Re-Sit Examinations
Re-sit examination must be completed by the second week of
the semester following that in which a candidate has failed one
course.
No candidate will be permitted to repeat the examination in
any one course on more than one occasion unless the Board of
Graduate Studies and Research in any particular case otherwise
decides.

Assessment procedures for courses, coursework, fieldwork,
internships or other Modules will be assessed by course
work and a written exam set and coordinated by the course
coordinator. Continuous review and assessment of the
candidate's performance is carried out and recorded every four
months by his/her supervisor. Where assessments are found to
be unsatisfactory, the Specialty Board may recommend one or
more of the following:
• Counseling
• Remedial work
• Repeating unsatisfactory work
• Withdrawal from the course, if poor performance persists.

Fieldwork will be assessed by a report by the supervisor of
the student, and a student report. After completing the field
placement, each candidate is required to submit a satisfactory
report describing the experience, including engagement and
work process; problems, challenges and strengths identified;
solutions recommended, developed or implemented; lessons
derived and insights gained. For those individuals who only
complete an enhanced report in lieu of a research project, this
will be examined by the external examiner.

There will be a final exam consisting of 3 papers as now pertains
in Mona. Candidates failing in a part of the examination may be
referred in that part and may be re-examined in that part at the
next opportunity, which will normally be one year later unless
special re-sit examinations have been scheduled.

Assessment procedures for Research Project
These will be assessed in 2 stages, first at the end of year 1 when
the preliminary report on the proposal for the study is done and
secondly on completion and write up of the report at the end of
the second year. This project/report will be examined by an
external examiner

Time limits for completion
Research projects can be extended to a maximum of 1 year
beyond the studentis final exam. Students are expected to
complete the MPH within 4 years.

DEPARTMENT OF CLINICAL
MEDICAL SCIENCES
The Department of Clinical Medical offers an MSc in Clinical
Psychology and DM programmes in Internal Medicine,
Paediatrics, Psychiatry and Radiology.

The DMI Internal Medicine
INTRODUCTION:
The Doctorate in Internal Medicine (DM (Med.) or DM) is one
component of a wider graduate programme in Internal Medicine
(internal Medicine) delivered by the Faculty of Medical Sciences,
University of the West Indies, St. Augustine. The full range of
options for training in Internal Medicine includes:-
1. The D.M. programme in Internal Medicine - consisting of a
full 4-year residency, including an optional elective period
of one year. This programme is also offered at our sister
Campuses, Mona, Jamaica and Cave Hill Barbados.
2. Modules in Internal Medicine - Practitioners from specialties
outside Internal Medicine are allowed to access individual
modules of the programme if desired ("selectives").

These programmes target doctors who have obtained an
undergraduate degree in Medicine from a recognised University,
and who have successfully completed their pre-registration
training and are about to embark upon postgraduate training.

AIMS AND OBJECTIVES
1. The aim of the D.M. in Internal Medicine is to train doctors
in the specialty of Internal Medicine to a level that allows
them to provide clinical support and administrative
leadership to their Medicine Departments. Successful
D.M. candidates will practice at the level of consultants
in (General) Medicine. The D.M. programme will accept
candidates at House Officer level with minimal experience
in Internal Medicine and achieve the above goal within the
four-year training period.
2. To ensure that participants have an appreciation of
personnel management, adult learning techniques,
disaster management, financial management and quality
assurance (including clinical and non-clinical audit).
3. To promote a culture of continuing professional
development among Internists. This would include the
use of Evidence Based Medicine, the production and
maintenance of personal portfolios and fostering reflective
learning in clinical practice.
4. To create a cadre of appropriately trained and certified
Internists in Trinidad and Tobago, to fulfil local and regional
needs.
5. To define, regulate and monitor standards related to the
certification of individuals involved in the provision of
medical care in Trinidad and Tobago and the region.
6. To encourage participants to develop a specialty interest.
Admissions
Graduates of Medical Schools approved by the Medical Board of Trinidad and Tobago. Candidates must have successfully completed their internship and be fully registered with the Medical Board of Trinidad and Tobago.

