

POSTGRADUATE

PSYCHIATRY

PROGRAM

HANDBOOK

2009

M.P.M.

M.Psychiatry

Monash University

University of Melbourne

And

**Departmental Professional Development
Psychiatry Course**

Editor: Dr Simon Jones

POSTGRADUATE PSYCHIATRY PROGRAM HANDBOOK

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THE ROLE OF THE UNIVERSITIES IN POSTGRADUATE PSYCHIATRY EDUCATION IN VICTORIA

The Universities have a strong commitment to psychiatry education in Victoria. For many years, this has been to provide the academic underpinnings for psychiatry trainees gaining their fellowship with the Royal Australian and New Zealand College of Psychiatrist (RANZCP), which is responsible as the professional body for specialist training in psychiatry. The Postgraduate Psychiatry Program continues to focus on the academic requirements of psychiatric trainees and is now able to offer the program to other interested medical practitioners who wish to increase their academic understanding of psychiatric issues to assist in their work with people with mental illness.

University Role in Psychiatry Training

Historically the role of the Universities in psychiatry training in Australia has always been a prominent one, but has changed substantially over the past 5 decades. Originally, it was the Universities, which developed various post-graduate diplomas. In order to become specialists, candidates needed to fulfil the examination requirements of those diplomas. In most instances the Universities offered courses; in a few they played only an examination role. The diplomas almost universally were called Diplomas of Psychological Medicine (DPMs), which were offered, from the Universities of Sydney, Melbourne and Queensland for example.

With the growth of the Colleges as professional organisations, national standards became necessary, thus, the DPMs have been superseded by the examination requirements of the College, as the qualification which grants specialist status.

The issue of providing the appropriate academic course to complement the training requirements of the College has been dealt with in different ways around the country. New South Wales established an Institute of Psychiatry whose major mandate was to provide an academic program to Mental Health Professionals. In most other states, the program is organised by a College Committee, usually supplemented by members of the relevant academic department.

University Qualifications

In Victoria, The University of Melbourne had its DPM for over 50 years. Monash University developed a Master of Psychological Medicine (MPM) in 1975. In 1982 the Victorian Branch of the RANZCP, the Mental Health Department and the Universities set up the Victorian Psychiatry Training Committee, to co-ordinate psychiatry training in the State and develop a standard training program. It invited the two Universities to review their academic degrees in the light of this.

The University of Melbourne moved towards offering a Masters of Medicine (in Psychiatry) (1992), similar to the Master of Medicine by course work and minor thesis being offered in a number of special areas of Medicine (e.g. Geriatric Medicine), and Monash University continued to offer the MPM. The University of Melbourne changed the name of its degree to a Master of Psychiatry in 2002. (see below)

The Department of Psychological Medicine, Monash University and the University of Melbourne, Department of Psychiatry have jointly run the Postgraduate Academic Psychiatry Program for over 13 years with candidates now being awarded the Master of Psychological Medicine, Monash University, or the Master of Medicine (Psychiatry) University of Melbourne. From 2002 onwards as a result of a major course review by both University departments. The University of Melbourne offered the Master of

Psychiatry and Monash University modified the Master of Psychological Medicine (96 credit points) to Master of Psychological Medicine (72 points) both Universities shortening their courses and eliminating the requirement of the minor thesis

In response to an increase in University fees as a result of decreasing government funding for postgraduate degrees, the option of a Departmental course (not for a degree) was introduced.

Current Course (2002 onwards)

Master of Psychological Medicine (Monash University)

Master of Psychiatry (University of Melbourne)

The current course was developed after consultation with the academic staff, students, and the RANZCP. Although significant changes have been made to the course, it continues to maintain the high quality teaching and standards that have been developed through the history of these important programs.

The Postgraduate Psychiatry Program is a 3-year part time course that continues to be jointly run by the Department of Psychological Medicine, Monash University and the Department of Psychiatry, University of Melbourne. Candidates who successfully complete the course will be awarded the degree, Master of Psychological Medicine or Master of Psychiatry, from the 2 universities respectively. There is also the possibility of taking some or all of the course as a non-award continuing education, rather than a degree base.

The course aims to develop the knowledge and skills of medical practitioners working with patients with mental illness. The course fosters attitudes of tolerance to the diversity within our community and our geographical region, equity to appropriate treatment for all individuals and encourage the practitioner to consider the sociocultural factors in their interactions with patients and their broader community.

In the past this course has been specifically targeted to those medical practitioners engaged in specialist psychiatry training. With the awareness of the need to improve psychiatric care to a broader cross section of the community, this course may be offered to other medical practitioners with an identified interest in working with patients with mental illness.

Doctors in Victoria now have the opportunity to gain an academic postgraduate qualification in psychiatry through these programs. Psychiatric trainees will particularly appreciate the benefits of this program, as they complement the new College Bylaws introduced in 2004.

G MEADOWS

Professor and Head

School of Psychology, Psychiatry and Psychological Medicine

Monash University

JW TILLER

Professor and Head of Department of Psychiatry

University of Melbourne

POSTGRADUATE PSYCHIATRY PROGRAM IN VICTORIA

Procedure

All candidates should complete the same application form and provide the documentation as requested. Candidates will be enrolled in either the Master of Psychological Medicine at Monash University, or the Master of Psychiatry at the University of Melbourne, or as a departmental professional development course (see selection process below).

The closing date for receipt of 1st year applications is in early December.

Departmental professional development psychiatry candidates:

On receipt and approval of their application form, a letter of acceptance and an invoice (1st semester only) will be sent to the candidate (see over).

University Candidates:

Each University will select students according to the admission requirements, and to the expressed preference, hospital attachment and previous involvement with the University. The University that selects you will notify you in writing of the official enrolment procedure. Details about enrolment procedures are described on page 8 -10.

Fees:

The tuition fees are subject to annual review and adjustment. The course is now also offered at a reduced fee as a Department course not for degree.

Candidates are advised to contact Mrs Ros Hendy for enquiries on current tuition fees. The fees for 2009 will be \$6000 per annum for the Masters program at The University of Melbourne or Monash University and \$4500 per annum for the Departmental course.

Candidates should note that the fee or a component of it may be tax deductible and the students should seek appropriate advice on this issue. Students can discuss options for assistance with fees with the university at which they enrol.

Postgraduate Psychiatry Program Office

The co-ordinating administrative office for the Postgraduate Psychiatry Program is located in the Department of Psychiatry, Level 1 North, Main Block, Royal Melbourne Hospital, Victoria 3050. Enquiries regarding academic or administrative issues may be directed to Mrs Ros Hendy, Course Administrator. The Postgraduate Psychiatry Program office telephone number is 8344 6090 and the fax number is 9349 2792. The University Administrator handling arrangements are Ms Melinda Sonogan (Monash University) and Mrs Elizabeth Horton (University of Melbourne) who may be contacted as follows:

Ms Melinda Sonogan
 Postgraduate Course Administrator
 School of Psychology, Psychiatry &
 Psychological Medicine
 Monash University
 Monash Medical Centre
 246 Clayton Road
 Clayton Vic 3168
 Phone 9594 1478
 Email: Melinda.sonogan@med.monash.edu.au

Mrs Elizabeth Horton
 Administrative Officer
 Department of Psychiatry
 Level 1 North
 Royal Melbourne Hospital
 Victoria 3050
 Phone 8344 5663
 Email: ehorton@unimelb.edu.au

Course Coordinator(s)

The course coordinator(s) will be available for all students. The position is located in the Department of Psychiatry, level 1 north at the Royal Melbourne Hospital. Please telephone 8344 6090 (Course Administrator) if you wish to arrange a meeting with the Course coordinator.

BROAD AIMS AND OBJECTIVES OF THE POSTGRADUATE PSYCHIATRY PROGRAM

The Postgraduate Psychiatry Program aims to develop the knowledge and skills of medical practitioners working with patients with mental illness. One of the main objectives of the course is to encourage students to think deeply, creatively and comprehensively about the nature of psychiatry: both its theory and practical application. The course is committed to providing high quality education to medical practitioners to improve the care of the mentally ill in our community.

Specific aims of the course include:

- To encourage students to become critical thinkers and pursue lifelong learning and self directed professional development.
- To provide education about the specific attitudes, knowledge and skills needed to effectively work in the area of mental health.
- To promote research and evaluation in clinical practice.
- To provide students with a broad understanding of the cultural differences that exist in our community and their relationship to its individuals and mental illness.
- To facilitate the professional development of the student by providing the opportunity for students to engage in critical discussion of the scientific literature or clinical psychiatry with their colleagues and lecturers who are expert in their fields.
- To assist students in their professional development and their specialist training needs.

The course philosophy is broadly based on the biopsychosocial framework and is informed by a developmental perspective. The course is designed to encourage the student to explore the theoretical concepts in psychiatry and their relationship to clinical practice and to integrate knowledge from a number of different sources. Over the three years of the course, students will undertake core subjects on foundations of psychiatry, neurosciences of psychiatry, personality theory, child and adolescent psychiatry, common disorders of adulthood and old age, and psychiatry in physical health and illness. Students will also complete selective subjects from a choice of ten to allow them to examine areas of interest in greater depth. This includes a diverse range of topics such as research methodology, ethics and cognitive behavioural therapy that the student would otherwise not have access to. These units will cover a number of different perspectives in psychiatry, thereby reflecting the eclectic nature of the practice of psychiatry in Australia. All the educational components of the course will be sensitive to cultural differences in our community. Exposure to a number of different perspectives will enable students to discover their particular "niche" in psychiatry, while learning about many different areas and how to integrate them in their own clinical practice and research.

Along with the extensive knowledge base acquired through the course and an informed respect for the principles, disciplines, values and ethics of psychiatry,

students will develop a range of generic skills such as critical thinking, a capacity for independent learning and research, leadership and related personal skills and effective use of information technology. Students should have an advanced understanding of the changing knowledge base. They should be able to demonstrate an ability to evaluate and synthesise the scientific research literature and be able to present their understanding in oral and written presentations. Students are encouraged to develop a culture of independent and lifelong learning strategies that will be maintained throughout their professional career. In addition to the knowledge gained, active student participation will teach students teamwork and to develop an attitude of respect for their colleagues and openness to change in their own practice in the light of advances in knowledge. The course will also encourage students to integrate their clinical work with the academic material. It is hoped that students will develop an attitude of respect for the humanity and dignity of their patients and their families whereby they seek the best possible care for their patients and are able to advocate on behalf of those with mental illness in relation to advisory, statutory and voluntary bodies that have a role in the delivery of psychiatric care to the community.

Each core subject and selective subject of the course has specific co-ordinators that function as mentors for students as well as the organisation of seminars and assessments. Two students are to be elected from each year's group to represent the view of fellow students at the combined Postgraduate Psychiatry Program meetings and in other settings. Students who require assistance in academic or administrative matters can contact the overall course co-ordinator, (to be advised).

Dr S Jespersen and Dr T Syme
Course Coordinators
*Postgraduate Psychiatry

***Contact numbers and address:**

Postgraduate Psychiatry Office
Department of Psychiatry
Level 1 North, Main Block
Royal Melbourne Hospital
Victoria 3050
Telephone Number 8344 6090
Fax Number 9349 2792

ENROLMENT AND OTHER ADMINISTRATIVE DETAILS

MASTER OF PSYCHOLOGICAL MEDICINE (MPM): Monash University

Enrolment Procedures:

MPM 1st Year

Candidates wishing to enrol in the Master of Psychological Medicine (MPM) course should apply to the Postgraduate Psychiatry Program by late November. Following acceptance of their application by Monash University, 1st year applicants for the MPM course are sent a letter outlining the enrolment procedure. Payment of fees is due in late January. .

MPM 2nd and 3rd Years

The re-enrolment procedure for the 2nd and 3rd years of the MPM course is as follows: Students entering Years 2 and 3 of the MPM will receive a letter from the Postgraduate Psychiatry Office requesting they nominate their MPM Course Plan for the following year. These Course Plans are to be returned to the Postgraduate Psychiatry Office where they will be approved before they are sent onto Monash University,. Monash University Fees Office then mails each re-enrolling candidate a fees assessment in January of the following year. Candidates are then required to make payment of the fees applicable as advised.

Monash University students will also receive an email from the Faculty Office in late October regarding WES (Web Enrolment System). All students are requested to re-enrol using WES but they can contact the Postgraduate Course Administrator if they are having difficulties. Late enrolments will incur a fine.

All Monash students MUST use their Monash student email address and that emails WILL NOT be sent to personal email addresses. All fee statements are now emailed, not sent so there students should be checking their email on a regular basis.

Changes to enrolment must be done prior to census dates.

Semester 1 – 31 March

Semester 2 – 31 August

You will be liable for full fees if adjustments are made to your enrolment outside these dates.

