

# MD Child and Adolescent Psychiatry Phase-B

## Block wise Division of the Syllabus

Below is the basic guideline of the contents of Phase-B MD Residency program in Child and Adolescent Psychiatry. However, this is not fully inclusive and residents are essentially expected to achieve recent advancement related to the discipline.

### Block- 1

#### a) General Child and Adolescent Psychiatry

##### Basic Child and Adolescent Psychiatry:

- I. Reviewing approaches of classification and epidemiology of child and adolescent psychiatric disorders including cross cultural issues.
- II. Principles of Assessment: History taking – general principles; Child development – a paediatric assessment, Neuro-psychiatric assessment, Family assessment – psychiatric perspective, Family assessment – family therapist perspective, Structural assessment, Underlying principles of educational assessment, Principles of psychometric assessment.
- III. Aetiology of child and adolescent psychiatric disorders: Aetiological Influences: understanding of aetiological influences and the current evidence base and future directions. genetic influence - gene environment interaction, chromosomal abnormalities, brain disorders including cerebral palsy, individual and family influences, clinical aspects of attachment, child abuse, maltreatment of children, mentally ill parents, risk and resilience/reactions to adversity, Sensory impairment, disorders of language
- IV. Global assessment of psychosocial disability: Measures of disability; WHO Disability assessment schedule (WHODAS).
- V. Therapeutic Approaches: General principles when engaging children and families and session on specific treatment approaches. Approaches to treatment: basic range of treatment methods - description, indications and contraindications for different treatment interventions, outcomes; indications for in patient and day patient care. The evidence base for medical therapies. Communicating with children, Psychological therapies, working with families clinical aspects/treatment, parent training, art therapy, drug treatments, clinical trials
  - I. Biological therapies: Drugs: Paediatric Psychopharmacology, ECT and its indication of in child and adolescent psychiatric conditions. Other biological therapies for the management of child and adolescent psychiatric disorder
  - II. Psychological therapies: Specific psychotherapy for the management of psychiatric disorders in children and adolescents (refer to Child and adolescent Psychotherapy section)).
  - III. Provision for Social therapies and rehabilitation for child and adolescent psychiatric disorders, Child and Family Social work
  - IV. Child and adolescent psychiatric service development: General description. Basic information on different agencies involved in the care of children and their functions.

#### b) Basic Courses: Academic curriculum of Generic Skills, Medical Statistics, Research Methodology and Medical Education

i) **Generic Skills:** as per learning module

##### ii) **Medical Statistics:**

Basic concepts: definition, importance, uses in medical science and limitations, Concepts of scale of measurement, sampling methods, frequency and probability distributions, summary statistics and graphs, tables, outlines, plots Types of data - categorical, ordinal, continuous. Descriptive and

inferential statistics: tests of significance, non-parametric and parametric tests, estimation and confidence intervals. The advantage of confidence intervals over p values. Specific tests: t-test. Chi-square test, Mann-Whitney U, confidence intervals for difference between means proportions, mode, medians. Brief introduction of other methods, factor and cluster analysis. Ideas of reliability and validity. Sensitivity, specificity and predictive values of research measures. Bias, particularly-cross-cultural biases. Diagnostic agreement measured by kappa and intra-class correlation. Data analysis: inputting, editing, listing, exploring and analyzing data. Presenting results, Inferring the cause and effect relationship, Confounding factors. Analyses: meta analysis, survival analysis, analysis of covariance, regression and correlation. Research methodology: Candidates should be able critically to examine the design, methodology, results and appraisal of published research, with reference to following areas: Principles and criteria for literature reviews, meta-analysis, Concepts of incidence, Prevalence and population at risk, z test. Sampling techniques, case identification, and case registers mortality and morbidity statistics, Measurements in psychiatry, their advantages and limitation. Research methodology, study design, generation of hypothesis, hypothesis testing, and designing research proposals (type of research study will emphasize on epidemiological surveys and clinical trials and Data analysis and statistics).