Date of Entry
The date of entry will normally be January or July and as determined by the date when the candidate begins to work in a recognised post in an accredited hospital. Application to enter the programme may be made before securing such a post. The applicant may then receive from the School of Graduate Studies and Research, on the recommendation of the Faculty Committee for Graduate Studies, provisional acceptance for entry to the programme contingent on the obtaining of an accredited post. After the successful applicant has secured an accredited post, the date of entry will be fixed by the School of Graduate Studies and Research.

The applicant will be informed of the date of entry by the relevant Campus Registrar. For the purposes of the above two paragraphs, the successful applicant must furnish evidence of being in a recognised post.

Exemptions:
Candidates who have completed all or part of another graduate course in Internal Medicine or who have gained relevant experience at this level in a recognised institution may apply for exemption from that part of the D.M. programme. The specialty Board in Internal Medicine will consider such applications. Applications would be considered on an individual basis.

Training
The four-year D.M. programme is a full-time residency programme, of which approximately two thirds of this time is spent in Internal Medicine under the direct supervision of Internal Medicine consultants. The rest of the programme consists of rotations through acute specialties relevant to Internal Medicine.

Candidates are expected to rotate through the following sub-specialties:

Year I: Emphasis on General Internal Medicine
- General Internal/Pulmonary Medicine (3 months)
- General Internal/Endocrinology/Metabolic Medicine (3 months)
- General Internal/CVS (3 months)

Year II: Emphasis on subspecialty care (10 weeks each)
- CNS/Neurology
- Cardiology
- ICU
- Gerontology
- Haematology/Diabetes Medicine (choose any 1)
- Gastroenterology
- Primary Adult Care 24 months (concurrent)
- Vacation leave (2 weeks every 6 months (concurrent)
- Pulmonology
- Gastroenterology
- Formulate a research proposal under supervision

While on secondment to the above specialties candidates will be under the direct supervision of the consultant in the specialty. Supervising consultants need not be a full-time academic staff member of UWI. They will, however, maintain their links with Internal Medicine through attendance at regular tutorials and training sessions for all D.M. candidates.

Year III
During third year, candidates will have the opportunity to spend 12 months in an elective specialty of their choice in an approved training post in Trinidad or abroad. Alternatively, candidates could undertake a research project under an approved supervisor. High level research leading to peer-reviewed publications is highly recommended.

Year IV
The final year of training may be deferred by 1 year if the resident engages in a recognised research programme leading to a postgraduate academic degree in Medicine (MSc., MPhil, PhD).

During the fourth year (final year) the resident returns to the University Hospital for further intensive training in General Internal Medicine.

Evaluation
A Six Monthly Evaluation of Residents
Each resident in the DM (Medicine) programme will undergo formal assessment by Faculty every 6 months. Assessment will take the form of criterion-referenced clinical and oral examinations alternately and residents will not be allowed to progress in the programme unless performances are satisfactory. After each assessment the Programme Director or Head meets with each resident to provide feedback, identify weaknesses and suggest remedial action. Numeric, categorical and narrative assessment records will be recorded. In addition to the above the residents will be assessed by clinical consultants with whom they rotate using standardised qualitative instruments and would be included in progress reports.

DM Part I Examination (MEDC 6655)
Once the residents have progressed satisfactorily through the first 2 years of the training programme (including satisfactory clinical and oral half yearly evaluations) they will be allowed to take the Part I DM examination. This consists of a written examination (essay and multiple choice questions), and an objective structured clinical examination (OSCE). The candidate is required to pass both parts of this examination at the same sitting in order to progress to Part II.
DM PART II EXAMINATION (MEDC 6656)
Years 3 and 4 will be assessed as per the protocols of the first 2 years. Only candidates who have obtained satisfactory reports at the end of the 4th year will be eligible for sit Part II examinations. This consists of two written papers (one essay and one multiple choice), a clinical examination (OSCE) and an oral examination. This examination is an “exit examination” with emphasis on a high level of competence in clinical skills, communications, problem solving as well as aptitude, attitude and knowledge so that to be successful the candidate must be capable of functioning at consultant level in the Caribbean context. Each candidate is required to pass each part of the clinical examination individually in order to obtain a passing grade.

