MASTER OF MEDICINE (PSYCHIATRY)

Department of Psychiatry
School Of Medical Sciences
Universiti Sains Malaysia
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TRAINING CURICULUM FOR TRAINEES AND SUPERVISORS
UNIVERSITI SAINS MALAYSIA

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MASTER OF MEDICINE (PSYCHIATRY)

1. Aim

A four-year post-graduate training program in Psychiatry.

2. Background

The School of Medical Sciences, USM, was established in 1979 to train undergraduate medical doctors. This evolved into developing post-graduate training in Medicine, which began in 1987.

Presently there are more than fifteen specialty post-graduate training programs being conducted by the School of Medical Sciences, USM.

At present, there are about 400 psychiatrists serving the population of 32 million. In excess of 100 consultants are working in circa 25 accredited training centers. As of the end of 2019, this equates to one psychiatrist per 80,000 people, whereas the ideal ratio is one practitioner per 10,000 people. It may take us some time to achieve this ratio, but the awareness of the importance of mental health in the community continues to increase. This effort is actively encouraging clinicians, policymakers, and society at large about the need for comprehensive and effective psychiatric care in the country, and we are aggressively pursuing the achievement of these target ratios.

The School of Medical Sciences USM, in collaboration with the Ministry of Health of Malaysia, was given the task to start a training program in Psychiatry. A structured training program, Masters of Medicine (Psychiatry), was proposed and approved. The M.Med (Psychiatry) program commenced in 1996.

3. Structure of the course (Appendix I)

The training is divided into three (3) phases.

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

4. Curriculum structure (Appendix II)

4.1 Curriculum structure phase I (Basic medical sciences and basic psychiatry)

Phase	Year	Curriculum and Training Place	Assessment
I	1	• Clinical training in basic attitudes • Training in clinical skills and management in psychiatry • Training in basic sciences relevant to psychiatry and training in psychiatric management • Workplace-based assessment • Logbook The training place is in the university	• Continuous assessment • Part I Examination

4.2. Curriculum structure phase II (Clinical psychiatry & research)

Phase	Year	Curriculum and Training Place	Assessment
II	2 & 3	• Training in clinical psychiatry • Rotational postings in psychiatric subspecialties (forensic, Community, Psychogeriatric, Addiction, Child & Adolescent and Neuromedical) • Preparation of Psychotherapy protocols (Psychodynamic psychotherapy and Cognitive-behavior therapy) • Workplace-based assessment • Logbook	• Continuous assessment • Part II Examination

		• Dissertation (starting in year 2) • Research activities, Clinico-Pathological Conference (CPC), and attending conferences • Training place is in the university and Ministry of Health Hospitals	

4.3. Curriculum structure phase III (Specialist in Training)

Phase	Year	Curriculum and Training Place	Assessment
III	4	• Advanced training in psychiatry • Consultation-liaison psychiatry • Leadership and administrative management in psychiatry postings • Completion of a research project • Workplace-based assessments	• Continuous assessment • The final examination

5. Mode of Teaching and Learning

Various modes will be used to achieve effective learning objectives.

i. Notes, articles, references, and audiovisual material will be prepared together with candidates.
ii. Lectures and seminars will be given in packages to cover the whole syllabus of psychiatry.
iii. Candidate will be actively involved in academic activities such as Department case presentation (DCP) and Journal critical appraisal
iv. Candidate will be actively involved in clinical activities including clinics, ward management, grand ward round, and on-call duties in psychiatry.
v. Candidates will be actively participating in research activities.
vi. Writing up of dissertation. The title must be specific. The length is about15,000 words.

6. Supervision and progress reports

The medical school will appoint a qualified Psychiatrist to be a supervisor for each candidate. The supervisor is responsible for the progress report of the candidate.

7. Examination and Assessment

Assessment during the course is divided into 2 parts

- Continuous assessment
- Examination (end-of-phase examinations)

7.1 Phase I assessment

7.1.1 Continuous assessment

a. Supervisor report
b. Workplace-based assessment

7.1.2 Prerequisite to sit for Part I Examination

a. Satisfactory supervisor's report
b. Completed and submitted a satisfactory portfolio document for Workplace-based assessment phase I three (3) months before the Part I Examination

7.1.3 Part I examination …….100%

a. Theory (50%)
    i. MCQ 1……40%
    ii. MCQ 2……60%
    iii. Short essay….100%

b. Clinical (50%)
    i. Two (2 short cases) ……100%

7.1.4 Requirements for passing Part I Examination

a. 50% or more of the written component
b. 50% or more of the average marks from the clinical component
c. Not less than 45% of the marks in any of the clinical cases of the clinical component

7.2 Phase II (year 2 & 3)

7.2.1 Continuous assessment

a. Supervisor report
b. Workplace-based assessment
c. Preparing two (2) psychotherapy case protocols
d. Logbook

7.2.2 Prerequisite to sit for Part II Examination

a. Satisfactory supervisor's report
b. Satisfactorily completed and submitted two (2) psychotherapy case protocols three (3) months before the Part II Examination
c. Completed and submitted a satisfactory portfolio document for Workplace-based assessment phase II three (3) months before the Part II Examination
d. Satisfactorily completed the research protocol for the Dissertation

7.2.3 Part II examination …….100%

a. Theory (50%)
    i. Short essay……..100%
    ii. Long essay…….60%
    iii. Critical review paper…….40%

b. Clinical (50%)
    i. Psychiatry long case……100%
    ii. Short case (OSCE)……...100%

