

PROFESSORIAL APPOINTMENT IN PSYCHIATRY



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FACULTY OF MEDICINE
UNIVERSITY OF PERADENIYA
SRI LANKA**

Preface

Welcome to the professorial appointment in psychiatry.

This book gives you the objectives for the clinical appointments in Psychiatry conducted in Kandy Hospital, and the Professorial appointment at Teaching Hospital, Peradeniya. These objectives will guide you regarding the level of knowledge and skills you are expected to acquire, through your clinical training.

We have also drawn up a structured timetable for the clinical appointments, to help you maximally utilize your time. Please follow this carefully. You are strongly encouraged to complete the required tasks (in the task list) as early as possible during the appointments.

We trust that you will find the appointment interesting and enjoyable, and encourage you to make the best use of the time available.

Department of Psychiatry

Peradeniya

OBJECTIVES

Objectives for the first clinical appointment in Psychiatry, held in the 4th year (at T.H. Kandy).

By the end of the first clinical appointment the student should be able to:

1. Demonstrate that he/she can take a psychiatric history and do a mental state examination.
In the mental state examination, the student should focus on developing skills to recognized psychopathology in the following areas:
 - 1.1. Appearance and behaviour
 - 1.2. Speech- rate, tone, volume, pressure of speech; disturbances of thought form as expressed in speech e.g. flight of ideas, loosening of association
 - 1.3. Mood- anxiety, depression, elation, irritability, euthymic mood, reactive vs non reactive mood
 - 1.4. Thought content –suicidal ideas, delusions, overvalued ideas and obsessions
 - 1.5. Perceptual abnormalities – hallucinations, illusions, imagery
 - 1.6. Orientation, attention and concentration, memory
 - 1.7. Insight – patient’s understanding of her/his illness

2. Demonstrate the following while interviewing and interacting with patients:
 - 2.1. Good communication and interviewing skills
 - 2.2. Empathy towards patients
 - 2.3. Respect of patient’s rights
 - 2.4. Ability to take informed consent for medical procedures
 - 2.5. Ability to maintain patient confidentiality appropriately

3. Describe the ‘bio psychosocial model’ of disease: describe how psychiatric diseases have both physical and psychological aspects.

4. List common psychiatric disorders in Sri Lanka.

5. Demonstrate ability to discuss why patients with psychiatric illness may have poor treatment compliance and poor engagement with psychiatric services. The student should be able to demonstrate knowledge of how stigma and cultural attitudes and practices may affect behaviour of patient and family.

6. Regarding risk
 - 6.1. Demonstrate the ability to assess risk of suicide
 - 6.2. Demonstrate the ability to assess risk of violence

7. Describe the
 - 7.1. Etiology of depression
 - 7.2. List the ICD 10 criteria for diagnosis of a depressive episode
 - 7.3. Demonstrate the ability to diagnose depression
 - 7.4. Demonstrate the ability to assess risk of suicide in a patient with depression

8. Regarding bipolar affective disorder:
 - 8.1. List the ICD 10 criteria for diagnosis of a manic episode
 - 8.2. Demonstrate the ability to diagnose a manic episode
 - 8.3. Describe the clinical features of bipolar affective disorder
 - 8.4. List common causes for relapse in patients with bipolar affective disorder

9. Regarding schizophrenia:
 - 9.1. Describe the clinical features of schizophrenia
 - 9.2. List Schneider's first rank symptoms.
 - 9.3. Demonstrate the ability to clinically detect patients with schizophrenia
 - 9.4. List common causes for relapse in patients with schizophrenia

10. Demonstrate the ability to do the following tasks (regarding substance use and misuse):

- 10.1. List the substances commonly misused in this country.
- 10.2. Be able to give advice regarding low-risk level (safe level) of alcohol use.
- 10.3. Obtain and document information regarding alcohol/other substance use
- 10.4. Describe what is meant by the terms social drinking, binge drinking, harmful use of alcohol (alcohol misuse) and alcohol dependency.
- 10.5. Clinically diagnose binge drinking, harmful use of alcohol, alcohol dependency and acute alcohol withdrawal syndrome.
- 10.6. Discuss the aetiological factors that contribute towards alcohol dependency.
- 10.7. Describe how depression may be associated with alcohol misuse/dependency

11. Regarding anxiety disorders

- 11.1. List the ICD 10 diagnostic criteria for specific phobias, generalized anxiety disorder, panic disorder, social phobia, agoraphobia and obsessive compulsive disorder
- 11.2. Demonstrate the ability to diagnose specific phobias, generalized anxiety disorder, panic disorder, social phobia, agoraphobia and obsessive compulsive disorder according to ICD 10 diagnostic criteria