HONOURS AND DISTINCTIONS
These will be awarded using the process of criterion referencing.

OTHER EXAMINATIONS
In recent times, several of the residents in the DM programme of Jamaica have taken the American College of Physicians examination. This is viewed as a most useful development as it allows the evaluation of residents by parallel programmes and also serves as a means of identifying subspecialty areas of weakness, which would benefit from remedial action.

DM graduates have also been very successful in the American Board of Internal Medicine examinations (having had to undergo further training within the U.S. system) and efforts are to be made to obtain for DM graduates some exemptions if they enter the U.S. residency system.

Graduates of the DM (Medicine) programme are now exempt from the Part I Membership Examination of the Royal College of Physicians of the United Kingdom, and DM graduates have previously demonstrated a very high success rate in the Part II component of this examination.

CURRICULUM
The details of the Curriculum for the DM in Internal Medicine can be obtained from the Department of Medicine.

DM PAEDIATRICS

I. PROGRAMME SUMMARY
This is a four (4) year Professional and Research Training Programme for qualified medical practitioners. The trainee, on completion of the prescribed courses and passing the specified University examinations, shall be awarded the degree of Doctor of Medicine in Paediatrics and shall be able to practice as an independent consultant in Paediatrics and Child Health.

The programme consists of the following components:

1. TRAINING
   a) Clinical training in accredited Health institutions in Trinidad and Tobago under the supervision of consultants. This shall cover all the fields of Paediatric practice in Hospitals, Primary Health Care facilities and in the Community. The training is achieved while the trainee is actually delivering the service.

   b) Formal training in the format of seminars and courses most of which is conducted specifically to educate the trainees.

   c) The trainee should conduct a project under supervision and shall submit a report about it.

2. EVALUATION
   a) The trainee is continuously evaluated on a day-to-day basis by the consultant to whose unit he is assigned and who should submit a written report about the candidate once every three months.

   b) The trainee should complete a course book listing his clinical activities.

   c) The project report shall be assessed by examiners.

3. EXAMINATION
   a) The trainee is required to pass the Annual Clinical Examination.

   b) The trainee is required to pass the Part I Examination at the end of Year 2 and the Part II Examination at the end of Year 4.

   c) The trainee shall be admitted to the final examination after the project report has been accepted.

II. AIMS AND OBJECTIVES

1. AIMS
This four (4) year training programme aims to provide the trainee with the knowledge and skills to function competently in General Paediatrics at consultant level. This shall be achieved through adequate experience and training in preventive and curative child health, including the physical, intellectual, emotional and social aspects. Priority is accorded to the major health needs of children in the Caribbean.
2. OBJECTIVES
At the end of a successful training programme the trainee shall have obtained:
- advanced training and experience in the diagnosis and management of sick children presenting with physical and psychosocial disorders.
- experience and skills necessary to develop and maintain hospital and community based preventive and curative Child Health services, which are realistically related to the available resources.
- the ability to develop, promote and maintain primary health care services for children and families.
- training and experience in teaching Paediatrics and Child Health to medical students and graduates as well as other members of the health team.
- training in the principles of applied research methodology.
- adequate opportunities to develop leadership qualities with an objective and imaginative approach to Child Health problems within the context of the local customs and practices in Trinidad and Tobago, the Caribbean and internationally.

III. COURSE OF STUDY
1. DM PART I (YEARS 1 & 2) (MEDC6617)

1.1 PART I - OBJECTIVES
1.1.1 To achieve competence in the diagnosis and management of sick children in hospital through:
- acquiring refined skills in history taking and physical examination of children from birth to end of puberty.
- being familiar with the continuously changing process of growth and development of children.
- obtaining competence in performing the essential diagnostic procedures.
- being able to reach a diagnosis.
- acquiring the ability to properly manage paediatric emergencies as well as the common acute and chronic paediatric problems.

