

Department of Psychiatry

Lesson Plan
Department of Psychiatry
Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Introduction to Psychiatry
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and manage common mental health conditions using a patient-centred, ethical, and evidence-based approach.
Relevant Subject Outcome	Describe the scope, principles, and importance of Psychiatry in clinical practice and identify common psychiatric disorders requiring appropriate referral or management.
Relevant Competency	Closest curriculum-aligned competency identified: Demonstrate fundamental knowledge of psychiatric principles, mental health promotion, early recognition of psychiatric disorders, and appropriate referral.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Medicine, Community Medicine, Pharmacology, Physiology, Psychology
Vertical Integration	Internal Medicine, Family Medicine, Emergency Medicine, Pediatrics, Obstetrics & Gynecology
Clinical Importance	Psychiatry is integral to holistic patient care as mental health disorders frequently coexist with physical illnesses. Early recognition and appropriate referral improve patient outcomes, reduce stigma, and enhance quality of life.

2. General Information

Item	Description
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Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of this session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define Psychiatry and describe its scope in healthcare.	Remember	Knowledge
Explain the biopsychosocial model of mental illness.	Understand	Knowledge
Classify common psychiatric disorders encountered in clinical practice.	Understand	Knowledge
Identify situations requiring psychiatric assessment or referral through clinical scenarios.	Apply	Skill
Appreciate the importance of empathy, confidentiality, and stigma reduction in psychiatric practice.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce session objectives, relevance of Psychiatry, motivate learners	Participate in discussion and share expectations	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall concepts of normal behavior, mental health,	Respond to recall questions	Question–Answer	PPT	Directed questioning

	doctor–patient communication				
15 min	Discuss definition, history, scope, biopsychosocial model, role of psychiatrist	Active listening, note-taking, answer questions	Interactive lecture	PPT, BMDC Curriculum	Oral responses
15 min	Discuss classification of common psychiatric disorders, multidisciplinary care, stigma, ethics	Participate in discussion, small group interaction	Case-based discussion	Clinical images/flowcharts	Think–Pair–Share
10 min	Present short clinical scenarios emphasizing recognition and referral	Analyze scenarios and suggest appropriate actions	Case-based learning	Clinical cases	Group discussion
5 min	Summarize key learning points and reinforce core concepts	Reflect and summarize	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment, clarify misconceptions, provide feedback	Complete assessment and receive feedback	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
 - Interactive MCQs
 - Think–Pair–Share
 - Case-based discussion
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Psychiatry is an essential component of comprehensive medical care.
2. Mental illnesses are common, treatable, and should be recognized early.
3. The biopsychosocial model provides a holistic approach to patient care.
4. Empathy, confidentiality, and respect are fundamental in psychiatric practice.
5. Timely recognition and appropriate referral improve patient outcomes.

8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Introduction to Psychiatry
- *Oxford Handbook of Psychiatry* – Principles of Psychiatry

Recommended Guideline

- WHO *Mental Health Gap Action Programme (mhGAP) Intervention Guide*

Independent Learning Activity

- Prepare a brief reflection on the role of physicians in reducing stigma associated with mental illness and discuss one real or simulated clinical scenario demonstrating the importance of early psychiatric referral.

9. References

1. BMDC. *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Accreditation Standards for Undergraduate Medical Education*.
3. WFME. *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. World Health Organization. *mhGAP Intervention Guide*. Latest Edition.
7. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
8. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Depressive Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common psychiatric disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, risk factors, and principles of management of depressive disorders, including appropriate referral and suicide risk assessment.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize common depressive disorders, assess severity and suicide risk, initiate basic management, and appropriately refer patients requiring specialist care.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Medicine, Pharmacology, Community Medicine, Psychology, Family Medicine
Vertical Integration	Internal Medicine, Emergency Medicine, Neurology, Primary Care, Pediatrics
Clinical Importance	Depressive disorders are among the leading causes of disability worldwide and are frequently encountered in general medical practice. Early recognition, suicide risk assessment, and timely management significantly improve patient outcomes and quality of life.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam

Item	Description
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define depressive disorders and classify the common types.	Remember	Knowledge
Describe the etiology, risk factors, and clinical features of depressive disorders.	Understand	Knowledge
Apply diagnostic criteria and identify the severity of depression using clinical scenarios.	Apply	Skill
Recognize suicide risk factors and determine when urgent referral is required.	Analyze	Skill
Demonstrate empathy and maintain a non-judgmental attitude while communicating with patients with depression.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce learning objectives and discuss	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning

	the burden of depressive disorders				
5 min	Recall mood disorders, normal mood vs depression, basic mental status examination	Respond to recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification, epidemiology, etiology, risk factors, clinical features, diagnostic criteria	Active participation and note-taking	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain differential diagnosis, severity assessment, suicide risk assessment, principles of management, pharmacological and non-pharmacological approaches	Participate in discussion and answer clinical questions	Case-based interactive discussion	Flowcharts, Clinical algorithms	Think–Pair–Share
10 min	Present a patient with depressive symptoms; emphasize diagnosis, suicide risk assessment, referral, and management planning	Analyze case in small groups and present management approach	Case-based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important clinical messages	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
 - Interactive MCQs
 - Case-based discussion
 - Think–Pair–Share
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Depression is a common, treatable mental disorder that should be identified early.
 2. A comprehensive assessment must include evaluation of suicide risk.
 3. Diagnosis is based on clinical assessment using standard diagnostic criteria.
 4. Management requires a biopsychosocial approach, including pharmacotherapy and psychotherapy when indicated.
 5. Empathy, confidentiality, and effective communication are essential for optimal patient care.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry – Mood Disorders*
- *Oxford Handbook of Psychiatry – Depressive Disorders*

Recommended Guideline

- **NICE Guideline NG222:** *Depression in Adults: Treatment and Management*

Independent Learning Activity

- Review a published case of major depressive disorder and prepare a brief summary highlighting diagnosis, suicide risk assessment, management plan, and follow-up.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.