7.2.4 Requirements for passing Part II Examination

a. 50% or more of the written component
b. 50% or more of the clinical long case Psychiatry
c. 50% or more of the average marks from the short case (OSCE)
d. Must pass both components (theory and clinical) separately and obtain a minimum score of 50% for each component

7.3 Phase III (year 4)

7.3.1 Continuous assessment

a. Supervisor report
b. Workplace-based assessment
c. Research report

7.3.2 Prerequisite to sit for the Final Examination

a. Satisfactory supervisor's report
b. Submitted the dissertation report three (3) months before the Final examination
c. Pass the dissertation report
d. Completed and submitted a satisfactory portfolio document for Workplace-based assessment phase III three (3) months before The Final Examination

7.3.3 The Final examination …….100%

a. Dissertation viva
b. Consultation viva

7.3.4 Requirements for passing the Final Examination

a. Pass dissertation viva
b. Pass consultation viva

8. Repeating an Examination

8.1 Part I Examination

a. Only candidates who pass the theory are allowed to sit for the clinical examination. Candidates who have passed the theory exam but failed the clinical examination, do not need to repeat the theory exam but are allowed to sit the clinical examination only.

b. In case of failure of the clinical component, the candidate only needs to repeat the clinical component for the next 2 examinations. If it still fails on subsequent attempts, the candidate will have to sit the theory exam again (both components)

c. Each candidate is allowed 3 attempts for each theory and clinical component considering the nomination period.

8.2 Part II Examination

a. Only candidates who pass the theory are allowed to sit for the clinical examination. Candidates who have passed the theory exam but failed the clinical examination, do not need to repeat the theory exam but are allowed to sit for the clinical examination only

b. In case of failure of the clinical component, the candidate only needs

to repeat the clinical component for the next 2 examinations. If it still fails on subsequent attempts, the candidate will have to sit the theory exam again (both components)

c. Each candidate is allowed 3 attempts for each theory and clinical component considering the nomination period.

8.3 The Final Examination

a. The candidate only needs to repeat components that fail within 6 months.

b. The number of exam trials is not limited as long as it is within the maximum period of study of 7 years.

9. Entrance Criteria

a. The degrees of Bachelor of Medicine and Bachelor of Surgery of the University or an equivalent medical qualification approved by the Senate

b. Qualifies for registration as a medical practitioner under the Medical Act 1971 (Act 50) of Malaysia

c. Pass entrance evaluation and interview

10. Duration of Training

The minimum duration of training is four (4) years with a maximum of seven (7) years.

11. Curriculum and syllabus

The syllabus that will be used is attached (Appendix II). However, the syllabus will be
updated from time to time in view of the progress in (this field of specialty

12. Academic and Teaching Staff

12.1 All academic staff at the School of Medical Sciences will be involved in teaching activities. This is particularly in phase I

12.2 Phase II and III will be particularly involved the Psychiatrist

13. Administrative committee

The Department of Psychiatry is responsible for organizing and monitoring the program, preparing the teaching schedules, and organizing courses pertaining to the program.

14. Administration of Examination

The Medical School will coordinate and execute all examinations. The result will be discussed at the Examination Board before approval by the Medical School Board and the Post-graduate University B

APPENDIX I

Program Structure

Phase	Year	Curriculum
I	1	• Clinical training in basic attitude • Training in clinical skills and management in psychiatry • Training in basic sciences relevant to psychiatry and training in psychiatric management • Workplace-based assessment • Logbook
Part I Examination		
II	2 & 3	• Training in clinical psychiatry • Rotational postings in psychiatric subspecialties (forensic, Community, Psychogeriatric, Addiction, Child & Adolescent and Neuromedical) • Preparation of Psychotherapy protocols (Psychodynamic psychotherapy and Cognitive Behavior therapy) • Workplace-based assessment • Logbook • Dissertation (starting in year 2) • Research activities, Clinico-Pathological Conference (CPC), and

		attending conferences
Part II Examination		
III	4	• Advanced training in psychia • Consultation-liaison psychiatry • Leadership and administrative management in psychiatry postings • Completion of a research project • Workplace-based assessments
The Final Examination		

APPENDIX II

Syllabus Module 1: Neurosciences

1A: Neuroanatomy

Normal Structure and Function:

- Development and cell types of the nervous system
- Anatomy of the major components of the brain
- Cranial nerves
- Spinal cord and its ascending and descending pathways
- Cerebrospinal fluid circulation
- Dermatomes and myotomes
- Blood supply to the brain and the spinal cord
- Basal ganglia and limbic system
- The autonomic nervous system and reticular activating system

1B: Neurophysiology

- Action potential
- Autonomic nervous system
- Sensory system
- Motor system
- Sleep and consciousness
- Endocrine physiology
- Electroencephalography

1C: Psychopharmacology

- Pharmacokinetics
- Pharmacodynamics
- Psychotropic drugs – types, indication, mechanism of action, efficacy and safety profile
- Common psychotropic drugs: Antipsychotics, Antidepressants, Anxiolytic and Hypnotics, Mood stabilizers and others
- Common side effects and adverse reactions of psychotropic drugs

1D: Neurochemistry

- Types, synthesis, functions, effects and pathways of neurotransmitters
- Neuropeptides
- Types, structure and functions of receptors

1E: Basic Immunology

- Cellular and humoral immune response

1F: Genetics

- Chromosomes, genes, DNA, and protein synthesis
- Genetic mode of inheritance
- Psycho-genomic and epi-genetics