### **III) Research Methodology:**

- Residents should be able critically to examine the design, methodology, results and appraisal of published research, with reference to following areas:
- Principles and criteria for literature reviews, Meta - analysis, concepts of incidence, prevalence and population at risk.
- Sampling techniques, case identification, and case registers mortality and morbidity statistics.
- Measurements in psychiatry, their advantages and limitation.
- Research methodology, study design, generation of hypothesis, hypothesis testing, and designing research proposals (type of research study will emphasize on epidemiological surveys and clinical trials).
- Data analysis and statistics to obtain a basic understanding of statistical approaches used in research.
- Introduction to electronic databases
- Introduction to methodological approaches
- Research and assessment scales in child and adolescent psychiatry

In addition, Residents have to do an original research work relevant to psychiatry. For this purpose, they have to complete the followings:

### **iv) Medical education**

These will be covered in the first 9 months of Phase B. Courses will be conducted in modular format organized by the respective department in collaboration with the Basic Science Faculty. The assessment will be done as part of formative assessment and will be held jointly by teaching staff offering the course. Residents failing to achieve satisfactory level shall have another three months to recover.

### **v) Immunology and Genetics:**

To be covered throughout the 33 months in appropriate clinical context. Formative and summative assessment will be taken along with clinical curriculum

# Block-2

## Neurodevelopmental Child and Adolescent Psychiatry

- I. Recapitulation of Liaison Psychiatry (Psychiatry in Paediatrics, Psychiatry in Medicine, Psychiatry in Neurology) as mentioned in Phase A Curriculum.
- II. Pathological development of the brain and body of children considering normal physical including brain development, and multidimensional development as a whole.
- III. Seizure disorders, epilepsy, their management and psychiatric conditions associated with them and the rehabilitative strategies.
- IV. Psychiatric disorders in children and adolescents considering neurodevelopmental perspectives:
- V. Aetiology, presentation, clinical course, outcome and prognosis of Neurodevelopmental disorders:
  - Intellectual disabilities: Nosological evolution and present nomenclature. Classification, epidemiology, aetiology (Genetic, perinatal and acquired factors), clinical features, diagnosis, assessment (psychiatric interview, physical examination, neurological examination, laboratory tests, hearing and speech evaluation, psychological assessment), comorbid psychopathology, treatment and prevention. History and development of Intellectual disability services. Multidisciplinary team approach and role of child and adolescent psychiatrist, Learning disability psychiatrist and general psychiatrist in the team. Liaison among educational, health and social agencies. Special education and community services for learning disabilities. Intellectual Disability Act. Pension with Intellectual Disability Act in Bangladesh.
  - Communication disorders: Language disorder, Speech sound disorder, Childhood-onset fluency disorder (Stuttering), Social (Pragmatic) communication disorder, Unspecified communication disorder
  - Autism spectrum disorders,
  - Attention deficit/hyperactivity disorder
  - Specific learning disorder
  - Motor disorders, includes Developmental coordination disorder, Tourette's disorder, Persistence motor or vocal tic disorder, other tic disorder and other neurodevelopmental disorders.
  - Feeding and Eating Disorders include Pica, Rumination disorder, Avoidant/restrictive food intake disorder, anorexia nervosa, Binge-eating disorder, Other Feeding and eating disorders.
  - Elimination disorders include Enuresis, Encopresis, Other elimination disorders
  - Sleep-wake disorder includes Insomnia disorder, Hypersomnia disorder, narcolepsy, breathing-related sleep disorders, Parasomnias other sleep related disorder
- VII . Brain disorder in its impact on child and adolescent mental health
- VIII..Nonorganic failure to thrive

