ICD 10 Training Kit - (in collaboration with WHO) APPENDIX 1

### **ICD 10 Training Kit - (in collaboration with WHO)**

**APENDIX 1**  
  
**List of references to key books and articles**  
  
**BOOKS AND DOCUMENTS**

1. Cooper, J.E. (ed) (1994) Pocket guide to the ICD-10 classification of mental and behavioural disorders, with Glossary and Diagnostic Criteria for research. Churchill Livingstone (Edinburgh, London, Melbourne, New York and Tokyo), in behalf of WHO
2. Mental disorders, alcohol- and drug-related problems: international perspectives on their diagnosis and classification (1985). Amsterdam, Excerpta Medica (International Congress Series, No 669)
3. Sartorius N , Jablensky A, Regier D, Burke JD, Hirschfeld, editors (1990). Sources and traditions of classification in psychiatry. Hogrefe & Huber; WHO
4. Sartorius N. Understanding the ICD-10 Classification of Mental and Behavioural Disorders, Pocket Reference. Science Press Ltd, London (1995)
5. World Health Organization (1980). International classification of impairments, disabilities and handicaps. WHO, Geneva
6. World Health Organization (1987). Application of the International Classification of Diseases to Neurology (ICD-9 NA). WHO, Geneva
7. World Health Organization (1992) Research activities in WHO's Mental Health programme. WHO, Geneva (WHO/MNH/92.9)
8. World Health Organization (1992) International Statistical Classification of Diseases and Related Health Problems. Tenth Revision. Vol 1: Tabular list. WHO, Geneva, 1992.Vol 2: Instruction Manual (1993).Vol 3: Index (1994).
9. World Health Organization (1993)The ICD-10 classification of mental and behavioural disorders:Clinical descriptions and diagnostic guidelines.WHO, Geneva.
10. World Health Organization (1994)The ICD-10 classification of mental and behavioural disorders:Diagnostic criteriafor research. WHO, Geneva.
11. World Health Organization (1994)The ICD-10 classification of mental and behavioural disorders:Conversion tables between ICD-8, ICD-9 and ICD-10. Revision 1. WHO, Geneva. (WHO/MNH/92.16)
12. World Health Organization (1994)Lexicon of psychiatric and mental health terms, 2nd edition. WHO, Geneva
13. World Health Organization (1994)Lexicon of alcohol and drug terms.WHO, Geneva

**IN PREPARATION**

1. World Health Organization (1995)The ICD-10 classification of mental and behavioural disorders:Casebook.WHO, Geneva. (in preparation)
2. World Health Organization (1995)Lexicon of cross-cultural terms in mental health. WHO, Geneva(in preparation)
3. World Health Organization.Multilingual dictionary of mental health terms, WHO, Geneva (in preparation)
4. World Health Organization.Application of the International Classification of Diseases to Neurology (ICD-10 NA), second edition.WHO, Geneva(in preparation)

**INSTRUMENTS**

1. World Health Organization (1988)WHO psychiatric disability assessment schedule (WHO/DAS). WHO, Geneva
2. World Health Organization, Division of Mental Health (1992)The international personality disorder examination (IPDE), version 1.0. WHO, Geneva. (WHO/MNH/MND/92.10)
3. World Health Organization, Division of Mental Health (1993)Catalogue of assessment instruments used in the studies coordinated by the WHO Mental Health Programme. Prepared by: A.Janca and C.R. Chandrashekar.WHO, Geneva (WHO/MNH/92.5)
4. World Health Organization (1993) Composite International Diagnostic Interview (CIDI), core version 1.1. Interviewer Manual.American Psychiatric Press, Inc., Washington, DC, on behalf of WHO
5. World Health Organization (1994)Schedules for clinical assessment in neuropsychiatry (SCAN). Version 2.0, Manual.American Psychiatric Press, Inc., Washington, DC, on behalf of WHO.
6. World Health Organization, Division of Mental Health (1994)The ICD-10 symptom checklist,version 2.0.Prepared by:A.Janca, T.B. Üstün,J. van Drimmelen-Krabbe, V. Dittmann and M. Isaac.WHO, Geneva (WHO/MNH/MND/94.12)
7. World Health Organization, Division of Mental Health (1994)The ICD-10 symptom glossary for mental disorders.Prepared by:M. Isaac, A. Janca and N.Sartorius.WHO, Geneva (WHO/MNH/MND/94.11)