8. National Institute for Health and Care Excellence (NICE). *Depression in Adults: Treatment and Management (NG222)*.

Competency-Based MBBS Lesson Plan

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1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Obsessive-Compulsive and Related Disorders (OCDs)
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common psychiatric disorders using patient-centred, ethical, and evidence-based approaches.
Relevant Subject Outcome	Recognize the clinical features, diagnosis, differential diagnosis, and principles of management of Obsessive-Compulsive and Related Disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize obsessive-compulsive and related disorders, perform basic assessment, identify functional impairment, initiate appropriate management, and refer patients when indicated.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Medicine, Pharmacology, Psychology, Neurology, Community Medicine
Vertical Integration	Internal Medicine, Family Medicine, Dermatology, Pediatrics, Emergency Medicine
Clinical Importance	Obsessive-Compulsive and Related Disorders are common, chronic psychiatric conditions that significantly impair social and occupational functioning. Early recognition, appropriate treatment, and timely referral improve quality of life and reduce disability.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define Obsessive-Compulsive and Related Disorders and classify the common disorders.	Remember	Knowledge
Explain the etiology, psychopathology, and clinical features of OCD and related disorders.	Understand	Knowledge
Differentiate OCD from normal intrusive thoughts and other psychiatric disorders using clinical scenarios.	Analyze	Skill
Outline the principles of assessment and management, including pharmacological and psychological therapies.	Apply	Skill
Demonstrate empathy and maintain a non-judgmental attitude towards patients with OCD and related disorders.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce session objectives and discuss the burden of OCD and related disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall anxiety disorders, normal intrusive thoughts, and basic mental status examination	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification (OCD, body dysmorphic disorder, hoarding disorder, trichotillomania, excoriation disorder), epidemiology, etiology, clinical features	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, differential diagnosis, severity assessment, pharmacological and psychological management (especially CBT with Exposure and Response Prevention), referral indications	Participate in discussion and solve clinical problems	Case-based interactive discussion	Flowcharts, Clinical algorithms	Think–Pair–Share
10 min	Present a patient with obsessive thoughts and compulsive behaviors; emphasize diagnosis, differential diagnosis, and management	Analyze the case in small groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
- Interactive MCQs
- Case-based discussion

- Think–Pair–Share
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Obsessive-Compulsive Disorder is characterized by **obsessions, compulsions, or both**, causing significant distress and functional impairment.
 2. OCD should be differentiated from normal intrusive thoughts and psychotic disorders.
 3. Cognitive Behaviour Therapy with **Exposure and Response Prevention (ERP)** and SSRIs are first-line treatments.
 4. Early diagnosis and treatment improve long-term outcomes and quality of life.
 5. Compassionate communication and avoidance of stigma are essential in psychiatric care.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Obsessive-Compulsive and Related Disorders
- *Oxford Handbook of Psychiatry* – Obsessive-Compulsive Disorder

Recommended Guideline

- **NICE Guideline CG31:** *Obsessive-Compulsive Disorder and Body Dysmorphic Disorder: Treatment*

Independent Learning Activity

- Review a clinical case of OCD and prepare a brief summary describing the diagnosis, differential diagnosis, functional impairment, management plan, and indications for specialist referral.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.

3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Obsessive-Compulsive Disorder and Body Dysmorphic Disorder: Treatment (CG31)*.

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1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Neurocognitive Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common neuropsychiatric disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of major and mild neurocognitive disorders, including delirium and dementia.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize patients with neurocognitive disorders, differentiate delirium from dementia, perform basic cognitive assessment, identify reversible causes, and appropriately refer for specialist management.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Medicine, Neurology, Pharmacology, Physiology, Geriatric Medicine
Vertical Integration	Internal Medicine, Emergency Medicine, Family Medicine, Community Medicine, Neurosurgery
Clinical Importance	Neurocognitive disorders are common, particularly among older adults, and contribute significantly to morbidity, disability, and caregiver burden. Early recognition, differentiation of delirium from dementia, and identification of reversible causes are essential for improving patient outcomes.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define neurocognitive disorders and classify major types according to DSM-5.	Remember	Knowledge
Describe the etiology, risk factors, and clinical features of delirium, mild neurocognitive disorder, and major neurocognitive disorder (dementia).	Understand	Knowledge
Differentiate delirium from dementia using clinical features and cognitive assessment.	Analyze	Skill
Outline the principles of diagnosis, investigation, management, and referral of patients with neurocognitive disorders.	Apply	Skill
Demonstrate empathy and communicate effectively with patients and caregivers while maintaining patient dignity.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce session objectives and discuss the clinical significance of neurocognitive disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall normal cognitive functions, aging, and basic neurological examination	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification (delirium, mild and major neurocognitive disorders), epidemiology, etiology, risk factors, and clinical features	Active listening, note-taking, answer questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain cognitive assessment (e.g., MMSE/MoCA), differential diagnosis, investigations, reversible causes, management principles, and caregiver support	Participate in discussion and clinical problem-solving	Case-based interactive discussion	Cognitive assessment tools, Clinical algorithms	Think–Pair–Share
10 min	Present a patient with acute confusion or progressive memory decline; emphasize differentiation between delirium and dementia and initial management	Analyze clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important clinical messages	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
- Interactive MCQs

- Case-based discussion
 - Think–Pair–Share
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Neurocognitive disorders include **delirium, mild neurocognitive disorder, and major neurocognitive disorder (dementia)**.
 2. **Delirium is an acute medical emergency** that requires prompt identification and treatment of the underlying cause.
 3. Dementia is characterized by progressive cognitive decline with impairment of daily functioning.
 4. Cognitive assessment tools (e.g., MMSE, MoCA) aid diagnosis but should be interpreted alongside clinical evaluation.
 5. Comprehensive patient care includes early diagnosis, management of reversible causes, caregiver education, and multidisciplinary support.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Neurocognitive Disorders
- *Oxford Handbook of Psychiatry* – Delirium and Dementia

Recommended Guideline

- **NICE Guideline NG97:** *Dementia: Assessment, Management and Support for People Living with Dementia and Their Carers*

Independent Learning Activity

- Review a case of delirium and a case of dementia, compare their clinical presentation, cognitive assessment findings, investigations, management, and indications for referral in a comparative table.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).

2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Dementia: Assessment, Management and Support for People Living with Dementia and Their Carers (NG97)*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

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1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Schizophrenia and Related Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common psychotic disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of schizophrenia and related psychotic disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize schizophrenia and related psychotic disorders, perform mental status examination, identify psychotic symptoms and risk factors, initiate basic management, and appropriately refer patients requiring specialist care.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Medicine, Pharmacology, Neurology, Psychology, Community Medicine
Vertical Integration	Internal Medicine, Emergency Medicine, Family Medicine, Neurology, Pediatrics
Clinical Importance	Schizophrenia is a severe chronic psychiatric disorder associated with significant disability, impaired social functioning, and increased mortality. Early diagnosis, prompt treatment, psychosocial rehabilitation, and relapse prevention significantly improve long-term outcomes.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define schizophrenia and classify schizophrenia spectrum and other psychotic disorders.	Remember	Knowledge
Describe the etiology, risk factors, psychopathology, and clinical features of schizophrenia.	Understand	Knowledge
Differentiate schizophrenia from other psychotic and mood disorders using clinical features.	Analyze	Skill
Outline the principles of diagnosis, management, relapse prevention, and referral of patients with schizophrenia.	Apply	Skill
Demonstrate empathy, maintain patient dignity, and address stigma while caring for individuals with schizophrenia.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce session objectives and discuss the burden of schizophrenia	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall mental status examination and symptoms of psychosis	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification, epidemiology, etiology, neurobiology, positive, negative, cognitive, and affective symptoms	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, differential diagnosis, investigations, pharmacological and psychosocial management, rehabilitation, relapse prevention, and prognosis	Participate in discussion and solve clinical problems	Case-based interactive discussion	Clinical algorithms, Flowcharts	Think–Pair–Share
10 min	Present a patient with psychotic symptoms; emphasize diagnosis, risk assessment, management planning, and referral	Analyze clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important clinical messages	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
- Interactive MCQs
- Case-based discussion
- Think–Pair–Share
- One-minute paper
- Immediate verbal feedback