# Block-3

## General Child and adolescent Psychiatry

### a) Basic Child and Adolescent Psychiatry

- VI. Prevalence, aetiology, presentation, treatments and outcome of clinical syndromes and conditions in child and adolescent psychiatry including:
- Emotional disorders with onset and specific to childhood or adolescence
  - Anxiety disorder include Separation anxiety disorder, selective mutism, Specific phobia, Social anxiety disorder, Panic disorder, Agoraphobia, Generalized anxiety disorder, Substance/Medication induced anxiety disorder, Anxiety disorder due to another medical condition, Other specific anxiety disorder, Unspecified anxiety disorder
  - Obsessive compulsive and related disorders includes Obsessive compulsive disorder, body dysmorphic disorder, hoarding disorder, Tichotillomania, Excoriation disorder, Other obsessive compulsive and related disorder
  - Trauma and stress related disorder includes Reactive attachment disorder, Disinhibited social engagement disorder, Posttraumatic stress disorder, Acute stress disorder, adjustment disorder, Other Trauma and stress related disorder
  - Dissociative disorders include Dissociative identity disorder, Dissociative amnesia, Depersonalization/Derealization disorder, Other specific dissociative disorder, Unspecified dissociative disorder
  - Somatic symptoms and related disorders: Somatic symptoms disorder, Illness anxiety disorder, conversion disorder, Psychological factors affecting other medical condition, Factitious disorder including factitious disorder imposed on another( Munchausen syndrome by proxy), Other specified somatic symptoms and related disorders, Unspecified somatic symptoms and related disorders
  - Gender dysphoria in children, other specified gender dysphoria, specified gender dysphoria
  - Disruptive, Impulse-control, and conduct disorder includes Oppositional defiant disorder, Intermittent explosive disorder and conduct disorders , Pyromania, Kleptomania, Mixed disorders of conduct and emotions, Other Specific Disruptive, Impulse-control, and Conduct disorder with onset usually occurring in childhood or adolescence.
  - Schizophrenia spectrum and other psychotic disorder during childhood and adolescence: Concept of first episode psychosis. Brief psychotic disorder, schizopreniform disorder, Schizophrenia (early onset and very early onset), schizoaffective disorder, Delusional disorders, substance induced psychotic disorder, psychotic disorder due to another medical, condition,
  - Bipolar and related disorder: Concept of paediatric bipolar disorder. Bipolar I disorder, bipolar II disorder, Cyclothymic disorder, substance/medication induced bipolar and related disorder, Bipolar and related disorder due to another medical condition, Other Bipolar and related disorder:
  - Depressive disorder: concept of childhood and adolescence depression, Disruptive mood dysregulation disorder, major depressive disorder, Persistent depressive disorder(dysthymia), Premenstrual dysphoric disorder, Depressive disorder due to another medical condition, Other specific depressive disorder, Unspecified depressive disorder
  - Conditions that may leads to personality disorders, enduring personality changes, not attributable to brain damage and disease,
  - Conditions may leads to Behavioural disorder: Behavioral disorders associated with sexual development and orientation, Unspecified mental disorder and problems falling short of criteria for any specified mental disorder.

- School refusal; its cause, assessment and management
  - Adolescent crisis :normal and pathological: psychopathology, aetiology management
  - Suicide and self harm among children and adolescence: etiology, assessment management and prevention
  - Child abuse and neglect: Physical abuse, Sexual abuse, Psychological/emotional abuse, Child neglect
  - Aggression & delinquency
  - Sexual deviance
  - Bully-victim problem
- VII. Family conflict and problems, school and peer factors. Disorders of adolescence, suicide and deliberate self- harm, anorexia and bulimia nervosa, substance use disorders, schizophrenia and allied disorders,
- VIII. Continuities of childhood psychiatric disorders into adult life.
- IX. Other Adult psychiatric disorders onset during childhood.
- X. Associated abnormal psychosocial and environmental condition: Abnormal intrafamilial relationships, Mental disorder, deviance or disability or other problems related to child's primary support group, Inadequate or distorted intrafamilial communication, Abnormal qualities/problems related to upbringing, Abnormal immediate environment, Acute life events, Societal stressors, Chronic interpersonal stress associated with school/work, Stressful events/situations resulting from child's own disorder/disability.
- V. Skills and processes needed for service development. Evaluation of services, evaluation of treatment, forensic issues, training and teaching skills, service planning