12. Regarding delirium

- 12.1. List the common causes of delirium
- 12.2. Describe the common clinical presentations of delirium
- 12.3. Demonstrate ability to diagnose delirium (according to ICD 10 criteria)

13. Regarding dementia

- 13.1. Describe the common clinical presentations of dementia
- 13.2. Describe the common problems faced by family/ carers looking after a patient with dementia

14. Regarding stress:

14.1. Explain what is meant by the term stress.

14.2. Describe clinical features of acute stress reaction, adjustment disorder and posttraumatic stress disorder

15. Regarding postpartum disorders:

15.1. Describe the clinical features of maternal blues, postpartum depression and postpartum psychosis.

15.2. Demonstrate the ability to clinically detect maternal blues, postpartum depression and postpartum psychosis.

15.3. Demonstrate the ability to assess risk in patients with postpartum disorders

Objectives to be completed by the end of the Professorial Appointment in Psychiatry:

By the end of the Professorial Clinical Appointment, the student should consolidate the skills gained in the first appointment and should be able to do the following:

16. Regarding depression

- 16.1 Revisit objective No 7 (on depression)
- 16.2 Describe the different ways in which depression can present in Sri Lanka (including somatization, irritability, aggression, alcohol misuse etc)
- 16.3 Describe the management of depression (pharmacological and non-pharmacological)
- 16.4 Demonstrate awareness of when a patient with depression should be referred for specialist care.
- 16.5 Be aware of tools for screening of depression, which have been validated for use in Sri Lanka, e.g. Peradeniya Depression Scale (PDS), Patient Health Questionnaire-9 (PHQ-9), Center for Epidemiological Studies Depression Scale (CED-S)

17. Regarding bipolar affective disorder

- 17.1 Revisit objective No 8 on bipolar affective disorder
- 17.2 Describe short term and long-term pharmacological management of bipolar affective disorder
- 17.4 Discuss the importance of long term follow up, monitoring of medication and community care in a patient with bipolar affective disorder.
- 17.5 Describe when a patient with bipolar affective disorder should be referred for specialist care.

18. Regarding schizophrenia:

- 18.1 Revisit objective No 9 (on schizophrenia)

18.2 Describe the long term care of a schizophrenia patient, with especial emphasis on community care, regular follow up and monitoring of medication (including depot)

18.3 Describe when a patient with schizophrenia should be referred for specialist care.

19. Regarding Substance misuse:

19.1 Revisit objective no 10 (on substance misuse)

19.2 Describe the management of acute alcohol withdrawal syndrome

19.3 Describe the pharmacological and non-pharmacological treatment options available for maintenance of alcohol abstinence.

19.4 Describe the facilities available for the rehabilitation of a patient with alcohol dependency in Sri Lanka

20. Regarding anxiety disorders

20.1 Revisit objective number 11 (on anxiety disorders)

20.2 Describe pharmacological and non-pharmacological treatment of anxiety disorders

20.3 Demonstrate ability to instruct a person on relaxation exercises (deep breathing, progressive muscle relaxation, etc) and other relaxation strategies.

21. Regarding delirium

21.1 Revisit objective number 12 (on delirium)

21.2 Describe the management of a delirious patient

22. Regarding dementia

22.1 Revisit objective number 13 (on dementia)

22.2 Demonstrate the ability to diagnose dementia, based on ICD 10 diagnostic criteria

22.3 List the common types of dementia (particularly Alzheimer's Dementia, Vascular Dementia, Frontal Lobe Dementia, Lewy body dementia et al)

22.4 Demonstrate the ability to assess orientation

22.5 Demonstrate the ability to do a mini mental state examination (MMSE)

22.6 Describe pharmacological and non-pharmacological management of dementia

23. Regarding stress

23.1 Revisit objective number 14 (on stress)

23.2 Describe clinical features and management of an acute stress reaction and adjustment disorder

23.4 Describe the diagnostic clinical features of post traumatic stress disorder (PTSD), the treatment options and when to refer for specialist management

24. Regarding postpartum disorders, the student should

24.1 Revisit objective number 15 (on postpartum disorders)

24.2 Demonstrate ability to diagnose postpartum blues, postpartum depression and postpartum psychosis

24.3 Demonstrate ability to do a risk assessment with regard to a patient with a postpartum disorder (risk to patient and child)

24.4 Discuss the important ways in which a postpartum illness can affect the patient, the child and the immediate family of the patient concerned.

