shall also be posted to be on-call under the supervision of psychiatric consultants or lecturers.
5. Candidates are required to prepare case protocols whose number and conditions are to be set by the department.
6. Candidates shall conduct research under the supervision of lecturers so as to produce a dissertation.
7. Candidates are required to attend and take part in certain learning activities set by their departments.

SUSPENSION FROM THE COURSE

University senate reserves the right to suspend any one candidate from the course and / or from taking the professional examination, with or without penalty, on the advice of the Medical Faculty or Examination Board.

POSTPONEMENT OF STUDIES

Candidates can postpone their course without penalty on specific grounds acceptable to the senate. The postponement can only occur twice (2) in the entire duration of the course and the total duration could not exceed one (1) year.

TERMINATION OF CANDIDACY

A candidate can withdraw from the course by making an application in writing to the Dean of Faculty of Medicine through Head of Department to be forwarded to the Faculty Board.
A candidate may be terminated in his /her candidacy by the University Senate after a proposal by the Faculty Board if the candidate:

1. Shows unsatisfactory progress

2. Commits an offence involving disciplinary action in the university or hospital

3. is proven to have committed malpractice or crime.

4. Fails to register every year without receiving approval from the university authorities

5. Fails three times in the same examination

6. Has his/her registration with the Malaysia Medical Council terminated/suspended.

7. is unwell physically or mentally such that he/she might endanger the well-being of patients.

AWARD OF Master of Medicine (Psychiatry)/Master of Psychological Medicine

A candidate will be eligible for the award of M.Med (Psychiatry)/Master of Psychological Medicine upon the successful completion of the course and on fulfilment of all the requirements of the Conjoint Board and the university.

INTERPRETATION

Any point that is ambiguous or not clearly stated herein will be decided upon by the University Senate on the advice of Conjoint Board. All the information started in this booklet is subject to changes from time to time.

2 SPECIFIC OBJECTIVES AND SYLLABUS BY YEAR OF STUDY

FIRST YEAR

I. BASIC SCIENCES

NEUROANATOMY

1. Normal Structure

1.1 Development of the nervous system
1.2 Cell types in the nervous system and their function
1.3 Functional anatomy of the major components of the cerebrum
1.4 Location of the hypothalamus and its relation to the pituitary gland
1.5 Functional anatomy of the brain stem
1.6 The cranial nerves
1.7 The cerebellum
1.8 Spinal cord
1.9 The anatomical basis of cerebrospinal fluid circulation – ventricular system, cisterns and arachnoid villi
1.10 Brachial and lumbo-sacral plexuses – their formation and major nerves
1.11 Segmental innervation of movements and major muscles and dermatomal distribution
1.12 Cranial and spinal meninges
1.13 Autonomic nervous system
1.14 Arterial supply to the brain and the spinal cord – the arteries, their origin, anastomoses and distribution
1.15 Venous sinuses of the brain
1.16 Anatomy of the skull in relation to intracranial contents

2. Normal Function

2.1 Resting membrane potential and action potential
2.2 Chemical transmission within the nervous system
Neurotransmitters and their actions
2.3 Synapses and their function
2.4 Processes involved in neuromuscular transmission
2.5 The Autonomic Nervous System
2.6 Autonomic transmitters, their synthesis, release and catabolism
2.7 Cutaneous and deep receptors
2.8 The reflex arc – the basic components, function and properties
2.9 The stretch reflex
2.10 Ascending sensory pathways, including the role of the thalamus and cerebral cortex
2.11 Nervous mechanisms involved in perception of pain
2.12 The pyramidal system and its function
2.13 Basal ganglia and their functions
2.14 Cerebellum and its function
2.15 Maintenance of posture cerebellum, basal ganglia, extrapyramidal pathways, eyes, vestibular apparatus, proprioceptive receptors and pathways.

2.16 Functions of the hypothalamus in relation to thirst, hunger, sexual function and thermo-regulation
2.17 The functions mediated by the limbic system
2.18 Vision
2.19 The ear and the auditory pathways
2.20 Cerebral blood flow
2.21 Formation and functions of cerebrospinal fluid
2.22 Blood brain barrier as a functional concept and its advantages and disadvantages. Its role in modulating the immune processes in the Central Nervous System
2.23 Difference in the immune system operative in the central nervous system and outside the central nervous system
2.24 The reticular activating system

NEUROPHYSIOLOGY

By the end of the posting the candidates should be able to understand the role of:

1. Synapses
   Electrical events during synaptic transmission, properties of central and peripheral synapses, significance of synapses in central nervous system function

2. Neuromuscular transmission
   Structure of the neuromuscular junction, ionic and electrical events associated with neuromuscular transmission

3. Autonomic nervous system
   Structure and divisions of the autonomic nervous system, autonomic transmitters and receptors, autonomic effects on various organs of the body, impaired autonomic function, tests of autonomic function

4. Hypothalamus
   Functions of the hypothalamus with special reference to temperature regulation, peripheral mechanisms involved in body temperature regulation

5. Sensory system
   Sensory receptors, ascending sensory pathways, central effects if sensory stimulation, slow and fast pain, central effects of pain, pain mediators and endorphins

6. Motor system
   Motor unit, reflex and voluntary movements, role of the stretch reflex, planning and execution of voluntary movements, functions of the cerebral cortex, basal ganglia and cerebellum in relation to movements, corticospinal tract, extrapyramidal tract, regulation of posture and tone

7. Sleep and consciousness
   Neural centres mediating circadian rhythms, pathways and neurotransmitters associated with sleep, factors influencing sleep-wake cycle, types of sleep and their differences, sleep patterns, physiological changes during sleep

8. Endocrine physiology
   Growth hormone, pituitary hormones, thyroid and parathyroid hormones, calcitonin, adrenocorticol and adrenomedullary hormones, erythropoietin, gut-hormones, sex hormones and gonadotrophins.

9. The regulation of secretion of the above hormones.

10. The synthesis, storage, release, transport and mechanism of action of hormones

NEUROCHEMISTRY

By the end of the posting the candidates should be able to:

1. select the most appropriate pharmacological treatment for the various psychiatric disorders based on their understanding of the various receptors and neurotransmitters involved in the affected brain.

2. demonstrate knowledge of the role of genetic factors in the pathogenesis of mental illness.

3. utilise endocrine assessment in appropriate cases as part of treatment.

<u>Core Knowledge</u>

- Biogenic amine neurotransmitters:
  - Dopamine
  - Epinephrine
  - Norepinephrine
  - Serotonin
  - Acetylcholine
  - Histamine

- Amino acid neurotransmitters
  - γ-aminobutyric acid (GABA)
  - Glutamate
  - Aspartate

- Peptide neurotransmitters
  - Neurotensin
  - Thyrotropin-releasing hormone (TRH)
  - Cholecystokinin octapeptide (CCK-8)

- Biological rhythms and chronobiology

- Psychoneuroimmunology

NEUROPATHOLOGY

By the end of the posting the candidates should acquire the knowledge on pathology of the following:

1. Alzheimer's Disease
    - Senile plaques
    - Neurofibrillary tangles
    - Glial proliferation
    - Granulovascular degeration
    - Hirano inclusion bodies
    - Neuronal cell loss

2. Other primary dementias
    - Pick's disease
    - Creutzfeld-Jakob disease
    - Huntington's chorea
    - Lewy-body dementia
    - Frontal lobe dementia
    - Parkinson's disease

3. Secondary dementia
    - Multi-infarct dementia
    - Hydrocephalus
    - Space-occupying lesion
    - Head injury
    - Neurosyphilis
    - AIDS

4. The concept of neuroplasticity

MEDICAL SOCIOLOGY

By the end of the posting the candidates should be able to:

1. describe the changes in family structure and pathology within the family with respect to social-cultural changes and industrialization
2. describes the social definition of "normality" versus "abnormality" and the social causes and pattern of illness
3. apply the knowledge of medical sociology in understanding health-seeking behaviour, illness behaviour, the sick role, as well as the patients' choices and preferences in treatment modalities
4. describe the implication of labelling behaviour and the ways patients cope with illness

<u>Core Knowledge</u>

- The family
- Culture
- Personality and socialization
- Social control and deviation
- Group and association
- Social class
- Sociocultural change
- Healer and medical systems

ETHOLOGY

By the end of the posting candidates should demonstrate knowledge of ethology in relation to psychiatry

PSYCHOLOGICAL SCIENCES

By the end of the posting the candidates should demonstrate knowledge of psychological sciences especially normal psychological principles of the following topics:

1. Attention and perception
2. Learning
3. Motivation
4. Memory
5. Aggression and its various theories
6. Personality and its various approaches
7. Jean Piaget's theory of development
8. Implication of Deviation

1. Attention and perception

By the end of the posting the candidates should be able to describe:

1.1 Definition of attention and concentration
1.2 Determinants of attention
1.3 Variations in attention
1.4 Perception
1.5 Determinants of perception
1.6 Factors influencing perception

Core Knowledge:

- Difference between attention and concentration
- Focal and Marginal attention
- Subjective factors in attention
- Objective factors in attention
- Division of attention
- Fluctuation of attention
- Span of attention
- Subjective factors in perception: sense organs, brain functions, past experiences, set / attitude
- Figure ground relationship in perception, such as
    - Nearness
    - Likeness
    - Inclusiveness
    - Closure

2. Learning

By the end of the posting the candidates should be able to describe:
2.1 Definition of learning
2.2 Difference between human and animal learning
2.3 Trial and error in learning (Thorndike)
2.4 Insightful learning (Kohler)
2.5 Classical conditioning (Pavlov)

2.6 Operant conditioning (Skinner)
2.7 Theories of imitation (Bandura)
2.8 Cognitive learning
2.9 Learning curve

Core Knowledge

- Differences in the approach of each learning theory
- Laws of learning:
    - Law of effect
    - Law of frequency
    - Law of recency
- Principles involved in insightful learning
- Difference between classical conditioning and operant conditioning
- Nature of classical conditioning:
    - Stimulus generalisation
    - Stimulus discrimination
    - Extinction
    - Spontaneous recovery
    - Experimental neurosis
- Factors that determine imitative behaviour:
    - Attentional processes
    - Retentional processess
    - Motor productive response
    - Incentive and motivational processes
- Cognitive structure and cognitive map
- Conditions under which 'plateau' in learning curve occurs

3. Motivation

By the end of the posting the candidate should be able to know the:

3.1 Definition of motivation
3.2 Classification of motivation
3.3 Motivation in relation to learning
3.4 Motivation in relation to adjustment
3.5 Motivation in relation to personality

Core Knowledge

- Difference between primary & secondary motivation
- Deprivation of primary motivation and its effects
    - Semi-starvation experiment on human beings
    - How motivation affects ones learning
    - Level of aspiration
    - Intention or desire to learn
    - Pragmatic outlook
- Role of rewards & punishment in learning
- Role of praise, scolding and ignore on human learning
- Two important motives operating simultaneously and its effect on adjustment
- Maslow's Hierarchy of Motives

4. Memory and its processes

By the end of the posting the candidate should be able to describe:

4.1 What is memory
4.2 Short term memory
4.3 Long term memory
4.4 Categories of long term memory
4.5 Organisation in long term
4.6 memories
4.7 Forgetting and why it occurs

Core knowledge

- Differences between short term and long term memory
- Chunking system in short term memory
- Procedural memory
- Episodic memory
- Declarative memory
- Organized way of storing & retrieving a huge amount of information
- Recall method
- Recognition method
- Relearning method
- Serial learning
- Theories of forgetting
    - Decay theory
    - Interference theory
    - Reconstruction theory
    - Motivated forgetting
- Proactive interference
- Retroactive interference

5. Theories of aggression

By the end of the posting the candidate should be able to describe:

5.1 Nature of aggression
5.2 Types aggression
5.3 Theories of aggression

Core Knowledge

- Variations in hostile and instrumental aggressions
- Ethnological approach to aggression
- Social learning theories of aggression
- Psychoanalytic theory of aggression
- The role of imitation, observation and reinforcement in the development of aggression
- Dollard Miller's Frustration aggression hypothesis
- Freud's views on aggression – a conflict between 'Eros' and 'Thanatos'

6. Personality and it various approaches

By the end of the posting candidates should be able to describe

6.1 Definition of personality
6.2 Trait and type approach
6.3 Psychoanalytic approach
6.4 Social learning approach
6.5 Humanistic approach

Core Knowledge

- Personality traits and type. Difference between 'Trait' and 'Type'
- Eyesenk's view of Extraversion and Introversion
    - Stable/unstable Extroverts
    - Stable/unstable Introversion
- Allport's view of
    - Cardinal trait
    - Central trait
    - Secondary trait
- Raymond Catell's
    - 16 personality factors in personality
    - Source traits
    - Surface traits
- Sigmund Freud's
    - Conscious
    - Sub/Pre conscious
    - Unconscious
        - Id, Ego, Super Ego
        - Psychosexual Development
          - Oral Stage
          - Anal Stage
          - Phallic Stage
          - Latency Stage
          - Genital Stage

7. Human Growth and Development

7.1 Social
7.2 Emotional
7.3 Cognitive
7.4 Moral
Piaget, Erikson, Bandura, Maslow, Carl Roger, Bowlby, Einsworth etc

Core Knowledge

- The cognitive development proposed by Jean Piaget
- Stages of cognitive development
- Assimilation
- Accommodation
- Sensori-motor stage: Differentiate self from objects
- Pre-operational stage: use of language and represent objects by images and words
- Concrete operational stage: think logically
- Formal operational stage: abstract proposition and test hypothesis
- Bandura's
    - Social learning theory
    - Social models & observational learning
- Carl Roger's
    - Self concept
    - Self
    - Ideal self
- Abraham Maslow's Hierarchy of Motives

8. Implication of Deviations

By the end of the posting the candidates should be able to describe:

8.1 Normality vs abnormality
8.2 Normal behaviour
8.3 Abnormal behaviour

Core Knowledge

- Deviations from statistical norms
- Deviation from social norms
- Maladaptive behaviour
- Personal distress
- Concept of normality
    - Perception of reality
    - Self-knowledge
    - Self-control
    - Self-esteem
    - Affectionate relationship
    - Productivity

IMMUNOLOGY

By the end of the posting the candidates should be able to describe:

1. Immunologic apparatus: cellular immunity, humoral immunity.
2. Viral and bacterial infections of brain.

Core knowledge:

- Immunologic functions mediated by Band T lymphocytes.
- Other white blood cells involved in Cell Mediated Immunity.
- Mounting an immune response.
- Endocrinologic influences of immune functions.
- Meningitis, encephalitis, meningoencephalitis. Neurosyphylis. Cerebral abscess. Creutzfeld-Jacob disease. Acquired Immunodeficiency Syndrome (AIDS).