Ms Melinda Sonogan
Postgraduate Course Administrator
School of Psychology, Psychiatry &
Psychological Medicine
Monash University
Monash Medical Centre
246 Clayton Road
Clayton Vic 3168
Phone 9594 1478

ENROLMENT AND OTHER ADMINISTRATIVE DETAILS

MASTER OF PSYCHIATRY: The University of Melbourne

Enrolment Procedures:

M Psychiatry 1st Year

Students wishing to enrol in the Master of Psychiatry should apply to the Postgraduate Psychiatry Program by late November. Once approved by the Department they are sent to The Faculty of Medicine, Dentistry and Health Sciences for processing. If you have not provided all the necessary paperwork Faculty will request that you do so before you can complete your enrolment online.

A letter will be sent from the School of Medicine asking students to enrol online. This letter will contain your student number and library barcode number to enable you to enrol. All 7 steps must be completed for your enrolment to be confirmed. Failing to follow instructions and enrolling before the deadline will result in a late fee Help is available on-line.

All Melbourne students should check their Melbourne student email addresses, as all fee statements and re-enrolling information is sent by emailed. Students should be checking their email on a regular basis.

M Psychiatry 2nd and 3rd

The re-enrolment procedure for the 2nd and 3rd years of the Masters of Psychiatry course is as follows: Students entering Years 2 and 3 of the Masters of Psychiatry will receive a letter from the Postgraduate Psychiatry Office requesting they nominate their Masters Course Plan for the following year. These Course Plans are to be returned to the Postgraduate Psychiatry Office where they will be approved before they are sent on to University of Melbourne, School of Medicine. You will receive notification by email to re enrol(October/November). If you fail to re -enrol in this period you will have to apply for readmission by mid January in the following year (**a late fee will apply**).

All Melbourne students should check their Melbourne student email addresses, as all fee statements and re-enrolling information is sent by emailed. Students should be checking their email on a regular basis.

Those students that become eligible to re-enrolment at a later date, i.e. students required to sit supplementary examinations or meeting other work requirements must complete their enrolment within 5 working days of receiving their authorised enrolment or a late fee will apply.

Deferring from the course

Students are required to put in writing to Chairperson, Department of Psychiatry, University of Melbourne, Royal Melbourne Hospital a request to defer from the course stating:

- Reason for deferring.
- Course year of deferral

NB: These requests need to be done without delay as University regulations and censure dates apply

Other changes to enrolment must be done prior to census dates. You will be liable for full fees if adjustments are made to your enrolment outside these dates.

Semester 1 – 31 March
Semester 2 – 31 August

Mrs Elizabeth Horton
Administrative Officer
Department of Psychiatry
UNIVERSITY OF MELBOURNE

ENROLMENT AND OTHER ADMINISTRATIVE DETAILS

DEPARTMENTAL PROFESSIONAL DEVELOPMENT PSYCHIATRY COURSE

Entry/selection criteria

Medical practitioners who are registered to work in Australia and who are currently working in the area of mental illness are eligible to apply for the departmental course. Preference will be given to those who have been accepted into the RANZCP Victorian psychiatry registrar training program.

Procedure

Candidates enrolling in the departmental course must have completed the enrolment form. On receipt and approval of their application form, a letter of acceptance and an invoice will be sent to the candidate.

Attendance and Assessment

As part of the requirements of enrolment in the Departmental Professional Development Psychiatry course, **you will be expected to attend the subjects that you have enrolled in and complete all the assessment tasks.**

Fees

The fee for the departmental course in 2009 is \$4,500 per annum. Candidates will be invoiced at the beginning of each subject/selective for the relevant amount.

Any request for a refund of fees will be considered on a case to case basis.

Leave of absence

All components of the course expect regular student attendance. You may seek leave to defer components of the course to complete them at a later date. If you plan to take leave of absence, you are encouraged to discuss your progress through the course with the course coordinator

Special consideration

If you require special consideration please put this in writing to the Course Coordinator.

ADMINISTRATIVE ISSUES

I would like to personally welcome you to the Postgraduate Psychiatry Program course.

I am jointly employed by the, School of Psychology, Psychiatry & Psychological Medicine, Monash University, Monash Medical Centre, Monash University and Department of Psychiatry, University of Melbourne and liaise with both these institutions when dealing with the administrative issues of the course.

Please notify me immediately if one of the following circumstances applies to you:

- Unable to attend session(s)
- Special consideration
- Leave of absence
- Withdrawal from the course

My office is located in:

Department of Psychiatry,
Level 1 North, Main Block,
Royal Melbourne Hospital, Victoria 3050.
Telephone number 8344 6090,
Fax number: 9349 2792.
Email address: roslynjh@unimelb.edu.au.

If I am not available in person please leave a message on my phone or send me an email and I shall attend to your enquiry as soon as possible.

My office hours are:

Monday: 9 – 5.15 pm
Wednesdays: 9 – 3.30 pm
Thursday: 9 – 3.30 pm

Mrs Roslyn Hendy
Course Administrator

**COURSE PLAN FOR
MASTER OF PSYCHOLOGICAL MEDICINE
AND
MASTER OF PSYCHIATRY**

	UNIT	CO-ORDINATOR(S)
YEAR 1 1ST SEM	FOUNDATIONS OF PSYCHIATRY	Dr J LEWIS Dr I RAUCHBERGER
2ND SEM	NEUROSCIENCES OF PSYCHIATRY	A/PROF S SUNDRAM PROF P FITZGERALD
2ND SEM	PERSONALITY THEORY	PROF S BLOCH DR L RODRIGUEZ
YEAR 2 1ST SEM	CHILD & ADOLESCENT PSYCHIATRY	DR S RADOVINI
1st & 2nd SEM	SELECTIVE 1 and II	Dr D BARTON DR S BLAIR-WEST DR A CARROLL DR E CEMENTON DR C RIESS DR J TORR PROF T TRAUER MR S EWEN DR K MORTON A/PROF C HARVEY DR S JESPERSEN A/PROF H MINAS DR P CHOPRA A/PROF T NORMAN
2ND SEM	ADULT PSYCHIATRY I	DR J LEWIS
YEAR 3 1ST SEM	ADULT PSYCHIATRY II	PROF D AMES
1ST & 2ND SEM	SELECTIVE 1 & II	SELECTIVE COORDINATOR <i>see above</i>
2ND SEM	PSYCHIATRY IN PHYSICAL HEALTH AND ILLNESS	DR A HOLMES PROF D CLARKE

GENERAL COURSE STRUCTURE - 2009

YEAR	SUBJECT	NO. OF WEEKS	DAY	TIME	DATES	VENUE
One	Foundations of Psychiatry	12	Thursday	2 – 5.15 pm	5 Feb – 23 April	Alfred Hospital
	Neurosciences of Psychiatry	12	Thursday	2 – 5.15 pm	14 May – 30 July	Alfred Hospital
	Personality and Human Behaviour	13*	Thursday	2 – 5.15 pm	20 Aug – 12 Nov	St Vincent's Hospital *Wk 13 Cunningham Dax Collection
Two	Child and Adolescent Psychiatry	12	Friday	9 – 12.15 pm	6 Feb – 1 May (incl. Easter Fri 10/4)	Mindful, (Bouverie Centre, Flemington)
	*Selective I	6	Mondays	2 – 5 pm	18 May – 29 June (incl. Queens Birthday 8/6)	Various venues
			Fridays	9 – 12 noon	22 May – 26 June	
*Selective II	6	Mondays	2 – 5 pm	6 July – 10 Aug	Various venues	
		Fridays	9 – 12 noon	10 July – 14 Aug		
	Adult Psychiatry I	12	Friday	9 – 12.15 pm	28 Aug – 13 Nov	Alfred Hospital
Three	Adult Psychiatry II	14	Monday	2 – 5.15 pm	2 Feb – 4 May	NARI, Poplar Rd Parkville
	*Selective I	6	Mondays	2 – 5 pm	18 May – 29 June	Various venues
			Fridays	9 – 12 noon	22 May – 26 June	
*Selective II	6	Mondays	2 – 5 pm	6 July – 10 Aug	Various venues	
		Fridays	9 – 12 noon	10 July – 14 Aug		
	Psychiatry in Physical Health and Illness	13	Monday	2 – 4.50 pm	24 Aug – 16 Nov	Dept of Psychiatry Royal Melbourne Hospital

* See next page.

MASTER OF PSYCHOLOGICAL MEDICINE – MASTER OF PSYCHIATRY/DEPT**SELECTIVE TIMETABLE FOR 2009**

		1ST SEMESTER 2009	VENUE
DATE 2009	SELECTIVE	PRESENTER	
Mondays (Wks 1, 2, 6) 12.30 – 3.30 pm Fridays (Wks 3, 4, 5) 9 – 12 noon Dates to be confirmed.	Cognitive Behaviour Therapy	Dr David Barton Dr Scott Blair-West	To be advised
Mondays 2 – 5 pm 18 May – 29 June (incl Queens B)	Working with families: Theories and practise	Dr Colin Reiss	The Bouverie Centre, 8 Gardiner St Brunswick VIC 3031
Fridays 9– 12 noon 22 May – 26 June	Psychiatry of Intellectual and developmental disabilities.	Dr Jenny Torr	Centre for Developmental Disability, Building One, Omnico Business Park, Notting Hill
Fridays 9 – 12 noon 22 May – 26 June	Psychiatric ethics – theory and practice	Dr Katinka Morton	Level 1 north Royal Melbourne Hospital
Fridays 9 – 12 noon 22 May – 26 June	Forensic Psychiatry	Dr Andrew Carroll	Centre for Forensic Behavioural Science, Forensicare Community Forensic MHS, 550 Hoddle St, CLIFTON HILL
		2ND SEMESTER	
DATE	SELECTIVE	PRESENTER	
	Aboriginal Social and Emotional Wellbeing	Mr Shaun Ewen Dr Michael Duke	NOT AVAILABLE 09
Mondays 2 – 5 pm 6 July -10 August	Skills in critical appraisal of research.	Prof Tom Trauer	Victorian Dual Disability Service, 10-12 Gertrude St, Fitzroy
Mondays 2 – 5 pm 6 July – 10 August	Psychopharmacology	A/Prof Trevor Norman	Dept of Psychiatry at Austin or Repat Hospitals
Fridays 9 – 12 noon 10 July – 14 August	Advanced skills in primary care and community psychiatry	A/Prof Carol Harvey Dr S Jespersen	Psychosocial Research Centre, 130 Bell St, Coburg
Fridays 9 – 12 noon 10 July – 14 August	Drug and alcohol use disorders	Dr Enrico Cementon	DAS, 3 – 7 Eleanor St, Footscray
Fridays 9 – 12 noon 10 July – 14 August	Transcultural Psychiatry	A/Prof Harry Minas Dr Prem Chopra	Victorian Transcultural Psychiatry Unit Level 2, Bolte Wing, St Vincent's Hospital

SUMMARY OF ASSESSMENTS FOR 2009

YEAR	SUBJECT	ASSESSMENT	DUE DATE 2009
ONE	FOUNDATIONS OF PSYCHIATRY	Written examination	23 April
	NEUROSCIENCES OF PSYCHIATRY	Critical review of literature and class presentation (50%) and written assessment (50%)	During selective 6 August
	THEORIES OF PERSONALITY AND HUMAN BEHAVIOUR AND THEIR THERAPEUTIC APPLICATION	4,000 word essay on an assigned topic	13 November
TWO	CHILD AND ADOLESCENT PSYCHIATRY	Oral presentation (50%) 2000 (50%) word review on oral presentation	During course. Two weeks after oral presentation
	ADULT PSYCHIATRY I	Written examination	13 November
THIRD	ADULT PSYCHIATRY II INCL OLD AGE PSYCHIATRY	Oral presentation (50%) 2000 (50%) word review on oral presentation	During course. Two weeks after oral presentation
	PSYCHIATRY IN PHYSICAL HEALTH AND ILLNESS	Case study 1500 words (40%) Written examination (60)%	16 November
SELECTIVE			
<i>1st Sem</i>	<i>COGNITIVE BEHAVIOUR THERAPY</i>	Oral presentation (40%) 1500 word case study (60%)	During selective
	<i>WORKING WITH FAMILIES</i>	Oral presentation (40%) 1500 word critical review (60%)	During selective 6 July
	<i>PSYCHIATRY OF INTELLECTUAL AND DEV DISABILITIES</i>	Group discussions and learning activities or 1500 word written assessment	During selective Or 6 July
	<i>PSYCHIATRIC ETHICS – THEORY AND PRACTICE</i>	The unit is assessed through a 1,500 word assignment (100%)	3 July
	<i>FORENSIC PSYCHIATRY</i>	Critical review 3000 word	6 July
<i>2nd Sem</i>	<i>SKILLS IN CRITICAL APPRAISAL OF RESEARCH</i>	2000 word written eval of published paper	24 August
	<i>PSYCHOPHARMACOLOGY</i>	Oral presentation (30%) 1500 word essay (70%)	During class 17 August
	<i>ADVANCED SKILLS IN PRIMARY CARE AND COMMUNITY PSYCHIATRY</i>	Oral presentation (40%) 1500 word essay (60%)	During class 4 Sept
	<i>DRUG AND ALCOHOL USE DISORDER</i>	Course attendance (10%) Oral presentation (30%) Log book (20%) 1500 word case history	During class During class 25 Sept
	<i>TRANSCULTURAL PSYCHIATRY</i>	Oral presentation (40%) 1500 word written case report	During selective Written 21 August

THE POSTGRADUATE PSYCHIATRY WEEK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A M					YEAR 2 1 st semester 9 - 12.15 pm YEAR 2 & 3 Selective I and II 2 nd semester 9.00 – 12.15 pm
P M	YEAR 3 1 st and 2 nd sem YEAR 2 & 3 Selective I and II 2 - 5.15 pm			YEAR 1 1 st semester 2 – 5.15 pm 2 nd semester 2 – 5.15 pm	

Locations

Year 1

1st sem Alfred Medical Research and Education Precinct, Alfred Hospital
 2nd sem Seal Room, Dept of Psychiatry, St Vincent's Hospital.

