



**FACULTY OF PSYCHIATRY
NATIONAL POSTGRADUATE
MEDICAL COLLEGE
OF
NIGERIA
(*NPMCN*)
SPECIALIST TRAINING CURRICULUM
IN
GENERAL PSYCHIATRY**

2018

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Faculty of Psychiatry
National Post graduate Medical College of Nigeria

Faculty of Psychiatry
NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA
Lagos, Nigeria

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FOREWORD

The Faculty of Psychiatry of the National Postgraduate Medical College of Nigeria was setup in October 1974. Since then it has produced close to 200 specialists. The Psychiatric residency program of the college leads to specialization in General Psychiatry. The primary objective of the program is to train knowledgeable, clinically astute and caring psychiatrists to meet the mental health care needs of Nigeria. The graduates of the programme are prepared to handle global mental health and are able to compete with their colleagues in anywhere else in the world.

The curriculum is competency based and emphasizes the acquisition of the knowledge, attitudes and skills required for proficiency in psychiatric practice. It is divided into 3 sections. These are:

- i. Primary (entry level),
- ii. Part 1 (junior residency) and
- iii. Part 2 (senior residency).

Success at the primary examination qualifies a trainee entry into the residency training program. The minimum duration at the point of applying for the final Part II examination is four calendar years. It is expected that junior residency segment will last for a minimum period of twenty-four months and the senior residency for another minimum of twenty four months. The training of residents takes place in the college accredited institutions. Learning is reinforced through supervision of clinical work, comprehensive didactic lectures and seminars, clinical case conferences, journal club meetings and mentorship programs. The College complements training at the local institutions with revision and update courses, workshops, research methodology, management course, ethics training and scientific conferences.

The program offers the resident experiences in general adult, consultation liaison, geriatric, neurology, community, forensic, psychoactive substance use, child and adolescent and emergency psychiatry. The residency program also provides ample opportunity to learn administrative, teaching and research skills. A dissertation written at the doctoral degree level involving a research project on a subject especially relevant to psychiatry in Nigeria will be carried out during the senior residency training.

Formative and summative assessments are done both at the local training institution and at the College level. Continued retention of any Resident doctor in the training programme is based on the performance of the trainee psychiatrist. The performance of the resident doctor is assessed yearly through an annual performance evaluation.

At this point in time the Faculty does not award any Membership and as such the Part I examination is not an exit exercise. The final Part II examination leads to the award of the College Fellowship in Psychiatry (FMCPsych) for successful candidates. Put another way, successful candidates become eligible to be admitted to the Fellowship in Psychiatry of the National Postgraduate Medical College of Nigeria.

Richard Uwakwe, FMCPsych.

Professor of Psychiatry

December 2018

PREFACE

The specialization education of physicians world-wide is increasingly curriculum driven and evidence-based. This is inevitable given the enormous advancement in all areas of human medicine occasioned by research and application of emerging insights. Postgraduate specialist medical education and clinical practice are the major beneficiaries of these developments. Therefore, the structure, content, objective, delivery and assessment method of such programmes must keep pace with the prevailing realities due to the relative ease of access to educational best practices occasioned by information technology. Those offering specialists programmes in medical sciences have the responsibility to ensure that the expertise of their products meet international standards and are locally relevant.

The 2018 revised version of the curriculum for specialist training in general psychiatry offered by the Faculty of Psychiatry, National Postgraduate Medical College of Nigeria (NPMCN), has presented the core content of the three-part module, complemented by series of formative paradigms and progression through success in the corresponding summative assessments.

One of the new features in this curriculum is the presentation of academic content, including practical and research components, in the course-unit credit model espoused by the National University Commission - the regulatory authority for university academic programmes in Nigeria – for ease of appraisal.

Trainees have ample exposure in the conceptualization, design and conduct of relevant research that culminate in a dissertation which they defend in part-fulfillment of the final fellowship examination. This curriculum provides adequate information on the specialization training in general psychiatry that the NPMCN offers.

The Faculty of Psychiatry, NPMCN in this new curriculum has demonstrated her determination to keep pace with new developments by regularly upgrading her training programme in general psychiatry in order to ensure that those admitted into her fellowship have academic and professional competencies comparable to their peers across the world.

I congratulate members of the Curriculum development Committee of the Faculty and all those who made impute into the development of this updated version, in-country and from the diaspora, for be-queitting the pioneer specialty of the Faculty, general psychiatry, which had its first intake of trainees over 4 decades ago, yet another reviewed and upgraded curriculum.

My congratulation goes to the Senate of the NPMCN for her painstaking approval processes which ensured that this curriculum conforms with her standards.

Finally, I cherish the honour bestowed on me to contribute this piece by the Board of Examiners of the Faculty of Psychiatry, National Postgraduate Medical College of Nigeria.

Professor Joseph D. Adeyemi, MBBS(Ibadan), MSc(Manchester), FMCPsych.

December 2018

ACKNOWLEDGEMENT

The source documents for this curriculum are: old curriculum of the Faculty of Psychiatry, National Postgraduate Medical College of Nigeria (NPMCN); CanMEDS competence framework; report of the workshop for the harmonization of curricula of Medical Faculties of the Anglophone countries of ECOWAS; the harmonized curriculum in ECOWAS regions for Psychiatry; specialist training curriculum in Child & Adolescent Psychiatry of the NPMCN; report on a structure to enhance the implementation of the part II program in psychiatry submitted by Drs. J. U. Ohaeri, J. D. Adeyemi, Olayinka Omigbodun and J. M. Said; the syllabus of the Royal Australian and New Zealand College of Psychiatrists; and the syllabus of the Royal College of Psychiatrists, UK. The definitions and descriptions of CanMEDS roles as refined by the RANZCP and some aspects of the Stages 1 and 2 syllabi of RANZCP were adapted with permission as applicable to our socio-cultural context.

Appreciation to members of the curriculum review committee: Dr O Udofia, the chairman; Dr. R. Uwakwe for finalizing the draft; Dr. P.O Onifade for putting up the initial draft. Appreciation also goes to the 1994 Committee which produced the Accreditation Guideline included in this document - Dr. O. Udofia (Chairman), Dr. A.O. Ogunlesi and Dr. J.D. Adeyemi.

Thanks to all the fellows who previewed and recommended changes to the draft. We also acknowledge the contributions of Dr Emmanuel Abayomi for reviewing the divergent concepts of procedural skills in psychiatry and submitting a conceptual framework for the consideration of the committee.

ACRONYMS

AC:	Awareness of Concepts. This is equivalent to Bloom's cognitive level 1 (Recall of facts) learning objectives
CanMEDS:	Canadian Medical Education Directions for Specialists
IDK:	In-Depth Knowledge. This is equivalent to Bloom's cognitive level 4 to 6 (Analysis, Synthesis, Evaluation and Creativity) learning objectives
WK:	Working Knowledge. This is equivalent to Bloom's cognitive level 2 and 3 (Comprehension and Application) learning objectives

INTRODUCTION

The Faculty of Psychiatry in the National Postgraduate Medical College of Nigeria has undergone great changes since it was setup in October 1974. Many of these changes were midwifed by members of the first Board, consisting of the following: T. Asuni (Chairman), A. Anumonye (Secretary), M. O. Akindele, O. Adelaja, J. C. Ebie, M. Ilo, B. Johnson, A. A. Marinho, O. Morakinyo, M. O. Olatawura, and C. O. Oshodi. Outstanding contributions have been added by equally influential members like Ayo Binitie. With forty-four-year experience and more than 250 psychiatrists locally produced, the Faculty is fulfilling its aim of “Producing specialists well capable of promoting health including mental health, and preventing mental illness in those who are well; and treating and rehabilitating those who are mentally ill.” Locally trained psychiatrists gained entry to the board in the 90s and have worked with the veterans to produce bold and innovative ways of implementing the training objective of the Faculty, which includes “placing relevant and up-to-date knowledge, skills and attitude required for fulfilling the stated aim, at the disposal of the trainees”. The results have included the revision of the training curriculum, accreditation guidelines and a logbook. Recently, the college approved the curricula for specialist training in Child and Adolescent Psychiatry and Post Fellowship certificate training for Psychiatry of Later Life.

Past and current officers of the Faculty of Psychiatry NPMCN

Period	Chairperson	Secretary	3 rd Senate Member
October 1974 to December 1979	Dr. T. Asuni	Dr. A. Anumonye	---
January 1980 to December 1981	Dr. B.C.A Johnson	Dr. A. Anumonye	Dr. A.O. Binitie
January 1982 to December 1984	Dr. B.C.A Johnson	Dr. U.H Ihezue	Dr. A.O. Binitie
January 1985 to December 1985	Dr. M.O. Akindele	Dr. U.H Ihezue	Dr. A. Kalunta
January 1986 to July 1987	Dr. M.O. Akindele	Dr. A.O. Odejide	Dr. U.H Ihezue
August 1987 to May 1988	Dr. M.O. Akindele	Dr. O.A. Sijuwola	Col. (Dr.) O. Adelaja
June 1988 to December 1988	Dr. M.O. Akindele	Dr. A.O. Odejide	Col. (Dr.) O. Adelaja
January 1989 to December 1989	Dr. A.O. Binitie	Dr. A.O. Odejide	Col. (Dr.) O. Adelaja
January 1990 to December 1990	Dr. A.O. Binitie	Dr. A.O. Odejide	Col. (Dr.) O. Adelaja
		Dr. O. Famuyiwa	
January 1991 to December 1993	Dr. A.O. Binitie	Dr. O. Famuyiwa	Dr. O.A. Sijuwola
		Dr. O. Udofia	
January 1994 to December 1996	Col. (Dr.) O. Adelaja	Dr. O. Udofia	Dr. O.B. Orija
January 1997 to December 1999	(a) Dr. O.B. Orija (b) Dr. A.O. Odejide (Acting)	Dr. M.L. Adelekan	Dr. T.A. Adamson
January 2000 to December 2001	Dr. O. Morakinyo	Dr. A. Obembe	Dr. T.A. Adamson
January 2002 to December 2003	Dr. O. Morakinyo	Dr. A. Obembe	Dr. M. Ekpo
January 2004 to December 2006	Dr. O. Udofia	Dr. J.D. Adeyemi	Dr. M. Ekpo
January 2006 to December 2007	Dr. O. Udofia	Dr. J.D. Adeyemi	Dr. O. Gureje
January 2008 to December 2009	Dr. J.D. Adeyemi	Dr. R. Uwakwe	Dr. O. Gureje

AIM

The overall aim is to produce a fellow with complete array of competences for general psychiatry.

LEARNING OBJECTIVES

1. The fellow as a *medical expert* will have the knowledge and skills to perform comprehensive, culturally appropriate psychiatric assessments with patients of all ages, to provide evidence-based biopsychosociocultural management plan, mindful of the impacts of patients' physical health, to provide psychotherapeutic, pharmacological, biological and sociocultural interventions, to define and review patient outcomes, revising management as appropriate based on this review, and to provide preventive and early intervention measures.
2. The fellow as a *communicator* will have the knowledge and skills to communicate effectively with a range of patients, carers, multidisciplinary teams, general practitioners, colleagues, other health professionals and the wider community, using interpersonal skills for the improvement of patient outcomes and address mental health related issues.
3. The fellow as a *collaborator* will have the knowledge and skills to work effectively with other psychiatrists, within multidisciplinary teams and with other health professionals, whilst working within relevant health systems and with government agencies; and with patients, families, carers, carer groups and non-government organizations.
4. The fellow as a *manager* will have the knowledge and skills to work within clinical governance structures in healthcare settings, providing clinical leadership, and able to work within management structures within the health care system; to critically review and appraise different health systems and management structures; to prioritize and allocate resources efficiently and appropriately; to perform appropriate management and administrative tasks within the healthcare system, applying health and other relevant legislation where appropriate and to incorporate an awareness and application of Information and Communication Technology (ICT) into practice.
5. The fellow as a *health advocate* will have the knowledge and skills to advocate on behalf of individual patients, their families and carers, as well as more broadly, on an epidemiological level for the purposes of lessening the impact of mental illness through understanding and application of the principles of prevention, promotion and early intervention.
6. The fellow as a *scholar* will have the knowledge and skills to systematically gather and critically appraise and apply psychiatric and other health evidence for the benefit of patients; to transfer information to colleagues, other health professionals, students, patients, families and carers; and to facilitate the learning of colleagues, trainees and other health professionals, contributing to the development of mental health knowledge.
7. The fellow as a *professional* will have the knowledge and skills to adhere to ethical conduct and practice, comply with all relevant regulatory requirements and maintain a responsible equilibrium between personal and professional priorities in the pursuit of sustainable practice and well-being.

ADMISSION REQUIREMENTS

Prerequisites for applying to enter the Fellowship Program are:

1. Basic medical degree.
2. Successful completion of one year of Housemanship.
3. Registration with the Medical and Dental Council of Nigeria.
4. If a Nigerian citizen, completion (or exemption) of one year National Youth Service Corps (NYSC),
5. Success at the Primary examination of the College (or its equivalence).
6. Employment for residency at an institution accredited by the National Postgraduate Medical College of Nigeria for psychiatry training (See accreditation guidelines in Appendix A).

PRIMARY (ENTRY) EXAMINATION

The Primary (entry) examination covers

1. Basic sciences in psychiatry,
2. Psychology
3. Psychopathology,
4. Sociology,
5. Anthropology and
6. Basic Statistics.

Details of the subject are specified in tables 2 to 11

COURSE STRUCTURE

Training is undertaken in two stages:

1. Junior residency (24 months) which covers the core curriculum in Psychiatry and
2. Senior residency (24 months) which covers curriculum in selected subspecialty areas in Psychiatry and submission of a dissertation.

JUNIOR RESIDENCY

- Duration: 24 month full-time-equivalence.
- Rotations: Six months rotation in Adult Psychiatry, 3 months rotation in Neurology and 3 months each in any five of the following seven corerotation areas (before the Part I examination date)- Child Psychiatry, Psychiatry of later life, Forensic Psychiatry, Community Psychiatry, Substance Use Psychiatry, Emergency Psychiatry, Consultation-Liaison Psychiatry
- Supervision requirements: Minimum of 4 hours per week for 80 weeks, excluding ward round: 3 hours for group supervision and 1 hour for individual supervision of clinical work.
- Other requirements
 - At least 2 hours of lecture per week for 40 weeks
 - Attendance in at least 40 weekly research articles review meetings
 - Presentation in at least 2 research articles review meetings
 - Presentation in at least 1 clinical case conference
 - Attendance in at least 80 consultant ward rounds (at least 5 hours per round)
 - Attendance in at least 80 outpatient clinics (at least 5 hours per clinic)
 - At least 1 two-week revision course in psychiatry
 - Attendance in at least 1 national or international conference in psychiatry
- Syllabus: see tables 2 to 38
- Teaching and learning methods
 - Didactic Lectures
 - Seminars and Symposia
 - Journal Publication Reviews
 - Clinical Meetings
 - Clinical Case conference
 - Clinical Supervision/Case Demonstrations
 - Ward round / Bedside teaching
 - Training in Research Methodology
 - Use of Audio –Visual Aids
 - Revision / Update Courses
- Assessment
 - Formative Methods
 - Assessment of Log book
 - **Mini CEX** (Mini-Clinical Evaluation Exercise by which the candidate's clinical skills are assessed.)

