



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH

(A Deemed to be University Declared under Section 3 of UGC Act, 1956)

Comprising Sri DevarajUrs Medical College

[Constituent Unit of Sri DevarajUrs Educational Trust for Backward Classes (Regd.)]

TAMAKA, KOLAR-563103, KARNATAKA, INDIA

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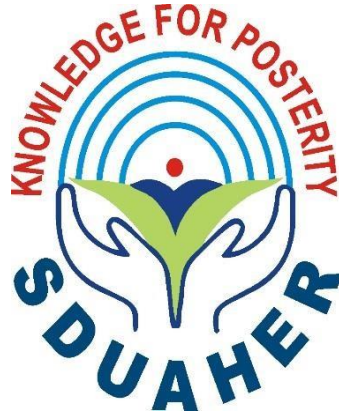
(With effect from 2019-2020 batches)

Competency Based Postgraduate Curriculum for Doctor of Medicine MD Psychiatry


Dean Faculty Of Medicine
Sri Devaraj Urs Academy of Higher
Education & Research, Tamaka, Kolar.

Approved as per BOM-56-2019, (Resolution No-LVI.06) Dated-20/12/2019

REGULATIONS GOVERNING
POST GRADUATE DEGREE PROGRAMMES
CURRICULUM 2019-2020

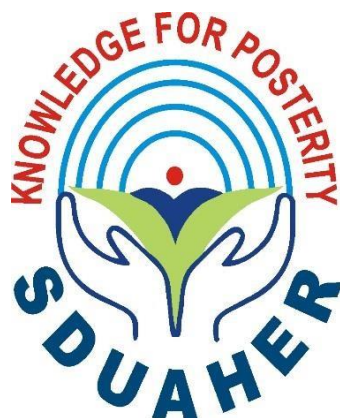


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Comprising Sri Devaraj Urs Medical College
A Deemed To Be University

Declared under section 3 of UGC, Act,1956,
MHRD GOI NO.F,9-36/2006-U.3(A), Dt.25th may 2007
Post box No.62, Tamaka, Kolar-563101, Karnataka, INDIA
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REGULATIONS AND CURRICULA
FOR
POST GRADUATE DEGREE PROGRAMMES
IN
MEDICAL SCIENCES
2019-2020



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Edition Year: 2020

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VISION:

“UNIVERSITY OF EXCELLENCE - KNOWLEDGE FOR POSTERITY”

MISSION:

1. To be a global centre of excellence for Teaching, Training and Research in the field of Higher education.
2. To inculcate scientific temper, research attitude and social accountability amongst faculty and students.
3. To promote with value based education for the overall personality development and leadership qualities to serve the humanity.

OBJECTIVES:

1. To provide need based infrastructure and facilities to students to become responsible professionals with social commitment and accountability.
2. To implement effectively innovative programs in teaching learning and evaluation.
3. To impart scientific and socio cultural temperament among students to forge national identity and needs.
4. To provide instruction and training in Basic and advanced branches of learning.
5. To provide facilities for research for the advancement and dissemination of knowledge.
6. To undertake extra mural studies, consultancy, extension programmes and field outreach services for the development of society.
7. To collaborate with other Universities, Institutions of excellence and research organizations within the country and outside for the purpose of teaching, training and research.
8. To undertake need based activities for the betterment of socially and educationally backward society.

At a glance this logo is abstract, yet it contains the vital ingredients for an institution like Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar.

The institution's medical background, Humanitarian values, Compassion,

Approachability, Social Commitment and the subsequent research towards the most precious thing, the human life, is the core theme.

The graphic form of a person in the centre of a bud represents the humanity. It denotes the growing process of life and its existence. And the two hands safeguarding them show the care and a sense of security. It is also capable of holding something within the vast expanse of knowledge by the University for the People's benefit. Hence, the motto "Knowledge for Posterity" is very appropriate and gives a punch in Red. The four light blue half circles (smaller to bigger) depict the unending quest for knowledge and imparting it to a wider horizon, growing higher and higher.

And finally, the whole unit is embedded in a "D" shaped graphic template as background to give it a corporate identity.

COLORS USED:

Deep Blue: Credible, Confident and Dependable. Represents Peace, Tranquility, Stability, Harmony, Trust, Security, Cleanliness and Loyalty

Light Blue: For Sky and Water (color scheme for 4 half circles)

Red: A dominant color for strengths.

Green: For Nature, Health and Generosity. It is cool quality soothes and has great healing powers



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No. SDUAHER/KLR/ ADMN/1322/2020-21

Date:12/10/2020

NOTIFICATION

Sub: Regulations, curricula and syllabi of Postgraduate medical degree programmes in Preclinical, Paraclinical and clinical subjects- reg

Ref.

- I. Proceedings of the Academic Council meetings**
- II. Proceeding of the Board of Management meetings**
- III. MCI notifications**
- IV. SDUAHER notification:**

Academic Council Meetings		Board of Management Meetings	
19 th	17.11.2014	34 th	19.06.2015
21 st	25.04.2015	36 th	04.12.2015
22 nd	18.11.2015	44 th	23.06.2017
27 th	29.04.2017	45 th	09.11.2017
28 th	04.11.2017	48 th	20.06.2018
30 th	05.05.2018	50 th	22.12.2018
31 st	03.11.2018	54 th	06.07.2019
33 rd	04.06.2019	56 th	20.12.2019
34 th	15.11.2019	59 th	09.10.2020
36 th	30.09.2020		

Agenda discussed:

- Objectives of external postings of Post Graduates
- Internal & External postings of PG's with assessment tools
- Minimum marks to be scored in PG theory examinations
- Topics to be included in Forensic medicine and toxicology in paper 4 for PG students
- Work placed based assessment for PG students
- Introduction of Assessment of AETCOM in formative/summative assessment
- Design and development of E-portfolio for all PG's
- Patient handover as common EPA for all departments
- Preparation of Question paper from question bank using software

- Coding of answer booklet by software enabled barcoding
- Development of CBME in PG programmes
- Quarterly formative assessment as an assessment tool for all PGs
- Start course in MD psychiatry
- Implement E- Portfolio of PG's
- Discontinuation of practice for 5th evaluation in PG exam
- Post graduate training programme MCI-PG Medical Education Regulations 2000, amended upto May 2018
- Approval of EPA's as competency based medical training for PG's
- Work placed based assessment as part of quarterly assessment for PG's
- PLO's for all programmes

V. MCI Notifications

- MCI Notification dated 09-12-2009, vide No.MCI.18(1)/2009-Med.55455
- No. MCI-23(1)/2014/Med/153433 Dated 28-01-2015
- MCI Guidelines 2017(CBME based)
- MCI postgraduate medical education regulations 2000 amended upto 2018 (clause 13.2,gazette notification dated 05/04/2018)
- Basic Programme in Biomedical Research(MCI-23(1)/2019-Med./141602 dated 27-08-2019).
- MCI-12(2)/2019-Med.Misc./189334.- Dated:12th February 2020
- MCI-18(1)/2020-Med./121415.-date 16/09/2020- (District Residency Programme' (DRP)

VI. Office Memorandum No. SDUAHER / KLR/ ADMN /8071/2019- 20 Dated 22/06/2019

VII. SDUAHER / KLR/ ADMN /1571/2019-20 dated 12/09/2019

REGULATIONS FOR POST GRADUATE DEGREE PROGRAMME IN MEDICAL SCIENCES

CHAPTER- I

1. Branches of Study

1.1 Postgraduate Degree Programme

The following programmes may be pursued.

