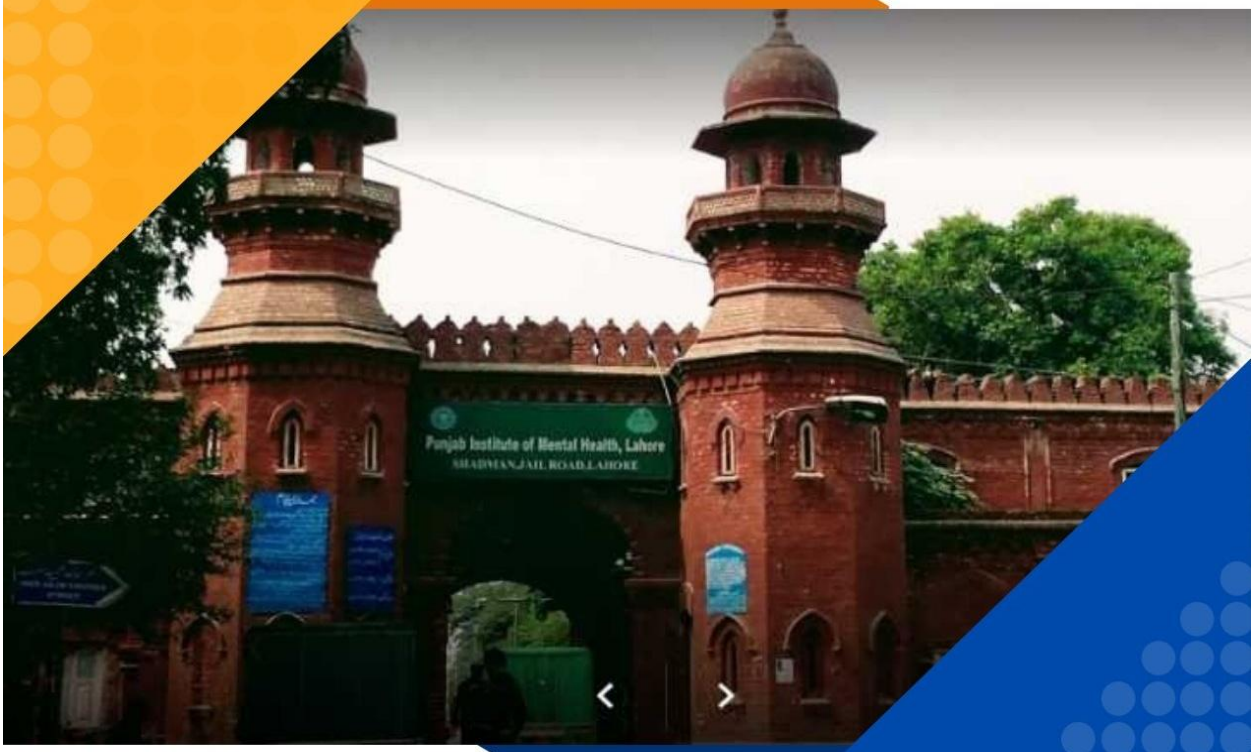

PUNJAB INSTITUTE OF MENTAL HEALTH, LAHORE.

Mission Statement

Our mission is to deliver compassionate, accessible, and evidence-based mental health services through a rights-based and recovery-oriented approach; to strengthen education, training, and research in mental health; to promote advocacy and community engagement; and to ensure quality, accountability, and continuous improvement in mental health care for individuals, families, and communities across Punjab.

Vision Statement

To be a leading center of excellence in mental health care, education, research, and advocacy, transforming mental health services in Punjab through accessible, humane, rights-based, and evidence-driven care that restores hope, dignity, and well-being for every individual and community.

