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**CURRICULUM  
FOR  
2 YEARS DIPLOMA PROGRAMME  
IN  
PSYCHOLOGICAL MEDICINE  
(DPM)**



**2007**

**UNIVERSITY OF HEALTH SCIENCES  
LAHORE, PAKISTAN**

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<b>SR.</b>	<b>CONTENTS</b>	<b>PAGE NO</b>
1	Foreword	1
2	Aims and Objectives of the Course	3
3	Specific Learning Outcomes	4
4	Nomenclature and Duration	5
5	Eligibility Criteria for Admission	7
6	Recognition/Equivalence of the Degree and Institution	8
7	Content Outline	9
8	Methods of Instruction/Course Conduction	16
9	Log Book	18
10	Literature Review	20
11	Examinations	21
12	Recommended Books	25

## FOREWORD

University of Health Sciences (UHS) Lahore was inaugurated by the President of Pakistan on the 3<sup>rd</sup> of October 2002 with the vision to explicitly address academic and research needs in the field of health sciences and allied disciplines and to uplift their existing level to bring them on a par with the international standards.

The mission of the University is to develop an intellectual nexus to provide excellence and innovation in medical education and research in order to;

- Impart knowledge and skills to health care providers to enhance their competence in providing community oriented and multi-disciplinary patient-centered care
- Train and produce researchers and specialists in basic and clinical medical sciences
- Establish and maintain continuing professional development programmes for the faculty
- Provide trained professionals and scientists/researchers for the field of Electro Medical/Bio -Medical disciplines
- Assure quality in health education and research at all levels

A university is the zenith of knowledge that imparts quality education and awards degrees for extensive educational attainments in various disciplines with attendant advancement for the development of intellectual community. Protection of traditional knowledge, making exploration about it and obtaining deep understanding of modern technology and research techniques are some of the responsibilities of any university.

UHS is running a number of courses in the field of health sciences in Punjab. The list extends from undergraduate level courses up to the doctorate level both in basic, clinical and allied health sciences.

Since its inception, certain vital tasks were taken into serious consideration by UHS, for instance, curricula development and their up-gradation were among the most important ones besides introduction of contemporary educational programmes.

UHS has revised and finalized curricula for undergraduate Medical/ Dental Education, B.Sc Nursing, and Allied Health Sciences.

In keeping with its commitment for further improvement in the standard of medical education, UHS has taken an initiative to modify and improve one year postgraduate diploma courses to 2 years structured training programmes.

I do not believe in selling an old product in a new packing with a fresh label on it, just to do the job. Original products with actual

outcomes for the society must be guaranteed. Being the Vice Chancellor of a public sector health university, I believe, it is my duty to remain vigilant and committed to the cause of improvement of the conventional medical and allied health sciences' curricula on regular basis. This will help produce technically sound professionals with advanced knowledge and skills.

Presently, UHS has designed and facilitated curriculum development committees for eleven clinical disciplines namely: DTCD, DPM, DMRT, DOMS, DLO, Dip. Card, DCH, DCP, DGO, DMRD, DMJ and DA.

This document precisely briefs the details of updated curriculum for Diploma in Psychological Medicine (DPM) as prepared by the Experts' Committee.

I am pleased to acknowledge the efforts made by Prof. I. A. Naveed, the Department of Medical Education and the members of the committee for DCH consisting of: *Dr. Altaf Qadir Khan (PGMI)* *Dr. Khalid Saeed (RMC)* and *Dr. Naeemullah Leghari (NMC)*. The contributions made by them will go a long way in the education and training of doctors in this field.

I hope, the revised course will be able to meet the needs of latest trends in Paediatrics and will certainly produce competent mid-level specialists in the field, which is the main objective of this programme.

**Prof. M. H. Mubbashar**

Hilal-e-Imtiaz, Sitara-e-Imtiaz  
MB, FRCP, FCPS Psych, FRC Psych, DPM  
Vice Chancellor/ Chief Executive  
University of Health Sciences, Lahore

## AIMS AND OBJECTIVES OF THE COURSE

### **AIM**

The aim of 2 years diploma programme in Psychological Medicine (DPM) is to equip medical graduates with relevant professional knowledge, skills and ethical values to enable them to apply their acquired expertise at primary and secondary health care organizations as non-academic consultants.