**ARTICLES**

1. Janca A., Üstün T.B., Early T.S, Sartorius N.The ICD-10 Symptom checklist: a companion to the ICD-10 classification of mental and behavioural disorders.Social Psychiatry and Psychiatric Epidemiology, 1993, 28: 239-242
2. Pull C.B., Wittchen H.U.CIDI, SCAN and IPDE: structured diagnostic interviews for ICD-10 and DSM III-R.European Psychiatry, 1991, 6: 277-285
3. Sartorius N.WHO's work on the epidemiology of mental disorders.Social Psychiatry and Psychiatric Epidemiology, 1993, 28: 147-155
4. Sartorius N.The classification of mental disorders in the Tenth Revision of the International Classification of Diseases.European Psychiatry, 1991, 6: 315-322
5. Sartorius N., Jablensky A., Cooper J.E., Burke J.D. (eds).Psychiatric classification in an international perspective.British Journal of Psychiatry, 1988: 152(supplement)
6. Sartorius N. et al.Progress towards achieving a common language in psychiatry: results from the field trials of the clinical guidelines accompanying the WHO Classification of Mental and Behavioural Disorders in ICD-10.Archives of General Psychiatry, 1993, 50: 115-124.
7. Üstün T.B., Goldberg D., Cooper J.E., Simon G.E., Sartorius N.New classification for mental disorders with management guidelines for use in primary care:ICD-10 PHC chapter V.British Journal of General Practice,1995,45:211-215

**APENDIX 2**  
  
**Editorial guidelines for the production of case histories**   
  
**To maintain a similar format for case histories prepared locally with those presented in Section 5 the editors should apply the following guidelines:**  
  
**Length:maximum 1500 words including discussion.**  
  
**Title**  
  
**Each case, that is prepared in addition to the cases selected from Section 5, may simply be numbered.Any order may be chosen for the case presentations during the workshop.**  
  
**Patient identification**  
  
**The identification should include the age of the patient, social and marital status, education. Other identificatory material(town, occupation, known public events, etc) may be changed without altering the content and their relevance for the case history.**  
  
**Contents**  
  
**There will be five (or with the optional course and treatmentresponse information -- six)sections in a case summary:1) problem;2) history;3) findings;4) course, and 5) discussion.**  
  
**Section 1. Problem**  
  
**This section will tell:**

1. why the patient has come to see a doctor.This should be expressed mainly in the own words of the patient and/or accompanying person who knows the patient well.
2. the history of the presenting problem: how and when did it begin, first signs and symptoms, their development in chronological order. This section should summarize the experience of the illness in a lively style and give a description of the life of the patient (how he or she lives, what the psychosocial environment is like).Actual examples of what the patient experiences should be given.If available and necessary,patient's own views about his or her illness could be added.

When verification is needed to judge the validity of the information, a reference to the account of the accompanying person of other person who knows the patient well, should be made. The history should be internally consistent and sufficient to initiate diagnostic reasoning.When experiences important for diagnosis (e.g. delusions, hallucinations, amnesia, etc) are presented psychological terms should be avoided and straightforward descriptions and/or examples should be given.  
  
Section 2. History  
  
This sectionwill give information on the following (without giving subtitles):

1. personal and social history
2. premorbid personality
3. family history
4. previous physical and psychiatric illness

The history section will give background information to portray the patient as a person (describing at least origin of family, childhood, adolescence, education, marriage, occupation, social status and ersonality). The information given will be relevant for the diagnostic decision-making process. To avoid redundancy in reporting negative findings (e.g. something was absent) these will be noted only when they are important for diagnostic decisions (e.g. no organic factors in physical examination and investigations were found).Where no information was available this will be mentioned.  
  
