



**UNIVERSITY OF MALAWI
COLLEGE OF MEDICINE**

DEPARTMENT OF MENTAL HEALTH

**POSTGRADUATE TRAINING FOR THE
MASTER OF MEDICINE DEGREE IN PSYCHIATRY
MMED (PSYCH)**

COURSE HANDBOOK

Submitted for approval to Senate of University of Malawi, 2011

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1. Rationale for introduction of the course

1.1 The burden of psychiatric disorder in Malawi

Mental disorders in Malawi are common, cause chronic suffering and disability, and have highest prevalence among women and the poor.

- There are an estimated 2000 suicides in Malawi each year,
- The lifetime risk of schizophrenia and bipolar illness in Malawi is around 1%,
- In 2002, the WHO estimated that depression was the 4th leading cause of disability in Malawi coming after HIV, cataracts and malaria,
- Depression and anxiety affects up to 30% of mothers bringing their infants to a child health clinic. The children of these women are more likely to have impaired growth,
- Up to 28% of patients attending primary care have a common mental health problem with most of them being erroneously diagnosed as malaria and musculoskeletal pains,
- HIV/AIDS is associated with a range of mental health problems including dementia, organic psychosis, depression and substance misuse.

Most mental disorders are treatable through community and medical interventions, but in Malawi there is a huge gap between the need for treatment and its availability. The WHO has identified the closing of the “treatment gap” for mental disorder as a key health priority for low-income countries.

1.2 The human resources crisis

Malawi currently has 1 Malawian psychiatrist (and one British psychiatrist) for a population of 14 million. The average for sub-Saharan Africa is 1 psychiatrist per 1 million, compared with 1 per 10,000 in the UK and the US.

At present, community psychiatry provision within the districts is limited, and mental health is not yet effectively integrated into primary healthcare, in contrast to the national mental health policy. Psychiatric services in Malawi are centred at Zomba Mental Hospital and St John of God College of Health Sciences in Mzuzu. This leaves the vast majority of the country with limited mental health provision. The postgraduate training of psychiatrists will help to relieve this inequitable distribution.

1.3 The importance of training psychiatrists in Malawi

The aim of the MMed (Psych) course is to train psychiatrists who are able to meet the needs of people living with mental illness in Malawi. Over 80% of the population of Malawi live in rural areas, and access health care through primary care clinics and district hospitals. Extending access to mental health care and decentralising of services are key principles of MOH policy.

Malawi-trained psychiatrists will take over undergraduate and postgraduate training programmes and Malawi will become self-sustaining in mental health education.

To bring Malawi into line even with the average for sub-Saharan Africa, Malawi urgently needs to train at least 20 psychiatrists. Training 2 per year, this would be reached by 2025; training 4 per year it would be reached by 2020.

1.4 Consultations conducted to inform the design and content of the course

In order to ensure that the trainees graduating from this programme fulfil the mental health care needs of the population of Malawi, we conducted extensive discussions with key personnel who have in-depth understanding of mental health in Malawi, and/or expertise in mental health training in sub-Saharan Africa.

Professor Chiwoza Bandawe is an expert on local explanatory models of mental health and illness. He is on the board of Mua Mission Cultural Centre. He advised on the cultural aspects of the course.

Dr Robert Stewart was joined by colleagues from Scotland-Malawi Mental Health Education Project in a week of consultative discussions with members of the Department of Psychiatry and Mental Health at University of Cape Town in May 2010. Discussions were held with Head of Department Professor Dan Stein, Postgraduate Course Coordinator Dr Peter Milligan, and many others.

A “Cooperation in psychiatry postgraduate training in Southern Africa” workshop was held in Blantyre. It was attended by colleagues involved in MMed(Psych) programmes in South Africa, Zimbabwe and Zambia.

Informal discussions regarding the role of psychiatrists trained on this course were held with clinical and nursing staff from MOH and St John of God College of Health Sciences, and also with mental health service users and carers.

2. Aims of the course – training ‘The Malawian Psychiatrist’

The aim of the MMed (Psych) programme is to provide high quality postgraduate training in psychiatry, producing specialists who have the broad range of competencies necessary to meet the particular demands of mental health care in a country with marked resource and personnel limitations. The MMed course will prepare trainees for their roles as clinicians, managers, researchers, teachers, and leaders of the development of mental health care and education in Malawi.

a. Clinical Practice.

Trainees will become expert in the bio-psycho-social assessment and treatment of mental disorder. Although mental health care in Malawi needs to be community focussed with many tasks shifted to non-specialist health workers, this requires robust referral pathways and support for the non-specialist health workers. The MMed graduates will be able to assess and manage difficult cases, including those associated with physical disease such as HIV/AIDS, in both inpatient and outpatient settings. Through the MMed, trainees will gain basic expertise in psychiatric sub-specialities such as forensic, and child and adolescent psychiatry.

b. Management.

The graduates will be exposed to management issues in central and district mental health services, including principles of the integration of mental health into primary care, management of personnel, and provision of reliable medication supplies.

c. Education.

During the MMed, trainees will develop teaching skills by taking a role in the training of MBBS undergraduates and other student cadres. It is envisaged that some graduates will enter positions within COM (and other educational establishments e.g. St John of God College of Health Sciences) and allow Malawi to become self-sufficient in providing undergraduate and postgraduate psychiatric training.

d. Research.

By conducting a research project as part of the MMed course the trainees will gain the skills needed to conduct research or service evaluation as part of primarily clinical positions, or to pursue further research training.

e. Leadership.

MMed graduates will enter leadership positions within COM and MOH from which they will be able to drive the development of mental health care in Malawi. During the MMed they will learn the importance of forming close working relationships with other mental health professionals (e.g. clinical officers, nursing staff, clinical psychologists, occupational therapists) to ensure that multidisciplinary working can flourish.

f. A basis for further sub-speciality training.

The 4 year MMed (Psych) course will provide the basis for trainees to pursue advanced sub-speciality training in areas such as forensic and child and adolescent psychiatry, so that they become leaders in these sub-specialities and assist in the development of these services in Malawi. This will allow Malawi to offer a full in-country MMed training in the future.

3. Course Outline and Resources available for programme implementation

3.1 Course Outline

The programme will be divided into 2 parts:

Part 1 The trainees will undertake 2 years of clinical training at Zomba Mental Hospital (General Adult Psychiatry), Queen Elizabeth Central Hospital (General and liaison psychiatry), and community settings. The trainees will attend a weekly educational programme and conduct supervised psychotherapy cases during university terms. They will also gain experience of management of mental health services at district and national levels. Trainees will sit MMed (Psych) part 1 examinations in years 1 and 2. In year 2 they will have protected time to develop and conduct a research project. At the end of the year 2 the trainees will submit their research dissertation.

Part 2 The trainees will spend 2 years in hospitals associated with University of Cape Town, South Africa gaining further experience in general adult psychiatry and sub-specialities including neuropsychiatry, substance misuse, child and adolescent, learning disability, and forensic psychiatry. At the end of year 4, the trainees will return to Malawi to sit the MMed (Psych) Part 2 exams.

Assessment - This will focus on attainment of knowledge and competencies throughout the training. Assessment methods will include continuous assessment, written and clinical examinations, and submission of a research dissertation.

Table 1: Example of structure of course if 2 trainees admitted per year:

Year/ place	Month	Trainee A	Trainee B	Examinations
Year 1 MALAWI	0-3	ZMH General psychiatry	QECH General/liaison psychiatry	
	3-6	ZMH General psychiatry	QECH General/liaison psychiatry	
	6-9	QECH General/liaison psychiatry	ZMH General psychiatry	
	9-12	QECH General/liaison psychiatry	ZMH General psychiatry	Psych 1.1 Basic Sciences Psych 1.2 Core Psychiatry
Year 2 MALAWI	0-3	QECH Medicine/neurology	Blantyre District Community Psychiatry	
	3-6	Zomba District Community psychiatry	QECH Medicine/neurology	Psych 1.3 Public mental health and research methodology
	6-9	Senior rotation ZMH Research Data Collection	Senior rotation QECH Research Data Collection	
	9-12	Senior rotation QECH Research write up	Senior rotation ZMH Research write up	Psych 1.4 Dissertation
Year 3 CAPE TOWN	0-3	General Adult psychiatry (Male)	General Adult psychiatry (Female)	
	3-6	Addictions	Neuropsychiatry	
	6-9	Emergency psychiatry	Addictions	
	9-12	Neuropsychiatry	Emergency psychiatry	
Year 4 CAPE TOWN	0-3	Child/Adolescent	Forensic psychiatry	
	3-6	Intellectual Disability	Child/Adolescent psychiatry	
	6-9	Forensic psychiatry	Intellectual disability	
	9-12	Optional placement Return to Malawi for Pt 2 exam	Optional placement Return to Malawi for Pt 2 exam	Psych 2.1 Psychiatric sub-specialities

3.2 Resources for the programme implementation

3.2.1 Human Resources

The Department of Mental Health has experienced staff able to deliver the Malawi component of the MMed. The department houses both psychology and psychiatry and thus contains the expertise in all aspects of the bio-psycho-social understanding and treatment of mental disorder.

The Staff of the Mental Health Department

Name	Qualification	Current Position	Specialization
Prof. Chiwoza Bandawe	BSocSc MLW, BSocSc (Hons Psych), MA (ClinPsych) PhD, <i>Cape Town</i>	Associate Professor	Clinical Psychologist
Dr. Robert Stewart	MBChB, BSc (Hons), MRes (Public Health), MRCPsych	Lecturer and Head of Department	General Adult and Liaison psychiatrist
Dr. Felix Kauye	BSc(Hons) MBBS FCPsych(SA)	Visiting Lecturer (and Director of Mental Health Services, MOH)	General Adult Psychiatrist
To be filled		Lecturer	Psychiatrist

The Department of Mental Health is currently applying to COM Management for 2 additional posts: (1) Lecturer in Psychiatry, (2) Neuropsychologist.

In addition to these full-time staff, the department has access to external teaching expertise through the Scotland-Malawi Mental Health Education Project (SMMHEP) and Westfald Mental Health Trust, Norway. Consultant and senior trainee psychiatrists will be visiting for at least 20 weeks/year to conduct postgraduate and undergraduate teaching. They will offer the trainees extra clinical teaching and provide expert input to various aspects of the academic course. Senior clinicians from UK and SA will be available as external examiners.

3.2.2 Teaching and Learning Resources

College of Medicine, Mahatma Gandhi Campus.

- Facilities for lectures, tutorials, psychotherapy supervision
- Library and IT facilities. The library will be stocked with all necessary up-to-date textbooks (funded by SMMHEP). All important mental health journals can be accessed through HINARI. Access to all Royal College of Psychiatry online resources will be available free.
- The DMH has laptop and data projector for AV presentations, and a professional digital video camera/microphones for interview skills training.
- Annual Mental Health Research Conference will take place at COM in January/February each year. Trainees will be funded to attend and will be expected to present.

Zomba Mental Hospital (ZMH)

- ZMH has dedicated teaching rooms for lectures and tutorials.

- The SMMHEP “Building mental Health Education” Grant provides £15000 in 2010/11 and £2500 in each of 2011/12 and 2012/13 to equip a dedicated learning centre including all necessary textbooks, computers, internet access and AV presentation facilities. These will be in place by commencement of the MMed.
- The SMMHEP “Building mental Health Education” Grant provides £4000/year for 3 years to employ a part-time librarian and audit advisor at ZMH. This post will be filled by commencement of the MMed.

University of Cape Town

Trainees will have the same access to the training resources at UCT as their colleagues on the UCT MMed programme (See appendix B2.2 for details)

3.2.3 Financial Resources

1. National AIDS Commission Grant

There is full allocated funding to pay Malawi tuition fees (years 1 and 2) and South Africa tuition fees and travel/living allowance (years 3 and 4) for 3 trainees. 2 will start in 2011, and 1 the following year. NB: St John of God College of Health Sciences have indicated that they will fund a second trainee (a medical officer employed by them) starting in 2012.

2. COM Department of Mental Health

The COM DMH employs the lecturers who will deliver the core of the clinical and academic teaching, and the administrative staff and facilities to ensure smooth running of the programme.

3. Ministry of Health

Trainees will be employed in MOH positions through ZMH throughout their training period.