PUNJAB INSTITUTE OF MENTAL HEALTH

LAHORE

STUDY GUIDE

Postgraduate Residency Training Programme

in Psychiatry

Table of Contents

1. Programme Overview

Programme Title	Postgraduate Residency Training Programme in Psychiatry
Training Institution	Punjab Institute of Mental Health (PIMH), Lahore
Accreditation	FCPS Psychiatry – CPSP MD Psychiatry – UHS MCPS Psychiatry – CPSP
Duration	FCPS / MD: 4 Years; MCPS: 2 Years

2. Study Hours and Duty Roster

Residents are expected to fulfil the following clinical and academic commitments throughout their training:

Activity	Frequency	Duration / Notes
Outpatient Department (OPD)	2 days / week	6 hours (consultant-supervised)
ECT Service	1 days / week	As scheduled
Academic Lecture	2 days / week	1 hour as scheduled
Clinical Rounds	5 days / week	1-2 hours daily
Structured Academic Activity	3 days / week	1–2 hours daily

3. Introduction to the Study Guide

This study guide is designed to meet the competency requirements of CPSP (FCPS), UHS (MD), and MCPS training pathways. It emphasises progressive clinical competency, workplace-based assessment, scholarly research, and ethical professional development.

Training Progression Model

Observation → **Assistance** → **Supervised Performance** → **Independent Performance**

Key Features

Feature	Description
Competency-Based Training	Structured progressive skill acquisition aligned with CPSP milestones
Outcome-Based Framework	Mapped to UHS learning objectives and graduate attributes
Research and Scholarship	Mandatory dissertation / thesis with ethical review and publication
Professional Development	Emphasis on ethics, communication, leadership, and lifelong learning
Logbook Documentation	Continuous recording of clinical exposure, procedures, and assessments

4. Teaching Faculty

The following faculty members are responsible for clinical supervision, academic instruction, and assessment of postgraduate trainees at PIMH Lahore:

Name	Designation
Dr. Aysha Rashid	Executive Director & Professor
Dr. Ammara Butt	Professor of Psychiatry
Dr. Nouman Mazhar	Professor of Psychiatry
Dr. Farasat Ali	Associate Professor Psychiatry
Dr. Saqib Bajwa	Associate Professor Psychiatry
Dr. Ghulam Hassan	Associate Professor Psychiatry
Dr. Ali Anjum	Assistant Professor Psychiatry
Dr. Noman Ahmed	Assistant Professor Psychiatry
Dr. Nasir Ali	Senior Registrar Psychiatry
Dr. Nadia Haroon	Senior Registrar Psychiatry
Dr. Khadeeja Ishtiaq	Senior Registrar Psychiatry
Dr. Aneel Shafi	Senior Registrar Psychiatry
Dr. Iqra Shakoor	Senior Registrar Psychiatry
Dr. Zainab Pervaiz	Senior Registrar Psychiatry
Dr. Regina Mahmood	Chief Consultant Psychiatrist

5. Learning Outcomes

By the end of the residency programme, trainees must demonstrate competency across the following domains:

A. Medical Knowledge

- Comprehensive understanding of neuropsychiatric anatomy, physiology, and pathology.
- Diagnosis and evidence-based management of psychiatric and neuropsychiatric disorders.
- Proficiency in interpretation of psychometric instruments and rating scales.
- Critical appraisal of psychiatric literature and application of evidence-based medicine.

B. Patient Care and Clinical Skills

- Comprehensive psychiatric history-taking and Mental State Examination (MSE).
- Formulation of accurate diagnoses and differential diagnoses.
- Development and implementation of evidence-based management plans.

- Emergency psychiatric assessment and crisis intervention.
- Accurate clinical documentation, referral, and follow-up.
- Competence in ECT, and psychotherapeutic interventions.

C. Communication, Ethics, and Professionalism

- Effective therapeutic communication with patients, families, and multidisciplinary teams.
- Adherence to medical ethics, informed consent, and patient confidentiality.
- Team collaboration, leadership, and conflict resolution.
- Cultural sensitivity and awareness in clinical practice.

D. Research and Scholarship

- FCPS (CPSP): Dissertation submission and research publication requirement.
- MD (UHS): Thesis submission, viva voce defense, and mandatory Ethical Review Committee approval.
- All Residents: Participation in clinical audits, journal clubs, and academic presentations.

