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FACULTY OF MEDICINE  
STUDY PROGRAM 0912.1 MEDICINE  
DEPARTMENT OF MENTAL HEALTH, MEDICAL PSYCHOLOGY AND  
PSYCHOTHERAPY

APPROVED

at the meeting of the Quality Assurance and  
Curricular Evaluation Committee of the Faculty  
of Medicine

Minutes no. 1 of 28.08.23

Chair of the commission, PhD, associate  
professor  
Andrei Pădure \_\_\_\_\_  
(signature)

APPROVED

at the Council meeting of the Faculty of  
Medicine

Minutes no. 1 of 28.08.2023

Dean of the Faculty, PhD, associate  
professor  
Mircea Bețiu \_\_\_\_\_  
(signature)

APPROVED

in a meeting Department of Mental Health, Medical Psychology  
and Psychotherapy

Minutes no. 7 of 24.11.2023

Head of department, dr.hab . st. med., university associate,

Chihai Jana \_\_\_\_\_  
(signature)

## CURRICULUM

### THE DISCIPLINE OF PSYCHIATRY AND PEDIATRIC PSYCHIATRY

#### Integrated studies

TYPE : **Compulsory discipline**

Curriculum developed by the group of authors:

Anatol Nacu, PhD, professor, Jana Chihai , PhD, associate professor, Ghenadie Cărașu ,  
PhD, associate professor, Larisa Boronin , PhD, associate professor, Ion Coșciug, PhD,  
associate professor, Inga Deliv , PhD, associate professor, Igor Nastas , PhD, associate  
professor, Valentin Oprea, PhD, associate professor, Grigore Garaz , assistant professor,  
Alina Bologan, assistant. professor, Andrei Eșanu , assistant professor, Cezar Babin,  
assistant professor.

Chisinau, 2023



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### I. PRELIMINARY

- **General presentation of the discipline: the place and role of the discipline in the formation of the specific skills of the professional training program / specialty**

The discipline of Psychiatry and pediatric psychiatry represents an important component in the field of clinical education. Psychiatry occupies a significant place among medical disciplines, taking into account the increased morbidity of mental illnesses, their increased degree of disability. The discipline provides a solid foundation for understanding and recognizing various mental disorders. Students learn about the symptoms, diagnostic criteria, and course of these disorders. Knowledge of psychiatry is necessary for all doctors, this is determined by the frequency of requests from patients suffering from various mental disorders, often camouflaged under the mask of various somatic syndromes, to different specialists. In turn, somatic conditions cause various mental disturbances, creating a wide range of psychosomatic syndromes. It also contributes to the understanding of risk factors, prevention methods and mental education campaigns for the community.

Currently, psychiatry is considered one of the clinical disciplines with an impressive scientific development. Thus, new foundations were laid in the biochemistry of psychic processes. These allowed the synthesis of new methods of treatment of mental disorders. The continuous accumulation of new data, related to bioactive substances- neuromediators and neurotransmitter processes, new pre- and postsynaptic receptors, new neuropeptides and brain proteins, have a major role in the individual's behavior and mental state. The elucidation of the role of brain chemistry disturbances in the genesis of mental illnesses considerably changes the conceptual content of clinical psychiatry.

Detailed knowledge of the mechanisms and the particularities of the clinical picture, knowledge of the evolution of diseases and, likewise, the prevention and effective treatment of mental disorders, is indispensable to the discipline. Sufficient training and skill in psychiatry will allow future doctors to correctly assess various mental disorders, including in the early stages of predisposition or precipitation. Thus, the therapeutic tactic focuses on establishing an early diagnosis, preventing the onset of the disease and possible complications or aggravation due to comorbidities. At the same time, the discipline of psychiatry and pediatric psychiatry focuses mainly on the appreciation of the basic mechanisms in the pathogenesis of mental disorders, addictions and behavioral disorders. The presented study program provides the necessary knowledge for acquiring the methods of examining people with mental conditions or disturbances, performing the extended mental examination of patients, diagnosing diseases and providing qualified medical assistance. The role of psychotherapy, community services and psychosocial therapies is also appreciated. The discipline addresses ethical and legal issues that are specific to the field of mental health, including patients' rights, confidentiality, informed consent and other aspects of medical practice in this field.

The content of the courses is optimally structured to demonstrate that psychiatry, through its objectives and research methods, offers the possibility of good clarifications and assessments of mental disorders, through the prism of the evolution and recognition of the pathological process, provides essential skills and knowledge in dealing with patients with mental disorders, including effective communication skills, empathy and managing complex and sensitive situations. This fact is necessary for the diversification of the therapeutic act and the methods of competent medical assistance. Specific competencies learned within the discipline of psychiatry are essential to form skilled and empathetic mental health professionals capable of providing appropriate care and support for patients in their various mental and emotional needs.