7. Take-Home Messages

1. Schizophrenia is a chronic psychotic disorder characterized by **positive, negative, cognitive, and affective symptoms**.
 2. Diagnosis requires careful clinical assessment and exclusion of medical and substance-induced causes.
 3. Antipsychotic medications combined with psychosocial interventions are the cornerstone of treatment.
 4. Early intervention, adherence to treatment, and relapse prevention improve long-term functional outcomes.
 5. Compassionate communication, family involvement, rehabilitation, and stigma reduction are essential components of patient care.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Schizophrenia Spectrum and Other Psychotic Disorders
- *Oxford Handbook of Psychiatry* – Schizophrenia

Recommended Guideline

- **NICE Guideline CG178:** *Psychosis and Schizophrenia in Adults: Prevention and Management*

Independent Learning Activity

- Review a case of first-episode schizophrenia and prepare a summary describing the presenting symptoms, mental status examination findings, differential diagnosis, management plan, relapse prevention strategies, and psychosocial rehabilitation.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.

6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Psychosis and Schizophrenia in Adults: Prevention and Management (CG178)*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

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1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Introduction to Personality Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common psychiatric disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Describe the concept, classification, clinical characteristics, and principles of assessment and management of personality disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize common personality disorders, identify maladaptive personality traits affecting functioning, communicate effectively with patients, and refer appropriately for specialist management.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Psychology, Medicine, Community Medicine, Pharmacology, Medical Ethics
Vertical Integration	Internal Medicine, Family Medicine, Emergency Medicine, Pediatrics, Forensic Medicine
Clinical Importance	Personality disorders are characterized by enduring maladaptive patterns of cognition, emotion, and behavior that impair interpersonal, social, and occupational functioning. Early recognition facilitates appropriate management, improves therapeutic relationships, and reduces psychiatric comorbidity.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define personality and personality disorders.	Remember	Knowledge
Describe the classification, etiology, and clinical characteristics of personality disorders.	Understand	Knowledge
Differentiate personality disorders from normal personality traits and other psychiatric illnesses.	Analyze	Skill
Outline the principles of assessment, management, and appropriate referral of patients with personality disorders.	Apply	Skill
Demonstrate empathy, professionalism, and non-judgmental communication when interacting with individuals with personality disorders.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce learning objectives and discuss	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning

	the importance of personality disorders in clinical practice				
5 min	Recall concepts of normal personality, temperament, and behavior	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, epidemiology, etiology, DSM-5 personality disorder clusters (A, B, C), and common clinical features	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain assessment, differential diagnosis, functional impairment, management principles, psychotherapy, pharmacological role, and referral indications	Participate in discussion and solve clinical scenarios	Case-based interactive discussion	Clinical algorithms, Flowcharts	Think–Pair–Share
10 min	Present a patient with maladaptive personality traits and interpersonal dysfunction; emphasize recognition and management approach	Analyze the clinical scenario in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
 - Interactive MCQs
 - Think–Pair–Share
 - Case-based discussion
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Personality disorders are **enduring and inflexible patterns** of thinking, feeling, and behaving that impair functioning.
 2. DSM-5 classifies personality disorders into **Cluster A, Cluster B, and Cluster C**.
 3. Diagnosis requires long-term assessment of pervasive behavioral patterns rather than isolated symptoms.
 4. Psychotherapy is the cornerstone of treatment, while medications are mainly used for associated symptoms or comorbid conditions.
 5. Effective communication, empathy, and a strong therapeutic alliance are essential for successful management.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Personality Disorders
- *Oxford Handbook of Psychiatry* – Personality Disorders

Recommended Guideline

- **NICE Guideline CG78:** *Borderline Personality Disorder: Recognition and Management*

Independent Learning Activity

- Review one patient scenario representing a personality disorder from each DSM-5 cluster (A, B, and C), compare their characteristic features, functional impairment, and outline the basic management principles in a comparative table.
-

9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.

7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Borderline Personality Disorder: Recognition and Management (CG78)*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Bipolar and Related Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common mood disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of bipolar and related disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize bipolar and related disorders, distinguish manic and depressive episodes, assess patient safety, initiate basic management, and appropriately refer patients requiring specialist care.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Medicine, Pharmacology, Psychology, Neurology, Community Medicine
Vertical Integration	Internal Medicine, Emergency Medicine, Family Medicine, Pediatrics, Obstetrics & Gynecology
Clinical Importance	Bipolar disorder is a chronic mood disorder characterized by recurrent episodes of mania, hypomania, and depression. Early diagnosis, timely treatment, and relapse prevention are essential to reduce morbidity, suicide risk, and psychosocial impairment.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define bipolar and related disorders and classify their major types.	Remember	Knowledge
Describe the etiology, risk factors, and clinical features of manic, hypomanic, and depressive episodes.	Understand	Knowledge
Differentiate bipolar disorder from major depressive disorder and other psychiatric disorders using clinical scenarios.	Analyze	Skill
Outline the principles of diagnosis, acute management, long-term treatment, and referral of patients with bipolar disorder.	Apply	Skill
Demonstrate empathy, maintain therapeutic communication, and appreciate the importance of treatment adherence and family education.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce learning objectives and discuss the burden of bipolar disorder	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall mood disorders, mood symptoms, and basic mental status examination	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification (Bipolar I, Bipolar II, Cyclothymic Disorder), epidemiology, etiology, and clinical features of mania, hypomania, and depression	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, differential diagnosis, suicide risk assessment, pharmacological and psychosocial management, relapse prevention, and referral indications	Participate in discussion and solve clinical problems	Case-based interactive discussion	Clinical algorithms, Flowcharts	Think–Pair–Share
10 min	Present a patient with manic symptoms; emphasize diagnosis, differential diagnosis, risk assessment, and management planning	Analyze clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
- Interactive MCQs
- Think–Pair–Share
- Case-based discussion
- One-minute paper

- Immediate verbal feedback
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7. Take-Home Messages

1. Bipolar disorder is characterized by recurrent episodes of **mania, hypomania, and depression**.
 2. Accurate differentiation between bipolar disorder and unipolar depression is essential for appropriate treatment.
 3. Mood stabilizers and selected atypical antipsychotics are the cornerstone of management, alongside psychosocial interventions.
 4. Suicide risk assessment, treatment adherence, and relapse prevention are integral components of patient care.
 5. Family education, regular follow-up, and multidisciplinary management improve long-term outcomes.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Bipolar and Related Disorders
- *Oxford Handbook of Psychiatry* – Mood Disorders