1G: Psychological Sciences

- Attention and perception
- Learning theories
- Motivation theories
- Memory and its processes
- Emotions
- Intelligence
- Personality
- Psychological development

Syllabus Module 2: Basic Psychiatry

2A: Phenomenology & Psychopathology

Disorders of perception:

- Sensory distortions
- Changes in intensity, quality, spatial form and the experience of time
- Sensory deception such as illusions, hallucinations

Disorders of thought & speech:

- Disorders of thinking (stream of thought, the possession of thought, the content of thought & the form of thought)
- Disorder of speech
- Disorders of intelligence

Disorders of memory:

- Amnesia
- Distortions of memory/paramnesia
  - distortions of recall
  - distortions of recognition
- Hyperamnesia

Disorders of consciousness:

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

Disorders of emotion:

- Abnormal emotional predisposition and expressions of emotion
- Morbid disorders of emotion

Motor disorders:

- Disorders of adaptive and non-adaptive movement
- Motor speech disturbances
- Disorder of posture
- Abnormal complex patterns of behavior
- Movement disorders associated with antipsychotic medication

Disorders of the experience of self:

- Disturbances in the awareness of self, immediate awareness of self-unity, continuity of self and boundaries of the self

Theories of personality & psychopathology

Psychoanalytic psychopathology

Classical psychoanalytic treatment

Cognitive theories of Beck

2B: Socio-Cultural Psychiatry

Changes in family structure and pathology within the family

Social-cultural changes and industrialization

Health-seeking behavior, illness behavior and sick role

Patient's choices and preferences in treatment modalities

Social control and deviation

Social class

Healer and medical systems

Cultural influences in presentation of psychiatric symptoms and treatment

The major components and matrix of cultures

Ethnography and its relevance in the context of the multi-racial society in Malaysia

Culture-bound syndromes

2C. Religion and Spirituality

Definitions, functions, and history of the relationship between religion, spirituality and mental health

Core beliefs, values and experiences of human beings Influence identity, values, moral decision-making, the experience of guilt, and the development of character

Stages of human development based on religion and spirituality

Bio-psycho-social-spiritual model of illness

The bio-psycho-socio-spiritual formulation in assessment and treatment planning

Religious and spiritual interventions and psychotherapy Issues and challenges

Syllabus Module 3: Psychiatric Disorders

3A: Depressive Disorders

Examples of common psychiatric disorders:

1. Major Depressive Disorder
2. Persistent Depressive Disorder
3. Depressive Disorder due to Another Medical Condition

Examples of rare or critical conditions:

1. Disruptive Mood Dysregulation Disorder
2. Premenstrual Dysphoric Disorder

Priority Neuroscience disciplines:

- Genetics
- Biochemical changes
- Immunological changes
- Medical causes
- Sociological theories
- Psychological theories

Key symptoms:

- Persistent low mood, reduced/loss of interest, reduced energy, change in appetite, change in sleep, guilt feelings, reduced concentration, hopelessness/worthlessness, change in psychomotor activity, suicidality

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Knowledge and prescribing of different groups of antidepressants and other psychotropics
- Supportive Therapy Psychoeducation
- Cognitive behavioral therapy (CBT)
- Psychodynamic Psychotherapy
- Others such as interpersonal therapy, couple/ marital therapy and group therapy
- Electroconvulsive therapy (ECT)

3B: Anxiety Disorders

Examples of common psychiatric disorders:

1. Generalized Anxiety Disorder
2. Panic Disorder
3. Social Anxiety Disorder (Social Phobia)
4. Specific Phobia

Examples of rare or critical conditions:

1. Separation Anxiety Disorder
2. Selective Mutism
3. Agoraphobia
4. Anxiety Disorder due to a General Medical Condition

Priority Neuroscience disciplines:

- Genetic contribution
- Biochemical changes
- Medical causes
- Sociological theories
- Psychological theories

Key symptoms:

- Somatic, cognitive and psychological symptoms

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Knowledge and prescribing of different groups of antianxiety medications
- Supportive Therapy Psychoeducation
- Psychodynamic Psychotherapy
- Cognitive behavioral therapy (CBT)

3C: Schizophrenia Spectrum and Other Psychotic Disorders

Examples of common psychiatric disorders:

1. Schizophrenia
2. Brief Psychotic Disorder
3. Schizoaffective Disorder
4. Delusional Disorder
5. Substance/Medication-induced Psychotic disorder

Examples of rare or critical conditions:

1. Psychotic Disorder due to other medical condition

Priority Neuroscience disciplines:

- Genetic contribution
- Biochemical changes
- Neuropathological
- Medical causes
- Sociological theories
- Family dynamics

Key symptoms:

- Delusion, hallucinations, disorganized behavior, Schneiderian first rank symptoms, Bleuler symptoms for schizophrenia, negative symptoms, cognitive deterioration, psychomotor abnormalities and risk of suicide

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Knowledge and prescribing of different groups of antipsychotic medications and other psychotropics
- Supportive Therapy Psychoeducation and family intervention
- Psychodynamic Psychotherapy
- Cognitive behavioral therapy (CBT)
- Psychosocial rehabilitation
- Vocational such as supported employment
- Psychiatric rehabilitation such as social skills training and group therapy
- Cognitive retraining such as cognitive remedial therapy (CRT)
- Electroconvulsive therapy (ECT) and other physical treatments

3D: Bipolar and Related Disorders

Examples of common psychiatric disorders:

1. Bipolar I Disorder 2. Bipolar II Disorder

Examples of rare or critical conditions:

1. Cyclothymic Disorder
2. Substance/Medication-induced Bipolar and Related Disorder
3. Bipolar and Related Disorder Due to Another Medical Condition

Priority Neuroscience disciplines:

- Genetic contribution
- Biochemical changes
- Immunological changes
- Medical causes
- Sociological theories
- Psychological theories

Key symptoms:

- Elevated / expansive / irritable mood increase goal-directed activity, inflated self-esteem / grandiosity, decrease need for sleep, talkative, flight of ideas, distractibility, excessive involvement in the pleasurable activities

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Knowledge and prescribing of different groups of mood stabilizer, antipsychotic, antidepressant and other psychotropic medications
- Supportive Therapy Psychoeducation
- Psychodynamic Psychotherapy
- Cognitive behavioral therapy (CBT)
- Interpersonal therapy and others
- Electroconvulsive therapy (ECT) and other physical treatments

3E: Obsessive-Compulsive Disorder and Related Disorders

Examples of common psychiatric disorders:

1. Obsessive-Compulsive Disorder (OCD)
2. Hoarding Disorder
3. Body Dysmorphic Disorder

Examples of rare or critical conditions:

1. Trichotillomania,
2. Skin-Picking (excoriation) Disorder

Priority Neuroscience disciplines:

- Genetic
- Psychosocial theories
- Biochemical changes
- Medical causes
- Other theories for OCD and related disorders
- Neural basis, neuropsychology and neuropathology

Key symptoms:

- OCD - Obsession, compulsion, caused marked anxiety or distress and time-consuming
- Hoarding - Conscious, ongoing urge to accumulate possessions of limited or no real-world value and anxiety or mental anguish whenever those possessions get thrown away, results in congest and clutter active living areas
- Body Dysmorphic Disorder - Preoccupied with a flawed physical feature, Repetitive behavioral component focused on the perceived physical anomaly
- Comorbidity - Anxiety and / or Depression

Key diagnostic skills:

- History taking, mental state examinations, physical examinations and laboratory examinations

Common interventions and treatments:

- Knowledge and prescribing of different groups of antidepressant and other psychotropic medications
- Supportive therapy
- Psychoeducation
- Behavior Therapy, e.g., Exposure Response Prevention (ERP)
- Cognitive behavioral therapy (CBT)
- Surgery

3F: Trauma and Stress-Related Disorders

Examples of common psychiatric disorders:

1. Post-traumatic stress disorder (PTSD)
2. Acute stress disorder
3. Adjustment disorder

Examples of rare or critical conditions:

1. Reactive attachment disorder

Priority Neuroscience disciplines:

- Genetic Psychosocial contribution – life events
- Biochemical changes
- Endocrine factors
- Brain circuitry

Key symptoms:

- Exposure to traumatic event, re-experiencing, hyperarousal and persistent avoidance of stimuli
- Comorbidity - Anxiety and / or Depression

Key diagnostic skills:

- History taking, mental state examinations, physical examinations and laboratory examinations

Common interventions and treatments:

- Knowledge and prescribing of different groups of antidepressant and other psychotropic medications
- Supportive therapy
- Psychoeducation
- Cognitive behavioral therapy (CBT)
- Psychodynamic Psychotherapy EMDR

3G: Dissociative Disorders

Examples of common psychiatric disorders:

1. Dissociative Identity Disorder
2. Dissociative Amnesia
3. Depersonalization/ Derealization Disorder

Priority Neuroscience disciplines:

- Genetic contribution
- Biochemical changes
- Psychosocial theories
- Neurobiological

Key symptoms:

- Amnesia, depersonalization, derealization, identity confusion and identity alteration

Key diagnostic skills:

- History taking, mental state examinations, physical examinations, and psychosocial investigations

Common interventions and treatments:

- Knowledge and prescribing relevant psychotropic medications
- Supportive psychotherapy
- Psychosocial intervention
- Cognitive behavioral therapy (CBT)
- Insight orientated psychotherapy
- Interpersonal Psychotherapy

3H: Somatic Symptom and Related Disorder

Examples of common psychiatric disorders:

1. Functional Neurological Symptom Disorder (Conversion Disorder)
2. Psychological Factors Affecting Other Medical Conditions (PFAOMC)

Examples of rare or critical conditions:

1. Somatic Symptom Disorder
2. Illness Anxiety Disorder
3. Factitious Disorder.
4. Other specified somatic symptom and related disorder
5. Unspecified somatic symptom and related disorder

Priority Neuroscience disciplines:

- Genetic contribution
- Biochemical changes
- Psychosocial theories
- Neuropathology

Key symptoms:

- Somatic Symptom Disorder - One or more somatic symptoms that are distressing or result in significant disruption of daily life.
- Illness behavior disorder - Preoccupation with having or acquiring a serious illness, excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns
- Functional neurological symptom disorder - One or more symptoms of altered voluntary motor or sensory function with clinical findings
- PFAGMC - Psychological or behavioral factors adversely affect the medical condition Factitious Disorder - Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception
- Comorbidity Depression and/or anxiety

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Psychopharmacology
- Basic counseling
- Relaxation therapy
- Psychoeducation
- Cognitive behavioral therapy (CBT)
- Psychodynamic Psychotherapy
- Others: Interpersonal Psychotherapy Family Education & Therapy
- Neurobiofeedback
- Physiotherapy, graded physical activation and exercise