- **MCQs** (workplace based annual progress report)
- **Orals** (workplace based annual progress report)
- **OSCE** (workplace based annual progress report)
- **Essay:** the supervisor may give some topics for the candidate to prepare or write an essay on.
- **Assessment of Clinical Expertise** in which the supervisor directly observes how the candidate assesses patients.
- **Case-Based Discussion** in which the supervisor engages in discussion with the candidate on a case the candidate has clerked and recorded in the patient's folder. This may be done at ward rounds or the supervisor may call the trainee to discuss at the consulting room.
- **Direct Observation of Procedural Skills** in which the supervisor directly observes candidate conducting a procedure, e.g. ECT, interviewing, clinical examination, and giving feedback to patients.
- **Case Presentation:** a major case presentation at ward rounds or clinical case conference.
- **Journal Publication Reviews:** the candidate demonstrates his skills in reviewing papers at review meetings.
- **Assessment of Teaching:** candidate's training involves informal teaching of medical students, nurses and other health workers. The consultant or supervisor will observe how the candidate effectively teaches or imparts his skills and knowledge to others.
- **Leadership Skills:** supervisor will be looking for how the candidate demonstrates his leadership skills in various leadership roles assigned to him.
- **Time Management Skills:** supervisor observes and gives feedback on candidate's sense of punctuality and how he manages his time with patients, presentations and other relevant areas.
- **Direct Observation of Non-Clinical Skills:** the supervisor observes the candidate in non-clinical setting and provides feedback in areas such as chairing of meetings, teaching, supervising others or engaging in another non-clinical procedure, academic discussions with peers, how professionally the trainee comports self in a manner that gives dignity to the profession.
- **Log Book**
- Summative methods (Part 1 exam)
 - MCQ -
 - Essay – Papers I and II
 - OSCE
 - Long case
 - Practical

SENIOR RESIDENCY

- Duration: 24 month Full-time-equivalence.
- Rotations: Six months to complete the two outstanding core rotations. Three months in subspecialty area apart from the area of intended sub specialization. Three months in an elective rotation which could be outside core psychiatry but relevant to mental health in general. In this case, approval will need to be granted by the faculty. The final 12 months will be in the area of intended subspecialization. This 1-year period may serve for the trainee as the first year of subspecialization. At the end of the second year, the candidate would have completed all the rotations required for eligibility to sit for the FMCPsych Part II examination. Supervision requirements: The trainer's contact time with trainee should be minimum of 4 hours per week for 80 weeks, including (a) 2 hours per week exclusive of ward rounds and case review and (b) at least 2 hour per week of individual supervision of clinical work and research work
- Supervision of junior resident by senior trainee- Minimum of 2 hours per week for 80 weeks, including (a) 1 hours per week apart from ward rounds and case review and (b) at least 1 hour per week of individual supervision of clinical work.

- Other requirements
 - Give at least 1-hour lecture (bedside / classroom) at planned interval to junior residents. The minimum number of lectures should be 10 hours.
 - Attendance in at least 80 weekly research article review meetings
 - Presentation in at least 2 research article review meetings
 - Presentation in at least 2 seminars
 - Presentation in at least 2 clinical case conference
 - Attendance in at least 80 consultant ward rounds (at least 5 hours per round)
 - Attendance in at least 80 outpatient clinics (at least 5 hours per clinic)
 - Mandatory 1 two-week revision course in research methodology and advances in psychiatry mounted by the Faculty of the National Postgraduate Medical College of Nigeria
 - Mandatory 1 two-week course in research methodology and management mounted by the National Postgraduate Medical College of Nigeria
 - Attendance in at least 1 national or international conference in psychiatry
 - Submission of dissertation
- Syllabus: see tables 39 - 43
- Assessment
 - Formative methods
 - **Oral Exam** (Annual progress assessment by the training institutions)
 - **Entrustable Professional Activities (EPAs)**. Entrustable Professional Activities (EPAs) are specialized tasks that a trainee must demonstrate their ability to perform with only distant (reactive) supervision. EPAs are summative assessments and it is necessary for trainees to be entrusted with particular EPAs as they progress through training.
 - **Case Presentation:** a major case presentation at ward rounds or clinical case conference
 - **Journal Club Presentation:** the candidate demonstrates his skills in reviewing papers at journal clubs
 - **Assessment of Teaching:** candidate's training involves informal teaching of medical students, junior residents, nurses and other health workers. The consultant or supervisor will observe how the candidate effectively teaches or imparts his skills and knowledge to others
 - **Leadership Skills:** supervisor will be looking for how the candidate demonstrates his leadership skills in various leadership roles assigned to him.
 - **Time Management Skills:** supervisor observes and gives feedback on candidate's sense of punctuality and how he manages his time with patients, presentations and other relevant areas
 - **Direct Observation of Non-Clinical Skills:** the supervisor observes the candidate in non-clinical setting and provides feedback in areas such as chairing of meetings, teaching, supervising others or engaging in another non-clinical procedure, academic discussions with peers, how professionally he comports himself in a manner that gives dignity to the profession he is joining.
 - Part II exam (Summative) by the National Post graduate college
 - The format of the Part II summative exam will be in three segments
 - Oral Exam:
 - Patients Management Problems
 - Dissertation Defense

COURSE CONTENTS

A. Primary (entry) examination

1. Neuroanatomy
2. Neurochemistry
3. Neurophysiology
4. Neuropharmacology
5. Neuropathology
6. Genetics
7. Sociology
8. Psychology
9. Anthropology
10. Statistics

B. Junior Residency

1. General Psychiatry
2. Emergency Psychiatry
3. Consultation–Liaison Psychiatry
4. Child & Adolescent Psychiatry
5. Substance use Psychiatry
6. Forensic Psychiatry
7. Psychiatry of Later Life
8. Community Psychiatry
9. Neurology

C. Senior residency

1. Clinical services (rotations)
2. Management course
3. Medical Education
4. Research Methodology
5. Dissertation

TABLE 1: SPECIFICATIONS FOR PRIMARY STAGE

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
Neuroanatomy <i>Work load: 90 hours lecture equivalent</i> Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course	6	The general anatomy of the brain and the functions of the lobes and some of the major gyri including the prefrontal cortex, cingulate gyrus and limbic system. Basic knowledge of the cranial nerves and spinal cord.	11	0	11	0
		The anatomy of the basal ganglia.	5	0	5	0
		The internal anatomy of the temporal lobes, i.e. hippocampal formation and amygdala.	6	0	6	0
		The major white matter pathways, e.g. corpus callosum, fornix, Papez's circuit and other circuits relevant to integrated behaviour (see neurophysiology section).	9	0	9	0
Neurochemistry <i>Work load: 30 hours lecture equivalent</i> Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course	2	Transmitter synthesis, storage and release. Ion channels and calcium flux in relation to this.	3	0	3	0
		Knowledge of receptor structure and function in relation to the transmitters listed below. Pre-synaptic and post-synaptic receptors.	2	0	2	0
		Basic pharmacology of noradrenaline, serotonin, dopamine, GABA, acetylcholine, excitatory amino acids.	3	0	3	0
		Elementary knowledge of neuropeptides, particularly corticotrophin releasing hormone and cholecystokinin and the enkephalins/endorphins.	2	0	2	0
Neurophysiology <i>Work load: 75 hours lecture equivalent</i>	5	The physiology of neurons, synapses and receptors, including synthesis, release and uptake of transmitters. A basic knowledge of action potential, resting potential, ion fluxes and channels	5	0	5	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course		The physiology and anatomical pathways of the neural and endocrine systems involved in integrated behaviour including perception, pain, memory, motor function, arousal, drives (sexual behaviour, hunger and thirst), motivation and the emotions, including aggression, fear and stress. Knowledge of disturbances of these functions with relevance to organic and non-organic (functional) psychiatry.	6	0	6	0
		The development and localization of cerebral functions throughout the life span from the fetal stages onwards and their relevance to the effects of injury at different ages to the brain and to mental function. An understanding of neurodevelopmental models of psychiatric disorders and of cerebral plasticity.	5	0	5	0
		An understanding of the neuroendocrine system, in particular the control of the secretion of hypothalamic and pituitary hormones (by releasing factors and by feedback control) and posterior pituitary function. The main hormonal changes in psychiatric disorders. A basic understanding of neuroendocrine rhythms and their disturbance in psychiatric disorders.	5	0	5	0
		A basic knowledge of the physiology of arousal and sleep and with particular reference to noradrenergic activity and the locus coeruleus.	4	0	4	0
Neuropharmacology <i>Work load: 60 hours lecture equivalent</i> Mode of delivery:	4	General Principles: A brief historical overview of the development of psychotropic drugs. Their classification. Optimizing patient compliance. Knowledge of the placebo effect and the importance of controlling for it. The principles of rational prescribing of psychoactive drug.	2	0	2	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
1. Self-instruction 2. Didactic lectures at the two-week revision course		Pharmacokinetics		0		0
		a. General principles of absorption, distribution, metabolism and elimination. 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'. Applications of these to choice of administrative route and timing of doses. The relationship of culture and ethnicity to pharmacokinetics	5	0	5	0
		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.	3	0	3	0
		Pharmacodynamics		0		0
		a. Synaptic receptor complexity, main receptor subtypes, phenomena of receptor up- and down-regulation.	3	0	3	0
		b. The principal CNS pharmacology of the main groups of drugs used in psychiatry with particular attention to their postulated modes of action in achieving therapeutic affect: at both molecular/synaptic and systems levels. These groups would include 'anti-psychotic' agents, drugs used in the treatment of affective disorder (both mood altering and stabilizing), anxiolytics, hypnotics and anti-epileptic agents. The relationship of culture, race and ethnicity to pharmacodynamics.	6	0	6	0
		c. Neurochemical effects of ECT.	1	0	1	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
Neuropathology <i>Work load: 30 hours lecture equivalent</i> Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course	2	Cellular components of the CNS: Meninges, Neurons, Glia Astrocytes Oligodendroglia Ependymal Cells, Choroid Plexus, Microglia	3	0	3	0
		Pathology of Neurons: Apoptotic neuronal cell death, Hypoxic/ischemic neuronal necrosis, Neuronal loss in neurodegenerative disease, Axonal pathologies, Axonal degeneration following neuronal death, Neuronal changes following axonal damage, Neuronal Inclusions	2	0	2	0
		Pathology of Glia: Reactive Astrocytosis, Fibrillary Gliosis, Piloid Gliosis,	1	0	1	0
		Microscopic appearance of common CNS disease processes: Ischemic damage/stroke, Infection –viral, bacterial, fungal, Neurodegenerative disease, Demyelinating disease, Trauma, Tumors	2	0	2	0
		Neuroradiology: uses of contrast and non-contrast CT, T1MRS, T2 MRI, FLAIR; appearances of CSF, lesion, blood, bone in contrast and non-contrast CT, T1MRS, T2 MRI, FLAIR	2	0	2	0
Genetics <i>Work load: 15 hours lecture equivalent</i>	1	Basic concepts: chromosomes, cell division, gene structure, transcription and translation, structure of the human genome, patterns of inheritance. Traditional techniques: family, twin and adoption studies.	1	0	1	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course		Techniques in molecular genetics: restriction enzymes, molecular cloning and gene probes, Southern blotting, restriction fragment length polymorphisms, recombination.	1	0	1	0
		Distinction between direct gene analysis and gene tracking. Genetic markers, linkage studies, lod scores. Conditions associated with chromosome abnormalities.	1	0	1	0
		Principal inherited conditions encountered in psychiatric practice and the genetic contribution to specific psychiatric disorders.	1	0	1	0
		Prenatal identification. Genetic counseling. The organization of clinical genetic services, DNA banks. Molecular and genetic heterogeneity. Phenotype/genotype correspondence.	1	0	1	0
				0		0
Sociology <i>Work load: 15 hours lecture equivalent</i> Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course	1	Descriptive terms: social class, socio-economic status and their relevance to psychiatric disorder and health care delivery. The social roles of doctors. Sick role and illness behaviour.	1	0	1	0
		Family life in relation to major mental illness (particularly the effects of high Expressed Emotion).	1	0	1	0
		Social factors and specific mental health issues, particularly depression, schizophrenia and addictions. Life events and their subjective, contextual evaluation	1	0	1	0
		The sociology of residential institutions. Ethnic minorities, acculturation and mental health. Basic principles of criminology and penology.	1	0	1	0
		Stigma and prejudice.	1	0	1	0
Psychology	6	Basic Psychology				

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
<p><i>Work load: 90 hours lecture equivalent</i></p> <p>Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course</p>		Learning theory: classical, operant, observational and cognitive models. The concepts of extinction and reinforcement. Learning processes and etiological formulation of clinical problems, including the concepts of generalization, secondary reinforcement, incubation and stimulus preparedness. Escape and avoidance conditioning. Clinical applications in behavioral treatments: reciprocal inhibition, habituation, chaining, shaping, cueing. The impact of various reinforcement schedules. The psychology of punishment. Optimal conditions for observational learning.	3	0	3	0
		Basic principles of visual and auditory perception: figure ground differentiation, object constancy, set, and other aspects of perceptual organization. Perception as an active process. The relevance of perceptual theory to illusions, hallucinations and other psychopathology. The development of visual perception as an illustration of constitutional/environmental interaction.	2	0	2	0
		Memory: influences upon and optimal conditions for encoding, storage and retrieval. Primary working memory storage capacity and the principle of chunking. Semantic episodic and skills memories and other aspects of long-term/secondary memory. The process of forgetting. Emotional factors and retrieval. Distortion, inference, schemata and elaboration in relation. The relevance of this to memory disorders and their assessment.	3	0	3	0
		<i>Thought:</i> the possible relationship with language. Concepts, prototypes and cores. Deductive and inductive reasoning. Problem- solving strategies, algorithms and heuristics. <i>Information processing and attention:</i> The application of these to the study of schizophrenia and other conditions.	2	0	2	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
		Personality: derivation of nomothetic and idiographic theories. Trait and type approaches and elementary personal construct theory. Resume of principles underlying psychoanalytic and humanistic approaches. The interactionist approach. Construction and use of inventories, rating scales, grids and Q-sort.	3	0	3	0
		Motivation: needs and drives. Extrinsic theories (based on primary and secondary drive reduction) and homeostasis. Hypothalamic systems and satiety. Intrinsic theories, curiosity and optimum levels of arousal. Limitations of approach and attempts to integrate. Cognitive consistency. Need for achievement. Maslow's hierarchy of needs.	3	0	3	0
		Emotion: components of emotional response. Critical appraisal of James-Lange and Cannon-Bard theories. Cognitive appraisal, differentiation and the status of primary emotions. Emotions and performance.	1	0	1	0
		Stress: physiological and psychological aspects. Situational factors: life events, daily hassles/uplifts, conflict and trauma. Vulnerability and invulnerability, type A behaviour theory. Coping mechanisms. Locus of control, learned helplessness and learned resourcefulness.	1	0	1	0
		States and levels of awareness: levels of consciousness and evidence for unconscious processing. Arousal, attention and alertness. Sleep structure and dreaming. Parasomnias. Biorhythms and effects of sleep deprivation. Hypnosis and suggestibility. Meditation and trances.	2	0	2	0
		Social Psychology				
		Attitudes: components and measurement by Thurstone, Likert and semantic differential scales. Attitude change and persuasive communication. Cognitive consistency and dissonance. Attitude- behaviour relationships.	2	0	2	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
		Self-psychology: self-concept, self-esteem and self-image. Self- recognition and personal identity.	1	0	1	0
		Interpersonal issues: person perception, affiliation and friendship. Attribution theory, 'naive psychology' and the primary (fundamental) attribution error. Social behaviour in social interactions. 'Theory of mind' as it might apply to pervasive developmental disorders. Elemental linguistics as applied to interpersonal communication.	3	0	3	0
		Leadership, social influence, power and obedience. Types of social power. Influence operating in small and large groups or crowds: conformity, polarization and 'groupthink', deindividuation. Communicative control in relationships.	1	0	1	0
		Intergroup behavior (prejudice, stereotypes and intergroup hostility. Social identity and group membership). Altruism, social exchange theory and helping relationships. Interpersonal co-operation.	1	0	1	0
		Aggression: explanations according to social learning theory, operant conditioning, ethnology, frustration and arousal concepts. The influence of television and other media. Family and social backgrounds of aggressive individuals.	2	0	2	0
Anthropology <i>Work load: 15 hours lecture equivalent</i> Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course	1	Basic frameworks for conceptualizing development: nature and nurture, stage theories, maturational tasks. Possible definitions of maturity. Examination of gene-environment interactions with specific reference to intelligence. Relative influence of early versus later adversities. The relevance of developmental framework for understanding the impact of specific adversities such as traumata. Very brief mention of historical models and theories: Freud and general psychoanalytic, social-learning, Piaget.	1	0	1	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
		<p>Bowlby attachment theory and its relevance to emotional development, affect regulation and human relationships in childhood and later on. Conditions for secure attachment. Types and clinical relevance of insecure attachment. Early separation and its consequences. Consequences of failure to develop selective attachments. Brief consideration of neonatal maternal 'bonding'.</p> <p>Other aspects of family relationships and parenting practices. The influence of parental attitudes compared with parenting practices. Some aspects of distorted family function: e.g. discord, overprotection, rejection, and enmeshment. The impact of bereavement, parental divorce and intrafamilial abuse on subsequent development of the child. Brief mention of relevance or otherwise of non-orthodox family structure including cultural influences on family and stages of family.</p>	1	0	1	0
		<p>Individual temperamental differences and their impact on parent-child relationships. Origins, typologies and stability of temperament and the evolution of character and personality. Childhood vulnerability and resilience with respect to mental health.</p> <p>Cognitive development with critical reference to Piaget's model. The relevance of pre-operational and formal operational thought to communication with children and adults.</p> <p>Basic outline of language development in childhood with special reference to environmental influences and communicative competence.</p>	1	0	1	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
		<p>Development of social competence and relationships with peers: acceptance, group formation, co-operation, friendships, isolation and rejection. The components of popularity.</p> <p>Moral development with critical reference to Kohlberg's stage theory. Relationship to development of social perspective taking.</p> <p>Development of fears in childhood and adolescence with reference to age. Possible etiological and maintenance mechanisms.</p> <p>Sexual development including the development of sexual identity and preferences.</p>	1	0	1	0
		<p>Adolescence as a developmental phase with special reference to pubertal changes, task mastery, conflict with parents and authority, affective stability and 'turmoil'. Normal and abnormal adolescent development.</p> <p>Adaptations in adult life, such as pairing, parenting, illness, bereavement and loss.</p> <p>Pregnancy and childbirth and their stresses both physiological and psychological.</p> <p>The development of personal (ego-) identity in adolescence and adult life. Work, ethnic, gender and other identities. Mid-life 'crises. Adaptations in adult life, especially to illness.</p> <p>Normal ageing and its impact on physical, social, cognitive and emotional aspects if individual functioning. Social changes accompanying old age.</p>	1	0	1	0