Recommended Guideline

- **NICE Guideline CG185:** *Bipolar Disorder: Assessment and Management*

Independent Learning Activity

- Review a clinical case of Bipolar I Disorder and prepare a comparison of manic, hypomanic, and depressive episodes, including diagnostic features, management strategies, and relapse prevention measures.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Bipolar Disorder: Assessment and Management (CG185)*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Anxiety Spectrum Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common anxiety disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of anxiety spectrum disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize anxiety spectrum disorders, assess severity and functional impairment, identify red flags, initiate basic management, and appropriately refer patients requiring specialist care.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Medicine, Pharmacology, Psychology, Neurology, Community Medicine
Vertical Integration	Internal Medicine, Family Medicine, Emergency Medicine, Pediatrics, Obstetrics & Gynecology
Clinical Importance	Anxiety spectrum disorders are among the most common psychiatric illnesses encountered in primary care and hospital settings. Early recognition and evidence-based treatment improve quality of life, reduce disability, and prevent chronic psychological and physical complications.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define anxiety spectrum disorders and classify the common anxiety disorders.	Remember	Knowledge
Describe the etiology, risk factors, and clinical features of anxiety spectrum disorders.	Understand	Knowledge
Differentiate anxiety disorders from normal anxiety and other medical or psychiatric conditions.	Analyze	Skill
Outline the principles of assessment, diagnosis, management, and referral of patients with anxiety spectrum disorders.	Apply	Skill
Demonstrate empathy and effective communication while counseling patients with anxiety disorders.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce learning objectives and discuss the burden and prevalence of anxiety disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall stress response, normal anxiety, and mental status examination	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification (Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorder, Specific Phobia, Agoraphobia, Separation Anxiety Disorder, Selective Mutism), epidemiology, etiology, and clinical features	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, differential diagnosis, assessment of severity, pharmacological and psychological management (including CBT), and referral indications	Participate in discussion and solve clinical problems	Case-based interactive discussion	Clinical algorithms, Flowcharts	Think–Pair–Share
10 min	Present a patient with anxiety symptoms; emphasize diagnosis, differential diagnosis, exclusion of medical causes, and management planning	Analyze clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important clinical messages	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
- Interactive MCQs
- Think–Pair–Share

- Case-based discussion
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Anxiety disorders are common, treatable conditions that cause significant distress and functional impairment.
 2. Differentiate pathological anxiety from normal stress responses and exclude underlying medical conditions.
 3. Cognitive Behavioral Therapy (CBT) and **SSRIs/SNRIs** are first-line treatments for most anxiety disorders.
 4. Early diagnosis, patient education, and treatment adherence improve long-term outcomes.
 5. A patient-centred, empathetic approach and timely referral are essential for comprehensive care.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Anxiety Disorders
- *Oxford Handbook of Psychiatry* – Anxiety Disorders

Recommended Guideline

- **NICE Guideline CG113:** *Generalised Anxiety Disorder and Panic Disorder in Adults: Management*

Independent Learning Activity

- Review one clinical case each of **Generalized Anxiety Disorder (GAD)** and **Panic Disorder**, compare their clinical features, diagnostic criteria, differential diagnosis, and management in a summary table.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.

3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Generalised Anxiety Disorder and Panic Disorder in Adults: Management (CG113)*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Trauma- and Stressor-Related Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common psychiatric disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of trauma- and stressor-related disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize trauma- and stressor-related disorders, assess psychological distress and risk, provide initial supportive management, and refer patients appropriately for specialist care.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Medicine, Community Medicine, Emergency Medicine, Psychology, Forensic Medicine
Vertical Integration	Internal Medicine, Family Medicine, Pediatrics, Obstetrics & Gynecology, Emergency Medicine
Clinical Importance	Trauma- and stressor-related disorders are common following exposure to traumatic or stressful events and may significantly impair physical, psychological, and social functioning. Early recognition, trauma-informed care, and timely intervention improve recovery and reduce long-term complications.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define trauma- and stressor-related disorders and classify their common types.	Remember	Knowledge
Describe the etiology, risk factors, and clinical features of Acute Stress Disorder, Post-Traumatic Stress Disorder (PTSD), Adjustment Disorder, and Reactive Attachment Disorder.	Understand	Knowledge
Differentiate trauma-related disorders from anxiety, depressive, and other psychiatric disorders using clinical scenarios.	Analyze	Skill
Outline the principles of assessment, trauma-informed management, psychological interventions, pharmacotherapy, and referral.	Apply	Skill
Demonstrate empathy, effective communication, and respect for confidentiality while caring for trauma survivors.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce learning objectives and discuss the burden and impact of trauma-related disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall stress response, coping mechanisms, and previous knowledge of anxiety disorders	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification (Acute Stress Disorder, PTSD, Adjustment Disorder, Reactive Attachment Disorder, Disinhibited Social Engagement Disorder), epidemiology, etiology, risk factors, and clinical features	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, differential diagnosis, trauma-informed assessment, suicide risk assessment, psychological therapies, pharmacological management, and referral indications	Participate in discussion and solve clinical problems	Case-based interactive discussion	Clinical algorithms, Flowcharts	Think–Pair–Share
10 min	Present a patient with trauma exposure and persistent symptoms; emphasize diagnosis, PTSD recognition, management planning, and multidisciplinary care	Analyze the clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning

- Interactive MCQs
 - Think–Pair–Share
 - Case-based discussion
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Trauma- and stressor-related disorders develop following exposure to traumatic or significant stressful events.
 2. PTSD is characterized by intrusive symptoms, avoidance, negative alterations in cognition and mood, and hyperarousal.
 3. Trauma-informed assessment and empathetic communication are fundamental to patient care.
 4. Trauma-focused psychotherapy is the first-line treatment for many patients, with medications used when indicated.
 5. Early identification, multidisciplinary management, and appropriate referral improve recovery and reduce long-term disability.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Trauma- and Stressor-Related Disorders
- *Oxford Handbook of Psychiatry* – Post-Traumatic Stress Disorder and Adjustment Disorders