- **The mission of the curriculum (purpose) in vocational training**

The curriculum has as its major objective studying the etiology, pathogenetic mechanisms, diagnostic criteria, psychopathological manifestations, evolutionary peculiarities, modern investigation methods, principles of pharmacotherapy and psychotherapy of patients with mental



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and behavioral disorders;

- **Language/languages of teaching the subject:** romanian, russian, english, french
- **Beneficiaries:** students of the \_VI\_ year, Faculty of \_ Medicine \_\_\_\_\_.

### II. ADMINISTRATION OF DISCIPLINE

Discipline code		S.11.O.096	
Name of the discipline		Psychiatry and pediatric psychiatry	
Disciplinary Officer(s).		PhD, associate professor <b>Jana Chihai</b>	
The year	<b>VI</b>	Semester/Semesters	<b>XI-XII</b>
Total number of hours, including:			<b>120</b>
course	<b>22</b>	Practical/laboratory works	<b>22</b>
SEMINARS	<b>22</b>	Individual work	<b>54</b>
Evaluation form	<b>E</b>	Number of credits	<b>4</b>

### III. TRAINING OBJECTIVES WITHIN THE DISCIPLINE

*At the end of studying the subject, the student will be able to:*

- **at the level of knowledge and understanding:**
  - ✓ knowledge of the main mental disorders in adults and children;
  - ✓ knowledge of clinical symptomatology and diagnostic criteria according to ICD-10 and DSM-5;
  - ✓ acquiring the ability to carry out the approach to the mental patient, the psychiatric interview of the patient, the comprehensive psychiatric examination with the recognition of psychopathological phenomena;
  - ✓ description of concepts, theories and fundamental notions regarding the production of diseases, signs and symptoms characteristic of each condition;
  - ✓ acquiring the ability to use the acquired knowledge regarding the application of psychotropic medication, clinical indications and contraindications, as well as general notions regarding psychotherapeutic interventions;
  - ✓ acquiring the ability to use and adequately interpret simple, standardized tests to assess mood, cognitive functions, suicidal potential and addictive behavior ;
  - ✓ developing an attitude of respect towards the fundamental rights of the person with mental health problems;
  - ✓ demonstrating knowledge and understanding of mental health legislation;
  - ✓ knowing and understanding the conditions under which treatment can be granted against the person's will;
  - ✓ development of empathic and communication capacities specific to psychiatric emergencies and involuntary hospitalization ;



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• **at the application level:**

- ✓ developing the capacity for a clinical approach to the mental patient and appropriate psychiatric examination, establishing the correct diagnosis;
- ✓ promoting the principles of medical ethics in psychiatry;
- ✓ identification of the degree of psychiatric emergency;
- ✓ suicidal risk , the potential for auto and/or heteroaggression , as well as other clinical conditions, in which treatment and care can be granted according to the legislation in force (non-voluntary hospitalization);
- ✓ designing and applying a therapeutic intervention plan appropriate to the identified psychiatric condition and the evolutionary stage.

• **at the integration level:**

- ✓ identification and recognition of mental disorders in adults and children;
- ✓ assessing the correctly correlated diagnosis and developing an adequate therapeutic plan;
- ✓ development of working skills in the multidisciplinary team;

### IV. CONDITIONS AND PREREQUISITES

**The 6th year student requires the following:**

- knowledge of the language of instruction;
- confirmed competences in sciences at the preclinical and clinical level ( pathological physiology, clinical biochemistry, clinical pharmacology, internal diseases, neurology );
- digital skills (using the Internet, processing documents, spreadsheets and presentations);
- communication and teamwork skills;
- qualities – understanding, tolerance, compassion, autonomy and empathy

### V. TOPICS AND INDICATIVE DISTRIBUTION OF HOURS

*Courses (lectures), practical work/laboratory work/seminars and individual work*

No. do	TOPIC	Number of hours		
		Lectures	Lp /sem	Individual work
1	Mental health - general data. Organization of psychiatric assistance in the Republic of Moldova. Human rights. Classification of mental and behavioral disorders	2	2/2	5
2	Psychiatric Semiology	2	2/2	5
3	Contemporary treatment in psychiatry	2	2/2	5
4	Schizophrenia spectrum disorders and other psychotic disorders	2	2/2	5
5	Affective disorders. Psychological aspects of suicides	2	2/2	5
6	Neurotic, stress and somatoform disorders	2	2/2	5
7	Mental and behavioral disorders due to the use of psychoactive substances	2	2/2	5
8	Neurocognitive disorders. Psychiatric disorders associated with injuries, brain dysfunctions and somatic diseases	2	2/2	5



