



RASHIDA IQBAL FINANCIAL AID **ORGANIZATION**

GUIDELINES FOR BEHAVIOURAL SCIENCES

A full reading of the book is a must ...

mcqs book ki lines se aaty hain

past mcqs are repeated

Seqs min kahaniyan likhni hain .. jitni ziada lmbi kahani utne ziaada marks

NOW THE IMPORTANT TOPICS FROM THE WHOLE BOOK .. MAKE SURE
YOU MARK THEM BEFORE STARTING BS SO THAT YOU CONCENTRATE ON
THEM WHILE READING !

S.E.C.T.I.O.N A

HEALTH CARE MODELS starting from page 3 (all types in detail)

STRESS PERFORMANCE CURVE ON PG 7

TABLES ON PG 12 , PG 16,

SEVEN QUESTIONS ON PG 18

TYPES OF DISCLOSURE METHODS PG 23

PG 27 SEVEN STAGE MODEL OF CRISIS INTERVENTION

PAGE 28 TABLE

STEPS OF BPS MODEL

METHODS OF CONFLICT RESOLUTION PG 30

PG 31 TABLE

S.E.C.T.I.O.N B

TYPES OF MEDICAL ETHICS

GUIDING PRINCIPLES OF MEDICAL ETHICS (COMPLETE)

23 COMPLETE POINTS

DEF OF INFORMED CONSENT

EXCEPTIONS TO THE RULE OF INFORMED CONSENT PG 39

PG 40 QUESTIONS FOR INFORMED CONSENT

CONDITIONS IN WHICH CONFIDENTIALITY CAN BE BREACHED (PG 40)

PG 48 DR-PT RELATIONSHIP ; MODELS FULL

PG 49 AND 50, RIGHTS AND RESPONSIBILITIES OF PATIENTS

PG 52 - PSYCHOLOGICAL REACTIONS IN DR-PT RELATIONSHIP (COMPLETE)

DEFS OF TRANSFERENCE , COUNTER TRANSFERENCE AND RESISTANCE

S.E.C.T.I.O.N C

PG 65 - LEARNING

PG 66 , 67 , 68 COMPLETE WITH SPECIAL FOCUS ON : PG 67 – TABLE, PG 68 – CLASSICAL CONDITIONING

PG 71 – TREATMENT OF PHOBIAS

PG 72 METACOGNITION

METACOGNITION PG 43

MEMORY - COMPLETE (V IMP)

FIG ON PG 76

FIG ON PAGE 78

PG 81 AMNESIA AND DEMENTIA , THEIR CAUSES

PG 84 POINT D, PG 85 POINT E

STAGES OF CREATIVE THOUGHT PG 91

TYPES OF EMOTIONS PG 92

PG 96- MASLOW'S HIERARCHY OF NEEDS

INTELLIGENCE COMPLETE

DIFFERENCE BETWEEN EQ AND IQ

PAIGET'S THEORY PG 101

FREUDS'S THEORY PG 102, 103

ERICKSON STAGES OF PSYCHOSOCIAL DEVELOPMENT – 103 , 104 , 105

TABLE ON PG 105

PG 107 – TYPE A AND B PERSONALITIES

PG 108 - -PERSONALITY DISORDERS TABLE

PG 119 , 120 FULL

PG – 120 , 121 SLEEP HYGIENE AND SLEEP INDUCTION

PG 122 – COPING WITH INSOMNIA

RAWALPINDI MEDICAL UNIVERSITY

S.E.C.T.I.O.N D

STIGMA PG 132

PG 133 SICK ROLE

PG 134 FAILURE TO ADHERE TO TREATMENT , ELEMENTS TO IMPROVE COMPLIANCE ,

S.E.C.T.I.O.N E

DEFENCE MECHANISMS – PG 145, 146

STRESS DUE TO ILLNESS -149

STRESS DUE TO HOSPITALIZATION – 150

REACTION OF PATIENT TO ILLNESS AND HOSPITALIZATION – PG 151

MENTAL STATE EXAM – PG 154

PG 162 FULL

PSYCHOLOGICAL ISSUES DURING PUERPERIUM PG 162

PG 164 FULL

PG 177 TILL 185 ; GIVE IT A READ FOR DIAGNOSIS OF SCENARIOS
PRESENTED IN EXAM ,

PG – 189 , TWO TABLES ; PROTECTIVE FACTORS AND RISK FACTORS FOR
SUICIDE

DEF OF DELIRIUM - 189

DISORDERS OF SEXUAL PREFERANCE ; PG 197, 198 , 199

PG 212 – PTSD , COMMON REACTIONS TO TRAUMA

PG 213- TABLE ; TECHNIQUES TO MANAGE TRAUMA

PG 226 – PROGRESSIVE MUSCLE RELAXATION

PG 227- TABLE

Q1 ON PG 229

** A topic by the title “ Health belief model “ isn’t given in new book but
is there in the old edition , here are its pictures

constant update on death being a possible outcome in such patients should be shared with the family from the very beginning and at regular intervals of the management process.

8. Health Belief Models (HBM) and Explanatory Models of Illness

Prevention of illness and promotion of health depend in large part upon an individual's attitudes towards help seeking and the value of health. The HBM contains a number of variables all of which contribute to some extent to health behaviour. These factors include interest and concern with health matters, beliefs about susceptibility to illness, ideas about illness, severity, the benefits and costs of carrying out certain actions and beliefs about how well those actions will work. Elaboration of the HBM has also emphasized the importance of the opinion of respected people in the individual's life and the perceived amount of personal control that people perceive they have over events. Typically the psychiatric disorders are seen in our part of the world as "spiritual illnesses" that are a result of "nazar" or 'evil-eye', possession by evil spirits and jinns or satanic changes. This thought determines the pathway that a psychiatric patient consequently follows. He or she therefore must first be taken to a faith healer, a 'pir' or a clergyman. Even after an eventual consultation with a psychiatrist, the 'taweez' 'dhaga', dum, darood must continue as adjuvant to psychiatric interventions. A sensitive doctor will ensure strict compliance to treatment and give

- ④ What
- ③ How do you
- ④ What should
- ⑤ What and th

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9. Social

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informational care on the scientific basis of the disease. He is however not expected to challenge or try and alter the health belief models of the patient or his family through a process of confrontation. He may instead choose a strategy of running awareness campaigns through media to enhance and improve the understanding about psychiatric disorders and remove myths and misconceptions in the community by replacing their existing understanding with evidence-based and scientific thought. Changing attitudes, and hence behaviour, is not just a question of telling people what to do, it is to show them the benefit without shaking or challenging their conventional wisdom. The following questions can be asked to assess the patient's explanatory model of illness:

- ① What do you call your problem? What name does it have?
- ② What do you think has caused your problem?
- ③ How do you think it started and what course do you think will it take?
- ④ What type of treatment do you think you should receive?
- ⑤ What do you think can the illness do to you and those around you?

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These questions can form the basis of an informational care session in health settings (section A).

9. Social support:

Having family members, friends, work colleagues or other agencies to provide emotional and / or practical support, has been shown repeatedly to ameliorate the effects of physical and psychological stress and to hasten recovery from surgery and illness. Support may also enhance adherence to health advice and rehabilitation. All health professionals should inquire about and reinforce

tant area of everyday

Regards

Shahana Ghazal

Publications Secretary

RIFAO