Course Title	Credit Units	SPECIFIC TOPICS	No. of objective questions	Bloom's cognitive level		
				Level 1 Awareness of concept (AC)	Levels 2 & 3 Working knowledge (WK)	Levels 4, 5 & 6 In-depth knowledge (IDK)
Statistics <i>Work load: 15 hours lecture equivalent</i> Mode of delivery: 1. Self-instruction 2. Didactic lectures at the two-week revision course	1	Concepts of scale of measurement, sampling methods, frequency and probability distributions. Summary statistics and graphs, outliers, stem-and-leaf plots, Box plots, scattergrams. Types of data e.g. categorical, ordinal, continuous.	1	0	1	0
		Descriptive and Inferential Statistics. Significance tests, estimation and confidence intervals. The advantage of confidence intervals over p values.	1	0	1	0
		Specific tests, particularly t-test, chi-square test, Mann-Whitney U test, confidence intervals for difference between means, proportions and medians. Metanalysis, survival analysis, logistic regression.	1	0	1	0
		Clinical trials - the advantages of randomized trials and the problems with alternatives such as historical controls. A brief introduction to more complex methods such as factor analysis - no more than a description of what the techniques aim to achieve.	1	0	1	0
		Problems of measurement in psychiatry, latent traits (constricts) and observed indications (symptoms). Type I and type II errors. Ideas of reliability and validity. Sensitivity, specificity and predictive values of research measures. Bias. Diagnostic agreement measured by Kappa and intra-class correlations. Cronbach's alpha. Case identification, case registers, mortality and morbidity statistics. Concepts of incidence (inception), prevalence and population at risk. Epidemiology of specific psychiatric disorders.	1	0	1	0

SPECIFICATIONS FOR JUNIOR RESIDENCY

General Psychiatry

TABLE 2: Overview table for General Psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions
General psychiatry	20 ¹	Introduction to psychiatry	5	1
		Interviewing and diagnosis	20	4
		Social treatment in psychiatry	5	1
		Biological treatment in psychiatry	5	1
		Psychological treatment in psychiatry	15	3
		Population treatment in psychiatry	5	1
		Basic statistics and Critical appraisal of published journal papers	5	1
		Basic ethics and Professionalism	5	1
		Child bearing related mental issues (perinatal psychiatry)	5	1
		Specific mental disorders	30	6
TOTAL			100	20

TABLE 3: Introduction to psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% of Course Coverage	Cognitive level
Work load: 15 hours didactic lectures	1	History		
		History of psychiatry as it informs current psychiatric practice	10	WK
		History of psychiatry in Nigeria.	5	WK
		Psychiatry in Nigeria today	5	WK

¹**Mode of delivery:**

1 Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations

30hours per week [5hours per day for 6days /week] for 24 weeks

Duration = 720 hours of clinical practice

Unit = 720/45 = 16

2 Didactic lectures

2 hours per week for 24 weeks

Duration = 48 hours of lectures

Unit = 48/15 = 3

3 Published article review meeting

1.5 hours per week 24 weeks

Duration = 36 hours of seminar

Unit = 36/30 = 1

4 Clinical case conference

2 hours in 4 week for 24 weeks

Duration = 12 hours of seminar

Unit = 12/30 = 0.4

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% of Course Coverage	Cognitive level
		Schools of psychiatry	5	WK
		Principles and practice of evidence-based psychiatry		
		Principles	5	WK
		practice	5	WK
		Dynamic psychiatry		
		Innate needs in Behaviour	5	WK
		Theories of the unconscious	10	WK
		Ego defense mechanisms	5	WK
		Contemporary African theories	5	IDK
		Personality development theories		
		Psychoanalytical	5	WK
		Neo-Freudian	5	WK
		Piagetian	5	WK
		Other theories	5	WK
		Cultural influence	20	
		Impact of cultural factors in clinical practice		WK
		Psychiatry in a multicultural context		WK
TOTAL			100	

TABLE 4: Interviewing and diagnosis

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Interviewing and diagnosis	4	The trainee shall demonstrate the knowledge of basic sciences which underpin the practice of, and demonstrate the skills for		
		Basic principles of interviewing	10	IDK
		Interviewing with sensitivity, including but not limited to, sensitivity to culture, sexual orientation, intellectual abilities and developmental stage	5	IDK
		Mental state examination	10	IDK
		Phenomenology and Psychopathology		
		a. Disorder of perception and sensory distortions	2	IDK
		b. Thought Disorder	1	IDK
		c. Disorders of memory	1	IDK
		d. Disorders of consciousness	1	IDK
		e. Disorders of Affect	1	IDK
		f. Disorders of intelligence	1	IDK
		g. Motor Behaviour and its disorders	2	IDK
		h. Disorders of speech and writing	1	IDK
		Appropriate medical assessment and investigations	5	IDK
		Use of collateral sources and the importance of synthesizing informant and corroborative histories and documented histories with direct assessment	5	IDK
		Impact of cultural context	5	IDK

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
		Risk assessment: The components and limitations, including issues in specific populations, e.g. infants, children and adolescents, older people	10	IDK
		History of development of diagnosis and classificatory systems in psychiatry	5	WK
		Principles and problems of classifications and diagnosis	5	WK
		Similarities and difference in Systems of classification (ICD, DSM)	5	WK
		Formulation	10	IDK
		The concept and challenges of interviewing and assessing the mental state of people with complex communication needs including intellectual, developmental and other disabilities (cognitive, sensory and motor)	5	IDK
TOTAL			100	

TABLE 5: Social treatment in psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Social treatment in psychiatry Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	1	Principles of the recovery philosophy	30	
		Principles of stigma, mental health literacy, the role of public education initiatives	25	WK
		Role of social support services (housing, accommodation, non- governmental organization [NGO] sector individual and group supports)	20	WK
		Role of non-medical individual and group counseling supports, e.g. rape crisis services, Internally displaced people services	10	WK
		Role of consumer and advocacy groups	10	WK
TOTAL			100	

TABLE 6: Biological treatment in psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Biological treatment in psychiatry Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	1	Principles of psychopharmacology and prescribing	10	IDK
		Antipsychotics	10	IDK
		Antidepressants	10	IDK
		Mood stabilizers	5	IDK
		Anxiolytics	10	IDK
		Hypno-sedatives	10	IDK
		Anticonvulsants	10	IDK
		Electroconvulsive therapy (ECT)	10	IDK

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
		Management of physical sequelae and complications of psychiatric illnesses and their treatment	10	IDK
		Transcranial magnetic stimulation	5	AC
		Vagus nerve stimulation	5	AC
		Psychosurgery	5	AC
TOTAL			100	

TABLE 7: Psychological treatment in psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Psychotherapy Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	3	Principles of assessment for all psychotherapy approaches	10	IDK
		Basic principles of psychological interventions (including non- specific factors)	10	
		Understanding general factors to rapport building, therapeutic alliance, frame and contract setting in psychotherapy and issues of confidentiality and boundaries (including boundary violations and personal disclosure) specific to psychotherapy	10	IDK
		Formulation – psychodynamic approaches and other approaches compatible with the other models of psychotherapy	10	IDK
		<i>Understanding the theories, indications and evidence base for these modality of psychological therapies</i>		
		Supportive therapies	5	WK
		Family therapy (major schools)	10	WK
		Cognitive and behavioral therapies	10	IDK
		Interpersonal therapy	5	AC
		Psychodynamic therapies (major schools) - Historical perspective and context of different schools	5	AC
		Rational emotive behavior therapy	5	AC
		Group therapy (major schools)	10	WK
		Couples therapy	5	AC
		Sex therapy	5	AC
		Total		

TABLE 8: Population treatment in psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Population treatment in psychiatry Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	1	Principles of promotion, prevention and early intervention strategies	60	WK
		Awareness of at-risk groups	20	WK
		The burden of mental illness	20	AC
TOTAL			100	

TABLE 9: Basic statistics and Critical appraisal

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Basic statistics and critical appraisal Mode of delivery: 1. Didactic lectures 2. Published article review meetings	1	Fundamentals of statistics relevant to psychiatry	10	WK
		Specific tests, particularly t-test, chi-square test, Mann-Whitney U test, confidence intervals for difference between means, proportions and medians.	5	WK
		Clinical trials - the advantages of randomized trials and the problems with alternatives such as historical controls.	5	WK
		Factor analysis - no more than a description of what the techniques aim to achieve.	5	WK
		Problems of measurement in psychiatry, latent traits (constricts) and observed indications (symptoms). Type I and type II errors.	5	WK
		Reliability and validity. Sensitivity, specificity and predictive values of research measures. Bias.	5	WK
		Diagnostic agreement measured by Kappa and intra-class correlations. Cronbach's alpha.	5	WK
		Metanalysis, survival analysis, logistic regression.	5	WK
		Concepts of incidence (inception), prevalence and population at risk.	5	WK
		Sampling techniques, case identification, case registers, mortality and morbidity statistics.	5	WK
		Epidemiology of specific psychiatric disorders.	5	WK
		Sampling techniques	5	WK
		Sample size calculations formulae and their appropriate applications	5	WK
		Understanding study designs (quantitative and qualitative)	5	WK
		Proposal writing	5	WK
		How to evaluate a scientific paper in psychiatry	5	IDK
		Research ethics	5	IDK
Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journal (formerly ICMJE)	10	WK		

TABLE 10: Basic ethics and Professionalism

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Basic ethics and Professionalism Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	1	Ethics of involuntary / coercive treatment	10	IDK
		Boundary issues and Issues of the exercise of power in psychiatry	10	IDK
		Privacy and confidentiality	10	IDK
		Distribution of healthcare resources	10	
		End-of-life decisions (including “do not resuscitate” (DNR) orders)	10	WK
		Child protection	10	WK
		Importance of personal ethics and integrity	10	IDK
		Maintaining professional standards	10	IDK
		Maintaining personal wellbeing	10	IDK
		Relationship with colleagues and other health care professionals	10	IDK
TOTAL			100	

TABLE 11: Child bearing related mental issues (perinatal psychiatry)

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Child bearing related mental issues (perinatal psychiatry) Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	1	Biological and Psychological influences that contribute to brain development and morphology	5	WK
		Physical and emotional changes in pregnancy, childbirth and the postnatal period.	5	WK
		Factors which may impact on mental well-being during the perinatal period.	5	WK
		Mental illness during the perinatal period - causation, management and prognosis	20	WK
		Parent-infant relationship, normal infant development and the possible impact of parental mental illness on the infant and the family.	10	WK
		Clients’ rights and treatment options in perinatal mental illness.	5	WK
		Measure to enable all women to optimize their mental health.	5	WK
		Pre-conceptual advice for women with a history of mental illness.	5	WK
		Assess the level of risk associated with a woman’s previous history.	5	WK
		Detect signs and symptoms of distress in the perinatal period.	5	WK
		Identify psycho-social risk factors in pregnancy and their impact on individual mental health.	5	WK
		Risk assessment - to self and others (including infanticide) and appropriate risk management strategies.	20	WK
		Specialist services, referral routes and care pathways.	5	WK
		Perinatal care as part of the multi-disciplinary team and collaboration across agencies.	5	WK
		Total		

TABLE 12: Specific mental disorders

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Specific mental disorders Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	6	<i>Areas to cover for each of the disorders are epidemiology, aetiology (biopsychosocial, cultural), types (if applicable) symptomatology / clinical features / diagnostic criteria</i> <i>Course, assessment / relevant investigations, treatment (biopsychosocial, cultural), differential diagnoses, psychiatric and medical comorbidities</i>		
		Organic psychiatry disorder	10	IDK
		Psychosis (schizophrenic spectrum disorders)	15	IDK
		Mood disorders	10	IDK
		Anxiety disorders	10	IDK
		Personality disorders	10	IDK
		Dissociative disorders	10	IDK
		Sleep disorders	5	IDK
		perinatal disorders	5	IDK
		Eating disorders	10	IDK
		Impulse control disorders	5	IDK
		Psychosexual Disorders (and variations in sexual orientations and psychological differences - homosexuality, lesbianism,)	10	IDK
TOTAL			100	

Emergency Psychiatry

TABLE 13: Assessment and management of psychiatric emergencies

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions	Cognitive level
Assessment and management of psychiatric emergencies Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	10 ²	Emergencies and principles of management	10	1	IDK
		Assessment and management of:			
		a. Deliberate self-harm	10	1	IDK
		b. Suicide attempt	10	1	IDK
		c. Aggression / violence	20	2	IDK
		d. Homicidal tendencies	10	2	IDK
		e. Neuroleptic malignant syndrome (and severe extrapyramidal side effects)	10	2	IDK
		f. Stupor	10	2	IDK
		g. Serotonin syndrome	5	1	IDK
		h. Lithium toxicity	5		IDK
		i. Medication overdose	5	1	IDK
j. Substance overdose	5	IDK			
TOTAL			100		

²**Mode of delivery:**

1 Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations

30hours per week [5hours per day for 6days /week] for 12 weeks

Duration = 720 hours of clinical practice

Unit = 360/45 = 8

2 Didactic lectures

2 hours per week for 12 weeks

Duration = 24 hours of lectures

Unit = 24/15 = 1.6

3 Published article review meeting

1.5 hours per week 12 weeks

Duration = 18 hours of seminar

Unit = 18/30 = 0.6

4 Clinical case conference

2 hours in 4 week for 12 weeks

Duration = 6 hours of seminar

Unit = 6/30 = 0.2

Consultation–Liaison Psychiatry (CLP)

TABLE 14: Overview table for consultation-liaison psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions	Cognitive level
Consultation-Liaison psychiatry	10 ³	Assessment and systemic issues in CLP	20	2	IDK
		Treatment in CLP	20	2	
		Development, psychology and culture in CLP	10	1	IDK
		Specific disorders in Consultation LP	50	5	IDK
TOTAL			100	10	