6. Curriculum Structure

Curriculum Structure: FCPS Psychiatry

Duration: 4 Years (Divided into Intermediate Module & Advanced Specialty Training)

Phase 1: Intermediate Module (Years 1 & 2)

Focus: Building core knowledge, fundamental clinical skills, and rotations in allied disciplines. This phase serves as a screening tool and establishes the Bio-Psycho-Social model of care.

Domain	Topics & Requirements
Core Rotations	**Mandatory Rotations (3 months each):** • **Medicine:** Detailed physical/systemic exam, managing common medical disorders, drug interactions. • **Neurology:** Neurological examination, localization of lesions, EEG/CT/MRI interpretation, managing epilepsy/stroke. • **Clinical Psychology:** Psychosocial history, psychometric testing (intelligence, personality), psychotherapy assistance.
Clinical Foundations	• History taking, Mental State Examination (MSE), and Physical/Neurological exams. • Phenomenology: Disorders of consciousness, thinking, speech, emotions, perception. • Classification: ICD-10/11 and DSM-5 criteria application. • Ethics: Hippocratic Oath, transference/counter-transference, Mental Health Ordinance 2001.
Basic Sciences	• Neuroanatomy, Neurophysiology, Neuropathology. • Behavioral Sciences: Psychology, Sociology, Anthropology (cultural influences on mental health in Pakistan). • Biological basis of behavior: Neurochemistry, Psychoneuroendocrinology.
Common Disorders	• Anxiety Disorders, Depressive Disorders, Bipolar Affective Disorder. • Schizophrenia & Psychotic Disorders. • Somatoform Disorders, Substance Use Disorders. • Organic Psychiatry basics (Delirium, Dementia).
Procedural Skills	• ECT administration (under GA). • Basic Psychometric test administration. • Emergency management (Suicide risk, Acute psychosis, NMS).
Research	• Submission of Dissertation Synopsis or Abstracts of two research papers by the end of Year 1. • Mandatory Workshops: BLS, Research Methodology, Communication Skills, IT.

Phase 2: Advanced Specialty Training (Years 3 & 4)

Focus: Specialized psychiatric management, subspecialties, advanced interventions, leadership, and teaching.

Domain	Topics & Requirements
Subspecialties	• **Child & Adolescent Psychiatry:** Developmental disorders, ADHD, conduct disorders, child abuse. • **Geriatric Psychiatry:** Mood disorders in elderly, dementia care, neglect/abuse. • **Forensic Psychiatry:** Court reports, risk assessment (violence/homicide), Mental Health Act application. • **Liaison Psychiatry:** Psychological factors affecting medical conditions (Psycho-oncology, Cardio-respiratory issues). • **Addictionology:** Advanced management of opioids, alcohol, and stimulants.
Advanced Therapeutics	• **Psychotherapies:** CBT, DBT, Psychodynamic, Family/Marital therapy, Group therapy. • **Physical Treatments:** Advanced ECT, rTMS (if available), management of treatment-resistant cases. • **Psychopharmacology:** Complex polypharmacy, toxicity management (Lithium, Serotonin syndrome), clozapine monitoring.
Leadership & Admin	• Running a psychiatric unit/ward independently. • Conducting clinical audits. • Teaching junior trainees and medical students. • Community Mental Health planning.
Research Completion	• Completion and submission of Dissertation OR publication of two research papers in CPSP-approved journals before the final exam.
Competency Level	Transition from "Performed under supervision" to **"Performed Independently"** and **"Ability to teach others."**

Curriculum Structure: MCPS Psychiatry

Duration: 2 Years Goal: To equip postgraduates to serve as safe, accessible "middle-tier" psychiatrists for secondary care settings and community mental health.

Year 1: Foundation & General Adult Psychiatry

Focus: Competence in diagnosing and managing common psychiatric disorders, basic emergency handling, and understanding the interface with medicine/neurology.