# Block-4

## General Child and adolescent Psychiatry

### b) Transcultural Child and Adolescent Psychiatry

- I. Brain, culture and development; Ethnography and child & adolescent psychiatry-developmental challenges in cultural aspects.
- II. Cultural influence in child and adolescent psychiatric disorder; influential factors including child rearing, myth, stigma, parental attitude-and child's behaviour relationship, social permissiveness, cultural inheritance etc. Effect of stigma on mental and physical health in children and adolescents; antistigma strategies
- III. Culture and conflict in child and adolescent mental health; military conflict, political turmoil, migration
- IV. Transgenerational parent-child transmission of mental health problems with emphasis on parental stress and post-traumatic stress disorder
- V. Children and their parents in changing world: globalization and transcultural issues related to children and adolescents
- VI. Cross cultural issues in child psychiatric epidemiology including culturally sound measures of psychopathology. Culture specific risk and resilient factors
- VII. Cultural variation of distribution of child and adolescent psychiatric disorder and their presentations. Cultural aspects of specific child and adolescent psychiatric disorder with special reference to conversion disorder, depressive disorder, obsessive compulsive disorder. Somatization behaviour in somatic symptoms disorder, anxiety and depression
- VIII. Cultural concepts of child and adolescent psychiatric distress/disorder: psychopathology, assessment treatment and prevention; Psychotic hysteria, Mass dissociation and other types of mass hysteria, "Jinn" possession and similar type of possession state, Group Self harm, Dhat syndrome.
- IX. Pathoplastic factors in course, outcome and prognosis of child and adolescent psychiatric disorders.
- X. Psychiatric disorders in minor ethnic child and adolescent populations.
- XI. Culture influence and culture appropriate assessment and treatment modalities of child and adolescent psychiatric disorders: modification of treatment including psychosocial therapy, Importance of development of modified and innovative treatment module.
- XII. Competencies of a child and adolescent psychiatrist in transcultural context: acquisition of required knowledge skills and attitude; transcultural perspective of training in child and adolescent psychiatry
- XIII. Management, intervention and service innovation in cultural context: setting up mental health care programme with children and adolescents to combat culture specific issues, different conflicts, stress and crisis
- XIV. Cultural perspective of child and adolescent psychiatry research.

### c) Community Child and Adolescent Psychiatry

- I. Community psychiatry for children and adolescent : evolution, historical trend, custodial care, mental hygiene movement, deinstitutionalization, and disease prevention in psychiatry,
- II. Prevention in child and adolescent psychiatry: public health model - primary secondary and tertiary prevention,
- III. Community child and adolescent mental health care services: Child and Family Consultation Services, Community mental health centers: philosophy, objectives, care facilities, consultation, care of chronically ill and participatory community care.
- IV. Manpower development: development of clinical and para-clinical staff, training, utilization of existing manpower, and peer review of efficiency.
- V. Economics of psychiatry, cost shifting, cost analysis, sources of financing, prospective, payment,

insurance, unfavorable provisions for psychiatric patients.

- VI. Group home, parenting, policing, schooling, transplantation programme, ambulatory behavioural health care
- VII. Disaster intervention and disaster mobilization
- VIII. Communication and media

**d) Rehabilitation Child and Adolescent Psychiatry:**

- I. Provision for rehabilitation for child and adolescent psychiatric disorders with special emphasis on intellectual disability, autism and other neurodevelopmental disorder, and substance use related disorders. Progressive neurocognitive disorder
- II. Fostering and adoption
- III. Rehabilitative approaches in paediatric somatization, child abuse and neglect, nonorganic failure to thrive
- IV. Rehabilitation team and role of child and adolescent psychiatrist
- V. Child and adolescent rehabilitation act, Child and adolescence psychiatry and National Disability Act.