Year 2

1st sem Mindful, Building C, 50 Flemington St, Flemington.
 2nd sem Alfred Medical Research and Education Precinct, Alfred Hospital.

Year 3

1st Sem NARI, - Gate 4, Building 9,) Seminar Room, Royal Park Campus, Poplar Road, Parkville
 2nd sem Conference Room, Department of Psychiatry, Level 1 North, Main Block, Royal Melbourne Hospital.

Selectives: Various locations

CHAIRPERSONS AND COORDINATORS

The Postgraduate Psychiatry chairpersons are:

Professor J W Tiller Head of the Department of Psychiatry, The University of Melbourne

Professor G Meadows: Professor and Head, Discipline of Psychological Medicine, School of Psychology, Psychiatry and Psychological Medicine, Monash University

Course coordinators:

Dr S Jespersen and Dr T Syme

Specific Year Subject Coordinators

Year 1

Dr J Lewis	}	Foundations of Psychiatry
Dr I Rauchberger	}	
Prof P Fitzgerald)	Neurosciences of Psychiatry
A/Prof S Sundram)	
Prof S Bloch	}	Theories of Personality and Human
Dr L Rodriguez		Behaviour and their Therapeutic Applications

Year 2

Dr S Radovini	}	Child and Adolescent Psychiatry
Dr J Lewis	}	Adult Psychiatry I

Year 3

Professor D Ames)	Adult Psychiatry II
Dr A Holmes)	Psychiatry in Physical Health and Illness
Professor D Clarke)	

Opportunities for RANZCP training experiences within the Postgraduate Psychiatry Program – November 2008

The Master of Psychological Medicine (MPM)/Master of Psychiatry Program (M.Psychiatry) is run jointly by the Department of Psychological Medicine, Monash University and the Department of Psychiatry, The University of Melbourne. It is also known as the Postgraduate Psychiatry Program. This program has been accredited by the Royal Australian and New Zealand College of Psychiatry's Committee for Training as a Recognised Formal Education Course. That is, RANZCP Trainees who satisfactorily complete the Postgraduate Psychiatry Program are accredited as having completed the RANZCP Formal Education requirement of Basic Training.

This guide is not intended to replace the Postgraduate Psychiatry Program Handbook, published annually, nor the information regarding various RANZCP training experiences, available to all RANZCP trainees through the College website (www.ranzcp.org). Rather, it is intended to emphasise the opportunities within the Postgraduate Psychiatry Program to complete additional RANZCP training experiences. This is in response to Trainee feedback about the large amount of assessment with the combination of RANZCP training requirements and the assessment required for a Masters degree. It also follows one of the recommendations of the recent VPTC Formal Education Course Review (28 August 2008), regarding 'dual activities', referring to "opportunities for usage of the content of MPM/MPsych Training activities for RANZCP Training activities".

If you have any concerns about the training experiences described, please do not hesitate to contact your RANZCP Regional Director of Training.

Ethical Practice Activity

RANZCP basic trainees are required to complete one ethics annual experience for each of their first three years of basic training. The Postgraduate Psychiatry Program offers numerous opportunities to complete this experience. Participation in the Ethics Lecture within the First Year *Foundations of Psychiatry Unit*, or the Second Year *Ethics Selective*, readily meets the requirement for an Ethics Annual Experience, and Professor Bloch/Dr Katinka Morton will sign your RANZCP Annual Experiences Certificate of Completion Form (if you bring it on the day). In addition to these Ethics Lectures, trainees may also complete the Ethical Practice Activity by exploring areas raised in other unit lectures or Selectives – for example, *Forensic Psychiatry*, *Psychiatry of Intellectual and Developmental Disabilities*, *Advanced Skills in Primary Care and Community Psychiatry*, *Working with Families*. These may be discussed with your RANZCP Supervisor, and accredited.

For further information about the RANZCP Approved Activity on Ethical Practice requirements, please see Link 22 on the RANZCP website, or your Director of Training.

Addiction Psychiatry

Trainees who participate in the *Drug and Alcohol Use Disorder Selective* are expected to present and discuss the management of people with a substance use disorder. These presentations may, in turn, be accredited by the unit coordinator, Dr Enrico Cementon, as meeting some of the requirements for your Basic Training in Addiction Psychiatry Experience. Please bring your Addiction Psychiatry Experience Form to the lectures if you would like to seek this accreditation.

For further information about the RANZCP Approved Basic Training in Addiction Psychiatry requirements, please see Link 39 on the RANZCP website, or your Director of Training.

Approved Training in the Mental Health of Aboriginal and Torres Strait Islander People and Maori Theoretical Component

RANZCP trainees are required to complete an approved training module in the mental health of Aboriginal and Torres Strait Islander people or Maori. In Victoria, this theoretical component is provided to all trainees by content throughout the three-year Postgraduate Psychiatry Program. Additional experience can be obtained in the selective, *Aboriginal Social and Emotional Well-Being*, which will be run every second year (next in 2010). Please note that the Postgraduate

Psychiatry Program's core program and Selective *Aboriginal Social and Emotional Well-Being* meet only the theoretical component of the RANZCP Approved Training in the Mental Health of Aboriginal and Torres Strait Islander People and Maori Experience.

For further information about the RANZCP Approved Training in the Mental Health of Aboriginal and Torres Strait Islander People and Maori Theoretical Component requirements, please see Link 29 on the RANZCP website, or your Director of Training.

First Presentation Case Preparation

Trainees are required to submit a First Presentation written case in basic training. In this case, trainees are required to include a formulation that integrates material obtained in the assessment, and "demonstrates an understanding of why this person presented with this illness at this time, rather than merely an explanation of the illness". Trainees may begin to prepare the formulation for this case in the sessions within the *Theories of Personality and Human Behaviour and their Therapeutic Application* subject.

For further information regarding the RANZCP Case Histories requirements, please see Link 45 on the RANZCP website, or your Director of Training.

RANZCP Exam Preparation Opportunities Within the MPM Programme

The Postgraduate Psychiatry Program will obviously assist Trainees to prepare for the RANZCP Examinations by developing their theoretical understanding of psychiatry. In addition, two core subjects (*Foundations of Psychiatry, Adult Psychiatry I*) now offer assessments in a comparable format to the RANZCP Written Examinations. These units offer Trainees the additional opportunity to both develop their understanding of the RANZCP Written Examination format, and to have practice in exam conditions. The aim over the next twelve months is to increase the number of units which will offer assessments in a similar format to the RANZCP Written Examinations.

Trainees who are likely to have RANZCP Written or Clinical Examinations coinciding with assessment tasks (e.g. essay deadlines) for the Postgraduate Psychiatry Program are encouraged to discuss this with their subject coordinators as early as possible. Subject coordinators will be as flexible as possible regarding deadlines in this circumstance.

It is anticipated that this document will be reviewed annually. If you have any queries about the Postgraduate Psychiatry Program, or would like to offer feedback regarding this document, please contact Dr Simon Jones or Dr Katinka Morton, as follows;

Dr Simon Jones
Course Coordinator 2008
Postgraduate Psychiatry Program
sgjones@unimelb.edu.au

Dr Katinka Morton
VPTC MPM Representative
The Royal Melbourne Hospital
Katinka.Morton@mh.org.au

Students are reminded that both the University of Melbourne and Monash University have policies about attendance requirements for postgraduate courses.

Coordinators of individual core and selective subjects will indicate specific requirements regarding attendance. Some subjects will include attendance as part of the assessment. Please refer to details of each subject or discuss with subject coordinators for further information.

YEAR 1**Semester 1****Subject: "FOUNDATIONS OF PSYCHIATRY"****Monash University MPM1001****University of Melbourne 554-609****SUBJECT SUMMARY**

The aim of this subject is to provide students with an introduction to the perspectives, underpinnings and practice of psychiatry.

SUBJECT OBJECTIVES:

On completion of this unit, students should be able to:

- Demonstrate knowledge of the biomedical, psychological and social sciences which inform psychiatric practice.
- Understand the principals of adult learning and continuing professional development.
- Demonstrate the ability to access and critically review the psychiatric literature.
- Discuss the ethics of psychiatric practice and relate this to clinical cases.
- Conduct and write up a comprehensive psychiatric assessment and formulation.
- Demonstrate knowledge of psychiatric research methodologies.
- Demonstrate knowledge of the impact of mental illness on families and carers and basic family interventions.
- Demonstrate knowledge of systems of service delivery and the role of psychiatry in relation to other clinical disciplines.

READING LIST*Basic Textbooks:*

*Gelder M., Mayou R. and Cowen P., Shorter Oxford Textbook of Psychiatry, Oxford University Press, Oxford, 2001.

*Sadock B. and Sadock V., Kaplan and Sadock's Synopsis of Psychiatry: Behavioural Sciences, Clinical Psychiatry, Lippincott, Williams and Wilkins, Philadelphia, 2003.

Reference Textbooks:

*Gelder, M.G., Lopez-Ibor, J.J. and Andreasen, N.C. "New Oxford Textbook of Psychiatry", Oxford University Press, 2000

*Johnstone E., Freeman C. and Zealley A., Companion to Psychiatric Studies, 6th Edition, Churchill and Livingstone, 1998.

*Sadock B. and Sadock V. (Editors), Kaplan and Sadock's Comprehensive Textbook of Psychiatry VII, Lippincott, Williams and Wilkins, Philadelphia, 2000.

Phenomenology:

*Fish F., Hamilton M. (Editor), Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry, John Wright and Sons, Bristol, 1985.

*Sims, A. "Symptoms in the mind, An Introduction to Descriptive Psychopathology", 3rd Edition, London, Saunders, 2003.

*Trzepacz, P. and Baker, R., "The Psychiatric Mental Status Examination", Oxford University Press, New York, 1993.

Electroconvulsive Therapy:

*Tiller and Lyndon, Electroconvulsive Therapy-An Australasian Guide, Australian Postgraduate Medicine Foundation.

Evidence Based Medicine:

*Greenhalgh, T., How to read a Paper-The Basics of EBM, 2nd Edition, BMJ Publishing Group, London.

Ethics:

*Bloch S., Chodoff P. and Green S., Psychiatric Ethics, 3rd Edition, Oxford University Press, Oxford, 1999.

General Reading:

McHugh PR, Slavney PR. The perspectives of psychiatry, 2nd ed. Baltimore: The Johns Hopkins University Press, 1998.

Shorter E. A History of Psychiatry. New York: John Wiley & Sons, 1997.

Meadows G, Singh B. Mental Health in Australia. Melbourne: Oxford University Press, 2001.

ASSESSMENT

The assessment for Foundations of Psychiatry will be a 1.5 hour examination which will be held week 12, 23 April in the Monash Medical School lecture Hall, lower ground floor, Alfred Campus (nr. Heliport). The examination will consist of short answer and modified essay questions based on the lecture series. A more detailed explanation of the examination process will be provided by the course coordinators in week 1 of the semester.

DATE OF ASSESSMENT: 23 April, 2008.

COORDINATORS:

Dr. Justin Lewis j.lewis@alfred.org.au
and
Dr. Ilan Rauchberger i.rauchberger@alfred.org.au
Senior Psychiatry Registrars
Monash University Department of Psychological Medicine
Alfred Hospital

YEAR 1**Semester 1****Subject: "NEUROSCIENCES OF PSYCHIATRY"****Monash University MPM1006****University of Melbourne 554-603****SUBJECT SUMMARY**

The aim of this stream is to introduce the student to the neurosciences and their relationship to psychiatry. The student will be exposed to the diversity of this field and understand how this knowledge is integrated to understanding the individual and their illness.

SUBJECT OBJECTIVES:**On completion of this unit, students should be able to:**

- Define the major principles of knowledge in each of the branches of the neurosciences and to integrate this knowledge to improve our conception and treatment of the major psychiatric disorders.
- Discuss how this knowledge is acquired and developed through research.
- Critically evaluate this knowledge
- Define psychiatric disorders according to their underlying neurobiological basis
- Understand how this knowledge is acquired.
- Critically appraise this knowledge.

READING LIST

Kaplan and Sadock Synopsis of Psychiatry Section 3

Charney, DJ, Nestler, EJ and Bunney, B (Eds) "Neurobiology of mental illness". Oxford University Press, 1999.