GENETICS

By the end of the posting the candidates should be able to demonstrate knowledge of:

1. Basic sciences in genetic
2. Genetic disorders
3. Molecular genetics
4. Genetic studies in psychiatry

Core Knowledge:

- Brief review of nucleic acids (nucleotides, DNA, RNA).
- Mendelian inheritance: law of uniformity, Mendel's first law, Mendel's second law, autosomal dominnat disorders, autosomal recessive disorders, X-linked disorders.
- Chromosomal abnormalities-autosomal and sex chromosomes. Non-Mendelian inheritance -incomplete inheritance, variable expressivity, polygenic and multifactorial inheritance.
- Denaturation, gene probes, restriction endonuclease, southern blotting, recombinant DNA, linkage analysis.
- Family Studies (methodology, difficulties, clinical example)
- Twin studies (methodology, difficulties, clinical examples)
- Adoption studies (methodology, difficulties, clinical examples).

BIOSTATISTICS AND EPIDEMIOLOGY

By the end of the posting the candidates should be able to describe:-

1. Parametric and Non-parametric tests
2. Psychiatric epidemiology
3. Rating scales and instruments (eg. BPRS, GHQ, PSE, HAM-D, etc.)
4. Type of studies
5. Research methodology

Core Knowledge:

- Descriptive statistics
- What is meant by statistics? Types of data. Measurement of central tendencies and spread. Data analysis. Coefficient of correlation.
- Null-hypothesis and hypothesis testing. Data analysis II.
- Measurement of disease frequency. Prevalence - definition and types. Incidence. Risk factors -relative risk and attributable risk. Case registers.
- Structured/ unstructured, observer/ self-rating. Validity/ reliability (definition and types and sensitivity/specificity of assessment instruments.
- Cross-sectional and cohort. Case control studies. Epidemiological studies in psychiatry. IPSS (WHO), NIMH-ECA, etc.
- Study designs.

NEUROIMAGING

By the end of the posting the candidates should be able to:

1. describe the indication for requesting various radiological investigations
2. interpret the result of basic neuroimaging
3. be guided by senior colleagues in interpretation of the advanced radiological investigation.

Core Knowledge

- Structural neuroimaging
    - Computed Tomography (CT) scans
    - Magnetic Resonance Imaging (MRI) scans
- Functional Neuroimaging
    - Positron Emission Tomography (PET) scanning
    - Single Proton Emission Computed Tomography (SPECT) scanning
- Radioisotope brain scanning

PHARMACOLOGY

By the end of the posting the candidates should be able to:

1. understand factors that influence absorption, distribution, metabolism and excretion of drugs through various routes of administration
2. describe the mechanism of hepatic enzyme induction and the role of Cytochrome P 450 (CYP)
3. demonstrate knowledge of the classification and molecular structure of various types of psychotropic drugs
4. explain the mechanism of action of psychotropic drugs
   compare the efficacy, potency and safety profile of psychotropic drugs in each class
5. know the indications, precautions, contraindications and side-effects of the commonly used psychotropic drugs

Core knowledge

- Basic pharmacology
    - Pharmacokinetics
        - Absorption
        - Distribution
        - Metabolism
        - Excretion
    - Pharmacodynamics
        - Receptor mechanism
        - Dose-response curve
        - Therapeutic index
        - Tolerance, dependence, withdrawal phenomena
    - Pharmacogenetics
    - Neurotransmissions

        - Synapes, receptors, neurotransmitters
        - Various type of synapses and mechanism of actions
        - Receptor supersensitivity, subsensitivity and affinity
        - classses of neurotransmitters and their tracts – biogenic amines (dopamine, norepinephrine, epinephrine, serotonin,

acetylcholine,histamine),amino acids (γ-aminobutyric acid) and peptites (endogenous opioids, neurotensin, cholecystokinin

    - General principles of psychopharmacology
        - Therapeutic index, therapeutic window, development of tolerance, dependence,withdrawal phenomena and interindividual variation in response to specific drug

- Antipsychotics
    - Typical antipsychotic
    - Atypical antipsychotics

- Antidepressants

- Anxiolytic and Hypnotics
    - Benzodiazepines
    - Beta blockers
    - Miscellaneous groups

- Mood Stabilizers

- Anticonvulsants

- Pharmacotherapy in Dementia

- Pharmacotherapy in Substance abuse

- Opiates and non-opiates -Full and partial opiate agonists, opiate antagonists

- Anti-Parkinson Drugs

II. BASIC PSYCHIATRY

PSYCHOPATHOLOGY

By the end of the posting the candidates should be able to:

1. demonstrate knowledge of the different theories of personality and psychopathology.
2. apply the theories of personality and psychopathology to explain the personality development of their patients

Core Knowledge

- Theories of personality & psychopathology – Classical psychoanalysis
    - Introduction to Freud
        - Scientific orientation
        - The project
    - Beginnings of psychoanalysis
        - Studies in hysteria
        - Freud's technical evolution
        - Freud's theoretical innovations
            - Resistance
            - Repression
            - Infantile sexuality
    - Interpretation of dreams
        - Significance of dreams
        - Theory of dream
    - Topographic theory
        - Topograhic model
        - Framework of psychoanalytic theory
    - Development of the theory of instincts
        - Concepts of instincts
        - Concept of libido
        - Phases of psychosexual development
        - Object relations
    - Early anxiety theories
        - Nature of origins
        - Initial formulations
        - Difficulties with early theory
        - Implication of new theory
    - Structural theory
        - Inadequacies of topographic theory
        - Ego psychology
        - Psychology of self
    - Psychoanalytic psychopathology
        - Theory of neurosis
        - Character disorders
        - Borderline personality organization
        - Theory of psychosis
    - Classical psychoanalytic treatment

- Theories of personality and psychopathology – Cultural and interpersonal psychoanalytic schools
    - Karen Horney
        - Evolution of Horney's theory
        - Horney's theory of neurosis

        - Analytic therapy and technique
    - Harry Stack Sullivan
        - Basic concepts
    - Carl Jung
        - Personality theory
    - Melanie Klein
        - Instinct theory
        - Theory of ego
        - Superego theory
    - Other psychodynamic schools
        - Adolf Meyer
        - Jules H. Masserman
        - Otto Rank
        - Alfred Adler
        - Wilheim Reich
        - Sandor Rado
        - EricBerne
- Cognitive theories:
    - Beck
    - Ellis

PHENOMENOLOGY

By the end of the posting the candidates should be able to:

1. elicit and interpret the various psychopathological processes
2. apply knowledge of psychopathology of the various psychiatric disorders in the clinical reasoning process of diagnosis and management

Core Knowledge

- Disorders of consciousness
    - Dream-like change of consciousness
    - Lowering of consciousness
    - Restriction of consciousness

- Disorders of emotion
    - Definitions
    - Classifications
    - Abnormal emotional predisposition
    - Abnormal expressions of emotion
    - Morbid disorders of emotion
    - Morbid disorders of the expression of emotion

- Motor disorders
    - Alienation of motor activities
    - Classification of motor disorders
        - Disorders of adaptive movement
        - Non adaptive movements
            - Motor speech disturbances in mental disorders
        - Disorders of posture
            - Abnormal complex patterns of behaviour

- Disorders of speech and thought
    - Speech disorders
    - Classification of disorders of thinking

        - Disorders of stream of thought
        - Disorders of form of thought
        - Disorders of content of thought
        - Disorders of possession of thought
    - Current concepts of thinking and delusions

- Disorders of perception
    - Sensory distortions
        - Micropsia
        - Hyperacusis
    - Sensory deception
        - Illusions
        - Hallucinations
    - Disorders of experience of time
    - Disorders of the experience of the self
        - Disturbances of awareness of self activity
        - Disturbances of the immediate awareness of self unity
        - Disturbances of the continuity of self
        - Disturbances of the boundaries of the self

- Disorders of memory
    - Amnesia
        - Psychogenic
        - Biological

- Distortion of memories
    - Disorders of recall
    - Distortion of recognition

- Disorders of intelligence

PSYCHIATRIC INTERVIEW

By the end of the posting the candidates should be able to:

1. apply the knowledge of psychopathology in determining the nature of the problem during the interview.
2. develop and maintain a therapeutic relationship during the interview
3. communicate information and implement a treatment plan

<u>Core Knowledge</u>

- Good communication skills, verbal as well as non-verbal, with ability to use the specific interview techniques as listed below:
    - Open and closed-ended questions
    - Facilitation
    - Silence
    - Confrontation
    - Clarification
    - Interpretation
    - Summation
    - Explanation
    - Transition
    - Self-reflection
    - Positive reinforcement

- Reassurance
- Advice

- The scheme of history taking
  - Informant
  - Source and reasons for referral
  - Present illness
  - Family history
  - Present social situation/personal history
  - Past medical history
  - Past psychiatric history
  - Premorbid personality

- Mental state examination

CLASSIFICATION IN PSYCHIATRY

By the end of the posting the candidates should be able to:

1. apply the knowledge of psychopathology to classify the diagnosis according to DSM and ICD classifications.
2. comment on validity and reliability of the DSM and ICD diagnostic criteria of major psychiatric disorders
3. compare and contrast between ICD and DSM classifications of major disorders.

Core Knowledge

- The history of development of ICD and DSM with special reference to the development of operational criteria.

- The reliability and validity of diagnostic criteria of major psychiatric disorders

- Diagnostic and Statistical of Manual of Mental Disorders (DSM).
  - Definition of mental disorder
  - Descriptive and nontheoretical approach
  - Reliability and validity
  - Diagnostic criteria
  - Level of diagnostic certainty
  - Hierarchical organization of diagnostic classes
  - Multiaxial diagnosis

- International Classification of Disease (ICD)
  - General principle of ICD
  - Other conditions from ICD often associated with mental and behavioural disorders

.

- The principal similarities and differences between ICD and DSM classification of major psychiatric disorders

PSYCHOLOGICAL ASSESSMENT

At the end of the posting the candidates should be able to describe:
1. Intelligence tests
2. Personality tests
3. Projective tests
4. Neuropsychological tests

Core Knowledge

- Basic principles of Intelligence tests
    - Wechsler test of intelligence: Preprimary scale
    - Wechsler Intelligence Scale for Children (WISC)
    - Wechsler Adult Intelligence Scale (WAIS)
    - Raven's standard progressive matrices
    - Raven's Advanced progressive matrices
    - Stanford-Binet test of intelligence
    - Sequin form board test
    - Vineland social maturity scale

- Basic principles of Personality inventories
    - Minnesota Multiphasic Personality Inventory (MMPI)
    - Eysenck Personality Inventory
    - 16 Personality factors test

- Basic principles of Projective Tests
    - Sentence Completion Test (SCT)
    - Thematic Apperception Test (TAT)
    - Rorschach inkblot test
    - Children Apperception Test (CAT)
    - Word Association Test

- Neuropsychological Tests
    - Bender (Visual Motor) Gestalt Test
    - Memory Scale
        - Remote memory
        - Recent memory
        - Mental balance
        - Attention and Concentration
        - Delayed Recall
        - Immediate Recall
        - Retention for similar pairs
        - Retention for dissimilar pairs
        - Visual retention
        - Visual recognition
    - Halstead- Reitan Neuropsychological Battery.
    - Luria-Nebraska Neuropsychological Battery

HISTORY OF PSYCHIATRY

By the end of the posting the candidates should be able to:
1. discuss the development history of psychiatry
2. appreciate the contribution of major figures in psychiatry
3. acquire the knowledge of the development of psychiatry in Malaysia over the last few decades, including deinstitutionalization.