Recommended Guideline

- **NICE Guideline NG116:** *Post-Traumatic Stress Disorder*

Independent Learning Activity

- Review one clinical case each of **Acute Stress Disorder** and **Post-Traumatic Stress Disorder (PTSD)**. Prepare a comparison of their diagnostic criteria, duration, clinical features, management, and indications for specialist referral.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Post-Traumatic Stress Disorder (NG116)*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Substance-Related and Addictive Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of substance-related disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, complications, and principles of management of substance-related and addictive disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize substance-related disorders, assess intoxication, withdrawal, dependence, and associated medical and psychiatric complications, provide initial management, and appropriately refer patients for specialized care.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Pharmacology, Medicine, Community Medicine, Forensic Medicine, Public Health
Vertical Integration	Internal Medicine, Emergency Medicine, Family Medicine, Neurology, Gastroenterology
Clinical Importance	Substance-related disorders are major contributors to preventable morbidity, mortality, psychiatric illness, and social problems. Early identification, brief intervention, appropriate withdrawal management, relapse prevention, and referral are essential components of patient care.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define substance-related and addictive disorders and classify commonly abused substances.	Remember	Knowledge
Describe the etiology, risk factors, clinical features, intoxication, withdrawal, and complications of substance use disorders.	Understand	Knowledge
Differentiate substance intoxication, withdrawal, dependence, and substance-induced psychiatric disorders using clinical scenarios.	Analyze	Skill
Outline the principles of assessment, emergency management, pharmacological and psychosocial treatment, relapse prevention, and referral.	Apply	Skill
Demonstrate empathy, maintain confidentiality, and provide non-judgmental care for individuals with substance use disorders.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce learning objectives and discuss the public health impact of substance-related disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall basic pharmacology of commonly abused substances and previous knowledge of addiction	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification, epidemiology, neurobiology of addiction, risk factors, common substances, intoxication, withdrawal, and dependence	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, screening tools, differential diagnosis, management of intoxication and withdrawal, long-term treatment, relapse prevention, motivational interviewing, and referral	Participate in discussion and solve clinical problems	Case-based interactive discussion	Clinical algorithms, Screening tools (e.g., AUDIT, CAGE)	Think–Pair–Share
10 min	Present a patient with alcohol or opioid dependence; emphasize assessment, withdrawal recognition, emergency management, and rehabilitation	Analyze the clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
 - Interactive MCQs
 - Think–Pair–Share
 - Case-based discussion
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Substance-related disorders are chronic, relapsing but treatable medical conditions.
 2. Early identification of intoxication, withdrawal, and dependence is essential for reducing morbidity and mortality.
 3. Management includes pharmacological treatment, psychosocial interventions, relapse prevention, and rehabilitation.
 4. Screening, brief intervention, and timely referral improve long-term recovery.
 5. A compassionate, non-judgmental, and confidential approach promotes patient engagement and treatment adherence.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Substance-Related and Addictive Disorders
- *Oxford Handbook of Psychiatry* – Substance Misuse and Addiction

Recommended Guideline

- **WHO:** *mhGAP Intervention Guide – Conditions Specifically Related to Substance Use*

Independent Learning Activity

- Review a clinical case of **Alcohol Use Disorder** or **Opioid Use Disorder** and prepare a summary highlighting diagnosis, assessment of intoxication and withdrawal, management, relapse prevention strategies, and indications for referral.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).

2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. World Health Organization. *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-specialized Health Settings*. Latest Edition.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Dissociative Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common psychiatric disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of dissociative disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize dissociative disorders, distinguish them from neurological and other psychiatric conditions, provide initial management, and appropriately refer patients for specialist care.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Neurology, Medicine, Psychology, Community Medicine, Forensic Medicine
Vertical Integration	Internal Medicine, Emergency Medicine, Family Medicine, Pediatrics, Obstetrics & Gynecology
Clinical Importance	Dissociative disorders are characterized by disruption of consciousness, memory, identity, emotion, perception, or behavior, often following psychological trauma. Early recognition and differentiation from neurological disorders are essential to prevent unnecessary investigations and provide appropriate psychological care.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define dissociative disorders and classify the major types.	Remember	Knowledge
Describe the etiology, risk factors, and clinical features of dissociative disorders.	Understand	Knowledge
Differentiate dissociative disorders from neurological, psychotic, and other psychiatric disorders using clinical scenarios.	Analyze	Skill
Outline the principles of assessment, diagnosis, management, and referral of patients with dissociative disorders.	Apply	Skill
Demonstrate empathy, maintain confidentiality, and provide non-judgmental care when managing patients with dissociative disorders.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce learning objectives and discuss the clinical relevance of dissociative disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall normal memory, consciousness, identity, and previous knowledge of stress-related disorders	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification (Dissociative Identity Disorder, Dissociative Amnesia, Depersonalization/Derealization Disorder, Functional Neurological Symptom Disorder/Conversion Disorder), epidemiology, etiology, and clinical features	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, differential diagnosis, mental status examination, exclusion of neurological causes, psychological management, and referral indications	Participate in discussion and solve clinical problems	Case-based interactive discussion	Clinical algorithms, Flowcharts	Think–Pair–Share
10 min	Present a patient with dissociative symptoms; emphasize diagnosis, differential diagnosis, management planning, and multidisciplinary care	Analyze the clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
- Interactive MCQs

- Think–Pair–Share
 - Case-based discussion
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Dissociative disorders involve disruption of memory, identity, consciousness, perception, or behavior, usually associated with psychological stress or trauma.
 2. Careful history-taking and clinical examination are essential to differentiate dissociative disorders from neurological and other psychiatric conditions.
 3. Psychological therapies are the mainstay of treatment, while pharmacotherapy is used primarily for associated psychiatric symptoms.
 4. Early diagnosis, reassurance, and multidisciplinary management improve patient outcomes.
 5. Empathetic communication, avoidance of stigma, and appropriate referral are essential components of patient care.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Dissociative Disorders
- *Oxford Handbook of Psychiatry* – Dissociative and Conversion Disorders

Recommended Guideline

- **World Health Organization (WHO):** *ICD-11 Clinical Descriptions and Diagnostic Requirements for Dissociative Disorders*

Independent Learning Activity

- Review a clinical case of **Dissociative Amnesia** or **Functional Neurological Symptom (Conversion) Disorder** and prepare a comparison of its clinical presentation, differential diagnosis, investigations, management, and indications for psychiatric referral.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).