3I: Disruptive, Impulsive Control & Conduct Disorder

Examples of common psychiatric disorders:

- Disorders in infancy, childhood, or adolescence - Oppositional Defiant Disorder (ODD), conduct disorder, and disruptive behavior disorder not otherwise specified

Examples of rare or critical conditions

1. Impulse-control disorders not otherwise specified - intermittent explosive disorder, pyromania, and kleptomania
2. Internet gaming

Priority Neuroscience disciplines:

- Genetic contribution
- Biochemical changes
- Psychosocial theories
- Neuropathology

Key symptoms:

- ODD - Angry/Irritable mood, Argumentative/Defiant behavior, vindictiveness
- Intermittent Explosive Disorder - Recurrent behavior outburst, verbal aggression
- Conduct disorder - Aggression to people and animal, destruction of property, deceitfulness or theft, serious violation of rules
- Comorbidity – mood disorders

Key diagnostic skills:

- History taking, mental state examinations and physical examinations
- Electroencephalography (EEG)

Common interventions and treatments:

- Knowledge and prescribing of different groups of antidepressants, mood stabilizers and other medications
- Supportive Therapy Psychoeducation
- Cognitive behavioral therapy (CBT)
- Psychodynamic Psychotherapy
- Physical treatments

3J: Feeding and Eating Disorders

Examples of common psychiatric disorders:

1. Anorexia nervosa and subtypes
2. Bulimia nervosa and subtypes
3. Binge eating disorder

Priority Neuroscience disciplines:

- Genetic contribution
- Biochemical and neuroendocrine changes
- Psychosocial theories

Key symptoms:

- Anorexia nervosa - Restriction of energy intake, significantly low body weight, Intense fear of gaining weight, persistent lack of recognition of the seriousness of the current low body weight, severely lowered body weight
- Bulimia nervosa - Recurrent episodes of binge eating, recurrent inappropriate compensatory behavior, self-evaluation, morbid fear of fatness, weight is not severely lowered as anorexia

Key diagnostic skills:

- History taking, mental state examinations, physical examinations and laboratory investigations

Common interventions and treatments:

- In-patient management - Weight monitoring, fluid intake-output, rehydration Electrolyte imbalance nutritional status etc.
- Knowledge and prescribing of relevant psychotropic medications
- Supportive Therapy
- Psychoeducation
- Cognitive behavioral therapy (CBT)
- Psychodynamic Psychotherapy
- Medical treatment

3K: Elimination Disorders

Examples of common psychiatric disorders:

1. Enuresis
2. Encopresis

Priority Neuroscience disciplines:

- Psychological and physical causes

Key symptoms:

- Enuresis – nocturnal, diurnal, primary or secondary
- Encopresis - Primary, secondary, retentive or non retentive

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Knowledge and prescribing relevant psychotropic medications
- Non- pharmacological Enuresis – Behavioral - Star Chart System, Bladder Training Exercise/toilet training Bell and Pad/alarmed clock
- Encopresis - Advice/education - Dietary Changes (foods high in fibre), increase fluid intake, regular bathroom times etc
- Specific interventions
- Cognitive Behavioral Therapy
- Psychodynamic Psychotherapy

3L: Sleep-wake Cycle Disorders

Examples of common psychiatric disorders:

1. Dyssomnias
2. Sleep-wake schedule disorders Jet-lag
3. Narcolepsy
4. Disorders of excessive sleep
5. Parasomnias

Examples of rare or critical conditions:

- Sleep disorder related to other mental disorder

Priority Neuroscience disciplines:

- Biochemical changes
- Psychological theories

Key symptoms:

- Insomnia
- Hypersomnia, Sleep delay, Night terrors, Sleepwalk, Narcolepsy

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Psychopharmacology
- Sleep hygiene and relaxation technique
- Cognitive behavioral therapy
- Psychodynamic Psychotherapy

3M: Gender Dysphoria

Examples of common psychiatric disorders:

- Gender dysphoria

Priority Neuroscience disciplines:

- Genetic
- Biochemical changes
- Psychosocial theories

Key symptoms:

- Strong desire to be of another gender or to rid one's sex characteristics or to be treated of another gender

Key diagnostic skills:

- History taking, mental state examinations, physical examinations and laboratory investigations

Common Interventions and treatments:

- Pharmacotherapy for coexisting psychiatric disorders
- Hormonal therapy
- Supportive psychotherapy
- Cognitive behavioral therapy
- Psychodynamic Psychotherapy
- Family intervention
- Psycho-spiritual therapy
- Real life experience

3N: Neurocognitive Disorder

Examples of common psychiatric disorders:

1. Delirium
2. Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease, Frontotemporal, Vascular, With Lewy Bodies and Another Medical Condition
3. Mild Cognitive Impairment

Examples of rare or critical conditions:

Substance-Induced Major or Mild Neurocognitive Disorder Amnestic Disorder

Priority Neuroscience disciplines:

- Genetic
- Biochemistry
- Neuropathology
- Other Medical causes

Sign and symptoms:

- Cognitive disturbance
- Behavioral and Psychological of Dementia (BPSD)

Key diagnostic skills:

- History taking, mental state examinations, physical examinations, laboratory and diagnostic investigations

Common interventions and treatments:

- Knowledge and prescribing anti-dementia medications and relevant psychotropics Psychosocial treatment
- Maintenance of cognition
- Evaluate caregiver needs