TRANSCULTURAL PSYCHIATRY

By the end of the posting the candidates should be able to:
1. understand the influence of various cultural factors in pathogenesis of mental illness
2. recognise cases of culture-bound syndromes
3. demonstrate cultural sensitivity in patient management

Core Knowledge

- The major components of the culture: language, customs and belief system
- The matrix of the cultures: biological, psychological and social functioning
- Ethnography and its relevance in the context of multi-racial society of Malaysia
- Biopsychosocial-religious model of the illness
- Cross-cultural studies
    - Prevalence of major psychiatric illness
    - Concept of mental illness and their treatment
    - The influence of culture in reporting and presentation of symptoms
- Culture-bound syndromes: Latah, Amok, Windigo, Susto, Piblokto, Shinkeishitsu, Dhat syndrome

SECOND YEAR

SCHIZOPHRENIA

By the end of the posting the candidate should be able to:

1. apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principles of treatment of the illness in clinical reasoning process of diagnosis and management.
2. provide effective care to patients by:
   2.1 assessing clinically the effect of the disease on the physical, mental and social well-being of the patient.
   2.2 incorporating appropriate modality of treatment using biopsychosocial model of the illness.

Core Knowledge

- Concept and Definition
  - Clinical description
    - Demence precoce
    - Dementia paranoides
    - Katatonia
    - Hebephrenia
  - Early concepts
    - Unitary psychosis
    - Dementia Praecox
    - Blueler 4 A's
    - Jasper's Praecox feeling
  - Sociological concepts
    - Thomas Szasz
    - R.D.Laing
  - Other concepts
    - Langfeldt
    - Leonhard
    - Stromogen
    - Schneider
  - Development of operational criteria
    - Research Diagnostic Criteria (RDC)
    - Feighner's criteria
    - Catego and SCAN-PSE-10
    - DSM criteria and multiaxial system
  - Current controversies on the nature of schizophrenia
    - Single aetiopathological process
    - Multiple disease entities
    - Specific symptom clusters
    - Neurodevelopment versus neurodegenative hypothesis
    - Continuum of psychosis
- Epidemiology
  - Demographic factors
  - Incidence and prevalence
- Aetiology
  - Genetics
    - Family studies
    - Twin studies
    - Adoptive studies

        - High-risk studies
        - Linkages studies
        - Vulnerable markers
    - Neurochemistry
        - Dopamine hypothesis
            - Serotonin and Noradrenaline over – and underactivity
        - Other neurotransmitters, neuropeptides / phospholipids
            - GABA
            - Glutamate
            - Cholescystokinin
            - Neurotensin
    - Neuropathology
        - Neuroimaging studies
        - Cognitive deficits
    - Psychophysiology and Immunology
        - Evoked potential (P 300)
        - Abnormal smooth- pursuit eye movements
        - Immonological response and findings
    - Family dynamics
        - Theories of schizophrenia mother
        - Double –blind communications
        - Marital skew and schism
        - Abnormal family communications
        - Expressed Emotion (EE)
    - Life events
        - Vulnerability – stress model

- Clinical Features
    - Subtype of schizophrenia
        - Paranoid
        - Hebephrenic
        - Catatonic
        - Residual
        - Simple
        - Undifferentiated
    - Schizotypal disorder
    - Special features in children

- Diagnosis
    - Current diagnostic criteria
        - ICD
        - DSM
    - Differential diagnosis of each subtype

- Management
    - Antipsychotics
        - Acute treatment
            - choice of drug and dose
            - Therapeutic trial
        - Low dose maintenance
        - Intermittent treatment strategy
        - Treatment resistance
            - High dose strategies
            - Augmentation strategies
            - Atypical antipsychotics

- Clozapine

- Electroconvulsive therapy (ECT)

- Psychosocial treatment
  - Psychoeducation and family intervention
  - Crisis management
  - Psychotherapy
    - Supportive
    - Practical problem-oriented
    - Encourage compliance
  - Psychosocial rehabilitation
    - Vocational rehabilitation
    - Social skills training
    - Group therapy
  - Cognitive retraining

- Course and Prognosis
  - Course of each subtypes
  - Prognostic factors

DELUSIONAL DISORDERS

By the end of the posting the candidates should be able to:

1. apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principle of treatment of the illness in the clinical reasoning process of diagnosis and management
2. incorporating appropriate modality of treatment using biopsychosocial model of the illness

Core Knowledge

- Concept and Definition
  - Kahlbaum
  - Kraepelin
  - Roth
  - Munro

- Epidemiology

- Aetiology
  - Biological factors
  - Psychological factors

- Clinical features and Subtypes
  - Erotomania
  - Grandiose
  - Jealous
  - Persecutory
  - Somatic
  - Mixed
  - Unspecified

- Diagnosis
  - Diagnostic criteria

        - DSM
            - ICD
    - Differential diagnoses

- Management
    - Pharmacotherapy
    - Psychotherapy

- Course and Prognosis

SCHIZOAFFECTIVE DISORDER

By the end of the posting the candidate should be able to:

1. apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principle of treatment of the illness in the clinical reasoning process of diagnosis and management
2. provide effective care to patients by:
    2.1 assessing clinically the effect of the disease on the physical, mental and social well-being of the patient
    2.2 incorporating appropriate modality of treatment using biopsychosocial model of the illness

Core Knowledge

- Concept and Definition
    - Co-occurrence of schizophrenia and affective disorder
    - Separate disease entity
        - A subtype of schizophrenia
        - A subtype of affective disorder
        - Heterogeneous disorder (i.e. continuum model)
    - Various terms related to schizoaffective disorder outside Anglo-American literature e.g Scandinavian, French and German nomenclature

- Epidemiology

- Aetiology
    - Biological factors
    - Psychological factors

- Clinical features and subtypes
    - Schizodepressive
    - Schizomania

- Diagnosis
    - Diagnostic criteria
        - ICD
            - DSM
    - Differential diagnoses

- Management
    - Pharmacotherapy
        - Lithium
        - Antidepressants
        - Antipsychotics

- Electroconvulsive therapy
- Course and Prognosis

MOOD DISORDERS

By the end of the posting the candidate should be able to:

apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principle of treatment of the illness in the clinical reasoning process of diagnosis and management

provide appropriate care to patient by:

2.1 assessing clinically the effect of the disease on the physical, mental and social well-being of the patient

2.2 incorporating various modalities of treatment using biopsychosocial model of the illness

Core Knowledge

- Concept and Definition –current and historical
  - Primary vs. secondary- history
  - Unipolar vs. Bipolar
  - Endogenous / psychotic vs. neurotic / reactive – history
  - Involutional melancholia
  - Major vs. minor

- Epidemiology
  - Demographic factors
  - Incidence and prevalence

- Aetiology
  - Genetics
    - Familial aggregation studies
    - Twin studies
    - Adoption studies
    - Linkage studies
  - Biochemical factors
    - Neurotransmitters abnormalities
      - Serotonin
      - Noradrenaline
      - Acetylcholine
      - Dopamine
    - Neuroendocrine abnormalities
      - Cortisol
      - Growth hormone
      - Thyroid-Stimulating hormone
    - Electrolyte disturbances
    - Psychoimmunology
  - Neuropathology
    - Neuroimaging studies
  - Organic causes
    - Endrocrine disorders
    - Infection
    - Metabolic
    - Neurological disorders
    - Drugs
  - Psychological factors

        - Psychodynamic
        - Early childhood experience
        - Cognitive-behaviour theories
        - Premorbid personality
        - Psychosocial stressors
    - Sociological theory
        - Vulnerable factors
        - Life events study

- Clinical features
    - Description of episodes
        - Depressive
            - Mild, moderate, severe
        - Mania
        - Hypomania
        - Mixed
        - Cyclothymia
        - Dysthymia
        - Rapid cycling
        - Ultra rapid cycling
    - Other syndromes
        - Mixed affective states
        - Bereavement reactions
        - Atypical or masked depression
        - Seasonal affective disorder (SAD)
    - Special features in children and elderly

- Diagnosis
    - Current diagnostic criteria
        - ICD
        - DSM
    - Differential diagnosis of each episode

- Management
    - Pharmacotherapy
    - Psychotherapy
        - Cognitive behavioural therapy (CBT)
        - Interpersonal psychotherapy
    - Electroconvulsive therapy (ECT) and other physical treatments
    - Psychosocial intervention
    - Sleep deprivation and light therapy

- Course and Prognosis

By the end of the posting the candidate should be able to:

1. apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principles of treatment of the illness in diagnosis and management
2. provide appropriate care to patients by:
   - 2.1 instituting initial management with routine and other relevant investigation
   - 2.2 assessing clinically the effect of the disease on the physical, mental and social well-being of the patient
   - 2.3 planning in consultation with senior colleagues, the further management of the patient with particular attention to the principles involved, the role of the multidisciplinary team and judicious use of available facilities.

Core Knowledge

- Definition and concept of dementia
  - Classification
  - Cortical / subcortical dementia
  - Reversible / irreversible
  - Pseudodementia

- Alzheimer's disease
  - Definition and Subtype
  - Epidemiology
  - Aetiology
    - Genetics
      - Mode of inheritance
      - Molecular genetics
    - Environmental
      - Head trauma
      - Aluminium toxicity
      - Slow virus infection
    - Neuropathology
      - Senile plaques
      - Neurofibrillary tangles
      - Glial proliferation
      - Granulovascular degeration
      - Hirano inclusion bodies
      - Neuronal cell loss
    - Neurochemistry
      - Cholinergic deficit
      - Other neurotransmitters/neuropeptides/neurochemical abnormalities
    - Immunology
      - Immunohistochemistry changes
  - Clinical features
    - Memory impairment
    - General cognitive decline
    - Terminal phase / profound dementia
  - Diagnosis
    - Diagnostic criteria
      - DSM
      - ICD
    - Approach to the diagnosis
      - Soft sign and primitive reflexes
    - Visuospatial function
      - Cognitive dysfunction
    - Differential diagnoses

- Management
  - Supportive
  - Pharmacotherapy
    - Cholinomimetics
    - Other agents
  - Psychotherapy
    - Reality orientation
    - Reminiscence therapy
- Course and Prognosis

- Epidemiology, aetiology, pathology, clinical features and prognosis of the following
  - Primary (degenerative dementia)
    - Pick's disease
    - Creutzfeld-Jakob disease
    - Huntington's chorea
    - Lewy-body dementia
    - Frontal lobe dementia
    - Parkinson's disease
  - Secondary dementia
    - Multi-infarct dementia
    - Hydrocephalus
      - Space-occupying lesion
    - Head injury
    - Vitamin deficiency
    - Neurosyphilis
    - AIDS
    - Alcoholism

- Delirium
  - Definition and Concept
    - Aetiology
      - Infection
      - Temporal lobe epilepsy,
      - Head injury
      - Liver and renal failure
      - Alcohol
      - Electrolyte imbalance
      - Post-operative
  - Clinical features
    - Each subtype
    - Differential diagnoses
  - Diagnostic criteria
    - DSM
    - ICD
  - Management
    - Specific
    - General
  - Course and Prognosis

- Psychiatric disorders secondary to general medical conditions

- Symptoms associated with regional brain pathology
  - Frontal lobes
  - Parietal lobes
  - Temporal lobes

- Occipital lobes
- Diencephalon and brainstem

ANXIETY AND OBSESSIVE-COMPULSIVE DISORDERS

By the end of the posting the candidates should be able to:

1. apply the knowledge of natural history, psychopathology, standard diagnostic criteria and principle of treatment of the various neurotic disorders in the clinical reasoning process of diagnosis and management.
2. provide appropriate care based on the basic principles of medicine to patients by:
   - 2.1 taking a thorough history and performing a complete physical examination with attention to the possibility of underlying medical problem, to derive provisional and differential diagnoses
   - 2.2 assessing the possible life events that may have precipitated the illness and the effect of the illness on the interpersonal, social and occupational functioning of the patient
   - 2.3 instituting initial management with relevant investigations
   - 2.4 planning, in consultation with senior colleagues or lecturers on further management of the patient with particular attention to all possible modalities of treatment and sharing the therapeutic options with the patient
   - 2.5 demonstrating skills in conducting the following:
     - 2.5.1 supportive psychotherapy
     - 2.5.2 dynamic psychotherapy for suitable cases
     - 2.5.3 cognitive behaviour therapy for suitable cases
     - 2.5.4 behaviour therapy in the forms of breathing exercises, relaxation techniques, response prevention etc.
     - 2.5.5 group therapy

<u>Core Knowledge</u>

- ICD and DSM classification of various disorders and the differences in the two classification systems

- Phobic disorders
  - Agoraphobia
  - Social phobia
  - Specific phobia

- Other anxiety disorders
  - Panic disorder
  - Generalized anxiety disorder
  - Mixed anxiety and depressive disorder

- Obsessive-compulsive disorders

- Other disorders
  - Neurasthenia
  - Depersonalisation-derealisation syndrome

SOMATOFORM AND DISSOCIATIVE DISORDERS

By the end of the posting the candidates should be able to:

1. apply the knowledge of natural history, psychopathology, standard diagnostic criteria and principles of treatment of the various neurotic disorders in diagnosis and management.