2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. World Health Organization. *ICD-11 Clinical Descriptions and Diagnostic Requirements for Mental, Behavioural and Neurodevelopmental Disorders*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Psychosomatic Disorders (Somatic Symptom and Related Disorders)
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common psychiatric disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of psychosomatic disorders (Somatic Symptom and Related Disorders).
Relevant Competency	Closest curriculum-aligned competency identified: Recognize somatic symptom and related disorders, differentiate them from organic medical illnesses, perform appropriate clinical assessment, provide initial management, and refer patients when indicated.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Internal Medicine, Neurology, Community Medicine, Psychology, Pharmacology
Vertical Integration	Family Medicine, Emergency Medicine, Pediatrics, Obstetrics & Gynecology, Rehabilitation Medicine
Clinical Importance	Psychosomatic disorders are frequently encountered in primary care and hospital practice. Appropriate recognition prevents unnecessary investigations, reduces healthcare costs, and facilitates holistic management through a biopsychosocial approach.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define psychosomatic disorders (Somatic Symptom and Related Disorders) and classify their major types.	Remember	Knowledge
Describe the etiology, risk factors, and clinical features of somatic symptom and related disorders.	Understand	Knowledge
Differentiate psychosomatic disorders from organic medical conditions and other psychiatric disorders using clinical scenarios.	Analyze	Skill
Outline the principles of assessment, diagnosis, management, and appropriate referral of patients with psychosomatic disorders.	Apply	Skill
Demonstrate empathy, effective communication, and a non-judgmental attitude while caring for patients with medically unexplained symptoms.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce learning objectives and discuss the clinical burden of psychosomatic disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall the biopsychosocial model, stress response, and common medically unexplained symptoms	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification (Somatic Symptom Disorder, Illness Anxiety Disorder, Conversion Disorder, Factitious Disorder, Psychological Factors Affecting Other Medical Conditions), epidemiology, etiology, and clinical features	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, differential diagnosis, assessment, biopsychosocial management, communication strategies, psychotherapy, pharmacological management of comorbidities, and referral indications	Participate in discussion and solve clinical problems	Case-based interactive discussion	Clinical algorithms, Flowcharts	Think–Pair–Share
10 min	Present a patient with persistent physical symptoms without adequate organic explanation; emphasize assessment, exclusion of organic disease, diagnosis, and management planning	Analyze the clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
 - Interactive MCQs
 - Think–Pair–Share
 - Case-based discussion
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Psychosomatic disorders involve genuine physical symptoms that are significantly influenced by psychological and behavioral factors.
 2. Always exclude underlying organic disease before establishing the diagnosis of a somatic symptom disorder.
 3. A biopsychosocial approach, effective communication, and continuity of care are the foundations of management.
 4. Cognitive Behavioral Therapy (CBT) is an important evidence-based treatment, while medications are mainly used for comorbid anxiety or depression.
 5. Avoid unnecessary investigations and maintain a therapeutic, empathetic doctor–patient relationship.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Somatic Symptom and Related Disorders
- *Oxford Handbook of Psychiatry* – Somatic Symptom Disorders

Recommended Guideline

- **NICE Guideline NG222:** *Depression in Adults: Treatment and Management* (for common psychiatric comorbidity) and **DSM-5-TR** diagnostic criteria for Somatic Symptom and Related Disorders.

Independent Learning Activity

- Review a clinical case of **Somatic Symptom Disorder** and prepare a summary comparing it with **Illness Anxiety Disorder** and **Functional Neurological Symptom**

(Conversion) Disorder, highlighting diagnostic features, differential diagnosis, management, and referral criteria.

9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. World Health Organization. *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-specialized Health Settings*. Latest Edition.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Delusional Disorder and Other Psychotic Spectrum Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of psychotic disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of delusional disorder and other psychotic spectrum disorders.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize psychotic spectrum disorders, differentiate delusional disorder from schizophrenia and mood disorders with psychotic features, assess risk, initiate basic management, and appropriately refer patients requiring specialist care.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Internal Medicine, Neurology, Pharmacology, Psychology, Community Medicine
Vertical Integration	Emergency Medicine, Family Medicine, Forensic Medicine, Pediatrics, Geriatric Medicine
Clinical Importance	Psychotic spectrum disorders are associated with impaired reality testing, significant functional disability, and increased risk of self-harm or harm to others. Early recognition, risk assessment, and prompt treatment improve prognosis and reduce long-term disability.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define delusional disorder and classify psychotic spectrum disorders according to DSM-5.	Remember	Knowledge
Describe the etiology, risk factors, and clinical features of delusional disorder and related psychotic disorders.	Understand	Knowledge
Differentiate delusional disorder from schizophrenia, brief psychotic disorder, schizophreniform disorder, and mood disorders with psychotic features.	Analyze	Skill
Outline the principles of assessment, risk evaluation, management, and referral of patients with psychotic spectrum disorders.	Apply	Skill
Demonstrate empathy, maintain patient dignity, and communicate effectively with patients and caregivers while reducing stigma.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce learning objectives and discuss the clinical importance of psychotic spectrum disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall psychosis, hallucinations, delusions, and mental status examination	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, classification (Delusional Disorder, Brief Psychotic Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Shared Psychotic Disorder/history, Other Specified and Unspecified Psychotic Disorders), epidemiology, etiology, and clinical features	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain diagnosis, differential diagnosis, risk assessment, pharmacological management, psychosocial interventions, and referral indications	Participate in discussion and solve clinical problems	Case-based interactive discussion	Clinical algorithms, Flowcharts	Think–Pair–Share
10 min	Present a patient with persistent delusions; emphasize diagnosis, differential diagnosis, risk assessment, and management planning	Analyze the clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning

- Interactive MCQs
 - Think–Pair–Share
 - Case-based discussion
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Delusional disorder is characterized by **one or more persistent delusions** with relatively preserved functioning apart from the impact of the delusion.
 2. Differentiate delusional disorder from schizophrenia by the absence of prominent hallucinations, marked negative symptoms, and significant functional deterioration.
 3. Careful assessment should exclude medical, neurological, and substance-induced causes of psychosis.
 4. Antipsychotic medication, psychoeducation, and psychosocial support form the basis of treatment.
 5. Risk assessment, therapeutic communication, family involvement, and timely referral are essential for optimal patient outcomes.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Schizophrenia Spectrum and Other Psychotic Disorders
- *Oxford Handbook of Psychiatry* – Psychotic Disorders

Recommended Guideline

- **NICE Guideline CG178:** *Psychosis and Schizophrenia in Adults: Prevention and Management*

Independent Learning Activity

- Review one clinical case each of **Delusional Disorder**, **Brief Psychotic Disorder**, and **Schizophreniform Disorder**. Prepare a comparative table highlighting diagnostic criteria, duration, clinical features, differential diagnosis, management, and prognosis.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Psychosis and Schizophrenia in Adults: Prevention and Management (CG178)*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Child Psychiatry and Neurodevelopmental Disorders
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, and provide initial management of common child and adolescent psychiatric disorders using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify the clinical features, diagnosis, differential diagnosis, and principles of management of common neurodevelopmental disorders in children and adolescents.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize common neurodevelopmental disorders, assess developmental milestones and behavioral problems, identify red flags requiring early intervention, provide initial counseling, and appropriately refer patients for multidisciplinary management.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Pediatrics, Neurology, Community Medicine, Psychology, Pharmacology
Vertical Integration	Family Medicine, Developmental Pediatrics, Neonatology, Rehabilitation Medicine, Child Neurology
Clinical Importance	Neurodevelopmental disorders are among the most common chronic childhood conditions and significantly affect cognitive, language, motor, social, and academic functioning. Early identification, developmental screening, multidisciplinary intervention, and family-centered care greatly improve long-term outcomes.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define child psychiatry and classify common neurodevelopmental disorders.	Remember	Knowledge
Describe the etiology, risk factors, developmental features, and clinical manifestations of common neurodevelopmental disorders.	Understand	Knowledge
Identify developmental red flags and differentiate common neurodevelopmental disorders using clinical scenarios.	Analyze	Skill
Outline the principles of developmental assessment, early intervention, multidisciplinary management, and referral.	Apply	Skill
Demonstrate empathy and communicate effectively with children and their caregivers while promoting family-centered care.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce learning objectives and discuss the burden of child psychiatric disorders	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall normal growth and development, developmental milestones, and developmental screening	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss child psychiatry, classification of neurodevelopmental disorders (Intellectual Disability, Autism Spectrum Disorder, ADHD, Communication Disorders, Specific Learning Disorder, Motor Disorders including Tic Disorders), epidemiology, etiology, and clinical features	Active listening, note-taking, respond to questions	Interactive lecture	PPT, DSM-5-TR/ICD-11 summary	Oral responses
15 min	Explain developmental assessment, screening tools, differential diagnosis, early intervention, behavioral therapy, pharmacological management (where indicated), multidisciplinary care, and referral	Participate in discussion and solve clinical problems	Case-based interactive discussion	Developmental charts, Clinical algorithms	Think–Pair–Share
10 min	Present a child with developmental delay or behavioral concerns; emphasize developmental assessment, diagnosis, management planning, and family counseling	Analyze the clinical case in groups and present findings	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important learning points	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and	Quiz & Feedback	MCQ/Poll	Immediate feedback