TABLE 15: Assessment and systemic issues in CLP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Assessment and systemic issues in CLP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Principles of interviewing, history gathering and documentation in the general medical setting	20	IDK
		Specialized cognitive testing	30	IDK
		Focused medical assessment and investigations in persons with general medically conditions	30	IDK
		Role of Consultation–Liaison psychiatrist	10	WK
		Models of care in the general medical setting (consultation versus liaison)	10	WK
TOTAL			100	

³Mode of delivery:

1 Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations

30hours per week [5hours per day for 6days /week] for 12 weeks

Duration = 720 hours of clinical practice

Unit = 360/45 = 8

2 Didactic lectures

2 hours per week for 12 weeks

Duration = 24 hours of lectures

Unit = 24/15 = 1.6

3 Published article review meeting

1.5 hours per week 12 weeks

Duration = 18 hours of seminar

Unit = 18/30 = 0.6

4 Clinical case conference

2 hours in 4 week for 12 weeks

Duration = 6 hours of seminar

Unit = 6/30 = 0.2

TABLE 16: Treatment in CLP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Treatment in CLP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Social:	20	
		a. Stigma associated with mental illness in the general hospital setting		IDK
		b. Advocacy when the patient is under another clinician’s care		WK
		Biological:	40	
		a. Principles of psychopharmacology and prescribing in the medically ill patient, e.g. patients on multiple medications, patients with impaired organ function		IDK
		b. Psychiatric and neuropsychiatric sequelae of medical conditions and their treatments		WK
		c. Analgesia		AC
		Psychological:	40	
		a. Principles of psychological interventions in the Consultation–Liaison setting;		IDK
		b. Application of psychological techniques (e.g. conflict resolution) to the patient and the treating team		WK
		c. Containing distress		WK
TOTAL			100	

TABLE 17: Development, psychology and culture in CLP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Development, psychology and culture in CLP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	1	Impact of medical illness on normal development	10	IDK
		Abnormal illness behavior	20	IDK
		Sick role	10	IDK
		Responses to trauma and medical illness (including chronic medical illness	20	WK
		Demoralization	10	WK
		Grief and loss	20	WK
		Impact of cultural factors in the general medical setting, e.g. different understandings of the need to inform the patient	10	WK
		TOTAL		

TABLE 18: Specific disorders in Consultation LP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Specific disorders in Consultation LP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	5	<i>Trainees are expected to acquire knowledge of the following aspects of the disorders listed below: Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.</i>		
		Organic psychiatry	20	
		a. Delirium		IDK
		b. Epilepsy		WK
		c. Acquired brain injury		
		d. Psychiatric illness due to general medical conditions (including side effects of treatments)		WK
		Psychiatric disorders in the persons with general medical conditions	50	IDK
		Somatoform disorders	20	WK
		a. Pain disorders		WK
		b. Somatisation disorder		WK
		c. Conversion disorder		WK
		d. Hypochondriasis		WK
		Factitious disorder and malingering	10	WK
TOTAL			100	

Child & Adolescent Psychiatry (CAP)

TABLE 19: Overview table for Child & Adolescent Psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions
Child & Adolescent psychiatry	10 ⁴	Interviewing and assessment in CAP	30	3
		Treatment in CAP	20	2
		Specific disorders and Issues in CAP	50	5
TOTAL			100	10

TABLE 20: Interviewing and assessment in CAP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Interviewing and assessment in CAP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	3	Basic principles of interviewing children and adolescents	25	IDK
		Mental state examination of the child or adolescent	20	IDK
		Appropriate medical assessment and investigations	5	IDK
		Use of collateral sources	15	WK
		Family interviewing	10	WK
		Developmental assessment	5	WK
		Responses to trauma (including early-developmental trauma)	5	WK
		Grief and loss	5	WK
		Interpretation of behaviour checklists	5	AC
		Psychometrics	5	AC
TOTAL			100	

⁴Mode of delivery:

1 Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations

30hours per week [5hours per day for 6days /week] for 12 weeks

Duration = 720 hours of clinical practice

Unit = $360/45 = 8$

2 Didactic lectures

2 hours per week for 12 weeks

Duration = 24 hours of lectures

Unit = $24/15 = 1.6$

3 Published article review meeting

1.5 hours per week 12 weeks

Duration = 18 hours of seminar

Unit = $18/30 = 0.6$

4 Clinical case conference

2 hours in 4 week for 12 weeks

Duration = 6 hours of seminar

Unit = $6/30 = 0.2$

TABLE 21: Treatment in CAP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Treatment in CAP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Biological		
		a. Principles of psychopharmacology and prescribing in children and adolescents	15	WK
		b. Antipsychotics	5	IDK
		c. Antidepressants	5	IDK
		d. Mood stabilisers	5	IDK
		e. Anxiolytics	5	WK
		f. Psychostimulants and other treatments for Attention deficit hyperactivity disorder (ADHD)	10	WK
		g. Awareness of the use of, and limited evidence for, complementary and alternative treatments	5	AC
		Psychological		
		a. Principles of psychological interventions (including non-specific factors)	15	WK
		b. Family therapy	15	WK
		Social		
		c. Understanding principles of working with patients, families and carers	5	WK
		d. Working with schools, welfare agencies, physical health services	10	WK
Others				
e. Speech therapy	5			

TABLE 22: Specific disorders and Issues in CAP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Specific disorders in CAP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	5	Specific disorders: <i>Trainees are expected to acquire knowledge of the following aspects of the disorders listed below: Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses</i>		WK
		Internalising	25	
		Externalising	25	WK
		Neurodevelopmental disorders	10	WK
		Somatic	10	WK
		Intellectual & Developmental Disabilities		
		Specific issues of assessment of people with intellectual disabilities, including mental health and behaviour, relevance of severity of intellectual disability	10	WK
		Consideration of the aetiology of the disabilities in the patient, whether congenital and/or acquired, and relevance to the clinical presentation	10	WK
		Specific issues of management, including adapted psychotropic drug regimens and importance of long-term developmental perspective	10	WK
TOTAL			100	

Substance use Psychiatry (SUP)

TABLE 23: Overview table for Substance use psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions
Substance use psychiatry	10 ⁵	Theories addiction and epidemiology of substance use	20	2
		Substance use and assessment	20	2
		Specific disorders in substance use psychiatry	30	3
		Treatments in substance use psychiatry	30	3
TOTAL			100	10

TABLE 24: Theories addiction and epidemiology of substance use

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level	
Theories and epidemiology of epidemiology of substance use Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Psychoactive substances – definition and classes	10	WK	
		Epidemiology of substance use	20	WK	
		Theories of addiction	20		
		The neurobiology of substance addiction	20		
		Substance use across the lifespan			WK
		a. Substance use in young people and in older people	15	WK	
		b. Substance use in pregnancy/puerperium	5	WK	
		c. Impact of substance use on normal development (including dementia)	5	WK	
		d. Neonatal abstinence syndromes	5	WK	
TOTAL			100		

⁵**Mode of delivery:**

1 Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations

30hours per week [5hours per day for 6days /week] for 12 weeks

Duration = 720 hours of clinical practice

Unit = 360/45 = 8

2 Didactic lectures

2 hours per week for 12 weeks

Duration = 24 hours of lectures

Unit = 24/15 = 1.6

3 Published article review meeting

1.5 hours per week 12 weeks

Duration = 18 hours of seminar

Unit = 18/30 = 0.6

4 Clinical case conference

2 hours in 4 week for 12 weeks

Duration = 6 hours of seminar

Unit = 6/30 = 0.2

TABLE 25: Substance use and assessment

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
substance use and assessment Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Knowledge and synthesis of the interaction between substance use and psychiatric symptoms/disorders	20	IDK
		Physical effects of substance use, e.g. Korsakoff's syndrome, hepatitis	10	WK
		Investigations specific to substance use, e.g. blood-borne viruses, urine drug screening (UDS)	10	WK
		Specific cognitive testing, e.g. executive function testing	10	WK
		Screening instruments	10	IDK
		Diagnostic instruments	15	IDK
		Comprehensive Evaluation instruments (e.g. Addiction Severity Index)	25	IDK
		TOTAL	100	

TABLE 26: Treatments in SUP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Treatment in SUP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	3	General		
		Integrated approach to the treatment of co-existing problems, especially comorbid post-traumatic stress disorder (PTSD) and other anxiety disorders, mood disorders and psychosis	5	IDK
		Harm-minimization strategies and public health interventions, e.g. needle exchanges. Concepts of treatment program, treatment unit and treatment system	5	WK
		Interaction between drugs of abuse and treatment of psychiatric disorders	5	WK
		Nigerian Minimum standards for the treatment of Substance use disorders	5	
		Social		
		Stigma associated with addiction	5	WK
		Advocacy and Target social issues – employment, housing etc.	5	AC
		Biological		
		Relapse prevention pharmacotherapy, e.g. anti-craving drugs	5	WK
		Withdrawal symptoms monitoring and treatment protocols (for different classes of substances)	20	IDK
		Opioid substitution therapies	5	WK
		Psychological		
		Motivational interviewing	5	IDK
ASSIST-based brief intervention	5	IDK		

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
		Relapse prevention	5	WK
		Counseling	5	WK
		Contingency management	5	
		Mutual help programs, e.g. Alcoholics Anonymous (AA)	5	
		Modalities of treatment		
		Outpatient	1	AC
		Intensive Outpatient	1	AC
		Residential/Inpatient	1	WK
		Therapeutic Community	2	WK
		Half-way house	1	AC
		Detox – Inpatient	1	WK
		Detox Outpatient/Ambulatory	1	AC
		Opioid Replacement, outpatient (Methadone, Buprenorphine, etc.)	1	AC
		Other (low threshold, GP, spiritual healers, etc.)	1	AC

TABLE 27: Specific disorders in SUP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Specific disorders in SUP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	3	Trainees are expected to acquire knowledge of the following aspects of the disorders listed below: Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.		
		Substance-induced disorders		
		a. Substance-induced mood disorders, anxiety disorders	5	IDK
		b. Substance-induced psychosis	5	IDK
		c. Substance dependence and physical illness	5	WK
		Substance dependence		IDK
		a. Alcohol	5	IDK
		b. Nicotine	5	IDK
		c. Cannabis (including its relationship with psychosis)	5	IDK
		d. Amphetamine-type stimulants	5	IDK
		e. Cocaine	5	IDK
		f. Hallucinogens	5	IDK
		g. Opioids	5	IDK
		h. Inhalants	5	IDK
		i. Legal highs	5	AC
		j. Local substances of abuse in Nigeria	5	WK

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
		Pharmaceutical drug misuse/abuse/dependence		
		a. Prescribed medications	5	WK
		b. Over-the-counter medications	5	WK
		Drug stabilization		
		a. Acute intoxication	5	IDK
		b. Withdrawal, knowledge of rating scales and their limitations	10	IDK
		Pain assessment and management options		
		a. Chronic pain and substance use	5	WK
		Personality disorders		
		a. Personality disorders in the addiction setting	5	WK

Forensic Psychiatry (FRP)

TABLE 28: Overview table for Forensic Psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions
Forensic Psychiatry	10 ⁶	Mental health and related legislation	30	3
		Assessment and services in FRP	50	5
		Specific disorders in FRP	20	2
TOTAL			100	10

⁶Mode of delivery:

1 Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations

30hours per week [5hours per day for 6days /week] for 12 weeks

Duration = 720 hours of clinical practice

Unit = 360/45 = 8

2 Didactic lectures

2 hours per week for 12 weeks

Duration = 24 hours of lectures

Unit = 24/15 = 1.6

3 Published article review meeting

1.5 hours per week 12 weeks

Duration = 18 hours of seminar

Unit = 18/30 = 0.6

4 Clinical case conference

2 hours in 4 week for 12 weeks

Duration = 6 hours of seminar

Unit = 6/30 = 0.2

TABLE 29: Mental health and related legislation

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Mental health and related legislation Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	3	Relevant local (Federal and State) mental health legislation (including sections of the constitution of the Federal Republic of Nigeria)	25	IDK
		Responsibilities under the Mental Health Act	10	IDK
		Principles underpinning mental health legislation	10	IDK
		Relevant local (Federal and state) legislation as it applies to specific groups of patients, e.g. forensic, child and adolescent, addiction	10	WK
		Other health legislation (common law):		
		a. Duty-of-care	5	IDK
		b. Enduring power of attorney	5	WK
		c. Guardianship	5	WK
		d. Advance health directives	5	WK
		e. Testimonial privilege	5	IDK
		f. Duty-to-warn	5	IDK
		g. Testamentary capacity	5	WK
Mandatory reporting requirements (including ethical considerations and health practitioner's context)	10	WK		
TOTAL			100	

TABLE 30: Assessment and services in FRP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Assessment and services in FRP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	5	Assessment and management of risk of harm to others	10	IDK
		Capacity	5	WK
		Mensrea	5	WK
		The relationship between mental illness and violence	5	WK
		Therapeutic security and levels of security in psychiatric facilities	5	WK
		Forensic mental health systems and services	40	AC
		Correctional psychiatry	10	AC
		Court presses / proceeding	5	WK
		Expert witness	5	WK
		Writing court report	5	WK
		Principles of psychiatric defenses and fitness to plead/stand trial	5	
		TOTAL		

TABLE 31: Specific disorders in FRP

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS <i>The trainees are expected to acquire knowledge of the following aspects of the disorders listed below: Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.</i>	% age of Course Coverage	Cognitive level
Specific disorders in FRP Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Personality disturbance in a forensic setting	20	WK
		Problematic behaviors		
		a. Litigiousness	10	AC
		b. Stalking	10	AC
		c. Paraphilias	10	AC
		d. Fire-setting	10	AC
		e. Aggression	20	AC
		Victimology	20	AC
TOTAL			100	

Psychiatry of later life (PLA)

TABLE 32: Overview table for Forensic psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions
Forensic psychiatry	10⁷	Assessment in PLA	20	2
		Treatments in PLA	20	2
		Patients, families, carers and wider systems in PLA	20	2
		Specific disorders in PLA	40	4
TOTAL			100	

⁷**Mode of delivery:**

1 Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations

30hours per week [5hours per day for 6days /week] for 12 weeks

Duration = 720 hours of clinical practice

Unit = 360/45 = 8

2 Didactic lectures

2 hours per week for 12 weeks

Duration = 24 hours of lectures

Unit = 24/15 = 1.6

3 Published article review meeting

1.5 hours per week 12 weeks

Duration = 18 hours of seminar

Unit = 18/30 = 0.6

4 Clinical case conference

2 hours in 4 week for 12 weeks

Duration = 6 hours of seminar

Unit = 6/30 = 0.2

TABLE 33: Assessment in PLA

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Assessment in PLA Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Psychiatric assessment of older adults	50	IDK
		Neuroimaging in older people (including an appreciation of the range of normal findings in older people on CT and MRI structural scans)	10	IDK
		Functional assessment (including ADL/IADL function and issues of risk particularly relevant to the older person, such as falls)	20	IDK
		Assessment of social situation, e.g. suitability of living environment, accessibility, social support, elder abuse and exploitation, severe domestic squalor, hoarding	20	IDK
TOTAL			100	

TABLE 34: Treatments in PLA

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Treatment in PLA Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Biological		
		a. Electroconvulsive therapy (ECT) as applied to older people	5	IDK
		b. Principles of psychopharmacology and prescribing in older people (including treatments for physical illnesses, with an emphasis on psychopharmacology in people aged 75 and over)	30	IDK
		c. Biological treatments in dementia (including the use of cognition enhancers)	25	WK
		Psychological		
		a. Principles of behavioural and psychological interventions in older people	25	WK
		Social		
		b. Target social situations	15	WK

TABLE 35: Patients, families, carers and wider systems in PLA

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
Patients, families, carers and wider systems in PLA Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	2	Interaction with residential aged care facilities, non-governmental organisations (NGOs)	60	WK
		Community services for older people, eg. home help, domiciliary nursing, meals on wheels, etc.	30	WK
		Income support, public housing, disability services for older people	5	WK
		Health and welfare support for older veterans	5	WK
		Total	100	