Domain	Topics & Requirements
Rotations	**Mandatory Rotations:** • **Medicine (4 Weeks):** Managing hypertension, diabetes, COPD, liver disease, and infections relevant to psychiatry. • **Neurology (4 Weeks):** Epilepsy, stroke, head injury, movement disorders, and interpreting neuro-imaging/EEG.
Clinical Skills	• Comprehensive Psychiatric History & MSE. • Physical & Neurological examination integration. • Formulation of diagnosis using Bio-Psycho-Social model. • Use of Rating Scales (HAM-D, HAM-A, YMRS, MMSE).
Core Knowledge	• Applied Neuroanatomy & Neurophysiology. • Psychopathology & Phenomenology. • Classification (ICD/DSM-V). • Ethics & Mental Health Act 2001 (Forensic assessments). • Behavioral Sciences: Crisis intervention, breaking bad news, conflict resolution.
Therapeutics	• **Pharmacology:** First-line management of Anxiety, Depression, Psychosis, and Mania. • **Non-Pharmacological:** Counseling, supportive psychotherapy, relaxation techniques, stress management. • **Procedures:** ECT (50 sessions required), Basic Psychometry.
Learning Experiences	• 150 OPD days, 100 Inpatient cases. • 30 Emergency duties. • 20 Journal Clubs, 5 Seminars.

Year 2: Advanced Management & Community Focus

Focus: Independent management of complex cases, subspecialty exposure, administrative skills, and community advocacy.

Domain	Topics & Requirements
Subspecialty Exposure	• **Child & Adolescent:** Learning disabilities, behavioral issues (25 cases). • **Geriatric:** Dementia and late-life depression (15 cases). • **Organic Psychiatry:** Delirium, metabolic disorders (15 cases). • **Drug Dependence:** Detoxification and rehabilitation planning (15 cases). • **Liaison Psychiatry:** Managing psychiatric co-morbidities in medical wards (20 cases).

Independent Practice	• Taking charge of a 10–20 bedded ward independently. • Managing clinical and administrative problems of a unit. • Supervising junior members/paramedics. • Conducting Medical Audits.
Community Mental Health	• Public Mental Health assignments (10 assignments). • Organizing health camps, anti-narcotics day, World Mental Health Day activities. • Advocacy for patients and destigmatization in society.
Research & Academics	• Critical appraisal of scientific articles. • Using statistical packages (SPSS) for data interpretation. • Presentation of cases in multidisciplinary meetings.
Competency Level	Transition to **"Performed Independently"** in general adult psychiatry and basic subspecialty management.

Curriculum Structure: MD Psychiatry

Duration: 4 Years Accreditation: University of Health Sciences (UHS), Lahore Goal: To train specialists who are competent clinicians, effective teachers, and skilled researchers capable of leading multidisciplinary mental health teams.

Phase 1: Induction & Foundation (Year 1)

Focus: Orientation, basic sciences, internal medicine competencies, and research initiation. This year culminates in the Abridged Examination.

Domain	Topics & Requirements
Induction Period (First 6 Months)	• **Orientation:** Departmental protocols, ethics, and logbook maintenance. • **Research Initiation:** Design of research project and preparation/submission of Synopsis by end of 6th month. • **Mandatory Workshops:** BLS, Research Methodology, Communication Skills, IT.
Internal Medicine Rotation (Next 6 Months)	**Core Competencies in General Medicine:** • **Systems:** Cardiovascular, Respiratory, GI/Hepatology, Renal, Endocrine (Diabetes/Thyroid), Neurology, Infectious Diseases, Hematology. • **Skills:** History taking, systemic examination, interpretation of labs/imaging (ECG, X-ray, CT, MRI), and management of common medical emergencies. • **Procedures:** Venepuncture, cannulation, ABG sampling, Lumbar Puncture, NG tube insertion, Catheterization, Basic Life Support.
Basic Sciences Integration	• **Physiology:** Neurophysiology, synaptic transmission, sleep physiology, neuroendocrinology. • **Pharmacology:** General pharmacokinetics/dynamics, psychopharmacology basics (antidepressants, antipsychotics, mood stabilizers). • **Pathology:** Neuropathology, inflammation, neoplasia, immunology relevant to CNS disorders.
Psychiatry Foundations	• Phenomenology and Psychopathology. • Classification systems (ICD-11 / DSM-5-TR). • Basic Mental State Examination (MSE) and Psychiatric History. • Introduction to Bio-Psycho-Social model.
Research Component	• Submission of Synopsis to Advanced Studies & Research Board by end of Year 1. • Literature review and ethical approval (IRC) procurement.
Assessment Milestone	**Abridged Examination (End of Year 1):** • **Written:** 150 MCQs (100 Medicine, 50 Basic Sciences). • **Clinical:** Video Projected Clinical Exam (VPCE) – 25 stations. • *Passing Requirement:* 50% in each component; 60% cumulative.