		feedback session			
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6. Formative Assessment

- Oral questioning
- Interactive MCQs
- Think–Pair–Share
- Case-based discussion
- One-minute paper
- Immediate verbal feedback

7. Take-Home Messages

1. Neurodevelopmental disorders usually begin during the developmental period and affect cognitive, language, motor, behavioral, or social functioning.
2. Early developmental surveillance and screening are essential for timely diagnosis and intervention.
3. Autism Spectrum Disorder, ADHD, Intellectual Disability, and Specific Learning Disorder are among the most common neurodevelopmental disorders.
4. Management requires a multidisciplinary, family-centered approach with educational, behavioral, psychological, and medical interventions.
5. Early intervention, parental counseling, and appropriate referral significantly improve developmental and functional outcomes.

8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Child and Adolescent Psychiatry; Neurodevelopmental Disorders
- *Nelson Textbook of Pediatrics* – Developmental and Behavioral Pediatrics
- *Oxford Handbook of Psychiatry* – Child and Adolescent Psychiatry

Recommended Guideline

- **National Institute for Health and Care Excellence (NICE):** *Autism Spectrum Disorder in Under-19s: Recognition, Referral and Diagnosis (CG128)*

Independent Learning Activity

- Review one child each with **Autism Spectrum Disorder**, **Attention-Deficit/Hyperactivity Disorder (ADHD)**, and **Intellectual Disability**. Prepare a comparative table highlighting developmental features, diagnostic criteria, screening tools, differential diagnosis, management, and referral pathways.

9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. Kliegman RM, St. Geme JW. *Nelson Textbook of Pediatrics*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. World Health Organization. *International Classification of Diseases (ICD-11): Mental, Behavioural and Neurodevelopmental Disorders*.
8. National Institute for Health and Care Excellence (NICE). *Autism Spectrum Disorder in Under-19s: Recognition, Referral and Diagnosis (CG128)*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Psychiatric Emergencies: Aggression, Violence, Suicide, and Acute Behavioral Disturbances
Relevant Phase Outcome	Demonstrate the ability to recognize, assess, stabilize, and appropriately refer patients presenting with psychiatric emergencies using ethical, patient-centred, and evidence-based approaches.
Relevant Subject Outcome	Identify psychiatric emergencies, perform rapid risk assessment, initiate emergency management, ensure patient and staff safety, and arrange appropriate referral.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize psychiatric emergencies including aggression, violence, suicidal behaviour, acute psychosis, severe agitation, and delirium; perform emergency risk assessment, provide initial stabilization, and coordinate multidisciplinary management and referral.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Emergency Medicine, Internal Medicine, Pharmacology, Forensic Medicine, Community Medicine
Vertical Integration	Family Medicine, Neurology, Critical Care, Pediatrics, Obstetrics & Gynecology
Clinical Importance	Psychiatric emergencies require rapid assessment and timely intervention to prevent harm to patients and others. Early recognition, de-escalation, suicide risk assessment, and appropriate referral are essential competencies for every MBBS graduate regardless of future specialty.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define psychiatric emergencies and identify common emergency presentations.	Remember	Knowledge
Describe the clinical features and risk factors for aggression, violence, suicidal behaviour, and acute agitation.	Understand	Knowledge
Perform an initial emergency assessment, including suicide and violence risk assessment using clinical scenarios.	Apply	Skill
Outline the principles of de-escalation, emergency stabilization, pharmacological management, and referral.	Analyze	Skill
Demonstrate professionalism, empathy, patient safety awareness, and respect for legal and ethical principles during emergency psychiatric care.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce learning objectives and discuss the importance of psychiatric emergencies	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall mental status examination, psychosis, mood disorders, and emergency assessment principles	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss psychiatric emergencies including aggression, violence, suicidal behaviour, acute psychosis, delirium, severe agitation, intoxication, and withdrawal; emphasize recognition, risk factors, and red flags	Active listening, note-taking, respond to questions	Interactive lecture	PPT, Clinical algorithms	Oral responses
15 min	Explain emergency assessment, ABC approach, risk assessment, verbal de-escalation, safety precautions, emergency pharmacological management, legal considerations, referral, and multidisciplinary care	Participate in discussion and solve clinical problems	Case-based interactive discussion	National guidelines, Flowcharts	Think–Pair–Share
10 min	Present a simulated emergency case involving an aggressive or suicidal patient; emphasize stabilization, communication, de-escalation, referral, and documentation	Analyze the clinical scenario in groups and present management plan	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce emergency management principles	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and	Quiz & Feedback	MCQ/Poll	Immediate feedback

		feedback session			
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6. Formative Assessment

- Oral questioning
- Interactive MCQs
- Case-based discussion
- Think–Pair–Share
- One-minute paper
- Immediate verbal feedback

7. Take-Home Messages

1. Psychiatric emergencies require **rapid assessment, stabilization, and protection of patient, staff, and bystander safety**.
2. Every patient presenting with depression, psychosis, intoxication, or severe behavioral disturbance should undergo **suicide and violence risk assessment**.
3. **Verbal de-escalation** is the preferred first-line approach for managing agitation; physical restraint should only be used when absolutely necessary and according to institutional protocols.
4. Prompt identification of underlying medical causes, substance use, and delirium is essential before attributing symptoms solely to psychiatric illness.
5. Effective management requires multidisciplinary collaboration, appropriate documentation, ethical practice, and timely referral to specialized psychiatric services.

