



DISCIPLINE SHEET

1. Study programme

1.1.	"CAROL DAVILA" UNIVERSITY OF MEDICINE AND PHARMACY BUCHAREST
1.2.	FACULTY OF DENTISTRY
1.3.	DEPARTMENT: FACULTY OF DENTISTRY I
1.4.	DISCIPLINE: Psychiatry and Psychology
1.5.	STUDY DOMAIN: Health, sectoral regulated within the European Union
1.6.	STUDY LEVEL: I (Bachelor's degree) and II (Master's degree)
1.7.	STUDY PROGRAMME: DENTAL MEDICINE IN ENGLISH

2. Discipline:

2.1.	Discipline name according to the study curriculum: PSYCHIATRY
2.2.	Discipline code: MD03S03EN
2.3.	Discipline type (FD/SD/CD): SD
2.4.	Discipline optionality (COD/ED/FAD): COD
2.5.	Lectures tenure: Associate Professor Maria Gabriela Puiu (MD, PhD); Associate Professor Mihnea Costin Manea (MD, PhD);
2.6.	Practical classes / seminar tenure: Teaching Assistant Vlad Dionisie (MD, PhD); Teaching Assistant Radu Lacău
2.7. Year of study	III
2.8. Semester	V
2.9. Evaluation (E/C/V)	E

3. Estimated total time (hours/ semester of teaching and training activity /individual study)

I. University training						
3.1. Number of hours per week	4	from which:	3.2. Lectures:	2	3.3. Laboratory sessions:	2
3.4. Total hours in the study curriculum	56	from which:	3.5. Lectures:	28	3.6. Laboratory sessions:	28
II. Preparation/ individual study						
Time distribution						hours
Study of lecture materials, textbooks, books, study of the minimum recommended bibliography						30
Additional documentation activity in the library, on online platforms						20
Specific preparation activities for projects, practical classes, preparation of assignments, reports						4
Preparation for presentations or evaluations, preparation for the final examination						8
Tutoring activity						2
Other activities						
3.7. Total hours of individual study						64
3.8. Total hours per semester (3.4.+3.7.)						120
3.9. Number of credits						4

4. Prerequisites (where appropriate)

4.1. curriculum	MEDICAL SEMIOLOGY MEDICAL PSYCHOLOGY, MEDICAL SOCIOLOGY, MEDICAL COMMUNICATION ROMANIAN LANGUAGE I ROMANIAN LANGUAGE II
4.2. proficiencies	To take the patient's general medical history. To communicate effectively and respectfully with the patient and medical staff, in accordance with ethical and professional principles. To be able to read and understand patients' medical record and to conduct patients' psychiatric evaluations using Roumanian language.

5. Conditions (where appropriate)

5.1. for lecture activity	Appropriately equipped lecture hall, computer, video projector, internet, access to e-learning platforms
5.2. for practical class/ seminar activity	Case presentation room with appropriate equipment

6. Learning outcomes*

Knowledge	Skills	Responsibility and autonomy
<ul style="list-style-type: none"> Identification and description of the main concepts, theories, and fundamental notions of psychiatric semiology. Knowledge of the diagnostic criteria and manifestations of the main mental disorders Formulation of a positive and differential presumptive diagnosis of the main psychiatric disorders Recognizing and describing the mechanisms of action of drugs, their indications, contraindications, and adverse effects. Knowing the main treatments for mental disorders; Knowing drug interactions with dental treatments Knowledge of the main treatments for mental disorders. 	<ul style="list-style-type: none"> Identifying the presence of psychiatric disorders and the need to refer the patient to a specialist. Formulating a positive and differential presumptive diagnosis of the main psychiatric disorders within the limits of competence; Establishing relationships between psychiatric and oral-dental pathology; Acquiring the principles of mental examination: psychiatric interview, medical history; Use of screening scales for anxiety, depression, alcohol and/or drug use; Identification of objectives to be achieved, available resources, conditions for their completion, work stages, working times, related deadlines, and associated risks in various psychiatric pathologies; Effective use of information sources and communication and assisted professional training resources (internet portals, specialized software applications, databases, online courses, etc.). 	<ul style="list-style-type: none"> Appropriate interaction with patients with chronic and severe mental disorders (empathy, professionalism, flexibility) Effective and flexible use of dialogue techniques (initiating and concluding the interview, types of questions, specific ways of conducting the interview) Respectful, empathetic, assertive, and objective behavior towards patients and their needs Knowing and maintaining the limits of competence Requesting clarification in situations that exceed the limits of competence Identifying roles and responsibilities in a multidisciplinary team, applying relationship-building techniques, cooperation, and effective work within the team and in relation to the patient