## Block-5

### b) Child and Adolescent Psychotherapy:

- I. The roots of child and adolescent psychotherapy. *The art and science of psychotherapeutic intervention with children and young people*
- II. Emotional development; Contribution of theories in understanding child and adolescent psychotherapy-psychoanalytic(Freudian and neo-Freudians), classical and operant conditioning, social learning, cognitive
- III. Approaches of child and adolescent psychotherapeutic practices: the therapeutic relationship and process ; intercultural issues
- IV. The child and adolescent psychotherapy and family :the family context: the place of consultation with parents and therapy of parents in child psychotherapy practice; therapeutic setting
- V. Research in child and adolescent psychotherapy.
- VI. Different therapeutic environments for child and adolescent psychotherapy---in hospital setting in community setup. Residential care, therapeutic community
- VII. The diversity of psychotherapeutic treatments
- VIII. Intensive and Non-intensive psychotherapy, brief, long term and supportive psychotherapy and therapeutic consultation.
- IX. Psychodynamic psychotherapy: Klienian , Anna Freudian , play therapy based on these principles
- X. Behaviour therapy: assessment: Functional analysis of behaviour - ABC analysis and other ways, fixing goal by negotiating with parents and young people. Behavioural Techniques: positive reinforcement, negative reinforcement, skill training with rehearsal and role play, stimulus change, extinction, differential reinforcement, punishment, time out, response cost, overcorrection. Relaxation therapy, exposure with response prevention (ERP), desensitization procedures, extinction. Principle and techniques of implementation of behaviour therapy, evaluation of behaviorally-based therapies.
- XI. Cognitive Therapy: techniques of cogitative therapy for adolescents. Cognitive therapy, Rational-Emotive therapy, Stress-inoculation therapy, Personal Construct therapy, Social Cognitive therapy
- XII. Cognitive-behavioural therapy: Linking developmental and emotional elements into child and family cognitive-behavioural therapy. The basic view of cognitive-behavioural therapy for children, developmental consideration of cognitive-behavioural therapy of children and role of emotion in this therapy. Cognitive-behavioural therapy strategies for parents of pre-school children. Cognitive approaches to specific child and adolescent psychiatric disorders; Cognitive behavioural therapy for attention-deficit hyperactivity disorder, childhood obsessive-compulsive disorder, anxiety disorders, conduct disorders in young children, children with learning difficulties and their parents, post-traumatic stress disorders, pain in childhood, adolescent depression, aggressive children and adolescents, adolescent conduct disorders, interpersonal problems, substance misuse in young people, eating disorders and obesity Ethical and related issues and effectiveness of cognitive-behavioural therapy Social problem solving skill programmes
- XIII. Interpersonal therapy(IPT), individual counseling and psychotherapy support and counseling
- XIV. Family therapy: development of family therapy. Healthy family and family development, Different models of family therapy: psychodynamic, experiential. structural, strategic, systemic, psycho educational and behavioural and group. Overlapping between family therapeutic techniques. Parenting techniques, parent management training. Assessing families-models for the assessment of families, structural approach to assessing families, triaxial scheme, circumflex model, Beavers model, practical aspects of the assessment of families. Establishing treatment goals. Indications and contraindications of family therapy, practical points in the treatment of families in treating psychiatric disorders of children and adolescents. Common family problems related to child and adolescent mental health problems



- and their treatment. Evaluation of family therapy
- XV. Group therapy: techniques of group therapy for children and adolescents therapeutic factors in groups. Types of groups and group therapy. Understanding mechanisms, techniques of therapy in small and large groups. Inpatients group therapy, Therapy groups including self-help groups.
  - XVI. Treatment for delinquents: General issues; study design and evaluation of programmes, characteristics of delinquents, characteristics of the programme, characteristics of the therapist; nonresidential approach, residential approaches in the community, residential approaches removed from the community.
  - XVII. Suicide prevention programmes for children and adolescents-Staff training approaches, Health education, supportive psychotherapy, Cognitive analytic therapy(CAT), family intervention for suicide programme, (FSP), Dialectic behaviour therapy, Multisystemic therapy(MST), Group therapy-Mentalization based therapy(MBT), Developmental group psychotherapy, Problem solving therapy,
  - XVIII. Special considerations: Relaxation techniques, Crisis intervention, multi-systemic therapy, EMDR, meditation, hypnosis, abreaction, psychodrama, biofeedback, and computer based psychotherapeutic programme, combined psychotherapy and pharmacotherapy
  - XIX. Social Work in child psychiatry setting: Intervention, Social work and legal frame work, working in a multidisciplinary team, research and evaluation.