3O: Paraphilic disorder

Examples of common psychiatric disorders:

1. Exhibitionistic disorder
2. Frotteuristic disorder
3. Sexual masochism disorder
4. Sexual sadism disorder
5. Pedophilic disorder
6. Fetishistic disorder
7. Transvestic disorder
8. Voyeuristic disorder

Priority Neuroscience disciplines:

- Genetic
- Biochemical changes
- Psychosocial theories

Signs and symptoms:

- Exhibitionistic disorder - intense sexual arousal from exposure of one's genitals Frotteuristic disorder - intense sexual arousal from touching a nonconsenting person
- Sexual masochism disorder - intense sexual arousal from being humiliated or bound
- Sexual sadism disorder - intense sexual arousal from the physical or psychological sufferings of others
- Pedophilic disorder - intense sexual arousal involving prepubescent child Fetishistic disorder - intense sexual arousal involving non-living object
- Transvestic disorder - intense sexual arousal from cross-dressing
- Voyeuristic disorder - intense sexual arousal from observing an unsuspecting person who is naked, disrobing or in sexual intercourse

Key diagnostic skills:

- History taking, mental state examinations, physical examinations and laboratory investigations

Common interventions and treatments:

- Knowledge and prescribing antidepressant medications and other relevant psychotropics
- Hormonal therapy
- Basic counselling
- Insight orientated psychotherapy
- Cognitive behavioral therapy (CBT)
- Psychosocial intervention

3P: Sexual Dysfunctions

Examples of common psychiatric disorders:

1. Delayed Ejaculation
2. Erectile Disorder
3. Female Orgasmic Disorder
4. Female Sexual Interest/Arousal Disorder
5. Genito-Pelvic Pain/Penetration Disorder
6. Male Hypoactive Sexual Desire Disorder
7. Premature (Early) Ejaculation

Priority Neuroscience disciplines:

- Genetic
- Biochemical changes
- Psychosocial theories
- Medical causes

Signs and symptoms:

- Hypoactive desire, sexual aversion, reduced vaginal lubrication-swelling response, erectile dysfunction, anorgasmia, premature ejaculation, vaginismus, dyspareunia

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Psychopharmacology
- Prescribing antidepressant
- Sex therapy
- Behavioral therapy
- Psychodynamic Psychotherapy
- Marital therapy
- Physical therapy

3Q: Personality Disorders

Examples of common psychiatric disorders:

1. Borderline PD

Examples of rare or critical condition:

1. Antisocial PD
2. Narcissistic PD

Priority Neuroscience disciplines:

- Genetic
- Biochemical changes
- Psychosocial theories
- Neuropathology

Signs and symptoms:

- General features of PD - unepisodic, early onset, slow to change
- Specific features of PD (DSM-5)
  Cluster A: Schizoid, Schizotypal & paranoid
  Cluster B: Borderline, Histrionic, Narcissistic & Antisocial
  Cluster C: Obsessive Compulsive, Avoidant & Dependent

Key diagnostic skills:

- History taking, mental state examinations, physical examinations and neuroimaging

Common interventions and treatments:

- Supportive Psychotherapy
- Dialectic Behavioral Therapy (for BPD)
- Psychodynamic based psychotherapies (for BPD)
- Psychopharmacology when appropriate

3R: Substance Abuse and Addictive Disorders

Examples of common psychiatric disorders:

1. Substance intoxication
2. Substance withdrawal
3. Substance use disorders
4. Substance-induced disorders:
5. Dual diagnoses
6. Medical disorders as complications of addiction

Examples of rare or critical conditions:

1. Substance overdose
2. Withdrawal seizure

3. Delirium tremens
4. Substance use in child and adolescents
5. Substance use in pregnant women
6. Substance use in older adults
7. Substance use in LGBTQIA population
8. Sexual addiction
9. Pathological gambling
10. Technology/Internet addiction

Priority Neuroscience disciplines:

- Biological concepts of addiction – Neurobiology, Neurochemistry, Neuroanatomy, Genetic Pharmacology
- Psychosocial concepts of addiction

Sign and symptoms:

- Substance intoxication and overdose, substance withdrawal or co-occurring substance and psychiatric disorders

Key diagnostic skills:

- History taking, screening and assessment of substance use, mental state examinations, physical examinations and laboratory investigations

Common interventions and treatments:

- Pharmacotherapy
- Harm reduction concept
- Substitution Therapy
- Needle Syringe Exchange Program
- Medically-supervised Injecting Facility
- Assessment and Brief Intervention (BI), motivational interviewing / motivational enhancement therapy, contingency management, relapse prevention,12 steps model, SMART recovery and therapeutic community

3S: Common Neurodevelopmental Disorders

Examples of common psychiatric disorders:

1. Autistic Spectrum Disorders (ASD)
2. Attention Deficit Hyperactive Disorder (ADHD/ADD)

Examples of rare or critical condition:

1. Intellectual Disability (ID)
2. Specific Learning Disorders (SLD) (e.g., Dyslexia)

Priority Neuroscience disciplines:

- Genetic
- Biochemical changes

- Psychosocial theories
- Neuropathology

Sign and symptoms:
- ASD -Persistent deficits in social communication and social interaction across multiple contexts
- ADHD -Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development
- ID-intellectual and adaptive functioning deficits in conceptual, social, and practical domains
- SLD – difficulty learning and using academic skills

Key diagnostic skills:
- History taking, mental state examinations, physical examinations and psychological assessment