1.1.2 Obtaining experience and skill in preventive Child Health Services in the hospital and in the community and acquaintance with the system of Primary Health Care as it pertains to children through:
- participation in the delivery of routine preventive and curative services offered to children at Primary Health Care Centres for a defined training period.
- Participation in all screening programmes.

1.2 PART I - TRAINING
1.2.1 The trainee shall go through rotations of three months such that at the end of the two years of Part I, he/she should have spent the following periods in each of the Units listed.
- General Paediatrics – three (3) rotations 9 months
- Neonatology – two (2) rotations 6 months
- Accident and Emergency – one (1) rotation 3 months
- Primary Health Care including both curative as well as preventative services – one (1) rotation 3 months

1.2.2 During the rotations the trainees are expected to be fully involved in the delivery of clinical services as directed by the Programme Director. This shall include at least a residential on call rota 1 in 4.

1.2.3 The trainees are expected to attend and participate in the postgraduate teaching activities that shall include:
- Seminar presentations on specified topics.
- Clinical case presentations.
- Clinical audit.
- Clinico radiological sessions.
- Clinico pathological conferences.
- Grand rounds.
- Death conferences.

1.2.4 Establish contact with Research Supervisor to begin discussions on the project.

1.2.5 Each trainee must keep his/her course book up to date with the necessary signatures.

1.2.6 Attend two accredited intensive courses of one week duration every year.
DM PART II (YEARS 3 & 4) (MEDC6627)

2.1 PART II - OBJECTIVES

2.1.1 To further develop the competence in the diagnosis and management of sick children through direct involvement in the delivery of clinical services along similar lines as in 1.2.1., with duties at Registrar level.

2.1.2 To develop expertise in teaching Paediatrics and Child Health through:

a) training other candidates in the junior years and the interns working under his supervision.

b) demonstration of clinical skills to medical students.

c) involvement in health education activities.

d) delivering seminars to fellow candidates as part of the postgraduate activities.

2.1.3 To understand the principles of applied research through developing, conducting and reporting the programme project.

2.1.4 Understand leadership abilities through being assigned the responsibility to supervise junior residents and interns and organizing their timetables.

2.2 PART II - TRAINING

2.2.1 The rotations shall be in three month periods conducted in such a way that at the end of the 2 years, the candidate should have spent the following periods in each of the units listed:

- General Paediatrics – three rotations 9 months
- Neonatology – one rotation 3 months
- Accident and Emergency – one rotation 3 months
- Elective (as specified in the regulation) - two rotations 6 months
- Leave – divided in periods of 3 weeks every 6 months 3 months

Each of these shall be spent in an accredited Registrar post.

2.2.2 The candidates are expected to participate fully in the delivery of the clinical services and discharge the duties assigned to them by the Programme Director and the Clinical Supervisor. The duties shall include a residential, 1:4 on call rota.

2.2.3 The candidate shall actively participate in all the postgraduate teaching activities.

IV. PROGRAMME REGULATIONS

1. QUALIFICATIONS FOR ADMISSION

1.1 Candidates must be fully registered medical practitioners in one of the territories of the Commonwealth Caribbean, or in any country associated with The University of the West Indies where the facilities are approved by this institution for a part or the whole of the period of training.

1.2 Evidence of qualifications from an institution acceptable to the Faculty of Medical Sciences, The University of the West Indies, must be provided.

1.3 Candidates must have a minimum of one year’s experience in the practice of paediatrics. A minimum of six months of this time should be spent in an appointment as a senior house officer or registrar (resident) level at an approved hospital under consultant supervision. Time spent in preventive paediatrics will be recognized for a portion or all of the remaining six months on the recommendation of an approved preceptor. Evidence of satisfactory completion of this twelve months period should be available on request as a prerequisite to sitting the examination.