### **OBJECTIVES**

DPM training should enable a student to:

1. Take a comprehensive and pertinent history of a patient presenting with psychiatric ailments
2. Perform detailed mental state examination in a rational sequence that is both technically as well as methodically correct
3. Elicit physical signs without discomfort to the patient
4. Evaluate patients in the setting of outpatient's department, hospital wards and in emergency
5. Order a set of relevant investigations considering availability, diagnostic yield, cost-effectiveness, side effects and implications for management
6. Comprehend community indicators related to mental health
7. Be aware of and can apply national and international guidelines for treatment and assessment
8. Counsel patients and relatives in patient's preferred language in elective and emergency situations in keeping with the principles of good communication skills, empathy and empowerment of patients
9. Exhibit emotional maturity and stability, integrity, ethical values and professional approach, sense of responsibility in day-to-day professional activities
10. Take proper informed consent for physical and mental state examination and ensure confidentiality and appropriate environment for examination
11. Act as an independent specialist at community level/Tehsil and District Head Quarter Hospitals
12. Show initiative and become life long self-directed learners tapping on resources including clinical material, faculty, internet and on-line learning programmes and library

## SPECIFIC LEARNING OUTCOMES

Following competencies will be expected from a student completing 2 years course in DPM, student should be able to:

1. Discuss etiology, pathogenesis, epidemiology and management of psychiatric disorders on topics mentioned in the list of course contents
2. Discuss principles of basic sciences as applied to psychiatry such as clinical neuro-anatomy and neuro-physiology
3. Formulate a working diagnosis and consider differential diagnosis
4. Decide and implement suitable treatments considering safety, cost factors, complications and side effects
5. Administer Electro -Convulsive Therapy (ECT) safely
6. Maintain follow-up of patients at appropriate intervals, recognizing new developments and/or complications and offering appropriate management protocols
7. Identify common psychiatric problems in a scientific manner while keeping in mind the logical reasoning and a clear understanding of their impact on human and body
8. Assess, classify and rehabilitate patients with learning disability
9. Understand clearly the legal framework of Psychiatric practice in accordance with Mental Health Ordinance 2001

## NOMENCLATURE AND DURATION

### **NOMENCLATURE OF THE PROPOSED COURSE:**

The name of diploma course should be retained as DPM. This name has been recognized and established for the last many decades worldwide. The duration of courses should be two years structured training in a recognized department under an approved supervisor.

**Course Title:** D.P.M. (Diploma in Psychological Medicine)

**Training Centers:** Departments of Psychiatry (accredited by UHS) in affiliated institutes of the University of Health Sciences Lahore

### **Course Duration and Scheme of the Course:**

Total Duration: 2 years structured training (6 months in Part I and one & a half year in Part II) in a recognized department under the guidance of an approved supervisor

### **Part I - SIX MONTHS**

1. Neuro-Anatomy
2. Neuro-Physiology
3. Neuro-Chemistry
4. Psychology
5. Biostatistics and Research Methodology
6. Behavioural Sciences

### **Clinical component**

1. Indoor and outdoor duties
2. Emergencies

## **PART II – YEAR AND A HALF**

### **Theoretical component**

Psychiatric training (theoretical and clinical aspects)

1. Psychopathology
2. Organic psychiatry
3. Psychogeriatrics
4. Child psychiatry
5. Forensic psychiatry
6. Psycho-pharmacology and ECT
7. Psycho-therapies
8. Psychiatric services
9. Psychiatric emergencies

### **Clinical component**

1. OPD training
2. Ward duties
3. Clinical skills
4. Psychiatric emergencies

## ELIGIBILITY CRITERIA FOR ADMISSION

### **DOCUMENTS REQUIRED FOR THE ADMISSION**

1. Completed DPM application form
2. Copy of MBBS degree with mark sheets of professional examinations and certificate of number of attempts in professional examinations
3. Copy of PMDC registration certificate
4. Three latest passport size photographs
5. Reference letters from two consultants, with whom the applicant has worked
6. Certificates of completion of required experience

### **GENERAL REQUIREMENTS**

Candidates eligible for admission should have MBBS or equivalent qualification, registered with PMDC and fulfill one of the following criteria:

- a. One year experience in Psychiatry as medical officer/house physician
- b. One year experience in Psychiatry and six months in General Medicine as medical officer/house physician
- c. Six months experience in Psychiatry and six months in allied specialty