Phase 2: Advanced Specialty Training & Research (Years 2, 3 & 4)

Focus: Specialized psychiatric rotations, advanced psychotherapies, subspecialty expertise, leadership, and thesis completion.

Domain	Topics & Requirements
Core Clinical Rotations	• **Neurology (6 Months):** Detailed neuro-exam, EEG interpretation, management of epilepsy, stroke, movement disorders, and organic brain syndromes. • **Inpatient Psychiatry (6–16 Months):** Acute stabilization, risk assessment, medication management, discharge planning, and ward administration. • **Outpatient Psychiatry (12 Months):** Longitudinal care, diverse diagnostic spectrum, brief and long-term therapy integration.
Subspecialty Modules	• **Child & Adolescent Psychiatry (2 Months):** Developmental disorders, ADHD, autism, conduct disorders, play therapy. • **Geriatric Psychiatry (1 Month):** Dementia workup, delirium vs. dementia, late-life depression, polypharmacy management. • **Addiction Psychiatry (1 Month):** Detoxification protocols, dual diagnosis, motivational interviewing, rehabilitation. • **Consultation-Liaison (2 Months):** Psychosomatic medicine, capacity assessment, managing psychiatric issues in medically ill patients. • **Forensic Psychiatry:** Legal aspects, court reports, Mental Health Ordinance 2001, risk assessment. • **Emergency Psychiatry:** 24-hour crisis intervention, triage, suicide/violence risk management. • **Community Psychiatry:** Public mental health, resource utilization, community-based rehabilitation.
Advanced Therapeutics	• **Psychotherapies:** - *Supportive Therapy:* Alliance building, reassurance, advice. - *CBT:* Cognitive restructuring, exposure, behavioral activation. - *Psychodynamic:* Transference/counter-transference, defense mechanisms. - *Family/Marital & Group Therapy.* • **Physical Treatments:** ECT administration (independent), rTMS principles, management of treatment-resistant cases. • **Psychopharmacology:** Complex polypharmacy, augmentation strategies, pharmacogenomics, special populations (pregnancy, elderly, renal/hepatic impairment).
Research & Thesis	• **Execution:** Data collection, analysis (SPSS), and interpretation. • **Submission:** Thesis must be submitted at least 6 months prior to training completion. • **Evaluation:** Thesis defense before internal and external examiners (400 Marks). • **Dissemination:** Publication in peer-reviewed journals encouraged.
Academic & Leadership Roles	• **Teaching:** Supervising house officers and junior residents; conducting bedside teaching.

	• **Academics:** Leading Journal Clubs, Clinical Case Conferences (monthly), and Grand Rounds. • **Administration:** Ward management, audit cycles, resource allocation, and policy implementation.
Assessment Milestones	**Continuous Internal Assessment (CIA):** • Quarterly evaluations (Punctuality, Ward work, Seminars). • Mini-CEX, DOPS, and Case-Based Discussions. **Final Examination (End of Year 4):** • **Theory:** Paper I & II (MCQs + SEQs) covering all subspecialties. • **Clinical:** Long Case, Short Cases, TOACS/OSCE, and Oral Viva. • **Thesis:** Evaluation and Defense.

