**FORM FOR ACCREDITATION OF UNIT FOR POSTGRADUATE TRAINING**

**FOR CLINICAL SPECIALTIES**

**(A) INTRODUCTION**

 Specialty\_

 Unit/Ward

 Institute/hospital

 Address

 PMDC Recognition for training in that specialty\_

 PMDC Recognition for training in other specialties\_

 UHS Recognition for training in other specialties

 Head of Unit/Ward

 Designation

 Qualification

**(B) FACILITIES AVAILABLE IN THE UNIT**

**FACULTY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Designation** | **Qualifications with**  **year/institute** | | | **Date of**  **joining the present post** | **Teaching/Work**  **Experience** | **Research**  **Publications** |
| Qualification | Year | Institute |
|  | Professor of Psychiatry |  |  |  |  |  |  |
|  | Associate Professor of Psychiatry |  |  |  |  |  |  |
|  | Assistant Professor of Psychiatry |  |  |  |  |  |  |
|  | Senior Registrar |  |  |  |  |  |  |
|  | Senior Registrar |  |  |  |  |  |  |
|  | SMO Bs-18/SR |  |  |  |  |  |  |
|  | Clinical Psychologist |  |  |  |  |  |  |
|  | Clinical Psychologist/Psychotherapist |  |  |  |  |  |  |
|  | MO |  |  |  |  |  |  |
|  | Speech and Language Therapist |  |  |  |  |  |  |
|  | Social Worker |  |  |  |  |  |  |
|  | Behavioural Scientist |  |  |  |  |  |  |
|  | Educational Psychologist |  |  |  |  |  |  |
|  | Occupational Therapist |  |  |  |  |  |  |

*Note: At least two full-time clinical Psychologists should be available in every unit.*

**Technical Assistance to Teaching**

Computers & Internet facility Yes/No

Multimedia Projector Yes/No

Audiovisual aids Yes/No

Models & Charts

(Please give number & nature)

**Clinical Teaching and Supervision**

Ward rounds ------

Case presentation & Discussion -----------

Cases taken for Psychotherapeutic management --------------

Child and Adolescent Psychiatry Cases & Discussion -----------

Continuing Professional Development Courses ----------------

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.#** | **Equipment(s)** | **Min Required** | **Deficiency** | **Remarks**  **Working/Not Working** |
|  | BP Apparatuses (Mercurial) | 8 |  |  |
|  | Glucometers | 2 |  |  |
|  | Nebulizer | 1 |  |  |
|  | **ECT administering Machine / Device** | 1 |  |  |
|  | **EEG Machine System** | 1 |  |  |
|  | Ophthalmoscope | 1 |  |  |
|  | Thermometers | 2 |  |  |
|  | Weight Machine / Scale | 1 |  |  |
|  | Trans-cranial Magnetic Stimulation Machine | 1 |  |  |
|  |  |  |  |  |

**Minimum Standards Set by UHS (Yard Stick) *To be filled-up by UHS***

|  |  |  |
| --- | --- | --- |
| **Equipment(s)** | **Model** | **Student equipment Ratio** |
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**Diagnostic Rating Scales and Psychological Testing Tools**