### **SPECIAL REQUIREMENTS**

1. Securing pass percentage in the entry test as determined by the UHS
2. Qualifying the interview successfully
3. Having up to the mark credentials as per UHS rules (no. of attempts in each professional, any gold medals or distinctions, relevant work experience, research experience in a recognized institution, any research article published in a National or International Journal)

### **REGISTRATION AND ENROLLMENT**

- Total number of students enrolled for the course must not exceed 8 per unit
- UHS Lahore will approve supervisors for diploma courses
- Candidates selected for the courses will be registered with approved supervisors and enrolled with UHS

## RECOGNITION/EQUIVALENCE OF THE DEGREE AND INSTITUTION

After two years training course, candidate should be given status of mid-level specialist equivalent to any other similar qualification.

### **Accreditation related issues of the Institution:**

#### **1. Faculty**

Properly qualified teaching staff in accordance with the requirements of Pakistan Medical and Dental Council (PMDC)

#### **2. Adequate Space**

Including class-rooms (with audiovisual aids), computer lab and pathology lab

#### **3. Library**

Departmental library should have latest editions of recommended books on Psychiatry, reference books for each sub-specialty like; Child Psychiatry, Forensic Psychiatry, Psycho-geriatrics, Substance abuse, Learning disability, Suicide prevention and Psychotherapies with latest Journals (two national and at least one international).

# CONTENT OUTLINE

## **Part I DPM**

### **1. NEUROANATOMY**

- Development of the nervous system
- Organization of the nervous system
  - Central nervous system
  - Peripheral nervous system
  - Autonomic nervous system
- Neuron and neuroglia
- Spinal cord
- Brain stem
- Cerebellum
- Diencephalons
- Cerebral hemispheres
- Limbic system
- Hippocampal formation
- Cranial nerves
- Meninges
- Cerebro-spinal fluid
- Ventricular system

### **2. NEUROPHYSIOLOGY**

- Neurons, synapses and receptors
- Motor functions and reflexes of the spinal cord
- Motor functions of the brain stem
  - Reticular formation
  - Vestibular apparatus
- Functions of basal ganglia
- Functions of cerebellum
- Functions of diencephalons
- Cerebral cortical functions
- Autonomic nervous system
- Adrenal medulla

### **3. NEUROCHEMISTRY (Including Neuroendocrinology)**

- Fundamentals of Chemistry
- Introduction to acid-base chemistry and equilibrium
- Fundamentals of Neurochemistry
- CNS metabolism
- Principle of neuronal communication
- Mechanism controlling transmitter release
- Transduction mechanisms in the post-synaptic cells
- Characteristics of synaptic potential
- Process of synaptic summation (spatial and temporal)

- Neurotransmitters & Synaptic Transmission
- Neurotransmitters and receptors
- Important neurotransmitters and chemical messengers
  - Chemical Classification
    - Nitric Oxide
    - Eicosanoids
    - Acetylcholine
    - Amino acid transmitters
    - Serotonin
    - Catecholamines
    - Peptides
  - Functional Classification
  - Metabolism
- Important second messenger pathways
- Pathophysiologic mechanism of conditions interfering chemical transmission
- Neurochemistry of common neurological diseases (Alzheimer's disease, alcoholism, anxiety, sleep disorders etc.)
- Neuroendocrinology and Neurohormones
- Molecular bases of neuroendocrine regulation
- Neuroendocrinology of hypothalamus, pituitary gland, hypothalamic-pituitary-gonadal axis, sleep and arousal etc.)
- Homeostasis and biological rhythms
- Endocrine-disrupting contaminants

#### **4. PSYCHOLOGY**

- Learning
  - Classical conditioning
  - Operant conditioning
  - Modeling/observational learning
  - Cognitive learning
- Memory
  - Types of memory
  - Organization of memory
- Attention
  - Active
  - Passive
- Perception
  - Sensation
  - Depth perception
  - Perceptual constancy
- Thinking
  - Problem solving
  - Trial and error
  - Linguistic relativity hypothesis
- Emotions
  - James Lange theory
  - Cannon Bard theory
  - Two factor theory
  - Cognitive appraisal theory