3.2.4. Scotland Malawi Mental Health Education Project

Aspects of BUILDING MENTAL HEALTH EDUCATION grant specifically relevant to MMed programme			
Budget Line	Year 1 Apr 2010 – Mar 2011	Year 2 Apr 2011 – Mar 2012	Year 3 Apr 2012 – Mar 2013
Salary costs for ZMH IT resource manager/audit support officer	£4000 (1000000 MKW)	£4000 (1000000 MKW)	£4000(1000000 MKW)
Rent for accommodation for lecturing staff	£8000 (2000000 MKW)	£8000 (2000000 MKW)	£8000 (2000000 MKW)
Office costs e.g. postage, telephone, stationary	£1000 (250000 MKW)	£1000 (250000 MKW)	£1000 (250000 MKW)
Travel and subsistence for lecturers and examiners	£25000 (6250000 MKW)	£25000 (6250000 MKW)	£25000 (6250000 MKW)
Annual Research Conference	£10000 (2500000 MKW)	£10000 (2500000 MKW)	£10000 (2500000 MKW)
Learning resource centre equipment	£15000 (3750000 MKW)	£2500 (6250000 MKW)	£2500 (6250000 MKW)

(Kwacha equivalents calculated at 250 MKW/£)

3.2.5. Westfald Mental Healthcare Trust:

Funding for 3 short-term lecturer visits per year (approximately £4000 (1000000 MKW)).

3.3 Sustainability

The programme is fully funded and supported to ensure that trainees recruited in 2011 and 2012 will be able to successfully complete the training programme.

For trainees entering the programme in subsequent years most of the human resources and facilities will still be in place e.g. learning centre, full-time DMH lecturing staff.

Regarding additional teaching/examining input, it is envisaged that SMMHEP will apply for further Scottish Govt funding when the existing grant expires.

Regarding tuition fees and SA living expenses following the end of the current NAC funding, trainees will be expected to have sourced individual funding (as will those in all MMed programmes) unless another large grant can be secured. DMH will work with other stakeholders to regarding further funding of postgraduate speciality training in Malawi.

In March 2015, the first 2 trainees will qualify and it is hoped that they will take up teaching positions within COM and/or MOH and take over the MMed teaching from external lecturers.

4. Learning Objectives

The learning objectives are shown below in the years in which they will form the focus of teaching and assessment. However, many of the learning objectives stretch across the whole of the course and trainees will be expected to continue acquisition of key clinical, management and educational knowledge, skills and attitudes throughout the 4 years of training.

4.1 Year 1 Learning Objectives

Knowledge

1. The trainee shall demonstrate core knowledge in basic sciences relevant to psychiatric practice:

- Psychology
- Sociology
- Anthropology/cross-cultural issues
- Neuroanatomy
- Neurochemistry
- Neurophysiology

2. The trainee shall demonstrate detailed knowledge in subjects critical to psychiatric practice:

- Psychopathology / phenomenology
- Psychopharmacology
- Epidemiology, aetiology, psychopathology, clinical features and natural history of the major adult psychiatric disorders in DSM-IV and ICD-10
- Mental Health Legislation and ethical issues in psychiatric practice
- Principles of psychotherapy
- Clinical neurology in as far as it relates to psychiatric disorder and psychiatric complications of neurological disorder.
- Diagnosis and management of epilepsy and related psychiatric disorders
- Risk assessment and management
- Child protection issues

Skills

1. The trainee will be confident in the assessment and management of common psychiatric conditions affecting the general adult population.

- Taking and presenting a clinical history
- Gathering suitable collateral history from relatives, guardians, carers, friends and other medical staff.
- Taking and presenting the mental state examination
- Cognitive assessment
- Physical examination including neurological examination
- Multi-axial assessment, diagnosis, formulation, risk assessment and management plan
- Record keeping
- Bio-psycho-social management of patients based on evidence-based practice.

2. The trainee will be able to conduct assessments and initiate treatment in an inpatient psychiatric setting, an outpatient psychiatric clinic, a general hospital and a health centre.
3. The trainee will be able to perform a psychiatric assessment of patients with physical illness. This would include specific skills in diagnosing and treating delirium and depression in the medically ill.
4. The trainee will be able to conduct a basic bio-psycho-social assessment of a child, elderly person, person with epilepsy, person abusing substances and learning disabled person presenting to psychiatric services.
5. The trainee will be able to appropriately apply the provisions of current mental health legislation in his/her clinical practice.
6. The trainee will be able to assess suitability for Electro-Convulsive Therapy, assess capacity and obtain consent, administer ECT and review for response and side effects.
7. The trainee will be able to conduct cognitive-behavioural orientated brief psychotherapy under supervision.
8. The trainee will be able to manage emergency situations appropriately:
 - Prioritise information
 - Develop differential diagnosis
 - Manage risk
 - Use appropriate treatment methods
 - Use mental health legislation appropriately
9. The trainee will be able to work under pressure and to retain professional composure and to think clearly when working in emergency situations.

Attitudes

1. The trainee will develop the professional attitudes of behaviour required by the Malawian Medical Council, and other relevant bodies such as the World Psychiatric Association.
2. The trainee will develop and demonstrate an empathic and non-judgemental approach to people living with mental health problems.
3. The trainee will develop an appreciation of the multidisciplinary nature of psychiatry including the role of each member of the multidisciplinary team and the role of a psychiatrist within this team.
4. The trainee will develop an appreciation of the use of occupational therapy and social work with regards to the management of psychiatric disorder.
5. The trainee will develop an understanding of psychiatric rehabilitation with a focus on the recovery model of mental illness, an appreciation of what is known as institutionalisation and a historical context for community psychiatry.

4.2 Year 2 Learning Objectives

Graduates of this MMed course will be competent clinicians but also educators, researchers and leaders in the decentralisation of mental health services in Malawi.

They will develop the necessary skills throughout the course, but the second year will specifically focus on these areas through community placements, an educational programme (public mental health, research methods and teaching skills) and completion of a research dissertation.

The second year will also include a 3 month post in medicine/neurology at QECH.

4.2.1 Public Mental Health in resource-poor settings

Knowledge

1. The trainee shall demonstrate basic understanding of the key issues in providing mental health care in resource-poor settings:

- Human geography of Malawi
- Epidemiology
- Health economics
- Public health policy
- Health care systems
- Health Information systems
- Essential drugs management
- Mental health and the MDGs
- Mental health and maternal and child health, Mental health and communicable disease (eg malaria, HIV) and non communicable disease
- Mental health promotion
- Mental health prevention
- Mental health education
- Importance of International Human Rights legislation (UN principles of Human rights, EC principles of Human Rights, Africa declaration of Human Rights)
- Impact of traditional beliefs and religion upon mental health, and role of traditional healers and religious groups in mental health care.

2. The trainee shall demonstrate basic understanding of the key issues in the organization of mental health services in Malawi:

- Current national mental health policy and strategy
- Malawian health service structure and planning processes
- Roles and responsibilities at each level in the health service (national, district and health centre)
- Role of civil society and user and care groups in mental health care in Malawi

Skills

1. Be able to conduct a needs assessment of an aspect of mental health care in Malawi.

2. Be able to conduct a local situation appraisal (context, needs, inputs, processes, outcomes)
3. Be able to conduct inter-sectoral liaison e.g. with police, prisons, schools and universities, NGOs, community leaders, traditional health practitioners, media etc etc
4. Understand how to construct an annual operational plan including budgeting
5. Understand how to develop district and national policies and strategic action plans (e.g a national suicide prevention strategy)

Attitudes

1. The trainee will develop a recognition of the social responsibility of mental health specialists to play a role in the clinical and educational networks required to institute the policies of decentralisation of services and improving access to mental health care.
2. The trainee will understand the importance of human rights (including international legislation), and the perspective of users of mental health services and their carers.

4.2.2 Education and management of self and others

Knowledge

1. Education

- The implications of adult learning styles for teaching psychiatry
- Setting learning aims and objectives
- Methods to evaluate teaching.
- Delivering a lecture
- Using a library and online resources
- The uses of small group teaching in psychiatry
- Mentor-mentee arrangements
- Role of educational supervisor: educational plans, training agreements
- Appraisal: individual performance review

2. Management

- Management of change
- Chairing meetings
- Team selection/working
- Working with the media
- Time management: personal effectiveness
- Clinical governance including audit

Skills

1. Be able to plan and deliver:

- A lecture

- A small group tutorial
- A PBL session
- A journal club presentation
- A training activity with primary care health workers
- An educational event for general public

2. Be competent in the use of:

- Audio-visual presentation (ppt)
- Video feedback

3. Demonstrate self-management skills such as time management, prioritizing of duties, appropriate delegation.

4. Manage and lead others, particularly within a clinical team.

5. Supervise the clinical work of others, especially colleagues in district hospitals and health posts.

Attitudes

1. The importance of reflection and evaluation of practice.

2. The importance of life long learning; keeping up to date their knowledge and practice (CPD).

4.2.3 Research Methodology and Research Dissertation

Knowledge

1. The trainee will understand the principles of medical ethics where they are relevant to medical research, including:

- Roles and responsibilities of researchers as regards approaching and recruiting subjects.
- Informed consent of patients.
- Data protection and storage.
- Confidentiality.
- Feedback of results.
- The ethics of publishing and sharing data.

2. Trainees will understand different research methodologies (Quantitative and Qualitative) and how to go about formulating a research question

3. Trainees will be have an understanding of types of study including case control, cross sectional, cohort (retrospective and prospective), randomised control trials, systematic reviews and meta analysis

4. Trainees will be have an understanding of data collection methodology including sample bias, types of data, data entry, use of spreadsheets (Excel/Access) and power calculations

5. Trainees will be have an understanding of statistical methodology including use of

a statistical package (e.g. SSPS)

6. Trainees will have an understanding of where and how to publish data and the review process.

Skills

The trainee will be able to

- Identify a research question
- Design an appropriate study
- Conduct literature review
- Submit proposal for ethical review
- Carry out the research project
- Conduct appropriate analysis
- Write up the project for submission (and publication).
- Present the research project at an academic conference

Attitudes

1. The trainee will be aware of the ethical issues relating to research and how subjects should be treated before, during and after they enter a study
2. The trainee will appreciate the importance of research in improving mental health care.

4.2.4 Medicine/Neurology

During a 3 month post as medical registrar in the Department of Medicine attached to the neurological specialist, trainees will gain the knowledge and skills in medicine that will allow them to:

1. Safely recognize and offer initial care for medical emergencies that may be encountered during psychiatric practice.
2. Be conversant in the assessment and management of common medical conditions in Malawi to allow efficient communication with colleagues from other disciplines.
- 3 . Consolidate higher level knowledge and skills in neurological practice:

Knowledge

Ability to recognize, initiate diagnostic tests and outline management of:

- Seizures
- Meningitis; relation to HIV infection
- Stroke
- HIV related problems: toxoplasmosis cerebri, Non-Hodgkins lymphoma, dementia
- The comatose patient: neurological and metabolic causes; emergency diagnostic approach and management
- Neuropathies and myopathies

- Head injury
- Space-occupying lesion

Skills

- Perform neurological assessment: learn to recognize patterns of movement
- Recognize neurological complications of systemic disease
- Recognise non-organic presentations
- Learn to give news on diagnosis
- Interpret CSF findings
- Perform LP

Attitudes

- Recognise importance of thorough physical assessment in psychiatric practice
- Recognise importance of maintaining mutually supportive professional relationships with colleagues from other medical disciplines

4.3 Year 3 and 4 Learning Objectives (from UCT documentation)

4.3.1. Addiction Psychiatry

Core Knowledge

- Diagnosis of substance use disorders
- Treatment of substance use disorders

Core Skills

- Diagnosis of complex cases
- Group Psychotherapy
- Complex Psychopharmacology

Core Attitudes

- Therapeutic approach to difficult patients
- Spectrum understanding of mental illness
- Recognise multi-disciplinary team (MDT) skills

4.3.2. Child and Adolescent Psychiatry

Core Knowledge

- Disruptive Behaviour Disorders
- Mood Disorders
- Anxiety Disorders
- Psychotic Disorders

Core Skills

- Multi axial diagnosis of child/adolescent
- Psychoeducation
- Family assessment
- Parental counselling
- Diagnostic/therapeutic interview with child/adolescent

Core Attitudes

- Therapeutic attitude to child and family
- Awareness of child/adolescent's needs
- Respect for multi-disciplinary team work

4.3.3 Community Psychiatry

Core Knowledge

- Anxiety disorders
- Schizophrenia spectrum disorders
- Bipolar mood disorder
- Major depressive disorder

- Severe personality disorder
- Substance abuse disorders
- First episode psychosis
- Longitudinal perspectives of chronic mental illness

Core Skills

- Diagnosis and treatment of psychiatric disorders in adults, children and elderly
- Liaise effectively with district and regional hospitals
- Comprehensive risk assessment
- Family psycho-education
- Liaison with community-based facilities
- Referral to specialised and subspecialist services

Core Attitudes

- Positive relationships with MDT
- Awareness of community-based resources
- Manage time efficiently
- Promote prioritisation of care according to Primary Health Care principles
- Continuity of care
- Advocacy for those impaired by illness

4.3.4 Forensic Psychiatry

Core Knowledge

- Schizophrenia
- Bipolar mood disorder
- Organic disorders
- Severe personality disorder
- Substance induced psychotic disorders
- Ethics and forensic aspects of Mental Health Legislation
- Prison systems
- Legal procedures in relation to mentally disordered offenders