TABLE 36: Specific disorders in PLA

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	Cognitive level
		<i>The trainees are expected to acquire knowledge of the following aspects of the disorders listed below: Epidemiology, aetiology (biopsychosocial, cultural), symptomatology, course, assessment, management (biopsychosocial, cultural), psychiatric and medical comorbidities, differential diagnoses.</i>		
Specific disorders in PLA Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	4	Awareness of how ageing and functional impairment associated with ageing affects treatment outcomes, including the speed of response to treatment	10	WK
		Organic mental disorders		
		a. Dementias	40	IDK
		b. Very-late-onset (> 60 years) schizophrenia-like psychoses	10	IDK
		c. Effects of ageing in people with early-onset (< 40 years) and late-onset (40–60 years) psychotic disorders	10	IDK
		Amnestic disorder	10	WK
		Personality disorders in older people		
		a. Presentation of personality disorders in later life	10	WK
b. Pathoplastic effects of personality dysfunction on mental disorders in later life	10	WK		
		Total	100	

Community Psychiatry (CP)

TABLE 37: Community psychiatry

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions	Cognitive level
Community psychiatry Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	10 ⁸	Concepts and definitions of community psychiatry	5	1	IDK
		Historical development of community psychiatry	5		WK
		Services in community psychiatry: community residential facilities, day training centre, residential training centre, residential accommodation in hostels, half-way home, sheltered workshops, outpatient facility, community-based inpatient facility, Assertive Community Treatment, domiciliary visits, crisis intervention, concept and implementation of mental health literacy in the community	10	1	IDK
		Case studies of community psychiatry implementation in selected high, low- and middle-income countries (including Aro village system)	5	1	WK
		Primary Care Psychiatry versus community psychiatry in developing countries and in Nigeria in particular; MhGAP and its implementation	5		IDK

⁸**Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations**

30hours per week [5hours per day for 6days /week] for 12 weeks

Duration = 720 hours of clinical practice

Unit = 360/45 = 8

2 Didactic lectures

2 hours per week for 12 weeks

Duration = 24 hours of lectures

Unit = 24/15 = 1.6

3 Published article review meeting

1.5 hours per week 12 weeks

Duration = 18 hours of seminar

Unit = 18/30 = 0.6

4 Clinical case conference

2 hours in 4 week for 12 weeks

Duration = 6 hours of seminar

Unit = 6/30 = 0.2

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions	Cognitive level
		Familiarity with the Indigenous world view, often contrasted as being holistic in comparison with the more categorical 'Western' world view	5	1	WK
		Specific cultural practices, customs and social structures and their impact on mental illness presentation and intervention	5		WK
		Indigenous (traditional and religious) system of care across ethnic groups in Nigeria for mental disorders, including divination, sacrifices, herbal medicine	10	1	WK
		Framework for collaboration with indigenous mental health system	5	1	IDK
		Telepsychiatry	5		AC
		Impact of small community living on presentation of mental illness and intervention	5	1	AC
		Working autonomously, and in partnership with, limited community support services	5		WK
		Assessment and diagnosis in the community	5		IDK
		Personal safety and security issues	5		IDK
		Importance of confidentiality and its intricacies for patients seen in a community setting	5	1	IDK
		Liaison with relevant agencies	5		WK
		Assessment and management of risk in the context of community care	10	1	IDK
		Total	100		

TABLE 38: Neurology

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions	Cognitive level
Neurology Mode of delivery: 1. Clinical rotation 2. Didactic lectures 3. Published article review meetings 4. Clinical case conference	10 ⁹	MECHANISMS OF NEUROLOGIC DISEASES: Neurogenesis; Ion Channels and Channelopathies; Neurotransmitters and Neurotransmitter Receptors; Signaling Pathways and Gene Transcription; Myelin; Neurotropic Factors; Stem Cells and Transplantation; Cell Death— Excitotoxicity and Apoptosis; Protein Aggregation and Neurodegeneration; Systems Neuroscience	10	1	IDK
		NEUROIMAGING IN NEUROLOGIC DISORDERS: Techniques, Indications, Contraindications and Complications of Computed Tomography, Magnetic Resonance Imaging, Magnetic Resonance Angiography, Echo-Planar MR Imaging, Magnetic Resonance Neurography, Positron Emission Tomography (PET); Myelography, Angiography, Interventional Neuroradiology	10	1	WK
		NUMBNESS, TINGLING, AND SENSORY LOSS: Positive and Negative Symptoms Terminology: dysesthesias, hyperesthesia, hypoesthesia, anesthesia, hypalgesia, analgesia, allodynia, Hyperalgesia, hyperpathia Anatomy of Sensation Examination of Sensation Localization of Sensory Abnormalities	10	1	IDK
		SEIZURES AND EPILEPSY:	30	3	IDK

⁹Clinical rotation – wardrounds, clinics, calls, bedside teaching, case reviews, consultations

30hours per week [5hours per day for 6days /week] for 12 weeks

Duration = 720 hours of clinical practice

Unit = 360/45 = 8

2 Didactic lectures

2 hours per week for 12 weeks

Duration = 24 hours of lectures

Unit = 24/15 = 1.6

3 Published article review meeting

1.5 hours per week 12 weeks

Duration = 18 hours of seminar

Unit = 18/30 = 0.6

4 Clinical case conference

2 hours in 4 week for 12 weeks

Duration = 6 hours of seminar

Unit = 6/30 = 0.2

Course Title	Credit Units	SPECIFIC TOPICS, KNOWLEDGE, ATTITUDES, SKILLS	% age of Course Coverage	No of objective questions	Cognitive level
		Classification of Seizures; Epilepsy Syndromes (Juvenile Myoclonic Epilepsy, Lennox-Gastaut Syndrome, Mesial Temporal Lobe Epilepsy Syndrome); The Causes of Seizures and Epilepsy; Mechanisms of Epileptogenesis and of Seizure Initiation and Propagation; History and Examination; investigations (Laboratory, Electrophysiologic, Brain Imaging) Differential Diagnosis of Seizures (Syncope, Psychogenic Seizures, Status Epilepticus) Antiepileptic Drugs and Mechanisms of Action, dosing and monitoring; Treatment of Refractory Epilepsy; Interictal Behavior; Mortality of Epilepsy; Psychosocial Issues; Employment, Driving, and Other Activities; Special Issues Related to Women and Epilepsy (Catamenial Epilepsy, pregnancy, Contraception, Breast-Feeding)			
		PAIN PATHOPHYSIOLOGY AND MANAGEMENT: The Pain Sensory System (Peripheral Mechanisms, central Mechanisms and Pain Modulation) Neuropathic Pain; Chronic Pain; Treatment (acute, chronic and neuropathic pains)	20	2	IDK
		HEADACHE: Anatomy and Physiology of Headache; Clinical Evaluation of Acute, New-Onset Headache Primary Headache Syndromes (Migraine Headache, Tension-Type Headache, Trigeminal Autonomic Cephalalgias, Chronic Daily Headache), causes, investigations and management.	10	1	IDK
		CEREBROVASCULAR DISEASES Ischemic Stroke (Pathophysiology, Etiology); Transient Ischemic Attacks; Risk Factors for Ischemic Stroke and TIA; Primary and Secondary Prevention of Stroke and TIA; Stroke Syndromes; Imaging Studies Intracranial Hemorrhage (Diagnosis and Emergency Management); Algorithm for stroke and TIA management	10	1	WK
		Total	100	10	

SENIOR RESIDENCY

Table 39: Clinical services

COURSES	CREDIT UNITS	SPECIFIC SUBJECTS /TOPICS / SKILLS	% age of Course Coverage	Cognitive level
CLINICAL SERVICES 30hours per week [5hours per day for 6days /week] for 48 weeks Duration = 15 x 32= 480 hrs. Mode of delivery: 1. Clinical rotation 2. seminars 3. Published article review meetings 4. workshops	32	First of the two outstanding core rotation areas	12.5	IDK
		Second of the two outstanding core rotation areas	12.5	IDK
		Three months in subspecialty area apart from the area of intended sub specialization	12.5	IDK
		Three months in an elective rotation which could be outside core psychiatry but relevant to mental health in general	12.5	IDK
		The final 12 months will be in the area of intended sub-specialization	50	IDK

Table 40: Management course

COURSES	CREDIT UNITS	SPECIFIC SUBJECTS /TOPICS / SKILLS	% age of Course Coverage	Cognitive level
MANAGEMENT Management Workshops, 30 hours per week [6hours/day] for 2 weeks	4	Leadership, Team Working and Delegation	20	WK
		Managing the Health Team	10	WK
		Budgeting and Cost Controls	10	WK
		Served Community and Client Relations	10	WK
		Oversight and Political Issues	10	WK
		Facility and Psychiatric Services and Management	40	IDK

Table 41: Medical Education

COURSES	CREDIT UNITS	SPECIFIC SUBJECTS /TOPICS / SKILLS	% age of Course Coverage	Cognitive level
MEDICATION EDUCATION		Theories of Medical Education: Self-authorship theory, Self-Regulation Theory, General overview of the theories used in assessment	20	IDK

COURSES	CREDIT UNITS	SPECIFIC SUBJECTS /TOPICS / SKILLS	% age of Course Coverage	Cognitive level
Seminars, 4 hours per week for 15 weeks		Curriculum Planning: The integrated curriculum in medical education, Outcome-Based Education, Curriculum mapping	20	IDK
		Assessment: Setting and maintaining standards in multiple choice examinations, Online eAssessment, Workplace-based Assessment, The assessment of learning outcomes, Post Examination Analysis of Objective Tests, How to Measure the Quality of the OSCE, The Objective Structured Clinical Examination (OSCE), Assessment of Clinical Competence Using the Objective Structured Long Examination Record (OSLER), Entrustable Professional Activities; the Use of Real Patients, Simulated Patients and Simulators in Clinical Examinations	40	IDK
		Education Management: Faculty Development, Effective educational and clinical supervision, The Good Teacher is more than a Lecturer - the twelve roles of the teacher	20	IDK

Table 42: Research Methodology

COURSES	CREDIT UNITS	SPECIFIC SUBJECTS /TOPICS / SKILLS	% age of Course Coverage	Cognitive level
RESEARCH METHODOLOGY Workshops, 30 hours per week [6hours/day] for 2 weeks DURATION = 15 X 4 = 60 HRS	4	Biostatistics and Epidemiology	30	WK
		Research subject /topic and scientific rigor.	5	IDK
		Critical review of the literature	10	IDK
		Research question and Hypotheses	5	IDK
		Instruments for assessing the Cognitive level	10	IDK
		Data collection coding and entry	5	IDK
		Data analysis and interpretation of data output	20	IDK
		Writing a scientific report	5	IDK
		Use of electronic tools in research (search engines, search techniques, publication databases, Reference manager – Mendeley, MS word Tracked changes etc	10	IDK

Table 43: Dissertation

COURSES	CREDIT UNITS	SPECIFIC SUBJECTS /TOPICS / SKILLS	% age of Course Coverage	Cognitive level
E. DISSERTATION DURATION = 12x 15 = 180	12	Proposal writing and Seminar	30	IDK
		Literature Gathering	5	IDK
		Literature Review	5	IDK
		Field Work and data collection	30	IDK
		Collation, Analysis and Seminar	20	IDK

		Reporting	10	IDK
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EXAMINATIONS

Primary examination

MCQ

- One hundred and fifty questions for 2.5 hours
- It will be in best-option-out-of-four format.
- There will be a penalty of 0.25 for wrong answers
- Question distribution over the subject areas will be
 - Neuroanatomy 30
 - Neurophysiology 25
 - Neurochemistry 10
 - Neuropharmacology 20
 - Neuropathology 10
 - Genetics 5
 - psychopathology 5
 - Psychology 30
 - Sociology 5
 - Anthropology 5
 - Statistics 5

ESSAY

Part I Examination

MCQ

- One hundred questions for 2 hours
- It will be in best-option-out-of-four format.
- There will be a penalty of 0.25 for wrong answers
- Question distribution over the subject areas will be
 - General psychiatry (including Anthology and psychology) 20
 - Neurology 10
 - Emergency 10
 - Consultation-Liaison 10
 - Child and Adolescent Psychiatry 10
 - Forensic 10
 - Community and rural psychiatry 10
 - Psychiatry of later life 10
 - Substance use psychiatry 10

ESSAY PAPER I

- Five questions to answer 4 in 2 hours 45 minutes
- Question distribution over the subject areas will be
 - General psychiatry (including Anthology and psychology) 2
 - Neurology 1
 - Emergency 1
 - Consultation-Liaison 1

ESSAY PAPER II

- Five questions to answer 4 on subspecialties in 2 hours 45 minutes
- Question distribution over the subject areas will be
 - Child and Adolescent Psychiatry 1
 - Forensic 1
 - Community and rural psychiatry 1
 - Psychiatry of later life 1
 - Substance use psychiatry 1

LONG CASE

- Candidate will have 60 minutes to interview and examine a patient
- The candidate will then interaction usually with two examiners for 60 minutes
- Details of scoring are as shown in the appendix A

OSCE

- This is a one-hour clinical session
- Six Manned stations
- Ten minutes per station
- Scoring will be done with a checklist usually by two examiners

PRACTICALS

- This is a one-hour practical session
- Consists of interpretations of clinical scenarios and materials, including radiological, laboratory and psychological tools and results;

PartII Examination

ORAL EXAMINATIONS

- This is a set of 6 predetermined questions with at least 2 examiners for each.
- Candidate spends 6 minutes per question
- The questions will assess the candidate's competencies to analyze, evaluate and synthesize recent advances and contemporary issues in psychiatry.

PATIENT MANAGEMENT PROBLEMS

- These are short description of clinical situations followed by a series of questions
- They assess the candidate's competencies to provide systematic solution to clinical problems, following the time-honoured order of taking a history and mental state examination; performing physical examination and investigations; involving the patient, relatives and carers; and offering social, psychological and biological interventions
- This is a one-hour exam.

DISSERTATION DEFENSE

- This is usually a one-hour examination conducted by two examiners who have previously been given the dissertation three months prior to the examination
- Whenever it is possible one of the examiners is always the person who assessed the proposal
- The candidate will first have the opportunity to present the research report
- This is followed by clarifications and questions to which the candidate will have to respond, this is also called defense
- Although the questions are mainly in connection with presented dissertation, issues may arise from fundamentals in psychiatry and relevant applications.
- The method of assessing the book is as in the appendix B.

Appendix A: Accreditation criteria for training institution¹⁰

Background: In our attempt to meet the aims and objective of our training programme, we must routinely verify that the training institutions meet a minimum standard in the number and quality of staff, infrastructure and equipment. The accreditation also provides faculty the opportunity to assess the attitude of the institution to residency training and residents generally. Our accreditation assessment also acts as a vehicle to encourage the development of subspecialties, quality of patient care, and contain the problem of stigmatization in the country.

DEFINITION OF TERMS

A1 FULL ACCREDITATION:

The syllabus prescribes that residents rotate through general psychiatry, neurology and any five sub-specialty before the Part I examinations. Any institution with adequate staff and facilities to train in full residents during these rotations is accorded full accreditation. A1.1 Full accreditation can also be given if the residents have full access to facilities of sister institutions as long as both facilities are within the same town and not overwhelmed.

A11 PARTIAL ACCREDITATION:

An institution that can provide adequate training and rotation in General psychiatry and a minimum of two sub-specialties can qualify for partial accreditation if:

- AII.1 A workable arrangement with other institution(s) have been concluded for residents to rotate through the other sub specialties.
- AII.11 Evidence for such arrangements must be available for inspection on demand.
- AII.111 Work plan to attain full accreditation status within 3 years must be available.

AIII FACILITY CERTIFICATION

Some private or public institutions, whether psychiatric or not may apply for certification of their facility for specific purposes like courses, specific skill training (eg Rehabilitation, Hypnosis, Psychometrics, Sleep laboratory etc.). Residents undergoing such training must be primarily supervised by Fellows of the college or sister colleges.

AIV SUB SPECIALIST

- AIV.1 A psychiatrist who has undergone formal post qualification training in a specialty and is practicing that specialty.
- AIV.11 Any psychiatrist who has spent minimum of five years in a sub specialty.
- AIV.111 A psychiatrist who has spent three years in a specialty and has distinguished himself in the specialty will also be accorded the status of a sub specialist.
- AIV.1V A psychiatrist can only supervise residents only in one sub specialty. General and emergency psychiatry can be supervised by any sub specialist. Only Neurologists are allowed to supervise neurology rotation.