2.provide appropriate care based on the basic principles of medicine to patients by:

2.1 taking a thorough history and performing a complete physical examination with attention to the possibility of underlying medical problem, to derive the provisional and the differential diagnoses

2.2 assessing the possible life events that may have precipitated the illness and the effect of the illness on the interpersonal, social and occupational functioning of the patient

2.3 instituting initial management with relevant investigations

2.4 planning, in consultation with senior colleagues or lecturers on further management of the patient with particular attention to all possible modalities of treatment and sharing the therapeutic options with the patient

2.5 demonstrating skills in conducting the following:

2.5.1 supportive psychotherapy

2.5.2 dynamic psychotherapy for suitable cases

2.5.3 cognitive behaviour therapy for suitable cases

2.5.4 behaviour therapy in the forms of breathing exercises, relaxation techniques and group therapy

<u>Core Knowledge</u>

- Dissociative disorders of movement and sensation
  - Psychogenic disorders of voluntary movement
  - Psychogenic convulsions
  - Psychogenic anaesthesia and sensory loss
  - Other dissociative disorders

- Somatoform disorders
  - Multiple somatoform disorder
  - Undifferentiated multiple somatoform disorder
  - Hypochondiacal syndrome
  - Psychogenic autonomic dysfunction
  - Pain syndrome without specific organic cause

PERSONALITY DISORDERS

By the end of the posting the candidate should be able to:

1. apply the knowledge on different types of personality traits and disorders in exploring patient's premorbid and personal history
2. provide appropriate care with the awareness and understanding of
   - 2.1 patient's axis II diagnosis
   - 2.2 the candidates counter-transference towards the patient
   - 2.3 interpersonal conflicts that arise from patient's personality trait or disorder

Core Knowledge

- The concept of abnormal personality
- The ICD and the DSM classification of personality disorders and the differences between the two diagnostic classifications.
- The different types of personality disorders

REACTION TO STRESSFUL SITUATION

By the end of the posting the candidates should be able to:

1. apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principles of treatment in diagnosis and management.
2. provide effective care to patients by:
   - 2.1 assessing clinically the effect of the disease on the physical, mental and social well-being of the patient
   - 2.2 incorporating appropriate modality of treatment using biopsychosocial model of the illness.

Core Knowledge

- Concept and Definition
- Classification
  - DSM
  - ICD
- Aetiology, clinical features, treatment and course of the following adjustment disorder with:
  - Adjustment disorder
    - depressed mood
    - anxiety
    - mixed, anxiety and depressed mood
    - mixed, disturbance of emotion and conduct
  - Acute stress reaction
  - Post-traumatic stress disorder

IMPULSE CONTROL DISORDERS

By the end of the posting the candidates should be able to:

1. apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principles of treatment of the illness diagnosis and management.
2. provide effective care to patients by:
   - 2.1 assessing clinically the effects of the disease on the physical, mental and social well-being of the patient
   - 2.2 incorporating appropriate modality of treatment using biopsychosocial model of the illness

Core Knowledge

- Concept and Definition

- Classification
  - DSM
  - ICD

- Aetiology, clinical features, treatment and course of the following impulse control disorders
  - Intermittent Explosive Disorder
  - Kleptomania
  - Pyromania
  - Pathological Gambling
  - Trichotillomania

OTHER PSYCHIATRIC DISORDERS

By the end of the posting the candidates should be able to:

1. apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principle of treatment of the illness in clinical reasoning process of diagnosis and management
2. provide effective care by:
   - 2.1 assessing clinically the effects of the disease on the physical, mental and social well-being of the patient
   - 2.2 incorporating appropriate modality of treatment using biopsychosocial model of the illness

Core Knowledge

- Other psychotic disorders
  - Schizophreniform disoder
  - Acute and transient psychotic disorder
  - Brief psychotic disorder
  - Shared psychotic disorder
  - Psychotic disorder due to general medical condition
  - Atypical psychosis

- Postpartum disorders

- Uncommon psychiatric syndrome
  - Capgras' syndrome
  - De Clerambault's syndrome
  - Othello syndrome
  - Monosymptomatic hypochondriacal psychosis

- Sensitive delusions of reference
- Couvade syndrome
- Ganser's syndrome
- Multiple personality disorder
- Munchausen syndrome
- Folie a'deux
- Cotard's syndrome

- Sleep disorders
  - Dyssomnias
    - Primary insomnia
    - Primary hypersomnia
  - Sleep-wake schedule disorders
    - Jet-lag
    - Sleep phase delay
    - Narcolepsy
  - Disorders of excessive sleep
    - Breathing-related sleep disorder
  - Parasomnias
    - Nightmares
    - Sleep terrors
    - Sleep walking
  - Sleep disorder related to other mental disorder
  - Sleep disorder related to general medical condition

- Eating disorder
  - Obesity
  - Anorexia Nervosa
  - Bulimia Nervosa

ADDITIONAL CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION

By the end of the posting the candidate should be able to:
1. apply the knowledge of the natural history and psychopathology in diagnosis
2. incorporate appropriate modalities of treatment to provide effective care.

<u>Core Knowledge</u>

- Relational problems
  - Parent-child relational problem
  - Marital problem

- Problem related to abuse or neglect
  - Physical abuse of child
  - Sexual abuse of child
  - Neglect of child

- Noncompliance with treatment

- Malingering

- Adult antisocial behaviour
- Borderline intellectual functioning

- Bereavement
- Academic problem
- Religious or spiritual problem

SEXUAL AND GENDER IDENTITY DISORDERS

By the end of the posting the candidates should be able to:
1. apply the knowledge of the natural history, psychopathology, standard diagnostic criteria and principles of treatment of the illness in the clinical reasoning process of diagnosis and management
2. show sensitivity and maintain confidentiality in communicating with the patients

Core Knowledge

- Normal sexuality
- Sexual learning in children
- Psychosexual factors
    - Sexual identity
    - Gender identity
    - Gender role
    - Sexual orientation
    - Sexual behaviour
        - Physiological responses
        - Differences in erotic stimuli
        - Masturbation
- Gender Identity disorders
    - In children
    - In adolescents and adults
- Paraphilias
    - Classifications
    - Epidemiology
    - Aetiology
        - Psychosocial factors
        - Biological factors
    - Diagnosis and clinical features
        - Exhibitionism
        - Fetishism
        - Frotteurism
        - Paedophilia
        - Voyeurism
        - Sexual masochism
        - Sexual sadism
        - Transvestic fetishism
        - Paraphilias not otherwise specified
    - Differential diagnosis
    - Course and prognosis
    - Treatment
        - Insight oriented psychotherapy
        - Behaviour therapy

        - Drug therapy
    - Sexual disorder not otherwise specified
        - Postcoital dysphoria
        - Couple problems
        - Body image problems
        - Sex addiction
        - Persistent & marked distress about sexual orientation

- Sexual dysfunction
    - Classifications
    - Sexual desire disorder
    - Sexual arousal disorders
        - Female sexual arousal disorder
        - Male erectile dysfunction
    - Orgasm disorders
        - Female organismic disorder
        - Male orgasmic disorder
        - Premature ejaculation
        - Other orgasm disorders
    - Sexual pain disorders
        - Dyspareunia
        - Vaginismus
    - Sexual dysfunction due to a General Medical Condition (GMC)
        - Male erectile dysfunction due to a general medical condition
        - Dyspareunia due to a GMC
        - Hypoactive sexual desire due to a GMC
        - Other male sexual dysfunction due to a GMC
        - Other female sexual dysfunction due to a GMC
    - Substance induced sexual dysfunction
    - Pharmacological agents implicated in sex dysfunction
        - Psychotropics drugs
        - Sympathomimetics
        - α-adrenergic and β -adrenergic receptor antagonists
        - Anticholinergics
        - Alcohol
        - Opiods
        - Cannabis
    - Sexual dysfunction not otherwise specified
        - Postcoital headache
        - Orgasmic anhedonia
        - Masturbatory pain
    - Treatment
        - Dual sex therapy
        - Specific technique and exercise
        - Hypnotherapy
        - Behaviour therapy
        - Group therapy
        - Analytically oriented sex therapy
        - Biological therapies

- Special areas of interest
    - Rape
    - Spouse abuse
    - Incest
    - Unconsummated marriage

PSYCHIATRIC EMERGENCIES

By the end of the posting the candidates should be able to:

1. apply the knowledge of the natural history, psychopathological, standard diagnostic criteria and principles of treatment of the various psychiatric illness presenting as psychiatric emergencies.
2. manage all types of psychiatric emergencies.

Core Knowledge

- Definition

- Common psychiatric emergencies
  - Violence and homicide
  - Deliberate self-harm and suicide
- Delirium
  - Head injury
  - Infection
  - Uraemia
  - Liver encephalopathy
  - Alcohol withdrawal syndrome
  - Seizure disorder
  - Metabolic disorder

- Substance abuse
  - Intoxication with alcohol and hallucinogenic drugs
  - Opiate withdrawal

- Difficult patients
  - Stupor - catatonic schizophrenia, depression, conversion disorder, organicity
  - Fugue state
  - Mutism
  - Personality disorder – antisocial

- Drug side-effects
  - Acute dystonia
  - Akathisia
  - Neuroleptic malignant syndrome

- Victim of violence and disaster
  - Acute stress reaction
  - Post-traumatic stress disorder
  - Rape

- Geriatric psychiatry
  - Acute confusional state
  - Dementia

- Panic attack

- Eating disorders
  - Anorexia nervosa

COMMUNITY PSYCHIATRY AND REHABILITATION

Community Psychiatry

Objectives:

1. Describe the changing trends of psychiatric care from the custodial era to the current era of community-based services.
2. Able to plan community care for the patients.
3. Develop sufficient skills in managing psychiatric patients in the community.
4. Describe preventive aspects of psychiatric illnesses.

Core Knowledge

- Community psychiatry services worldwide
- Community psychiatry services in Malaysia
- National Mental Health Policy
- Mental Health Act 2001
- Family interventions
- Different types of Community Care;
    - Acute Care
    - Long Term Care
- Primary Mental Health Care – Integration of psychiatric services in the general/primary health care setting.
- Concept of psychiatric prevention; e.g. primary prevention secondary prevention & early diagnosis, promotion of mental health, relapse prevention.