7. Discipline objectives (correlated with learning outcomes)

7.1. General objective	<p>The aim of the course is to provide theoretical and practical knowledge that will enable future dentists to identify the presence of psychiatric disorders (where applicable) and the possible relationship between them and dental pathology, to adequately interpret the diagnosis and treatment plan formulated by the psychiatrist, collaborating with them whenever necessary, and to interact appropriately with patients with chronic and severe mental disorders, showing empathy, professionalism, and flexibility.</p>
7.2. Specific objectives	<ul style="list-style-type: none"> Identifying manifestations of psychiatric disorders, the degree of psychiatric urgency, and the need to include a psychiatrist in the therapeutic team; Formulating a positive and differential presumptive diagnosis of the main psychiatric disorders within the limits of competence; Cultivating medical ethical principles in psychiatry. Interacting appropriately with patients with chronic and severe mental disorders (empathy, professionalism, flexibility) through the effective and flexible use of dialogue techniques and demonstrating respectful, empathetic, assertive, and objective behavior towards patients and their needs.

8. Contents

8.1. Lectures	Teaching methods	Observations
<p>1. Introduction to Psychiatry, Principles of Mental Health</p> <p>Semiology of mental processes:</p> <ul style="list-style-type: none"> Semiology of cognitive processes: Semiology of sensory: sensations and perceptions- hypo and hyperesthesia; qualitative disorders: illusions, hallucinations, pseudo-hallucinations 	<p>Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.</p>	
<p>2. Semiology of attention: hypoprosexia and hyperprosexia, dysprosexia.</p> <p>Semiology of memory: hypomnesia, hypernesia; paramnesia, disorders of immediate mnemonic synthesis, disorders of recollection of the past.</p>	<p>Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.</p>	
<p>3. Semiology of thought:</p> <ul style="list-style-type: none"> thought processes; formal disorders (rhythm, flow, coherence), thought content disorders (dominant, obsessive, prevalent, delusional ideas: definition, characteristics). 	<p>Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.</p>	
<p>4. Disorders of speech and language: description; dyslogias, dysphasias, dyslalia.</p>	<p>Interactive presentation of the material according</p>	

<p>Disorders of Verbal Communication Disorder of Non-verbal Communication: facial expressions, gestures, clothing, other types of communication</p>	<p>to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.</p>	
<p>5. Behavioral disorders: catatonic syndrome, psychomotor agitation and the clinical entities in which they occur. Disorders of the imagination process: increase and decrease of the imaginative force; simulation, metasimulation, dissimulation, oversimulation.</p>	<p>Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.</p>	
<p>6. The semiology of affectivity: hypothyria, positive and negative hyperthyria, athymia; dysphoria, anxiety.</p>	<p>Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.</p>	
<p>7. Semiology of volition: hypobulbia, abulia, hyperbulbia; dysbulia. Semiology of consciousness: quantitative and qualitative disorders (ambulatory automatism, delirium, amentia, twilight state).</p>	<p>Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.</p>	
<p>8. Psychiatric pathology.</p> <ul style="list-style-type: none"> - Organic mental disorders (dementia, Korsakoff amnestic syndrome, delirium). - Personality and behavior disorders due to brain diseases, injuries and dysfunctions. - Mental disorders due to use of psychoactive substances (opioids, cannabis, cocaine, amphetamines, sedatives and hypnotics, caffeine, tobacco, alcohol). 	<p>Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.</p>	
<p>9. Schizophrenia and related disorders: brief psychotic disorder, schizopreniform disorder, schizophrenia, schizoaffective disorder, delusional disorder.</p>	<p>Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic</p>	

