



МЕДИЦИНСКИ УНИВЕРСИТЕТ – СОФИЯ
Medical University - Sofia
МЕДИЦИНСКИ ФАКУЛТЕТ
Faculty of Medicine – Dean’s Office

PSYCHIATRY CURRICULUM

Approved by:
Corresp. Member of BAS Prof. I. Mitov, MD, PhD, DMSc
Dean of the Medical Faculty at
the Medical University- Sofia

The curriculum has been adopted at the meeting of the Faculty Council.....

Academic discipline:	PSYCHIATRY
Degree programme:	MEDICINE
Educational-qualification degree:	MASTER
Type of discipline in accordance with the Uniform State Requirements/ Curriculum:	COMPULSORY
Course of study:	VI
Exam:	YES
Total number of hours of auditorium workload:	75 academic hours
Lectures:	45 academic hours
Practical exercises:	30 academic hours
Department:	PSYCHIATRY AND MEDICAL PSYCHOLOGY University Multiprofile Hospital for Active Treatment “Alexandrovska” Multiprofile Hospital for Active Treatment in Neurology and Psychiatry “St. Naum” Specialized Medical Center for Patients with Drug and Alcohol Addiction- Suhodol
Training bases:	

CURRICULUM

DISCIPLINE	ACADEMIC HOURS			CYCLE / EXAM
	Total	Lectures	Practical exercises	Duration in days
PSYCHIATRY	75	45	30	15

1. Annotation of the academic discipline

The subject of psychiatry has two aspects. One of them encompasses scope, etiology, pathogenesis, clinics, course, and treatment of mental disorders. The other one refers to illness behavior and embraces variety of problems in *every* illness: from recognition of symptoms and the meaning attributed to them, to acceptance of patient's role and cooperation for treatment. Precisely this second aspect is closely related to practice of medicine in general and to the necessity of basic training in identification and intervention in most common mental health problems in general medical practice.

Teaching psychiatry meets also more general needs related to practice of health professions, remaining however at least partially neglected in our medical education which is predominantly technologically oriented. Such are the skills for interviewing and for creating therapeutic relation, unconditional respect for patient's personality and recognition of his/her experience, adopting non-authoritarian clinical style and basic ethical norms of healing. In order to fulfill these aims teaching must not only offer *knowledge* but also has to create *skills* and *attitudes*, i.e. to contribute to interiorization and practical application of the learnt material.

2. Main tasks of the study programme

Although being below the minimum recommended by the World Federation for Medical Education as a duration, the main tasks of teaching psychiatry cover 4 modules: psychiatric procedures, therapeutic communication, clinical skills, and theoretical preparedness. The student is acquainted and practically involved in the activities organized as "procedures" in the clinical units of the Department: assessment, diagnostic, interventional, managerial, and organizational ones. He acquires the basic principles of therapeutic behavior and development of therapeutic alliance with emphasis on aspects that are rarely addressed in the medical training, such as creating a milieu of trust and acceptance, recognition of inner defences, and accounting for own feelings. The clinical manifestation and specifics in the method of assessment (the interview) with the most common syndromes, as well as the general principles of treatment and care, are studied.

The theoretical module makes the student familiar with the major theoretical knowledge in psychiatry based on agreement between experts and supported by research evidence, with particular emphasis rather on knowledge needed for everyday practice than on school of thoughts' postulates. The basic facts and viewpoints from the neurosciences, social sciences and psychology are learnt with quest of synthesis between them. The taxonomy of mental disorders, and thereby the whole curriculum of the students training, are based on the International Classification of Diseases, the tenth revision (ICD-10), intended for the general practice.

3. Expected outcomes

3.1. Amount of acquired theoretical knowledge

The attitudes that the student should acquire are related to practicing medicine in general (such as capacity for critical thinking and self reflexion), to the patients and their families (such as respect to the patients, understanding their feelings, and accounting for the role of developmental and environmental factors for the clinical problems), and to psychiatry as a medical discipline (such as integrating the humanitarian and scientific aspects of the knowledge about mental life and recognition of the significance of mental health promotion).

The student should know and understand the causes, manifestations, and principles of treatment of: delirium, dementia, schizophrenia and related (e.g., delusional) disorders, depression, mania, stress reactions

(including reaction to terminal illness and mourning), anxiety and somatoform disorders, personality pathology, the most common mental disorders in childhood and adolescence, mental illness in late age, and the risk of suicide and aggression. Regarding treatment, the students should know and understand the indications, the contraindications and the side effects of the major groups of psychotropic drugs, should have the ability to give information about them and enhance compliance for their intake, and should as well understand the general characteristics of psychological counseling and the principles of social therapy, rehabilitation and mental health care.

The student should understand the principles and the practical consequences of the ethical and legal aspects in psychiatry, such as: informed consent, patients' rights, legal requirements for involuntary hospitalization and treatment, patients' participation in clinical research, and conflict between rights and security.