If there were previous diagnoses (or treatments) given in the past history,these should be referred to as "syndromes" (or generic names) to the extent possible, without giving diagnostic labels.Any apparent "misdiagnosis" (or mistreatment)-- only if necessary to quote for training purposes --should be given in "quotation marks".It is preferred to refer to such diagnoses in the discussion without making judgements about past diagnoses.  
  
Reference to calendar dates should be avoided;the age of the patient should be used.For instance, refer to "when the patient was 35" rather than to "in 1972".  
  
Section 3. Findings  
  
This sectionwill give information on the following (without giving subtitles):

1. current mental status
2. results of physical and neurological examination
3. results of psyhological investigations

The current mental status will give the usual domains of mental status:relation with the interviewer, appearance and general behaviour, talk,mood, thought content, abnormal experiences referred to environment, body or self, the cognitive state (orientation, attention, memory, intelligence), reality testing and insight.Examples described in the present and past history should be summarized using psychiatric terms, in accordance with ICD-10 and WHO lexica.  
  
It is not necessary to restrict the mental status account only to findings "on examination"; relevant information from other sources and previous observations on the current episode can be incorporated.  
  
Only positive findings and important negative findings will be given when describing physical examination and investigations.  
  
Section 4. Course  
  
This is an optional section that should or could be added if :

1. information about the course of illness is necessary for confirming diagnosis, e.g. by treatment response;
2. a treatment has affected (or has not affected) the disorder and changed its course;
3. it adds liveliness to the case or carries a message about the treatability of the case.

Drugs will be referred to by generic names and doses will be given as "high-moderate-low".  
  
Section 5. Diagnostic discussion  
  
The diagnosis will be given in ICD-10 context (ICD-10 terms, criteria for disorders, duration, and exclusion).Diagnostic decision making will be based on ICD-10 logic and differential diagnosis will be made accordingly.It will be useful to summarize the findings that conform with ICD-10 Criteria (or present them in a comparative table, if necessary), and illustrate how ICD-10 is used to formulate the diagnosis.If any information is missing,it should be noted that it is necessary to know "such additional features" to arrive at a conclusive diagnosis.The ICD-10 CDDG (Blue Book) should be sufficient to discuss the cases.ICD-10 DCR, however, provides more precision in descriptions and supplies some additional codes.These should be addressed in the discussion as necessary.  
  
All diagnoses which apply will be noted.The "main diagnosis" is that which was the central reason for admission and therapy.Differential diagnosis will be discussed in clinical terms.  
  
If there are special culture-bound elements in the case, it will be useful to comment on those in the discussion pointing to their specific nature and noting their handling in ICD-10.  
  
Predisposing and precipitating factors could be discussed if relevant and highly likely to have been involved in the occurrence of the disorder.  
  
APENDIX 3  
  
Guidelines for the production of videotapes  
  
A videotape recording of an interview with a patient may provide additional information if a written description is insufficient to adequately present expression of affect, body movements and other behavioural signs of illness.  
  
To avoid ethical problems it is preferable to produce videotapes showing actors rather that patients. If patients are shown, informed consent of the patient or his guardian should be obtained.The text should be given in writing, specifying the purpose for which this video is produced.The initial sentence of the recorded interview should repeat the written consent.  
  
For educational videotapes it is useful to provide discussion points on the tape and a listing of educational objectives.  
  
Tapes should be shown to audiences speaking the language of the interview.Translated and dubbed tapes are generally less useful and their use should be avoided.  
  
The cover of the tape should should be given details of the apparatus on which the tape was produced, the type of recording (e.g. PAL) and identification details (e.g. name of interviewer, date of production, institution).This information should also be recorded on the beginning of the tape.  
  