8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Psychiatric Emergencies
- *Oxford Handbook of Psychiatry* – Psychiatric Emergencies
- *Oxford Handbook of Emergency Medicine* – Behavioral Emergencies

Recommended Guideline

- **NICE Guideline NG225:** *Self-harm: Assessment, Management and Preventing Recurrence*

Independent Learning Activity

- Review a clinical case of a patient presenting with **acute suicidal ideation** or **violent behaviour** in the emergency department. Develop an emergency management algorithm including initial assessment, risk evaluation, de-escalation techniques, pharmacological management, documentation, and referral.
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9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*.
7. National Institute for Health and Care Excellence (NICE). *Self-harm: Assessment, Management and Preventing Recurrence (NG225)*.
8. World Health Organization. *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-specialized Health Settings*. Latest Edition.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

(Aligned with BMDC Competency-Based MBBS Curriculum, BMEAC & WFME Standards)

1. Curriculum Alignment

Item	Description
MBBS Phase	Phase IV
Department	Psychiatry
Subject	Psychiatry
Academic Year	Phase IV MBBS
Topic	Forensic Psychiatry and Ethics
Relevant Phase Outcome	Demonstrate the ability to recognize medico-legal aspects of psychiatric practice and apply ethical principles while managing patients with mental illness using patient-centred and evidence-based approaches.
Relevant Subject Outcome	Describe the principles of forensic psychiatry, assess mental capacity and criminal responsibility, identify medico-legal issues in psychiatric practice, and apply ethical principles in patient care.
Relevant Competency	Closest curriculum-aligned competency identified: Recognize common medico-legal issues in psychiatry, assess decision-making capacity, maintain confidentiality, obtain informed consent, identify situations requiring legal reporting, and practice according to ethical and professional standards.
Learning Domains	Knowledge, Skill, Attitude
Bloom's Taxonomy Levels	Remember, Understand, Apply, Analyze
Horizontal Integration	Forensic Medicine, Medicine, Community Medicine, Medical Ethics, Medical Jurisprudence
Vertical Integration	Emergency Medicine, Family Medicine, Neurology, Obstetrics & Gynecology, Pediatrics
Clinical Importance	Psychiatrists and all physicians frequently encounter medico-legal issues such as assessment of mental capacity, criminal responsibility, informed consent, confidentiality, and involuntary admission. Understanding forensic psychiatry and ethical principles ensures safe, lawful, and patient-centred clinical practice.

2. General Information

Item	Description
Teacher	Associate Professor Dr. Shahedul Islam
Duration	60 Minutes
Session Type	Interactive Lecture
Target Learners	Phase IV MBBS Students
Venue	Lecture Gallery / Smart Classroom

3. Learning Objectives

By the end of the session, students will be able to:

Learning Objective	Bloom's Level	Domain
Define forensic psychiatry and explain its scope in clinical practice.	Remember	Knowledge
Describe the ethical principles governing psychiatric practice, including autonomy, beneficence, non-maleficence, and justice.	Understand	Knowledge
Assess mental capacity, competence, criminal responsibility, and fitness using clinical scenarios.	Apply	Skill
Analyze common medico-legal and ethical dilemmas involving confidentiality, informed consent, involuntary treatment, and expert testimony.	Analyze	Skill
Demonstrate professionalism, ethical reasoning, respect for patient rights, and legal accountability in psychiatric practice.	Affective	Attitude

4. Lesson Sequence

Session	Time
Introduction	5 min
Recall of Previous Knowledge	5 min
Main Discussion	30 min
Clinical Correlation	10 min
Summary	5 min
Formative Assessment & Feedback	5 min

5. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
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5 min	Introduce session objectives and discuss the importance of forensic psychiatry in medical practice	Participate in discussion	Interactive lecture	PPT, Whiteboard	Oral questioning
5 min	Recall concepts of professionalism, medical ethics, confidentiality, and patient rights	Answer recall questions	Question–Answer	PPT	Directed questioning
15 min	Discuss definition, scope, forensic psychiatric assessment, mental capacity, criminal responsibility, fitness to stand trial, civil commitment, and common medico-legal issues	Active listening, note-taking, respond to questions	Interactive lecture	PPT, Mental Health Act summary, Flowcharts	Oral responses
15 min	Explain ethical principles, informed consent, confidentiality, involuntary admission, documentation, expert witness role, and legal responsibilities of physicians	Participate in discussion and solve ethical case scenarios	Case-based interactive discussion	Ethical framework, Clinical algorithms	Think–Pair–Share
10 min	Present a medico-legal case involving suicide risk, refusal of treatment, or criminal behavior in a patient with mental illness; emphasize ethical decision-making and legal responsibilities	Analyze the clinical scenario in groups and present management decisions	Case-Based Learning (CBL)	Clinical case vignette	Group discussion
5 min	Summarize key concepts and reinforce important medico-legal and ethical principles	Student summary and reflection	Interactive summary	Summary slide	Student recap
5 min	Conduct formative assessment and provide immediate feedback	Participate in quiz and feedback session	Quiz & Feedback	MCQ/Poll	Immediate feedback

6. Formative Assessment

- Oral questioning
 - Interactive MCQs
 - Case-based discussion
 - Think–Pair–Share
 - One-minute paper
 - Immediate verbal feedback
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7. Take-Home Messages

1. Forensic psychiatry applies psychiatric knowledge to legal and judicial issues.
 2. Assessment of **mental capacity**, **criminal responsibility**, and **fitness** is a fundamental aspect of forensic psychiatric practice.
 3. Ethical practice requires adherence to the principles of **autonomy, beneficence, non-maleficence, and justice**.
 4. Confidentiality is essential but may be legally overridden in specific circumstances to protect the patient or the public.
 5. Accurate documentation, informed consent, professional integrity, and knowledge of relevant mental health laws are essential for safe psychiatric practice.
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8. Self-Directed Learning

Recommended Textbook Chapters

- *Kaplan & Sadock's Synopsis of Psychiatry* – Forensic Psychiatry and Ethics
- *Oxford Handbook of Psychiatry* – Forensic Psychiatry
- *Parikh's Textbook of Medical Jurisprudence, Forensic Medicine and Toxicology* – Psychiatry and Law

Recommended Guideline

- **World Medical Association (WMA): International Code of Medical Ethics** and the **Mental Health Act of Bangladesh (2018)**

Independent Learning Activity

Review a medico-legal case involving **assessment of decision-making capacity, informed consent, or criminal responsibility** in a patient with mental illness. Prepare a brief report discussing the ethical principles involved, legal considerations, clinical assessment, documentation, and appropriate management.

9. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum* (Latest Edition).
2. Bangladesh Medical Education Accreditation Council (BMEAC). *Standards for Undergraduate Medical Education*.
3. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.
4. Sadock BJ, Sadock VA, Ruiz P. *Kaplan & Sadock's Synopsis of Psychiatry*. Latest Edition.
5. *Oxford Handbook of Psychiatry*. Latest Edition.
6. World Medical Association. *International Code of Medical Ethics*. Latest Edition.
7. Government of Bangladesh. *Mental Health Act, 2018*.
8. Parikh CK. *Parikh's Textbook of Medical Jurisprudence, Forensic Medicine and Toxicology*. Latest Edition.