1.4 Candidates should have attended an approved graduate course prior to the examination. This may be concurrent with the period of clinical training.

2. DATE OF ENTRY

2.1 The date of entry shall normally be the date when the candidate begins to work in a recognized post in a hospital accredited for postgraduate training in Paediatrics. The application to enter the programme may be submitted before securing such a post. The Faculty Committee for Graduate Studies may provide the applicant with a provisional acceptance for entry to the programme contingent on obtaining a recognized post. The Board of Graduate Studies and Research shall determine the applicant’s date of entry.
2.2 After an application has been processed by the University, the applicant will be officially informed of the date of entry.

3. INTAKE
3.1 A maximum of 4 trainees shall be admitted every year.

4. VENUE
4.1 Neonatology
   Mount Hope Women's Hospital

4.2 General Paediatrics
   a) Wendy Fitzwilliams Children's Hospital at Eric Williams Medical Sciences Complex (minimum – one year)
   b) Paediatric Dept. at San Fernando General Hospital (maximum six months)
   c) Scarborough Hospital (maximum – 6 months)

4.3 PRIMARY HEALTH
   a) Arima Health Facility
   b) Couva Health Facility
   c) Chaguanas Health Facility
   d) Woodbrook Health Facility
   e) Princess Elizabeth Home, Port of Spain

4.4 Accident & Emergency (Paediatrics)
   a) Eric Williams Medical Sciences Complex
   b) San Fernando General Hospital

4.5 The trainee may be permitted to spend a maximum of six months elective period in one or more of the following areas during the third year with a minimum of one month in one discipline provided that the Specialty Board in Child Health has approved the posting beforehand.
   a) Basic Science
   b) Pathology
   c) Microbiology
   d) Dermatology
   e) Psychiatry
   f) Paediatric Surgery
   g) Child Guidance
   h) Research

4.6 In each of these rotations the consultant under whom the trainee works shall be assigned as his Clinical Supervisor.

5. PROJECT
5.1 The trainee will be required to submit one of the following at the end of the 3rd year of the programme.
   a) Report on a project of original research in a relevant child health problem.
   b) Published work in which the trainee has had a substantial contribution and that it shall be acceptable to the Specialty Board.
   c) A casebook of twenty cases with commentaries.

5.2 The trainee must make his choice and that choice shall be approved by the Specialty Board before the beginning of the 3rd year.

5.3 The Specialty Board shall nominate a supervisor for each trainee to guide him in the conduct of his work.

5.4 The work must be submitted to the Specialty Board at the end of the 3rd year.

5.5 The Specialty Board can:
   a) accept the report and the trainee will proceed to complete his training and apply for the examination.
   b) suggest modifications or additions to which the trainee must comply. He can proceed with the training but will not be allowed to write the Part II examination until he has carried out the modifications/additions to the satisfaction of the Specialty Board.
   c) reject the report in which case the candidate has to do his project all over again and submit his report. He can proceed with his training but shall not be allowed to write the Part II examination until his project has been accepted.

6. EXEMPTIONS
6.1 Applicants who have successfully completed one year or more as registered trainees in recognised postgraduate paediatric programmes (e.g. paediatric residency in U.S.A.) and that training was pursued within the last 3 years of application are eligible for exemption of up to one year from this training programme.

6.2 Applicants who already obtained the DCH from a recognised institution can be exempted of one year of training.
6.3. Applicants with completed qualifications from recognised professional or academic institutions (e.g. MRCPCH) may be exempted from Part I examination of the DM and the first two years of training.

6.4. The decision on exemptions and its duration shall be recommended by the Specialty Board to the Sub-committee in Graduate Studies in response to an application by the candidate. The Board also makes the relevant recommendation on which qualifications are accepted for 6:2 and 6:3 above.

7. ASSESSMENT

7.1. Course Book: is a full record of clinical training, kept by the trainee, containing the following details:
   a) The clinical rotations with dates, signed by the clinical supervisors.
   b) The procedures done by the trainee during his clinical rotation signed by his clinical supervisor.
   c) Courses and conferences accredited for training including names, dates and place of courses together with evidence of attendance.