[Eric J. Nestler](#), [Steven E. Hyman](#), [Robert C. Malenka](#) "Molecular Basis of Neuropharmacology: A Foundation for Clinical Neuroscience" McGraw-Hill (2001)

[Gary B. Kaplan](#) (Editor), [Ronald P. Hammer Jr.](#)

Brain Circuitry and Signalling in Psychiatry: Basic Science and Clinical Implications (Progress in Psychiatry, **61**) American Psychiatric Press (2002)

Neuroanatomy

England M A and Wakely J (1991). "A Colour Atlas of the Brain and Spinal Cord." Wolfe Publishing, Aylesbury.

Neurochemistry / Neurophysiology

Shepherd G M, 1994 Neurobiology (3rd Ed.). Oxford University Press, New York. Section 1: Molecular and Cellular Mechanisms.

Siegel G J, Agranoff B W, Albers R W and Molinoff P B Eds. "Basic Neurochemistry " (6th ed.). Raven Press, New York, 1999.

Neuropharmacology

Cooper J R, Bloom F E and Roth R H Eds. "The Biochemical Basis of Neuropharmacology" (7th ed.). Oxford University Press, New York, 1996.

Stahl, S M "Essential Psychopharmacology" (2nd edition) Cambridge University Press, 2000.

Neuropsychiatry/Cognitive Assessment

Hodges J R "Cognitive Assessment for Clinicians". Oxford University Press, Oxford, 1994.

Lishman W A. "Organic Psychiatry". Blackwell Scientific Publications, 1997. Chapters 1, 2.

ASSESSMENT

Critical review of literature and class presentation (50%) and a written assessment (50% due one week after the end of the term.

DATE ASSESSMENT IS DUE: 6 August, 2009

COORDINATORS:

A/Prof Suresh Sundram University of Melbourne
Telephone: 9388 1633

Prof Paul Fitzgerald Monash University
Telephone: 9276 6552

YEAR 1**Semester 2**

Subject: "THEORIES OF PERSONALITY AND HUMAN BEHAVIOUR AND THEIR THERAPEUTIC APPLICATION"

Monash University MPM1009

University of Melbourne 554-611

SUBJECT SUMMARY

The focus of this subject is the study of the theory of personality and of human behaviour and its clinical and therapeutic implications. The **chief aim** of the course is to consider the various theoretical approaches, which have been applied in order to understand an individual's intra and interpersonal psychological world. Topics covered include:

- The concept of personality;
- Different theoretical approaches to the conceptualisation of personality and psychological functioning and the relationship between these approaches;
- And application of these different approaches to clinical practice, particularly psychotherapeutic treatment.

Throughout the course, links will be made between the theoretical subject matter and its relevance to the clinical situation. In particular, psychotherapeutic and other treatment implications will be considered. Although the course will not serve as an introduction to practical psychotherapy, there will be a regular opportunity to study relevant aspects of the different schools of psychological treatment. Students will be encouraged to share their clinical experience and there will be scope to present case material from their ongoing clinical encounters.

An important **goal** in linking theory and practice in this way is to enable students to learn how to apply various theories of personality and human behaviour to their patients and their families, and how to become more critically aware of the relative strengths and limitations of these theories. An underlying premise of the course is that many theories of personality have a potentially useful role, both conceptually and therapeutically, and at this stage of knowledge they all need to be carefully appraised. The course cannot accommodate all theories, but the main representative ones will be dealt with.

As is typical of the MPM/MPsychiatry overall, the course is problem-based and student-centred, which means that it is flexible enough to be tailored to the students' interests.

SUBJECT OBJECTIVES:

On completion of this unit, students should be able to:

- Formulate a person's internal and interpersonal psychological world in terms of relevant theories of personality and psychological functioning
- Critically appraise these theoretical approaches in terms of their communalities and differences
- Recognise how research into this subject is conceptualised and carried out
- Critically analyse the literature in this field
- Relate the role of these approaches in the psychotherapies and clinical psychiatry overall

READING LIST

Students are expected to be familiar with reading material prescribed by the seminar leader. This reading material will be in the form of photocopied articles or chapters made available prior to the seminar.

Bloch, S (Ed) (2007) *An Introduction to the Psychotherapies* 4th edition, Oxford University Press, Oxford.

Engler, B (2007) *Personality Theories: An Introduction* 7TH edition, Houghton Mifflin Company, Boston.

Gay, P (Ed) *The Freud Reader* NY: Vintage, 1995.

Gabbard, G, Beck J and Holmes, J (Eds) (2005) *Oxford Textbook of Psychotherapy* Oxford University Press.

Laplanche, J and Pontalis, J B (1973) *The Language of Psycho-Analysis*. London: Hogarth.

Monte, C F and Sollod, R (2003) *Beneath the Mask: An Introduction to Theories of Personality* Academic Press (7th Edition).

ASSESSMENT

A 4,000-word essay on an assigned topic, which will link up with the course objectives. The assessment may be supplemented by an oral examination if the standard of the essay is unsatisfactory. Please submit an electronic copy typed in double-spacing to Ros Hendy. References (in the region of 8) should be in the format used by the Australian and New Zealand Journal of Psychiatry. The candidates' University enrolment number should identify essays only (i.e. no names please).

The essay topics will be available at the commencement of the course and the coordinators available throughout the 12 weeks for advice. Candidates are advised to peruse the course material and select the theme of their essay at an early stage so that they can maximise learning opportunities stemming from the assignment.

DATE ASSESSMENT IS DUE: Friday 13 November, 2009

COORDINATORS:

Professor Sidney Bloch University of Melbourne
Telephone: 0408 053 228

Dr Leonardo Rodríguez Monash University
Telephone: 9349 3462

YEAR 2**Semester 1****Subject: "CHILD AND ADOLESCENT PSYCHIATRY"****Monash University MPM1003****University of Melbourne 554-610****SUBJECT SUMMARY**

The "Child and Adolescent Psychiatry" part of the MPM/M (Psychiatry) course will provide candidates with the opportunity to view the evolution of human behaviour through the life cycle from a developmental perspective. This implies an appreciation of developmental issues such as:

- Continuities and discontinuities between childhood and adulthood in both health and psychopathology.
- The extent to which normality merges with pathology.
- Facilitating and inhibiting factors influencing transitions between developmental phases.
- Age-appropriate, accelerated and delayed development.
- The effect of individual differences on developmental processes e.g.
 - * Vulnerability, adaptation and resilience to stress.
 - * Development and stabilising of personality structure.
 - * The development of behavioural variations under social and cultural influences.
- The clinical applications of these principles to psychiatric conditions in childhood, adolescence and adulthood. Seminars will focus on bio-psycho-social influences on development from infancy, through childhood, adolescence to adulthood.

Emphasis will be placed on:

- The appreciation of interaction between innate biological determinants with environmental provisions (parental, social, cultural).
- The developmental lines of an individual's development from biological and early parent-infant relationships.

Clinical illustrations will highlight the influence of disability and chronic illness on individual development, both directly and through altered family relationships.

SUBJECT OBJECTIVES:

On completion of this unit, students should be able to:

- Describe key developmental life stages through childhood and adolescence.
- Describe key developmental psychological, social and biological factors involved in normal and abnormal development through childhood and adolescence.

- Describe key developmental psychological, social and biological factors involved in the onset, progression, natural history and treatment options in specific common child and adolescent psychiatric disorders.
- Describe key continuities and discontinuities between adult and child and adolescent psychiatric practice.
- Outline and discuss the developmental context within which the bio-psycho-social approach is used for the assessment and treatment of child and adolescent psychiatry disorders.
- Describe the influences of chronic illness, impairment, disability and handicap on development at an individual, interpersonal, family and social level.

READING LIST

Martin A, Volkmar F. Lewis's Child and Adolescent Psychiatry . Philadelphia: Lippincott Williams and Wilkins, 2007

Rutter M. Rutter's Child and Adolescent Psychiatry. Oxford: Blackwell, 2008

The Werry Centre for Child and Adolescent Mental Health, New Zealand, Evidence- Based Age Appropriate Interventions, A guide for Child and Adolescent Mental Health Services [CAMHS], 2008
http://www.werrycentre.org.nz/site_resources/library/Workforce_Development_Publications/Evidence_Based_Intervention_Final_Doc.pdf

American Academy of Child & Adolescent Psychiatry website, 'Practice Parameters'- guidelines for the management of psychiatric disorders in Child and Adolescent Psychiatry,
http://www.aacap.org/cs/root/member_information/practice_information/practice_parameters/practice_parameters

ASSESSMENT

Students' oral presentations (50%) during the course will be set down for one of the ten specific days on which the course takes place. Written material (50%) will be due two weeks after the presentation.

DATE ASSESSMENT IS DUE

Written material (50%) will be due two weeks after the presentation.

COORDINATOR:

Dr Sandra Radovini
Director
 Mindful - Centre for Training and Research in
 Developmental Health
 The University of Melbourne
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 Flemington Vic 3031 Australia
t +613 93710201
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e s.radovini@mindful.org.au
w www.mindful.org.au

YEAR 2**Semester 2****Subject: "Adult Psychiatry I"****Monash University MPM1202****University of Melbourne 554-606****SUBJECT SUMMARY**

Adult Psychiatric illnesses form the mainstay of clinical psychiatric practice and any clinical practitioner needs to understand these core illnesses. Hence this subject, along with another core subject Adult Psychiatry-II (Year 3, semester 1) will address the theoretical underpinnings of the common adult psychiatric disorders, to provide the candidate with practical clinical information and to encourage an understanding of the tasks of adulthood in the life cycle.

This unit is one of the core units in the course. Students will be provided with an introduction into adolescence through to the adult phase of life, concepts of mental illness and the impact of one on the other. Topics will include adolescent psychiatry, parenthood and mental illness, mid-life and late life issues. One session will be devoted to the theories of emotion. Phenomenology will be covered in detail with several sessions devoted to disorders of thought and perception. These sessions will discuss the various psychotic disorders in depth. There will be other sessions dedicated to the presentations and management of the other common adult psychiatric disorders such as mood disorders, anxiety disorders and psychosomatic disorders. The practice of adult psychiatry in special settings such as primary and community care, hospital in-patient and forensic institutions will be examined.

SUBJECT OBJECTIVES:

On completion of this unit, students should be able to:

- Discuss the issues of adulthood as a life phase cycle.
- Discuss the theoretical underpinnings of common psychiatric disorders of adulthood
- Integrate this theoretical knowledge with the recognition and treatment of clinical disorders.
- Recognise the signs and symptoms of many adult psychiatric disorders
- Demonstrate skills in the assessment, diagnosis and management of several common psychiatric illnesses in adults.

READING LIST

Kaplan HI, Sadock BJ. Comprehensive Textbook of Psychiatry. Williams and Wilkins.

ASSESSMENT

There will be one short answer examination paper similar in style to the RANZCP-Part 1, day 1 written examination

DATE ASSESSMENT: 13 November, 2009

COORDINATOR: Dr. Justin Lewis j.lewis@alfred.org.au
Senior Psychiatry Registrar
Monash University Department of Psychological Medicine
Alfred Hospital

YEAR 3**Semester 1****Subject: "ADULT PSYCHIATRY II"****Monash University MPM1301****University of Melbourne 554-607****SUBJECT SUMMARY**

The unit is a continuation of Adult Psychiatry I. The initial 2 sessions will be a continuation of the curriculum for Adult Psychiatry I and include the topics of depressive disorders, mid-life and late middle-age. The remaining 10 sessions will focus on psychiatry of old age and will attempt to influence the attitudes of the students with regard to ageing in a positive manner and in particular to approach the aged in clinical practice with compassion, patience and an awareness of their needs. The old age component of the unit will address the interaction of ageing and mental health, epidemiological and demographical aspects of ageing in Australia and worldwide, the social construction of ageing, individual experiences of ageing, ageing and mental health of indigenous Australians, physical and psychological consequences of ageing, families and ageing, sexuality and ageing, death and dying, common cognitive and functional disorders in the elderly, physical health, pharmacology and ageing and service provision to the elderly with a mental illness. The sessions on cognitive disorders will examine the types and classification of cognitive disorders including the dementias, the underlying pathophysiological basis of these disorders, epidemiology, assessment of patients and management-pharmacological and non-pharmacological. A similar approach will be adopted for the sessions on affective, anxiety and psychotic disorders in the elderly. Teaching on physical health, pharmacology and ageing will deal with the interface between old age psychiatry, geriatric medicine and primary care. Some of the more common physical disorders that affect the elderly will be considered as well as their impact on psychological health and well-being e.g. stroke, fractured neck of femur. Teaching on services and training in old age psychiatry will address various service models in Victoria and other Australian states, as well as internationally, and the private versus public health dichotomy. Issues needing consideration in the setting up of services in a developing country or a developed country with a newly ageing population will be discussed. Last, current Royal Australian and New Zealand College of Psychiatrists guidelines for advanced training in old age psychiatry will be set out.

SUBJECT OBJECTIVES:

On completion of this unit, students should be able to:

- Describe the common psychiatric syndromes which affect older people, their presentation, differential diagnosis, assessment, basic management and outcomes.
- Demonstrate the skills to interview older persons effectively and to assess their mental state with particular reference to cognitive function.
- Demonstrate the skills necessary to manage the common psychiatric disorders affecting older people and the sensitivity to the social milieu in which the aged person lives with particular reference to the need to support and assist carers of older persons with psychiatric disorders.