APENDIX 4  
  
List of WHO Reference and Training Centres on Classification, Diagnosis and Assessment in the field of Mental Health  
  
ICD-10 Reference and Training Centres  
  
Denmark  
  
Dr A. Bertelsen Danish  
Institute of Psychiatric Demography,Psychiatric Hospital  
University of Aarhus Tel: +45 (86) 17 77 77   
8240 Risskov, Denmark Fax: +45 (86) 17 59 77  
  
Egypt  
Dr A. Okasha Arabic  
Institute of Psychiatry, Ain Shams University  
3 Shawarby Street  
Kasr-El-Nil Tel: +20 (2) 3350 233  
Cairo, Egypt Fax: +20 (2) 348 1786  
  
Germany  
Dr H. Dilling German  
Klinik für Psychiatrie der Medizinischen Hochschule  
Ratzeburger Allee 160 Tel: +49 (451) 500 2440  
23562 Lübeck, Germany Fax: +49 (451) 500 2603  
  
India  
Dr R.S. Murthy Hindi  
National Institute of Mental Health and Neurosciences Kannada  
Department of Psychiatry Tel: +91 (80) 6642121  
Bangalore 560029, India Fax: +91 (80) 6431 830  
  
Japan  
Dr Y. Nakane Japanese  
Department of Neuropsychiatry  
Nagasaki University, School of Medicine  
7-1 Sakamoto-Machi Tel: +81 (958) 47 21 11  
Nagasaki 852, Japan Fax: +81 (958) 49 43 72  
  
Luxembourg  
Dr Ch. Pull French  
Service de Neuropsychiatrie, Centre Hospitalier de Luxembourg  
4 rue Barblé Tel: +352 4411 2256  
1210 Luxembourg Fax: +352 458 762  
  
Spain  
Dr J.J. Lopez-Ibor Jr  
Spanish Servicio de Psiquiatria, Hospital Universitario San Carlos  
28040 Madrid, Spain Tel/fax: +34 (1) 330 3574  
  
UK  
Dr G.Harrison English  
Department of Psychiatry  
Mapperley Hospital  
Porchester Road Tel: +44 (865) 226 460  
Nottingham NG3 6AA, United Kingdom Fax: +44 (865) 793 101  
  
United States  
Dr D. Regier, Director English  
Division of Epidemiology and Services Research  
NIMH, Room 10-105  
5600 Fishers Lane Tel: +1 (301) 443 3648  
Rockville, MD 20857, USA Fax: +1 (301) 443 4045  
  
  
CIDI Reference and Training Centres  
  
Australia  
Dr G. Andrews English  
Clinical Research Unit for Anxiety Disorders  
St Vincent's Hospital  
299 Forbes Street Tel: +61 (2) 332 1188 or 4312  
Darlinghurst, NSW 2010, Australia Fax: +61 (2) 332 4316  
  
Brazil  
Dr C. Torres de Miranda Portuguese  
Departamento de Psiquiatria Escola Paulista de Medicina  
Rua Botucatu 740 Tel: +55 (11) 570 2828  
Sao Paulo - S.P., CEP 04023, Brazil Fax: +55 (11) 549 2127  
  
China  
Dr Shu Liang Chinese  
Institute of Mental Health, Beijing Medical College  
Beijing Tel: +86 (1) 440 531 (318)  
People's Republic of China Fax: +86 (1) 202 7314  
  
Germany  
Dr H.-U. Wittchen German  
Max-Planck Institute for Psychiatry  
Kraepelinstrasse 10 Tel: +49 (89) 30622 546  
8000 Munich 40, Germany Fax: +49 (89) 30622 200  
  
India  
Dr M. Isaac Kannada  
National Institute of Mental Health and Neurosciences  
P.O. Box 2900 Tel: +91 (80) 664 2121  
Bangalore 560029, India Fax: +91 (80) 6431 830  
  