7.2 Annual Clinical Examination
   a) The trainees shall undergo a clinical examination at the end of each year of training.

7.3 Continuous Assessment
   a) These are reports written by the clinical supervisor after every three-month clinical rotation.
   b) For the candidate to be promoted to the next year of training the Specialty Board must be satisfied that he has completed the training of the previous year satisfactorily by reviewing the course book, the result of the annual clinical examination and the continuous assessment report.

Must have satisfactorily attended at least 4 intensive courses.

8. EXAMINATIONS

8.1. The DM Paediatric examination consists of two parts. The trainee must obtain approval of the Specialty Board before he can be admitted to either of these parts.
   a) Part I Examination
      Part I examination is held at the end of the second year.

      The trainee must have completed the first part of the training course (2 years) to the satisfaction of the Specialty Board.

      The trainee must have passed all his annual clinical examinations.

      Part I examination consists of one MCQ paper, a clinical and oral examination.

      Part I examination must be passed before proceeding to the second part of the course.

      Any trainee failing the Part I examination on two occasions will be asked to withdraw from the programme.

   b) Part II Examination
      Part II examination is held at the end of the second year of the second part of the course.

      The trainee must have passed Part I examination unless he was exempted from that examination by Specialty Board.

      Trainee must have completed the prescribed training for the second part of the course (2 years) to the satisfaction of the Specialty Board.

      The trainee must have passed all the annual clinical examination.

      The project must have been accepted by the Specialty Board.

      The trainee must satisfy all The U.W.I. General Regulations.

      Part II examination shall consist of two written papers, clinical examination and oral examination.

      The Part II examinations should be attempted within one year of acceptance of the project report.

      Only two attempts at the Part II examination are allowed.
DM PSYCHIATRY
The DM Psychiatry is divided into three parts:

Part I (MEDC6614)

During this period, which lasts twelve (12) months, the trainee works as a psychiatric resident at an approved general hospital. Instruction is given in the basic medical sciences (including Anatomy, Physiology) and in Neurology, Psychology and Psychiatry.

Admission to the examination at the end of Part I is subject to the Specialty Board receiving satisfactory reports form the trainee’s academic and clinical Supervisors.

Part II (MEDC6613) (Years II and III)

Admission to Part II of the Programme depends upon the candidate’s performance in the Part I examination.

The trainee is normally required to spend six (6) months working in an approved psychiatry service of an approved general hospital.

During the first half of Year II of the programme, the trainee will submit to the Speciality Board, through his/her Supervisor, for the Board’s approval, a proposal for a period to be undertaken during Part III of the programme.

Part III (Year IV) (MEDC6604)

During this year the trainee continues to work under supervision in an approved psychiatric service.

At least six (6) months of this year must be spent in the Caribbean and the candidate’s project must be Caribbean-related. The project report is presented at least three (3) months before the end of this period.

1. OBJECTIVES
   1.1. This programme aims to produce, for the territories served by The University of the West Indies, individuals with sufficient knowledge and skill to fill consultant posts in the appropriate disciplines.

   1.2. Trainees are eligible to take the examination leading to the DM degree in the disciplines after satisfactorily completing the training programme.

   1.3. The postgraduate degree is awarded on satisfactory completion of the training programme, including passing the necessary examinations.

2. COURSE OF STUDY
   2.1. The period of training for DM programmes will be a minimum of four (4) years.

2.2. Training will normally take place at the University Hospital of the West Indies or at institutions in the contributing territories recognised by the University for this purpose; but up to one year’s elective period may be spent at institutions in or out of the Caribbean (approved by the appropriate Speciality Board) provided prior approval is obtained from the Board.

2.3. Each DM candidate must spend forty-six (46) weeks each year in the programme. Candidates can have a total of six (6) weeks leave per annum (three (3) weeks in every six (6) months.

3. EXEMPTION
   3.1. Candidates who have completed periods of study in recognised hospitals or institutions may apply to the Speciality Board for exemption from the appropriate section of the programme.