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No. do	TOPIC	Number of hours		
		Lectures	Lp /sem	Individual work
9	Personality disorders. Gender dysphoria. Impulse control disorders. Sleep disorders	2	2/2	5
10	Profound developmental disorders. neurotic disorders, behavioral, emotional, social functioning with onset usually in childhood and adolescence	2	2/2	5
11	Disorders of social functioning with onset in childhood and adolescence. Tics Mental retardation. Disorders of the eating instinct	2	2/2	4
<b>Total</b>		<b>22</b>	<b>22/22</b>	<b>54</b>

## VI. PRACTICAL WORKS ACQUIRED AT THE END OF THE COURSE

The mandatory essential practical skills are:

- Assessment of mental state
  - Checking for the presence of disorders of consciousness (auto and allopsychic orientation )
  - Checking for the presence of perception disorders
  - Checking for the presence of thought disorders
  - Checking for the presence of affective disorders
  - Checking for the presence of behavioral disorders
  - Checking for the presence of cognitive disorders (including memory, attention)
- Application of diagnostic criteria for establishing a diagnosis of mental tubing
- Knowledge of psychiatric emergencies and the interventions needed to solve them
  - panic attack
  - agitation / psychomotor inhibition
  - food refusal
  - neuroleptic malignant syndrome / febrile schizophrenia
  - suicide
  - existential human crises (pandemic, war, etc.)
- Knowledge of screening scales used in psychiatry: TAG-2, TAG-7, PHQ-2, PHQ-9, MMSE, SLAPP, CAGE, AUDIT, M-CHAT-R

## VII. REFERENCE OBJECTIVES AND UNITS OF CONTENT

objection	Content units
<b>Topic (chapter) 1. Mental health – general data. Organization of psychiatric assistance in the Republic of Moldova. Human rights. Classification of mental and behavioral disorders</b>	
<ul style="list-style-type: none"> <li>• <b>define</b> mental health, psychiatry, assertive communication, stigma, discrimination, ICD-10, DSM-5</li> </ul>	<ul style="list-style-type: none"> <li>- Health, the essence of mental health.</li> <li>- The burden of mental health.</li> <li>- Assertive, non-discriminatory communication.</li> <li>- Psychiatry–definition, purpose, objectives.</li> <li>- Human rights and barriers for people with mental disorders.</li> </ul>



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<b>objection</b>	<b>Content units</b>
<ul style="list-style-type: none"> <li>• <b>to know</b> international and national legislation in the field of mental health and the rights of people with mental disorders; classification of mental and behavioral disorders according to ICD-10 and DSM-5; scales used in psychiatry</li> <li>• <b>demonstrate</b> the organizational chart of psychiatric care;</li> <li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>integrate</b> the rights of people with mental health disorders into medical practice.</li> </ul>	<ul style="list-style-type: none"> <li>- Mental health legislation and the rights of people with mental disorders.</li> <li>- The phenomenon of Stigma in mental health.</li> <li>- Organization of psychiatric assistance.</li> <li>- Mental health services.</li> <li>- Classification of mental and behavioral disorders according to ICD-10 and DSM V.</li> <li>- Psychiatric interview, anamnesis, disease history, interview with the relative.</li> <li>- Scales used in psychiatry.</li> </ul>
<b>Topic (chapter) 2. Psychiatric semiology</b>	
<ul style="list-style-type: none"> <li>• <b>to define</b> perception, consciousness, memory, thinking, attention, will, affectivity and activity.</li> <li>• <b>to know</b> general psychopathology; the main psychopathological syndromes and their clinical characteristics;</li> <li>• <b>to demonstrate</b> capacities for analysis of the psychopathological structure, psychodiagnostic techniques;</li> <li>• <b>apply</b> the acquired knowledge to establish the psychiatric diagnosis;</li> <li>• <b>integrate</b> clinical assessment scales and apply them in medical practice</li> </ul>	<p>General psychopathology:</p> <ul style="list-style-type: none"> <li>- Perception disorders.</li> <li>- Memory disorders.</li> <li>- Thought disorders.</li> <li>- Affective, psychomotor and volitional disorders.</li> <li>- Disorders of consciousness.</li> </ul> <p>Main psychopathological syndromes:</p> <ul style="list-style-type: none"> <li>- asthenic, depressive, obsessive-phobic, manic, cenestopatic, paranoid, paranoid, paraphrenic, apatho-abulous, aphazo-apraxo-agnostic, catatonic, Korsakov, Kandinski- Clerambault, Capgras, Cotard</li> </ul>