Rehabilitation

Objectives

1. Describe the concept of rehabilitation in psychiatry
2. Describe the various types of rehabilitation.
3. Demonstrate ability to work in a multidisciplinary team
4. Assess and plan rehabilitation programs for patients

Core Knowledge

- Different types of rehabilitation approach
    - Psychosocial Rehabilitation Centers
    - Sheltered Workshop.
    - Vocational Rehabilitation
    - Halfway House
- Strategies of rehabilitation:
    - Case Manager approaches
    - Group therapy
    - Occupational Therapy
    - Social Skills Training

FORENSIC PSYCHIATRY

By the end of the posting the candidates should be able to:

- apply the knowledge of forensic psychiatry and principles of treatment in the diagnosis and management
- provide appropriate care to patient by:
    1. taking a thorough history and performing a complete physical and mental status examination to derive to the provisional and differential diagnoses in order to determine the suspect's mental condition at time of the alleged crime.
    2. assessing clinically the effect of the disease on the physical, mental and social well-being of the patient and of society.
    3. instituting initial management with routine and other relevant investigations.
    4. planning in consultation with senior colleagues the further management of the patient with particular attention to principle involved, the role of mutidisciplinary team and the judicious use of available facilities
    5. working together with police, persecutor, investigating officer and defense lawyer
    6. writing a sensible report to be submitted to the court
    7. attending court proceeding
    8. giving expert evidence
    9. providing continual support for the patient and relatives

<u>Core Knowledge</u>

- Principles of mental health laws in Malaysia:
    - Mental Disorders Ordinance 1952
    - Mental Health Act 2001

- Other laws in relation to psychiatric practice:
    - Criminal Procedure Code
    - Penal Code

- Procedure of admission & discharge

- Correctional (prison) psychiatry

- Crime and mental disorder
    - Violent offender
    - Non-violent offender
    - Epilepsy and crime

- The prediction of dangerousness and risk assessment

- The approach towards individuals with challenging behaviours (e.g. anger management, poor impulse control, rehabilitation, management of violent patient)

- Psychiatric ethics and confidentiality

- Civil rights of patients

- Seclusion and restraint

- Informed consent

- Expert witness
    - Court-mandated evaluation

- Witness credibility

- Competence to stand trial
  - Fitness to plead

- Criminal Responsibility and the insanity defense
  - Diminished responsibiliy
  - The McNaughten Rule

- The preparation of psychiatric report for the court

- Board of visitors

- Child custody

- Power of Attorney

- Malpractice and negligence

GERIATRIC PSYCHIATRY

By the end of the posting the candidate should be able to:

1. apply the knowledge of natural history, psychopathology, standard diagnostic criteria and principles of treatment of the various disorders in diagnosis and management.
2. provide appropriate care based on the basic principles of medicine to patients by:
   - 2.1 taking a thorough history and performing a complete physical examination with attention to the possible of underlying organicity to derive the provisional and differential diagnoses
   - 2.2 assessing the degree of psychosocial or family support that may precipitate or perpetuate the illness; and the effects of the illness on the interpersonal, social and occupational functioning of the patient
   - 2.3 conducting relevant investigations and instituting appropriate treatment
   - 2.4 planning in consultation with colleagues from other disciplines on collaborative management of patients

<u>Core Knowledge</u>

- Psychosocial aspects of aging

- Epidemiology of psychogeriatric disorders

- Psychiatric and neurological examination of the elderly

- Psychiatric disorders of late life
  - Mood / Anxiety disorder
  - Schizophrenia and delusional disorders
  - Late onset schizophrenic-like psychosis
  - Alzheimer' disease and other degenerative disorders
  - Neurotic disorders

- Psychiatric problems due to medical illness in geriatric patients.
  - Electrolyte and acid-base imbalance, hypertensive encephalopathy, stroke, delirium, hypoxia, Parkison's disease, chronic obstructive pulmonary disease (COPD), hepatic and renal encephalopathy

- Neuropsychological assessment of the elderly
    - Common tools for assessment of depression and dementia

- Treatment
    - Biological therapies
    - Psychotherapy
    - Behaviour modification
    - Social therapy
    - ECT

- Organisation of services for the elderly and problem encountered
    - Abuse and neglect
    - Nursing Home
    - Old Person's Home
    - Domiciliary service

RESEARCH METHODOLOGY

This involves the development of a research project from initial conceptualization to the production of a protocol and conducting the study.

Objectives

1. To describe the most appropriate design and methodology to examine the hypothesis proposed in a research investigation.
2. To recognise the key features, and common sources of problems or bias, of different types of research methodology.
3. To apply the appropriate statistical methods.
4. To describe the important concepts in critical appraisal (relative and absolute risk reduction, sensitivity, specificity, likelihood ratio, odds ratio, and number needed-to-treat etc).
5. To write a research proposal.
6. To obtain research grants/funding.
7. To obtain ethics approval.
8. To write a scientific paper

Steps in doing research

1. Conduct literature search.

2. Carry out Critical Appraisal.

3. Write a research proposal.

4. Obtain research grants/funding.

5. Obtain ethics approval.

THIRD YEAR

NEUROMEDICAL

By the end of the posting the candidates should be able to :

1. apply the knowledge of the natural history, pathophysiology and principles of treatment of the various neurological disorders in the clinical reasoning process of diagnosis and management.
2. provide appropriate care based on basic principles of Medicine to patients by:
   - 2.1 taking a thorough history and performing a complete physical examination with attention to the nervous system, to derive the provisional and differential diagnoses
   - 2.2 assessing clinically the effects of the disease on the physical, mental and social well being of the patient
   - 2.3 instituting initial management with routine and other relevant investigations
   - 2.4 planning, in consultation with senior colleagues the further management of the patient with particular attention to the principles involved, the role of the multidisciplinary team and judicious use of available facilities
   - 2.5 arranging for further confirmatory investigations and consultation

Core Knowledge

- Cerebrovascular disorders
  - Transient ischaemic attacks
  - Cerebral thrombosis – arterial
  - Cerebral embolism
  - Cerebral haemorrhage
  - Subarachnoid haemorrhage
  - Vascular dementia

- Epilepsy
  - Partial epilepsies
  - Generalised epilepsies
  - Reflex epilepsies
  - Status epilepticus

- Coma
  - Pathophysiology of coma
  - Metabolic/Toxic encephalopathies
  - Structural lesions producing coma
  - Approach to the comatose patient

- Infections
  - Meningitis - bacterial, viral, fungal
  - Encephalities
  - Brain abscess
  - Neurotuberculosis
  - Neurosypyhilis
  - Parasitic infections

- Tumours
  - Meningioma
  - Neurofibromas
  - Gliomas
  - Chroid plexus papilloma

    - Pinealoma
    - Medulla blastoma
    - Secondary metastases

- Cranio-cerebral trauma
    - Cerebral concussion
    - Cerebral contusion
    - Haematomas
        - extraduaral
        - subdural
        - cerebral
    - Sequelae of cerebral trauma

- Degenerative disorders
    - Parkinson disease
    - Alzheimer's disease
    - Spinocerebellar degeneration
    - Motor neuron disease
    - Huntington's Chorea

- Demyelinating Disorders
    - Post-infectious
        - radiculopathy
        - myelopathy
        - encephalopathy
    - Multiple sclerosis

- Sleep Disorders
    - Insomnia
    - Hypersomnia
    - Dyssomnias

- Headache
    - Cranial pain
    - Migraine and related disorders
    - Tension headache

ADDICTION PSYCHIATRY

By the end of the posting the candidate should be able to:

1. apply the knowledge of drug misuse and dependence syndrome in establishing such diagnosis
2. recognise the features of withdrawal symptoms specific to common drugs of misuse in Malaysia
3. plan in consultation with senior colleagues, a management plan based on basic principle of medicine as well as the humanistic consideration for patients with drug dependence
4. understand the concept of harm reduction, detoxification, maintenance, relapse prevention
5. understand the concept and apply Motivational Enhancement Therapy and Cognitive Behaviour Therapy for drug dependence syndrome

Core knowledge

- Definition of the following terms:
    - Psychoactive drugs
    - Intoxication
    - Tolerance
    - Misuse
    - Dependence-psychological and physical
    - Drug withdrawal
    - Hazardous use
    - Harmful use
    - Dependence syndrome

- Classifying the disorders related to drug use as in ICD and DSM, being aware of the differences in the classification

- Listing of all the psychoactive drugs that are misused and their action on the central nervous system

- Features of intoxication and withdrawal symptoms specific to the common drugs of misuse in Malaysia

- The available centers for rehabilitation and modalities of treatment

CHILD & ADOLESCENT PSYCHIATRY

Overall Objective

Psychiatrist in training must acquire adequate knowledge, skills and develop a (professional) attitude in child and adolescent psychiatry in order to be involved in the treatment and prevention work on children and adolescents with emotional, behavioural and developmental problems.

The Professional Skills and Attitudes Encompass:

1. competency in clinical practice
2. clinical leadership
3. commitment to life-long learning
4. ability to impart knowledge (training)
5. role in primary, secondary and tertiary prevention
6. advocacy role involving work with government agencies and NGOs
7. use of evidence-based medicine in clinical practice, research and teaching

Specific Objectives

At the end of the posting, the candidate is expected to:

- demonstrate adequate knowledge in biological, psychological and social aspects of child development
- demonstrate adequate knowledge of common childhood and adolescent psychiatric disorders (including developmental disorders)
- demonstrate adequate knowledge in special areas e.g. child abuse & neglect, mental health in schools, child & internet, bullying
- develop adequate communication skills with children (all ages, including adolescents) and families
- demonstrate adequate knowledge and application regarding psychopharmacology and common psychological treatment approaches in children
- demonstrate the ability to analyse and integrate clinical findings and theoretical knowledge to formulate a diagnostic evaluation, aetiological factors involved and plan of management of patient using bio-psychosocial approach.
- demonstrate basic skills of managing patients within a multi-disciplinary framework
- demonstrate some experience in liaison work and consultation meetings with other professionals and outside agencies (schools, NGO's, governmental agencies eg Social Services, police, Children's Home, Probation Homes, etc)
- demonstrate some experience in medico-legal work in child psychiatry (custody cases, assessment for court, etc)
- demonstrate basic knowledge in doing research in children and adolescents
- demonstrate basic knowledge in doing general clinical audit involving children and adolescents

Topics

- Normal child development (temperament & personality, attachment, emotional, social, language, cognitive, moral, sexual, adolescence, infancy, family life cycle) – would have been covered in the first and second years.
- Classification in child psychiatry
- Aetiology of child psychiatric disorders
- Effects of early and continuing experience on later child, adolescent, adult development & functioning (including effects of parents with mental illness, and family conflicts)
- Psychiatric syndromes and common problems (including common pre-school problems, school-related problems e.g. bullying

- Adolescent psychiatric disorders (Eating Disorders, Substance Abuse & other addictions)
- Psychopharmacology
- Psycho-social treatment e.g. psychodynamic therapy, behaviour therapy, CBT, group psychotherapy, social skills training, play therapy, art & music therapy
- Neuro-developmental child psychiatry - mental retardation, learning disorders, pervasive developmental disorders
- Special topics - child & internet, sexuality e.g. teenage pregnancy, child sexual abuse, death and bereavement, adoption.
- Child psychiatry and the law
- Child & Family (Parenting, concept of the 'changing family')
- Liaison child psychiatry- chronic illness e.g. diabetes, leukaemia, terminal illness
- Continuity of child psychiatric disorders into adult disorders
- Description of a typical child psychiatric service

Skills

- Able to take history (including developmental history) and clinical examination
- Able to communicate adequately to engage the child (all ages)
- Able to do family assessment
- Able to do simple psychological testing in children and adolescents, with ethical considerations (copyrights issues).
- Able to do full diagnostic formulation and evaluation of child within family context, using bio-psycho-social approach
- Able to formulate comprehensive treatment plan for child and family (appreciating all ethical, educational and prevention considerations)
- Able to liaise with other professionals within a multi-disciplinary framework
- Able to do a clinical audit (Q&A) on child & adolescent psychiatry service
- Able to conduct talks for public or paramedical professionals (advocacy & prevention work)

Mode of Teaching

- seminars & tutorials
- clinical problem- and case-based learning
- use evidence-based medicine in teaching
- journal discussions
- training workshops
- video feedback & role-play
- case conferences

Some experience in (according to availability of services)

- Group therapy with adolescents
- Social skills group with ADHD children
- EIP for children with autism
- Multi-disciplinary work (Consultation & Evaluation team)
- Liaison work within hospital and outside agencies
- Working with schools
- SCAN work
- Attending court (children & family cases)
- Parenting skills training
- Advocacy and prevention (NGO's, Social services department)
- Visits to special centres in community

Assessments

- End of posting formal assessment (short notes or MCQ's)
- Continuous assessment- portfolio in child psychiatry (assignments, presentations, public talks, clinical audit, etc.)
- Log book (include variety of cases seen, SCAN meeting, Visits to special centres, Therapies involved, Assessment tools used, Public education, Seminars & Conferences attended)

PSYCHOTHERAPIES

Objectives

By the end of the posting the candidates should be able to:

1. demonstrate adequate knowledge of common types of psychotherapies
2. demonstrate basic psychotherapeutic skills
3. apply psychotherapeutic skills.

Course content

1. Basic psychotherapeutic skills
   - 1.1 Interviewing skills
   - 1.2 Empathy
   - 1.3 Setting boundaries
   - 1.4 Confidentiality
   - 1.5 Therapeutic factors
   - 1.6 Termination
   - 1.7 Ethics
   - 1.8 Process and outcome research

2. Psychodynamic therapies
   - 2.1 Brief dynamic therapies
   - 2.2 Behavior therapies
     - 2.1.1 Systematic desensitization
     - 2.1.2 Imagery
     - 2.1.3 In vivo exposure

3. Relaxation techniques
   - 3.1 Exposure based techniques
     - 3.1.1 Graded exposure
     - 3.1.2 Exposure & response prevention
   - 3.2 Aversion therapy
   - 3.3 Contingency management
   - 3.4 Biofeedback
   - 3.5 Hypnotherapy

4. Cognitive therapies
   - 4.1 Cognitive behavior models
   - 4.2 Cognitive behavior case formulations (conceptualization)

5. Group psychotherapies

6. Family therapies

    6.1 Systemic
    6.2 Structural
    6.3 Strategic

7. Couples/ marital therapies

8. Interpersonal therapy

9. Supportive psychotherapy

10. Crisis intervention

11. Grief work

12. Other psychotherapies
    12.1 Personal construct
    12.2 Existential
    12.3 EMDR

Guidelines for psychotherapy supervisors and trainees

1. The department should assign every candidate to a psychotherapy supervisor.

2. Candidates must discuss cases selected for therapy with their supervisors to assess suitability of the patient for that particular type of psychotherapy

3. Every psychotherapy session must be discussed with the supervisor either by means of transcripts, audiotapes or videotapes. Supervision should take place prior to the next session.