**c) Substance Misuse Child and Adolescent Psychiatry:**

- i. Epidemiology of substance related and addictive disorder among children and adolescents and associated psychosocial factors. Comorbidity with conduct and other child and adolescent disorders
- ii. Phenomenology related to substance use disorder among children and adolescents
- iii. Mental and behavioral disorders due to psychoactive substance use like alcohol, opioids, cannabinoids, sedatives or hypnotics, cocaine, caffeine and other stimulants, hallucinogens  
Non-substance Related disorder; Gambling, Cyber spacing and online addiction in adolescence  
Internet dependence and related cyber problems unspecified behavioral syndromes associated with physiological disturbances and physical factors.
- iv. Culture related assessment and diagnostic issues of Substance related disorders in children and adolescents.
- v. The interaction of substance and alcohol use with psychiatric disorders. Substance induced psychiatric disorders among children adolescents. Relationship between substance use and delinquent behaviour.
- vi. Strategies for prevention of substance abuse. Role of different agencies. Drug control act and regulations.
- vii. Arguments for and against the various types of prescribing and treatment modalities.
- viii. Substance misuse related medical, psychiatric and social complications and their impact on public health.
- ix. Social reintegration and rehabilitation substance use disorder among children and adolescents

**d) Forensic Child and Adolescent Psychiatry:**

- i. Child and Adolescent Psychiatry and the judicial system: Juvenile justice system and family justice system
- ii. Advantages of judicial approaches, disadvantages of the judicial approach, the medical role in the management of delinquency, diversion from the court, an outline of the procedure of arrest, prosecution and sentencing. Role of Police in arrest of Juvenile delinquent, the assessment of defendants at police stations, false confessions.
- iii. Psychiatry and the courts: witness of fact, expert witness, writing reports, giving evidence, principles of assuring a defendant for the court and preparing psychiatric court report in a criminal case.
- iv. Facilities and treatment: elements of forensic psychiatric services, their relationship to each other. The use of security in the treatment of psychiatric patients and the arguments for and against

seclusion. The long term management of patients on restriction orders. Care in the community for previous violent patients.

- v. Offending behavior and its management; correction centers,, Brostal school and other fasciitis
- vi. Dangerousness: concept, definitions and situations where assessment is required.
- vii. Predictions of juvenile crime and problems related to predictions.
- viii. Psychiatry in prisons: prevalence of psychiatric disorders in young people prison populations, suicide in prisoners, psychiatric treatment in prison settings.
- ix. Victims: the psychological sequelae of victimization, especially anxiety states, anger and aggressive behavior. Compensation and other medico-legal issues.
- x. Cyber –Space problems and crime- sexual exploitations and related emotional and behavioural problems
- xi. Child and adolescent Psychiatric disorder and law. UN Convention on the rights of the children, Child Protection Act and related rules and convention
- xii. Legal aspects of child care: child protection, child abuse. Rights of the children adolescents. Role of the psychiatrist.
- xiii. Forensic child and adolescent psychiatric services in hospital and community. Liaison between agencies

## **Block- -6**

### **e) Infant Psychiatry**

- I) Promotion of mental health in infants, toddlers, preschoolers, and their families through the consultation, assessment, and treatment of clinical problems.
- II) Early intervention for children in high-risk settings or with clinical problems can positively impact emotional and behavioral development.
- III) Aetiology, presentation, treatments and outcome of clinical syndromes and conditions in Infant psychiatry including Infantile stranger anxiety, Infantile separation anxiety, attachment disorder
- IV) Understanding of infant IQ model
- V) Perinatal Psychiatry relevant to infant mental health and infant risk. Fetal Alcohol Syndrome, impact of HIV, Viral infection (influenza, mumps, rubella slow viral), prenatal substance abuse of mother, Psychiatric emergency of mother.
- VI) Nonorganic failure to thrive-impact, management and prevention

### **f) Family Psychiatry:**

- i) Promotion of dyadic relationship, resolution of interpersonal conflicts among their family member
- ii) Development of healthy parental attitude through the consultation, assessment, and treatment of clinical problems.
- iii) Children and domestic violence; immediate and long-term impact of dowry, divorce and other family stressors
- iv) Impact on children due to parental leave---working mother, father lives abroad for job, leaving of either parent for migration
- v) Family support programme