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objection	Content units
<b>Topic (chapter) 3. Contemporary treatment in psychiatry</b>	
<ul style="list-style-type: none"> <li>• <b>to define</b> rehabilitation, psychotherapy, deep brain stimulation, defense mechanisms</li> <li>• <b>to know</b> the classification of psychotherapeutic methods, the classification of psychopharmacological medication, the basic psychotherapeutic currents;</li> <li>• <b>to demonstrate</b> the principles of treatment in psychiatry, including in emergency situations, adverse drug reactions, psychotherapeutic interventions, other biological and psychosocial therapies;</li> <li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>to integrate</b> psychological and psychopharmacological treatment in medical practice.</li> </ul>	<p>Intervention methods used in mental health:</p> <ul style="list-style-type: none"> <li>- biological</li> <li>- psychotherapy</li> <li>- psychosocial rehabilitation.</li> </ul> <p>Psychopharmacology: the main groups of drugs used in mental disorders. Classification, indications, contraindications and adverse effects.</p> <p>Psychotherapy</p> <ul style="list-style-type: none"> <li>- purpose, objectives, classification, indications and contraindications.</li> <li>- orientations in psychotherapy (psychoanalysis, cognitive-behavioral, humanistic, existential psychotherapy, hypnosis, autogenic training)</li> </ul> <p>Defense mechanisms</p> <p>Rehabilitation</p> <ul style="list-style-type: none"> <li>- purpose, objectives and means of achieving rehabilitation</li> <li>- psychoeducation</li> <li>- occupational therapy</li> <li>- sociotherapy</li> </ul>
<b>Topic (chapter) 4. Schizophrenia spectrum disorders and other psychotic disorders</b>	
<ul style="list-style-type: none"> <li>• <b>to define</b> schizophrenia, schizotypal disorder, persistent delusional disorder, psychiatric disorders in epilepsy</li> <li>• <b>to know</b> the actuality, epidemiology, etiology, clinical picture, evolution and treatment of endogenous psychoses.</li> <li>• <b>demonstrate</b> the role of predisposing, precipitating and favoring factors in the</li> </ul>	<p>Schizophrenia, schizotypal and delusional disorders:</p> <ul style="list-style-type: none"> <li>- actuality</li> <li>- definition and classification of schizophrenia spectrum disorders and other psychotic disorders.</li> <li>- epidemiology</li> <li>- etiology and pathogenesis</li> <li>- clinical picture</li> <li>- differential diagnosis</li> <li>- evolution and treatment.</li> </ul> <p>Psychiatric disorders in epilepsy</p> <ul style="list-style-type: none"> <li>- the clinical picture</li> <li>- differential diagnosis</li> <li>- evolution and treatment.</li> </ul>



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<b>objection</b>	<b>Content units</b>
<p>development and maintenance of mental illnesses; analysis capabilities of onset types, evolutionary particularities of endogenous disorders;</p> <ul style="list-style-type: none"> <li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>integrate</b> knowledge about schizophrenia spectrum disorders for optimal therapeutic management.</li> </ul>	
<b>Topic (chapter) 5 Affective disorders. Psychological aspects of suicides</b>	
<ul style="list-style-type: none"> <li>• <b>to define</b> bipolar affective disorder, dysthymia, cyclothymia, depressive disorder, mania, hypomania, suicide.</li> <li>• <b>to know</b> the actuality, epidemiology, etiology of affective disorders; classification of bipolar affective disorder; the evolution and treatment of these nosologies.</li> <li>• <b>to demonstrate</b> the role of predisposing, precipitating and favoring factors in the development and maintenance of affective disorders</li> <li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>integrate</b> knowledge of affective disorders for optimal therapeutic management.</li> </ul>	<p>Bipolar affective disorder. Cyclothymia. Recurrent depressive disorder. Dysthymia.</p> <ul style="list-style-type: none"> <li>- actuality</li> <li>- definition and classification of affective disorders</li> <li>- epidemiology</li> <li>- etiology and pathogenesis</li> <li>- clinical picture</li> <li>- differential diagnosis</li> <li>- evolution and treatment.</li> </ul> <p>Psychological aspects of suicides.</p>
<b>Topic (chapter) 6. Neurotic, stress and somatoform disorders</b>	
<ul style="list-style-type: none"> <li>• <b>to define</b> anxiety, acute</li> </ul>	Neurotic, stress and somatoform disorders.