Common interventions and treatments:
- Psychoeducation
- Non-pharmacological treatments
- Pharmacological treatments

Syllabus Module 4: Specialized Areas in Psychiatry

4A: Addiction Psychiatry

Examples of common topics:
1. Alcohol Use Disorder
2. Illicit Substance Use Disorder
3. Behavioral Addiction
4. Substance-induced disorders
5. Dual Diagnoses

Priority Neuroscience disciplines:
- Biological concepts of addiction – Neurobiology, Neurochemistry, Neuroanatomy, Genetic
- Pharmacology
- Psychosocial concepts of addiction

Key symptoms:
- Substance intoxication and overdose, substance withdrawal, psychological and physical dependence, tolerance

Key diagnostic skills:
- History taking, screening and assessment of substance use, mental state examinations, physical examinations and laboratory investigations

Common interventions and treatments:

- Pharmacotherapy
- Harm reduction concept
- Substitution Therapy
- Needle Syringe Exchange Program
- Medically supervised Injecting Facility
- Assessment and Brief Intervention (BI), motivational interviewing / motivational enhancement therapy, contingency management, relapse prevention,12 steps model, SMART recovery and therapeutic community

4B: Child and Adolescent Psychiatry

Examples of common topics:

1. Autism Spectrum Disorder
2. Attention Deficit Hyperactivity Disorder
3. Intellectual Disability
4. Specific Learning Disorder
5. Conduct Disorder
6. Child abuse and neglect

Examples of specific conditions:

1. Disruptive Mood Dysregulation Disorder
2. Separation Anxiety Disorder
3. Selective Mutism
4. Attachment disorders
5. Eating Disorders
6. Elimination Disorders
7. Motor Disorders
8. Oppositional Defiant Disorder
9. Bullying

Priority Neuroscience disciplines:

- Genetics
- Biochemical changes
- Psychosocial theories
- Neuropathology

Key symptoms:

- Behavioral problem, Emotional changes, Deficit in communication and social interaction, attention deficits, hyperactivity/impulsivity, learning problems, deficit in adaptive functioning

Key diagnostic skills:

- History taking, mental state examinations, physical examinations and

psychological assessment

Common interventions and treatments:

- Psychopharmacology
- Psychodynamic psychotherapy
- Cognitive Behaviour Therapy (CBT)
- Behavioural therapy
- Group therapy
- Play therapy
- Social skills training

4C: Community and Rehabilitation Psychiatry

Examples of common topics

1. Community Psychiatry services worldwide
2. Community Psychiatry services in Malaysia
3. National Mental Health Policy
4. Mental Health Act 2001 and Mental Health Regulations 2010
5. Family Interventions
6. Types of Community Care - Acute Care - Long term/ Assertive Care
7. Primary Mental Health Care (Integration of Psychiatric services in general/primary health care setting)
8. Concept of psychiatric prevention (primary prevention, secondary prevention & early diagnosis, promotion of mental health and relapse prevention)
9. Types of Rehabilitation approach - Community Mental Health Centers - Psychosocial Rehabilitation Centers - Vocational Rehabilitation - Halfway House
10. Strategies of Rehabilitation - Case Manager Approaches - Group Therapy - Occupational Therapy - Social Skills Training

Examples of specific condition:

- Severe mental illnesses

Priority Neuroscience disciplines:

- Genetics
- Biochemical changes
- Immunological changes
- Medical causes
- Sociological theories
- Psychological theories

Key symptoms:

- Positive and negative symptoms of schizophrenia, lack of social skills, cognitive deficit, impaired social and occupational functioning.

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Psychopharmacology and Case Managers Approach
- Social Skills Training
- Occupational Therapy
- Group therapy

4D: Consultation-Liaison Psychiatry

Examples of common topics

1. Delirium
2. Depression & Anxiety in Medical Settings
3. Somatoform Disorders, Factitious Disorder, and Malingering
4. Neuroleptic Malignant Syndrome and Serotonin Syndrome

Examples of specific conditions

1. Infectious Diseases (e.g., HIV AIDS)
2. Psycho-oncology and Palliative Care
3. Renal Transplant
4. Women's Health: Treatment Considerations in Antenatal and Postpartum Psychiatric Illnesses

Priority Neuroscience disciplines:

- Genetics
- Biochemical changes
- Immunological changes
- Medical causes
- Sociological theories
- Psychological theories

Key symptoms:

- Disorientation, somatization, acute stress reaction, suicidality, aggression and other behavioral problems

Key diagnostic skills:

- History taking, mental state examinations and physical examinations

Common interventions and treatments:

- Psychopharmacology in the Medically Ill
- Supportive Therapy
- Grief counselling
- Others such as interpersonal therapy, couple/ marital therapy and group therapy

4E: Forensic Psychiatry

Examples of common topics:

1. Common psychiatric disorders in forensic
2. Mental Health Act, Law and Regulation
3. Crime and Violence
4. Risk assessment and management of dangerousness
5. Malingering
6. Substance used disorder in forensic
7. Criminal responsibility and insanity defence
8. Expert witness
9. Testamentary capacity
10. Psychiatric Ethics

Examples of specific conditions:

1. Sex offending
2. Amnesia and Crime
3. Victimology e.g., PTSD

Priority Neuroscience disciplines:

- Genetic contribution
- Biochemical changes
- Neuropathological
- Medical causes
- Behavioral theory
- Social theory

Key symptoms:

- Aggression, Homicidal, Infanticide, Psychotic, Intellectual disability, antisocial behavior, substance withdrawal and intoxication