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| --- | --- | --- |
| **Rating scale / Assessment Tool** | **Availability** | **Version / Mention if standardized Urdu Version available** |
| 1. Hamilton Anxiety Scale (HAM-A) |  |  |
| 1. Beck Depression Inventory |  |  |
| 1. Beck Depression Inventory - 2 |  |  |
| 1. Beck Anxiety Inventory |  |  |
| 1. Bender-Gestalt Test |  |  |
| 1. Childhood Trauma Questionnaire |  |  |
| 1. Children’s Depression Inventory |  |  |
| 1. Child Behavior Checklist |  |  |
| 1. Conner’s Rating Scales- Revised |  |  |
| 1. Dissociative Experiences Scales |  |  |
| 1. Eating Disorder Inventory |  |  |
| 1. Forer Structured Sentence Completion Test |  |  |
| 1. Minnesota Multiphasic Personality Inventory |  |  |
| 1. MMPI 2 |  |  |
| 1. CAGE Questionnaire |  |  |
| 1. Childhood Autism Rating Scale (CARS) |  |  |
| 1. Autism Diagnostic Observation Scale (ADOS) |  |  |
| 1. Hospital Anxiety and Depression Scale |  |  |
| 1. Panic and Agoraphobia Scale (PAS) |  |  |
| 1. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) |  |  |
| 1. Clinical Dementia Rating |  |  |
| 1. Hamilton Rating Scale for Depression- Revised (HAM-D) (clinician form) and (self report) |  |  |
| 1. Montgomery-Asberg Depression Rating Scale (MADRS) |  |  |
| 1. Young Mania Rating Scale |  |  |
| 1. Brief Psychiatric Rating Scale (BPRS) |  |  |
| 1. Positive and Negative Syndrome Scale (PANSS) |  |  |
| 1. 16 Personality Factor Questionnaire (16-PF) |  |  |
| 1. Luria Nebraska Neuropsychological Battery |  |  |
| 1. Learning Disability Diagnostic Inventory (LDDI) |  |  |
| 1. Quality of Life Inventory (QOLI) |  |  |
| 1. Emotional & Social Competence Inventory |  |  |
| 1. Wong's Emotional Intelligence Scale |  |  |
| 1. The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) |  |  |
| 1. Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A) |  |  |

**AUXILIARIES**

**Library**

Available space including seating capacity \_

*(Continue on the copy of the table if required)*

|  |  |  |
| --- | --- | --- |
| **List of books** | **Edition No.** | **Year/No** |
| 1. Kaplan and Sadock's Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry | 11th Revised edition |  |
| 1. Shorter Oxford Textbook of Psychiatry | 6th Revised edition |  |
| 1. Sims' Symptoms in the Mind: Textbook of Descriptive Psychopathology | 4th Revised edition |  |
| 1. Diagnostic and Statistical Manual of Mental Disorders- 5 by American Psychiatric Association | 5th | 2013 |
| 1. SCID-5-CV (Clinician Version) |  |  |
| 1. The ICD 10 Classification of Mental and Behavioural Disorders |  |  |
| 1. The American Psychiatric Publishing Text book of Psychiatry | 6th |  |
| 1. New Oxford Textbook of Psychiatry | 2nd |  |
| 1. Anita Thapar, Rutter's Child and Adolescent Psychiatry | 6th Revised edition |  |
| 1. Alan Carr, The Handbook of Child and Adolescent Clinical Psychology : A Contextual Approach | 3rd Revised edition |  |
| 1. The American Psychiatric Publishing Textbook of Substance Abuse Treatment | 5th |  |
| 1. History of Psychiatry and Medical Psychology: With an Epilogue on Psychiatry and the Mind-Body Relation |  | 2010 |
| 1. APA Dictionary of Psychology | 2nd | 2015 |
| 1. Judith S. Beck, Cognitive Behavior Therapy | 2nd | (July 13, 2011) |
| 1. Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures | 2nd |  |
| 1. Behavioral Sciences in Medicine by Barbara Fadem | 2nd |  |
| 1. Myer’s Psychology | 11th |  |
| 1. Kaufman’s Clinical Neurology for Psychiatrists | 8th |  |
| 1. Stahl's Essential Psychopharmacology | 4th |  |
| 1. The Maudsley prescribing guidelines in Psychiatry | 12th |  |
| 1. Diagnostic Interviewing by Daniel Segal |  | 2010 |
| 1. Handbook of Evidenced-based psychodynamic psychotherapy |  | 2008 |
| 1. Kaplan and Saddock’s concise textbook of child and adolescent psychiatry |  | 2008 |
| 1. The American Psychiatric Publishing Textbook of Geriatric Psychiatry | 5th |  |
| 1. Textbook of Clinical Neuropsychiatry and Behavioural Neuroscience | 3rd | 2012 |
| 1. A comprehensive guide to intellectual and developmental disabilities | 1st | 2007 |
| 1. Nancy McWilliams, Psychoanalytic Diagnosis, Understanding Personality Structure in the Clinical Process | 2nd |  |
| 1. Oxford Textbook of Community Mental Health |  | 2011 |
| 1. Principles of Social Psychiatry by Craig Morgan | 2nd | 2010 |
| 1. Emergency Psychiatry, Principles and Practice by   Rachel Lipson Glick MD |  | 2008 |