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<p>stress reaction, post-traumatic stress disorder, adjustment disorder, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, conversion disorder, somatoform disorders;</p> <ul style="list-style-type: none"> <li>• <b>to know</b> the actuality, classification, epidemiology, etiology, evolution and treatment of stress-related neurotic disorders, anxiety-phobic and somatoform disorders.</li> <li>• <b>to demonstrate</b> the role of predisposing, precipitating and favoring factors in the development and maintenance of stress-related neurotic disorders, anxiety-phobic and somatoform disorders; the relevant psychopathological features of stress-related neurotic disorders and anxiety-phobic disorders;</li> <li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>to integrate</b> knowledge of anxiety-phobic disorders, neurotic disorders with stress and somatoforms for optimal therapeutic management.</li> </ul>	<ul style="list-style-type: none"> <li>- actuality</li> <li>- definition and classification of neurotic, stress and somatoform disorders (panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, acute stress reaction, post-traumatic stress disorder, adjustment disorder, somatization disorder, hypochondriacal disorder, neuroasthenia , conversion disorders)</li> <li>- screening tools</li> <li>- epidemiology</li> <li>- etiology and pathogenesis</li> <li>- clinical picture</li> <li>- differential diagnosis</li> <li>- evolution and therapeutic management</li> </ul>
<b>Topic (chapter) 7. Mental and behavioral disorders due to the use of psychoactive substances</b>	
<ul style="list-style-type: none"> <li>• <b>to define</b> alcohol addiction, psychoactive substance, tolerance, withdrawal, delirium tremens, prophylaxis,</li> </ul>	<p>Mental and behavioral disorders due to the use of psychoactive substances</p> <ul style="list-style-type: none"> <li>- actuality</li> <li>- definition and classification of mental and behavioral disorders due to the use of psychoactive substances (alcoholic psychoses, mental and</li> </ul>



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objection	Content units
<p>rehabilitation, motivational interview</p> <ul style="list-style-type: none"> <li>• <b>to know</b> the actuality, epidemiology, etiology, evolution and treatment of mental and behavioral disorders due to the use of psychoactive substances. Classification of alcoholism. Classification of psychoactive substances in relation to their action on the CNS.</li> <li>• <b>to demonstrate</b> the role of predisposing, precipitating and favoring factors in the development and maintenance of mental and behavioral disorders due to the use of psychoactive substances; the relevant psychopathological features of mental and behavioral disorders due to the use of psychoactive substances</li> <li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>integrate</b> knowledge of mental and behavioral disorders due to the use of psychoactive substances for optimal therapeutic management.</li> </ul>	<p>behavioral disorders due to the use of opioid substances, cannabis derivatives, sedatives, cocaine, hallucinogens, tobacco, volatile solvents and other psychoactive substances.</p> <ul style="list-style-type: none"> <li>- alcohol consumption screening tools</li> <li>- epidemiology</li> <li>- etiology and pathogenesis</li> <li>- clinical picture</li> <li>- differential diagnosis</li> <li>- evolution and therapeutic management.</li> </ul>
<p><b>Topic (chapter) 8. Neurocognitive disorders. Psychiatric disorders associated with injuries, brain dysfunctions and somatic diseases</b></p>	
<ul style="list-style-type: none"> <li>• <b>to define</b> dementia, delirium , hallucinosis</li> <li>• <b>to know</b> the actuality, epidemiology, etiology, evolution and treatment of organic mental disorders. Classification of dementias.</li> </ul>	<p>Organic mental disorders.</p> <ul style="list-style-type: none"> <li>- actuality</li> <li>- classification (dementia in Alzheimer's disease, vascular dementia, dementia in other diseases classified elsewhere, )</li> <li>- epidemiology etiology</li> <li>- the clinical picture</li> <li>- evolution and treatment.</li> </ul>



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<b>objection</b>	<b>Content units</b>
<ul style="list-style-type: none"> <li>• <b>to demonstrate</b> the role of predisposing, precipitating and favoring factors in the development and maintenance of neurocognitive disorders and mental disorders associated with injuries, brain dysfunctions and somatic diseases ; to demonstrate the relevant psychopathological features and capabilities to analyze onset types, evolutionary features of neurocognitive disorders and mental disorders associated with injuries, brain dysfunctions and somatic diseases</li> <li>• <b>to apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>to integrate</b> knowledge about neurocognitive disorders and mental disorders associated with injuries, brain dysfunctions and somatic diseases for optimal therapeutic management .</li> </ul>	<p>Organic hallucinosis. Organic personality disorder. Mental disorders due to a general medical condition: brain tumors, craniocerebral trauma, infectious diseases, metabolic disorders, endocrine disorders. Postpartum psychiatric disorders.</p> <ul style="list-style-type: none"> <li>- actuality</li> <li>- epidemiology etiology</li> <li>- the clinical picture</li> <li>- evolution and treatment.</li> </ul>
<b>Topic (chapter) 9. Personality disorders. Sleep disorders and impulse control disorders</b>	
<ul style="list-style-type: none"> <li>• <b>to define</b> personality, personality disorder, gender dysphoria, sleep disorder, gender dysphoria</li> <li>• <b>to know</b> the actuality, classification, epidemiology, etiology, evolution and treatment of personality disorders, sleep disorders and impulse control.</li> <li>• <b>demonstrate</b> the role of predisposing, precipitating and facilitating factors in the development and</li> </ul>	<p>Personality disorders. Impulse control disorders. Sleep disorders. Gender dysphoria</p> <ul style="list-style-type: none"> <li>- actuality</li> <li>- classification of personality disorders, impulse control and sleep disorders.</li> <li>- epidemiology</li> <li>- etiology</li> <li>- clinical picture</li> <li>- evolution, prognosis and therapeutic management.</li> </ul>