	films in compliance with data protection norms.	
10. Affective disorders: bipolar affective disorder, recurrent depressive disorder, dysthymia, cyclothymia.	Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.	
11. Personality disorders: Classification Clinical description The typology of the patient encountered in the dentist's practice.	Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.	
12. Anxiety disorders (panic disorder, agoraphobia, specific phobias, social anxiety, generalized anxiety disorder, obsessive-compulsive disorder, acute stress response, post-traumatic stress disorder).	Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.	
13. Somatoform disorders (somatization disorder, conversive disorder, hypochondria). Dissociative disorders (amnesia, fugue).	Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.	
14. Eating disorders (anorexia nervosa, bulimia nervosa). Habits and impuls control disorders (pathological gambling, pyromania, kleptomania). Psychiatric emergencies.	Interactive presentation of the material according to the analytical program, using multimedia means, power point presentations, which may include didactic films in compliance with data protection norms.	

Recent bibliography:

1. *Diagnostic and statistical manual of mental disorders: DSM-5 (2013)*. Arlington, VA: American Psychiatric Association.
2. Boland, R. (2021) *Kaplan and Sadock's synopsis of Psychiatry*. Lippincott Williams & Wilkins.

3. Oyebode, F. (2023) *Sims' symptoms in The mind: Textbook of descriptive psychopathology*. Amsterdam: Elsevier.
4. Blitzstein, S., Ganti, L. and Kaufman, M.S. (2022) *First aid for the psychiatry clerkship*. New York: McGraw Hill.
5. Katona, C., Cooper, C. and Robertson, M. (2016) *Psychiatry at a glance*. Chichester: Wiley Blackwell.
6. Levenson, M.D.J.L. (2019) *The American Psychiatric Association Publishing Textbook Of Psychosomatic Medicine And Consultation-Liaison Psychiatry, Third Edition*. American Psychiatric Association.
7. Manea, M., Manea, M. C., and Puiu, M. G. (eds). (2019) *Introducere în psihiatrie Volumul I*. Bucharest: Huston.
8. Maloy, K. (2016) *A case-based approach to emergency psychiatry*. Oxford: Oxford University Press.
9. O'Dwyer, A.-M. and Campion, M. (2022) *Practical psychiatry for students and trainees*. Oxford: Oxford University Press.
10. Roberts, L.W. (2013) *International handbook of psychiatry: a concise guide for medical students, residents, and medical practitioners*. New Jersey: World Scientific.
11. Spiegel, J.C. (2021) *Psychiatry: Test preparation & review manual*. Philadelphia, PA: Elsevier.
12. Toy, E.C. and Klamen, D.L. (2021) *Case files. psychiatry*. New York: McGraw Hill.
13. Alpert, J.E., Schlozman, S.C. and Walker, A.M. (2021) *Introduction to psychiatry: Preclinical foundations and clinical essentials*. Cambridge, United Kingdom: Cambridge University Press.
14. Wright, B., Dave, S. and Dogra, N. (2017) *100 cases in psychiatry*. Boca Raton: CRC Press.