Luxembourg  
Dr Ch. Pull French  
Service de Neuro-Psychiatrie  
Centre Hospitalier de Luxembourg  
4 rue Barblé Tel: +352 4411 2256  
1210 Luxembourg Fax: +352 458 762  
  
Netherlands  
Dr R. Smeets Dutch  
Psychiatric Clinic  
Academisch Ziekenhuis, Universiteit van Amsterdam  
Tafelbergweg 25, Tel: + 31 (20) 566 2353  
1105 BC Amsterdam Zuidoost, NetherlandsFax: +31 (20) 6919139  
  
United States  
Dr L.N. Robins & Dr L. Cottler English  
Washington University, School of Medicine  
4940 Children's Place Tel: +1 (314) 362 2469  
St Louis, MO 63110, USA Fax: +1 (314) 362 2470  
  
United States  
Dr M. Rubio-Stipec Spanish  
Department of Academic Affairs, Office of the Dean  
University of Puerto Rico, Medical Sciences Campus  
GPO Box 5067 Tel: +1 (809) 754 8624   
San Juan, PR 00936, USA Fax: +1 (809) 764 2470  
  
  
SCAN Reference and Training centres  
  
Australia  
Dr Gavin Andrews(SCAN field trial centre) English  
Clinical Research Unit for Anxiety Disorders  
St Vincent's Hospital  
299 Forbes Street  
Darlinghurst, NSW 2010 Tel: +61 (2) 332 1188 or 4312  
Australia Fax: +61 (2) 332 4316  
  
Brazil  
Dr F Lotufo Neto & Dr L. Andrade Portuguese  
Hospital das Clinicas  
Faculdade de Medicina da Universidade de Sao Paulo  
CEP: 01251-110 Tel: +55 (11) 210 4311  
Sao Paulo SP, Brazil Fax: +55 (11) 659 062  
  
China  
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Denmark  
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Germany  
Professor H. Dilling German  
Klinik für Psychiatrie der Medizinische Hochschule  
Ratzeburger Allee 160 Tel: +49 (451) 500 2440  
2400 Lübeck 1, Germany Fax: +49 (451) 500 2603  
  
Professor H. Häfner & Dr K. Maurer German  
Zentralinstitut für seelische Gesundheit  
Quadrat J.5, Postfach 5970 Tel: +49 (621) 1703 738  
6800 Mannheim 1, Germany Fax: +49 (621) 234 29  
  
Greece  
Dr V.G.Mavreas Greek  
University Research Institute of Mental Health  
Eginition Hospital  
74, Vas. Sophias Avenue Tel: +30 (1) 724 7618  
11528 Athens, Greece Fax: +30 (1) 724 3905  
  
India  
Dr Somnath Chatterji Hindi  
National Institute of Mental Health and Neurosciences Kannada  
Department of Psychiatry Tel: +91 (80) 664 21 21 ext. 221  
P.O. Box 2979 Tel: +91 (80) 664 80 73 (home)  
Bangalore 560029, India Fax: +91 (80) 64 31 830  
  
Italy  
Dr M. Tansella (SCAN field trial centre) Italian  
Department of Medical Psycholog  
Universityof Verona Tel: +39 (45) 58 56 33  
37134 Verona, Italy Fax: +39 (45) 58 58 71  
  
Japan  
Professor Y. Nakane Japanese  
Department of Neuro Psychiatry, University of Nagasaki  
7-1, Sakomoto-Machi Tel: +81 (958) 47 21 11 ext 2860  
Nagasaki 852, Japan Fax: +81 (958) 49 43 72  
  
Luxembourg  
Professor Charles Pull French  
Centre hospitalier de Luxembourg, Service de Neuropsychiatrie  
4, rue Barblé, Luxembourg Tel: +352 4411-2256  
Luxembourg Fax: +352 458 762  
  
Netherlands  
Professor R. Giel & Dr Niekenhaus Dutch  
Department of Social Psychiatry, Academisch Ziekenhuis  
Postbus 30.001, Oostersingel 59 Tel: +31 (50) 61 38 37  
9700 RB Groningen, The Netherlands Fax: +31 (50) 34 59 15  
  