A. M.D. (Doctor of Medicine)

1. Anatomy
2. Physiology
3. Biochemistry
4. Pharmacology
5. Pathology
6. Microbiology
7. Forensic Medicine
8. Community Medicine
9. General Medicine
10. Dermatology, Venereology and Leprosy
11. Anesthesiology
12. Paediatrics
13. Radio-Diagnosis
14. Psychiatry

B. M.S. (Master of Surgery)

1. General Surgery
2. Obstetrics and Gynecology
3. Orthopedics
4. Ophthalmology
5. OTO-Rhino-Laryngology

1.2. Eligibility for Admission

1.2.1 MD / MS Degree Programme: A candidate affiliated to this academy and who has passed final year M.B.B.S. examination after pursuing a study in a medical college recognised by the Medical Council of India, from a recognised Medical College affiliated to any other Academy recognised as equivalent thereto, and has completed one year compulsory rotating internship in a teaching Institution or other Institution recognised by the Medical Council of India, and has obtained permanent registration of any State Medical Council will be eligible for admission.

1.2.2 A Candidate seeking admission should have successfully cleared the qualifying examination - NEET (National Eligibility cum Entrance Test) conducted by NBE (National Board of Examination).

1.3. Obtaining Eligibility Certificate by the Academy before making Admission

No candidate will be admitted for any postgraduate degree programme unless the candidate has obtained and produced the eligibility certificate issued by the Academy. The candidate has to make an application to the Academy with the following documents along with the prescribed fee:

1. S.S.L.C Marks card
2. 10+2 Certificate
3. All MBBS Marks Cards
4. Internship Completion Certificate
5. Attempt / Academic certificate
6. Degree Certificate
7. Transfer Certificate
8. Migration Certificate
9. Study/ Bonafide Certificate
10. Character & Conduct certificate
11. MCI Recognized Certificate by college
12. Karnataka Medical Council/State medical council
13. MCC Allotment Letter
14. NEET Admission Ticket
15. NEET Rank card
16. Caste (SC/ST) /OBC certificate (domicile) & Income Certificate
17. Aadhar card of both candidate and parents / sponsors
18. Bond for SR Ship
19. Remaining years fee bond

NOTE: The NRI/NRI Sponsor students have to submit the documents as per the MCC/DGHS Criteria for NRI status

Candidates should obtain the Eligibility Certificate before the last date for admission as notified by the Academy.

A candidate who has been admitted to postgraduate programme should register his / her name in the Academy within a month of admission after paying the registration fee.

1.4. Intake of Students

The intake of students to each programme will be in accordance with the ordinance in this behalf.

1.5. Duration of Study

a) M.D/M.S Degree Programme

The programme of study will be for a period of 3 years consisting of 6 academic terms.

1.6. Method of training

The training of postgraduate for degree will be residency pattern with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should participate in seminars, group discussions, grand rounds, case demonstration, clinics, journal review meetings, CPC and clinical meetings. Every candidate should participate in the teaching and training programme of undergraduate students. Training includes involvement in laboratory and experimental work and research studies.

1.6.1. Teaching methodology

1.6.1.1 Includes Didactic lectures, small group discussion such as seminars, journal clubs, symposia, reviews and guest lectures for acquiring theoretical knowledge.

1.6.1.2 Bedside teaching, grand rounds, structured interactive group discussions and clinical demonstrations should be the hallmark of clinical/practical learning with appropriate emphasis on e-learning. Student should have hand-on training in performing various procedures and ability to interpret various tests/investigations.

1.6.1.3 Exposure to newer specialized diagnostic/therapeutic procedures concerning her/his subject should be given.

1.6.4 Self-learning tools like assignments and case-based learning should be promoted.

1.6.2. Clinical postings and Rotation of posting

Basic medical sciences students will be posted to allied and relevant clinical departments or institutions. Students working in clinical departments will be posted to basic medical sciences and allied speciality departments or institutions. It should be done as concurrent studies during the 1st year of training Similarly Inter-unit rotation in the department should be done for a period of up to one year. Rotation in appropriate related subspecialties **should not extend for a period exceeding 06 months.** Postings to other specialty departments will be during the second year.

All postgraduates' students pursuing MD/MS in broad specialities shall undergo a compulsory residential rotation of three months in District Hospital / District Health system as a part of the course curriculum. Such rotation shall take place in the 3rd or 4th or 5th semester of the postgraduates programme. This rotation shall be termed as District residency programme and the postgraduate medical student undergoing training shall be termed as a District Resident.

Satisfactory completion of the District Residency shall be an essential condition before the candidate is allowed to appear in the final examination of the respective postgraduate course. The District Residency Programme Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format to the concerned Medical College and the Government of State/Union Territory. No. MCI-18(1)/2020-Med./121415. – date 16/09/2020

1.6.3. Clinical meetings:

Clinical meetings will be conducted within the department weekly and also inter departmental meetings will be conducted monthly to discuss uncommon/interesting cases.

1.6.4 Log book:

Each student should maintain a logbook and document day to-day activities like documentation of ward work, teaching and learning activities , clinical case discussion, procedures performed , seminars, journal clubs, symposium ,CPC meets, inter-unit/interdepartmental teaching sessions, mortality meets, workshops, CME/conferences .The Log books will be checked and assessed periodically by the faculty members imparting the training. This will in turn be evaluated/assessed by an external reviewer appointed by the Director of PG Studies biannually during the months of July and January. The log book should be preserved and presented at the time of summative examinations conducted by the Academy.

1.6.5 Research activities:

- 1.6.5.1 The student should know the basic concepts of research methodology plan a research project and be able to retrieve information from the library. The student should have a basic knowledge of statistics.
- 1.6.5.2 A postgraduate student of a postgraduate degree programme in broad specialities should present one poster presentation, read one paper at a national/state conference and publish one research paper which should be published /accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination. MCI Notification No.18(1)/2009/medicine/55455 Dated:09-12-2009
- 1.6.5.3 Department should encourage e-learning activities.

1.6.6 Basic Programme in Biomedical Research:

In order to improve the research skills of post-graduate students, the Board of Governors (BoG) has recommended a uniform research methodology programme across the country, the online programme, “Basic programme in Bio-medical Research”, will be offered by ICMR-National Institute of Epidemiology (ICMR-NIE), Chennai (www.nie.gov.in). The programme will explain fundamental concepts in

Research methodology. This programme is being offered through SWAYAM programme of ministry of human resource development through SWAYAM NPTEL (http://swayam.gov.in/nc_details/NPTEL)

1.6.7 Synopsis and Dissertation:

Every candidate will submit to the Registrar of the Academy in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the programme on or before the dates notified by the Academy. The synopsis will be sent through the proper channel.

Such synopsis will be reviewed and the dissertation topic will be registered by the Academy. No change in the dissertation topic or guide will be made without prior approval of the Academy.

Every candidate pursuing MD/MS degree programme is required to carry out work on a selected research project under the guidance of a recognized post graduate teacher. The results of such a work will be submitted in the form of a dissertation.

The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis and comparison of results and drawing conclusions.

The dissertation should be written under the following headings:

- Introduction
- Aims or Objectives of study
- Review of Literature
- Material and Methods
- Results
- Discussion
- Conclusion
- Summary
- References
- Tables
- Annexures

The written text of dissertation will be not less than 50 pages and will not exceed 150 pages excluding references, tables, questionnaires and other annexures. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. The dissertation will be certified by the guide, Head of the department and Head of the Institution.

Six hard copies of dissertation and one soft copy thus prepared will be submitted to

the Controller of Examination (CoE), six months before final examination on or before the dates notified by the Academy.

The dissertation will be valued by examiners appointed by the Academy. Approval of dissertation work is an essential precondition for a candidate to appear in the Academy examination.