Key diagnostic skills:

- History taking, mental state examinations, physical examinations, multidisciplinary assessment, Violent risk assessment, Testamentary capacity

Common interventions and treatments:

- Knowledge and prescribing of appropriate medication
- Behavioral therapy
- Psychological intervention
- Vocational training
- Stands for trial
- Electroconvulsive therapy (ECT) and other physical treatments

4F: Geriatric Psychiatry

Examples of common topics:

1. Alzheimer disease and other causes of dementias
2. Managing challenging Behavioral and Psychological Symptoms of Dementia (BPSD). 3. Pharmacological & Psychological treatment of dementia
4. Recognition and management of delirium and other psychiatric complications of medical illness in geriatric patients
5. Depression in older people
6. Anxiety disorders in old age
7. Psychotic disorders in old age e.g., late-onset schizophrenia and delusional disorders 8. Sleep disorders
9. Alcohol and substance abuse in older people
10. Ethical & legal issues (e.g., abuse and neglect etc)
11. End of life issues and palliative care
12. Psychiatric evaluation of geriatric patient with comorbid multiple medical problems & polypharmacy
13. Mental capacity and decision making
14. Prevention and promotion of healthy aging including psychospiritual issues

Priority Neuroscience disciplines:

- Biological & Physiological changes of ageing
- Neuropathology, neurochemical & genetic of dementia
- Epidemiology of old age psychiatry
- Medical causes
- The Psychological and Sociology of ageing
- Pharmacokinetics & pharmacodynamic of drugs in old age

Key symptoms:

- Memory and cognitive deficit
- Personality and behavioral changes
- Insomnia
- Functional impairments
- Mood changes, anxiety, depression, and bereavement
- Hallucinations, delusions
- Suicide ideation & suicide attempt

Key diagnostic skills:

- History taking, mental state & clinical cognitive assessment
- Physical & multidisciplinary assessment of older patients
- Risk assessment for fall, delirium and suicide
- Assessing testamentary capacity
- Assessment of caregiver burden and needs

Common interventions and treatments:

- Knowledge and prescribing of different groups of anti-cholinesterase inhibitors, antidepressants and other psychotropics (Psychopharmacology in older people). Psychosocial interventions (family meetings, psychoeducation, support groups)
- Memory assessment services
- Rehabilitation and day-care services (reminiscence therapy, reality orientation, multimodal and multi-disciplinary team approach).
- Provision of continuous and seamless care of older people in the community
- Behavioural techniques (relaxation techniques, techniques for challenging behaviors) Psychotherapies in the elderly
- Electroconvulsive therapy (ECT) in the elderly

4G: Neuropsychiatry

Examples of common topics:

1. Delirium
2. Cerebrovascular accidents
3. Movement disorders
4. Traumatic Brain injuries
5. Epilepsy
6. Central nervous system infections
7. Encephalopathies
8. Demyelinating diseases

Priority Neuroscience disciplines:

- Genetics
- Biochemical changes
- Neurological changes
- Medical causes

Key symptoms:

- Disorientation, abnormal movements, cognitive deficits, mood changes/lability, neurological deficits, psychotic presentations

Key diagnostic skills:

- History taking, mental state examinations and physical examinations
- Interpret neuroradiological and neuropsychological investigations

Common interventions and treatments:

- Knowledge and prescribing of different psychotropics
- Manage common neurological disorders
- Supportive Therapy
- Psychoeducation

- Psychosocial rehabilitation

Syllabus Module 5: Assessment Procedures and Therapeutic Skills (*Principle, Indication, Outcome, Module)*

5A: Suicide risk assessment

5B: Mental Capacity Assessment

5C: Violence risk assessment

5D: Cognitive behavioral therapy (CBT)

5E: Coping Skills Intervention

5F: Crisis Intervention

5G: Electroconvulsive Therapy

5H: Family Intervention

5I: Interpersonal Psychotherapy (IPT)

5J: Mindfulness-Based Stress Reduction (MBSR) Therapy

5K: Motivational Interviewing (MI)

5L: Problem-solving.

5M: Psychodynamic Psychotherapy

5N: Psychoeducation

5O: Psychological First Aid

5P: Relaxation Therapy

5Q: Stress Management

Syllabus Module 6: Research

- Biostatistics
- Research Methods
- Critical Appraisal of Journal Articles
- Prepare Study Proposal
- Applying for Ethics Approval

- Conduct Research
- Preparing a report

Syllabus Module 7: Leadership and Administrative Management in Psychiatry

7A: Administrative Management in Psychiatry

Principle of administrative management – Roles of manager and administrator – current and latest as listed below:

- Administrative requirements (Circulars, Malaysian Society for Quality in Health etc.) Controlling act (Mental Health Act 2001, Mental Health Regulations 2010)
- National Psychiatric Operational Policy
- Psychiatric Clinical Practice Guidelines
- National Psychiatric Standard Operating Procedures
- Patient and Family Rights Policy
- Managing resources, facilities, workers, planning, implementation, performances and budget/funding
- Improving services, quality assurance, program evaluation and accreditation of psychiatric facilities

7B. Leadership in Psychiatry

- Leadership vs Management and the differences between them
- Clinical Team Leadership vs Organizational Leadership
- Structure and Organizational differences in psychiatric settings
- Leadership Qualities
- Self-awareness, self-management, self-motivation and integrity
- Networking, relationship management, teamwork, vision, decision making and evaluation