   3.2. Candidates who hold a postgraduate qualification in Psychiatry, or who have been undergoing training in a recognised Psychiatry programme, may apply for exemption form Part I DM (Psychiatry) Examination, and from up to two years participation in the programme.

4. ASSESSMENT
   4.1. Trainees will be assessed at least annually. Those with unsatisfactory records will be encouraged to improve; but if poor performance persists they will not be allowed to complete the programme.

5. EXAMINATIONS DM PSYCHIATRY

There are examinations at the end of Years I, III and IV and these are normally held in September.

The Part I Examination is held at Year I and consists of two sections:

Section A: Basic Sciences (including Neuroanatomy and Neurophysiology)
   A written paper
   An oral examination

Section B (i) A written paper in Psychiatry and Neurology
   (ii) Clinical examinations in Psychiatry
   (iii) Clinical examinations in Neurology

(The Speciality Board will decide whether a candidate who is not successful in the whole of Part I examination may continue in the programme. It will also decide whether the trainee must repeat instruction in the relevant section of the course before being allowed to re-sit the examination in that section.)
The Part II Examination is held at the end of Year III. Its scope is the whole area of Psychiatry and consists of:

(i) Two written papers, which may include multiple-choice questions
(ii) A clinical examination
(iii) An oral examination

The Part III Examination is held at the end of Year IV. It constitutes the presentation and examination of the project report. Following submission, the Examiners may:

(i) accept the work or
(ii) reject the work, in which case they will indicate what additional work or new work needs to be carried out and when it should be resubmitted.

DM RADIOLOGY

1. COURSE OF STUDY

1.1. The DM (Radiology) Programme is divided into two parts:

   a) Part I (MEDC 6606) (minimum 45 weeks) consists of a course of study and Examination I Radiological Anatomy, Techniques and Practical Procedures, Radiography and Physics and Apparatus Construction.

   b) Part II (MEDC 6606) (minimum 135 weeks) is training in Diagnostic in the Department and institutions accredited for this purpose including Radiography, Computerised Tomography, Ultrasound, Nuclear Medicine and Magnetic Resonance Imaging.

2. ASSESSMENT

2.1. Trainees will be assessed at least annually. Those with unsatisfactory records will be encouraged to improve; but if poor performance persists, they will be required to withdraw from the programme.

2.2. The candidates must have reached a satisfactory standard in each of the course assessment.

3. EXAMINATIONS

3.1. Part I Examination assesses knowledge and diagnostic skills in the topics described above. It is held at the end of the first year and consists of:

   a) two written papers
   b) an oral examination

3.2. Part II Examination is held at the end of the fourth year and covers the trainee's knowledge of the full range of diagnostic investigations and intervention procedures. It consists of:

   a) two written papers
   b) an oral and film-reading examination

4. EXEMPTION

4.1. Candidates who have competed periods of study in recognised hospitals or institutions may apply to the Speciality Board for exemption from the appropriate section of the programme.

5. QUALIFICATIONS FOR ENTRY

5.1. The applicant should be:

A graduate in Medicine with acceptable qualifications of a University or a Medical School recognised by The University of the West Indies fully registered in the territory or territories in which training takes place.

5.2. Candidates applying for entry to the DM (Radiology) programmes must, in addition to the above requirement, have completed six (6) months in General Medicine, General Surgery or Child Health and have completed at least one year in a clinical position after the internship period.

MSC CLINICAL PSYCHOLOGY

AIMS

The general aim is to produce graduates with the theoretical knowledge and practical skills to work in a variety of roles and settings within the Caribbean.