Guide: The academic qualification and teaching experience required for recognition by this Academy as a guide for dissertation work is as per Medical Council of India, Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least four years teaching experience as Assistant Professor with at least one research publication in indexed journals gained after obtaining post graduate degree will be recognized as post graduate teachers. (No.MCI- 12(2)/2019-Med.Misc./189334.- Dated: 12th February 2020)

Co-guide: may be included provided the work requires substantial contribution from a sister department or from another medical institution recognized for teaching/training by Sri Devaraj Urs Academy /Medical Council of India. The co- guide will be a recognized post graduate teacher of Sri Devaraj Urs Academy.

Change of guide: In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the academy.

1.6.8 Journal Club:

Journal club will be conducted once a week. All the PG students are expected to attend and actively participate in discussion and enter the relevant details in the log book. Further, every candidate must make a presentation from the allotted journal(s), selected articles, at least four times a year and a total of 12 presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment (See checklist - I in Chapter V). A time table with names of the student and the moderator should be announced periodically, (Quarterly).

1.6.9 Subject Seminar:

Subject seminar will be conducted once a week. All the PG students are expected to attend and actively participate in discussion and enter the relevant details in the log book, Further, every candidate must present selected topics at least four times a year and a total of 12 seminar presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment (See checklist-II in Chapter V). A timetable for the subject with names of the student and the moderator should be announced periodically, (Quarterly).

1.6.10 Student Symposium:

Student Symposium as an additional inter departmental programme will be conducted periodically, once in three months. The evaluation may be similar to that described for subject seminar.

1.6.11 Ward Rounds:

Ward rounds are service or teaching rounds.

- i. *Service Rounds:* Postgraduate students and Interns will do every day for the care of the patients. Newly admitted patients should be worked up by the PGs and presented to the seniors the following day.
- ii. *Teaching Rounds:* Every unit will have 'grand rounds' for teaching purpose. A diary should be maintained for day to day activities by the students. Entries of (i) and (ii) should be made in the Log book.

1.6.12 Clinico-Pathological Conference:

CPC will be conducted once in two months for all post graduate students. Presentation will be done by rotation. If cases are not available due to lack of clinical postmortems, it could be supplemented by published CPCs.

1.6.13 Inter Departmental Meetings:

These will be conducted once a month. These meetings will be attended by post graduate students and relevant entries must be made in the Log Book.

1.6.14 Teaching & Learning Skills:

Post graduate students must teach under graduate students (Eg. medical, nursing) by taking demonstrations, bed side clinics, tutorials, lectures etc.

Assessment is made using a checklist by surgery faculty as well as students. (See model checklist -III in Chapter V). Record of their participation should be documented in the Log book. Training of post graduate students in Educational Science and Technology is recommended.

Further, all postgraduate students are required to attend at least about 35 hours of didactic lecture as notified by the individual departments.

1.6.15 Entrustable Professional Activity:

EPAs are units of professional practice, defined as tasks or responsibilities to be entrusted to the unsupervised execution by a trainee once he or she has attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and therefore, suitable for entrustment decisions. The Entrustable professional activity (EPA) concept allows faculty to make competency-based decisions on the level of supervision required by trainees. The Academy has identified few such EPA's for all students in various degree programme. These are:

1. EPA 1: Gather a history and perform a physical examination

2. EPA 2: Prioritize a differential diagnosis following a clinical encounter
3. EPA 3: Recommend and interpret common diagnostic and screening tests
4. EPA 4: Obtain informed consent for tests and / or procedures
5. EPA 5: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
6. EPA 6: Give or receive a patient handover to transition care responsibility
7. EPA 7: Undertake complete patient monitoring including the preoperative and post-operative care of the patient.
8. EPA 8: Provide basic and advanced lifesaving support services in emergency situations
9. EPA 9: Collaborate as a member of an inter-professional team
10. EPA 10: Perform general procedures of a physician
11. EPA 11: Enter and discuss orders and prescriptions
12. EPA 12: Prepare a comprehensive discharge summary.
13. EPA 13: Form clinical questions and retrieve evidence to advance patient care.

However in addition to these common EPA's individual departments are advised to develop their own EPA's.

1.7. Continuing Medical Education (CME):

Every PG student must attend at least 2 CME programmes either at state/regional /zonal/national levels.

1.8. Conferences:

Attending conferences is optional. However it has to be encouraged. All students are encouraged to attend conferences (at state/national/international levels) to enable them to make paper/poster presentations, which is a mandatory requirement to fulfill before appearing for final examinations.

1.9. Attendance, Progress and Conduct:

- A candidate pursuing degree programme will work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate programme.
- Academic term of 6 months will be taken as a unit for the purpose of calculating attendance. The candidate should have 80% attendance in each academic term of 6 months.

- Every student will attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons.
- Every candidate is required to attend a minimum of 80% of the training during each academic term of the post graduate programme. Provided further, leave of any kind will not be counted as part of academic term without prejudice to minimum 80% attendance of training period every term.
- All the candidates joining the Post Graduate training programme will work as 'Full Time Residents' during the period of training and will attend not less than 80% (Eighty percent) of the imparted training during each academic term. Including assignments, full time responsibilities and participation in all facets of the education process.
- Any student who fails to complete the programme in the manner stated above will not be permitted to appear for the Academy Examinations.
- A Postgraduate student of a postgraduate degree programme would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published / accepted for publication/sent for publication during the period of postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

Ref: As MCI Notification dated 09-12-2009, vide No.MCI.18 (1)/2009- Med.55455 and Para No.4.

Procedure for defaulters:

Every department will have a committee containing Head of the department and PG guides to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the, requirements in spite of being given adequate chances to set himself or herself right.

2 Monitoring Progress of Studies:

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring will be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Chapter V.

The learning outcomes to be assessed should include:

- Personal Attitudes,
- Acquisition of Knowledge,
- Clinical and operative skills,
- Teaching skills and
- Dissertation.

a. Personal Attitudes:

The essential items are:

- Caring attitudes
- Initiative
- Organisational ability
- Potential to cope with stressful situations and undertake responsibility
- Trustworthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationships with patients and colleagues
- Ability to work in team
- A critical enquiring approach to the acquisition of knowledge

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors, self, peers, faculty from the unit and nurses. (Multi source feedback MSF) checklist XII

b. Acquisition of Knowledge:

The methods used comprise of

2.1 Log book: (Check List - XIII Chapter - V)

'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made must be recorded. The log book will periodically be validated by the supervisors. Some of the activities are listed. During the training period, the post graduate student should maintain a Log Book indicating various teaching / learning activities, duration of the postings/work done in Wards including super specialty, OPDs and Casualty. This should indicate the specified number of cases for clinical discussion, procedures and operations observed, assisted and performed / presented seminars and review articles from various journals in inter- unit/inter departmental teaching sessions.

The purpose of the Log Book is to:

- Help maintain a record of the work done during training,
- Enable Consultants to have direct information about the work; intervene if necessary,
- Use it to assess the experience gained periodically.

The log book will be used to aid the internal evaluation of the student.

The Log books will be checked and assessed periodically, monthly basis by guide / head of the unit/ head of the department and biannually by external reviewer.

Procedure for defaulters:

Every department will have a committee to review such situations. The "defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee will recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right

2.2 Journal Review Meeting (Journal Club):

The ability to do literature search, in depth study, presentation skills, and use of audio-visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist (see Model Checklist -I, in Chapter V)

2.3 Seminars/Symposia:

The topics will be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio-visual aids will be assessed using a checklist (see Model Checklist -II, Chapter V)

2.4 Clinico'-Pathological conferences:

This will be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.

2.5 Surgical Audit:

Periodic morbidity and mortality meeting must be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

2.6 Clinical skills

Day to Day work: Skills in outpatient and ward work will be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills (see Model Checklist -V, Chapter V). – Mini CEX (Model check list VII, Chapter V)

2.7 Clinical meetings (Clinical Presentations) :

Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list (see Model checklist V, Chapter V).