24.5 Describe the management of postpartum blues and postpartum depression

24.6 Describe when the patient should be referred for specialized care.

25. Regarding eating disorders

25.1 Describe the clinical features of common eating disorders

26. Regarding sexual disorders, be able to

26.1 List common disorders of sexual function, in men and women

26.2 Describe management of erectile dysfunction and vaginismus

26.3 List medications that commonly cause sexual side effects

26.4 Discuss the challenges faced by the LGBT (lesbian gay bi and transsexual) individuals in Sri Lanka

27. Regarding child psychiatry:

27.1 Describe the clinical features of, and demonstrate the ability to clinically detect the following disorders/problems: separation anxiety, school refusal, attention deficit hyperactivity disorder (ADHD), ODD, CD, and childhood depression

27.2 Demonstrate ability to diagnose IDD (mild/moderate/severe) and advice parents regarding management of common behavioural problems seen in children with mild-moderate disability

27.3 Describe the clinical features and demonstrate the ability to clinically detect ASD

27.4 Describe common clinical presentations of children who have been abused (emotional/ physical/ sexual/ neglect) in Sri Lanka

27.5 Describe when a child needs referral to specialist psychiatric care

28. Regarding adolescent mental health,

28.1 Discuss the of influence of peer pressure and environment (family, community) on adolescent and health development.

28.2 Understands and appropriately describes adolescent reproductive health risks and consequences.

28.3 Demonstrate good communication skills, adolescents in a manner that is culturally sensitive and developmentally appropriate.

28.4 Be able to identify common mental health problems in adolescence

Eg: depression

28.5 Recognize those adolescents should be referred for specialized Psychiatric care

28.6 Provide counseling for life style practices and health risks

Eg: for issues such as substance abuse, sexual behaviour and nutritional problems

29. Regarding Liaison psychiatry, the student should be able to
 - 29.1 List non-psychiatric disorders that commonly give rise to psychiatric symptoms/ disorders, and describe the way these disorders may present clinically.
30. List psychiatric disorders commonly seen in patients attending the OPD/ and describe how they may present clinically
31. Demonstrate ability to assess suicide risk
32. Demonstrate ability to assess risk of violence and risk of homicide
33. Describe the classes of medication commonly used in psychiatric practice. This should include the following categories of medication: antidepressants, antipsychotics, mood stabilizers, anxiolytic and hypnotics. The student should demonstrate knowledge of each class of medication, including indications for use.
 - 32.1 The student should also be able to list commonly used examples in each class of medication, and describe indications for use, common and important side effects, contra indications and dosages of the same.
34. Discuss reasons for stigma surrounding psychiatric illness in Sri Lanka.
35. Discuss the different factors affecting the development (etiology) of psychiatric disorders (For example, the role of genetics, family, environment, upbringing, stressors etc), with emphasis on local cultural aspects.
36. Describe the features of normal grief.

Special teaching sessions and objectives

1. Occupational Therapy Unit (Day Centre) sessions

Each small-group will have about 2 day centre sessions (per clinical rotation)

1. Learn the role of Occupational Therapist (Knowledge)
2. Learn how to do relaxation exercise
3. Acquire the ability to teach relaxation exercise to a patient
4. Learn about functional behavioural analysis and Exposure Response Prevention
5. Observe other therapies conducted in occupational therapy unit

2. Counseling - Role Play Sessions

Each small group goes once (per clinical rotation).

This is a small group activity with active student participation and role play.

The objective is to help you to acquire skills in counseling. Active participation for role play is expected

3. Alcohol rehabilitation group

Each small group goes once per clinical rotation

1. Learn the concepts such as brief intervention, motivational interviewing and relapse prevention.
2. Be able to describe treatment given and the services available for alcohol rehabilitation in Sri Lanka

References

Listed below are some of the recommended text books in psychiatry.

The student is encouraged to refer one or more of these texts, and relevant other references as well.

Recommended Text Books

1. Shorter Oxford Text book of Psychiatry – Edited by Michael Gelder, Paul Harrison, Philip Cowen
2. Oxford Text book of Psychiatry (Core text) – Edited by Michael Gelder, Richard Mayou, John Geddes
3. Psychiatry – Edited by John Geddes, Jonathan Price, and Rebecca McKnight
4. Handbook of Clinical Psychiatry: A Practical Guide – Edited by Raveen Hanwella and Varuni de Silva