OBJECTIVES

At the end of the program candidates should have acquired and demonstrated substantial understanding of, and competence in the following areas:

(a) the breadth of scientific psychology, its history of thought and development, its research methods, and its applications to the Caribbean situation. (To achieve this end, the students shall be exposed to the current body of knowledge in at least the following areas: biological aspects of behavior; cognitive and affective aspects of behavior, social aspects of behavior; history and systems of psychology in the Caribbean; psychological measurement; research methodology; and techniques of data analysis);

(b) the scientific, methodological and theoretical foundations of practice in the substantive area(s) of professional psychology in which the program has its training emphasis. (To achieve this end, the students shall be exposed to the current body of knowledge in at least the following areas: individual differences in behavior; human development; dysfunctional behavior or psychopathology; and professional standards and ethics);
(c) diagnosing or defining problems through psychological assessment and measurement and formulating and implementing intervention strategies (including training in empirically supported procedures). (To achieve this end, the students shall be exposed to the current body of knowledge in at least the following areas: theories and methods of assessment and diagnosis; effective intervention; consultation and supervision; and evaluating the efficacy of interventions);

(d) issues of cultural and individual diversity that are relevant to all of the above; and

(e) attitudes essential for life-long learning, scholarly inquire, and professional problem-solving as psychologists in the context of an evolving body of scientific and professional knowledge.

ADMISSION REQUIREMENTS
A Bachelor's degree in Psychology or a related field from a recognised university with at least second class honours. Students must demonstrate aptitude in research/computer skills and have taken a number of core psychology courses including Introduction to Psychology, Abnormal Psychology, Statistics and Experimental Psychology.

This course of training extends over two (2) years full-time and consists of forty-eight (48) credits consisting of:

- 10 taught courses
- a seminar on Issues of Caribbean Psychology: Ethics and Professional Practice
- a research thesis supervised by a psychologist
- on-going psychologist-supervised practicum experiences

The curriculum which is outlined below, is highly structured, and is designed to maximise the development of professional skills while also developing the student's understanding of fundamental areas in the discipline of psychology.

### COURSE CODES AND CREDITS

**YEAR 1**

<table>
<thead>
<tr>
<th>Semester I</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Number of Credits</th>
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<tr>
<td></td>
<td>CLSY6100</td>
<td>Psychopathology</td>
<td>3 credits</td>
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<td></td>
<td>CLSY6200</td>
<td>Psychological Assessment – Adult</td>
<td>3 credits</td>
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<td></td>
<td>CLSY6300</td>
<td>Clinical Research Skills</td>
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<td>CLSY6400</td>
<td>Caribbean Psychology</td>
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<td>CLSY6501</td>
<td>Practicum I – Diagnosis and Assessment of Adult Psychopathology (1 day per week)</td>
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<thead>
<tr>
<th>Semester II</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Number of Credits</th>
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<tbody>
<tr>
<td></td>
<td>CLSY6700</td>
<td>Caribbean Ethics and Professional Practice Seminar-I</td>
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<td>CLSY6201</td>
<td>Psychological Assessment – Child</td>
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<td></td>
<td>CLSY6101</td>
<td>Individual Psychotherapy – Research and Theory</td>
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<td></td>
<td>CLSY6401</td>
<td>Issues of Human Development</td>
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<td></td>
<td>CLSY6502</td>
<td>Practicum II – Diagnosis and Assessment of Adult and Child Psychopathology (2 days per wk (Summer Session))</td>
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**Summer Session**

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<tbody>
<tr>
<td>CLSY6503</td>
<td>Practicum III (4 days per week)</td>
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**YEAR 2**

<table>
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<tr>
<th>Semester I</th>
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<tr>
<td></td>
<td>CLSY6102</td>
<td>Applied Health Psychology</td>
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<td></td>
<td>CLSY6103</td>
<td>Clinical Neuropsychology</td>
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<td>SW-64C</td>
<td>Group Therapy</td>
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<td></td>
<td>CLSY6504</td>
<td>Practicum IV (2 - days per wk)</td>
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* (Can be taken in either Semester I or Semester II)

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<tr>
<th>Semester II</th>
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<tr>
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<td>CLSY6800</td>
<td>Research Paper</td>
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<td>CLSY6701</td>
<td>Caribbean Ethics and Professional Practice Seminar-II</td>
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