- Discuss the range of services available to assist older people with mental health problems in Australia and the way these services are likely to develop in the future.
- Describe the experience of ageing as lived in Australia together with the social, societal and personal implications of the ageing process.
- Utilise appropriate referral to other specialists and services (both medical and social) for older people.

READING LIST

Prescribed text books

- Jacoby & Oppenheimer (2002). *Psychiatry in the elderly*. Oxford University Press, 3rd edition.
- Henderson, S. & Jorm, F. (1998). *Dementia in Australia*. Australian Government Publishing Service
- Lishman, A. (1997). *Organic Psychiatry*. 3rd Edition Blackwell.

Suggested books for reference

- Burns, A., O'Brien, J. T. and Ames, D. (2005). *Dementia* (3rd ed.). Hodder.
- Evans & Williams. *Oxford Textbook of Geriatric Medicine*. OUP.

ASSESSMENT

The unit is assessed through the a verbal presentation (5 minutes) made by each candidate in one specific session to which they will be allocated on day one of the course, and a written account of the same topic. These presentations will focus on the specific content of the session being taught (e.g. services and old age psychiatry) in which the candidate will lead discussion in presenting information to which they have been directed in advance. The oral presentation (50%) will be associated with a matching written 2,000 word review (50%).

DATE ASSESSMENT IS DUE: Students' oral presentations during the course will be set down for one of the ten specific days on which the course takes place. **Written material will be due two weeks after the presentation.**

COORDINATOR: Professor David Ames
 Director National Ageing Research Institute
 University of Melbourne Professor of Ageing and Health
 Editor in Chief International Psychogeriatrics
dames@unimelb.edu.au
 (61) (03) 8387 2305
 (61) (0) 419 378 455

YEAR 3**Semester 2****Subject: "PSYCHIATRY IN PHYSICAL HEALTH AND ILLNESS"****Monash University MPM1005****University of Melbourne 554-640****SUBJECT SUMMARY**

This unit aims to explore the relationship between physical and psychological health and illness. The key components of this relationship will be explored from both a theoretical and clinical perspective. These concepts include how psychological factors affect physical health, how physical illness can lead to psychological disturbance and the nature of somatisation. Common medical conditions with psychological associations will also be reviewed.

The activities of psychiatrists within general medical settings will be explored. This will include the clinical process of the consultation liaison assessment, the application of neuropsychological testing and the nature of interventions. Issues of communication, treatment adherence, and relationship difficulties in medical settings will be addressed.

SUBJECT OBJECTIVES:**On completion of this unit, students should be able to:**

- Examine the relationship between physical health and psychological states
- Describe how psychological factors may affect physical health and illness
- Describe common organic psychiatric disorders
- Describe the major psychiatric disorders in which physical symptoms are a major component
- Appraise the role of psychiatry within the general hospital setting
- Examine how Consultation-Liaison interventions may affect physical and psychological outcomes.

READING LIST

Rundell JR, Wise MG. (1999). Essentials of Consultation-Liaison Psychiatry. American Psychiatric Press, Washington, DC.

ASSESSMENT

- A brief case study (1500 words) derived from the student's current placement illustrating a number of principles in consultation-liaison psychiatry (40%).
- One 1½ hour written examination (60%). The examination will include a written case about which a number of questions will be raised. The questions will test then knowledge of key concepts as well as principles of application in the clinical setting.

DATE ASSESSMENT: Written examination 16 November, 2009.

COORDINATORS: Dr Alex Holmes
 Department of Psychiatry,
 University of Melbourne
 Telephone: 8344 5511

Prof D Clarke
 Dept Psychological Med
 Monash University
 Telephone 9594 1479

SUMMARY OF SELECTIVES

Semester 1

Subject: Cognitive Behavioural Therapy

Monash University MPM5201 University of Melbourne 554-631

SUBJECT SUMMARY

This unit is intended to give a brief introduction into the theoretical underpinnings of the main forms of CBT and provide a solid background in the practical applications of CBT in relation to common psychiatric disorders for which CBT is an appropriate treatment.

The introductory two seminars will cover the historical background of how CBT evolved, starting with the early work on classical and operant conditioning to the more sophisticated cognitive models and the integration of behavioural and cognitive approaches. The basic theories of personality and psychopathology as outlined in Rational Emotive Behaviour Therapy e.g. Albert Ellis, Behaviour Therapy e.g. Skinner, and Cognitive Therapy e.g. Beck will be discussed. General principles of CBT assessment and formulation will be covered.

Subsequent seminars will focus on the use of the commonly used CBT techniques such as (i) behavioural interventions e.g. graded exposure in phobias and obsessive disorders, token economy in the chronically mentally ill, skills training; (ii) cognitive interventions e.g. automatic thoughts in depression, (iii) motivational and educational interventions e.g. pain management, eating disorders, in psychiatric disorders. The seminars will be run in a workshop format to allow active involvement of students who will be expected to present and formulate cases according to CBT principles. These last four seminars will focus on applications of CBT in the management of four common psychiatric disorders- obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder and depression.

SUBJECT OBJECTIVES:

The student is expected to develop knowledge in the theory and application of commonly used CBT techniques which will prepare them to practice CBT under supervision in the first instance.

On completion of this unit, students will be able:

- To describe the empirical foundations of CBT approaches the theories of personality and psychopathology according to the major CBT approaches.
- Have the skills to be confident in the assessment, formulation and management of common psychiatric disorders according to CBT principles.
- To recognise the common psychiatric disorders for which CBT is an appropriate management strategy.
- To recognise the limitations of CBT.
- To compare CBT with other forms of psychotherapy and choose the most appropriate form of therapy for patients.

READING LIST

Hawton K, Slakovskis PM, Kirk J, Clark DM (eds) (1992). *Cognitive Behaviour Therapy for Psychiatric Problems: A Practical Guide*. Oxford University Press.

ASSESSMENT

The unit is assessed through the candidate's presentation of a clinical case or a role play exercise which has been prepared in advance (40%) and a 1,500 word case study with a brief formulation and management plan (60%). The clinical case presentation or role play exercise will examine the student's ability to put theory into practice. The case study will examine the student's understanding of the application of theoretical knowledge in the field.

DATE WRITTEN ASSESSMENT IS DUE **To be advised.**

COORDINATORS:

Dr David Barton
Senior Lecturer
Alfred Psychiatry Research Centre
Alfred Hospital
Telephone: 9270 1649
Email: David.Barton@med.monash.edu.au

Dr Scott Blair-West
The Lenridge Practice
184 Lennox St
Richmond Vic 3121
Telephone: 9428 9244

DATE AND TIMES:

Dr Barton: **Mondays (Wks 1/2, 6)**

Dr Blair-West: **Fridays (Wks 3, 4, 5)**

VENUE **To be advised.**

Semester 1**Subject: Working with families: Theories and practice****Monash University MPM5205****University of Melbourne 554-615****SUBJECT SUMMARY**

Students will gain a comprehensive grounding in family based approaches in mental health management and treatment. There will be opportunities for understanding theory, developing some practice skills and exploring practical applications of systems and narrative based work with families. The unit will consist of 6 seminars. These seminars will address the development and application of family work in mental health systems, the central and fundamental issue of engagement of families in management and therapy, and the conceptual framework of the various family therapy approaches, post structural approaches, narrative therapy and solution focus. One session will be largely organised around the process of conducting a family therapy session. A number of specific applications of family therapy will be thoroughly explored via case vignettes in the last session. In this session we will look at the process of integration of models and personal styles. Experienced practitioners will reflect on their decision making in regard to the process of matching various interventions with differing problems and family dynamics.

SUBJECT OBJECTIVES:

On completion of this unit, students should be able to:

- Recognise the complex role that the family and other carers play in the life of individuals with a mental illness develop and apply family sensitive practice principles in the context of mental health services and management
- Describe the history of 'family-based' approaches in psychiatric management and psychotherapy, the principles of general systems theory, the major structural practice models and theories in family therapy, 'post structural' theory and the derivation of narrative and solution focus practice models in family therapy, the legislation concerning confidentiality and its impact on family and carer involvement and outcome research regarding family involvement in mental health treatment approaches and family therapy.
- Recognise the influence of therapist's personal, ethnic, gender, professional and work contexts in the shaping of any therapeutic encounter with individuals and families including their own personal values and belief systems as they arose from their own families of origin.
- Describe and apply the principles of conducting conjoint family sessions in regard to joining engagement, assessment, interventions and recognise the factors which affect engagement and treatment outcome.
- Demonstrate the ability to work to assimilate and integrate the various modalities of family based work covered in this series with the rest of their psychiatric training and knowledge and be able to use the skills necessary using approaches based on systemic and post structural principals in family therapy to implement family based interventions as a part of total patient management and treatment.

READING LIST

Horne A.M. *Family Counselling and Therapy* 3rd edition, E. Peacock Publications, Itasca Illinois. 2000.

Carr A. *Family therapy: concepts, process and practice*, John Wiley and Sons, Europe, 2000.

Bloch, S, Hafner, J, Harari, E, Smukler, G (Eds). *The Family in Clinical Psychiatry*, Oxford University Press, Oxford, 1994.

ASSESSMENT

The unit is assessed through the candidate's presentation of the literature on a specific topic within the seminar series linked to a clinical case example demonstrating an integration of clinical and theoretical material. They will be assessed on their verbal and written presentation of this material to the class. The written material will take the form of a critical review of 1,500 words (60%) associated with a short matching oral presentation (40%).

DATE ASSESSMENT IS DUE: Monday 6 July, 2009

COORDINATOR: Dr Colin Riess
Director
The Bouverie Centre, Victoria's Family Institute,
La Trobe University
8 Gardiner St
Brunswick, Vic 3056
Telephone no. 9385 5100
Email address: c.riess@latrobe.edu.au

DATE: 18 May – 29 June, 2009

TIME: 2 – 5 pm

VENUE: As above

PARKING: On street

Semester 1**Subject: Psychiatry of Intellectual and Developmental Disabilities****Monash University MPM5206****University of Melbourne 554-617****SUBJECT SUMMARY**

People with intellectual and developmental disabilities have higher rates of psychiatric illness than the general population, yet much of this psychiatric morbidity remains unrecognised, undiagnosed and untreated. Federal and state government policies mandate that people with disabilities access generic mental health services. The introduction of this selective will provide an opportunity for candidates to develop a solid approach to the assessment and care of people with intellectual and developmental disabilities and psychiatric disorder. Topics covered include philosophical and legal issues, communication skills, the epidemiology, aetiology, assessment and management of psychiatric disorders in people with intellectual and developmental disabilities as well as mental health policy and services.

SUBJECT OBJECTIVES:

The student will be provided with an introduction to the psychiatry of intellectual and related developmental disabilities and the opportunity to acquire a fundamental knowledge base of the Psychiatry of Intellectual/Developmental Disability in order to develop basic clinical competence in the assessment and management of psychiatric disorder in people with intellectual/developmental disabilities.

On completion of this unit, students will be able:

- Understand and discuss the importance and impact of philosophical, ethical, humanitarian and legal concepts on the care of and quality of life of people with intellectual/developmental disabilities.
- Identify and assess the biopsychosocial risk factors for psychiatric disorders in people with intellectual/developmental disabilities.
- Understand the importance of identifying the cause of an intellectual/developmental disability and behavioural phenotypes.
- Recognise and/or research syndromes and behavioural phenotypes.
- Identify barriers to diagnosis of psychiatric disorder in people with intellectual disability and explain how you would minimise these barriers in your practice of psychiatry.
- Explain how psychiatric disorders present in people with intellectual/developmental disabilities.
- Assess and differentiate the causes of challenging behaviour.
- Conduct a modified psychiatric assessment and formulate a diagnostic hypothesis and management plan
- Appraise various service models for delivering psychiatric services to people with intellectual/developmental disabilities.

- Begin to incorporate new learning from this selective into a reflective cycle of psychiatric practice.

READING LIST

Royal College of Psychiatrists (2001). *DC-LD, Diagnostic Criteria for Psychiatric Disorders for Use in Adults with Learning Disabilities/Mental Retardation*. Gaskell. London.

Deb, S., Matthews, T., Holt, G. & Bouras, N. (2001). *Practice Guidelines for the Assessment and Diagnosis of Mental Health Problems in Adults with Intellectual Disability*. Pavilion. Brighton.

Russell, O. (Ed). (1997). *The Psychiatry of Learning Disabilities*. Gaskell. London.

Bouras, N. (Ed). (1999). *Psychiatric and Behaviour Disorders in Developmental Disabilities and Mental Retardation*. Cambridge University Press. Cambridge.

Janicki, M.P., Dalton, A.J. (1998). *Dementia, Aging, and Intellectual Disabilities: A Handbook*. Taylor and Francis. New York.

OFFERED

On Campus:

The unit is presented as a series of interactive seminars based upon learning modules.

Off Campus:

The unit is presented as learning modules on interlearn in alignment with on campus seminars.