2.8 Clinical and Operative skills:

The candidate will be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by DOPS (Model check list VI, Chapter V). Particulars are recorded by the student in the log book.

2.9 Teaching skills:

Post graduates are required to teach undergraduate medical students and paramedical students, if any (*as a part of Post graduate training*). This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students (See Model checklist III, Chapter V) - Microteaching Pedagogy (Model check list VIII, Chapter V)

2.10 Dissertation in the Department:

Periodic presentations must be made in the department. Initially the topic selected is to be presented before submission to the Academy for registration and again before finalization for critical evaluation and before final submission of the completed work (See Model Checklist IX & X, Chapter V)

2.11 Periodic tests:

The concerned departments will conduct quarterly tests. The final test will be held three months before the final examination. The tests may include written papers, practical's / clinical and viva voce. Records and marks obtained in such tests will be maintained by the Head of the Department and sent to the Academy, when called for.

2.12 Work diary / Log Book-

Every candidate will maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention must be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate.

2.13 Records:

Monthly and quarterly reviews of records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the Academy, when called for.

3. ASSESSMENT:

3.1 Formative Assessment

It is essential to monitor the learning progress of each candidate through **continuous appraisal and regular assessment**. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching /learning

activities. It may be structured and assessment be done using checklists that assess, various aspects. This includes assessment of patient care, procedural & academic skills, interpersonal skills, professionalism, self-directed learning and ability to practice in the system.

Checklists are given in Chapter-V

Assessment during the MS/MD training should be based on:

Assessment at end of rotation (Quarterly Postgraduate Student's Appraisal Form) by the Unit Head. The student to be assessed periodically as per categories listed in **Postgraduate Student Appraisal Form** (See Model checklist-X, Chapter V).

Multisource Feedback (MSF) - Quarterly

MSFs should be obtained quarterly from:- 2 from faculty of the unit/department; 2 from peers posted in the unit; 2 from interns, 2 from staff nurses from the areas attached to the unit, 2 from patient/patient relative. (Checklist XII - Chapter V)

Periodic assessment -The Quarterly tests may include written papers (theory), practical's / clinical and viva voce.

Quarterly Postgraduate Student's Appraisal Form (See Model checklist-X I, Chapter V).

- Journal based/ recent advances learning
- Patient based or Skill based learning
- Self-directed learning and teaching
- Departmental & interdepartmental learning activity
- External & Outreach activities/ Continuing Medical Education (CME)
- Attendance, Progress and Conduct

A candidate pursuing degree programme should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate programme.

Academic term of 6 months will be taken as a unit for the purpose of calculating attendance. Every student will attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons.

Every candidate is required to attend a minimum of 80% of the training during each academic term of the post graduate programme. Provided further, leave of any kind will not be counted as part of academic term without prejudice to minimum 80% attendance of training period every term.

All the candidates joining the Post Graduate training programme will work as 'Full Time Residents' during the period of training and will attend not less than 80% (Eighty percent) of the imparted training during Academic Term of 6 months including assignments, full time responsibilities and participation in all facets of the education process.

Any student who fails to complete the programme in the manner stated above will not be permitted to appear for the Academy Examinations.

A Postgraduate student of a postgraduate degree programme in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published / accepted for publication/sent for publication during the period of postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

Ref: As MCI Notification dated 09-12-2009, vide No.MCI.18 (1)/2009-Med.55455 and Para No.4.

Procedure for defaulters:

Every department should have a committee containing Head of the department and PG guides to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the, requirements in spite of being given adequate chances to set himself or herself right.

3.2 Scheme of examinations

Summative assessment

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000 and amended up to 2018. (The Clause 14 under the heading "EXAMINATION" shall be substituted in terms of Gazette Notification published on 05.04.2018).

The examination will be in three parts:

3.2.1 DISSERTATION

Every post graduate student will carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which will be written and submitted in the form of a dissertation. Work for writing the dissertation is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Dissertation will be submitted at

least six months before the Theory and Clinical / Practical examination. The dissertation will be examined by a minimum of three examiners; one internal and two external examiners, who will not be the examiners for Theory and Clinical examination. A candidate will be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the dissertation by the examiners.

3.2.2. THEORY

There will be four question papers, each of three hours duration. Each paper will consist of ten questions each question carrying 10 marks, so the total marks for each paper will be 100. Questions on recent advances maybe asked in any or all the papers. The examinations will be organised on the basis of 'Grading' or 'Marking system' to evaluate and to certify candidate's level of knowledge, skill and competence at the end of the training. The Clause 14 under the heading "EXAMINATION" shall be substituted in terms of Gazette Notification published on 05.04.2018 and the same is as under:-

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations and three papers in diploma examination. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree/diploma examination as the case may be. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately will be mandatory for passing examination as a whole. The examination for MS/MD will be held at the end of 3rd academic year.

3.2.3. Clinical / Practical and viva voce Examination

Clinical examination will be conducted to test the knowledge, skills, attitude and competence of the post graduate students for undertaking independent work as a specialist/Teacher, for which post graduate students will examine a minimum one long case and two short cases.

The Oral examination will be thorough and will aim at assessing the post graduate student's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which form a part of the examination.

Assessment may include Objective Structured Clinical Examination (OSCE) Oral/Viva-voce examination needs to assess knowledge on X-rays, instrumentation, operative procedures. Due weightage should be given to Log Book Records and day to-day observation during the training.

ALLOTMENT OF MARKS

THEORY	MARKS ALLOTMENT	MAXIMUM MARKS	
PAPER-I	10 X 10	100	400
PAPER-II	10 X 10	100	
PAPER-III	10 X 10	100	
PAPER-IV	10 X 10	100	

<u>CLINICALS/ PRACTICALS</u>		200
<u>VIVA VOCE</u>	<u>80</u>	100
<u>PEDAGOGY</u>	<u>20</u>	
TOTAL		700

3.2 Examiners:

There will be at least four examiners in each subject. Out of them two will be external examiners and two will be internal examiners. The qualification and teaching experience for appointment as an examiner will be as laid down by the Medical Council of India. No person will be appointed as internal examiner in any subject unless he/she has three years' experience as recognized PG teacher in the concerned subject. For external examiners he/she should have minimum six years of experience as recognized PG teacher in the concerned subject.

3.2.4 Criteria for declaring as pass in Academy Examination:

A candidate should score minimum 40% marks in each theory paper and not less than 50% marks cumulatively in all the papers in postgraduate degree/diploma, to be declared as pass in the examinations. A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and viva voce examination. A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. (No. MCI-23(1)/2014/Med/153433 Dated 28-01-2015) A failed candidate may appear in any sub-subsequent examination upon payment of fresh fee to the Registrar of the University.

3.2.5 Declaration of distinction:

A successful candidate passing the Academy examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate marks are 75 percent and above. Distinction will not be awarded for candidates passing the examination in more than one attempt.

3.2.6 Number of Candidates per day.

The maximum number of candidates for practical/clinical and viva-voce examination will be as under: MD / MS Programme: Maximum of 8 per day

4. ELIGIBILITY CRITERIA FOR APPEARING FOR EXAMINATIONS 4.1 ATTENDANCE

All the candidates joining the Post Graduate training programme will work as 'Full Time Residents' during the period of training and will attend not less than 80% (Eighty percent) of the imparted training during Academic Term of 6 months including assignments, full time responsibilities and participation in all facets of the education process.

- Every student will attend all teaching programmes during each year as prescribed by the department and not absent himself / herself from work without valid reasons
- Every candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate programme. Provided further, leave of any kind will not be counted as part of academic term without prejudice to minimum 80% attendance of training period every term.
- Any student who fails to complete the programme in the manner stated above will not be permitted to appear for the Academy Examinations.