Core Skills

- Diagnosis of psychiatric disorders including malingering
- Use of Sedation and rapid tranquilization and seclusion
- Managing aggressive/violent patient
- Psychopharmacology of treatment resistant disorders
- Comprehensive risk assessment
- Family psycho-education
- Follow up outpatients
- Report writing
- Comprehensive clinical note taking

Core Attitudes

- Ability to function within MDT
- Understanding long term institutionalisation dynamics
- Effective liaison with courts, police and legal system

- Limitations of medicalisation of psychiatric illness

4.3.5 Inpatient Psychiatry

Core Knowledge

- Anxiety Disorders
- Schizophrenia spectrum disorders
- Substance use disorders
- Mood disorders
- Personality disorder
- Psychiatric disorders in the medically ill
- Psychiatric disorders in adolescents
- Psychiatric disorders in the elderly
- Applied ethics and mental health legislation

Core Skills

- Diagnosis of mental disorders
- Sedation and rapid tranquilization
- Managing aggressive/violent patient
- Liaise / outreach effectively with Emergency Room
- Comprehensive risk assessment
- Acute management of psychiatric disorders and referral to
- Primary care/ specialised services as appropriate
- Prioritisation of need for admission vs outpatient treatment

Core Attitudes

- Efficient functioning under pressure
- Managing scarce resources efficiently
- Manage time efficiently
- Recognise role of other disciplines
- Utilise PHC structures
- Engagement with relatives and support services

4.3.6 Intellectual Disability

Core Knowledge

- Levels of severity of Intellectual disability
- Challenging behaviour in ID
- Behavioural phenotypes of genetic syndromes
- Autism
- Mood disorders in adults with ID
- Anxiety disorders in adults with ID
- Personality disorders in adults with ID
- Psychotic disorders in adults with ID
- Management of the above

Core Skills

- Diagnosis of ID
- Diagnosis of mental illness in ID

- Pharmacotherapy of challenging behaviour and mental illness in ID
- Case management
- Effective referral to MDT
- Manage competition for resources/beds
- Recognition and effective management of team dynamics
- Recognition and effective management of complex family dynamics

Core Attitudes

- Therapeutic approach to those with ID
- Holistic and systemic approach to diagnosis and management
- Willingness to manage and work with uncertainty
- Willingness to work with MDT as team member
- Therapeutic approach to carers and families

4.3.7 Liaison Psychiatry

Core Knowledge

- Complex medically ill
- Somatoform disorders
- Psycho-oncology
- Transplant psychiatry
- Women's mental health
- Eating disorders

Core Skills

- Psychiatric diagnosis in the medically ill
- Psychotherapy in the medically ill patient
- Complex psychopharmacology
- Recognition of co-morbid addiction issues
- Containing dynamics among non mental health professionals
- Palliative care
- Psychiatric approaches to pain management
- Medico-legal report writing
- Manage competition for resources/beds

Core Attitudes

- Understand interplay between physical and mental illness
- Diplomacy
- Therapeutic approach to difficult patients
- Recognise MDT skills

4.3.8 Neuropsychiatry

Core Knowledge

- Principles of neuropsychiatric assessment
- Neuropsychiatry of HIV, TB, geriatrics
- General adult neuropsychiatric disorders
- Neuro-imaging in neuropsychiatry
- Psycho-pharmacology

Core Skills

- Diagnosis of complex cases
- Bedside neuropsychology
- Complex psychopharmacology
- Medico-legal report writing
- Case management
- Research methodology

Core Attitudes

- Integrating neuropsychiatric and neurologic approach
- Understanding neuropsychiatric presentations
- Step-wise investigative approach
- Current and novel treatments

4.3.9 Geriatric Psychiatry

Core Knowledge

- Principles of neuropsychiatric assessment
- Neurodegenerative diseases of old age
- Depression in old age
- Neuro-imaging in geriatric neuropsychiatry
- Psycho-pharmacology of old age
- Community geriatric psychiatry

Core Skills

- Diagnosis of complex cases
- Bedside neuropsychology
- Complex psychopharmacology
- Medico-legal report writing
- Case management
- Research methodology

Core Attitudes

- Integrating neuropsychiatric and neurologic approach
- Understanding neuropsychiatric presentations
- Step-wise investigative approach
- Current and novel treatments

4.3.10 Psychotherapy and Neuroclinics

Core Knowledge

- Mood disorders in adults
- Anxiety disorders in adults
- Personality disorders in adults
- Somatoform disorders
- Advanced treatment of complex disorders

- Treatment resistance

Core Skills

- Diagnosis of complex cases
- Group psychotherapy
- Complex psychopharmacology
- Recognition of co-morbid addiction issues
- Containing MDT dynamics
- Medico-legal report writing
- Case management
- Electro-convulsive Therapy
- Manage competition for resources/beds

Core Attitudes

1. Therapeutic approach to difficult patients
2. Spectrum understanding of mental illness
3. Embrace personality disorder complexities
4. Recognise MDT skills

5. Specific Regulations of MMed(Psych)

5.1 Structure of Years 1 and 2 of MMed (Psychiatry) course

5.1.1 Years 1 and 2 of the MMed in psychiatry will comprise:

5.1.1.1 Teaching in basic sciences relevant to psychiatry, core psychiatry, psychotherapy, research methods, and public health psychiatry for low-income settings.

5.1.1.2 24 months of clinical attachments as a registrar in ZMH, QECH and community placements. Each rotation will usually last 3 or 6 months.

5.1.1.3 Training in basic neurology, teaching, management and service development.

5.1.1.4 Supervised Research Project

5.2 Assessment Year 1 and 2 of MMed (Psychiatry) course

5.2.1 The assessment consists of five parts:

- Continuous assessment
- A written examination (MMed (Psych) 1.1) taken 12 months after the beginning of the course
 - Basic Sciences relevant to Psychiatry
 - MCQ format written exam
- A written and clinical examination (MMed (Psych) 1.2) taken 12 months after the beginning of the course
 - Core psychiatry
 - MCQ format written exam
 - Long case oral presentation
- A written examination (MMed (Psych) 1.3) taken 18 months after the beginning of the course
 - Research methods and Public Mental Health for low-income settings
 - MCQ and essay format written exam
- Research Dissertation (MMed (Psych) 1.4)

5.2.2 Continuous assessment:

The student must show ongoing satisfactory acquisition of clinical skills and knowledge. This shall be assessed by means of:

- Appraisal reports from each clinical rotation completed by the consultant supervisor. A structured reporting format will be used,
- Review of the student's portfolio of practice. The portfolio will consist

of sections summarizing and providing examples of the student's progress in the following areas:

1. Clinical practice (including a logbook of cases, case-based discussions, summaries of clinical experience gained in each rotation)
2. Audit (The trainee will be expected to complete at least 1 clinical audit)
3. Attendance at educational programme and other CPD sessions
4. Presentations
5. Teaching of MBBS undergraduates and other cadres
6. Management activities
7. Other as deemed relevant by the student and their mentor

At the end of each 12 months of training the head of department and the postgraduate tutor (or equivalent) will meet, review the above documents, and decide if the candidate has made satisfactory progress such that they may progress to the next year of the course.

The continuous assessment component is not graded, but each year of study must be completed to the satisfaction of the head of department and postgraduate tutor before the student can attempt the part 1 examinations

5.2.3 Consequences of unsatisfactory continuous assessment report:

The student will undertake supplementary training - repeating as many clinical rotations as are deemed necessary by the head of department and postgraduate tutor up to a maximum of an extra 12 months of training. At the end of this supplementary training, the head of department and postgraduate tutor will decide if the student has satisfied the continuous assessment component of the course.

A student will only be permitted a total of 12 months of supplementary training in Part 1 of the course. If at the end of this training, the student is deemed NOT to have made satisfactory progress, they will NOT be permitted to sit the part 1 examination and will be asked to withdraw from the course.

A student given a report of unsatisfactory performance at any stage of this process has the right to appeal the decision through the office of the postgraduate dean.

5.2.4 MMed (Psych) 1.1 Basic Sciences relevant to Psychiatry

- 3 hr MCQ format written exam (30% of final mark)

5.2.5 MMed (Psych) 1.2 Core psychiatry

- a. MCQ format written exam (20% of final mark)
- b. Long case oral presentation (10% of final mark)

5.2.6 MMed (Psych) 1.3 Research methods and Public Mental Health for low-income settings

- MCQ and essay format written exam (20% of final mark)

5.5.3 MMed (Psych) 2.3 Research dissertation:

The dissertation will be submitted at the end of year 2. The research dissertation shall contribute 20% of the final Part 1 MMed (Psych) mark.

5.2.7 Considering that different components of the examination test different competencies, students are required to pass all components of the examinations independently in order for them to be deemed to have passed.

5.2.8 Supplementary examinations for the written and / or clinical components shall be held in accordance with the General Academic Regulations at the discretion of the Faculty of Board of Examiners.

5.2.9 Consequences of failing the Part 1 written and / or clinical exam.

The student will continue rotations in clinical psychiatry and re-sit both exams at the next opportunity (usually 6 months later). There is no limit to the number of times the candidate may re-sit the exams, but as per the general MMed regulations, the candidate must complete the entire program in 6 years.

5.3 Entry Criteria Years 3 and 4 of MMed (Psychiatry) course

5.3.1 The entry criteria are:

- Satisfactory completion of 2 year of postgraduate psychiatric training at QECH and ZMH (or an equivalent institution with the approval of the head of department and postgraduate committee)

AND

- Pass MMed Part 1 written and clinical examinations (or the equivalent postgraduate psychiatric qualification approved by the postgraduate committee)

5.4 Structure Years 3 and 4 of MMed (Psychiatry) course

5.4.1 Years 3 and 4 comprise

5.4.1.1 24 months of clinical attachments in general and subspecialty psychiatry. These attachments are to be undertaken on the University of Cape Town Rotational Training scheme in Psychiatry. A Memorandum of Understanding guides the collaboration between COM and UCT (Appendix B).

5.4.1.2 Topics of study include the following as they apply to the care of people living with mental disorder (details of curriculum are included in the attached syllabi)

- Addiction Psychiatry
- Child and Adolescent Psychiatry
- Neuropsychiatry and psychiatry of HIV
- Forensic Psychiatry
- Learning disability psychiatry
- Psychiatry of Old Age
- General and Community psychiatry
- Rehabilitation Psychiatry

- Psychotherapy

5.5 Assessment Years 3 and 4 of MMed (Psychiatry) course

5.5.1 The assessment consists of 2 parts:

- Continuous assessment
- Written and Clinical examination (MMed Psych 2.1 Specialities in Psychiatry (inc neurology relevant to psychiatry)).

5.5.2 Continuous assessment – This will be conducted according to existing practice at UCT.

The continuous assessment component is not graded, but each year of study must be completed to the satisfaction of the head of department and postgraduate tutor before the student can attempt the part 2 examinations

5.5.3 MMed (Psych) 2.1 Specialities in Psychiatry (inc neurology relevant to psychiatry)

This will take place in Malawi at the end of Year 4

- a. MCQ format written exam (50% of final mark)
- b. OSCE style clinical exam (50% of final mark)

5.5.4 The following grading system will be used:

<i>Percent</i>	<i>Interpretation</i>
75-100	Distinction
65 - 74	Credit
50 - 64	Pass
0 - 49	Failure

5.5.5 Considering that different components of the examination test different competencies, students are required to pass all components of the examinations independently in order for them to be deemed to have passed.

5.5.6 Supplementary examinations for the written and / or clinical components shall be held in accordance with the General Academic Regulations at the discretion of the Faculty of Board of Examiners.

5.5.7 Consequences of failing the Part 2 written and / or clinical exams.

The student will continue rotations in clinical psychiatry and re-sit all exams at the next opportunity. There is no limit to the number of times the candidate may re-sit the exams, but as per the general MMED regulations, the candidate must complete the entire program in 6 years.

APPENDICES

APPENDIX A – Structures for MMed in Malawi (Years 1 and 4)

A.1 The Department of Mental Health

The Department of Mental Health has experienced staff able to deliver the Malawi component of the MMed. The department houses both psychology and psychiatry and thus contains the expertise in all aspects of the bio-psycho-social understanding and treatment of mental disorder. The Staff complement is shown below in Table I.

Table 2: The Staff of the Mental Health Department

Name	Qualification	Current Position	Specialization
Prof. Chiwoza Bandawe	BSocSc MLW, BSocSc (Hons Psych), MA (ClinPsych) PhD, <i>Cape Town</i>	Associate Professor	Clinical Psychologist
Dr. Robert Stewart	MBChB, BSc (Hons), MRes (Public Health), MRCPsych	Lecturer and Head of Department	General Adult and Liaison psychiatrist
Dr. Felix Kauye	BSc(Hons) MBBS FCPsych(SA)	Visiting Lecturer	General Adult Psychiatrist
To be appointed		Lecturer	Psychiatrist

The Department of Mental Health is currently applying to COM Management for 2 additional posts: (1) Lecturer in Psychiatry, (2) Neuropsychologist.