Spain  
Professor J.L. Vázquez-Barquero Spanish  
Unidad de Investigacion en Psiquiatria Social de Cantabria  
Hospital Universitario "Marques de Valdecilla"  
Av Valdecilla S/N Tel: +34 (42) 202 520 ext 72545  
39008 Santandar, Spain Tel: +34 (42) 202 545 direct  
Fax: +34 (42) 202 655  
  
Switzerland  
Dr L. Barrelet (SCAN field trial centre) French  
Clinique Psychiatrie Cantonal Tel: (038) 44 11 11  
2018 Perreux, Switzerland Fax: (038) 42 64 76  
  
Turkey  
Dr A. Gö\_üs Turkish  
Dept. of Psychiatry, Hacettepe University Tel: +90 4 310 8693  
Ankara, Turkey Fax: +90 4 310 1938  
  
United Kingdom  
Professor John Wing English  
The Royal College of Psychiatrists, Research Unit  
11 Grosvenor Crescent Tel: +44 (71) 235 2996  
London SW1X 7EE, United Kingdom Fax: +44 (71) 235 2954  
  
Dr. Paul Bebbington English  
MRC Social Psychiatry Unit, Institute of Psychiatry  
De Crespigny Park Tel: +44 (71) 703 5411  
London SE5 8AF Tel: +44 (71) 919 3497 (direct)  
United Kingdom Fax: +44 (71) 703 0458  
  
Dr. Terry Brugha English  
Department of Psychiatry, University of Leicester  
Leicester Royal Infirmary  
PO Box 65 Tel: +44 (533) 523 246  
Leicester LE2 7LX, United Kingdom Fax: +44 (533) 523 293  
  
Dr Louis Appleby, Senior Lecturer English  
University of Manchester  
Dept of Psychiatry, Withington Hospital  
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Dr Glynn Harrison English  
Professorial Unit, Mapperley Hospital  
Porchester Road Tel: +44 (602) 691 300 ext.40681  
Nottingham NG3 6AA, United Kingdom Fax: +44 (602) 856 396  
  
Dr Anne Farmer (SCAN field trial centre) English  
Department of Psychological Medicine, University of Wales  
Health Park  
Cardiff, CF4 4XN Wales Tel: +44 (222) 755 944 ext. 3241  
United Kingdom Fax: +44 (222) 743 838  
  
United States  
Dr A. Tien English  
Johns Hopkins University  
School of Hygiene and Public Health  
Department of Mental Hygiene  
624 North Broadway Tel: +1 (410)955 1709  
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Dr A. Romanoski English  
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St. Louis, Missouri 63110, USA Fax: +1 (314) 362 4294  
EMail: [compton@epi.wustl.edu](mailto:compton@epi.wustl.edu)IPDE Reference and Training Centres  
  
India  
Dr S.M. Channabasavanna Kannada  
National Institute of Mental Health and Neurosciences Hindi  
PO Box 2900 Tel: +91 (812) 641256 Tamil  
Bangalore 560029, India Fax: +91 (812) 643130  
  
Japan  
Dr M. Asai Japanese  
Department of Neuropsychiatry  
School of Medicine, Keio University  
35 Shinanomachi  
Shinjuku-ku Tel: +81 (3) 3353 124  
Tokyo 160, Japan Fax: +81 (3) 5379 0187  
  
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Service de Neuro-Psychiatrie  
Centre Hospitalier de Luxembourg  
4 rue Barblé, Luxembourg Tel: +352 4411 2256  
Luxembourg Fax: +352 458 762  
  
United States  
Dr A. Loranger English  
The New York Hospital - Cornell, Medical Center  
21 Bloomingdale Road Tel: +1 (914) 997 5922  
White Plains, NY 10605, USA Fax: +1 (914) 946 5859  
  
  
APENDIX 5  
  
Information about computer programmes  
  
Note: Dus to rapid developments in this area, more information might be obtained from WHO, Division of Mental Health and Prevention of Substance Abuse.  
  