8.2. Practical classes/ seminar	Teaching methods	Observations
1.Psychiatric patient evaluation (psychiatric interview, medical history, medical documents, tests and paraclinical evaluations in psychiatry).	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
2. Epidemiology, etiology, signs and symptoms, positive diagnosis, differential diagnosis, evolution, prognosis and treatment of mental illness.	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
3. Dementias	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
4. Disorders due to alcohol consumption (intoxication, abuse, addiction, withdrawal).	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
5. Schizophrenia, brief psychotic disorder, delusional disorder, schizoaffective disorder	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
6. Recurrent depressive disorder	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	

7. Bipolar disorder	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
8. Obsessive-compulsive disorder	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
9. Anxiety disorders	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
10. Somatization disorder, hypochondria, somatoform disorder	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
11. Personality disorders	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
12. Suicide attempt and suicide.	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
13. Adverse effects of psychotropics; drug interactions with dental treatments	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	
14. Psychiatric presentation in oral health practice	Case presentations or multimedia presentations. Examples of using psychiatric scales, inventories and questionnaires.	

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9. Assessment

Activity type	9.1. Evaluation criteria	9.2. Evaluation methods	9.3. Percentage of final grade
9.4. Lecture	<ul style="list-style-type: none"> • Ability to identify the main concepts, theories, and fundamental notions of psychiatric semiology. • Ability to recognize the manifestations of the main mental disorders • Ability to formulate a positive and differential presumptive diagnosis of the main psychiatric disorders • Knowledge of the main treatments for mental disorders, their mechanisms of action, and the main indications, contraindications, and adverse reactions. • Knowledge of drug interactions with dental treatments • Knowledge of drug interactions with dental treatments 	Written examination with multiple-choice questions.	80%
9.5. Practical classes/ seminar	<ul style="list-style-type: none"> • Ability to interact appropriately with patients with mental disorders. • Ability to use dialogue techniques effectively and flexibly during psychiatric assessments. • Respectful, empathetic, assertive, and objective behavior toward patients and their needs. • Knowledge of the limits of competence and adherence to them. • Requesting clarification in situations that exceed the limits of competence • Ability to correctly and appropriately use the screening scales for anxiety, depression, alcohol and/or drug use presented during the seminar hours. • Ability to formulate a positive and differential presumptive diagnosis for the main psychiatric disorders, within the limits of competence; 	<ul style="list-style-type: none"> • Observation of activity, attitude, and behavior during the internship. • Evaluation of individual exercises during the internship. • Practical exam. 	20%

	<ul style="list-style-type: none"> Ability to establish possible relationships between psychiatric and oral-dental pathology; Ability to manage tasks correctly by identifying the objectives to be achieved, the available resources, the conditions for their completion, the work stages, the working times, the related deadlines, and the associated risks in various psychiatric pathologies; The ability to effectively use information sources and communication and assisted professional training resources (internet portals, specialized software applications, databases, online courses, etc.). 		
9.5.1. Individual project (if any)	<p>During the internship sessions, students will conduct and subsequently discuss with the internship assistant at least two (2) risk assessment interviews in the following areas:</p> <ol style="list-style-type: none"> 1. assessment of substance use disorders; 2. suicide; 3. depression; 4. anxiety disorders. 	<p>These exercises will be graded on a scale of 1 to 10 and will account for 10% of the final grade.</p> <p>Completing two such exercises will account for 20% of the final grade on the practical exam.</p>	
<p>Additional remarks: If students participate in conferences (student, local, national, international) or competitions (national, international) related to the learning program (psychiatry curriculum), they may receive additional points or credit for projects/assignments and/or attendance, depending on the results obtained. The decision will be made by the course instructor.</p>			
<p>Minimum performance standard</p> <p>At the end of the study program (psychiatry course and internships), students will be able to:</p> <ul style="list-style-type: none"> - define the signs and symptoms identified in patients with psychiatric disorders; - define the stages involved in examining mental health using appropriate terminology; - name the typical signs and symptoms of common psychiatric disorders; - assess the risk for substance-related psychiatric disorders and for depression, suicide, and anxiety disorders; - behave appropriately towards patients and their symptoms and be aware of socio-cultural contexts; - respect the dignity of patients and the confidentiality of the information they provide. 			