Collaboration and Linkages

The department has a strong collaboration with the Scotland Malawi Mental Health Education Project (SMMHEP) who are committed to supporting the MMED with regular visiting clinical and academic staff.

Facilities

1. College of Medicine, Mahatma Ghandi Campus – facilities for lectures, tutorials, psychotherapy supervision, access to library and IT facilities.
2. Zomba Mental Hospital(ZMH) - Ministry of Health Central Hospital with 300 beds offering inpatient, outpatient and community mental health services. By commencement of MMed, ZMH will have a dedicated learning centre inc library and IT facilities which will be equipped by SMMHEP
3. Queen Elizabeth Central Hospital - Ministry of Health Central Hospital and is the main teaching hospital attached to College of Medicine. It houses teaching departments in all the major disciplines.
4. District Mental Health services, Zomba and Blantyre Districts – Primary-care based mental health services that will provide training environment for community psychiatry

A.2 Structure of Year 1

A.2.1 Summary

1. Clinical Placements

Trainees will undertake 2 x 6 month placements on a rotational basis:

Post 1: General Adult Psychiatry – Inpatient and outpatient, Zomba Mental Hospital, Zomba. Consultant: Dr Felix Kauye.

Post 2: General Adult (outpatient) and Liaison Psychiatry, Queen Elizabeth Central Hospital, Blantyre. Consultant: Dr Robert Stewart.

2. Psychotherapy Training

Trainees will undertake training in short term psychotherapy and conduct one short term supervised individual therapy case. Training and supervision will be provided by Dr Chiwoza Bandawe and Mr Eric Umar (Clinical Psychologists).

Trainees will be expected to attend a 4-day critical cultural psychology course at Mua Mission.

3. Academic teaching programme

Trainees will attend a half-day per week teaching programme during University of Malawi terms.

A.2.2 Clinical Placements

A.2.2.1 POST 1

Speciality: General Adult Psychiatry – Inpatient and outpatient

Site: Zomba Mental Hospital, Zomba.

Ministry of Health Central Hospital with 300 beds offering inpatient, outpatient and community mental health services. Receives approximately 1500 admissions a year from across southern and central regions. The hospital has 7 wards:

- Male admissions ward
- Male stepdown ward
- Male rehabilitation ward
- Female admissions ward
- Female rehabilitation ward
- Child and learning disability ward

A forensic ward, adolescent ward and paying ward are being constructed.

Other services offered include:

- Outpatients
- Occupational Therapy
- ECT
- Psychological services (supported by VSO clinical psychologists)

ZMH is the main clinical mental health teaching institution in Malawi – all undergraduate nurses, clinical officers and doctors have training attachments there, as do students on the BSc Psychiatric Clinical Officer course run by St John Of God College of Health Sciences, Mzuzu.

Consultant: Dr Felix Kauye

Core clinical experience

1. Inpatient:

The trainee will be attached to a clinical firm led by Dr Felix Kauye.

Duties will include:

- Admission clerkings (inc physical exam and ordering of investigations)
- Initiating treatment
- Reviewing patients
- Presenting patients at weekly ward rounds
- Managing physical complaints
- Liaising with families, district services and other professionals

2. Outpatient:

The trainee will conduct outpatient clinic reviews of new patients and post-discharge follow-ups

Additional experience

The trainee will receive comprehensive training in the safe and appropriate use of electro-convulsive therapy, and will take part in an ECT rota.

During the placement the trainee will have the opportunity to observe/visit:

- Community nursing visits
- Occupational Therapy
- Forensic assessment clinic
- Zomba Prison
- Community support groups

On-call

The trainee will take part in an on-call rota covering inpatients at ZMH.

Educational Activities

The trainee will be expected to attend and present at the weekly educational meeting held on tuesday afternoons.

Teaching

The trainee will be encouraged to take part in the teaching of medical students during their clinical attachments at ZMH.

Audit

The trainee will be expected to conduct and present one clinical audit during the placement.

Supervision

In addition to routine clinical supervision during ward rounds, clinics etc, the trainee will have one hour per week of educational supervision with Dr Kauye.

A.2.2.2 POST 2

Speciality: General Adult (outpatient) and Liaison Psychiatry

Site: Queen Elizabeth Central Hospital(QECH), Blantyre.

QECH is a Ministry of Health Central Hospital and is the main teaching hospital attached to College of Medicine. It houses teaching departments in all the major disciplines.

The psychiatry department currently consists of:

- 1 psychiatrist
- 1 psychiatric Clinical Officer
- 1 BSc level psychiatric nurse
- 1 registered psychiatric nurse
- 2 experienced ward attendants

Current clinical activities of the department:

- Daily assessment of emergency outpatient referrals, and ward referrals
- Psychiatry clinic (Follow ups) – Tue am
- Psychiatry clinic (New patients) – Thur am
- Epilepsy Clinic – Fri am
- Brief admission of patients to seclusion rooms pending transfer to ZMH

Consultant: Dr Robert Stewart.

Core clinical experience

Duties will include:

- Assessment of new and follow up patients in outpatient clinic (inc physical exam and ordering of investigations)
- Assessment of new and follow up patients referred by other specialities during inpatient stay (inc physical exam and ordering of investigations)
- Liaising with families, district services and other professionals

Additional clinical experience

During the placement the trainee will have the opportunity to observe/visit:

- Community nursing visits
- Community support groups

Teaching

The trainee will be encouraged to take part in the teaching of medical students during their clinical attachments at QECH.

On-call

There is currently no on-call rota at QECH. This is under review.

Educational Activities

The trainee will be expected to attend and present at:

1. A fortnightly educational meeting of the department and DHO nursing staff.
2. A fortnightly departmental journal club
3. QECH Grand Round

Audit

The trainee will be expected to conduct and present one clinical audit during the placement.

Supervision

In addition to routine clinical supervision, the trainee will have one hour per week of educational supervision with Dr Stewart.

A2.3. Draft Academic Teaching Programme Year 1

	9.00-10.00	10.00-11.00	11.30-12.30
Week 1	Introduction and orientation	Clinical Topics Overview	Emergency Psychiatry
Week 2	Neuroscience: Neuroanatomy Introduction and general anatomical arrangement of the central and peripheral nervous system	Clinical Topics Classification ICD and DSM	Basic Psychology: Introduction and Learning theory
Week 3	CF and Ventricular system	Psychopathology	Perception, Information Processing
Week 4	Cerebral cortex	Psychopathology	Perception and abnormal perception in mental illness
Week 5	Basal Ganglia	Psychopathology	Attention and awareness
Week 6	Diencephalon	Psychopathology	Memory: basic concepts
Week 7	Limbic system	Psychopathology	Memory: assessment and clinical applications
Week 8	Cerebellum	Mental state examination	Thinking and Cognition: basic principles and assessment
Week 9	Critical cultural psychology 4 day course, Mua Mission		
Week 10	Brainstem, Spinal cord and Cranial nerves	Neurological history and examination	Thinking and cognition: delusions, obsessions and preoccupations
Week 11	Sensory system and Motor system	Neurological examination	Personality: Theories of Personality

Week 12	The neuroanatomy of memory	Cognitive assessment	Personality: Categorical and dimensional assessment and classification
Week 13	Neuroendocrinology	Neurology and psychiatry	Emotions: basic theory and assessment
Week 14	Neurophysiology: Neuronal structure, glia and cellular organisation in the nervous system	Schizophrenia	Emotions: clinical implications (mood, impulse control disorders, aggression, etc)
Week 15	Action potentials, nerve conduction, neurotransmission, ion channels	Schizophrenia	Emotions: motivation, needs and drives
Week 16	Neurotransmitter pathways, incl. Dopamine, NA, 5HT, Peptides, glutamate, GABA, CCK, etc.	Schizophrenia	Emotion: Stress: psychological aspects, resilience and vulnerability
Week 17	HPA axis and stress	Bipolar disorder	Emotions: Stress: Life events, trauma
Week 18			
Week 19			
Week 20	EEG : Normal and abnormal	Bipolar disorder	Consciousness: Dreaming, Hypnosis
Week 21	Sleep, arousal Sleep disorders, Consciousness, attention and awareness	Bipolar disorder	Social Psychology: Behaviour, its measurements and change
Week 22	Epilepsy	Depression	Self-psychology, theory of mind
Week 23	Genetics: basic	Depression	Leadership, social influence, power, obedience, social identity and group membership
Week 24	Genetics: In relation to psychiatric illness	Depression	Aggression and altruism, explanations according to social learning and neurobiological theories
Week 25	Psychopharmacology: Principles of evidence based prescribing, classification of psychopharmacological therapeutics.	Suicide and risk assessment	Social sciences and Psychiatry: Socio-economic status in Psychiatry and Healthcare Delivery
Week 26	Receptor subtypes and their regulation by medications	Anxiety Disorders	Sick role, illness behaviour, family life in relation to mental illness
Week 27	Pharmacology of antipsychotic medications	Somatoform and conversion disorders	Sociology and institutionalisation
Week 28			
Week 29	Pharmacology of antidepressant medications	Learning Disability	Critical and postmodern approaches to mental health
Week 30	Pharmacology of mood stabilisers and anticonvulsants	Eating disorders	Cultural aspects of Mental health in Malawi
Week 31	Pharmacology of anxiolytics and hypnotics	Sleep Disorders	Cultural aspects of Mental health in Malawi
Week 32	Pharmacology of medications used in child/old age psychiatry	Child Psychiatry	Psychology of gender
Week 33	Pharmacology of alcohol, cannabis, opioids, amphetamines and other drugs of abuse	Child Psychiatry	Spirituality and Psychiatry
Week 34	Medications used in addiction psychiatry	Neuropsychiatry	Human Development through life: genetic and social learning theory
Week 35	Pharmacokinetics, pharmacodynamics and polypharmacy in psychiatry	Transcultural psychiatry	Human Development through life: childhood and adolescence
Week 36	Adverse drug reactions	Community psychiatry	Human Development through life: young adulthood and normal ageing

A.3 Structure of Year 2

A.3.1 Summary

1. Clinical Placements

Trainees will undertake

a) 1 x 3 month placement in Community Psychiatry

Post 1: Zomba District.

Post 2: Blantyre District

b) 1 x 3 month placement in medicine/neurology at QECH

c) 1 senior rotation in General or Liaison psychiatry during which the trainee will have protected time for research data collection and writing up.

Senior Post 1: General Adult Psychiatry – Inpatient and outpatient, Zomba Mental Hospital, Zomba. Consultant: Dr Felix Kauye.

Senior Post 2: General Adult (outpatient) and Liaison Psychiatry, Queen Elizabeth Central Hospital, Blantyre. Consultant: Dr Robert Stewart.

2. Research Dissertation

3. Academic teaching programme

Trainees will attend a half-day per week teaching programme during University of Malawi terms. This will consist of Public mental health, management and research support.

A.3.2 Clinical Placements

A3.2.1 Post 1 - Community Psychiatry: Zomba District

Speciality: Community Psychiatry

Site: Zomba District Health Office/ZMH

Consultant: Dr Felix Kauye.

Clinical and management experience:

1. Conduct a local situation appraisal (context, needs, inputs, processes, outcomes) of an aspect of mental health care in Zomba District.
2. Conduct intersectoral liaison e.g. with police, prisons, schools and universities, NGOs, community leaders, traditional health practitioners, media in Zomba District.
3. Work with the DHO and DHO mental health nursing staff to construct an annual operational plan including budgeting.

4. Assessment of new and follow up patients in Health Centre clinic. Follow up of patients at home with nursing staff.
5. Support MeHUCAM (Mental Health Users and Carers Association of Malawi) in developing support groups and rehabilitative activities.
5. Conducting a training programme for primary care health workers.

Teaching

The trainee will be encouraged to take part in the teaching of medical students during their clinical attachments at community placements in Zomba District.

On-call

The trainee will take part in an on-call rota covering inpatients at ZMH.

Educational Activities

The trainee will be expected to attend and present at the weekly educational meeting held on tuesday afternoons.

Supervision

In addition to routine clinical supervision the trainee will have one hour per week of educational supervision with Dr Kauye.

A3.2.2 Post 2 - Community Psychiatry: Blantyre District

Speciality: Community Psychiatry

Site: Blantyre District Health Office/QECH

Consultant: Dr Robert Stewart.