4. Candidates who do not appear for supervision sessions or teaching/training sessions will be considered as not having completed the required psychotherapy training and shall not be permitted to proceed to the next phase of the course.

FOURTH YEAR

CONSULTATION LIAISON PSYCHIATRY

Objectives:

At the end of the posting, the candidate should:

- Have a detailed knowledge of the interaction between psychiatric and physical illness
- Able to give opinion or guidance as to the most appropriate treatment to the patient
- Able to function as a psychiatrist either as an integral member of the medical/surgical team or giving consultation opinion
- Able to set up a liaison psychiatric service in any general hospital setting

Core Knowledge

- Relationship between physical and psychiatric illnesses
- Somatic presentations of psychiatric illness
- Psychological aspects of medical conditions
- Physical or psychological conditions associated with self-destructive behaviour, e.g self-poisoning and self-harm, anorexia nervosa, alcoholism
- A detailed knowledge of the physical effects of psychotropic drugs and their interactions with other drugs
- A working knowledge of psychological treatments such as cognitive-behavioural techniques and dynamic psychotherapy, applied to those with physical symptoms

Acquiring clinical skill

- Consultative style
  Response to referral form from other wards depends on the urgency
- Integral member of medical/surgical team

ADMINISTRATIVE PSYCHIATRY

Objective:

By the end of the posting the candidates should be able to:

1. apply the knowledge of administrative psychiatry in planning and delivery of a high quality psychiatric service.
2. have competence in managing their future organisation while handling administrative and clinical work.
3. develop good attitude and respect for all categories of staff.

Core Knowledge

- History, structure and organisation of different psychiatric settings.
- Leadership and Managerial roles as Administrator
    - Planning
    - Organizing
    - Staffing
    - Directing
    - Managing
    - Communicating
    - Innovating
    - Representing
- Networking skills
    - Interprofessional relationship
    - Role relationships in organizational setting
    - Psychiatric tasks and perspectives
- Staff development
- Planning of psychiatric services
- Quality assurance
- Program evaluation
- Accreditation and regulation of psychiatric facilities
- Budgeting and financing of psychiatric services.

3 EVALUATION TOOLS

There are values which candidates must develop and possess right from the start of the programme. The candidates must develop a sense of belonging to the unit they are attached, to be committed as an integral part of the service team and function as an effective apprentice to the supervisor. The service they perform is an essential and integral part of learning. Apart from learning how to care for patients, they must also develop professional qualities, managerial and leadership skills as well as demonstrate the ability to be self-directed learners who are motivated to continually improve their performance.

Thus the assessment of practice is a very important component of the progress evaluation. The tools used in the assessment emphasise the links to practice. Candidates are encouraged to meet and discuss their performance regularly with their supervisors and mentors to obtain early feedback, to subsequently take the initiative to search for the relevant information to improve themselves.

The tools used are aimed at assessing different competencies:

1. Case write-ups
2. Dissertation
3. Supervisors report

CASE PROTOCOLS

Guidelines for preparation of case protocols

1. Select the case you wish to write on. The criteria to help you select the cases include: presence of an interesting feature such as unusual manifestation of a common problem, or problem in management.

2. Review the literature regarding the problem, making an annotated bibliography.

3. Write the literature regarding the problem.

4. Show the first draft to the supervisor. The corrections should be returned within 2 weeks. The responsibility of the supervisor is to guide candidate in the writing process and if the draft submitted is considered unsatisfactory, then the candidate should be asked to rewrite the write-up. Once the write-up is submitted for marking, there shall be no chance for rewriting or correction.

5. Modify the write-up as suggested and re-submit until the supervisor is satisfied that the write-up has achieved acceptable standard.

DISSERTATION

1. Submission

Four copies of the final dissertation (bound) must be submitted to the department. Three hard-bound copies must be resubmitted after all the necessary amendments (if any) have been made. The University will not confer the degree on a candidate unless and until this requirement has been met.

All dissertations are the permanent property of the University and the right to copyright them in their original form rests with the University and not with the authors.

Academic integrity is an important aspect of university work. Work submitted at postgraduate university level should demonstrate originality of thinking or critical evaluation of source material. It is expected that students will not plagiaries the work of others.

Plagiarism is tantamount to theft. It may be defined as using the words or ideas of others as one's own. This can be done in two ways, either by copying (5 words or more) exactly what the writer has said or by summarising or paraphrasing the ideas as your own. Copying the words or ideas of another without acknowledgment in a piece of written work amounts to an attempt to claim them as one's own.

Where plagiarism is detected in a piece of submitted work it may be considered as academic misconduct and my lead to failure and/or exclusion from the course.

When you are preparing any work for submission, be meticulous in recording your sources, both written and oral, and ensure that all sources are specifically and appropriately acknowledged.

2. Stages of Preparation

2.1 Distant learning candidates should have 2 supervisors; at University and Ministry of Health. The candidates shall be assigned supervisor based on selected dissertation topic or subspeciality involved.

2.2 Phase II (Year 2 & 3)

i) 0-3 months – topic identification, literature review and developing a research protocol. Presentation of the protocol to the departmental staff and in the research methodology workshop /intensive-course.

ii) 4-24 months – submission for Ethics approval prior to data collection and analysis of the result. Presentation of the progress of the dissertation at the end of the posting. Distance learning students are advised to have completed data collection by the end of the posting.

2.3 Phase III (Year 4)

25-30 months (the first 6 months) – dissertation writing and submission to the academic office.

3. Format

3.1 Binding

The four copies submitted should be bound between soft cardboard covers. The full title, the name of the author and the University, and the year of submission should be typed on the front cover.

The final three "deposit copies" must be bound in buckram or rexine with stiff boards. The full dissertation title, the name of the author and University, and the year of submission should be printed in gold block letters of 18 font size on the front cover while the name of the author, the full title, the year of submission and the degree to be awarded should be printed in gold block letter of appropriate size on the spine

3.2 Length of Dissertation

The dissertation should be between 20,000 – 25,000 words.

3.3 Paper and Duplication

Only good quality plain white paper (80 g/m^2) of A 4 size (210 x 297 mm) should be used for all copies of the dissertation. Duplicating or pin-feed computer papers are not allowed to be used). Materials must be printed on one side of the paper only.

The four copies of the dissertation submitted initially may be printed by employing off-set printing or photocopying. Where the final three hard-bound copies are concerned, the original copy and two others which are typewritten, off-set printed or photocopied must be submitted. Carbon copies are not acceptable. All copies must be clean and legible.

3.4 Typing

3.4.1 Typing Quality

Dissertations should be typed, double-spaced, on one side of the paper only using an electric/electronic typewriter or word processor. Computer printout must attain a minimum quality standard (i.e. NLQ). Only one type face (pica, elite or executive) may be used throughout the dissertation. Script is unacceptable. The acceptable font size for the general text is 10-12 points.

Symbols or special characters/notations not found on the particular typewriter or computer keyboard used by the author should be drawn with a mechanical guide with black India ink or equivalent.

No crossing-out of letters of words is permitted. Erasures must be clean. The use of transparent tape for patching in any form is also not allowed.

3.4.2 Spacing

While double-spacing is generally used throughout the text, single-spacing is recommended for long tables, long quotations, notes, footnotes, multi-line captions and bibliographic entries.

3.5 Margins

The stipulated margins for the general text are as follows:

Top edge	:	2.5 cm
Right side	:	2.5 cm
Left side	:	3.5 cm
Bottom edge	:	2.5 cm

Not withstanding the above, the following guidelines should also be observed as far as possible:

1. Typing should not extend more than one line below the bottom margin and then only to complete a footnote or last line of a chapter subdivision, or caption.
2. All tables and figures, including their captions should conform to margin requirements.
3. A new paragraph at the bottom of a page must have at least two full lines of type or it should begin on the next page.

3.6 Pagination

All numbers are placed without punctuation about 1.0 cm from the top edge, either above the middle of the lines of text or in the upper right-hand corner with the last digit even with the tight-hand margin. Alternatively, numbers may be positioned about 1.0 cm from the bottom edge below the middle of the lines of text. Consistency is more important than choice of position.

The preliminaries are numbered in consecutive lower case Roman numerals (i, ii, iii, etc). The Title Page at the front of the dissertation is considered to be page i, but the number is not typed. Roman numeral ii appears on the first page that follows the Title Page.

The text and all Reference and Appendix pages are numbered consecutively in Arabic numerals (1,2,3, etc) beginning with 1 on the first page of the text.

Every page on which any typing or drawings appears must have a number except for:

a) the Title Page (see above)

b) cover sheets (e.g. cover sheets preceding the Appendix and the Vita) are neither numbered nor counted.

3.7 Subdivisions

They are no specific requirements as to the internal organization to be used consistently throughout the dissertation.

3.8 Tables

Tables are commonplace in dissertation. They must be properly centered on the page within the prescribed margins. Each table must bear a reference number (in Arabic numeral) and a caption. The number must correspond to a similar number in the text. It

may be useful to group tables in each chapter together and to number them in sequence. For example, table found in chapter 4 could be numbered Table 4.1, Table 4.2, Table 4.3 and so on.

The word **table** or **TABLE**, its number and its caption appear above the table. If any table continues to the following or subsequent pages, the top line of the page reads (for example) : **Table 16, continued**. The caption is not repeated. If a table is reproduced, the reference must be cited.

Tables must be presented with properly ruled horizontal lines. Oblique and vertical lines are normally not necessary if the columns bear clear headings and contain data that are properly set out vertically.

3.9 Figures

Figures could be photographs pasted on the page, illustrations, graphs-infact, anything that is neither script nor table. The word **Figure** or **Fig**., its number (in Arabic numeral), and its caption are placed below the figure. A figure should not normally extend beyond one page. However, if its does, the same guidelines as for tables should be followed. As with tables, figures could be grouped and numbered in sequence.

Photographs smaller than page-size should be firmly mounted with rubber cement or dry-mounting tissue on the same paper used in the copies of the dissertation in which they are to appear. If preferred, photographs may be printed on page-size paper.

Line diagrams should be drawn with the aid of a computer or with mechanical aids using black India ink or equivalent on white paper.

4. **Layout or Arrangement of Contents**

Every dissertation is composed of three parts. The Preliminaries, the Text, the Reference Material. Each part has several sections which must be arranged in a certain order.

4.1 The Preliminaries

The preliminary is made up of a number of sections. The heading of every section must be in capital letters and is centered without punctuation about 5cm from the top of the page; the text or listing begins four spaces below. All pages in the Preliminaries are numbered in lower case Roman numerals.

4.1.1 The Title Page

This page must contain the following information:

a) Title of dissertation
b) Full name of author
c) The degree for which the dissertation is submitted e.g. Master of Medicine (Psychiatry, etc) It should be indicated that the dissertation is being submitted in partial fulfillment of the requirement for that particular degree.
d) The month and year in which the dissertation is submitted for examination.

4.1.2 Acknowledgements

This is optional. Most dissertation, however, do include a brief statement of thanks in recognition of any special assistance.

4.1.3 Preface

This is also optional. If included, this section should contain a concise description of the scope, objectives, and background to the research project.

4.1.4 Table of Contents

The titles of parts, sections or chapters and their principle subdivisions should be listed in the Table of Contents and must be worded exactly as they appear in the body of the dissertation. It is advisable to use numbers for headings (e.g. 5), sub-headings (e.g. 5.1), and sub-sub headings (e.g. 5..1.8). For further divisions of headings, small letters within parenthesis (e.g. 5.1.8 (e) may be used. Such a system of numbering combined with careful indentation and the judicious use of upper and lower case and italics, could give at a glance the main and subordinate headings and their relationship to one another.

4.1.5 Lists of Tables and Figures

These lists, which are optional, use exactly the same numbers and caption that appear above the tables or below the figures in the text or in the appendices.

4.1.6 List of Symbols, Abbreviations or Nomenclature

If necessary to the presentation of dissertation, these lists appear after the lists of tables and figures (if any).

4.1.7 Abstract

An Abstract in both Bahasa Malaysia and English must be given, the former version appearing before the latter. The English version must include the title in English. The abstract is a digest of the entire dissertation and should give a brief exposition of the research problems and aims and a summary of the findings in the context of the whole area of study. This section should be double-spaced, the length of each version should not exceed 400 words. The abstract should be placed immediately before the first part/chapter of the dissertation.