7. Weekly Academic Schedule

All residents must attend the daily morning meeting in addition to the following scheduled academic sessions (except those on Medicine rotation, subject to departmental policy):

Day	Activity	Focus / Presenter
Day 1	Outpatient Department / Skill Development	Clinical skills enhancement
Day 2	Case Presentation	Complex case discussion
Day 3	Topic presentation / Journal Club	Critical appraisal of literature
Day 4	Grand Rounds	Complex case discussion / Supervised clinical practice
Day 5	Outpatient Department	Supervised clinical practice
Day 6	TOACS / Mini-CEX / Research Review	Assessment and thesis progress review

8. Teaching Methods and Assessment Tools

Academic Teaching Methods

Method	Description
Daily Morning Class	Structured academic lectures on core and subspecialty topics
Journal Club	Critical appraisal and discussion of current psychiatric literature
Long Case Discussion	Detailed case presentation, formulation, and management planning
PGR Presentations	Resident-led seminars on assigned topics
TOACS	Task-Oriented Assessment of Clinical Skills (observed structured stations)
Bedside Teaching	Supervised clinical teaching at the point of care
Case-Based Learning	Problem-based discussions using real or simulated clinical scenarios

Assessment Plan

Formative Assessment (Ongoing)

Tool	Purpose
Mini-CEX	Clinical Evaluation Exercise – observed assessment of clinical encounters
DOPS	Direct Observation of Procedural Skills (e.g., ECT, rTMS)
Continuous Internal Assessment	Ongoing evaluation of clinical competence and professional behaviour
Monthly Evaluations	Logbook review, faculty feedback, and progress documentation
Case-Based Discussions (CbD)	Structured discussion assessing clinical reasoning and decision-making
Research Progress Review	Monitoring dissertation / thesis milestones and ethical clearance

Summative Assessment (End of Term)

- Annual Internal Examination (written and clinical components).
- Mock FCPS / MD Clinical Examination.
- End-of-year competency review by the Training Programme Committee.

9. Clinical Resources and Facilities

The following diagnostic and therapeutic facilities are available to trainees at PIMH Lahore:

Facility	Details
Electroconvulsive Therapy (ECT)	Modified ECT under anaesthesia; brief-pulse and ultra-brief-pulse machines available
Psychotherapy Services	Individual and group therapy; CBT, supportive, and psychodynamic modalities
Forensic Psychiatry	In patient assessment of Medicolegal cases referred from legal services
Inpatient Wards	Male and female acute and chronic admission facilities
Emergency / Crisis Unit	24/7 emergency psychiatric assessment and stabilization

10. Code of Conduct for Postgraduate Trainees

Punjab Institute of Mental Health (PIMH), Lahore

1. Preamble

This Code of Conduct establishes the ethical, professional, and behavioral standards expected of all Postgraduate Trainees (Residents) enrolled in FCPS, MD, and MCPS Psychiatry programs at the Punjab Institute of Mental Health (PIMH). As trainees represent both the institution and the psychiatric profession, adherence to this code is mandatory for the safety of patients, the integrity of the training program, and the maintenance of public trust.

This document aligns with the Pakistan Medical & Dental Council (PMDC) regulations, College of Physicians and Surgeons Pakistan (CPSP) guidelines, University of Health Sciences (UHS) statutes, and the Mental Health Ordinance 2001.

2. Core Ethical Principles

All residents must uphold the following fundamental principles:

- **Beneficence & Non-Maleficence:** Prioritize patient well-being and avoid harm.
- **Autonomy:** Respect the rights of patients to make informed decisions regarding their care, within the limits of the Mental Health Ordinance 2001.
- **Justice:** Provide equitable care regardless of a patient's gender, age, religion, ethnicity, socioeconomic status, or nature of illness.
- **Confidentiality:** Strictly maintain patient privacy and confidentiality in all clinical, academic, and social settings.

3. Professional Behavior and Attitude

3.1 Patient Care and Interaction

- **Therapeutic Relationship:** Maintain professional boundaries. Sexual, romantic, or financial relationships with current or former patients are strictly prohibited.
- **Dignity and Respect:** Treat all patients, families, and caregivers with empathy, dignity, and cultural sensitivity. Discrimination, harassment, or abusive language will not be tolerated.
- **Informed Consent:** Ensure valid informed consent is obtained for all procedures, treatments, and research activities, explaining risks and benefits clearly.
- **Restraint Usage:** Physical or chemical restraints shall only be used as a last resort for imminent danger, strictly adhering to PIMH protocols and the Mental Health Ordinance 2001. Documentation must be immediate and accurate.