¹⁰COMPILED BY COMMITTEE ON GUIDLINE FOR ACCREDITATION

MEMBERS: 1. Dr. O. Udofia – Chairman, 2. Dr. A.O. Ogunlesi – Member, 3. Dr. J.D. Adeyemi – Member Date: 9/9/04

General Psychiatry and Subspecialty Rotations

General psychiatry:

1. Minimum of 6 months (preferably not broken)
2. Facilities to conduct standard clinical psychiatric interview
3. Facilities to conduct required investigative procedures both laboratory and psychological
4. Availability of adequate range of drugs for investigation and treatment
5. In and out patient treatment facilities
6. Adequate support team for multidisciplinary management

Sub Specialties

1. A minimum of 3 months exposure in each sub specialty (see syllabus)
2. Patient contact not less than 30 per subspecialty
3. Rotation supervised by a specific sub specialist or neurologist.
4. Specialized facilities if required must be available
5. Records to show patient flow

Accepted Additional Avenues to Implement Sub Specialty Trainings

In addition to opportunities in psychiatric institutions and teaching hospitals experiences in the following can be considered. Such facilities should be accredited (as in AIII above)

1. Child Psychiatry – School clinics, children homes, etc.
2. Psychogeriatrics – Old people’s homes,
3. Forensic - Prisons, courts others
4. Community psychiatry – Village health centers, home care others
5. Psychotherapy – Counseling services in educational institutions, Churches, others
6. Drugs/Substance Use – Rehabilitation centers

CLINICAL FACILITIES

WARDS

1. Admission wards should be arranged for adequate and effective nursing
2. Adequate toilet facility for staff and patients
3. Separate treatment room
4. Consulting rooms on the ward
5. Aesthetically correct furnishing
6. Each ward should be equipped with basic diagnostic equipment

OUTPATIENT DEPARTMENT

1. Comfortable waiting area
2. Consulting rooms
3. Treatment room
4. Functioning diagnostic and resuscitative equipment
5. Examination couch
6. Toilet facility in good sanitary condition
7. Record of patient flow

EMERGENCY ROOM

1. Purpose built emergency room, separate from out-patient clinic
2. Call room for residents on call
3. Facility for resuscitation
4. Telephone facility
5. Emergency drug cupboard
6. Side-room laboratory

7. Alarm system
8. Records to show patient flow

ECT SUITE

1. Waiting room
2. Treatment room
3. Recovery room in logical sequence
4. Access to anesthetist
5. ECT machine
6. Suction machine
7. Resuscitation drugs and equipment
8. Evidence of modified ECT

CALLS

1. Call duty room
2. A meal for call doctor
3. Access to telephone
4. Recreational facilities during calls e.g. television

SUPPORTING MANPOWER / FACILITIES

CLINICAL PSYCHOLOGY

1. One fully trained for every 50 beds
2. At least one psychotherapy room
3. Facility for recording interviews, one-way mirror or close circuit TV.
4. Psychometric tests
 1. I.Q. testing (2 test types minimum)
 2. Personality measurement (2 test types minimum)
 3. Cognitive assessment: (2 types of test minimum)
5. Evidence of participation in management of patients (case note referrals and reports)

PSYCHIATRIC SOCIAL WORKS

1. At least one trained Psychiatric Social Worker with a minimum of 2 assistants
2. Evidence of Social Works input in patient management
2. Facilities to conduct home visits

OCCUPATIONAL THERAPY

1. One trained occupational therapist with 2 assistants
2. Minimum of 5 activities possible
3. Evidence of participation in patient management

NURSING

WHO recommendation of 1 psychiatric nurse per 4 beds per shift

PHARMACY

1. Minimum of 2 pharmacists and assistants
2. Essential drug list in addition to second line drugs. Stock Lithium and mood stabilizers
3. Drugs for investigations in psychiatry e.g. drug assisted interviews

EEG

1. One EEG technologist with assistants
2. Functional EEG machine

3. Access to consultant neurologist / neuro-psychiatrist
4. Evidence of participation in patient management

LABORATORY

1. One qualified technologist and two assistants
2. Facility for hematological, biochemical (including lithium), microbiological investigations
3. A consultant pathologist or a designated physician who supervises or countersigns Laboratory reports.
4. Evidence of laboratory input in patient management.
5. Evidence of imaging utilization in patient care e.g. CXR, CT-SCAN

RECORDS

1. One qualified health record personnel with assistants
2. Computerization of records
3. Filing shelves, proper case notes
4. Usage of ICD 10 classificatory method
5. Index cards, register of patients

WELFARE OF RESIDENT DOCTORS

1. Properly furnished common room
2. Offices
3. One room for chief resident
4. SECRETARIAL FACILITY for residents
 1. A confidential secretary or typist with office assistants
 2. Access to a computer with peripherals
 3. Minimum of one typewriter
 4. A telephone
 5. Mail point for doctors

ACADEMIC FACILITIES

LIBRARY

1. Qualified Librarian or access to one
2. Current journals and textbooks
3. Access to internet
4. Photocopy/printer/computer
5. All copies of Nigerian Journal of Psychiatry, Nigerian Postgraduate Medical Journal, and Nigerian Medical Journal

ACADEMIC PROGRAMME

1. A consultant should be assigned with the responsibility to organize and co-ordinate training
2. A copy of academic programme (should be included in the profile of the hospital during accreditation)
3. Rosters and registers of attendance at journal clubs, research and clinical meetings.
4. Evidence of sponsorship to revision courses and examinations
5. Reading room
6. Access to audio-visual aids
7. Specified academic day for resident doctors
8. Evidence of participation in research activities in the department/hospital.

Administrative Structure

1. Autonomous department or hospital headed by a psychiatrist
2. Minimum of 2 full-time consultant psychiatrists
3. Maximum of 50 beds per consultant, minimum of 6 beds per consultant
4. A part-time consultant must do a minimum of 1 ward round and 1 clinic per week.

Accreditation checklist – trainers’ qualifications and subspecialties

Sn	Surname	Other names	FMCP Year	FWACP Year	Subspecialty	Number of years working in the subspecialty	FT / PT*
1							
2							
3							
4							
5							
6							
7							
8							
9							
...							

*Part time / Full time

Accreditation checklist – subspecialty rotations facilities

	SUBSPECIALTY	On-site	Off-site	Not available	Comments
A	GENERAL PSYCHIATRY				
1	Where rotation is one				
2	Months spent on rotation (broken / unbroken?)				
3	Facilities to conduct standard clinical psychiatric interview				
4	Facilities to conduct required investigative procedures both laboratory and psychological				
5	Availability of adequate range of drugs for investigation and treatment				
6	In- and outpatient treatment facilities				
7	Records to show patient flow – to estimate patient contacts				
B	NEUROLOGY				
1	Where rotation is done				
2	Months spent on rotation				
C	CHILD AND ADOLESCENT PSYCHIATRY				
1	Where rotation is done				
2	Months spent on rotation (broken / unbroken?)				
3	Facilities to conduct standard clinical psychiatric interview				
4	Facilities to conduct required investigative procedures both laboratory and psychological				
5	Availability of adequate range of drugs for investigation and treatment				
6	In- and outpatient treatment facilities				
7	Records to show patient flow – to estimate patient contacts				
D	GERIATRICS				
1	Where rotation is done				

	SUBSPECIALTY	On-site	Off-site	Not available	Comments
2	Months spent on rotation				
3	Facilities to conduct standard clinical psychiatric interview				
4	Facilities to conduct required investigative procedures both laboratory and psychological				
5	Availability of adequate range of drugs for investigation and treatment				
6	In- and outpatient treatment facilities				
7	Records to show patient flow – to estimate patient contacts				
E	FORENSIC PSYCHIATRY				
1	Where rotation is done				
2	Months spent on rotation				
3	Facilities to conduct standard clinical psychiatric interview				
4	Facilities to conduct required investigative procedures both laboratory and psychological				
5	Availability of adequate range of drugs for investigation and treatment				
6	In- and outpatient treatment facilities				
7	Records to show patient flow – to estimate patient contacts				
G	SUBSTANCE ABUSE TREATMENT				
1	Where rotation is done				
2	Months spent on rotation				
3	Facilities to conduct standard clinical psychiatric interview				
4	Facilities to conduct required investigative procedures both laboratory and psychological				
5	Availability of adequate range of drugs for investigation and treatment				
6	In- and outpatient treatment facilities				
7	Records to show patient flow – to estimate patient contacts				
H	CONSULTATION-LIAISON PSYCHIATRY				
1	Where rotation is done				
2	Months spent on rotation				

Accreditation checklist – clinical facilities

Facility and Criteria	Remarks
WARDS	
1. Arrangement of admission wards for adequate and effective nursing	
2. Adequate toilet facility for staff and patients	
3. Separate treatment room	
4. Consulting rooms on the ward	
5. Aesthetically correct furnishing	
6. Each ward should be equipped with basic diagnostic equipment	
Total number of wards	
Total number of beds	

Facility and Criteria		Remarks
OUTPATIENT DEPARTMENT		
	1. Comfortable waiting area	
	2. Consulting rooms (number and condition)	
	3. Treatment room (number and condition)	
	4. Functioning diagnostic and resuscitative equipment	
	5. Examination couch (number and condition)	
	6. Toilet facility in good sanitary condition (number and condition)	
	7. Record of patient flow	
EMERGENCY ROOM		
	1. Purpose built emergency room, separate from out-patient clinic	
	2. Call room for residents on call	
	3. Facility for resuscitation	
	4. Telephone facility	
	5. Emergency drug cupboard	
	6. Side-room laboratory	
	7. Alarm system	
	8. Records to show patient flow	
ECT SUITE		
	1. Waiting room	
	2. Treatment room	
	3. Recovery room in logical sequence	
	4. Access to anesthetist	
	5. ECT machine	
	6. Suction machine	
	7. Resuscitation drugs and equipment	
	8. Evidence of modified ECT	
CALLS		
	1. Call duty room	
	2. A meal for call doctors	
	3. Access to telephone	
	4. Recreational facilities during calls e.g. television	

Accreditation checklist – supporting manpower / facilities

CLINICAL PSYCHOLOGY		
	1. One fully trained for every 50 beds	
	2. At least one psychotherapy room	
	3. Facility for recording interviews, one-way mirror or close circuit TV.	
	4. Psychometric tests	
	1. I.Q. testing (2 test types minimum)	
	2. Personality measurement (2 test types minimum)	
	3. Cognitive assessment: (2 types of test minimum)	
	5. Evidence of participation in management of patients (case note referrals and reports)	
PSYCHIATRIC SOCIAL WORKS		
	1. At least one trained Psychiatric Social Worker with a minimum of 2 assistants	
	2. Evidence of Social Works input in patient management	

	2. Facilities to conduct home visits	
OCCUPATIONAL THERAPY		
	1. One trained occupational therapist with 2 assistants	
	2. Minimum of 5 activities possible	
	3. Evidence of participation in patient management	
NURSING		
	WHO recommendation of 1 psychiatric nurse per 4 beds per shift	
PHARMACY		
	1. Minimum of 2 pharmacists and assistants	
	2. Essential drug list in addition to second line drugs. Stock Lithium and mood stabilizers	
	3. Drugs for investigations in psychiatry e.g. drug assisted interviews	
EEG		
	1. One EEG technologist with assistants	
	2. Functional EEG machine	
	3. Access to consultant neurologist / neuro-psychiatrist	
	4. Evidence of participation in patient management	
LABORATORY		
	1. One qualified technologist and two assistants	
	2. Facility for hematological, biochemical (including lithium), microbiological investigations	
	3. A consultant pathologist or a designated physician who supervises or countersigns Laboratory reports.	
	4. Evidence of laboratory input in patient management.	
	5. Evidence of imaging utilization in patient care e.g. CXR, CT-SCAN	
RECORDS		
	1. One qualified health record personnel with assistants	
	2. Computerization of records	
	3. Filing shelves, proper case notes	
	4. Usage of ICD 10 classificatory method	
	5. Index cards, register of patients	
WELFARE OF RESIDENT DOCTORS		
	1. Properly furnished common room	
	2. Offices	
	3. One room for chief resident	
	4. SECRETARIAL FACILITY for residents	
	1. A confidential secretary or typist with office assistants	
	2. Access to a computer with peripherals	
	3. Minimum of one typewriter	
	4. A telephone	
	5. Mail point for doctors	
ACADEMIC FACILITIES		
LIBRARY		
	1. Qualified Librarian or access to one	
	2. Current journals and textbooks	
	3. Access to internet	
	4. Photocopy/printer/computer	
	5. All copies of Nigerian Journal of Psychiatry, Nigerian Postgraduate Medical Journal, and Nigerian Medical Journal	

ACADEMIC PROGRAMME		
	1. A consultant should be assigned with the responsibility to organize and co-ordinate training	
	2. A copy of academic programme (should be included in the profile of the hospital during accreditation)	
	3. Rosters and registers of attendance at journal clubs, research and clinical meetings.	
	4. Evidence of sponsorship to revision courses and examinations	
	5. Reading room	
	6. Access to audio-visual aids	
	7. Specified academic day for resident doctors	
	8. Evidence of participation in research activities in the department/hospital.	
Administrative Structure		
	1. Autonomous department or hospital headed by a psychiatrist	
	2. Minimum of 2 full-time consultant psychiatrists	
	3. Maximum of 50 beds per consultant, minimum of 6 beds per consultant	
	4. A part-time consultant must do a minimum of 1 ward round and 1 clinic per week.	

Appendix B: Accreditation Guide

NATIONAL POSTGRDUATE MEDICAL COLLEGE OF NIGERIA UNIFORM CRITERIA/GUIDE FOR ACCREDITATION FEBRUARY 2016

The Senate of National Postgraduate Medical College of Nigeria at its meeting of 3rd December 2015 approved Uniform Criteria /Guidelines for Accreditation of Training Institutions as follows:

BASIS

The College recognizes that the training of specialist requires

1. Qualified and experienced personnel
2. Appropriate infrastructure
3. A well-structured training programme that recognizes modern trends of training and assessments
4. Opportunities and evidence of acquisition of skills
5. Access to up-to-date information
6. Regular feedback and evaluation from trainers and trainees

PHILOSOPHY: The process must be:-

- Fair
Done when the institution is ready
- Transparent
What is being assessed and persons assessing is known to all
- Objective
Minimal bias in the choice of the accreditors – usually not from the institution of affiliates
- Instructive
Feedback given to heads of Institutions
- Monitored
Reaccreditation done after a clearly defined period – 5 years (Full), 2 years (Partial)

DEFINITIONS AND WEIGHTING

MANDATORY REQUIREMENT.

1. Qualified personnel

The College approved that the basic qualification for training is the Fellowship of College (by examination or election but not honorary). The individual must have had at least 5 years' experience working in a training institution and must be financially up-to-date. It is also expedient that departments in Institutions should have a good mix of the College training in the country so that trainees will have the maximum benefits of current rules and regulations governing their training. Weighting should be 15% of total accreditation score

2. Appropriate Infrastructure

This is a major pillar without which training cannot take place. What is appropriate will be defined by faculties. But facilities must be well constructed and maintained with the basic amenities

- a. light
- b. water
- c. waste disposal

Available and with adequate backup. These includes

- a. wards
- b. out patients clinic
- c. laboratories
- d. theaters
- e. radiological suites, etc

The weighting shall be a minimum of 10% of total accreditation scores. This can be sub-divided into core infrastructure (5%) and support infrastructure (5%)

3. **Equipment**
The College noted that equipment is an essential component in the acquisition of skills and competence. The minimum equipment needs will be determined by faculties and the procedure/log book will be necessary in assessing this component. The weighting shall be a minimum of 20% of total accreditation score.
4. **Structured training programme:**
The College has approved curricula and required competences that trainees are expected to acquire. It is expected that institutions have a well-publicized (every trainee should have it in writing) structured programme which faithfully implemented and evaluated by a departmental residency committee. This programme must be seen by the accreditation team. Weighting should be 15% of total accreditation score.
5. **Opportunities/ Evidence of skill acquisition**
In recognition that our profession is an apprenticeship, all trainees must be provided with the opportunities of acquiring the necessary skills to be competent as a specialist. Records of such must be seen. This includes a procedure registrar, theater list and log book. Weighting should be 15% of total accreditation score.