4.2. PROGRESS AND CONDUCT

- Every student will attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each term as prescribed by the department and not absent himself / herself from work without valid reasons.
- Every candidate is required to attend a minimum of 80% of the training during each academic term of the post graduate programme. Provided further, leave of any kind will not be counted as part of academic term without prejudice to minimum 80% attendance of training period every term.

4.3. RESEARCH ACTIVITIES-PAPER/POSTER/PUBLICATIONS

- A Postgraduate student of a degree programme in broad speciality would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published / accepted for publication/sent for publication during the period of postgraduate studies so as to make him eligible to appear at the postgraduate degree examination. Ref: As MCI Notification dated 09-12-2009, vide No.MCI.18 (1)/2009-Med.55455 and Para No.4.
- It is mandatory for all postgraduate students to undergo training in online programme in "Basic Programme in Biomedical Research" Which should be completed by the end of second semester .Not completing the programme will make them ineligible for appearing for the final academy examinations.(MCI-23(1)/2019-Med./141602 dated 27-08-2019).

4.4 DISSERTATION

Every post graduate student will carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which will

be written and submitted in the form of a dissertation. Dissertation will be submitted at least six months before the Theory and Clinical / Practical examination. The dissertation will be examined by a minimum of three examiners; one internal and two external examiners, who will not be the examiners for Theory and Clinical examination. A candidate will be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the dissertation by the examiners.

4.5 District Residency Programme

All postgraduates students pursuing MD/MS in broad specialties shall undergo a compulsory residential rotation of three months in District Hospital / District Health system as a part of the course curriculum. Such rotation shall take place in the 3rd or 4th or 5th semester of the postgraduates programme. This rotation shall be termed as District residency programme and the postgraduate medical student undergoing training shall be termed as a District Resident.

Satisfactory completion of the District Residency shall be an essential condition before the candidate is allowed to appear in the final examination of the respective postgraduate course. The District Residency Programme Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format to the concerned Medical College and the Government of State/Union Territory. No. MCI-18(1)/2020-Med./121415. – date 16/09/2020

Procedure for defaulters:

Every department should have a committee containing Head of the department and PG guides to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the, requirements in spite of being given adequate chances to set himself or herself right.

CHAPTER II
**GOALS AND GENERAL OBJECTIVES OF POSTGRADUATE MEDICAL
EDUCATION PROGRAM**

GOALS:

The goal of postgraduate medical education will be to produce a competent specialist and/or a medical teacher:

- i. Who will recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- ii. Who will have mastered most of the competencies, relating to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- iii. Who will be aware of the contemporary advances and developments in the discipline concerned;
- iv. Who will have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- v. Who will have acquired the basic skills in teaching of the medical and paramedical professionals.

GENERAL OBJECTIVES:

At the end of the postgraduate training in the discipline concerned the student will be able to:

- i. Recognize the importance of the concerned specialty in the context of the health need of the community and the national priorities in the health sector.
- ii. Practice the specialty concerned ethically and in step with the principles of primary health care.
- iii. Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- iv. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures/strategies.
- v. Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- vi. Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
- vii. Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation,
- viii. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.
- ix. Play the assigned role in the implementation of national health programmes, effectively and responsibly.

- x. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- xi. Develop skills as a self-directed learner, recognize continuing educational needs; select and use appropriate learning resources.
- xii. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyse relevant published research literature.
- xiii. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- xiv. Function as an effective leader of a health team engaged in health care, research or training.

STATEMENT OF THE COMPETENCIES

Keeping in view the general objectives of postgraduate training, each disciplines will aim at development of specific competencies, which will be defined and spelt out in clear terms. Each department will produce a statement and bring it to the notice of the trainees in the beginning of the programme so that he or she can direct the efforts towards the attainment of these competencies.

COMPONENTS OF THE PG CURRICULUM

The major components of the PG curriculum will be:

- Theoretical knowledge
- Practical/clinical Skills
- Training in Thesis.
- Attitudes, including communication.
- Training in research methodology.

Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2006 and 2008.

COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR M.D. PSYCHIATRY

1. GOALS

The goal of post graduate course in Psychiatry is to train a basic medical graduate who will be able to:

- 1.1** Practice as a Psychiatrist equipped with basic skills in psychiatry and scientific foundations in behavioral sciences.
- 1.2** Acquire the competencies pertaining to psychiatry that are required to be practiced in the community and at all levels of health care system.
- 1.3** Exercise empathy and a caring attitude and maintain high ethical standards.
- 1.4** Attain a high degree of proficiency both in the theoretical and practical aspects of psychiatry and related discipline.
- 1.5** Acquire knowledge of research methodology and engage in research related activities.
- 1.6** Attain skills in educating medical and paramedical professionals.

2. OUTCOMES/OBJECTIVES:

2.1 Clinical Objectives

At the end of postgraduate training, the PG student should be able to: -

1. Take detailed history, perform a general physical examination and a detailed mental status examination.
2. Perform relevant investigations, arrive at a provisional diagnosis and administer appropriate treatment.
3. Identify the biological, psychological, environmental and social factors affecting the mental health.
4. Manage psychiatric emergencies effectively and efficiently
5. Administer appropriate rehabilitative measure to psychiatric patients suffering from chronic illness.
6. Update knowledge about recent advances and newer techniques of management.
7. Demonstrate a humane and empathetic approach towards patients and their caregivers.
8. Acquire communication skills in order to explain treatment options and prognosis, provide counseling and psycho education.
9. Obtain a written informed consent prior to performance of investigative /therapeutic procedure.
10. Understand and implement components of the Mental Health Act.
11. Effectively participates in National Mental Health programs.

12. Identify the legal issues in the practice of Psychiatry.
13. Perform clinical audit on a regular basis and maintain records (manual and/or electronic).
14. actively participate in departmental academic activities by presenting seminars, case discussion, journal club and topic discussion and maintain the logbook.

2.2 Research:

1. The student should understand the basic concepts of research methodology and plan a research project in accordance with ethical principles.
2. She/he should be able to interpret research findings and apply these in clinical practice.
3. She/he should know how to access and utilize information resources and should have basic knowledge of statistics

2.3 Teaching:

The student should know the basic teaching methodology and develop competence in teaching medical/paramedical students, health professionals, members of allied disciplines.

2.4 Professionalism:

The students should

1. Follow ethical principles in the practice of Psychiatry
2. Demonstrate integrity, accountability, respect and dedication towards the profession.
3. Commit to achieve excellence and continuous professional development.
4. Be aware of patients' rights, culture and social background.
5. Maintain confidentiality of patient information.

3. SUBJECT SPECIFIC COMPETENCIES

By the end of the course, the student should have acquired knowledge (cognitive domain), professionalism, human values, ethical practice and communication abilities (affective domain) and skills (psychomotor domain) as given below:

3.1 Cognitive domain:

At the end of the MD course in Psychiatry, the student should be able to: Demonstrate knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applicable to Psychiatry.

1. Explain etiology, assessment, classification and management and prognosis of various psychiatric disorders.

2. Understand Psycho- neuroendocrinology, Psychoneuroimmunology Chronobiology and Neurogenetics.
3. Acquire knowledge of management of psychiatric emergencies.
4. Understand the pharmacokinetics & pharmacodynamics of drugs used in psychiatry.
5. Perform routine bedside diagnostic and therapeutic procedures.
6. Provide psychiatric services in accordance with Mental Health Act.
7. Update knowledge about recent advances in psychiatry by self-study and attending relevant courses, conferences, and seminars.
8. Engage in high quality research.