Course notes for the on campus and off campus offerings are the same. Off campus students will be required to complete learning activities in lieu of participation in face to face seminars. On campus students will have access to the interlearn site and may submit learning activities through this site.

ASSESSMENT

On Campus:

1. Satisfactory participation in group discussions and learning activities during face to face seminars

or

Completion of module learning activities as outlined in course notes/interlearn if unable to attend module seminar

2. 1500 word written assignment.

Off campus:

1. Satisfactory completion of learning activities as outlined in course notes/interlearn
2. 1500 word written assignment

COORDINATOR

Dr Jenny Torr
Centre for Developmental Disability Health Victoria
Building 1, Omnico Business Park
270 Ferntree Gully Rd
Notting Hill Vic 3168
Telephone no. 9501 2400
Email: Jenny.Torr@med.monash.edu.au

ASSESSMENT IS DUE: 6 July, 2009

DATE **Mondays: 18 May – 29 June, 2009**

TIME 2-5pm

VENUE Centre for Developmental Disability Health Victoria
Building 1, Omnico Business Park
270 Ferntree Gully Rd
Notting Hill Vic 3168

Semester 1**Subject: Psychiatric Ethics, Theories and Practices****Monash University MPM5204****University of Melbourne 554-632****SUBJECT SUMMARY**

This selective will provide a solid introduction to the theory and practice of ethical decision-making in clinical psychiatry. Themes and topics will extend over a wide terrain but cover ethical aspects of the psychiatrist – patient relationship, diagnosis, confidentiality, treatment in psychiatry, resource allocation and justice, child and adolescent psychiatry, women's mental health, psychogeriatrics, forensic psychiatry. Moral theory and its applications will also be a central feature.

SUBJECT OBJECTIVES:**On completion of this unit, students should be able to:**

- To discuss the history of moral philosophy as it pertains to the discipline of psychiatry, including the salient concepts in moral philosophy which constitute a basis for ethical reasoning and are relevant to clinical practice.
- To discuss the many complex ethical problems that can be analysed in a systematic and disciplined manner and to demonstrate an understanding of the essence of ethical reasoning and analysis
- To demonstrate the ability to learn to deal with ethical decision-making by logic and argument and to reach balanced ethical judgements through critical appraisal of competing theories
- To demonstrate the ability to promote one's moral imagination, moral sensitivity and self-awareness in clinical practice and to become sensitised to ethical aspects of issues that might otherwise be regarded as purely scientific or technical
- To demonstrate the confidence to face and cope with anxiety regarding difficult-to-resolve ethical dilemmas in clinical psychiatry and to become sensitive to the myriad intricate ethical problems facing psychiatrists. This selective intends the student to be guided by a sound understanding of psychiatric ethics and a sense of moral obligation, and to bring rigorous thinking to bear when faced with an ethical quandary
- To demonstrate an appreciation of the value (and limitations) of codes of ethics, codes of practice and clinical guidelines.

READING LIST

Psychiatric Ethics eds Bloch, S Chodoff, P and Green, S. Oxford Univ Press
1999 3rd edition

ASSESSMENT

The unit is assessed through a 1,500 word assignment (100%)

DATE ASSESSMENT IS DUE: 3rd July, 2009

COORDINATOR: Professor S Bloch

DATE: Fridays: 22 May – 26 June, 2009

TIME: 9 – 12 noon

VENUE: St Vincent's Hospital
,

PARKING: Surrounding streets.

Semester 1**Subject: Forensic Psychiatry****Monash University MPM5210****University of Melbourne 554-624****SUBJECT SUMMARY**

The interaction between a mental disorder and offending behaviour is important not just for forensic mental health specialists but for all of those who work with the mentally disordered. Clinicians need to develop the skills to balance the needs of patients with those of the legal system and the safety of the community. This elective will attempt to acquaint students with the nature of the relationship between mental disorder and deviant (including criminal) behaviours. It will provide an introduction to current evidence-based approaches to assessing and managing risk of future violence. The course will also look at specific forms of deviant behaviour, in particular sexual offending, violence and stalking, in order to illustrate the interactions between deviant and potentially damaging behaviours and disorders of the mind. The overall objective of the course will be to introduce students to those aspects of forensic mental health which will be of general applicability in psychiatric practice.

Seminars will cover the following specific topics:

- The nature and extent of the relationship between violent and offending behaviours and mental disorder.
- The assessment and management (both clinical and systemic) of the risk of violence in those with mental disorder.
- Specific types of problem behaviour which have a particular importance to those managing the mentally disordered, including stalking and sexual offending.

SUBJECT OBJECTIVES:

On completion of this unit, students will be expected to be able to:

- Describe the interaction between a mental disorder and offending behaviour and the nature of the relationships between mental disorder and disordered behaviour that lead to criminal offending.
- Demonstrate the basic skills needed to assess and manage risk of violence in patients with a mental disorder
- Describe specific forms of deviant behaviour, in particular sexual offending and stalking behaviours, as examples of the interaction between deviant and potentially damaging behaviours and disorders of the mind.

READING LIST

Blackburn, R. (2000). Risk Assessment and Prediction. In J. McGuire, T. Mason & A. O'Kane (Eds.), *Behaviour, Crime and Legal Processes* (pp. 177-204). New York: Wiley.

Drake, C. R., & Pathe, M. (2004). Understanding sexual offending in schizophrenia. *Criminal Behaviour and Mental Health*, 14, 108-120.

Gunn, J. & Taylor, P. (eds) *Forensic Psychiatry Clinical Legal and Ethical Issue*, Butterworth Heinemann. 1993

Mullen, P., Pathe, M., & Purcell, R. (2001). The management of stalkers. *Advances in Psychiatric Treatment*, 7, 335-342.

Otto, R. K. (2000). Assessing and managing violence risk in outpatient settings. *Journal of Clinical Psychology*, 56(10), 1239-1262.

Wallace, C., Mullen, P., & Burgess, P. (2004). Criminal offending in schizophrenia over a 25-year period marked by deinstitutionalization and increasing prevalence of co-morbid substance use disorders. *Is J Psychiatry*, 161(4), 716-727.

Wallace, C., Mullen, P., Burgess, P., Palmer, S., Rushing, D., & Browne, C. (1998). Serious criminal offending and mental disorder: case linkage study. *Br J Psychiatry*, 172, 477-484.

ASSESSMENT

3,000 word essay on a topic chosen by the student from a list of four alternatives (100%).

DATE ASSESSMENT IS DUE: Friday 6 July, 2009

COORDINATOR: Dr A Carroll
Forensicare
200 Sydney Road
Brunswick, Vic 3056

DATE: **Fridays: 22 May – 26 June, 2009**

TIME: 9 – 12 noon

VENUE: Centre for Forensic Behavioural Science
Forensicare Community Forensic MHS
550 Hoddle St,
CLIFTON HILL, VIC

Semester 2

Subject: Aboriginal Social and Emotional Wellbeing – NOT OFFERED IN 2009
554634 **MPM5212**

Monash University

University of Melbourne

SUBJECT SUMMARY

Through a series of interactive seminars and readings, student will engage with a range of perspectives on Aboriginal Social and Emotional Wellbeing. Historical, Social, Economic, Political and Cultural factors will be analysed to consider ways of understanding the type, and extent of Aboriginal Social and Emotional Health and Wellbeing in contemporary Australia. Students will be required to use the University of Melbourne's Learning Management System for accessing the subject and the readings.

SUBJECT OBJECTIVES:

On completion of this Unit students will be able to:

- analyse particular Aboriginal mental health issues in terms of their historical antecedents;
- analyse contemporary Aboriginal mental health issues in terms of key socio-economic and political variables;
- critically analyse the potential of public health interventions in relation to Aboriginal experiences of social and emotional wellbeing;
- critically analyse professional and popular representations of Aboriginal Mental health disadvantage,
- reflect on their professional practice in relation to Aboriginal social and emotional wellbeing.

ASSESSMENT

Critical analysis of set readings totalling 1,000 words due mid-semester (40%)
 Essay of approximately 1,500 words due at end of semester (60%)

DATE OF ASSESSMENT:**COORDINATOR:**

Mr Shaun Ewen
 Senior Lecturer Aboriginal Health
 Deputy Director Academic Programs
 Onemda VicHealth Koori Health Unit
 School of Population Health
 The University of Melbourne
 Ph +61 3 8344 9230
 Email: sewen@unimelb.edu.au

DATE: Mondays:

TIME: 2 – 5 pm

VENUE: **Onemda** VicHealth Koori Health Unit
 School of Population Health
 207 Bouverie Street Carlton

PARKING: The University of Melbourne / The Royal Melbourne Hospital or meter parking is also available around the School of Population Health building

Semester 2**Subject: "Drug & Alcohol Use Disorders"****Monash University MPM5203****University of Melbourne 554-616****SUBJECT SUMMARY**

The unit will provide an introduction into the area of substance abuse - definitions, classification systems, and epidemiology including incidence, prevalence and risk factors. It will cover the major substances of abuse including alcohol and other central nervous system depressants, stimulants and hallucinogens. The unit will have a practical approach, covering issues of features of the substance abuse disorder, assessment, long term effects and complications, family issues and medical and psychosocial management.

The interface between the substance abuse disorder and mental health and the issue of "Dual Diagnosis", i.e. the co-occurrence of serious mental illness and substance use disorder in a particular person will comprise a major focus of the selective. Issues specific to the field of "Dual Diagnosis" such as epidemiology, the relationship between mental disorder and substance use disorder, the diagnosis of the respective conditions and their acute and long-term management will be covered.

Delivery of care in various treatment settings such as inpatient care, home-based detoxification, and residential support and rehabilitation services will be examined. Theoretical aspects of addiction and the psychological framework for treatment such as Prochaska and Di Clemente's 'stages of change', motivational interviewing, 12 steps programme of AA, co-dependency, relapse prevention and Zimberg's social setting will be explored. The wider impact of substance abuse in the community will be covered, including prevention and health promotion, public education, the media, political, economic and social issues related to the availability of substances.

SUBJECTIVE OBJECTIVES

On completion of this unit, students will be able to:

- Describe the epidemiology, aetiology, psychopathology, clinical features, complications and natural history of substance abuse disorders and the issues specific to "Dual Diagnosis" field
- Describe the organisations involved in the delivery of drug treatment services
- Demonstrate the clinical skills and knowledge needed to assess and develop treatment interventions for patients with substance use disorders.
- Demonstrate the skills required to communicate clearly with colleagues especially in relation to the implications of psychiatric issues with colleagues, patients and carers including the specific interpersonal skills required in the management of patients with substance use disorders and to effectively liaise with medical and non-medical colleagues in non-psychiatric settings

READING LIST

- *Solomon, J., Zimberg, S. & Shollar, E. (ed) (1993). Dual diagnosis: Evaluation, Treatment, Training and Program Development. Plenum Medical Books Co, New York*

- *Gitlow S. (2001) Substance Use Disorders. Lippincott Williams & Wilkins, Philadelphia.*
- *Cami J & Farre M (2003) Mechanisms of disease: Drug Addiction. New England Journal of Medicine 2003: 349 (10) pp975-986.*
- *Other articles are distributed once the selective commences.*

ASSESSMENT

Assessment will take the form of:

- a case history of 1,500 words describing a patient with a 'dual diagnosis' of a psychiatric disorder and co-morbid substance use disorder, that had been managed by the candidate in the candidate's practice setting (40%).(Objectives 1-4)
- Case presentation (of not more than 15 minutes duration) to the group during the selective of patients being treated by the student (30%) (Objectives 1-4)
- a log book which details the student's assessment and management of 6 patients with substance use disorders (20%) (Objectives 2-4).
- Course attendance (10%).

DATE ASSESSMENT IS DUE: For Log book and case history is Friday 25 September, 2009

COORDINATOR:

Dr Enrico Cementon
3-7 Eleanor Street
Footscray VIC 3011
Ph: 8345 6682
Fax: 8345 6027
Email: Enrico.Cementon@mh.org.au

DATE Fridays: 10 July – 14 August, 2009

TIME 9 – 12 noon

VENUE DAS WEST
3-7 Eleanor Street
Footscray VIC 3011

PARKING Surrounding streets

Semester 2

Subject: Skills in Critical Appraisal of Research

Monash University MPM5208

University of Melbourne 554-618

SUBJECT SUMMARY

In this unit, students will gain statistical and methodological knowledge at a basic or introductory level. However the course has been designed to cover a broad range of relevant topics. The course will include an introduction to statistical and quantitative methods of analysis. Topics include the main study designs in medical research. Students will develop research skills in the area of study design, methodology and analysis. There will be opportunities for mock critical analysis exams in class.

Week 1 'Introduction to critical analysis and quantitative methods' will introduce students to the issues involved in critical reading and analysis. Basic concepts in quantitative methods will be taught, including measurement and scaling, summary measures, and an introduction to statistical significance. The nature of 'statistical significance' will be the focus. Threats to the validity of inference will be discussed.

Week 2 'Statistical methods' will extend the topics of week 1, covering confidence intervals, regression and correlation, and factors in deciding which analytic method to use.