Clinical and management experience

1. Conduct a local situation appraisal (context, needs, inputs, processes, outcomes) of an aspect of mental health care in Blantyre District.
2. Conduct intersectoral liaison e.g. with police, prisons, schools and universities, NGOs, community leaders, traditional health practitioners, media in Blantyre District.
3. Work with the DHO and DHO mental health nursing staff to construct an annual operational plan including budgeting.
4. Assessment of new and follow up patients in Health Centre clinic. Follow up of patients at home with nursing staff.
5. Support MeHUCAM (Mental Health Users and Carers Association of Malawi) in developing support groups and rehabilitative activities.
5. Conducting a training programme for primary care health workers.

Teaching

The trainee will be encouraged to take part in the teaching of medical students during their clinical attachments at community placements in Blantyre District.

On-call

There is currently no on-call rota at QECH. This is under review.

Educational Activities

The trainee will be expected to attend and present at educational activities in QECH.

Supervision

In addition to routine clinical supervision, the trainee will have one hour per week of educational supervision with Dr Stewart.

A3.2.3 Medicine/ Neurology Post

Speciality: Medicine/Neurology

Site: QECH Department of Medicine

Consultant: Dr Theresa Allain/Dr Robert Stewart.

Clinical duties

- supervise interns on their daily ward rounds
- teach interns clinical skills and procedures
- report to the Consultant for advise/supervision
- participate in clinics
- do on calls in the registrar group
- participate in the District Visit programme

On-call

The trainee will take part in the Medical on-call registrar rota at QECH.

Educational Activities

The trainee will be expected to attend and present at educational activities in QECH.

Supervision

In addition to routine clinical supervision, the trainee will have one hour per week of educational supervision with Dr Stewart.

A3.2.4 Senior posts in General and Liaison psychiatry

Senior Post 1: General Adult Psychiatry – Inpatient and outpatient, Zomba Mental Hospital, Zomba. Consultant: Dr Felix Kauye.

Senior Post 2: General Adult (outpatient) and Liaison Psychiatry, Queen Elizabeth Central Hospital, Blantyre. Consultant: Dr Robert Stewart.

These posts will follow the same format as those in year one except that the trainee will take on a higher level of clinical responsibility, and will have protected time for completion of the research project/dissertation.

A3.3 Draft Academic Teaching Programme Year 2

Date	9.00-10.30	11.00-12.30
Week 1	Introduction	Introduction to Public Mental Health
Week 2	Research Ethics	Community psychiatry
Week 3	Formulating a research question	Mental Health in primary care
Week 4	Qualitative and quantitative research	Human Geography of Malawi
Week 5	Data Collection	Epidemiology
Week 6	Case control studies Cohort studies Cross sectional studies	Epidemiology
Week 7	Randomised controlled trials	Health Economics
Week 8	Systematic reviews and meta analyses	Public Health Policy
Week 9		
Week 10	Statistics for researchers	Health care systems
Week 11	Statistics for researchers	Conducting a needs assessment
Week 12	Where and how to publish/reviewers comments/authorship/ presenting research	Mental health and MDGs
Week 13	Management	Mental Health and disease inc. Maternal and child health
Week 14	Management	Mental health Promotion, Education and prevention
Week 15	Management	Human rights legislation
Week 16	Management	Traditional beliefs and public health
Week 17	Management	Designing a mental health care system for Malawi
Week 18		
Week 19		
Week 20	Teaching Training	Teaching Training
Week 21	Teaching Training	Teaching Training
Week 22	Dissertation supervision	Dissertation supervision
Week 23	Dissertation supervision	Dissertation supervision
Week 24	Dissertation supervision	Dissertation supervision
Week 25	Dissertation supervision	Dissertation supervision
Week 26	Dissertation supervision	Dissertation supervision
Week 27	Dissertation supervision	Dissertation supervision
Week 28		
Week 29	Dissertation supervision	Dissertation supervision
Week 30	Dissertation supervision	Dissertation supervision
Week 31	Dissertation supervision	Dissertation supervision
Week 32	Dissertation supervision	Dissertation supervision
Week 33	Dissertation supervision	Dissertation supervision
Week 34	Dissertation supervision	Dissertation supervision
Week 35	Dissertation supervision	Dissertation supervision
Week 36	Dissertation supervision	Dissertation supervision

APPENDIX B - Arrangements with UCT

B.1 Letter of Understanding

LETTER OF UNDERSTANDING

Between The Department of Mental Health, College of Medicine, University of Malawi, Malawi and the Department of Psychiatry and Mental Health, University of Cape Town, South Africa.

Dated:

1. Purpose of Letter of Understanding

This Letter of Understanding has been entered into between the Department of Mental Health, College of Medicine, University of Malawi and the Department of Psychiatry and Mental Health, University of Cape Town for the purposes of the postgraduate training in psychiatry of Malawian doctors.

2. Masters in Medicine (MMed) Psychiatry, University of Malawi

The aim of the Master of Medicine (Psychiatry), University of Malawi is to train postgraduate students to become specialists in psychiatry in order:

1. To provide clinical service in the field of psychiatry in Malawi,
2. To become teaching staff in the College of Medicine, University of Malawi,
3. To contribute to the development of mental health services in Malawi,
4. To provide supervision and to contribute to continuing professional development for medical officers, clinical officers, medical assistants, nurses and other personnel.
5. To have the ability to initiate and perform clinical research.

3. Structure of MMed (Psychiatry)

The MMed (Psychiatry) course is for 4 years; it is divided into 2 parts

Part 1: Years 1 and 2 will be spent in the Department of Mental Health, College of Medicine, University of Malawi.

Part 2: Providing funding is available, year 3 and 4 will be spent in the Department of Psychiatry and Mental Health, University of Cape Town

Successful completion of the degree requires satisfactory continuous assessment reports, passing written and clinical exams, and submission (and acceptance) of a Masters dissertation.

4. Roles of Department of Mental Health, College of Medicine

4.1 Examinations and assessment

The MMed (Psych) is a University of Malawi qualification. Trainees will undertake part 1 examinations prior to undertaking training at UCT, and will return to Malawi to undertake part 2 examinations, after approximately 21 months training at UCT.

4.2 Screening of candidates

Trainees cannot undertake training at UCT until they have passed MMed (Psych) part 1, and are deemed to have met appropriate clinical and professional standards by the postgraduate co-ordinator, Department of Mental Health and the Postgraduate Dean, COM, University of Malawi. A report on each trainee will be passed to the Chair: Postgraduate Committee, UCT Department of Psychiatry and Mental Health, prior to their commencement of UCT training. The Chair: Postgraduate Committee, UCT Department of Psychiatry and Mental Health shall have the right to refuse entry to the UCT training rotation, if a trainee does not meet appropriate clinical and professional standards.

4.3 Financial arrangements

The costs of living allowances, travel, registration fees and insurance will be met by grant funding administered by COM, University of Malawi.

5. Role of the Department of Psychiatry and Mental Health, UCT

The Department of Psychiatry and Mental Health, UCT is expected to support the following:

- To provide access to clinical training
- To provide postgraduate teaching
- To provide educational supervision and give 6 monthly feedback to the postgraduate coordinator, Department of Mental Health, COM. The College of Medicine, University of Malawi, will provide each registrar with a training portfolio to facilitate their continuous assessment.

During their rotations the trainees will work in a supernumerary basis but should meet the standards that apply to their local counterparts. It is expected that a student who undertakes a period of training at UCT will remain at UCT for a full 21-month period.

The rotations for undertaken by the trainees at UCT should include:

General Adult Psychiatry
Addictions
Emergency psychiatry
Neuropsychiatry (including HIV psychiatry)
Child/Adolescent psychiatry
Intellectual Disability
Forensic psychiatry

A maximum of two trainees per year will be accommodated on the UCT rotation at any time. Trainees will start their rotation on 1st February of each year in order to align with the UCT training rotations.

If a trainee does not meet clinical and professional standards, in spite of appropriate support and corrective measures, then the Chair: Postgraduate Committee, UCT Department of Psychiatry and Mental Health after consultation with the postgraduate co-ordinator, Department of Mental Health and the Postgraduate Dean, COM, University of Malawi, shall have the right to terminate the trainee's participation in the UCT rotation.

6. Further details of the MMed (Psych)

Further details of the MMed (Psych) curriculum and practical arrangements are attached in appendix 1 to this MOU.

7. Review of the Agreement

This agreement of this Letter of Understanding will be effective from 1/7/2010 until 31/12/13 and will be subject to review at the end of 2011. This Letter of Understanding may be amended with the agreement of all parties and if signed by the representatives of all parties so authorised.

8. Termination of letter of understanding

Notwithstanding the above any party may terminate this Letter of Understanding by giving twelve months written notice to the other parties.

9. Signatories

On behalf of COM, University of Malawi:

Name.....

Signature.....

Date.....

On behalf of UCT:

Name.....

Signature.....

Date.....

B.2 Structure of Years 3 and 4

B.2.1 Rationale for trainees spending 2 years of MMed in Cape Town

With the support of its international partners, the Department of Mental Health, College of Medicine, Malawi is currently able to provide postgraduate level training in general adult, liaison and community psychiatry, and brief psychotherapy. However, there are currently no training resources in sub-specialities such as forensic psychiatry or learning disability.

In Cape Town, the trainees will join the training and educational programme offered to the local UCT trainees. The placement will provide:

1. Additional experience in general adult, liaison and emergency psychiatry.
2. Sub-speciality experience in:
 - Child and Adolescent psychiatry
 - Addictions psychiatry
 - Forensic Psychiatry
 - Neuropsychiatry/Psychiatry of HIV
 - Psychiatry of Learning Disability
 - Psychiatry of Old Age
3. Exposure to aspects of practice found in a more developed service e.g. full range of new generation medications, advanced multi-disciplinary practice.
4. Teaching and supervision from a range of experienced clinicians, in a department that conducts world class mental health research.
5. An established MMed Part 2 teaching programme.

B2.2 Clinical Placements And Academic Teaching Programme

In order to offer the trainees the necessary broad sub-speciality training, they will undertake 3 month placements. The first of these will be a general adult inpatient post to allow the trainee to settle in become accustomed to procedures in the hospitals.

The trainees will then rotate through 3-month posts in Neuropsychiatry, Emergency Psychiatry and Addictions, based at Groote Schoor Hospital. They will also gain some experience in psychiatry of old age and liaison psychiatry in these posts.

In the 4th year the trainees will undertake 3 further 3-month posts in child/adolescent psychiatry, forensic psychiatry and Intellectual disability.

The trainees will join the UCT MMed pre-Part 2 educational programme that takes place on tuesday mornings throughout UCT terms.

- i) 2 hours each week of formal teaching
- ii) Group combined year 2 and year 3 which consists of 15-20 trainees and runs on a 2 year cycle
- iii) Also Friday afternoon neurology/neuropsychiatry tutorials.

Table 3 – Relevant Training Posts on UCT rotational training scheme

Post	Supervisor/s
Consultation Liaison GSH	Dr. B Vithyalingum
Emergency Psychiatry and Neuropsychiatry GSH	Dr. I Lewis, Dr J Joska
General Psychiatry Outpatients/ Addictions GSH	Dr. D Wilson
Child and Adolescent Psychiatry	Prof A Berg, Dr N Shorthall
Neuroclinic, Valkenberg	Dr. N Horn
Acute Psychiatry Male, Valkenberg	Dr. S Baumann
Acute Psychiatry Male, Valkenberg	Dr H Temming
Acute Psychiatry Female, Valkenberg	Dr. T Timmermans
Acute Psychiatry Female, Valkenberg	Appointment pending
Community Psychiatry	Dr P Ashman Williams
Forensic Psychiatry	Prof S Kaliski, Dr C De Clercq
Psychogeriatrics	Dr J Joska
Specialised Psychiatry Outpatients, Valkenberg	Dr N Horn
Psychiatry in Learning Disabilities Alexandra Hospital	Dr J Bentley

Table 4 – Training Institutions in Cape Town

DETAILS		
Number of beds	Valkenberg:	
	Forensics	140
	Groote Schuur:	
	General / Addiction:	20
	Liaison Psychiatry	12
	Neuropsychiatry	5
	Alexandra:	398
	Red Cross:	6
	Lentegeur:	320
Number of inpatients per month	Valkenberg:	
	Forensics	140
	Groote Schuur:	
	General / Addiction:	20
	Liaison Psychiatry	12
	Neuropsychiatry	15
	Alexandra:	398
	Red Cross:	6
	Lentegeur:	271
Number of outpatients per month	Valkenberg:	
	Forensics	50
	Groote Schuur:	
	General / Addiction:	36
	Liaison Psychiatry	80
	Neuropsychiatry	100
	Alexandra:	1656
	Red Cross:	350
	Lentegeur:	1464