3.2 Affective domain:

1. At the end of the MD course in Psychiatry, the student should be able to:

2. Function as a part of a team, develop an attitude of cooperation with colleagues, interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
3. Adopt ethical principles in all aspects of his/her practice. Professional honesty and integrity are to be fostered. Care is to be delivered irrespective of the social status, caste, creed or religion of the patient.
4. Develop communication skills, in particular, the skill to explain various options available in management and to obtain true informed consent from the patient.
5. Respect patient's rights and privileges including the patient's right to information and right to seek a second opinion.
6. Apply high moral and ethical standards while carrying out human or animal research.

3.3 Psychomotor domain:

At the end of the MD course in Psychiatry, the student should be able to:

1. Obtain a proper relevant history, and perform a thorough clinical examination including detailed mental state examinations.
2. Conduct interviews and perform mental status examination for children and uncooperative patients.
3. Arrive at a logical working diagnosis and differential diagnosis after clinical examination.
4. Order appropriate investigations keeping in mind their relevance and cost effectiveness and obtain additional relevant information from family members to help in diagnosis and management.
5. Identify psychiatric situations calling for urgent or early intervention and refer at the optimum time to appropriate centers.
6. Write a complete case record with all necessary details.
7. Write a proper discharge summary with all relevant information.

8. Obtain informed consent for any examination/procedure.
9. Must be able to perform modified Electroconvulsive therapy (ECT).
10. Assess personality including administration and interpretation of projective tests.
11. Administer and interpret tests of Intelligence and Neuro-psychological functions.
12. Provide basic life-saving support services (BLS) in emergencies.

4. SYLLABUS

S.NO	TOPICS
<u>1.</u>	<u>NEURAL SCIENCE</u>
1.1	The Neuroscience of Psychiatry
1.2	Functional Neuroanatomy
1.3	Neural Development and Neurogenesis
1.4	Biogenic Amine Neurotransmitters
1.5	Amino Acid Neurotransmitters
1.6	Neuropeptides: Biology, Regulation, and Role in Neuropsychiatric Disorders
1.7	Neurotrophic Factors
1.8	Novel Neurotransmitters
1.9	Intraneuronal Signaling
1.10	Cellular and Synaptic Basis of Neural Signaling
1.11	Genome, Transcriptome, and Proteome: The Molecular Genetics and Biochemistry Underlying the Neurobiology of Mental Disorders
1.12	Psychoneuroendocrinology
1.13	Immune System and Central Nervous System Interactions
1.14	Chronobiology
1.15	Applied Electrophysiology
1.16	Nuclear Magnetic Resonance Imaging and Spectroscopy: Basic Principles and Recent Findings in Neuropsychiatric Disorders
1.17	Radiotracer Imaging with Positron Emission Tomography and Single Photon Emission Computed Tomography: Fundamental Principles, Methodology, and Role in Neuropsychiatric Research
1.18	Gene Mapping Investigations of Psychiatric Disorders
1.19	Animal Models in Psychiatry
1.20	Pain Systems: Interface with Affective and Motivational Mechanisms
1.21	Basic Science of Self
1.22	Basic Science of Sleep
1.23	Basic Science of Appetite
1.24	Neuroscience of Substance Use Disorders
1.25	Epigenetics in Psychiatry: The Promise for New Biomarkers and Treatments

1.26	Basic Systems Neuroscience
1.27	Learning Theory and Psychosis, Anxiety, and Addiction
1.28	Functional Brain Connectivity and Psychopathology
1.29	Computational Modeling Approaches to Psychiatry
1.30	Functional Genomics of Human Brain Development
<u>2.</u>	<u>NEUROPSYCHIATRY AND BEHAVIOURAL NEUROLOGY</u>
2.1	The Neuropsychiatric Approach to the Patient
2.2	Neuropsychiatric Aspects of Cerebrovascular Disorders
2.3	the neuropsychiatry of brain tumors
2.4	neuropsychiatric aspects of epilepsy
2.5	neuropsychiatric consequences of traumatic brain injury
2.6	neuropsychiatric aspects of movement disorders
2.7	Neuropsychiatric Aspects of Multiple Sclerosis and Other Demyelinating Disorders
2.8	Neuropsychiatric Aspects of HIV Infection and AIDS
2.9	Neuropsychiatric Aspects of Other Infectious Diseases (Non-HIV)
2.10	Neuropsychiatric Aspects of Other Infectious Diseases (Non-HIV)
2.11	Neuropsychiatric Aspects of Headache
2.12	Neuropsychiatric Aspects of Neuromuscular Diseases
2.13	Psychiatric Aspects of Child Neurology
2.14	Neuropsychiatry of Neurometabolic and Neuroendocrine Disorders
<u>3</u>	<u>CONTRIBUTIONS OF THE PSYCHOLOGICAL SCIENCES</u>
3.1	Contributions of the Psychological Sciences: Sensation, Perception, and Cognition
3.2	Piaget and Cognitive Development: History, Theory, Extensions and Modifications
3.3	Learning Theory
3.4	Biology of Memory
3.5	Consciousness and Dreaming from a Pathophysiological Perspective: The Thalamocortical Dysrhythmia Syndrome
3.6	Normality and Mental Health
<u>4</u>	<u>CONTRIBUTIONS OF THE SOCIAL SCIENCES</u>
4.1	Evolutionary Foundations for Psychiatric Research and Practice
4.2	Neurocentrism: Implications for Addiction and the Courtroom
4.3	Transcultural Psychiatry
<u>5</u>	<u>QUANTITATIVE AND EXPERIMENTAL METHODS IN PSYCHIATRY</u>
5.1	Quantitative and Experimental Methods in Psychiatry: Epidemiology
5.2	Statistics and Experimental Design

<u>6</u>	<u>THEORIES OF PERSONALITY AND PSYCHOPATHOLOGY</u>
6.1	Classical Psychoanalysis
6.2	Erik H. Erikson
6.3	Other Psychodynamic Schools
6.4	Approaches Derived from Philosophy and Psychology
<u>7</u>	<u>DIAGNOSIS AND PSYCHIATRY: EXAMINATION OF THE PSYCHIATRIC PATIENT</u>
7.1	Psychiatric Interview, History, and Mental Status Examination of the Adult Patient
7.2	Outline for a Psychiatric Examination
7.3	Practice Guidelines in Psychiatry
7.4	Clinical Neuropsychology and Intellectual Assessment of Adults
7.5	Personality Assessment of Adults
7.6	Medical Assessment and Laboratory Testing in Psychiatry
7.7	Principles and Applications of Quantitative Electroencephalography in Psychiatry
7.8	Psychiatric Rating Scales
7.9	Electronic Media in Psychiatry
7.10	Cultural Competency in the Organization and Delivery of Care
7.11	Medical Error
<u>8</u>	<u>CLINICAL MANIFESTATIONS OF PSYCHIATRIC DISORDERS</u>
<u>9</u>	<u>CLASSIFICATION IN PSYCHIATRY</u>
9.1	Present and Future of Classification Systems for Mental Disorders
9.2	The Classification of Mental Disorders in the International Classification of Diseases
<u>10</u>	<u>NEUROCOGNITIVE DISORDERS</u>
10.1	Cognitive Disorders: Introduction
10.2	Delirium
10.3	Dementia
10.4	Amnesic Disorders and Mild Cognitive Impairment
10.5	Other Cognitive and Mental Disorders due to Another Medical Condition
<u>11</u>	<u>SUBSTANCE-RELATED DISORDERS</u>
11.1	Substance Use Disorders: Introduction
11.2	Alcohol-Related Disorders
11.3	Stimulant-Related Disorders
11.4	Caffeine-Related Disorders
11.5	Cannabis-Related Disorders
11.6	Hallucinogen-Related Disorders
11.7	Inhalant-Related Disorders