DESIRABLE REQUIREMENT

6. **Access to new information**
This is a crucial element in making our trainees lifelong learners. It is therefore expected that there should be institutional support for trainees to attend updates, revisions, conference and seminars. It is also expedient that trainees acquire the skills at making presentation at departmental meetings and other scientific or professional. The library and the internet are veritable sources of information and it is expected that training institutions have such facilities accessible to the trainees. Evidence of all these must be seen. Weighting should be 15% of total accreditation score
7. **Regular feedback and evaluation:**
Evaluation is an important aspect of training. It is recognized that assessment can be formative /continues or summative. The College traditionally have carried out summative examinations at the end of each part. However, training requires regular feedback from trainers to trainees and vice versa. Mentorship builds on the concept of regular evaluation, feedback, appropriate guidance and counseling of trainees. A good training programme must have these inbuilt and faithfully carried out. Weighting should be 10% of total accreditation score.
Total score is 100% or 100 points

TABLE OF REQUIREMENT AND GRADING

No	Requirement	Inadequate 0	Partially Adequate 7.5	Full Adequate 15
1.	Qualified and experienced personnel a. Prescribed number (full time/Part time b. prescribed trainers: trainees ratio c. support personnel (15 Points)			
2.	Appropriate infrastructure a. basic: water, light, sewage etc b. core departments presents c. support departments presents (10 Points)			
3	Equipment a. core equipment b. support equipment (20 Points)			

No	Requirement	Inadequate 0	Partially Adequate 7.5	Full Adequate 15
4	Well-structured training programme a. seen by all b. content (lectures, tutorial , bedside sessions) (15 Points)			
5	Opportunities/ Evidence of skill acquisition a. Procedure Register b. Theater List c. Log Book (15 Points)			
6	Access to new information(15 point) a. library b. Internet (15 Points)			
7	Regular feedback and evaluation (10 Point)			
8	TOTAL			

< 0=49 (Scores less than 50%)

- Accreditation Denied

≥50-74 (Scores equals to 50% and Less than 75%)

- Partial Accreditation for 2 years

>75-100 (Scores equals or greater than 75% and above)

- Full Accreditation for 5 years

2. **Effectiveness/function/role of visiting Consultants**

1. A visiting Consultant should have a minimum of 5 years post Fellowship experience
2. No training should take place in any institution without permanent consultants on ground
3. There must be documented evidence of activities of a visiting Consultant that residents are being supervised by him/her.
4. For the purpose of accreditation the full time equivalent should be as follows:
2 visiting Consultants to 1 Full time Consultant.

3. **Period of Accreditation**

1. Partial accreditation should last for 2 years. Within the period of the Partial accreditation, one monitoring visit should be made to the institution.
2. Full accreditation should last for 5 years. Within the period of the Full accreditation, two monitoring visits should be made to the institution.

4. **Effective Date of Accreditation**

The effective date for existing accreditation should be with effect from the date of visitation, irrespective of the time the Senate approves the report.

The effective date for new accreditation should be from the date of Senate approval.

5. **Trainers/trainee ratio**

The ratio of Residents to consultants should be minimum of 3:1 or Maximum 4:1. That is, One (1) Senior Registrar and Two (2) Registrars OR Two (2) Senior Registrars and Two (2) Registrars to one Consultant.

6. **The number of Consultants is not the sole determinant for accreditation status, either as partial or full.**

Every other criteria are taken into account to arrive at the verdict of either Partial or Full accreditation.

7. **For any re-accreditation visit, the report of the previous accreditation visit should be made available to the current nominated panel member, to enable them to compare notes and ensure that progress is being made.**

Appendix C: Dissertation Supervision

General principles

- The system for dissertation management and supervision must foster in candidates both independence and a willingness to take responsibility for their own learning.
- Project management and supervisory arrangements should be transparent and made available in written form to all. A handbook should set out clear “rules of engagement” so that candidates and supervisors can have shared expectations about dissertation procedures and levels of support.
- If the student/advisor relationship fails to function appropriately, the steps to be taken must be clear to both parties, and solutions should be found at the training center.
- Ideally, there should be clear and documented procedures for the choice/allocation of both dissertation topics and staff advisors.
- The director of postgraduate training should ensure that staff asked to act as dissertation advisors are, in general terms, appropriately qualified and committed for this kind of work. Inexperienced staff should be mentored.

Roles and responsibilities of dissertation supervisor

A dissertation supervisor is here defined as the person providing guidance, advice, and quality assurance for a resident doctor during preparation of the proposal, as well as in carrying out the study, doing data analysis and writing up the thesis.

Two competences required of a supervisor are: Review competence and operational competence. The former has to do with sufficient understanding of basic principles of research methods and the ideals of scientific rigor; while the latter means that the supervisor is an expert in the topic of the supervisee’s interest and has researched on it fairly extensively. Review competence is sufficient for good advising

- The supervisor is of crucial importance to the supervisee as the main source of tuition, guidance, advice and support.
- The supervisor and the supervisee should collaborate in selecting a topic within the competence and interest of the candidate, in a collegial manner.
- The term collegial means a relationship characterized by equal sharing of authority, a respectful appreciation of strengths and weaknesses in the relationship. It allows for informed arguments, disagreements and critical challenge throughout the process.
- In addition, the supervisor should have a schedule for checking that the student’s work is on track, through reviewing the draft of every section of the thesis, ensuring that the correct methodology is implemented, and promptly providing critical feed-back on the candidate’s written reports.
- Furthermore, the supervisor encourages the candidate to update his/her knowledge in the field via links with relevant professional Internet search engines (e.g., PubMed/Medline), attendance and presentation at seminars and conferences using power-point; and developing a writing culture.
- Supervisors and candidates need to be computer and Internet savvy, so as to be able to (i) use the computer statistical software that analyze data (e.g., SPSS, SAS, EPI-INFO), and enhance writing capacity, presentation of data, and teaching; (ii) to use the Internet to search literature and be up to date in the field.
- The supervisor-supervisee relationship should be collegial and formalized in a contract that gives details about time-lines for achieving milestones in the dissertation process.
- Advising on the candidate’s work plan and agreeing a schedule of meetings (consistent with the supervisor-supervisee contract – see a sample contract below) and ensuring that they are available at the agreed dates/times or otherwise make suitable alternative arrangements where possible.

- Ensuring that candidates are aware of the role of the supervisor and the anticipated extent of support in terms of providing direction, time allocated to meetings, reading and commentating on drafts, etc.
- Monitoring the students' progress and providing timely, honest and constructive feedback.
- Seeking to ensure that the work is being conducted within agreed protocols (including those relating to ethics and to health and safety).
- Keeping a brief record of meetings and student progress.
- Complying with the policy on providing feedback on draft text.
- Being familiar with the formal assessment procedures and criteria.

The candidate's responsibilities

These will include the following:

- Reading and putting into practice the guidance in the contract with the supervisor.
- Observing ethical protocols.
- Agreeing with their staff advisor a plan of work and a timetable of meetings and then attending those meetings.
- Accepting that the preparation and submission of the dissertation is their responsibility.
- Keeping a dissertation diary or log-book as a means of monitoring progress and recording the outcomes of meetings.
- Discussing progress with their advisor and responding to guidance and constructive criticism.
- Considering carefully the time commitment required by the project.
- Reflecting on their dissertation research and writing as a learning experience.

Appendix D: Sample Contract between Supervisor and the Candidate

Item of contract	Detailed content of item of contract
General principles	The purpose of supervision is to enable you to produce the best-quality piece of work you are capable of. This means: you are doing the work; you will be self-directed and manage your own time and resources effectively; and soon, you should master aspects of this topic more than the supervisor.
Supervisor's Commitments	-Time: Candidate will be included within the limits of supervisor's schedules: candidate needs to work out roughly how to fit in. -Commitment to read materials written by the candidate, as long as such materials are presented some days before the meeting. - Supervisor expects to read drafts of sections as they are produced.
Candidate's Commitments	-Candidate is expected to book meeting sessions as needed: don't leave it to the last minute. Generally, sessions are scheduled after each meeting -Candidate will have written something for the next meeting. -Be prepared to write several drafts before each chapter is approved - Candidate will work with fellow-students on both background reading and other information-gathering, if possible. -Have a laptop computer with adequate Internet service; commit to learning basic computer skills: typing with adequate speed, use of MS word processor for checking grammar; spread sheets, e.g., excel, and use of the power-point to make presentations -Master the use of Internet search engines, e.g., PubMed/Medline, for needed literature and research methods -Commit to mastering use of statistical software, e.g., SPSS -Commit to mastering basic biostatistics and interpretation of computer data print-outs
Choice of topic, access to resources, literature & statistical ability	-The topic should be reasonably narrow and deep, rather than broad and shallow; sufficiently interesting (and preferably multi-faceted), so as to form a basis for future work -Check your access to resources: ability to access appropriate instruments; and people you may wish to interview for the study -Contact organizations for information on instruments in time - Register with free online teachers, e.g., Medscape, for recent advances in the field.
Time-line for completing chapters of the proposal	-Introduction: early June -Objectives & hypotheses: mid-June -Literature review: early July -Methodology: mid-July -Data analysis: early-August
Time-line for completing chapters of the dissertation	-Preliminary stages: justification for choice of appropriate instruments, training on the use of the instruments, inter-rater reliability, test –run of the methodology: early June of next year
	-Field work: data collection: early October
	-Data entry: mid-October
	-Data analysis: end-October
Preparing the thesis	-Writing up chapters: Date -Introduction, objectives, research questions, & hypotheses: Date -Literature review: Date -Methodology: date -Results: Date -Discussion, limitations, conclusion & recommendations: Date.
Record keeping	-Have a log book to keep records of discussions with the supervisor and the literature you read, and things to do -Candidate commits to sending written records of meetings with supervisor and send this by E-mail to those involved with the project
Length of the thesis	The maximum length of the main body of the thesis, including Tables/Figs for results, but excluding Table of contents, references and appendix, should be 100 pages. This requirement will help the candidate to focus on essential issues

Appendix E: Guidelines for Assessing Dissertation Proposals

- The responsible officer at the College should send advance E-mail and text messages to the prospective reviewer, to ensure that the reviewer is available for the assessment. This is already an established practice by our Faculty Secretary in inviting examiners.
- Thereafter, the responsible officer of the College should be justified in implementing the deadline limits, after telephone/E-mail reminders for a period of 2 weeks and inform the Faculty Secretary to reassign the book. The new assessor should then be informed that a previous assessor had reneged on their duty; hence the need for expedited action.
- The totality of the guidelines is the need to ensure scientific rigor in the proposal. Even then, the proposal belongs to the candidate and his/her supervisor, not the assessor/examiner. Hence the assessor/examiner is not interested in the candidate carrying out a study of the assessor's interest, using the assessor's preferred methodology. A major constraint of candidates is the time remaining in their hospital contract, vis-à-vis when they can reasonably complete the study. With these caveats, the assessor makes recommendations to help the candidate have an appropriate title and use a methodology that can implement the study within the limitations.
- Size: to help the candidate focus on relevant issues, the proposal should be a maximum of 50 pages, including references, but excluding appendix (e.g., copy of questionnaires). On the whole, focus on unnecessary repetitious statements and grammatical/typographical errors.
- The title: check for grammatical errors, easy understandability, face validity, and consistency with the objectives and methodology. For example, do you have a title proposing to study "south western Nigeria", while the work is really about a clinic or two in that area of the country? Ideally, the title should be narrow and deep, rather than broad and shallow.
- Introduction/rationale: check that this is focused on justifying the need for the study, defining critical issues in the title, avoiding unsubstantiated claims, but succinctly using relevant literature. Could the candidate couch the problems in research questions, and highlight the reasonable relevance of the possible findings?
- Objectives: check that the objectives remain within the compass of the title, that the items of the objectives are coherent, self-explanatory, and not in unnecessary splinters.
- Hypotheses: check that the hypotheses are based on either the direction of the findings in the literature, or reasonable impression from clinical experience. Candidates are in the habit of using the null hypothesis, despite abundant evidence to the contrary in the literature about the issue. For example, you cannot use a null hypothesis that "there is no significant difference in the prevalence of depression between men and women", when all the literature indicate that depression is significantly commoner among women than men. In other words, hypotheses would usually be in a particular direction that is indicated by the literature; and only in rare cases where practically nothing is known about the issue, would a null hypothesis be appropriate.
- Literature review: check that the literature review is focused on the topic. Check that the review adequately represents published work on the topic, firstly in Nigeria and Africa, then other countries. You can check this through PubMed/Medline, using www.pubmed.gov. and google.com, using appropriate key words. Has the review highlighted what is known about the topic, the merits/demerits of the methodology used, and the results? Based on this review, has the candidate stated how the proposed study would advance the field?
- Methodology: ideally, there should be a stated conceptual framework for the study. But medical doctors are not trained in this social science –driven style. Hence, we cannot insist on it. However, trainers should seek to incorporate this in their training.
- Check that the methodology is feasible within the context of the available resources and skills, is consistent with the title and objectives, and contains steps to make the objectives actionable.

- A common mistake is that candidates choose instruments, merely because such instruments are easily available, or had been used at the center, without consideration of whether the instrument is appropriate for the study. For example, no consideration is given to whether the questionnaire is generic or disease-specific, i.e., whether it contains items that can assess the problem within the specific context of the disease, or from the perspective of anyone who has any type of illness. There should be statements to justify the choice of the instruments.
- Check that the candidate makes provisions for learning to be proficient in the use of the instruments, e.g., steps for establishing satisfactory inter-rater reliability with a consultant who is familiar with the instrument. This is a common omission. A candidate is a trainee and cannot be assumed to be efficient in the use of a psychiatric rating scale, merely because they have been in psychiatry for some years.
- The assumptions when the cross-sectional design is used: check that the candidate knows that, in a cross-sectional design, you can only deal with associations and correlations, not risks and predictive factors
- Assumptions of the screening instrument: check that the candidate knows that when you use a screening instrument with cut-off scores, you can only have “probable cases” or “probable prevalence”, not clinical cases or prevalence, which can only be determined by using diagnostic interviews. Accordingly, the probable prevalence rate cannot be the same as the prevalence rate from diagnostic interviews.
- Data analysis: check that appropriate statistical methods are described, highlighting univariate/multivariate methods and parametric/non-parametric methods. Check that the hypotheses would guide data analysis, on a one-to-one basis, and in consonance with the objectives.

Appendix F: Sample Schedule of Seminars for Research Competency

3-6pm per week*

Course content per module	Months: May-September	Months: Nov – March	Presenter(s); Consultant
Module 1 Capacity to generate a topic: how does this relate to the idea of scientific rigor? Critical review of the literature; Framing a research question and setting up hypotheses.	Mid/late May – End of June Date: Date: Date:	Late Nov- December	
Module 2 Capability to develop instruments for assessing the objectives; Data collection -related competences, including interview for primary data collection and activities relating to data coding and data entry.	July	January	
Module 3 Data analysis- related competency: Use of SPSS, etc., interpretation of data output	August	February	
Module 4 Writing a scientific report; Practice sessions for the oral exam	September	March	

- * Depending on the readiness of candidates, particular sessions could be set aside for the discussion of their proposals, updates on data collection, and current state of write-up of the dissertation.
- * The supervising consultant for each module is responsible for recommending required reading assignments which participants are obliged to familiarize themselves with
- * The dissertation should not be a secret affair between the candidate and the supervisor.