- Personality
  - Personality development
  - Types of personalities
  - Psychoanalytic paradigm
  - Humanistic approach
  - Self actualization
- Intelligence
  - General intelligence
  - Types of intelligence
  - Intelligence tests
- Social psychology
  - Attitudes
  - Persuasion
  - Cognitive dissonance

## **5. BEHAVIOURAL SCIENCES**

1. Bio-Psycho-Social (BPS) Model of Health Care
2. Use of non-medicinal interventions in clinical practice
  - Communication skills
  - Counselling
  - Informational skills
3. Crisis intervention/disaster management
4. Conflict resolution
5. Breaking bad news
6. Medical ethics, professionalism and doctor-patient relationship
  - Hippocratic oath
  - Four pillars of medical ethics (autonomy, beneficence, non-maleficence and justice)
  - Informed consent and confidentiality
  - Ethical dilemmas in a doctor's life
7. Delivery of culturally relevant care and cultural sensitivity
8. Psychological aspects of health and disease
  - Psychological aspect of health
  - Psychological aspect of disease
  - Stress and its management
  - Psychological aspect of pain
  - Psychological aspect of aging

## **6. Introduction to Biostatistics and Research**

1. Introduction to bio -statistics
2. Introduction to bio - medical research
3. Why research is important?
4. What research to do?
  - Selecting a field for research

- Drivers for health research
  - Participation in national and international research
  - Participation in pharmaceutical company research
  - Where do research ideas come from
  - Criteria for a good research topic
5. Ethics in health research
  6. Writing a scientific paper
  7. Making a scientific presentation
  8. Searching the literature

## **Part II DPM**

### **1. PSYCHOPATHOLOGY**

- Descriptions of symptoms and signs
- Disorders of mood
- Disorders of thinking
- Disorders of perception
- Disorders of obsession and compulsion
- Disorders of memory
- Disorders of attention, concentration and insight

#### **Classification**

- History of classification
- Systems of classification
- International classification
- Current issues in classification

#### **Aetiology**

- Approaches to aetiology in Psychiatry
- Aetiological models

#### **Personality Disorders**

- Personality
- Personality disorders
- Classification of personality disorders
- Description and diagnostic criteria
- Management of personality disorders

#### **Stress Related Psychiatric Disorders**

- Classification of reaction to stressful events
- Acute stress reaction and acute stress disorder
- Post-traumatic stress disorder
- Adjustment disorders

#### **Anxiety And Obsessive-Compulsive Disorders**

- Anxiety disorders
  - Generalized anxiety disorders
  - Phobic anxiety disorder

- Specific phobia
- Social phobia
- Agoraphobia
- Panic disorder
- Mixed anxiety and depressive disorder
- Obsessive-compulsive disorder
- Somatoform and dissociative disorder

### **Mood Disorders**

- Classification of mood disorders
- Aetiology
- Clinical course
- Life events and mood disorders
- Assessment and management

### **Schizophrenia**

- History of schizophrenia
- Aetiology of schizophrenia
- Types of schizophrenia
- Neuro-pathological studies
- Psychosocial aspects
- Special paranoid conditions
- Assessment and management

### **Substance Dependence**

- Classification of substance use disorders
  - o Cannabis
  - o Opioids
  - o Stimulants
  - o Nicotine
  - o Hallucinogens
  - o Sedatives
- Adverse effects of drug misuse
- Prevention, treatment and rehabilitation
- Alcohol related disorders
- Alcohol consumption in society
- Recognition of alcohol misuse
- Treatment of alcohol misuse

### **Suicide And Deliberate Self-Harm**

- Assessment of suicidal behaviour
- Management of suicidal behaviour
- Suicide prevention
- Deliberate self-harm

## **2. Organic Psychiatry**

- Delirium
- Dementia
- Head Injury
- Cerebro-vascular accidents

- Epilepsies
- Neurological disorders
  - o Parkinsonism
  - o Multiple sclerosis
  - o Meningitis
  - o Encephalitis
  - o Headaches

### **Psycho-Sexual Disorders**

- Sexual behaviour and its variations
- Sexual orientation
- Sexual dysfunctions
- Abnormal sexual preferences
- Abnormalities of gender identity

### **Sleep And Eating Disorders**

- Sleep disorders
- Eating disorders
- Anorexia Nervosa
- Bulimia Nervosa
- Obesity