<p>Details of the patient profile which the Department/Facility manages</p>	<p>Valkenberg includes acute admissions ward for psychotic patients, a neuroclinic which sees a broad range of psychopathology, and several forensic wards</p> <p>Lentegeur includes acute admissions ward for psychotic patients, a neuroclinic which sees a broad range of psychopathology, as well as wards for forensic and intellectually disabled patients</p> <p>Alexandra is a hospital for intellectually disabled patients</p> <p>Red Cross is a facility for children and adolescents. A wide range of C&A psychiatric disorders are seen.</p> <p>Groote Schuur has emergency psychiatry beds, beds for patients referred from the community (often with substance abuse problems), a medical-psychiatric ward (eg with patients with eating disorders), and an outpatient Department which sees a broad range of psychiatric patients.</p>
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B2.3 Other Practicalities

- Trainees would be eligible to commence the UCT training having passed the COM MMed (Psych) part 1, which includes assessment by the COM that the trainee is fit to join the UCT scheme.
- A formal process of handover of information regarding the trainee will occur. This will begin from the start of the training at COM, with 6 monthly reports during the first 2 years being copied to the UCT head of Postgraduate training.
- Trainees would ideally start in February and spend 21 months in Cape Town, returning to Malawi in the November of Year 4 in order to sit Part 2 exams.
- In Cape Town, the trainees will join the same 6 monthly assessment process as the UCT trainees. These reports will be passed back to the Department of Mental Health, COM.
- The trainees will be supernumerary. They will not normally undertake “overtime” duties except in Emergency Psychiatry where this is an integral part of the training experience. They are not eligible to be paid for “overtime”. They are also not allowed to do formal or informal locum work.
- The trainees will return to Malawi after a total of 21 months in Cape Town, in order to prepare for the MMed Part 2 exam.
- The trainees will not be eligible to sit UCT MMed or the FCPsych (SA) exams.
- A log book similar to that of SA trainees will be designed
- Trainees will register with Health Professions Council of South Africa. Registration with the HPCSA has to be renewed annually.
- Trainees will apply for a work/study visa. This only allows them to do work related to their studies.
- Trainees will register with University of Cape Town
- Trainees will obtain professional indemnity insurance.

APPENDIX C Syllabi (inc methods of study)

- Psych 1.1 Basic Sciences
- Psych 1.2 Core Psychiatry
- Psych 1.3 Public Health Psychiatry and research methods
- Psych 1.4 Dissertation
- Psych 2.1 Specialities in Psychiatry



COLLEGE OF MEDICINE

MMED Psychiatry

1.	College:	COM
2.	Faculty/School of:	Medicine
3.	Department:	Mental Health
4.	Programme:	Master of Medicine Degree in Psychiatry
5.	Module Title:	Basic sciences for psychiatry
6.	Module Code:	Psych 1.1
7.	Level:	Masters (MMed)
8.	Credits:	TBA
9.	Revised:	After 5 years
10.	Approval Date:	18/5/11

11. **Prerequisites (if applicable):**

12. **Co-requisites (if applicable):**

13. **Module aims:**

To provide a thorough understanding of the basic scientific principles underlying psychiatric clinical practice.

14. **Learning Outcomes**

The trainee shall demonstrate core knowledge in basic sciences relevant to psychiatric practice:

- Psychology
- Sociology
- Anthropology/cross-cultural issues
- Neuroanatomy
- Neurochemistry
- Neurophysiology

The trainee shall demonstrate detailed knowledge in subjects critical to psychiatric practice:

- Psychopharmacology

15. **Employability Skills**

This course will equip the student with the relevant knowledge of behavioural sciences and neuroscience to enable him/her to practice clinical psychiatry.

16. Indicative Content

1. BEHAVIOURAL SCIENCE AND SOCIOLOGY AS APPLIED TO PSYCHIATRY

The trainee will demonstrate core knowledge in the key areas of behavioural science and social and cultural influences in psychiatry. This knowledge will include basic and social psychology, the conceptual basis of psychology and competing models of psychological enquiry.

i) Basic Psychology. (The level of knowledge required should approximate to that of first year psychology undergraduates).

a) Learning theory: classical, operant, observational and cognitive models. The concepts of extinction and reinforcement. Learning processes and aetiological formulation of clinical problems, including the concepts of generalisation, secondary reinforcement, incubation and stimulus preparedness. Escape and avoidance conditioning. Clinical applications in behavioural treatments.

b) Basic principles of visual, tactile, olfactory and auditory perception. Perception as an active process. The relevance of perceptual theory to illusions, hallucinations and other psychopathology.

c) Information processing and attention. The application of these to the study of mental illness.

d) Memory: encoding, storage and retrieval. Semantic, episodic and skills memories and other aspects of long-term memory. The process of forgetting and the relevance of this to memory disorders and their assessment.

e) Thinking and theories of cognition: Deductive and inductive reasoning, problem-solving strategies.

f) Theories of personality: The classification of personality and assessments using inventories and rating scales. Modern evolutionary and biological approaches to personality.

g) Motivation, needs and drives. Hypothalamic systems and satiety. Extrinsic and Intrinsic theories and the limitations of these approaches

h) Emotion: components of emotional response.

i) Stress: physiological and psychological aspects. The role of situational factors and life events. Vulnerability and resilience.

j) States and levels of consciousness. Sleep and its disorders. Hypnosis, meditation and trances.

ii) Social Psychology

a) Social behaviour and its measurement.

b) Self psychology: self-concept, self-esteem and self-image. Self-recognition and personal identity.

c) Interpersonal issues: person perception, affiliation and friendship and attribution theory, 'Theory of mind' applied to autism.

d) Leadership, social influence, power and obedience, prejudice, stereotypes and intergroup hostility. Social identity and group membership.

e) Aggression and altruism: explanations according to social learning and neurobiological theories

iii) Social science applied to psychiatry

At the completion of training the psychiatrist will be able to demonstrate knowledge of the following:

a) Social class, socio-economic status and their relevance to psychiatric disorder and health care delivery.

b) The social roles of doctors, the sick role, illness behaviour and family life in relation to mental illness.

c) The sociology of institutions.

d) Basic principles of criminology and penology.

h) Psychology of gender, sexual orientation and sexual behaviour.

i) Spirituality and its place in psychiatry

j) Postmodern and critical psychology approaches to mental health

k) Indigenous psychology and cultural aspects of Mental Health in Malawi. The nature and dynamics of family and kinship systems in various ethnic groups in Malawi. In particular, the dynamics of the African family with special reference to the nature of parental authority, sibling rivalry, and conjugal relations. Attention should be paid to the changes taking place in these relationships. Concepts of mental health and illness in distinctive ethnic groups in Malawi; including causation, the system of witch beliefs, pollution beliefs and the role of ancestors. Healing practises in distinctive ethnic groups, including the role of indigenous healers, diviners, and others. "Culture-bound" psychiatric syndromes, local and world-wide: their identification and treatment.

k) History of psychiatry with particular reference to Africa.

iv) Human Development

At the completion of training, psychiatrists should be knowledgeable about normal biological, psychological and social development from infancy to old age.

a) The stages of normal development throughout the life span and how this influences the presentation and management of mental illness.

b) Basic frameworks for conceptualising development including genetic influences, gene-environment interactions and social-learning theories

- c) The attachment theory of Bowlby and others and its relevance to emotional development and human relationships in childhood and adulthood.
- d) The influence of family relationships, parenting practices, bereavement parental divorce and intrafamilial abuse on subsequent development of the child.
- e) Normal ageing and its impact on physical, social, cognitive and emotional aspects if individual functioning.

2. BASIC NEUROSCIENCES

The trainee will demonstrate knowledge of basic neurosciences which underpin the practice of clinical psychiatry. In particular, they will be able to demonstrate knowledge of those aspects of neuroanatomy, neurophysiology, neurochemistry, molecular genetics, pharmacology, immunology and endocrinology and other biological sciences which are relevant to understanding mental disorders and their treatment:

i) Functional Neuroanatomy

- a) The general functional anatomy of the brain and the functions of the lobes and some of the major gyri including the prefrontal cortex, cingulate gyrus, basal ganglia and limbic system, insofar it is relevant to psychiatry.
- b) Basic knowledge of the cranial nerves and spinal cord.
- c) The functional anatomy of the basal ganglia.
- d) The functional anatomy of the hippocampal formation and amygdala.
- e) Neurotransmitter pathways, including the dopamine, noradrenalin, cholinergic, glutamate and serotonin pathways.
- f) The anatomy of cerebral blood flow, meninges, CSF flow.

ii) Neurophysiology

- a) Description of neurones and glia and the cellular structure of the nervous system.
- b) Synapses and receptors and the synthesis, release and uptake of transmitters.
- c) A basic knowledge of action potential and nerve conduction.
- d) An understanding of the neuroendocrine system, in particular the control of the secretion of hypothalamic and pituitary hormones and posterior pituitary function.
- e) A basic knowledge of the physiology of arousal and sleep.
- f) The normal EEG and its role in the investigation of seizure disorders and sleep.

iii) Neurochemistry

- a) Knowledge of receptor structure and function of neurotransmitters in normal and abnormal brain function.

iv) Genetics

- a) Basic concepts: chromosomes, cell division, gene structure, transcription and translation, structure of the human genome, patterns of inheritance.
- b) Conditions associated with chromosome abnormalities such as Down's Syndrome
- c) Principal inherited conditions encountered in psychiatric practice and the genetic contribution to specific psychiatric disorders.
- d) Populations techniques to study genetic risk: family, twin and adoption studies
- e) Prenatal identification. Genetic counselling. The organisation of clinical genetic services.

4. CLINICAL PSYCHOPHARMACOLOGY

The trainee will demonstrate knowledge of psychopharmacology. This knowledge will include pharmacological action, clinical indications, side effects, drug interactions, toxicity and appropriate prescribing practice. In particular trainees will be able to demonstrate knowledge of:

i) General Principles

- a) An overview of the development of psychotropic drugs their classification and the principles of evidence based prescribing.

ii) Pharmacokinetics

- a) General principles of absorption, distribution, metabolism and elimination of drugs. Particular reference to a comparison of oral, intramuscular and intravenous routes of administration as they affect drug availability, elimination as it affects the life of the drug in the body and access to the brain through the 'blood-brain barrier'. The relationship of ethnicity to pharmacokinetics
- b) Relationships between plasma drug level and therapeutic response: the possibilities and limitations of this concept with specific examples such as lithium, antidepressants and anticonvulsants.

iii) Pharmacodynamics

- a) Synaptic receptor sub-types and their regulation by medication.
- b) The pharmacology of the main groups of drugs used in psychiatry with special reference to antidepressants, antipsychotics, mood stabilisers, anxiolytics, hypnotics, and anticonvulsants.
- c) The pharmacology of alcohol, cannabis, opioids, amphetamines and other drugs of abuse.

iv) Adverse Drug Reactions (ADRs)

- a) Understanding of dose-related as distinct from 'idiosyncratic' ADRs.

b) The major categories of ADRs associated with the main groups of drugs used in psychiatry and those associated with appropriate corrective action.

c) The importance of assessing risks and benefits for every individual patient in relation to his medication. Risks and benefits of psychotropic drugs in acute, short- and long-term use including effects of withdrawal.

f) Standard rating scales to assess for the presence of side effects of psychotropic medication.

17. Assessment

A written examination (MMed (Psych) 1.1) taken 12 months after the beginning of the course

- MCQ format written exam

18. Teaching and Learning Methods/Activities

Weekly seminars and guided self-study.

19. Recommended Resources and prescribed reading list

Prescribed

The Brain and Behavior: An Introduction to Behavioral Neuroanatomy (Cambridge Medicine) Clark, Boutros and Mendez 2010

Psychological Basis of Psychiatry, M. S. Thambirajah 2008

The Maudsley Prescribing Guidelines, Tenth Edition, David Taylor, Carol Paton (Informa Health Care) 2009.

Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications (Essential Psychopharmacology Series), Stephen M. Stahl, (Cambridge University Press) 2008

Recommended

Emery's Elements of Medical Genetics, Peter Turnpenny MD, Sian Ellard MD, (Churchill Livingstone) 2007

Clinical Neuro-anatomy and related Neuroscience. Fitzgerald and Folan-Curran (W. B. Saunders) 2001

Colonial Psychiatry and the African Mind, Jock McCulloch (Cambridge University Press) 2006 .