English  
Hypertext version of the ICD-10 Blue Book  
Developed by Lubeck WHO/ICD centre  
Marketed by Huber and Hogrefe (Will become available in the course of 1996)  
  
German  
Hypertext version of the ICD-10 Blue Book  
Developed by Lubeck WHO/ICD centre  
Marketed by Huber and Hogrefe  
  
Spanish:  
Interactive programme for familiarization courses  
Used in Spain, Argentina  
Belong to CIMA SA(Madrid, Spain)  
Sheet with data, composed of:  
. data of the participants  
. data of familiarization with the different classifications  
. case 1  
. case 2  
. final comments  
. PC-ICD-10(IATROS):IATROS programme - Prof. Lopez-Ibor and CIMA SA(Spain)  
. for clinical use  
. contains.basic statistics  
.ICD - blue book  
. produces a final written report at discharge of the patient  
. CATEGO 5 -- SCAN:Reference: Prof. Vazquez-Barquero  
. IPDE: Reference: Prof. Lopez-Ibor  
. MICROCARE SYSTEM  
-Hammer,Lyons and Strain.EE.WH.  
-adapted by Hengelveld and Huyse (the Netherlands)  
-focused on consultation - liaison psychiatry  
-contains ICD-10 blue book  
ICD Q - organic disorders  
  
APENDIX 6  
  
Form for the recording of diagnoses according to the ICD-10 Classification of Mental and Behavioural Disorders   
  
Case nr.  
  
Main diagnosis:  
  
Alternative to main diagnosis:  
  
Other diagnoses:  
  
How confident are you about the main diagnosis?  
  
OVery confident OModerately confident OLow level of confidence  
  
How easy did you find the application of the ICD-10 criteria and the making of the diagnosis ?  
  
OVery easy OModerately easy ODifficult  
  
  
  
Other comments:  
  
  
  
APENDIX 7  
  
Model for evaluation of lecture/workshop  
  
EVALUATION FORM  
  
To help the organizers in improving the workshop on "Familiarization with the ICD-10 Classification of Mental and Behavioural Disorders",we would like you to answer a few questions, listed below.Thank you very much for your cooperation!  
  
Name and address (optional):  
  
Institute (optional): Professional degree:  
  
1. Now that the workshop is over, do you understand the ICD-10 better, than you did before?  
  
Yes No Uncertain  
  
2. Which part of the workshop did you find most instructive? (mark no more than 3 items)  
  
Lectures on the general understanding of the ICD-10  
  
Lectures on Chapter V and related documents(multiaxial presentation, primary care version, others:   
  
Lectures on the assessment instruments  
  
Case history exercises  
  
Discussions and exchange of viewpoints  
  
Others (please specify):  
  
3. About which subject would you have liked to learn more?Please specify.  
  
4. Which subject should have been given less time?Please specify.  
  
5. What is your overall impression of the lecture/workshop in this form?Very useful Useful, but should be changed Not very useful  
  
Comments:  
  
6. In which setting do you intend to use your knowledge of ICD-10:  
  
in clinical and ambulatory psychiatric work  
  
in psychiatric research  
  
in primary health care setting  
  
in other settings (please specify)  
  
in none, do not expect to use the ICD-10  
  
  
  
APENDIX 8  
  
Model for certificate for participation in ICD-10 familiarization workshop  
  
This is to certify that  
  
participated in a seminar for  
  
professional advancement on the1  
  
ICD-10 Classification of Mental and Behavioural Disorders  
  
Multiaxial presentation of Chapter V of ICD-10  
  
Primary care version of Chapter V of ICD-10  
  
This seminar took place on (date). . . . . . . . . . ,  
  
at (place). . . . . . . . . ,  
  
and was organized by  
  
. . . .  
  
jointly with  
  
  
  
the World Health Organization and the World Psychiatric Organization