### **3. Psychogeriatrics**

- Psychology of ageing
- Dementia in the elderly
- Abuse and neglect of the elderly
- Psychiatric disorders in the elderly
- Psychiatric health services for elderly

### **4. Child Psychiatry**

- Child development
- Classification of psychiatric disorders in children
  - o Pervasive developmental disorder
  - o Hyperkinetic disorder
  - o Conduct disorders
  - o Other psychiatric disorders
- Psychiatric assessment of children and their families
- Psychometric treatment for children and families
- Learning disability
- Child abuse

### **5. Forensic Psychiatry**

- Ethical issues
- Crime and mental illness
- Risk assessment and violence
- Civil issues
- Psychiatric reports
- Mental Health Ordinance 2001

### **6. Psycho-Pharmacology And ECT**

- Classification of psycho-tropic drugs
- Pharmacokinetics of psycho-tropic drugs
  - Anti-depressants
  - Anti-psychotics
  - Mood stabilizers
  - Anxiolytics
  - Psycho-stimulants
- Drug use in pregnancy and lactation
- Integration of Drugs and Psychological Therapy
- ECT

### **7. Psycho-Therapies**

- Classification of psychological treatments
- Counseling and crisis intervention
- Supportive psychotherapy
- Interpersonal psychotherapy
- Cognitive-behaviour therapy
- Group psychotherapy
- Occupational training and therapy
- Family and marital therapies
- Ethical problems in psychological treatment

### **8. Psychiatric Services**

- Planning psychiatric services
- Community psychiatric services
- Services for patients with special needs
- Rehabilitative services
- Trans-cultural and ethical aspects

### **9. Psychiatric Emergencies**

- Violent and aggressive patients
- Suicidal patients
- Acute confusional states
- Drug intoxication and withdrawal states

## METHODS OF INSTRUCTION/COURSE CONDUCTION

As a policy, active participation of students at all levels will be encouraged.

Following teaching modalities will be employed:

1. Lectures
2. Seminar Presentation and Journal Club Presentations
3. Group Discussions
4. Grand Rounds
5. Clinico-pathological conferences
6. SEQ as assignments on the content areas
7. Skill teaching in ICU, emergency and ward settings
8. Self study, assignments and use of internet
9. Bedside teaching rounds in ward
10. OPD & Follow up clinics
11. Long and short case presentations

In addition to the conventional teaching methodologies following interactive strategies will also be introduced to improve both communication and clinical skills in the upcoming consultants:

### **1.1. Monthly Student Meetings**

Each affiliated medical college approved to conduct training for DPM will provide a room for student meetings/discussions such as:

- a. Journal Club Meeting
- b. Core Curriculum Meetings
- c. Skill Development

#### ***a. Journal Club Meeting***

Two hours per month should be allocated to the presentation and discussion of a recent journal article related to Paediatrics. The article should be critically evaluated and its applicable results should be highlighted, which can be incorporated in clinical practice. Record of all such articles should be maintained in the relevant department of each medical college. Students of different medical colleges may be given an opportunity to share all such interesting articles with each other.

### ***b. Core Curriculum Meetings***

All the core topics of DPM should be thoroughly discussed during these sessions. The duration of each session should be at least two hours once a month. It should be chaired by the chief student (elected by the students of the relevant diploma). Each student should be given an opportunity to brainstorm all topics included in the course and to generate new ideas regarding the improvement of the course structure

### ***c. Skill Development***

Two hours twice a month should be assigned for learning and practicing clinical skills.

**List of skills to be learnt during these sessions is as follows:**

1. Communication skills
2. Physical Examination related to Psychiatry
3. Practical Skills i.e, use of relevant clinical instruments
4. Presentation Skills: Power-point, lectures, small group discussions, article presentation etc.
5. Research and Scientific Writing
6. Management of psychiatric emergencies in Primary Care

### **1.2 Annual Grand Meeting**

Once a year all students enrolled for DPM should be invited to the annual meeting at UHS Lahore.

One full day will be allocated to this event. All the chief students from affiliated institutes will present their annual reports. Issues and concerns related to their relevant diploma courses will be discussed. Feedback should be collected and suggestions should be sought in order to involve students in decision making.

The research work done by students and their literary work may be displayed.

In the evening an informal gathering and dinner can be arranged. This will help in creating a sense of belonging and ownership among students and the faculty.