**Subscription of Journals**

|  |  |  |
| --- | --- | --- |
| **S.#** | **Name of the journals** | **Subscribed since**  **(Month, Year)** |
|  | 1. Journal of Pakistan Psychiatric Society |  |
|  | 1. American Journal of Psychiatry |  |
|  | 1. JAMA Psychiatry |  |
|  | 1. British Journal of Psychiatry |  |
|  | 1. Annual Review of Clinical Psychology |  |
|  | 1. Schizophrenia Bulletin |  |
|  | 1. Archives of General Psychiatry |  |
|  | 1. Indian Journal of Psychiatry |  |
|  | 1. Journal of Biological Psychiatry |  |
|  | 1. Journal of Molecular Psychiatry |  |
|  | 1. Current opinions in Psychiatry |  |
|  | 1. Social Psychiatry and Psychiatric Epidemiology |  |
|  | 1. Journal of Academic Psychiatry |  |
|  | 1. Journal of Child Psychology and Psychiatry |  |
|  | 1. Addiction Journal (Wiley) |  |
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**Patient Turnover**

 Out-door

 Emergency\_

 Indoors\_

Number/day

Number/day

Admissions/month Outcome/month

Through OPD\_ Through Emergency\_

**(D) AUDITS**

To be conducted at least once every year.

Discharges\_ Referrals\_

**Bed Strength**

|  |  |
| --- | --- |
| **Bed Strength** | **Available** |
| Total Number of Beds |  |
| Number of Female Beds |  |
| Drugs Addiction Detox Unit and its bed strength |  |
| Number of separate beds for children/minors in a discrete unit |  |
| Number of safe and secure seclusion rooms for violent/agitated/delirious patients (mention if CCTV monitoring available) |  |

**Minimum Standards Set by UHS (Yard Stick) *To be filled-up by UHS***

|  |  |
| --- | --- |
| **Bed Strength** | **Minimum**  **Requirement** |
| Total Number |  |
| Female Beds |  |
| Seclusion Rooms with CCTV Cameras |  |

|  |  |  |
| --- | --- | --- |
| **Sr.#** | **Name of Disease** | **Number seen in last one month** |
|  | Major Depressive Disorder |  |
|  | Bipolar Disorder |  |
|  | Schizophrenia |  |
|  | Generalized Anxiety Disorder and Panic Disorder |  |
|  | Obsessive Compulsive Disorder |  |
|  | Conversion Disorder / Dissociative Disorder |  |
|  | Personality Disorders particular Borderline Personality Disorder |  |
|  | Deliberate Self Harm / Suicide |  |
|  | Alzheimer’s Disease / other Dementias |  |
|  | Intellectual Disability / MR |  |
|  | ADHD |  |
|  | Pervasive Developmental Disorders |  |
|  | Substance Abuse / Addiction |  |

**Non-Pharmacological Management Done**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.#** | **Name of Procedure** | **Number of times**  **(performed)** | **Elective/Emergency** |
|  | Patient Counseling |  |  |
|  | Family Counseling |  |  |
|  | Relaxation / PMR |  |  |
|  | Marital Counseling / Psychosexual assessment and counseling |  |  |
|  | CBT Session |  |  |
|  | ECT administered |  |  |
|  | EEG and its interpretation |  |  |
|  | Other psychotherapies used |  |  |

**Investigations Available**

 Laboratory (in the ward) / (in the hospital)

o Biochemistry Yes/No

o Microbiology Yes/No

o In-charge Lab

o Qualification

 Radiological Facilities (X-Rays, CT, MRI)

In the unit yes /No

In the Hospital Yes/No

**(F) RECORD MAINTENANCE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Method of Maintenance | Manual/Computerized |  |
|  | Annual Reporting Done | Yes/No |  |

Signature of Head of the Department

Signature of Head of the Institution

Dated