3.2 Clinical Competence and Responsibility

- **Scope of Practice:** Perform only those duties and procedures for which you have been trained and deemed competent by your supervisor. Seek supervision immediately when uncertain.
- **Handover:** Ensure comprehensive and accurate handover of patient care during shift changes to prevent continuity errors.
- **Documentation:** Maintain legible, timely, and accurate medical records (physical or electronic). Falsification of records, logbooks, or attendance sheets constitutes gross misconduct.
- **Emergency Response:** Respond promptly to emergency calls and psychiatric crises within the hospital. Abandonment of duty during an emergency is a serious offense.

3.3 Attendance and Punctuality

- **Duty Roster:** Adhere strictly to the assigned duty roster, including OPD clinics, ward rounds, emergency duties, and on-call shifts.
- **Academic Commitments:** Mandatory attendance (minimum 80%) is required for all academic activities, including journal clubs, grand rounds, seminars, and workshops.
- **Leave Policy:** Apply for leave through proper channels well in advance. Unauthorized absence will result in an extension of the training period as per CPSP/UHS regulations.

4. Academic Integrity and Research Ethics

4.1 Scholarly Conduct

- **Plagiarism:** Submitting work, thesis, or dissertation containing plagiarized content (copied without attribution) will lead to immediate disciplinary action and potential expulsion.
- **Data Integrity:** Fabrication or falsification of research data is strictly prohibited. All research must adhere to the approved synopsis and ethical clearance granted by the Institutional Review Board (IRB).
- **Logbook Maintenance:** The e-logbook must be updated daily with genuine clinical encounters. Retroactive filling or fabrication of entries is grounds for dismissal.

4.2 Teaching and Mentorship

- Senior residents are expected to mentor junior residents and house officers constructively. Bullying, ragging, or humiliation of juniors is a violation of this code.

5. Workplace Environment and Interpersonal Relations

5.1 Harassment-Free Zone

- PIMH maintains a Zero Tolerance Policy against sexual harassment, bullying, and verbal abuse.
- Any form of harassment directed at colleagues, nurses, paramedical staff, students, or patients will be investigated under the Protection Against Harassment of Women at the Workplace Act 2010 and institutional policies.

5.2 Teamwork and Collaboration

- Foster a collaborative environment with multidisciplinary teams (nursing, psychology, social work). Disrespectful behavior toward allied health staff is unacceptable.
- Resolve conflicts professionally through dialogue or escalation to supervisors, rather than public confrontation.

5.3 Substance Abuse

- Reporting to duty under the influence of alcohol, illicit drugs, or unauthorized sedatives is strictly prohibited and constitutes immediate grounds for suspension and referral to the Disciplinary Committee.

6. Use of Resources and Digital Etiquette

- **Hospital Property:** Misuse of hospital equipment, funds, or supplies for personal gain is prohibited.
- **Social Media:** Residents must not post photos, videos, or details of patients, clinical cases, or internal hospital proceedings on social media platforms. Breach of patient confidentiality via digital means is a legal and ethical violation.
- **Official Communication:** Use official channels for professional communication. Defamation of the institution or colleagues on public platforms is discouraged and may attract disciplinary action.

7. Dress Code and Personal Hygiene

- Residents must wear clean, professional attire (white coat with ID card) while on duty.
- Personal hygiene must be maintained to ensure a safe and comfortable environment for patients and colleagues.

8. Disciplinary Mechanism

8.1 Violations

Violations of this Code of Conduct are categorized as:

- **Minor Infractions:** Late arrival, minor documentation errors, unprofessional tone (resolved via counseling/warning).
- **Major Infractions:** Repeated absenteeism, breach of confidentiality, insubordination, negligence affecting patient safety.
- **Gross Misconduct:** Sexual harassment, physical assault, fraud/falsification of records, substance abuse on duty, criminal behavior.

8.2 Disciplinary Committee

Allegations of misconduct will be reviewed by the Postgraduate Training Disciplinary Committee of PIMH.