## LOG BOOK

The trainees must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for DPM examination. Log book should include adequate number of diagnostic and therapeutic procedures, routine and emergency management of patients, case presentations in CPCs, journal club meetings and literature review.

### **Proposed Format of Log Book is as follows:**

Candidate's Name: \_\_\_\_\_

Roll No. \_\_\_\_\_

### **PROCEDURES:**

#### **ECT**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure Performed	Supervisor's Signature
1					
2					

#### **Emergencies Handled**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure/Management	Supervisor's Signature
1					
2					

#### **Case Presented**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Case Presented	Supervisor's Signature
1				
2				

**Seminar/Journal Club Presentation**

Sr.#	Date	Topic	Supervisor's signature
1			
2			

**Evaluation Record**

(Excellent, Good, Adequate, Inadequate, Poor)

Sr.#	Date	Method of Evaluation (Oral, Practical, Theory)	Rating	Supervisor's Signature
1				
2				

## LITERATURE REVIEW

Students will be assigned a clinical problem encountered in the specialty and will be specifically trained to review literature in psychiatry and write a **'Review of an Article'** comprising of:

- Topic
- Introduction
- Discussion of the reviewed literature
- Conclusion
- References

## EXAMINATIONS

### **Assessment**

It will consist of action and professional growth oriented ***student-centered integrated assessment*** with an additional component of ***informal internal assessment, formative assessment*** and measurement-based ***summative assessment***.

### **Student-Centered Integrated Assessment**

It views students as decision-makers in need of information about their own performance. Integrated Assessment is meant to give students responsibility for deciding what to evaluate, as well as how to evaluate it, encourages students to **'own'** the evaluation and to use it as a basis for self-improvement. Therefore, it tends to be growth-oriented, student-controlled, collaborative, dynamic, contextualized, informal, flexible and action-oriented.

In the proposed curriculum, it will be based on:

- Self Assessment by the student
- Peer Assessment
- Informal Internal Assessment by the Faculty

### ***Self Assessment by the Student***

Each student will be provided with a pre-designed self-assessment form to evaluate his/her level of comfort and competency in dealing with different relevant clinical situations. It will be the responsibility of the student to correctly identify his/her areas of weakness and to take appropriate measures to address those weaknesses.

### ***Peer Assessment***

The students will also be expected to evaluate their peers after the monthly small group meeting. These should be followed by a constructive feedback according to the prescribed guidelines and should be non-judgmental in nature. This will enable students to become good mentors in future.

### ***Informal Internal Assessment by the Faculty***

There will be no formal allocation of marks for the component of Internal Assessment so that students are willing to confront their weaknesses rather than hiding them from their instructors.

It will include:

- a. Punctuality
- b. Ward work
- c. Monthly assessment (written tests to indicate particular areas of weaknesses)
- d. Participation in interactive sessions

### **Formative Assessment**

Will help to improve the existing instructional methods and the curriculum in use

#### ***Feedback to the faculty by the students :***

After every three months students will be providing a written feedback regarding their course components and teaching methods. This will help to identify strengths and weaknesses of the relevant course, faculty members and to ascertain areas for further improvement.

### **Summative Assessment**

It will be carried out at the end of the programme to empirically evaluate **cognitive, psychomotor** and **affective domains** in order to award diplomas for successful completion of courses.

#### ***Eligibility to Appear in Final Examination***

- Only those candidates will be eligible to take final examination, who have passed Part 1 examination (after 6 months of education) and have completed two years of structured/supervised training programme.
- Students who have completed their log books and hold certificates of 75% attendance should be allowed to sit for the exam
- Application for the final examination can be made with recommendation of the supervisor
- Only those candidates who qualify in theory will be called for clinical examination

# DPM Examination

## Part I DPM

### Topics included in paper 1

- |   |           |
|---|-----------|
| 1. Neuro-anatomy                                | (20 MCQs) |
| 2. Neuro-physiology                             | (20 MCQs) |
| 3. Neuro-chemistry including Neuroendocrinology | (25 MCQs) |
| 4. Psychology                                   | (20 MCQs) |
| 5. Biostatistics and Research                   | (10 MCQs) |
| 6. Behavioural Sciences Pathology               | (05 MCQs) |