## **Assessment and Examination**

Recapitulation of General Child and Adolescent Psychiatry as a whole

Recapitulation, Reviewing and assimilation of Child and Adolescent Psychiatry

Self preparation for Phase A Final Examination

### Annexure 1: Clinical Training Rotations:

Block 1						
Months	1st	2nd	3rd	4th	5th	6th
Educational Program	General Child and Adolescent Psychiatry					E O B A
	<b>Basic Courses:</b> Biostatistics, Research Methodology, Basic of Medical Education					
Clinical Training Rotations	<ul style="list-style-type: none"> <li>Inpatient, Outpatient of the Department of Psychiatry, BSMMU</li> <li>Inpatient, Outpatient and Child and Adolescent Psychiatry Division</li> </ul>					
Thesis Work	<b>Protocol development/Submission/IRB clearance</b>					
Block 2						
Months	7th	8th	9th	10th	11th	12th
Educational Program	Neurodevelopmental Psychiatry, Psychiatry of Intellectual Disability					E O B A
	<b>Basic Courses:</b> Biostatistics, Research Methodology, Basic of Medical Education					
Clinical Training Rotations	<ul style="list-style-type: none"> <li>Intellectual Disability Clinic, Autism Clinic and other Specialized Clinics relevant to Child and Adolescent Psychiatry in the department of Psychiatry, Paediatric Neurology division of Department of Paediatrics, BSMMU</li> <li>Institute of Paediatric Neurodisorder and Autism (IPNA), BSMMU.</li> <li>Training and service facilities in the community</li> </ul>					
Thesis Work	<b>Patient enrolment, intervention and data collection</b>					
Block 3						
Months	13th	14th	15th	16th	17th	18th
Educational Program	General Child and Adolescent Psychiatry					E O B A
	Emotional and behavioural disorder in Child and Adolescent Psychiatry					
Clinical Training Rotations	<ul style="list-style-type: none"> <li>Inpatient, Outpatient and Child and Adolescent Psychiatry Division</li> <li>Specialized Clinics relevant to Child and Adolescent Psychiatry in the department of Psychiatry</li> <li></li> </ul>					
Thesis Work	<b>Patient enrolment, intervention and data collection</b>					

Block 4						
Months	19th	20th	21st	22nd	23rd	24th
Educational Program	General Child and Adolescent Psychiatry (Transcultural Child and Adolescent Psychiatry, Community Child and Adolescent Psychiatry, Rehabilitation Child and Adolescent Psychiatry)					E O B A
Clinical Training Rotations	<ul style="list-style-type: none"> <li>Inpatient, Outpatient Department of Psychiatry</li> <li>Child and Adolescent Psychiatry Unit, Department of Psychiatry</li> </ul>					
Thesis Work	<b>Patient enrolment, intervention and data collection</b>					
Block 5						
Months	25th	26th	27th	28th	29th	30th
Educational Program	Spécialités in Child and Adolescent Psychiatry (Child and Adolescent Psychotherapy, Child and Adolescent Substance Misuse Psychiatry, Forensic Child and Adolescent Psychiatry)					E O B A
Clinical Training Rotations	<ul style="list-style-type: none"> <li>Inpatient, Outpatient of the Department of Psychiatry</li> <li>Child and Adolescent Psychiatry Division</li> <li>Placement in Psychotherapy Division</li> <li>Placement in General Adult Psychiatry Division</li> <li>Adult, Forensic and Geriatric Psychiatry, ECT</li> </ul>					
Thesis Work	<b>Data processing and Analysis</b>					
Block 6						
Months	31st	32nd	33rd	34th	35th	36th
Educational Program	Spécialités in Child and Adolescent Psychiatry ( Infant Psychiatry, Family Psychiatry)			E O B A	Eligibility Assessment and Phase B Final Examination	
Clinical Training Rotations	<ul style="list-style-type: none"> <li>Child and Adolescent Psychiatry Division</li> <li>Inpatient, Outpatient of General adult Psychiatry Division and Psychiatric emergency</li> <li>Feto maternal unit</li> <li>Obstratics unit of the department of Gynaecology and Obstratics</li> </ul>					
Thesis Work	<b>Report writing and Submission</b>					