11.8	Tobacco-Related Disorders
11.9	Opioid Use and Related Disorders: From Neuroscience to Treatment
11.10	Sedative-, Hypnotic-, or Anxiolytic-Related Disorders
11.11	Sedative-, Hypnotic-, or Anxiolytic-Related Disorders
12	<u>SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS</u>
12.1	Introduction and Overview
12.2	Phenomenology of Schizophrenia
12.3	Worldwide Burden of Schizophrenia
12.4	Genetics of Schizophrenia
12.5	The Clinical Epidemiology of Schizophrenia
12.6	Cellular and Molecular Neuropathology of Schizophrenia
12.7	Structural Brain Imaging in Schizophrenia
12.8	Functional Brain Imaging in Schizophrenia
12.9	Molecular Brain Imaging in Schizophrenia
12.10	Neurocognition in Schizophrenia
12.11	Phenotypes of Psychosis
12.12	Schizophrenia: Pharmacological Treatment
12.13	Psychiatric Rehabilitation
12.14	Medical Health in Schizophrenia
12.15	Recovery in Schizophrenia
12.16	Psychosis as a Defining Dimension in Schizophrenia
12.17	Other Psychotic Disorders
13	<u>MOOD DISORDERS</u>
13.1	Mood Disorders: Historical Introduction and Conceptual Overview
13.2	Mood Disorders: Epidemiology
13.3	Mood Disorders: Genetics
13.4	Mood Disorders: Clinical Features
13.5	Mood Disorders: Intrapsychic and Interpersonal Aspects
13.6	Mood Disorders: Suicidal Behavior
13.7	Mood Disorders: Pharmacological Treatment of Depression and Bipolar Disorders
13.8	Mood Disorders: Psychotherapy
13.9	Mood Disorders: Neurobiology
14	<u>ANXIETY DISORDERS</u>
14.1	Anxiety Disorders: Introduction and Overview
14.2	Clinical Features of the Anxiety Disorders
14.3	Epidemiology of Anxiety Disorders
14.4	Genetics of Anxiety Disorders
14.5	Anxiety Disorders: Neurobiology and Neuroscience

14.6	Neuroimaging and the Neuroanatomical Circuits Implicated in Anxiety, Fear, and Stress-Related Disorders
14.7	Anxiety Disorders: Cognitive-Behavioral Therapy
14.8	Somatic Therapies for Anxiety Disorders
<u>15</u>	<u>OBSESSIVE-COMPULSIVE AND RELATED DISORDERS</u>
<u>16</u>	<u>PATHOLOGICAL AND PROBLEM GAMBLING: GAMBLING DISORDER</u>
<u>17</u>	<u>POSTTRAUMATIC STRESS DISORDER</u>
<u>18</u>	<u>SOMATIC SYMPTOM AND RELATED DISORDERS</u>
<u>19</u>	<u>FACTITIOUS DISORDER</u>
<u>20</u>	<u>DISSOCIATIVE DISORDERS</u>
<u>21</u>	<u>NORMAL SEXUALITY AND SEXUAL DISORDERS</u>
21.1	Normal Human Sexuality and Sexual Dysfunctions
21.2	Homosexuality, Gay and Lesbian Identities, and Homosexual Behavior
21.3	Paraphilic Disorders
21.4	Gender Identity, Gender Variance, and Gender Dysphoria
21.5	Sexual Addiction
<u>22</u>	<u>FEEDING AND EATING DISORDERS</u>
<u>23</u>	<u>SLEEP DISORDERS</u>
<u>24</u>	<u>IMPULSE-CONTROL DISORDERS</u>
24.1	Intermittent Explosive Disorder
24.2	Pyromania
24.3	Kleptomania
<u>25</u>	<u>ADJUSTMENT DISORDERS</u>
<u>26</u>	<u>PERSONALITY DISORDERS</u>
<u>27</u>	<u>PSYCHOSOMATIC MEDICINE</u>
27.1	History and Current Trends
27.2	Cardiovascular Disorders
27.3	Gastrointestinal Disorders
27.4	Psychosomatic Medicine: Obesity
27.5	Respiratory Disorders
27.6	Diabetes: Psychosocial Issues and Psychiatric Disorders
27.7	Endocrine and Metabolic Disorders
27.8	Psycho-Oncology
27.9	End-of-Life and Palliative Care
27.10	Stress and Psychiatry
27.11	Psychiatric Morbidity Following Critical Illness
27.12	Psychocutaneous Disorders
27.13	Organ Transplantation

27.14	Psychiatric Care of the Burned Patient
27.15	Management of Chronic Pain
<u>28</u>	<u>ADDITIONAL CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION</u>
28.1	Malingering
28.2	Adult Antisocial Behavior, Criminality, and Violence
28.3	Borderline Intellectual Functioning and Academic or Educational Problem
<u>29</u>	<u>CULTURAL CONCEPTS OF DISTRESS AND ASSESSMENT</u>
29.1	Cultural Concepts of Distress
29.2	Cultural Assessments in Psychiatry
<u>30</u>	<u>SPECIAL AREAS OF INTEREST</u>
30.1	Psychiatry and Reproductive Medicine
30.2	Genetic Counseling for Psychiatric Conditions
30.3	Physical and Sexual Abuse of Adults
30.4	Complementary, Alternative, and Integrative Approaches in Mental Health Care
30.5	Disaster Psychiatry: Disasters, Terrorism, and War
30.6	Psychiatry and Spirituality
30.7	Physician and Medical Student Mental Health
<u>32</u>	<u>PSYCHIATRIC EMERGENCIES</u>
32.1	Suicide: Overview and Epidemiology
32.2	Suicide Treatment
32.3	Other Psychiatric Emergencies
<u>33</u>	<u>PSYCHOTHERAPIES</u>
33.1	Psychoanalysis and Psychoanalytic Psychotherapy
33.2	Psychoanalytic Treatment of Anxiety Disorders, Obsessive-Compulsive and TraumaRelated Disorders
33.3	Behavior Therapy
33.4	Hypnosis
33.5	Group Psychotherapy
33.6	Family and Couples Therapy
33.7	Cognitive Therapy
33.8	Cognitive Therapy
33.9	Dialectical Behavior Therapy
33.10	Intensive Short-Term Psychodynamic Psychotherapies
33.11	Other Methods of Psychotherapy
33.12	Narrative Psychiatry
33.13	Positive Psychology
33.14	Psychodrama

33.15	Evaluation of Psychotherapy
33.16	Individual Psychodynamic Psychotherapy and Cognitive Behavioral Therapy for Psychosis
33.17	Hallucinogen-Assisted Psychotherapy
33.18	Mentalization-Based Treatment
34	<u>Mentalization-Based Treatment</u>
34.1	General Principles of Psychopharmacology
34.2	Drug Development and Approval Process in the United States
34.3	Medication-Induced Movement Disorders
34.4	α 2-Adrenergic Receptor Agonists: Clonidine, Clonidine Extended Release, Guanfacine, and Guanfacine Extended Release
34.5	β -Adrenergic Receptor Antagonists
34.6	Anticholinergics and Amantadine
34.7	Anticonvulsants: Gabapentin, Topiramate, Tiagabine, Levetiracetam, Zonisamide, and Pregabalin
34.8	Antihistamines
34.9	Barbiturates and Similarly Acting Substances
34.10	Benzodiazepine Receptor Agonists and Antagonists
34.11	Bupropion
34.12	Bupirone
34.13	Calcium Channel Inhibitors
34.14	Carbamazepine
34.15	Cholinesterase Inhibitors and Memantine
34.16	Disulfiram and Acamprosate
34.17	First-Generation Antipsychotics
34.18	Lamotrigine
34.19	Lithium
34.20	Melatonin Receptor Agonists
34.21	Mirtazapine
34.22	Monoamine Oxidase Inhibitors
34.23	Nefazodone
34.24	Opioid Maintenance Treatments: Methadone and Buprenorphine
34.25	Opioid Receptor Antagonists: Naltrexone and Nalmefene
34.26	Selective Serotonin-Norepinephrine Reuptake Inhibitors
34.27	Selective Serotonin Reuptake Inhibitors
34.28	Second-Generation Antipsychotics
34.29	Central Nervous System Sympathomimetic Compounds
34.30	Dopamine Receptor Agonists
34.31	Thyroid Hormones