### Components of the Part -1 examination

MCQ Paper	100	One Best Type
Total Marks	100	Marks

## Part II DPM

### Topics included in paper 1

1. Psychopathology
2. Psycho-pharmacology and ECT
3. Organic psychiatry

### Topics included in paper 2

1. Psychogeriatrics
2. Child psychiatry
3. Forensic psychiatry
4. Psycho-therapies
5. Psychiatric services
6. Psychiatric emergencies

## **Part II Examination**

### Theory

<b>Paper I</b>	<b>100 Marks</b>	<b>3 Hours</b>
10 SEQs (No Choice)	50 Marks	
50 MCQs	50 Marks	
<b>Paper II</b>	<b>100 Marks</b>	<b>3 Hours</b>
10 SEQs (No Choice)	50 Marks	
50 MCQs	50 Marks	

The candidates who pass in theory papers, will be eligible to appear in the clinical & viva voce.

## **OSCE**

**90 Marks**

10 stations each carrying 9 marks of 10 minutes duration; each evaluating performance based assessment with five of them interactive

## **Clinical**

**90 Marks**

Four short cases each carrying 15 marks and one long case of 30 marks.

## **Components of the Part II examination**

Theory paper 1	100 marks
Theory paper 2	100 marks
Clinical/Oral	180 marks
Log Book	20 marks
Total Marks	400

A panel of four examiners from Psychiatry (One internal and two external) will be appointed for practical examination.

Each component of practical examination will be assessed by two examiners, awarding marks simultaneously and independently. The final score awarded will be an average score, as agreed by both examiners.

## **Pass Percentage and Other Regulations Regarding Examination**

- Criterion referenced assessment principles will be used
- 20 marks for the log book will be included in the OSCE component
- 60 % marks will be a pass score in each component. Each candidate must pass in every component separately
- Candidate failing in any one component will have to re-sit the entire examination
- A maximum of 5 attempts to sit for the examination will be allowed, to be availed within 3 calendar years of the first attempt
- Re-admission in DPM course is not permissible under any circumstances
- The results will be announced according to the rules and regulations set by the Examination Branch of UHS Lahore

## RECOMMENDED BOOKS

1. **Fish's Clinical Psychopathology** by Max Hamilton
2. **Symptoms in the Mind** by Andrew Sims
3. The Maudsley **Hand book of practical psychiatry** ed: David Goldberg
4. **Psychiatric Examination in clinical practice** by: JP Leff and AD Isaacs
5. **BNF** (British National Formulary)
6. **Mental Health Ordinance** , Government of Pakistan 2001
7. **Basic Forensic Psychiatry** by Faulk
8. **Psychology** by Crider, Goethals, Soloman and Kavanaugh.
9. **Companion to psychiatric studies** by Johnstone, Freeman and Zealley
10. **Shorter Oxford Textbook of Psychiatry** by Gelder, Mayou and Cowen
11. Kaplan and Sadock's **Synopsis of psychiatry**
12. **Postgraduate psychiatry** , clinical and scientific foundations by Appleby Forshaw, Amos and, Barker.
13. **Psychiatric diagnosis** by Goodwin and Guze
14. **Practice guidelines for the Treatment of Psychiatric Disorders** ((American Psychiatric Association)
15. **Psychiatric rehabilitation** by: W. Anthony, M. Cohen ,M. Farkas, C. Gagne
16. **Practice and Management of Psychiatric emergency care** ed: Gorton – Partridge.
17. Bailliere's **Clinical psychiatry: Drugs of abuse** Ed; H. Rommelspacher, M. A. Schuckit
18. **Biology of mental disorders** by Timothy G. Dinan
19. **Schizophrenia** by: Steven R. Hirsch and Daniel Wein berger

20. **Psychological disorders in General medical settings** by:  
N. Sartorius, D. Goldberg, G.de girolamo, J.A. Costae Silva, Y.  
Hecrubier, H.U.Wittchen
21. **Organic psychiatry** by W.A. Lishman
22. **Basic Forensic Psychiatry** by Faulk
23. **An introduction to the psychotherapies** By S. Bloch
24. **Child Psychiatry** – A developmental approach by P. Graham.
25. **The ECT handbook** : C.P. Freeman
26. Rana M. H., Ali S. Mustafa M. ***A Handnook of Behavioural Sciences for Medical and Dental Students.*** Lahore: University of Health Science; 2007.
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