- **Process:** The committee shall inquire into allegations, summon involved parties, and review evidence (including logbooks and CCTV where applicable). All incidents and their mechanism of addressing will remain confidential
- **Penalties:** Depending on the severity, penalties may include:
    - Written Warning / Censure.
    - Suspension from clinical duties.
    - Extension of training duration.
    - Termination of residency and recommendation for de-registration to CPSP/PMDC/UHS.
    - Legal action (in cases of criminal offense or severe harm).

11. Recommended Reading

Psychiatry Core Texts

1. Fish's Clinical Psychopathology (4th Edition or latest)
2. Sims' Symptoms in the Mind (7th Edition or latest)

3. The Maudsley Handbook of Practical Psychiatry
4. Kaplan and Sadock's Synopsis of Psychiatry (12th Edition or latest)
5. Shorter Oxford Textbook of Psychiatry (7th Edition or latest)
6. Goodwin and Guze – Psychiatric Diagnosis
7. British National Formulary (BNF) – current edition
8. Mental Health Ordinance 2001 (Government of Pakistan)
9. Faulk's Basic Forensic Psychiatry
10. Lishman's Organic Psychiatry (4th Edition or latest)
11. Stahl's Essential Psychopharmacology
12. Freeman – The ECT Handbook (Royal College of Psychiatrists)

Supplementary / Reference Texts

1. ICD-11 Classification of Mental and Behavioural Disorders (WHO)
2. DSM-5-TR Diagnostic and Statistical Manual of Mental Disorders (APA)
3. Oxford Handbook of Psychiatry (4th Edition or latest)
4. Seminars in Clinical Psychopharmacology (Royal College of Psychiatrists)
5. WHO mhGAP Intervention Guide (latest edition)

MCPS Psychiatry – Recommended Books

1. Shorter Oxford Textbook of Psychiatry (7th Edition or latest)
2. Fish's Clinical Psychopathology (4th Edition or latest)
3. Sims' Symptoms in the Mind (7th Edition or latest)
4. The Maudsley Handbook of Practical Psychiatry
5. Stahl's Essential Psychopharmacology
6. Oxford Handbook of Psychiatry (4th Edition or latest)
7. British National Formulary (BNF) – current edition
8. ICD-11 Classification of Mental and Behavioural Disorders (WHO)
9. DSM-5-TR Diagnostic and Statistical Manual of Mental Disorders (APA)
10. Mental Health Ordinance 2001 (Government of Pakistan)
11. Freeman – The ECT Handbook (Royal College of Psychiatrists)
12. WHO mhGAP Intervention Guide (latest edition)

MD Psychiatry – Recommended Books

1. Kaplan and Sadock's Synopsis of Psychiatry (12th Edition or latest)
2. Shorter Oxford Textbook of Psychiatry (7th Edition or latest)
3. Fish's Clinical Psychopathology (4th Edition or latest)
4. Sims' Symptoms in the Mind (7th Edition or latest)
5. Stahl's Essential Psychopharmacology
6. Lishman's Organic Psychiatry (4th Edition or latest)
7. Goodwin and Guze – Psychiatric Diagnosis
8. The Maudsley Handbook of Practical Psychiatry
9. Faulk's Basic Forensic Psychiatry
10. British National Formulary (BNF) – current edition
11. ICD-11 Classification of Mental and Behavioural Disorders (WHO)
12. DSM-5-TR Diagnostic and Statistical Manual of Mental Disorders (APA)
13. Seminars in Clinical Psychopharmacology (Royal College of Psychiatrists)
14. Mental Health Ordinance 2001 (Government of Pakistan)
15. Freeman – The ECT Handbook (Royal College of Psychiatrists)
16. WHO mhGAP Intervention Guide (latest edition)

This study guide is subject to periodic review and revision by the curriculum and assessment committee and postgraduate medical education committee.

For queries, please contact the HOD office or the Training Programme Coordinator.

Ayesha

EXECUTIVE DIRECTOR
Punjab Institute of Mental Health, Lahore.