3.2. Acquired practical skills

The skills that should be acquired by the student include: patient-doctor interrelationship (e.g., "active listening", empathy, and nonverbal communication), history of complaints and information about life history and functioning taking, analysis of the information for reaching diagnostic formulation and differential diagnosis making, assessment of the role of personality and social factors for patient's behavior, giving information to the patient and his relatives, enhancing treatment compliance, prescribing treatment for the most common mental disorders encountered by non-psychiatrists, recognition of side effects of the treatment and their differentiation from disease signs, maintenance of motivated habit of studying, and team skills.

4. Thematic unit plan for lectures and seminars

4.1. Lectures – 45 academic hours (15 lectures per 3 academic hours each)

1. Introduction in psychiatry. Classification of mental disorder
2. Psychiatric interview
3. Genetic basis of psychiatric disorders
4. Schizophrenia
5. Affective disorders
6. Organic brain illness
7. Anxiety disorders
8. Personality disorders
9. Alcohol and drug addiction
10. Therapeutic alliance
11. Somatoform disorder. Consultation psychiatry
12. Psychological assessment in clinical practice
13. Child and adolescent mental disorders
14. Treatment in psychiatry
15. Rehabilitation and community care

4.2. Seminars – 30 academic hours (15 seminars per 2 academic hours each)

1. Clinical interview – general rules, structuredness of the environment, phases
2. Assessment of anxiety
3. Assessment of depression
4. Assessment of mania
5. Assessment of acute psychosis
6. Assessment of chronic psychosis
7. Assessment of delirium and dementia
8. Therapeutic communication

9. Assessment of risk of aggression and suicide
10. Assessment of alcohol and substance addiction
11. Principles of psychological assessment
12. Assessment of developmental disturbances in childhood
13. Assessment of psychopathology in adolescence
14. Assessment of psycho-pharmacotherapy side effects
15. Outpatient and consultation psychiatry

The practicals obligatory include an interview with a patient and a seminar part.

5. Supplementary teaching materials:

The main teaching instrument is the clinical interview. Besides, multimedia, described clinical cases (case vignettes), homework tasks, role playing, and test methods are used.

6. Assessment of acquired knowledge

6.1. Ongoing assessment – forms, frequency

- ✓ Summarization after each practicals
- ✓ Tests
- ✓ Stimulation of free discussions during the seminars
- ✓ Evaluation and certification of the protocols at the end of the practicals
- ✓ Preliminary oral examination with

6.2 Semester exam- structure and exam characteristics, methods of forming the grade

- ✓ The exam is written and includes assessment of a clinical case (case vignette) and writing on a topic from the syllabus. They are evaluated by 3 senior lecturers of the Department and are kept for up to 5 years in the Department's archive.

7.1. Syllabus for practical semester exam

It contains 183 illustrative test questions and 36 stylized typical clinical cases (case vignettes), described in a separate manual "Tests in psychiatry and psychopathology".

7.2. Syllabus for theoretical semester exam

1. Classification of mental disorder
2. Genetic basis of psychiatric disorders
3. Affective disorders: depression
4. Affective disorders: bipolar disorder
5. Anxiety disorders: panic disorder, agoraphobia
6. Anxiety disorders: generalized anxiety, social phobia, simple phobia
7. Schizophrenia: acute
8. Schizophrenia: chronic
9. Organic brain illness: dementia
10. Organic brain illness: delirium
11. Mental retardation
12. Personality disorders
13. Alcohol and drug addiction
14. Mental disorders of childhood and adolescence

15. Therapeutic alliance
16. Psychological testing in clinical practice
17. Somatoform disorder
18. Consultation (liaison) psychiatry
19. Treatment in psychiatry: psychopharmacology
20. Treatment in psychiatry: psychotherapy and rehabilitation

8. Academic literature:

American Psychiatric Association (APA). *Diagnostic and statistical manual of mental disorders, 5th ed.* Arlington, VA: American Psychiatric Publishing, 2013

Gelder M, Harrison P, Cowen P. *Shorter Oxford textbook of psychiatry.* Oxford: Oxford University Press, 2006

Goldberg D, Benjamin S, Creed F. *Psychiatry in general practice.* London: Routledge, 1997

Greenberg M, Shergill SS, Szmukler G, Tantam D. *Narratives in psychiatry.* London: Jessica Kingsley Publishers, 2003

Grigorova O, Onchev G. *Neurology and psychiatry.* Sofia: ARSO, 2017

Onchev G, Alexiev S, Yalamova I, Akabalieva K, Ganev K. *Tests in psychiatry and psychopathology.* Sofia: ARSO, 2016

Sadock BJ, Sadock VA, Ruiz P. *Kaplan and Sadock's synopsis in psychiatry: behavioural sciences/ clinical psychiatry, 11th ed.* Baltimore: Walters Kluer, 2014

Wikibooks. *Textbook of psychiatry.* http://en.wikibooks.org/wiki/Textbook_of_Psychiatry.

WHO. *ICD – 10 Casebook. The many faces of mental disorders: adult case histories according to ICD-10* (eds. T.B. Üstün, A. Bertelsen, H. Dilling, et al.). Washington, DC: WHO, American Psychiatric Press, 1996

WHO. *Diagnostic and management guidelines for mental disorders in primary care: ICD-10 Chapter V primary care version.* Seattle, Toronto, Bern, Göttingen: Hogrefe & Huber Publishers, 1996