4.2 The Text

The Text is made up of a number of sections. Its internal organisation is left to the student and his/her supervisor(s). It normally starts with an **INTRODUCTION** which highlights the problems(s) under investigation, sets forth the objectives of the study, and outlines the plan of action or research protocol. The introduction may include a fully-referenced review of the literature. However, the literature survey may be written as a separate chapter.

The subsequent chapters or sections normally include, among other things, the following:

A detailed description of the **research methods** and materials used. Experimental methods should be so described that another worker will have no difficulty carrying them out.

Results and analysis of data. The results obtained can be presented as a series of figures, tables, etc. with descriptive text but no discussion. On the other hand, it is often easier to present results and discussion together.

Discussion

Summary and **conclusion(s).** These are usually treated as the last major division of the text.

Recommendations. This section, which is optional, follows the conclusion only if the subject matter permits.

4.3 The Reference Material

4.3.1 Bibliography (or List of References)

Any dissertation which makes use of other works, either in direct quotation or by reference, must contain a bibliography listing these sources. If pertinent works have been consulted but not specifically cited in the text, they should be separately listed as an appendage to the Bibliography and given the subheading General References.

This section begins on a fresh page bearing the heading **BIBLIOGRAPH**Y or **REFERENCES** in capital letters, centered without punctuation, about 5cm from the top. The list of reference begins four spaces below the heading and is double-spaced between entries but single-spaced within each entry. A 3-space indentation should be used for any exceeding a single line.

References may be presented according to the Harvard System or other appropriate system.

4.3.2 Appendices

This section is normally not necessary. It contains supplementary illustrative material, original data, and quotations too long for inclusion in the text or not immediately essential to an understanding of the subject. It provides a convenient way of preventing the reader from getting side-tracked from the main body of the dissertation. For examples, lengthy experimental methods can conveniently be described here.

This section is separated from the preceding material by a cover sheet hearing the heading **APPENDICES** in capital letters (or, if there is only one, **APPENDIX**), centered without punctuation. This sheet is neither counted nor numbered.

This section may be divided into Appendix A, Appendix B, etc., such divisions being treated as first order subdivisions. Each Appendix with its title, if it has one, should be listed separately in the Table of Contents as a first order subdivision under the heading **APPENDICES**.

Tables and figures in the Appendices must be numbered and captioned and also listed in the list of Tables and List of Figures (if there are used) in the Preliminaries.

4.3.3 Vita (optional)

This section is separated from the preceding material by a cover sheet bearing the heading **VITA** in capital letters, centered without punctuation. This sheet is neither counted nor numbered.

The heading is repeated on the page containing the material with the word **VITA** centered about 5 cm from the top of the page. The text begins four spaces below the heading.

The vita is biography of the student in the third person. Among the details are the place and date of birth. The information should be limited to one double-spaced type page and may be presented in essay or in outline form.

The vita is the final item in the dissertation and is listed in the Table of Contents. The page is counted and numbered.

Structure of research project timelines:

Duration: 2.5 years - Year 2 – 4

Phase	Activities
Discussion of area of interest	- Decide on the research topic you want to undertake which you want to research. - Present your preliminary ideas to your supervisor.
Literature review.	- Access literature relevant to your field of research. - Critically appraise the articles you find.
Protocol Development	- Prepare a draft protocol - Source all citations
Protocol Presentation	- Present your protocol to receive feedback on your proposed research. - Revise your protocol taking comments given into account.
Protocol Write-up	- Write-up your final protocol - Submit the protocol to your supervisor for comment. - Revise your protocol taking your supervisor's comments into account. - The written protocol will be the "blue print" for you to conduct your research.
Ethical and Research Committee Approval	
Doing the Research	- Data collection
Writing –up the thesis	- Data analysis. - Discussion the results of the study with supervisor. - Writing-up the thesis. - Submitting the draft thesis to supervisor for comments. - Revised the thesis taking your supervisor's comments.
Submission	Three bound copies of the thesis should be sent four (4) months before the course ends.
Correcting the Thesis	- Written comments from the external and internal examiner will be returned to students for rectification of their theses. The revised thesis must be presented during the thesis viva.

SUPERVISOR'S REPORT

The supervisor throughout the posting will closely observe all candidates. The competencies and qualities to be observed as well as the criteria for evaluation are described in the evaluation form (Appendix I). A supervisor will base the report on clinical competence and theoretical knowledge. The candidates attitude and attendance will also to be taken into consideration. The supervisor is required to prepare a progress report of the candidates every 3 months and forwarded to the Head of Psychiatric Department.

With the guidance from the checklist candidates should endeavour to develop the competencies and qualities listed, aiming for excellence in all dimension. The candidate is encouraged to use this evaluation form as a guideline to informally discuss his/her progress with the supervisor throughout the posting. The supervisor is also expected to provide continual formative feedback to the trainee based in this evaluation form.

4 ASSESSMENT AND EXAMINATION

1. The assessment for the Master of Medicine (Psychiatry)/Master of Psychological Medicine program is as follows

   1.1 **Phase I (Year I):** Continuous Assessment and 2 case protocols as prerequisites to be eligible to sit for Part I examination

   1.2 **Phase II (Year 2)**:Continuous Assessment and 4 protocols pre-requisites to proceed to Year 3.

   Phase II (Year 3): Continuous Assessment, 4 protocols and submission of research proposal to ethics committee as prerequisites to be eligible to sit for Part II examination

   1.3 **Phase III (Year 4)**: Continuous Assessment and Part III examination (Dissertation & Consultation Viva)

2. Criteria

   2.1 **Part I**

   2.1.1 Prerequisite to sit for Part I Examination

   i. **Supervisors report**

   Satisfactory supervisor's report regarding the attitude, integrity, attendance, clinical skills and theoretical knowledge. In the event that a candidate gets an unsatisfactory report, the department concerned may set up a special committee to deliberate and recommend whether the candidate should be terminated from the course, asked to repeat the year, defer for 6 months or allowed to sit for the examination.

   ii. **Protocols**
   The candidate must submit and pass both case protocols in order to be eligible to sit for the Part I examination. The passing mark is 50%.

   2.1.2 Criteria for Passing the Part I Examination

   Candidates must pass the theory and clinical components separately with minimum of 50% marks. Candidates must pass the theory component before being allowed to sit for clinical component of the examination.

   a. **Theory component**:
   Paper I MCQ -40 questions : 40 marks
   Components:
   1. Neuroanatomy

2. Neurophysiology
3. Neurochemistry
4. Neuroimmunology
5. Psychiatric Genetic
6. Neuropharmacolgy
7. Neuropathology

Paper II MCQ-60 questions: 60 marks
Components:

1. Normal Psychology & Human Development
2. Psychiatric Interview
3. Classification
4. Medical Sociology
5. Biostatistic & Epidemiolgy
6. Ethology
7. Psychopathology (Phenomenology)

Short Essays-10 questions: 100 marks

The candidate with borderline theory mark between 48.5 to 49.4 will be entitled for review by Board of Examiners. The review will be on the short essay answer.

If a candidate obtains a theory mark of 49.5 to 49.9, the mark will be automatically upgraded to 50.0

The final decisions will be made by the Board of Examiners.

Original marks will not be taken into consideration in deciding on the grades.

b. **Clinical component**:
Two short cases : 100 marks (50 marks each)

The passing mark is 50% (average of both cases) but if a candidate obtains less than 45 percent mark in either case, he/she fails the exam.

2.1.3 There is no Borderline Viva for Part I Examination

2.1.4 Criteria for Progression from Phase I to Phase II

i) Pass the Part I Examination
ii) Proposed by the Examiners' Board and the Faculty Board
iii) Certified by the Senate

2.2 **Part II**

2.2.1 Prerequisite to sit for Part II Examination

i. Supervisor's report

Satisfactory supervisor's report regarding the attitude, integrity, attendance, clinical skills and theoretical knowledge. In the event that a candidate gets an unsatisfactory report, the department concerned may set up a special committee to deliberate and recommend whether the candidate should be terminated from the course, asked to repeat the year or defer 6 months or allowed to sit for the examination.

ii. Protocols

The candidate must submit and pass the eight case protocols (4 cases in year 2 and 4 cases in year 3). Candidates getting less then 50% (average) in the protocol assessment are not allowed to sit for the Part II examination

iii. Submission of research proposal to ethics committee

Candidate must submit research proposal to ethics committee at least 4 months before the part II examination

2.2.2 Criteria for Passing the Part II Examination

Candidates must pass theory and clinical components separately. They must pass the theory component before being allowed to sit for the clinical component of the exam.

The components of the theory and clinical examination are as follows:

A. Theory Component

1. PAPER I (100%)
   a. Essay:
      i. Answer 2 questions
      ii. One compulsory General Psychiatry question; one subspecialty question out of two options.
      iii. Duration 30 mins each
      iv. 60 marks (30 marks each)

   b. Critical Review Paper:
      i. 2 questions (answer both)
      ii. Duration: 45 mins each
      iii. 40 marks (20 marks each)

2. PAPER II (100%)
   a. Short Notes:
      i. 10 questions (answer ALL)
      ii. 15 mins each
      iii. Components:
         1. General Psychiatry (2 questions)
         2. Rehab/Community

3. Liaison/Psychosexual
4. Child & Adolescent
5. Psychogeriatrics/Neuropsychiatry
6. Forensic
7. Addiction
8. Psychological therapy
9. Psychopharmacology

iv. 10 marks each

The candidate with borderline theory mark between 48.5 to 49.4 will be entitled for review by Board of Examiners. The review will be on essay and short answer questions.

If a candidate obtains a theory mark of 49.5 to 49.9, the mark will be automatically upgraded to 50.0

The final decisions will be made by the Board of Examiners.

Original marks will not be taken into consideration in deciding on the grades.

B. **Clinical Component**

1. One Long Case Psychiatry :

   a) 1 hour assessment of the patient
   b) 30 minutes with examiners
   c) 100 marks.

2. Two Short Cases
   a) 1 case - psychiatry
      - 20 minutes observation.
      - 30 minutes with examiners
      - 50 marks

   b) 1 case – Neuromedical
      - 30 minutes with patient and examiners
      - 50 marks.

Candidates must pass both long cases and short cases separately. The passing mark for the long case is 50%.

The passing mark for short cases is 50% (average of the two short cases). However, if a candidate obtains less than 45 percent mark in either short case, he/she fails the examination.

NB:

- Candidate must pass both the clinical and theory components to pass the part II examination.
- Criteria for distinction:
  - The total marks must be 75% and above
  - Must not have failed any component of the examination
  - Must not be a repeat candidate in Part I or Part II examination

2.3 **Part III**

2.3.1 Criteria for Passing Part III Examination

i) Supervisor's report

Satisfactory supervisor's report regarding the attitude, integrity, attendance, clinical skills and theoretical knowledge. In the event that a candidate gets an unsatisfactory report, the department concerned may set up a special committee to deliberate and recommend whether the candidate should be terminated from the course, asked to repeat the year, defer for 6 months or allowed to sit for the examination.

ii) Completed dissertation satisfactorily and passed the dissertation viva.
   a. 10 minutes presentation
   b. 20 minutes viva

iii) Passed the Consultation Viva

Consultation viva

a. Topics coverage:
   1. Administrative psychiatry
   2. Consultation-liaison psychiatry
   3. Ethical issues
   4. Patient management problems
b. 4 examiners (one of whom should be an external examiner)
c. 30 minutes per candidate
d. 100 marks

iv) Certified by Senate

3. Grading System

Pass and fail grades are as follow:

Marks

- 75% and above - Pass with distinction if fulfilled all criteria
- 50% - 74.9% - Pass
- Less than 50% - Fail

4. Repeat Examination

Candidates who fail any examination (Part I, Part II or Part III) may take the repeat examination after a duration of six months or one year as recommended by the Examiners' Board and approved by the University Senate.

Candidates are allowed to sit a maximum of three (3) times for each examination but must complete the Masters course in 7 years.

5) SUPERVISON AND ROLE OF THE SUPERVISORS

Supervision is the dynamic process in which the supervisor encourages and participates in the development and training of the candidate. Supervision is fundamental to the educational process and is imperative in the open learning program.

The two major roles of supervision are:

1. Objective evaluation of candidates performance using appropriate methods of assessment, and

2. Establishing a relationship that will help the trainee to self-actualise and become self-directed learners and highly motivated individuals.

Accreditation of consultant/specialist in the Ministry of Health

Accreditation is based on commitment to teaching, evidence of teaching activities at departmental and hospital levels. To be a supervisor, the consultant / specialist must possess M.Med (Psychiatry) degree / Master of Psychological Medicine or its equivalent for at least 2 years.

1. Types of supervision

1.1 Course Supervisor

The course supervisor is the head of the Department of Psychiatry of the University who is responsible for the smooth implementation of the Masters programme. The head of department is also responsible for conducting regular meetings with the other supervisors to assess the progress of the candidates and to make appropriate recommendations for further improvement in training.