Week 3 'Epidemiological methods' will examine the methods for the assessment of the presence of disorders at the population level and the detection and measurement of risk factors. Coverage will include prevalence and incidence, and the sensitivity and specificity of diagnostic tests.

Week 4 'Intervention Trials' will focus on the design and analysis of studies that evaluate the efficacy of specific treatments for psychiatric disorders. Topics will include the randomised clinical trial (RCT), choice and definition of intervention and control groups, designs, administration and maintenance of intervention, choice of outcome measures and assessment procedures, dropouts and the intention to treat concept.

Week 5 'Meta-analysis and systematic reviews' will be an introduction to the various methods for the combination of the outcome of individual studies. Topics to be covered include the discovery and selection of studies, the 'file drawer' problem, effect sizes and statistical methods for analysis. Problems and limitations associated with this technique will be discussed. The Cochrane Collaboration will be presented.

Week 6 'Longitudinal methods' will examine the relative strengths and weaknesses of studies that compare the different classes of individuals at one time (cross-sectional studies) and studies that observe the same individuals over time (longitudinal studies). Topics will include the design of longitudinal studies, statistical methods, the determination of causality, attrition and other problems.

SUBJECT OBJECTIVES:

On completion of this unit, students will be able to:

- define and be able to apply basic statistical concepts
- discuss basic methodological issues relevant to quantitative psychiatric research
- evaluate empirical studies as published in the psychiatric literature. Students will be able to critically appraise the factors that are critical in either engendering confidence in the research or invalidating it. The overarching attitude to be developed is one of 'constructive critical doubt'. This transcends the ability to be able to simply enumerate flaws and limitations in a piece of research.
- appraise and address flaws in research project designs

READING LIST

Lawrie, SM, McIntosh, AM & Rao, S (2000) *Critical Appraisal for Psychiatry*. Elsevier, Sydney.

Dawson B & Trapp RG (2001). *Basic and Clinical Biostatistics*. Lange Medical Books/McGraw-Hill, Sydney.

Petrie, A & Sabin, C (2005) *Medical Statistics at a Glance*. Blackwell: Oxford.

Brown, T & Wilkinson, G *Critical Reviews in Psychiatry* 1998 Gaskell: London.

Warner, J (2002) *Clinicians' guide to reading psychiatric literature: therapeutic trials and systematic reviews*. *Advances in Psychiatric Treatment* 8 73-80.

ASSESSMENT

Assessment will take the form of a 2,000 words written evaluation of a published paper presenting an empirical research. The paper to be evaluated will be selected from a list made available to the class. There will be three components to the evaluation.

1. In this component, the student will be required to identify the aims and/or research hypotheses. The characteristics of the study design, the analyses undertaken that address these aims will be identified and the manner in which this information was used to reach the paper's conclusion will be presented. (Objectives 2-4)
2. The student will evaluate the study. This will include commentary on how the study advances the areas it addresses, methodological features that achieve this and/or flaws in the design and execution of the study that threaten its validity. (Objectives 1-2)
3. The final component of the assessment involves the design of a study that will either address the flaws of the paper or, in the case of a 'good' study, extend the investigation to address issues raised or left unresolved by the paper. (Objective 4)

DATE ASSESSMENT IS DUE: 24 August, 2009

COORDINATOR: Professor Tom Trauer
Victorian Dual Disability Service
10-12 Gertrude St, Fitzroy 3065
St Vincent's Hospital

CONTACT DETAILS: Phone: 9288 3295

DATE: Mondays: 6 July – 10 August, 2009

TIME: 2 – 5 pm

VENUE: Conference Room, 10-12 Gertrude St, Fitzroy

PARKING Melbourne Museum underground car park on Nicholson Street,
as well as meters in vicinity.

Semester 2**Subject: Psychopharmacology****Monash University MPM5207****University of Melbourne 554-625****SUBJECT SUMMARY**

This selective will provide a brief revision of basic pharmacological principles of pharmacokinetics and pharmacodynamics including the relevance of age, gender, ethnicity, common drug interactions, environmental influences, route of administration. The primary focus of the different seminars will be the major drug types commonly used in psychiatric practice including the underlying neurochemical basis for their use in specific disorders and specified primary target syndromes and symptoms. Seminar 1 will cover the theory of pharmacokinetics, drug metabolism and drug interactions. Seminar 2 will concentrate on the mechanism and clinical effects of antidepressant drugs. Mechanisms and clinical effects of anxiolytics and sedatives will be covered in seminar 3. The broader role of these agents, drug interactions and adjunctive strategies and newer agents will be discussed. The focus of Seminar 4 will be the mechanisms and clinical effects of antipsychotic drugs and include a comparison of novel and classical agents, specific issues of depots, pitfalls and practical advice in switching. Drug induced movement disorders will be discussed using case illustrations. The clinical uses of mood stabilising drugs such as lithium and anticonvulsants, mechanisms of action and role in mood disorders will be dealt with in Seminar 5. Seminar 6 will examine specialised areas such as pregnancy and lactation, eating disorders, psychiatric disorders in the medically ill and psychiatric emergency treatments.

SUBJECT OBJECTIVES:

On completion of this unit, students will be able:

- To describe the basic pharmacological principles and their relevance to clinical prescribing
- To underline the theoretical underpinnings of the common psychiatric disorders such as depression and psychoses, and discuss the underlying basis for the use of specific psychotropic medications
- To critically analyse the literature on drug trials
- To apply a rational and practical approach to prescribing psychotropics including the management of side effects, the drug-resistant patient, use in specific patient groups such as the medically unwell, pregnant and lactating patients and the elderly patient
- To discuss the presentation and management of drug induced movement disorders.

READING LIST

Leonard B. *Fundamentals of Psychopharmacology*, 2nd edition. Wiley and Sons, Europe, 1997.

S.M.Stahl, *Essential Psychopharmacology: Neuroscientific Basis and Practical Applications*, Cambridge University Press, Cambridge, 2000.

ASSESSMENT

The unit is assessed through the student's written 1,500 word essay (70%) that answers a clinical question and that requires integration of the course elements. Students will also be rostered to bring in illustrative case examples or clinical problems to discuss in the case illustration small group discussions and be able to draw up an appropriate drug management plan (30%).

DATE ASSESSMENT IS DUE: Essay: 17 August, 2009

COORDINATOR: A/Professor T Norman
Department of Psychiatry
Austin Hospital
Heidelberg, Vic 3084
Telephone: 9496 5511

DATE: Mondays: **6 July – 10 August, 2009**

TIME: 2 – 5 pm

VENUE: Department of Psychiatry
Austin Hospital
Heidelberg, Vic 3084

PARKING: Surrounding streets.

Semester 2

Subject: Advanced Skills in Primary Care and Community Psychiatry: Equipping psychiatrists to practice in a complex service system and the wider community

Monash University MPM5202 University of Melbourne 554-633

SUBJECT SUMMARY

The practice of psychiatry in the western world has changed in the last few decades from being based in institutions to within the community. Modern primary care and community mental health settings present different opportunities and challenges for the medical practitioner compared with hospital environments. These include working more effectively with consumers and carers as well as an often complex service system involving multiple agencies. Medical practitioners need to be aware of specific community-based treatment strategies and to critically appraise the evidence for these treatments and service models. Recovery processes are also better understood and should be incorporated in treatment plans. Ethical, cultural, socio-economic and political issues all impact on primary care and community psychiatry and practitioners need to be cognizant of these. In this selective, students will gain an in-depth understanding of primary care and community psychiatry as well as acquiring some advanced skills in treatment and service planning and delivery appropriate to these settings.

SUBJECT OBJECTIVES:

On completion of this unit, students should be able to:

- Describe the incidence, prevalence and presentation of psychiatric disorders in primary care
- Describe the factors affecting treatment outcome (including lifestyle, social, broad cultural and environmental factors)
- Apply the various biological, social and cultural models to understanding and treating psychiatric disorders in primary care and the community
- Understand and apply the principles and practice of providing effective mental health treatments in diverse community settings
- Appraise the various ethical, cultural, socio-economic, practical and political factors influencing service delivery
- Interpret and disseminate relevant scientific information in primary care and community psychiatry

READING LIST

Meadows, G, Singh, B. & Grigg, M. (Eds). *Mental Health in Australia: Collaborative Community Practice*. Oxford University Press, Melbourne. 2007.

Thornicroft, G. & Szmukler, G. (Eds). *Textbook of Community Psychiatry*. Oxford University Press, Oxford. 2001.

ASSESSMENT

There are two components, verbal and written:

Verbal: during the selective, each student will be rostered to give a verbal presentation on a designated topic associated with the course (which may include the use of clinical and service delivery examples to illustrate the impact of their new knowledge and skills on their own clinical practice). This will comprise 40% of the assessment marks.

An additional 10% of the assessment marks will be allocated for the student's attendance and participation throughout the selective.

Written: Students will use their understanding of the material discussed and reviewed during the selective to address an essay topic (1500 words) which will be provided on or before the first week of the selective. This will comprise 50% of the assessment marks.

DATE WRITTEN ASSESSMENT IS DUE: Friday 4th September 2009.

COORDINATORS: A/Prof Carol Harvey
Psychosocial Research Centre, Department of Psychiatry,
University of Melbourne & North West Area Mental Health
Service,
130 Bell St,
Coburg,
Vic 3058
Telephone: 03 9355 9825
Email: c.harvey@unimelb.edu.au

Dr Sean Jespersen
Principal Psychiatrist (Community)
Adult Mental Health Program,
Eastern Health
Email: Sean.Jespersen@easternhealth.org.au

DATE	Fridays: 10 July – 14 August, 2009
TIME	9 – 12 noon
VENUE	Training room 1, Psychosocial Research Centre (Ground floor on right), 130 Bell St, Coburg, 3058
PARKING	All day parking is available on one side of McKay Street (parking restricted to 2 hours on the other side).

Semester 2

Subject: Transcultural Psychiatry
Monash University MPM5209

University of Melbourne 554-622

SUBJECT SUMMARY

Transcultural psychiatry concerns itself with the: (1) nature of mental illness; (2) causes and distribution of mental illness in different populations; (3) culture and clinical practice, including the clinician-patient relationship; and the (4) design of mental health services in multicultural societies. Students will examine the role of culture in the development and the treatment of mental illness, and will be provided with a short introduction into the education of mental health professionals, and the construction and operations of health systems. They will integrate cultural with biological, psychological and social considerations in their thinking about clinical practice and briefly consider the design and operations of the mental health service settings in which they work. Students will consider the cultural and linguistic diversity of the Australian community and the implications of such diversity for clinical practice. They will examine the cultural construction of concepts of mental illness and the cultural assumptions and commitments of contemporary psychiatry. Prevalence of mental illness in immigrant, refugee and Aboriginal communities will be explored as will the patterns of mental health service utilisation. Students will develop knowledge and skills in cultural assessment, cross-cultural diagnosis and treatment.

SUBJECT OBJECTIVES:

On completion of this unit, students will be able to:

- Describe the cultural diversity of Australian society, and the mental health implications of this diversity.
- Differentiate new ways of thinking about concepts of culture, and concept of psychiatric illness across different cultures, and to apply these concepts in day-to-day clinical work.
- Describe the differing patterns of mental health service utilisation by different ethnic communities in Victoria, and the factors that may be responsible for these different patterns of service use such as the epidemiology of mental illness across cultures.
- Discuss frameworks for thinking about public mental health policy, and service design and evaluation, in relation to people from different cultural backgrounds.
- Demonstrate skills in cross-cultural assessment and treatment of mental illness and cross-cultural diagnosis.

READING LIST

Minas IH. *Transcultural Psychiatry for Clinicians*. Unpublished Course Material.

Minas, I.H., Lambert, T.J., Boranga, G. & Kostov S. (1996). *Mental health services for immigrants: Transforming policy into practice*. Canberra, Australian Government Publishing Service.

ASSESSMENT

The unit is assessed through the student's verbal case presentation in class (40%) and a 1,500 word written detailed case report that demonstrates an understanding of transcultural principles in clinical practice (60%).

DATE ASSESSMENT IS DUE: 21 August, 2009

COORDINATOR: Professor Harry Minas and Dr Prem Chopra
Centre for International Mental Health
Level 5
207 Bouverie Street
CARLTON, Vic 3053
Telephone number: 8344 0908
Email address: h.minas@unimelb.edu.au

DATE: Fridays: 10 July – 14 August, 200

TIME: 9 – 12 noon

VENUE: Victorian Transcultural Psychiatry Unit
Level 2
Bolte Wing
St Vincent's Hospital

PARKING: On meters in streets surrounding hospital.