Troubled Minds: On the Cultural Construction of Mental Disorder and Normality in Southern Malawi ~ Arne S. Steinforth (Peter Lang) 2009



MIMD Psychiatry

1. **College:** COM
2. **Faculty/School of:** Medicine
3. **Department:** Mental Health
4. **Programme:** Master of Medicine Degree in Psychiatry
5. **Module Title:** Core Training in Clinical Psychiatry
6. **Module Code:** Psych 1.2
7. **Level:** Masters (MIMD)
8. **Credits:** TBA
9. **Revised:** After 5 years
10. **Approval Date:** 18/5/11

11. **Prerequisites (if applicable):**

12. **Co-requisites (if applicable):**

13. **Module aims:**

To provide a basis in knowledge of the principles and practice of psychiatry
To provide trainees with the skills to able to assess and examine patients for mental disorder
To provide trainees with the skills and attitudes appropriate for the care of people living with mental disorder

14. **Learning Outcomes**

Knowledge

The trainee shall demonstrate detailed knowledge in subjects critical to psychiatric practice:

- Psychopathology / phenomenology
- Epidemiology, aetiology, psychopathology, clinical features and natural history of the major adult psychiatric disorders in DSM-IV and ICD-10
- Mental Health Legislation and ethical issues in psychiatric practice
- Principles of psychotherapy
- Clinical neurology in as far as it relates to psychiatric disorder and psychiatric complications of neurological disorder.
- Diagnosis and management of epilepsy and related psychiatric disorders
- Risk assessment and management
- Child protection issues

Skills

1. The trainee will be confident in the assessment and management of common psychiatric conditions affecting the general adult population.

- Taking and presenting a clinical history
- Gathering suitable collateral history from relatives, guardians, carers, friends and other medical staff.
- Taking and presenting the mental state examination
- Cognitive assessment
- Physical examination including neurological examination
- Multi-axial assessment, diagnosis, formulation, risk assessment and management plan
- Record keeping
- Bio-psycho-social management of patients based on evidence-based practice.

2. The trainee will be able to conduct assessments and initiate treatment in an inpatient psychiatric setting, an outpatient psychiatric clinic, a general hospital and a health centre.

3. The trainee will be able to perform a psychiatric assessment of patients with physical illness. This would include specific skills in diagnosing and treating delirium and depression in the medically ill.

4. The trainee will be able to conduct a basic bio-psycho-social assessment of a child, elderly person, person with epilepsy, person abusing substances and learning disabled person presenting to psychiatric services.

5. The trainee will be able to appropriately apply the provisions of current mental health legislation in his/her clinical practice.

6. The trainee will be able to assess suitability for Electro-Convulsive Therapy, assess capacity and obtain consent, administer ECT and review for response and side effects.

7. The trainee will be able to conduct cognitive-behavioural orientated brief psychotherapy under supervision.

8. The trainee will be able to manage emergency situations appropriately:

- Prioritise information
- Develop differential diagnosis
- Manage risk
- Use appropriate treatment methods
- Use mental health legislation appropriately

9. The trainee will be able to work under pressure and to retain professional composure and to think clearly when working in emergency situations.

Attitudes

1. The trainee will develop the professional attitudes of behaviour required by the Malawian Medical Council, and other relevant bodies such as the World Psychiatric Association.

2. The trainee will develop and demonstrate an empathic and non-judgemental approach to people living with mental health problems.

3. The trainee will develop an appreciation of the multidisciplinary nature of psychiatry including the role of each member of the multidisciplinary team and the role of a psychiatrist within this team.

4. The trainee will develop an appreciation of the use of occupational therapy and social work with regards to the management of psychiatric disorder.

5. The trainee will develop an understanding of psychiatric rehabilitation with a focus on the recovery model of mental illness, an appreciation of what is known as institutionalisation and a historical context for community psychiatry.

15. Employability Skills.

This course will equip the trainee with the core skills, knowledge and attitudes to be able to work as a clinical psychiatrist.

16. Indicative Content

The trainee, upon completion of the course will have the following knowledge and skills:

1. Psychiatric phenomenology and psychopathology
2. Psychiatric classification systems
3. Epidemiology, aetiology, clinical presentation, clinical course, outcome and prognosis of all major psychiatric disorders. Including:
 4. Schizophrenia and related psychoses
 5. Mood Disorders
 6. Organic Disorders
 7. Substance Abuse
 8. Eating Disorders
 9. Neurotic/Anxiety/Somatoform disorders
 10. Developmental Disorders
 11. Intellectual Disability (Mental Retardation)
 12. Sleep Disorders
 13. Sexual Disorders
 14. Personality Disorders
 15. Mental disorders associated with pregnancy and childbirth
16. Basic Clinical Skills
 17. History taking
 18. Mental State Examination
 19. Cognitive Assessment
20. Emergency psychiatry
 21. Risk assessment and risk management.
 22. Crisis management and de-escalation techniques
 23. Management of violence in a psychiatric setting.

- 24. Management of challenging behaviour
- 25. Use of seclusion
- 26. Neurology
 - 27. Neurological examination
 - 28. Neurological investigations.
 - 29. Clinical neurology pertinent to psychiatric conditions
 - 30. Psychiatric sequelae of common neurological disorders
 - 31. Epilepsy and epilepsy related psychiatric disorders
- 32. Therapeutic interventions
 - 33. Psychopharmacology
 - 34. Psychotherapy
 - 35. Multidisciplinary working
 - 36. Preventative strategies in psychiatric disorder
 - 37. Psychiatric rehabilitation
 - 38. Alternatives to admission
- 39. Working with special groups
 - 40. Transcultural psychiatry
 - 41. Psychiatric assessment of patients with physical illness.
 - 42. Aspects of mental health and illness specific to women
- 43. Legal & Ethical considerations
 - 44. Mental health legislation
 - 45. Child protection

17. Assessment

The assessment consists of:

A written and clinical examination (MMed (Psych) 1.2) taken 12 months after the beginning of the course

- Core psychiatry
- MCQ format written exam
- Long case oral presentation

Continuous assessment:

The student must show ongoing satisfactory acquisition of clinical skills and knowledge. This shall be assessed by means of:

- Appraisal reports from each clinical rotation completed by the consultant supervisor. A structured reporting format will be used,
- Review of the student's portfolio of practice. The portfolio will consist of sections summarizing and providing examples of the student's progress in the following areas:
 - Clinical practice (including a logbook of cases, case-based discussions, summaries of clinical experience gained in each rotation)
 - Audit (The trainee will be expected to complete at least 1 clinical audit)
 - Attendance at educational programme and other CPD sessions

- Presentations
- Teaching of MBBS undergraduates and other cadres
- Management activities
- Other as deemed relevant by the student and their mentor

At the end of each 12 months of training the head of department and the postgraduate tutor (or equivalent) will meet, review the above documents, and decide if the candidate has made satisfactory progress such that they may progress to the next year of the course.

The continuous assessment component is not graded, but each year of study must be completed to the satisfaction of the head of department and postgraduate tutor before the student can attempt the part 1 examinations

18. Teaching and Learning Methods

Postgraduate Education Programme

Weekly seminars

Learning will take place through supervised clinical duties including:

- Participating in daily ward work
- Participating in outpatient clinics
- Taking on-calls at registrar level
- Supervision of interns and clinical officers
- Teaching of undergraduates, interns and clinical officers

Supervised Psychotherapy

The trainees will attend an introductory course in psychotherapy and undertake 2 brief cognitive-behavioural orientated psychotherapy cases under supervision.

In Service Training

The registrar is expected to take a full part in all academic activities in the department and also to join in postgraduate activities of the clinical department such as Journal Club and postgraduate Grand Rounds.

19. Recommended resources and prescribed reading lists

a. Prescribed texts

General Psychiatry

Shorter Oxford Textbook of Psychiatry, Michael Gelder, Paul Harrison, Philip Cowen (Oxford University Press) 2006

The Companion to Psychiatric Studies, EC Johnstone, DC Owens, SM Lawrie, AM McIntosh, M Sharpe, (Churchill Livingstone) 2004

Oxford Handbook of Psychiatry (Oxford Handbooks Series) David Semple, Roger Smyth (Oxford University Press) 2009

Psychopathology

Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry Patricia R. Casey, Brendan Kelly, (RCPsych Publications) 2007

Sims' Symptoms in the Mind: An Introduction to Descriptive Psychopathology, Femi Oyeboade, Saunders 2008

Psychotherapy

The Science and Practice of Cognitive Behaviour Therapy, Clark and Fairburn. (1997)

b. Recommended texts (reference texts)

The Oxford Textbook of Psychiatry by M Gelder, N Andreasen, J Lopez-Ibor, and J Geddes (Oxford University Press) 2003

Kaplan and Sadock's Comprehensive Textbook of Psychiatry (2 Volume Set), VA Sadock, P Ruiz (Lippincott Williams and Wilkins) 2009

Introduction to Psychotherapy: An Outline of Psychodynamic Principles and Practice Dr Anthony Bateman, Dennis Brown, Jonathon Pedder (Routledge) 2000

Cognitive Assessment for Clinicians [Paperback] John R Hodges (OUP) 2007



University of Malawi

COLLEGE OF MEDICINE

MMed Psychiatry

- | | | |
|-----|---------------------------|---|
| 1. | College: | COM |
| 2. | Faculty/School of: | Medicine |
| 3. | Department: | Mental Health |
| 4. | Programme: | Master of Medicine Degree in Psychiatry |
| 5. | Module Title: | Public Health Psychiatry and Psychiatric research methodology |
| 6. | Module Code: | Psych 1.3 |
| 7. | Level: | Masters (MMed) |
| 8. | Credits: | TBA |
| 9. | Revised: | After 5 years |
| 10. | Approval Date: | 18/5/11 |

11. **Prerequisites (if applicable):**

12. **Co-requisites (if applicable):**

13. **Module aims:**

The aims of this part of the course are ensure that the graduates are able to meet the demands of leading and developing mental health services in Malawi. Over 80% of the population of Malawi live in rural areas, and access health care through primary care clinics and district hospitals. Extending access to mental health care and decentralising of services are key principles of MOH policy.

14. **Learning Outcomes**

To have an understanding and skills sufficient to be able to run a district health service and take part in the development of national mental health policy and programmes

To have an understanding of the practices and principles of medical research as it applies to psychiatry.

15. **Employability Skills**

The course will equip trainees with skills sufficient to be able to run a district health service and take part in the development of national mental health policy and

programmes

16. Indicative Content

a. Public Health Psychiatry

Knowledge

The trainee shall demonstrate basic understanding of the key issues in providing mental health care in resource-poor settings:

- Mental disorder and DALYs
- Mental health and the MDGs
- Mental health and maternal and child health
- Mental health and communicable disease (eg malaria, HIV) and non communicable disease
- Life events and social supports, risk and resilience
- Theoretical concepts of, and evidence base for, mental health promotion
- Theoretical concepts of, and evidence base for, mental illness prevention
- Importance of International Human Rights legislation (UN principles of Human rights, EC principles of Human Rights, Africa declaration of Human Rights)
- Impact of traditional beliefs and religion upon mental health, and role of traditional healers and religious groups in mental health care.
- Principles of health economics

The trainee shall demonstrate basic understanding of the key issues in the organization of mental health services in Malawi:

- Understand current national mental health policy and strategy
- Understand Malawian health service structure and planning processes
- Understand roles and responsibilities at each level in the health service (national, provincial, district and health post)
- Understand role of civil society and user and care groups in mental health care in Malawi

Skills

1. Conduct a local situation appraisal (context, needs, inputs, processes, outcomes)
2. Conduct intersectoral liaison e.g. with police, prisons, schools and universities, NGOs, community leaders, traditional health practitioners, media etc etc
3. Understand how to construct an annual operational plan including budgeting
4. Understand how to develop district and national policies and strategic action plans (e.g a national suicide prevention strategy)
5. Conduct a training activity with primary care health workers

Attitudes

Recognition of the social responsibility of mental health specialists to play a role in the clinical and educational networks required to institute the policies of decentralisation

b. Psychiatric Research

Research Ethics

principles of medical ethics where they are relevant to medical research.
Roles and responsibilities of researchers as regards approaching and recruiting subjects.
Informed consent of patients.
Data protection and storage.
Confidentiality.
Feed back and results.
The ethics of publishing and sharing data.

Quantitative and Qualitative research

research methodologies
formulating a research question

1. Data collection
 - data collection methodology
 - sample bias
 - types of data
 - data entry
 - use of spreadsheets (excel/access)
 - power calculations
2. Types of Study
 - case control,
 - cross sectional,
 - cohort (retrospective and prospective),
 - randomised control trials,
 - systematic reviews
 - meta analysis
3. Statistics for clinical researchers
 - an overview of statistical methodology
 - use of statistical packages SSPS or Minitab.
4. Publishing data
 - where and how to publish data
 - the review process.