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<p>maintenance of personality disorders, sleep disorders and impulse control. Relevant psychopathological features of personality disorders, sleep disorders, and impulse control</p> <ul style="list-style-type: none"> <li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>integrate</b> knowledge of personality disorders and behavioral syndromes associated with physiological disorders and somatic factors for optimal therapeutic management.</li> </ul>	
<p><b>Topic (chapter) 10. Profound developmental disorders. neurotic disorders, behavioral, emotional, social functioning with onset usually in childhood and adolescence.</b></p>	
<ul style="list-style-type: none"> <li>• <b>to define</b> infantile autism, sdr. Rett, Asperger's, hyperkinetic disorder, oppositional defiant conduct disorder, separation anxiety, sibling rivalry</li> <li>• <b>to know</b> the current situation, the epidemiology of profound developmental disorders, behavioral disorders with onset usually in childhood and adolescence; the particularities of the evolution of mental and behavioral diseases in children and adolescents;</li> <li>• <b>to demonstrate</b> the role of predisposing, precipitating and favoring factors in the development and maintenance of diseases with onset in childhood</li> </ul>	<p>Global developmental disorders (infantile autism, atypical autism, Rett syndrome, Asperger syndrome). Behavioral and emotional disorders with onset in childhood and adolescence (hyperkinetic disorder, conduct disorder, separation anxiety, social anxiety and sibling rivalry disorder)</p> <ul style="list-style-type: none"> <li>- actuality</li> <li>- epidemiology</li> <li>- screening</li> <li>- warning signs</li> <li>- diagnostic criteria</li> <li>- differential diagnosis and therapeutic management</li> </ul>



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<p>and adolescence; capacities to analyze the psychopathological structure, specific to children and adolescents;</p> <ul style="list-style-type: none"> <li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li> <li>• <b>to integrate</b> knowledge about psychotherapeutic techniques and their application in medical practice.</li> </ul>	
<p><b>Topic (chapter) 11. Disorders of social functioning with onset in childhood and adolescence. Tics Mental retardation. Disorders of the eating instinct</b></p>	
<ul style="list-style-type: none"> <li>• <b>to define</b> selective mutism, tic, enuresis, anorexia, bulimia, encopresis, pica, babble, mental retardation.</li> <li>• <b>to know</b> the current situation, the epidemiology of behavioral and emotional disorders with onset usually in childhood and adolescence, social functioning disorders with specific onset in childhood and adolescence, disorders of the eating instinct; the particularities of the evolution of mental and behavioral diseases in children and adolescents;</li> <li>• <b>to demonstrate</b> the role of predisposing, precipitating and favoring factors in the development and maintenance of diseases with onset in childhood and adolescence; capacities to analyze the</li> </ul>	<p>Disorders of social functioning with onset in childhood and adolescence (elective mutism). Tics. Mental retardation. Eating behavior disorders and other behavioral and emotional disorders with usual onset in childhood and adolescence (non-organic enuresis, non-organic encopresis, babbling).</p> <ul style="list-style-type: none"> <li>- actuality</li> <li>- classification (of eating behavior disorders, tics, enuresis, encopresis, babbling)</li> <li>- epidemiology</li> <li>- the clinical picture</li> <li>- differential diagnosis</li> <li>- therapeutic management.</li> </ul>



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objection	Content units
psychopathological structure, specific to children and adolescents; <ul style="list-style-type: none"><li>• <b>apply</b> the acquired knowledge to optimize the therapeutic process;</li><li>• <b>to integrate</b> knowledge about psychotherapeutic techniques and their application in medical practice.</li></ul>	

### VIII. PROFESSIONAL (SPECIFIC) (CP) AND TRANSVERSAL (CT) COMPETENCES AND STUDY OBJECTIVES

#### ✓ Professional Competences (CP)

- **CP1.** Responsible execution of professional tasks with the application of the values and norms of professional ethics, as well as the provisions of the legislation in force.
- **CP2.** Adequate knowledge of the sciences about the structure of the body, physiological functions and behavior of the human body in various physiological and pathological conditions, as well as the relationships between health, physical and social environment.
- **CP3.** Resolving clinical situations by developing a plan for diagnosis, treatment and rehabilitation in various pathological situations and selecting appropriate therapeutic procedures for them, including providing emergency medical care.
- **CP4.** Promoting a healthy lifestyle, applying prevention and self-care measures
- **CP5.** Interdisciplinary integration of the doctor's activity in a team with efficient use of all resources
- **CP6.** Carrying out scientific research in the field of health and other branches of science
- **CP7.** Promoting and ensuring the prestige of the medical profession and raising the professional level
- **CP8.** Carrying out the pedagogical and methodical-didactic activity within the technical and professional higher education institutions in the field of health