1.2 Phase Supervisor/Coordinator

A phase supervisor/phase coordinator is a member of the department of psychiatry. Three phase supervisors will be elected by the course supervisor to oversee and coordinate each phase of the course. The phase coordinator are expected to :

i) schedule lectures and clinical postings
ii) conduct and attend to matters pertaining to examination
iii) collect clinical supervisors' reports, case reports, log books and dissertations
iv) visit candidates and their supervisor whenever possible.
v) be a liaison officer for the course
vi) participate in programme evaluation

1.3 Academic/Personal Supervisor

The academic supervisor is a lecturer and mentor working in the Department of Psychiatry of the university or in the Ministry of Health. He/She is elected by the course supervisor to supervise the candidate through all the phases of the course until graduation. He/She must develops a professional, interpersonal relationship with the student that is conducive to scholarly activities and intellectual enhancement.

The Academic/Personal supervisor is expected to:

i) assists the student in planning the study
ii) act as liaison officer between the candidate and the course supervisor
iii) ensures that the student is aware of all program requirements, degree regulations, and general regulations of the academic program and the university
iv) advise student about career development
v) be informed about students' posting
vi) to monitor academic performance and his/her progress over the years
vii) to discus and counsel student over personal matter

1.4 Clinical Supervisor

A clinical supervisor is the lecturer whom the candidate is working with during the 3 monthly clinical rotations. The clinical supervisor plays a major role in the supervision of the candidate's clinical training and is responsible for evaluating the candidate using the supervisor's report form. A clinical supervisor is allowed to supervise a maximum number of 8 students at a particular time (not more than 2 in each year of study). The clinical supervisor is expected to:

i) supervise the candidate's clinical work
ii) ensure that the candidate keeps up with the literature, attends hospital teaching activities (e.g. C.P.C) and maintains a professional attitude toward patients
iii) ensure satisfactory completion of candidate's case reports
iv) assess the case reports of the candidate
v) submit reports regarding candidate's clinical competence

1.5 Research Supervisor

A research supervisor is the lectures who supervise the project dissertation. He/She preferably should be the expert in the filed or research the student in conducting. He/She plays a major role in:

(i) planning the research into the student
(ii) apply research grant
(iii) helping student to get approval from ethical committee
(iv) supervise the conduct or the study
(v) assist in statistical work
(vi) writing report / dissertation
(vii) encourage and assist candidate to write papers, attend seminar and conferences
(vii) make sure students go the viva satisfactorily

2. Supervisor at the Ministry of Health Hospital

2.1 The Clinical Coordinator

The clinical coordinator is the chairperson of the hospital postgraduate training committee. The clinical coordinator is expected to:

i) ensures that the accredited hospitals fulfil requirements in terms of physical facilities and human resources
ii) reviews the number of training posts
iii) keeps a registry of the trainees and the supervisors
iv) provides feedback to MOH coordinating committee regarding placement and transfer of trainees and supervisors
v) coordinates the training programme in the hospital
vi) provide the necessary assistance to facilitate the training programme
vii) makes recommendations to ensure there is an adequate support system for supervisors and trainees.

2.2 The Programme Supervisor

The programme supervisor is the head of psychiatric department and is appointed as the programme supervisor in each accredited hospital in the Ministry of Health. The programme supervisors is expected to:

i) coordinate the training of candidates in their respective disciplines
ii) collect 3 monthly reports from candidate supervisors
iii) serve as the liaison officer for the programme director at the University
i) assist the candidate supervisor and the candidates if problem occur
ii) arrange clinical rotations for the candidates in consultation with the course supervisor and as required by the programme
iii) ensure that reports of candidate are submitted to the university through the head of department

2.3 Candidate Supervisor

A supervisor will be appointed for each candidate working in the Ministry of Health. A candidate supervisor plays a major role in the supervision of candidate's clinical training as well as contributing to the continuous assessment of candidates. A clinical supervisor is allowed to supervise a maximum number of 2 candidates at a particular time. The candidate supervisor is expected to :

i) implement the training programme
ii) ensure that adequate time is provided to trainees for studying and fulfilling requirements of the training programme
iii) provide guidance and supervision for candidates assigned to them
iv) liaise with the programme supervisor regarding candidate performance
v) submit an assessment report at the end of a clinical posting
vi) assist the candidate in the preparation of the dissertation

6) SUGGESTED TEXTBOOKS AND JOURNALS

TEXTBOOKS

Behaviour Sciences

- Rita L. Atkinson, Richard C. Atkinson, Edward E. Smith, Daryl J. Bem, Ernest R. Hilgard. Introduction to Psychology. Harcout Brace Jovanovich.

- Andrew B. Crider, George R. Coethals, Robert D. Kavanaugh. Paul R. Solomon. Psychology. Scott, Foresman and Company.

Child and Adolescent Psychiatry

- "Child Psychiatry", eds. Robert Goodman and Stephen Scott, Blackwell Science, 1998

- "Child & Adolescent Psychiatry", Modern Approaches, 4th edition, eds. Michael Rutter, Eric Taylor, Lionel Hersov, Blackwell Science

Clinical Psychiatry

- Harold Kaplan and Benjamin Sadock. Synopsis of Psychiatry – Behavioural Sciences / Clinical Psychiatry, 8th. Edition. Williams and Wilkins.

- R.E Kendell and A.K Zealley. Companion to Psychiatric Studies, 5th Edition. Churchill Livingstone.

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Illness. Fourth Edition (DSM). APA

- World Health Organization. The ICD Classification of Mental and Behavioural Disorders, WHO.

- J.P Leff and A.D Isaacs. Psychiatric Examination in Clinical Practice. Blackwell Scientific Publication.

- Philip Barker. Basic Child Psychiatry. Granada Publishing.

- Malcolm Faulk. Basic Forensic Psychiatry. Blackwell Scientific Publication.

- Sidney Block. An Introduction to the Psychotherapies. Oxford University Press.

Forensic Psychiatry

- Mental Health Act 2001 and Mental Disorders Ordinance 1952;
- Criminal Procedure Code and Penal Code
- Forensic Psychiatry by John Gunn and Pamela Taylor
- Faulk's Basic Forensic Psychiatry (Third edition, 2000)

Geriatric Psychiatry

- Assessment scales in Old Age Psychiatry; Burns,B.Lawlor,S.Craig, ISBN 1-85317-562-5; Martin Dunitz Ltd 1999
- Functional Psychiatric Disorders of the Elderly; E.Chiu, D.Ames, Camdridge University Press 1994; ISBN 0-521-43160-3
- Kaplan and Sadock's Synopsis of Psychiatry; Eight Edition, ISBN 0-683-30330-9
- Organic Psychiatry; W.A.Lishman, Third Edition, ISBN 0-86542-820-4
- Oxford Texbook of Psychiatry; M.Gelder,D.Gath,R.Mayou,P.Cowen, Third Edition; ISBN 0-19-262501-2

Medical Sociology

- David Armstrong. An Outline of Sociology as Applied to Medicine. Wright.
- Cecil G. Helman. Culture, Health and Illness – An introduction for health professionals.

Psychopathology

- Max Hamiltion. Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry. John Wright and Songs Ltd.
- Andrew Sims. Symptoms in the Mind - An introduction to descriptive psychopathology. Beillieve Tindall.

Community Care and Rehabilitation in Psychiatry

- World Health Organization. Organization of services for mental health. Geneva, Switzerland: World Health Organization; 2003.
- Thornicroft G, Szmukler G, editors. Textbook of Community Psychiatry. Oxford: Oxford University Press; 2001.
- Thornicroft G, Tansella M. Balancing community-based and hospital-based mental health care. World Psychiatry 2002;1:2:84-90.

- Thornicroft G, Tansella M. http:www.euro.who.int/document/hen/mentalhealth.pdf. In: Network HE, editor. Response to a question. Geneva, Switzerland: World Health Organization; 2003. p. What are the arguments for community-based mental health care.
- NICE Guideline on Management of Patients with Scizophrenia.
- Ministry of Health Malaysia. National Mental Health Policy. Kuala Lumpur: Ministry of Health Malaysia; 1998.
- Ministry of Health Malaysia. Malaysian mental health act. In; 2001.
- Ministry of Health Malaysia. Malaysian mental health framework. Kuala Lumpur: Ministry of Healh Malaysia; 2002.
- Ministry of Health Malaysia. Developing integrated community mental health services. Kuala Lumpur: Ministry of Health Malaysia,; 2002.
- Ministry of Health Malaysia. Guidelines on Acute Home Treatment for Mentally Ill Patients. In. Kuala Lumpur; 2001.
- Ministry of Health Malaysia. Guidelines on assertive community treatment for mentally ill patients. In. Kuala Lumpur; 2001.
- Ministry of Health Malaysia. Guidelines on family intervention programme for mentally ill patients. In. Kuala Lumpur; 2001.
- Ministry of Health Malaysia. Guidelines on the Implementation of Psychosocial Rehabilitation for Mentally Ill Patients at the Primary Health Care Settings. Kuala Lumpur: Ministry of Health Malaysia; 2000.

Research Methodology

- Darzins PJ, Smith BJ, Heller RF. How to Read a Journal Article, Med J Aust,1992; 157: 389-394.*
- Fowkes FGR, Fulton PM. Critical Appraisal of Published Research: Introductory Guidelines, BMJ 1991; 302:1136-1140.*
- S Lawrie, A McIntosh, S Rao (2000). Critical Appraisal for Psychiatry. Churchill Livingston Publishers.
- T Brown , G Wilkinson (1998). Critical Reviews in Psychiatry. College Seminar Series. Royal College of Psychiatrists. (Now Second Edition is in print)
- http://www.superego-cafe.com/psychiatry-mrcpsych/revision-tips/critical-review/index.html

Further Reading

- William A Lishman. Organic Psychiatric: The Psychological Consequence of Cerebral Disorder. Blackwell Scientific Publication.
- Harold Kaplan and Benjamin Sadock. Comprehensive Textbook of Psychiatry. Williams And Wilkins.
- S.J Enna & Joseph T. Coyle. Pharmacological Management of Neurological and Psychiatric Disorders. McGraw – Hill.
- Norman S Miller and Marks S. Gold. Pharmacological Therapies for Drugs and Alcohol Addiction. Marcel Dekker Inc.
- Michael Rutter and Lionel Hersov. Child and Adolescent Psychiatry: A modern approach. Blackwell Scientific Publication.
- Graham Philip. Child Psychiatry – A developmental approach. Oxford Medical Publication.
- Dinesh Bhurga. Principle of Social Psychiatry. Blackwell Scientific Publication.
- Dougles H. Bennett and Hugh F. Freeman. Community Psychiatry: The principle. Churchill Livingstone.
- Joseph Wolpe. The Practice of Behavioural Therapy. Pergamon Press.
- David H. Malan. Individual Psychotherapy and The Sciences of Psychodynamics. Butterworth-Heinemann
- Anne Anastasi. Psychological Testing. Macmillan Publishing Company Inc.
- Gareth W. Roberts, P. Niegel Leigh and Daniel R. Weinberger. Neuropsychiatric Disorder. Mosby Europe Limited.
- J. Gunn and P.J Taylor. Forensic Psychiatry – Clinical, legal, and ethical issues. Butterworth-Heinemann

JOURNALS

Psychiatric Journals

1. British Journal of Psychiatry
2. American Journal of Psychiatry
3. Acta Psychiatrica Scandanavica
4. Archives of General Psychiatry
5. Australian and New Zealand Journal of Psychiatry
6. Current Opinion in Psychiatry
7. Journal of Child Psychology and Psychiatry and Allied Discipline
8. Psychosomatic Medicine
9. Malaysian Journal of Psychiatry
10. Malaysian Journal of Child Health

General Journals

1. British Medical Journal
2. Lancet
3. New England Journal of Medicine
4. Medical Journal of Malaysia
5. Malaysian Journal of Child Health
6. Malaysian Journal of Medical Sciences, USM

7) LIST OF ACCREDITED HOSPITAL

1. Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM)
2. Pusat Perubatan Universiti Malaya (PPUM)
3. Hospital Universiti Sains Malaysia, Kubang Kerian
4. Hospital Sultanah Bahiyah Alor Star Kedah
5. Hospital Pulau Pinang
6. Hospital Taiping Perak
7. Hospital Ipoh Perak
8. Hospital Bahagia, Ulu Kinta
9. Hospital Kuala Lumpur
10. Hospital Tengku Ampuan Rahimah Klang
11. Hospital Tengku Jaafar Sertemban
12. Hospital Permai, Tampoi
13. Hospital Sutanah Zainab 11 Kota Bharu
14. Hospital Tengku Ampuan Afzan Kuantan
15. Hospital Bukit Padang Kota Kinabalu
16. Hospital Sentosa, Kucing, Sarawak

8) APPENDICES