17. Assessment

A written examination (MMed (Psych) 1.3) taken 18 months after the beginning of the course

- MCQ and essay format written exam

18. Teaching and Learning methods

Weekly seminars and in-service practice and supervision

19. Recommended resources and prescribed reading lists

a. Prescribed texts

Lancet Series on Global Mental Health 2007

Critical Appraisal for Psychiatry - Stephen Lawrie, Andrew McIntosh, Sanjay Rao
(Churchill Livingstone) 2000

b. Recommended texts

How to Read a Paper: The Basics of Evidence-Based Medicine - Greenhalgh
(Wiley-Blackwell)

Where there is no psychiatrist, Vikram Patel (RCPsych Publishing) 2003



University of Malawi

COLLEGE OF MEDICINE

MMed Psychiatry

1.	College:	COM
2.	Faculty/School of:	Medicine
3.	Department:	Mental Health
4.	Programme:	Master of Medicine Degree in Psychiatry
5.	Module Title:	Public Health Psychiatry and Psychiatric research methodology
6.	Module Code:	Psych 1.4
7.	Level:	Masters (MMed)
8.	Credits:	TBA
9.	Revised:	After 5 years
10.	Approval Date:	18/5/11

11. **Prerequisites (if applicable):**

12. **Co-requisites (if applicable):**

13. **Module aims:**

To conduct and present original research work in the field of psychiatry

14. **Learning Outcomes**

- To be able to conduct research and analyse the results obtained
- To understand the importance of an evidence-base for contemporary psychiatric practice
- To be able to assess the publications and research of others

15. **Employability Skills**

This course will provide the student with the knowledge and skills to be able to conduct clinical research which is an increasingly important aspect of the role of the psychiatrist.

16. **Indicative Content**

- Selection of an appropriate research topic
- Planning and execution of research work
- Data analysis
- Written and oral presentation of research work

- Dissemination of results (presentation to colleagues, preparation of manuscript(s) for publication)

17. Assessment

Submission of written dissertation and oral viva exam

18. Teaching and Learning methods

Weekly research supervision

19. Recommended resources and prescribed reading lists

Practical Psychiatric Epidemiology, Martin Prince, Robert Stewart, Tamsin Ford, Matthew Hotopf (OUP) 2003



University of Malawi

COLLEGE OF MEDICINE

- | | | |
|-----|---------------------------|---|
| 1. | College: | COM |
| 2. | Faculty/School of: | Medicine |
| 3. | Department: | Mental Health |
| 4. | Programme: | Master of Medicine Degree in Psychiatry |
| 5. | Module Title: | Speciality Training in Psychiatry |
| 6. | Module Code: | Psych 2.1 |
| 7. | Level: | Masters (MMed) |
| 8. | Credits: | TBA |
| 9. | Revised: | After 5 years |
| 10. | Approval Date: | 18/5/11 |

11. Prerequisites (if applicable):

- Satisfactory completion of 2 year of postgraduate psychiatric training at QECH and ZMH (or an equivalent institution with the approval of the head of department and postgraduate committee)

AND

- Pass MMed Part 1 written and clinical examinations (or the equivalent postgraduate psychiatric qualification approved by the postgraduate committee)

12. Co-requisites (if applicable):

13. Module aims:

To train postgraduate students to become specialists in Psychiatry. Specialists in Psychiatry will be expected to:

- Provide clinical care and leadership in psychiatry in Malawi
- Contribute to the teaching of staff at all levels, formally and informally
- Be advocates for welfare and rights of people living with mental disorder
- Be role models to junior staff by good example

14. Learning Outcomes

At the end of the course trainees will have:

1. knowledge of the principles and practice of speciality areas relevant to psychiatry

2. skills and attitudes appropriate for the care of people with mental disorder requiring sub-speciality management

15. Employability Skills

This course will equip the trainee with the core skills, knowledge and attitudes in sub-specialities to be able to work as a clinical psychiatrist.

16. Indicative Content

1. Addiction Psychiatry

Core Knowledge

- Diagnosis of substance-use disorders
- Treatment of substance-use disorders

Core Skills

- Diagnosis of complex cases
- Group Psychotherapy
- Complex Psychopharmacology

Core Attitudes

- Therapeutic approach to difficult patients
- Spectrum understanding of Mental illness
- Recognise MDT skills

2. Child and Adolescent Psychiatry

Core Knowledge

- Disruptive Behaviour Disorders
- Mood Disorders
- Anxiety Disorders
- Anxiety Disorders

Core Skills

- Multi axial diagnosis of child/adolescent
- Psychoeducation
- Family assessment
- Parental counseling
- Diagnostic/therapeutic interview with child/adolescent

Core Attitudes

- Therapeutic attitude to child and family
- Awareness of child/adolescent's needs
- Respect for multi-disciplinary team work

Community Psychiatry

Core Knowledge

- Anxiety Disorders
- Schizophrenia spectrum disorders
- Bipolar mood disorder
- Major depressive disorder
- Severe personality disorder
- Substance abuse disorders
- First episode psychosis
- Longitudinal perspectives of chronic mental illness

Core Skills

- Diagnosis and treatment of psychiatric disorders in adults, children and elderly
- Liaise effectively with district and regional hospitals
- Comprehensive risk assessment
- Family psychoeducation
- Liaison with Community based facilities
- Referral to specialised and subspecialist services

Core Attitudes

- Positive relationships with Mental Health Nurse
- Awareness of Community based resources
- Manage time efficiently
- Promote prioritisation of care according to PHC principles
- Continuity of care
- Advocacy for those impaired by illness

3. Forensic Psychiatry

Core Knowledge

- Schizophrenia
- Bipolar mood disorder
- Organic disorders
- Severe personality disorder
- Substance induced psychotic disorders
- Ethics and forensic aspects of MHCA
- Prison systems
- Legal procedures in relation to mentally disordered offenders

Core Skills

- Diagnosis of Psychiatric Disorders including malingering
- Use of Sedation and rapid tranquilization and seclusion
- Managing aggressive/violent patient
- Psychopharmacology of Treatment Resistant Disorders
- Comprehensive risk assessment
- Family psychoeducation

- Follow up outpatients
- Report writing
- Comprehensive clinical note taking

Core Attitudes

- Ability to function within MDT
- Understanding Long term institutionalisation dynamics
- Effective Liaison with courts, police and legal system
- Limitations of medicalisation of Psychiatric illness

4. Inpatient Psychiatry

Core Knowledge

- Anxiety Disorders
- Schizophrenia spectrum disorders
- Substance use disorders
- Mood disorders
- Personality disorder
- Psychiatric disorders in the Medically ill
- Psychiatric Disorders in Adolescents
- Psychiatric Disorders in the Elderly
- Applied ethics and MHCA

Core Skills

- Diagnosis of Mental Disorders
- Sedation and rapid tranquilization
- Managing aggressive/violent patient
- Liaise / outreach effectively with GSH Emergency room
- Comprehensive risk assessment
- Acute management of psychiatric disorders and referral to
- Primary care/ specialised services as appropriate
- Prioritisation of need for admission vs Outpatient treatment

Core Attitudes

- Efficient functioning under pressure
- Managing scarce resources efficiently
- Manage time efficiently
- Recognise role of other disciplines
- Utilise PHC structures
- Engagement with relatives and support services

5. Intellectual Disability

Core Knowledge

- Levels of severity of Intellectual disability
- Challenging behaviour in ID
- Behavioural phenotypes of genetic syndromes
- Autism
- Mood disorders in adults with ID

- Anxiety Disorders in Adults with ID
- Personality Disorders in Adults with ID
- Psychotic Disorders in Adults with ID
- Management of the above

Core Skills

- Diagnosis of ID
- Diagnosis of mental illness in ID
- Pharmacotherapy of challenging behaviour and mental illness in ID
- Case management
- Effective referral to MDT
- Manage competition for resources/beds
- Recognition and effective management of team dynamics
- Recognition and effective management of complex family dynamics

Core Attitudes

- Therapeutic approach to those with ID
- Holistic and systemic approach to diagnosis and management
- Willingness to manage and work with uncertainty
- Willingness to work with MDT as team member
- Therapeutic approach to carers and families

6. Liaison Psychiatry

Core Knowledge

- Complex medically ill
- Somatoform disorders
- Psycho-oncology
- Transplant psychiatry
- Women's mental health
- Eating disorders

Core Skills

- Psychiatric diagnosis in the medically ill
- Psychotherapy in the medically ill patient
- Complex Psychopharmacology
- Recognition of comorbid Addiction issues
- Containing dynamics among non mental health professionals
- Palliative care
- Psychiatric approaches to pain management
- Medico-legal report writing
- Manage competition for resources/beds

Core Attitudes

- Understand interplay between physical and mental illness
- Diplomacy
- Therapeutic Approach to difficult patients
- Recognise MDT skills

7. Neuropsychiatry

Core Knowledge

- Principles of neuropsychiatric assessment
- Neuropsychiatry of HIV, TBI, geriatrics
- General adult neuropsychiatric disorders
- Neuro-imaging in neuropsychiatry
- Psycho-pharmacology

Core Skills

- Diagnosis of Complex cases
- Bedside neuropsychology
- Complex Psychopharmacology
- Medico-legal report writing
- Case management
- Research methodology

Core Attitudes

- Integrating neuropsychiatric and neurologic approach
- Understanding neuropsychiatric presentations
- Step-wise investigative approach
- Current and Novel treatments

8. Geriatric Psychiatry

Core Knowledge

- Principles of neuropsychiatric assessment
- Neurodegenerative diseases of old age
- Depression in old age
- Neuro-imaging in geriatric neuropsychiatry
- Psycho-pharmacology of old age
- Community geriatric psychiatry

Core Skills

- Diagnosis of Complex cases
- Bedside neuropsychology
- Complex Psychopharmacology
- Medico-legal report writing
- Case management
- Research methodology

Core Attitudes

- Integrating neuropsychiatric and neurologic approach
- Understanding neuropsychiatric presentations
- Step-wise investigative approach
- Current and Novel treatments

9. Psychotherapy and Neuroclinics

Core Knowledge

- Mood Disorders in Adults
- Anxiety Disorders in Adults
- Personality Disorders in Adults
- Somatoform Disorders
- Advanced Treatment of complex disorders
- Treatment Resistance

Core Skills

- Diagnosis of Complex cases
- Group Psychotherapy
- Complex Psychopharmacology
- Recognition of Comorbid Addiction issues
- Containing MDT dynamics
- Medico-legal report writing
- Case management
- Electro-convulsive Therapy
- Manage competition for resources/beds

Core Attitudes

- Therapeutic Approach to difficult patients
- Spectrum understanding of Mental illness
- Embrace Personality disorder complexities
- Recognise MDT skills

17. Assessment

The assessment consists of 2 parts:

- Continuous assessment
- Written and Clinical examination (MMed Psych 2.1 Specialities in Psychiatry (inc neurology relevant to psychiatry)).

Continuous assessment will be conducted according to existing practice at UCT.

The continuous assessment component is not graded, but each year of study must be completed to the satisfaction of the head of department and postgraduate tutor before the student can attempt the part 2 examinations

MMed (Psych) 2.1 Specialities in Psychiatry (inc neurology relevant to psychiatry)

This will take place in Malawi at the end of Year 4

- a. MCQ format written exam
- b. OSCE style clinical exam

18. Teaching and Learning methods

Weekly seminars and in-service practice and supervision. The Trainees will function as registrars and will take part in regular clinical and academic activities within the

department of Psychiatry and Mental Health, UCT.

19. Recommended resources and prescribed reading lists

a. Prescribed

Shorter Oxford Textbook of Psychiatry, Michael Gelder, Paul Harrison, Philip Cowen (Oxford University Press) 2006

The Companion to Psychiatric Studies, EC Johnstone, DC Owens, SM Lawrie, AM McIntosh, M Sharpe, (Churchill Livingstone) 2004

Oxford Handbook of Psychiatry (Oxford Handbooks Series) David Semple, Roger Smyth (Oxford University Press) 2009

b. Recommended (reference)

Addiction Psychiatry

Working with Substance Misusers: A Guide to Theory and Practice, Trudi Peterson, Andrew McBride (Routledge) 2007

Child and Adolescent Psychiatry

Child and Adolescent Psychiatry: A developmental approach Jeremy Turk , Philip Graham , Frank C. Verhulst (OUP) 2007

Forensic Psychiatry

Handbook of Forensic Mental Health, Keith Soothill, Paul Rogers, Mairead Nolan (Willan Publishing) 2009

Intellectual Disability

Key Concepts in Learning Disabilities Pat Talbot, Geoff Astbury , Dr Tom Mason (Sage) 2010

Liaison Psychiatry

Handbook of Liaison Psychiatry, Geoffrey Lloyd , Elspeth Guthrie (CUP) 2007

Neuropsychiatry/HIV psychiatry

Lishman's Organic Psychiatry: A Textbook of Neuropsychiatry, Antony David Simon Fleminger, Michael Kopelman, Simon Lovestone, John Mellers (Wiley Blackwell) 2009

Comprehensive Textbook of AIDS Psychiatry Mary Ann Cohen Jack M. Gorman (OUP) 2007

Geriatric Psychiatry

Oxford Textbook of Old Age Psychiatry, Robin Jacoby, Catherine Oppenheimer, Tom Denning, Alan Thomas (OUP) 2008