#### ✓ Transversal competences ( CT )

- **CT1.** Autonomy and responsibility in the activity



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- **CT2.** Effective communication and digital skills
- **CT3.** Achieving interaction skills and social responsibility
- **CT4.** Personal and professional development

### ✓ Study purposes

- To know the peculiarities of the organization of psychiatry ;
- To understand the principles of classification of mental and behavioral disorders ;
- To know the basic mental processes and their disorders;
- To be able to deduce the possible causes of the onset of mental illnesses;
- To know the main psychopathological features of mental disorders in adults, children and adolescents;
- To know the types of onset, the evolutionary particularities of patients with mental and behavioral disorders;
- To be able to apply the acquired knowledge to optimize the therapeutic process;
- To be able to inform the patient about the rational use of the drug, possible side effects, their prophylaxis and combat;
- To be able to evaluate the place and role of psychiatry in the clinical training of the medical student;
- Be competent to use knowledge and methodology from psychiatry in the ability to explain the nature of pathological processes;
- To be able to implement the knowledge gained in the researcher activity;
- To be competent to critically and confidently use the scientific information obtained, using new information and communication technologies.

**Note. The aims of the discipline** (they are deduced from the professional skills and formative values of the informational content of the discipline).

## IX. THE STUDENT'S INDIVIDUAL WORK

No.	The expected product	Achievement strategies	Evaluation criterias	Deadline
1.	Working with information sources:	Carefully reading the course or material from the mandatory literature, recommended for the respective topic. Reading the questions in the assignment, which require reflection on the topic. Be familiar with the list of additional informational sources on the respective topic. To select the source of additional information on that topic.	The ability to extract the essentials; interpretive skills; the volume of work.	During the semester



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		<p>Reading the entire text carefully and writing the essential content. Formulation of generalizations and conclusions regarding the importance of the theme/subject.</p>		
2.	Analysis of situational problems	<p>Initially it is necessary to analyze the information from the respective topic in the course and textbooks. Afterwards, for the analysis of the situational problems, it is necessary to solve the tasks consecutively and consistently. Formulation of a presumptive diagnosis, based on the analysis of the information. Selecting additional subject information as needed, using e-mail addresses and additional bibliography.</p>	<p>The amount of work, solving situational problems, the ability to formulate conclusions, orientation in additional and complementary resources.</p>	During the semester
3.	Clinical case analysis	<p>Description of the clinical case. Solving the problems, which appeared in the analysis of the clinical case. The prognosis of the investigated case. Deducing the expected outcome of the case.</p>	<p>The volume of work, the degree of penetration into the essence of different subjects, the level of scientific argumentation, the quality of the conclusions, the demonstration of understanding of the problem, the formation of personal attitude</p>	During the semester
4.	Working with online materials	<p>Online self-assessment, studying online materials from the department's website, expressing your own opinions through the forum and/or chat</p>	<p>The number and duration of visits to the site, the results of self-assessments</p>	During the semester
5.	Preparing and supporting presentations/portfolios	<p>Selecting the research topic, establishing the research plan, establishing the terms of the achievement. Establishing the components of the project/PowerPoint presentation–work on the</p>	<p>The amount of work, the degree of penetration into the essence of the project theme, the level of scientific argumentation, the</p>	During the semester





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content and presentation on the topic, purpose, results, conclusions, practical applications, bibliography. Peer reviews. Teacher reviews.

quality of the conclusions, elements of creativity, the formation of personal attitude, the coherence of the presentation and the scientific correctness, the graphic presentation, the method of presentation

### X. TEACHING-LEARNING-EVALUATION METHODOLOGICAL SUGGESTIONS

#### • *Teaching and learning methods used*

When teaching the subject of psychiatry and pediatric psychiatry, different didactic methods and procedures are used, oriented towards effective acquisition and achievement of the objectives of the didactic process.

In *the courses*, along with the traditional methods (lecture-exposition, lesson-conversation, synthesis lesson), modern methods are also used (lesson-debate, lesson-conference, lesson with the study of the problem).

Individual, face-to-face, group forms of activity are used in the *practical works/seminars*. For the deeper acquisition of the material, different semiotic systems are used (scientific language, graphic and computer language), didactic materials (tables, diagrams, transparencies), and as teaching methods: case studies, audio visual techniques ( *PowerPoint* presentation, *presentation of films*, *presentation of audio materials* ).