Appendix G: Procedural Skills In Psychiatry – Conceptual Framework

Introduction

The term “skills” in medical education, assessment and practice often comprises communication skills, physical examination skills, practical skills, psychomotor skills, clinical skills, technical skills and others without further specification(1)

Numerous terms have been used inconsistently, with obvious overlaps to describe the various classes of “skills” in medicine. For example, the terms procedural skills, (basic) surgical skills, physical examination skills, (basic) clinical skills, hands-on skills, basic skills, technical skills, elementary techniques, motor skills, (basic) surgical techniques, psychomotor skills, psychomotor task, clinical technical skills, manual tasks, elementary procedures and physical diagnosis, and basic technical procedures are used inconsistently to describe similar or overlapping practical skills including either aspects of physical examination or procedures involving medical instruments (1)

For the purpose of training and examination, we want to separate and categorize the skills expected of a trainee psychiatrist into the following: Procedural Skills, Clinical Skills and Practical Skills.

These terms have been used interchangeably and inconsistently in literature, and without clear delineations among the terms (1)(2)(3). This is an attempt at clarifying and classifying the terms, in order to aid psychiatry trainers/ examiners and their trainees/ examination candidates.

Procedural Skills

“Procedural skill” consists of two words, “procedural” and “skill”. “Procedural” is an adjective form of the word “procedure”. Based on Oxford dictionary, procedure is a series of legal or official actions of doing something in a certain order or manner(4). A process can be called procedure only if it is accepted by the public or by a group of people that have expertise in a certain field where the procedure is taking place.

Skill is an ability to carry out a complex activity or job well. For someone to have a skill, they must acquire it through systematic and sustained learning, and over a long period of practice (5).

Procedural skills involve an actual physical manoeuvre or intervention which may or may not require specific equipment and which may be undertaken for either investigative/diagnostic (beyond standard examination) or therapeutic/management purposes. Their execution requires both psychomotor skills and background knowledge. When undertaken each procedure should be underpinned by sound clinical reasoning(3).

All skills required of the trainee psychiatrist involve a process, and thus are procedural. While some procedural skills are best carried out by the patient’s bedside, with or without physical contact with the patient; there are some others that are better carried out away from the patient’s bedside.

According to the Farlex Partner Medical Dictionary, the word “clinical”, derives from the Greek work ‘klinē’, which means, bed. Thus, “clinical” is defined as: relating to the bedside of a patient or to the course of the disease’, denoting the symptoms and course of a disease, as distinguished from the laboratory findings of anatomic changes(6).

Therefore, we classify procedural skills into Clinical Skills, which are skills expected to be carried out by psychiatrist by the bedside, with or without physical contact with the patient; and Practical Skills, which refer to non-bedside skills, for example, interpretation of CT scan, whose performance does not require the bedside or the presence of patients on the part of the psychiatrist, but whose performance may support the diagnoses of patients. For practical skills, the bedside component of the procedure is expected to be carried out by allied professional, but it is required that the psychiatrist should be able to independently interpret the results. An exception to this definition of practical skill concerns psychological tests, such as neuropsychological and personality and neurophysiological test, such as EEG, in which the psychiatrist is expected not only to have the skill of interpretation but also of administration.

Clinical Skills

The term “clinical skills”, or bedside skills, seems readily understood by everyone. However, there is no consensus definition of this term, as descriptions of clinical skills vary from “only physical examination skills” by some authors, to definitions that include “diagnostic, communication and practical skills” (2).

Tim (2013), defines clinical skills as those skills required during patient-doctor interactions and additional communication skills required during interactions with other health professionals(3).

However, a definition by Elder describes clinical skills as the combination of:

- ✓ The gathering of clinical information by talk and touch (the history and physical examination)
- ✓ The interpretation and application of information gathered by these processes (diagnostic reasoning and clinical thinking)
- ✓ The communication of information to patients and family (counselling) and to colleagues (7).

Several domains of clinical skills have been identified. The Royal College of Physicians (UK), for example, recognises seven domains of clinical skills which are assessed in the Membership Practical Assessment of Clinical Examination Skills (PACES) examination(8). These domains are shown in the table below.

Table 1: seven domains of clinical skills assessed in the MRCP(UK) OAGES examination

	Clinical skill	Skill descriptor
A	Physical examination	Demonstrate correct, thorough, systematic (or focused in station 5 encounters), appropriate, fluent, and professional techniques of physical examination
B	Identifying physical signs	Identify physical signs that are present correctly, and not false physical signs that are not present
C	Clinical communication	Elicit a clinical history relevant to the patient’s complaints, in a systematic, thorough (or focused in station 5 encounters), fluent, and professional manner. Explain relevant clinical information in an accurate, clear, structured, comprehensive, fluent and professional manner.
D	Differential diagnosis	Create a sensible differential diagnosis for a patient that the candidate has personally clinically assessed.
E	Clinical judgement	Select or negotiate a sensible and appropriate management plan for a patient, relative, or clinical situation. Select appropriate investigation or treatments for a patient that the candidate has personally clinically assessed. Apply clinical knowledge, including knowledge of the law and ethics to the case.
F	Managing patient’s concerns	Seek, detect, acknowledge, and address patients’ or relatives’ concerns Listen to a patient or relative, confirm their understanding of the matter under discussion, and demonstrate empathy.
G	Maintaining patient welfare	Treat a patient or relative respectfully and sensitively and in a manner that ensures their comfort, safety and dignity

Practical Skills

As earlier stated, practical skills refer to non-bedside procedural skills that do not require the presence of the patients in order to be carried out (with the exception of psychological and neurophysiological tests). In psychiatry, such skills include laboratory skills, neuroimaging skills and neuropsychological testing skills.

Below are a few examples of practical skills that can be tested under the above sub-headings:

- 1) Electrophysiological test: administration and interpretation of electroencephalogram.
- 2) Laboratory Skills: Interpreting laboratory results of patients, such as those on clozapine, lithium etc
- 3) Neuroimaging Skills
 - a. Interpreting neuroimaging results (X-ray, Computed Tomography, Magnetic Resonance Imaging, Positron Emission Tomography (PET) of patients with such conditions as Alzheimer's Disease etc
- 4) Psychological Tests: administration, scoring and interpretation of: -
 - a. Neuropsychological tests: in-depth assessment of skills and abilities linked to brain function, covering such areas as attention, problem solving, memory, language, I.Q., visual-spatial skills, academic skills, executive functions and social-emotional functioning.
 - b. Personality assessment: Projective Tests such as Rorschach Inkblot Tests; Objective Tests, such as Minnesota Multiphasic Personality Inventory.

References

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3. Tim W. Clinical Skills in the Undergraduate Medical Curriculum An Overview Map. *Fac Clin Ski Work Party.* 2013;1–30.
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7. Elder A. Clinical Skills Assessment in the Twenty-First Century. *Med Clin North Am.* 2018;102(3):545–58.
8. Elder A, McManus C, McAlpine L et al. What skills are tested in the New PACES Examination? *Ann Acad Med Singapore.* 2011;40(3):121.

Appendix H: List of Recommended Texts and Useful Resources

Comprehensive Psychiatry Texts	
1	Companion to Psychiatric Studies Edited by Eve Johnston, Stephen Lawrie and David Owens Pub: Churchill Livingstone
2	Synopsis of Psychiatry Kaplan & Sadock; LippincottWilliams &Wilkins Publishers
3	The American Psychiatric Publishing Textbook of Psychiatry Edited by Robert E Hales et al, Pub
4	New Oxford Textbook of Psychiatry Edited by: Michael G. Gelder, Juan Jose Lopez-Ibor, Nancy C. Andreasen Oxford University Press (Paperback)
5	Comprehensive Textbook of Psychiatry (2 vols) Kaplan & Sadock; Pub LippincottWilliams &Wilkins
Assessment & Interviewing	
6	Psychiatric Interviewing and Assessment Rob Poole and Robert Higgo, Pub. Cambridge
7	Psychiatric Interviewing S C Shea , PubW B Saunders
8	The Psychiatric Interview (Practical Guidelines in Interviewing) D Carlat , Pub LWW
MSE & Phenomenology	
9	The Psychiatric Mental Status Examination Paula T. Trzepacz & Robert W. Baker; Pub OUP
10	Symptoms in the Mind: an Introduction to Descriptive Psychopathology Andrew Sims (PubW B Saunders)
11	Fish's Clinical Psychopathology Pub Casey and Kelly
12	Cognitive Assessment for Clinicians JR Hodges, Oxford University Press
Diagnosis & Formulation	
13	International Classification of Disease- ICD-10 (or 11 when released)
14	Diagnostic & Statistical Manual of Mental Disorders version 5 (DSM-5)
15	Psychiatric Case Formulations by L Sperry
Clinical Management	
16	Management of Mental Disorders Andrews, Dean, Genderson et al., Independent Publishing Platform
17	Gabbard's Treatments of Psychiatric Disorders Pub: American Psychiatric Publishing, Inc.

18	Management of Mental Disorder 1&2- Treatment protocol Project World Health Organization Collaborating Centre
Organic Psychiatry	
19	Organic psychiatry: the psychological consequences of cerebral disorder Lishman W.A. [Blackwell Scientific]
20	APA Textbook of Neuropsychiatry [APA Press]
Psychotherapies	
21	An Introduction to the Psychotherapies S Bloch – Oxford University Press
22	Long-Term Psychodynamic Psychotherapy: A Basic Text (Excellent “how to” explanatory book about actually doing psychotherapy) By Glen Gabbard, American Psychiatric Publishing, Inc.
23	Psychiatric Case Formulations L Sperry et al, Pub: American Psychiatric Publishing, Inc.
24	Psychodynamic Psychiatry in Clinical Practice (links psychological understandings to usual clinical work) Glen Gabbard, American Psychiatric Press
24	Oxford textbook of Psychotherapy G Gabbard, J Beck, J Holmes
26	Individual Psychotherapy and the Science of Psychodynamics David H Malan
26	Cognitive Behavior Therapy for Psychiatric problems: A Practical Guide (Oxford Medical Publications) by Hawton, Salkovskis, Kirk & Clark
28	Cognitive Behavior Therapy: Basics and Beyond By Judith S. Beck [Pub: Guilford Press]
Critical Appraisal & Evidence-Based Medicine	
29	Evidence-Based Mental Health Care S Hatcher, R Butler, M Oakley-Browne. Pub Elsevier Ltd
	Critical Appraisal S Lawrie, A MacIntosh, S Rao, Pub
30	How to Read a Paper: The Basics of Evidence- Based Medicine T Greenhalgh, Pub Wiley Blackwell Alternate texts on Critical Appraisal
31	Critical Reviews in Psychiatry Brown and Wilkinson, Gaskell Publications (RCPsych)
32	The Doctor's Guide to Critical Appraisal (4th edition, Gosall)
Psychopharmacology	
33	Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications (Essential Psychopharmacology Series) By Stephen Stahl Core psychopharmacology texts

34	Fundamentals of Psychopharmacology By Brian E Leonard [Wiley]
35	The Maudsley Prescribing Guidelines By Carol Paton and David Taylor and Shitij Kapur
36	British National Formulary (Current)
37	Psychopharmacology: The Fourth Generation of Progress. By Floyd E. Bloom, David J. Kupfer (Eds.) Raven Press, New York 1995
38	Fundamentals of Clinical Psychopharmacology By Ian Anderson and Hamish McAllister-Williams, Fourth Edition (2016) The British Association of Psychopharmacology
Ethics	
39	Psychiatric Ethics Bloch S, Oxford University Press
40	In Two Minds: A Casebook of Psychiatric Ethics By D Dickenson, W Fulford, KWM Fulford; OUP
Electroconvulsive therapy	
41	
Child and Adolescent Psychiatry	
42	Clinical Child Psychiatry W M Klykylo, J Kay, D Rube, Pub John Wiley & Sons
43	Rutter's Child and Adolescent Psychiatry M. Rutter et al [Wiley-Blackwell; 5th edition]
44	Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook M Lewis [Lippincott Williams & Wilkins; 4th edition]
45	Basic Child Psychiatry Philip Barker, Pub Wiley- Blackwell
46	Child and Adolescent Psychiatry David Coghill et al, Pub OUP
47	Child and Adolescent Psychiatry R Goodman and S Scott, Pub Wiley- Blackwell
48	Practitioner's Guide to Psychoactive Drugs for Children and Adolescents JSWerry and MG Aman [Springer, 2nd Edition]
Addiction Psychiatry	
49	Drugs & Alcohol Abuse: a clinical guide to diagnosis and treatment M A Schuckit - Published Plenum Medical Book Co.
Psychiatry of Old Age	
50	Oxford textbook of Old Age Psychiatry Edited by Tom Dening and Alan Thomas, Pub. Oxford University Press Core Old Age Psychiatry text
51	Community Mental Health for Older People Gerard Byrne and Christine C Neville, Pub Elsevier
52	Geriatric Consultation Liaison Psychiatry P S Melding & B Draper [Oxford Univ Press]

Forensic Psychiatry	
53	Psychiatry and the Law Brookbanks & Simpson, Pub: LexisNexis
Liaison Psychiatry	
54	Clinical Manual of Psychosomatic Medicine: A Guide to Consultation– liaison Psychiatry Michael G. Wise, James R. Rundell Publisher: American Psychiatric Publishing Inc
55	Massachusetts General Hospital - Handbook of General Hospital Psychiatry (Edition 6) By Theodor A Stern MD Pub Saunders Elsevier
General Medicine	
56	Oxford Handbook of Clinical Medicine I. Wilkinson
Medical Education	
(Most of following recommended references are available at https://amee.org/publications/amee-guides)	
57	AMEE Guide 37 : Setting and maintaining standards in multiple choice examinations Raja C Bandaranayake
58	AMEE Guide 39 : Online eAssessment Reg Dennick, Simon Wilkinson and Nigel Purcell
59	AMEE Guide 31 : Workplace-based Assessment as an Educational Tool John Norcini and Vanessa Burch
60	AMEE Guide 25 : The assessment of learning outcomes James M Shumway and Ronald M Harden
61	AMEE Guide 54 : Post Examination Analysis of Objective Tests Mohsen Tavakol, Reg Dennick
62	AMEE Guide 49 : How to Measure the Quality of the OSCE: A Review of Metrics Godfrey Pell, Richard Fuller, Matthew Homer, Trudie Roberts
63	AMEE Guide 81 : The Objective Structured Clinical Examination (OSCE) Kamran Z Khan, Kathryn Gaunt, Sankaranarayanan Ramachandran, Piyush Pushkar
64	AMEE Guide 09 : Assessment of Clinical Competence Using the Objective Structured Long Examination Record (OSLER) F Gleeson
65	Olle ten Cate (2013) Nuts and Bolts of Entrustable Professional Activities. Journal of Graduate Medical Education: March 2013, Vol. 5, No. 1, pp. 157-158. (http://www.jgme.org/doi/full/10.4300/JGME-D-12-00380.1)
66	http://www.royalcollege.ca/rcsite/documents/cbd/cbd-epa-fast-facts-e.pdf
67	AMEE Guide 13 - The Use of Real Patients, Simulated Patients and Simulators in Clinical Examinations J P Collins and R M Harden
68	AMEE Guide 33 : Faculty Development: Yesterday, Today and Tomorrow Michelle McLean, Francois Cilliers and Jacqueline M van Wyk

69	AMEE Guide 27 : Effective educational and clinical supervision Sue Kilminster, David Cottrell, Janet Grant and Brian Jolly
70	AMEE Guide 20 : The Good Teacher is more than a Lecturer the twelve roles of the teacher R M Harden and J Crosby
71	AMEE Guide 98 : Self-authorship theory and medical education John Sandara, Ben Jackson
72	AMEE Guide 58 : Self-Regulation Theory: Applications to medical education John Sandars, Timothy J Cleary
73	AMEE Guide 57 : General overview of the theories used in assessment Lambert WT Schuwirth and Cees PM van der Vleuten
74	AMEE Guide 96 : The integrated curriculum in medical education David G. Brauer, Kristi J. Ferguson
75	AMEE Guide 14 : Outcome-Based Education R M Harden, J R Crosby, M H Davis, Stephen R Smith, Richard Dollase, Miriam Friedman Ben-David, Nick Ross and David Davies
76	AMEE Guide 21 : Curriculum mapping : a tool for transparent and authentic teaching and learning R M Harden