POSTGRADUATE PSYCHIATRY PROGRAM STAFF

Administrative Staff:

Mrs R Hendy	Course Administrator
Ms M Sonogan	Monash University
Mrs E Horton	University of Melbourne

Chairperson of the Board of Examiners: (Two-year rotation)

Professor J W Tiller (2008 – 2009)	University of Melbourne
Professor Graham Meadows	Monash University

Course Co-directors:

Professor David Castle	University of Melbourne
A/Prof Steven Ellen	Monash University

Course Coordinators:

Dr Sean Jespersen and Dr Toby Syme

Subject Coordinators

Year 1:

1st Semester

Foundations of Psychiatry

Dr J Lewis	Monash
Dr I Rauchberger	Monash

Neurosciences of Psychiatry

A/Professor S Sundram	Melbourne
Professor P Fitzgerald	Monash

2nd Semester

Theories of Personality Theory and Human Behaviour

Professor S Bloch	Melbourne
Dr L Rodriguez	Monash

Year 2:

1st Semester

Child and Adolescent Psychiatry

Dr S Radovini	Melbourne
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2nd semester

Adult Psychiatry I

Dr J Lewis	Monash
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Year 3:

1st semester

Adult Psychiatry II

Professor D Ames	Melbourne
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2nd semester

Psychiatry in Physical Health and Illness

Dr A Holmes	Melbourne
Prof D Clarke	Monash

Selectives:

Dr D Barton	Monash
Dr S Blair-West	
Professor S Bloch	Melbourne
Dr Katinka Morton	
Dr A Carroll	Monash
Dr E Cementon	
A/Prof C Harvey	Melbourne
Dr S Jespersen	
Professor T Trauer	Melbourne
A/Professor T Norman	Melbourne
A/Professor H Minas	Melbourne
Dr P Chopra	Melbourne
Dr C Reiss	
Dr J Torr	Monash
Mr S Ewen	Melbourne
Dr M Duke	

Student Representative for Course Committee

A student representative from each year of the course will sit on the course committee. The committee is made up Professors John Tiller and Graham Meadows, Professor Castle and A/Prof Ellen, the course coordinator and coordinators of each of the core and selective subjects...

**SUMMARY OF PROCEDURES TO BE FOLLOWED
IN THE CONDUCT OF THE
MONASH UNIVERSITY AND
THE UNIVERSITY OF MELBOURNE
MASTERS DEGREE COURSE IN POSTGRADUATE
PSYCHIATRY
(MPM/MPsychiatry)**

The following document has been drawn from the Examinations Regulations pursuant to Statute 6.1.5 (Examinations) (Monash University) and Statute 12.1 (The University of Melbourne).

The document contains information about procedures for the assessment of students, composition of examination boards and examiners' functions.

1. ASSESSMENT

Assessment means the method of determining:

The level of the candidate's performance in each component of the course.

The components of assessment may include essays, written tests, thesis, written and verbal exercises and oral examinations. These are specified for each subject at the beginning of the year. All submitted work (except theses) must be anonymous; only the student's identity number should appear on it.

Students must be currently enrolled in the degree course at either University in order to be eligible for assessment. The University Registrar may exclude students from assessment if all fees or fines have not been paid. The chairperson of the appropriate University department may exclude the candidate from assessment on the grounds of non-attendance and failure to submit any written work. For this course this will be interpreted as the unexplained absence from greater than one quarter of sessions in one semester or failure to submit the written work by the due date, without adequate explanation. If exclusion is being considered the candidate will be given prior warning and an opportunity to be heard by the chairperson of the relevant department or designated representative before such exclusion from assessment occurs.

2. ADDITIONAL EXAMINATIONS

The examiners may administer a further component of assessment to any candidate prior to publication of the result of the assessment in question, if the examiners are in doubt as to:

a. Whether the candidate has passed or otherwise satisfied their requirements.

The additional assessment is different to supplementary examinations and may be in any form determined by designated examiners. Additional assessment must comply with conditions detailed for all assessments (see paragraph headed "ASSESSMENT" above).

3. SUPPLEMENTARY ASSESSMENTS

Students who do not meet the required standards may be granted supplementary examinations, but only if the Board of Examiners determines that the candidate is eligible for a supplementary examination. The form and type of assessment used in supplementary examination is determined by the Board of Examiners for each individual failed candidate, but must be in accord with the conditions reported above. The dates for the supplementary examination will be determined by the Board of Examiners, and will allow the candidate reasonable time to revise subject matter prior to supplementary examination. In general, supplementary examinations for both semesters' subjects will be held in January of the following year.

4A RETURN OF RESULTS

Examination/Essays written



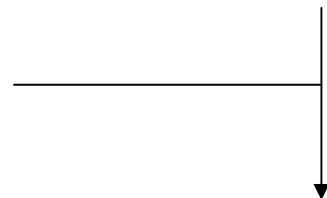
Subject Co-ordinator



Marking by Examiners



Marks collated by
Subject Co-ordinator



Informal feedback
To candidate



Copy of results to:



1. Course co-ordinator (Vacant and Mrs R Hendy), Postgraduate Psychiatry Program Office, Department of Psychiatry, University of Melbourne.
2. Professor G Meadows (Chairperson), School of Psychology, Psychiatry & Psychological Medicine, Monash University and Ms Melinda Sonogan (Postgraduate Course Administrator), School of Psychology, Psychiatry & Psychological Medicine, Monash University).
3. Professor J W Tiller (Head), Department of Psychiatry, University of Melbourne) and Mrs Elizabeth Horton (Administrative Officer), Department of Psychiatry, University of Melbourne).



All results presented to Board of Examiners
(Joint University Board of Examiners and the Examiners' Board of the University in which the candidate is enrolled).



Results sent to University Registrars



Results will be available on-line.

3B PUBLICATION OF RESULTS

Results will be published on-line.

4C Co-ordinators of specific subjects undertaken during the course may provide more details to the candidate about the candidate's performances in tests, examinations, project work or essays. However, such feedback is considered to be informal and at the discretion of the co-ordinator.

5A SPECIAL CONSIDERATION

Special consideration in respect of assessment may be given to a candidate if:

- i. The candidate's work at anytime during their academic year has, to a substantial degree, been hampered by illness or other causes or;
- ii. The candidate has been prevented by illness or other cause from preparing or presenting for or part of a component of assessment or;
- iii. Illness or other cause during the performance of a component of assessment to a substantial degree adversely affected the candidate.

5B APPLICATIONS FOR SPECIAL CONSIDERATION

After informal discussion with course coordinator, application for special consideration shall be made formally in writing to the chairperson of the appropriate University department and supported by relevant evidence.

Application for special consideration shall be made at any time during the academic year being no later than forty-eight hours after the date specified for the performance and/or submission of the final component of assessment in the relevant subject.

5C DEALING WITH APPLICATIONS FOR SPECIAL CONSIDERATION

After receiving an application for special consideration, the Chairperson of the appropriate University department may decide to extend the time for completion of any component of assessment; or administer additional assessment or suggest that the Board of Examiners grant a supplementary examination to the candidate or decide not to give special consideration to the candidate.

6 LEAVE OF ABSENCE FROM THE COURSE

Students deferring their course studies are those requesting a break in study and wishing to recommence this study at a later date. Students wanting to defer study must apply for approval of deferral and can only be considered as deferred students after Faculty approval is granted.

Students are only allowed to apply for deferral a total of three times during the course. A maximum of two years discontinuation in study is permitted. After two years, candidature is terminated unless the Department Head grants a further leave of absence. Accreditation of subjects after leave of absence is at the discretion of the Department Head.

6B PROCESS OF LEAVE OF ABSENCE

Candidate should discuss their reasons for deferral with the course coordinator. If difficulties cannot be overcome and the candidate still wishes to defer, then the candidate must complete the variation to coursework degree form and send to the course coordinator for his approval. On return from leave of absence you must complete the same form again for reinstatement.

7 CERTIFICATE OF STUDIES UNDERTAKEN

A candidate who successfully completes the course of study will graduate with a certificate of the Masters Degree in Psychological Medicine (Monash University) or the Masters Degree in Psychiatry (The University of Melbourne). The form of the certificate is reviewed and approved by each University Council.

EXAMINERS

1 BOARD OF EXAMINERS

The Two Universities administering this course shall jointly establish an examination board. Each University has in addition, its own examination board that reports results to the relevant University Registrar. The individual university board of examiners may meet concurrently or independently of the joint examination board.

The chairperson of the joint examination board shall be nominated at the start of each academic year by the chairpersons of the Universities Departments of Psychological Medicine and Psychiatry.

a. Composition of the joint board of examiners

The joint examination board shall consist of all co-ordinators of each subject for each of the years of the course, the overall course co-ordinator and the chairpersons of each appropriate University department. The chairperson may decide to invite other relevant staff to attend the board of examiners meetings.

The examiners board must meet at least twice per academic year, to enable discussion of results from first semester and second semester essays or examinations. The second examiners board meeting is also required to determine each candidate's status of overall performance for the year and decide about granting supplementary examinations. A further examiners' board meeting is required to discuss results of supplementary examinations. The meetings will generally be held in July, December and late January/early February respectively.

2 EXAMINERS OF COURSE SUBJECTS

Examiners for subjects for this course shall be designated by the chairperson of each relevant University department and shall be a teacher in the course. Examiners must be designated at least four weeks before the assessment due date. The chairperson of the joint or University examination board may appoint further examiners to supplement or replace original examiners at anytime.

3 DUTIES OF COURSE SUBJECT COORDINATOR AS EXAMINERS

The co-coordinator/examiner in each subject in each year shall:

- a. Define the type of assessment and prepare the questions or other materials required for examinations, essays tests or other assessments.
- b. Publish the form of assessment and due dates for assessments to students before or at the commencement of the teaching of the subject. Expected dates for informal return of results by course examiners should also be presented to students.
- c. Administer the assessment to students and assess their performance. In the case of students deemed as having failed the

Component assessment, the examiners will ensure that two members of the examination board have independently marked the examination/essay and be entitled to then discuss their marking and at their discretion re-mark any component of the assessment.

d. Present candidate's results to the board of examiners meetings. Any students whose results are missing or not ready by the time of the board of examiners meeting shall be deemed to have passed that component of the course.

DUTIES OF SUBJECT COORDINATORS

1. CONSTRUCTION OF THE SPECIFIC SYLLABUS

Each subject co-ordinator is responsible for the development of his/her specific subject syllabus. Each year there are broad guidelines of the subject matter needing to be taught based on the previous year's syllabus and student feedback?

The subject coordinator is required to make changes to both the content and teachers on a yearly basis. The content must reflect current developments in psychiatry and complement the clinical work undertaken by candidates of the specific year involved.

2. IMPLEMENTATION OF TEACHING

Each subject coordinator is responsible for making contact with specific teachers who are invited to lead seminars. It is anticipated that the teachers are contacted to discuss the overall semester objectives for that year and the specific content requirements of the seminar that they have been asked to teach.

It is the responsibility of the subject coordinator to ensure that each teacher is aware in writing of the seminar time and location.

Additional information regarding the student's previous teaching and expected level of understanding is useful for new teachers.

The subject coordinator is responsible for finding substitutes for seminars if a designated teacher is unable to attend.

3. TEACHING COMMITMENT OF COORDINATORS

It is expected that the subject coordinator attend as many sessions as possible in order to monitor the quality of teaching and attendance by candidates. Subject coordinators should introduce visiting seminar teachers whenever possible.

It is expected that the subject coordinator provides a considerable amount of the teaching themselves. Student feedback indicates that although visiting speakers are of interest, students appreciate consistent teaching throughout the semester. The subject coordinator should teach a minimum of one third of the seminars.

4. STUDENT RESOURCES

The subject coordinator is expected to provide a synopsis of his/her subject (including the objectives for the subject) and examination details for the next year's handbook. This is expected by October of each year for the inclusion in the handbook, which is printed in January.

The subject coordinator is also expected to ensure that the students are provided with appropriate reading material, a clear understanding of the objectives for each session and teaching aides such as lecture notes are considered helpful by the student.

5. PASTORAL CARE OF CANDIDATES

Each subject coordinator is expected to provide support for the candidates and assist in the resolution of difficulties related to the successful completion of the subject.

6. DUTIES OF SUBJECT COORDINATOR AS EXAMINER

The coordinator in each subject in each year shall:

- a. Define the type of assessment and prepare the questions or other materials required for examinations, essays, tests or other assessments. Examinations should be discussed with the overall course coordinator prior to being implemented.
- b. Publish the form of assessment and due dates for assessments to candidates before or at the commencement of the teaching of the subject. Expected dates for informal return of results by course examiners should also be presented to candidates.
- c. Administer the assessment to candidates and assess their performance. In the case of students deemed as having failed the component assessment, the examiners will ensure that two members of the examination board have independently marked the examination/essay and be entitled to then discuss their marking and at their discretion remark any component of the assessment.
- d. Present candidate's results to the Board of Examiners meetings.

7. STUDENT REPRESENTATIVE

At the commencement of each year it is the responsibility of the subject coordinator to organise an election of a student representative to attend the two Joint Committee meetings a year.

8. LIAISON WITH THE COURSE COORDINATOR

Any difficulties in coordination of the specific subjects should be discussed with the course coordinator as early as possible. The course administrative should also be a contact for assistance with implementing the course.

9. LEAVE ENTITLEMENT

As the teaching period for the year is limited, coordinators whose sole university employment is 0.1 or less to teach in MPM/M Psychiatry are expected to utilize all annual leave in any 12-month period.