Information Communication Technologies – PowerPoint presentations are used in lessons and extracurricular activities.

#### • *Learning methods used*

- **Observation** – Identifying the characteristic elements of some structures, describing these elements or phenomena.
- **Analysis** – Imaginary decomposition of the whole into component parts. Highlighting essential elements. The study of each element as a component part of the whole.
- **Analysis of the scheme/figure** – Selection of the necessary information. Recognition based on knowledge and information selected structures, indicated in the scheme, drawing. Analysis of the functions/role of recognized structures.
- **Comparison** – Analyzing the first object/process in a group and determining its essential features. Analysis of the second object/process and establishment of its essential features. Comparing objects/processes and highlighting common features. Comparing objects/processes and determining differences. Establishing the distinction criteria. Formulation of conclusions.
- **Classification** – Identification of structures/processes, which must be classified. Determination of the criteria, based on which the classification must be made. Allocation of structures/processes to groups according to established criteria.
- **Elaboration of the scheme** – Selection of the elements, which must appear in the scheme. Rendering selected elements by different symbols/colors and indicating the relationships between them. Formulation of an appropriate title and legend of symbols used.



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- **Modeling** – Identifying and selecting the necessary elements for modeling the phenomenon. Imagination (graphic, schematic) of the studied phenomenon. Realization of the respective phenomenon, using the elaborated model. Formulation of conclusions, deduced from arguments or findings.
- **Experiment** – Formulation of a hypothesis, starting from known facts, regarding the process/phenomenon studied. Verification of the hypothesis by carrying out the processes/phenomena studied in laboratory conditions. Formulation of conclusions, deduced from arguments or findings.
  
- ***Applied didactic strategies/technologies***
  - a) Brainstorming – collective method of searching for ideas and solutions in the fastest and least critical way possible.
  - b) Free associations – launching individual associations in relation to an idea, a term, a name, a date, a phenomenon. It is effective for evocation and serves as a support for the examination of some problems of science.
  - c) The round table - it is built on principles similar to brainwriting but, in addition, forces all participants to express their opinion, to contribute to solving the problem.
  - d) Academic controversy - cooperative learning, close to other techniques focused on debate. By practicing it, the development of effective oral and written communication skills, of structuring a speech, of presenting one's own position is achieved.
  - e) Constructive controversy - the objective is to help students present their own arguments, but also to listen carefully to the opposing side. Along with presentation skills, active listening skills are developed.
  - f) The case study – the presentation of some clinical, representative, significant cases, whose features are deeply researched, from several (various) points of view.
  - g) Guided discussion - the teacher's task is to guide the discussion, giving up the idea of imposing questions and demanding answers to them.
  - h) Revision of key terms - consists in presenting a series of key terms before reading the text, so that after reading the students will define these terms. It is an effective way to focus attention on the (scientific) content of the text and a technique for developing the ability to generalize and formulate definitions.
  
- ***Evaluation methods (including indicating the method of calculating the final grade)***
  - ✓ **Current** : frontal or/and individual control by:
    - (a) solving situational problems,



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- (b) analysis of clinical cases,
  - (c) control works,
  - (d) reports.
- ✓ **Final** : oral exam, practical skills and computer-assisted testing in SIMU at the Academic Evaluation Center.

### The method of rounding grades at the evaluation stages

Intermediate grades grid (yearly average, grades from exam stages)	National Grading System	Equivalent ECTS
1.00-3.00	2	F
3.01-4.99	4	FX
5.00	5	E
5.01-5.50	5.5	
5.51-6.0	6	
6.01-6.50	6.5	d
6.51-7.00	7	
7.01-7.50	7.5	C
7.51-8.00	8	
8.01-8.50	8.5	B
8.51-9.00	9	
9.01-9.50	9.5	A
9.51-10.0	10	

The annual average grade and the grades of all stages of the final examination ( oral test, practical skills and computer-assisted testing ) – all will be expressed in numbers, according to the grading scale (according to the table), and the final grade obtained will be expressed as a number with two decimals, which will be entered in the grade book.

*Failure to appear at the exam without valid reasons is recorded as "absent" and equates to a grade of 0 (zero). The student has the right to 2 repeated submissions of the failed exam.*

## XI. RECOMMENDED BIBLIOGRAPHY:

### A. Mandatory:

1. Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (11th ed.).

### B. Additional

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).



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2. World Health Organization(WHO). (1993). The ICD-10 classification of mental and behavioural disorders. World Health Organization.
3. World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). <https://icd.who.int/>
4. e-Textbook of Child and Adolescent Mental Health, <https://iacapap.org/english.html>