34.32	Trazodone John
34.33	Tricyclics and Tetracyclics
34.34	Valproate
34.35	Electroconvulsive Therapy
34.36	Brain Stimulation Methods
34.37	Neurosurgical Treatments
34.38	Combination Pharmacotherapy
34.39	Reproductive Hormonal Therapy: Theory and Practice
34.40	Drug Treatment of Erectile Disorder
34.41	Vilazodone
<u>35</u>	<u>CHILD PSYCHIATRY</u>
35.1	Introduction and Overview
35.2	Normal Child Development
35.3	Adolescent Development
<u>36</u>	<u>CHILD PSYCHIATRIC EXAMINATION</u>
36.1	Psychiatric Examination of the Infant, Child, and Adolescent
36.2	Psychiatric Assessment of Preschool Children
36.3	Neuropsychological and Cognitive Assessment of Children
36.4	Psychiatric Emergencies in Children and Adolescents
<u>37</u>	<u>GENETICS IN CHILD PSYCHIATRY</u>
<u>38</u>	<u>NEUROIMAGING IN PSYCHIATRIC DISORDERS OF CHILDHOOD</u>
<u>39</u>	<u>TEMPERAMENT: RISK AND PROTECTIVE FACTORS FOR CHILD PSYCHIATRIC DISORDERS</u>
<u>40</u>	<u>INTELLECTUAL DISABILITY</u>
<u>41</u>	<u>SPECIFIC LEARNING DISORDER</u>
<u>42</u>	<u>DEVELOPMENTAL COORDINATION DISORDER</u>
<u>43</u>	<u>COMMUNICATION DISORDERS</u>
43.1	Language Disorder
43.2	Social (Pragmatic) Communication Disorder
43.3	Speech Sound Disorder
43.4	Stuttering
43.5	Unspecified Communication Disorder
<u>44</u>	<u>AUTISM SPECTRUM DISORDER AND SOCIAL COMMUNICATION DISORDER</u>
<u>45</u>	<u>ATTENTION-DEFICIT DISORDERS</u>
45.1	Attention-Deficit/Hyperactivity Disorder
45.2	Adult Manifestations of Attention-Deficit/Hyperactivity Disorder
<u>46</u>	<u>DISRUPTIVE BEHAVIOR DISORDERS IN CHILDREN AND ADOLESCENTS</u>
<u>47</u>	<u>FEEDING AND EATING DISORDERS OF INFANCY AND EARLY</u>

	<u>CHILDHOOD</u>
<u>48</u>	<u>TIC DISORDERS</u>
<u>49</u>	<u>ELIMINATION DISORDERS</u>
<u>50</u>	<u>OTHER DISORDERS OF INFANCY, CHILDHOOD, AND ADOLESCENCE</u>
50.1	Reactive Attachment Disorder and Disinhibited Social Engagement Disorder
50.2	Stereotypic Movement Disorders in Children
<u>51</u>	<u>MOOD DISORDERS IN CHILDREN AND ADOLESCENTS</u>
51.1	Depressive Disorders and Suicide
51.2	Early-Onset Bipolar Disorder
<u>52</u>	<u>ANXIETY DISORDERS IN CHILDREN</u>
52.1	Obsessive-Compulsive Disorder in Childhood
52.2	Posttraumatic Stress Disorder in Children and Adolescents
52.3	Separation Anxiety, Generalized Anxiety, and Social Anxiety
52.4	Selective Mutism
<u>53</u>	<u>EARLY-ONSET PSYCHOTIC DISORDERS</u>
<u>54</u>	<u>CHILD PSYCHIATRY: PSYCHIATRIC TREATMENT</u>
54.1	Individual Psychodynamic Psychotherapy (Child Psychiatry)
54.2	Brief Psychotherapies for Childhood and Adolescence
54.3	Cognitive-Behavioral Psychotherapy for Children and Adolescents
54.4	Group Psychotherapy
54.5	Family Therapy
54.6	Pediatric Psychopharmacology
54.7	Inpatient Psychiatric, Partial Hospital, and Residential Treatment for Children and Adolescents
54.8	Community-Based Treatment
54.9	The Treatment of Adolescents
<u>55</u>	<u>CHILD PSYCHIATRY: SPECIAL AREAS OF INTEREST</u>
55.1	Adoption and Foster Care
55.2	Child Maltreatment
55.3	Children's Reaction to Illness and Hospitalization
55.4	Psychiatric Sequelae of HIV and AIDS
55.5	Adolescent Substance Use Disorders
55.6	Forensic Child and Adolescent Psychiatry
55.7	Ethical Issues in Child and Adolescent Psychiatry
55.8	School Consultation
55.9	Prevention of Psychiatric Disorders in Children and Adolescents
55.10	Child Mental Health Services Research
55.11	Impact of Terrorism on Children

55.12	Impact on Parents of Raising a Child with Psychiatric Illness and/or Developmental Disability
55.13	Pediatric Sleep Disorders
<u>56</u>	<u>ADULTHOOD</u>
<u>57</u>	<u>GERIATRIC PSYCHIATRY</u>
<u>57.1</u>	<u>Overview</u>
57.1a	Introduction to Geriatric Psychiatry
57.1b	Epidemiology of Psychiatric Disorders
<u>57.2</u>	<u>Assessment</u>
57.2a	Psychiatric Assessment of the Older Patient
57.2b	Complementary, Alternative, and Integrative Medicine in Geriatric Psychiatry
57.2c	The Aging Brain
57.2d	Psychological Changes with Normal Aging
57.2e	Neuropsychological Evaluation
57.2f	Neuroimaging
57.2g	Genetics of Late-Life Neurodegenerative Disorders
57.3	Psychiatric Disorders of Late Life
57.3a	Assessment of Functioning
57.3b	Psychiatric Problems in the Medically Ill Geriatric Patient
57.3c	Sleep–Wake Disorders in Older Adults
57.3d	Anxiety Disorders
57.3e	Geriatric Mood Disorders
57.3f	Alzheimer Disease and Other Neurocognitive Disorders
57.3g	Delirium
57.3h	Schizophrenia and Delusional Disorders
57.3i	Personality Disorders
57.3j	Alcohol and Substance Abuse in Older Adults
<u>57.4</u>	<u>Treatment of Psychiatric Disorders</u>
57.4a	Treatment of Psychiatric Disorders: General Principles
57.4b	Antidepressants and Mood Stabilizers
57.4c	Antianxiety Drugs
57.4d	Antipsychotic Drugs
57.4e	Antidementia Drugs
57.4f	Electroconvulsive Therapy and Other Neurostimulation Treatments
57.4g	Psychosocial Factors in Psychotherapy of the Elderly
57.4h	Individual Psychotherapy
57.4i	Cognitive-Behavioral Therapy
57.4j	Family Intervention and Therapy with Older Adults

57.4k	Group Therapy
57.4l	Counseling and Support Needs of Dementia Caregivers
57.5	Financial Issues in the Delivery of Geriatric Psychiatric Care
<u>57.6</u>	<u>Special Areas of Interest</u>
57.6a	Psychiatric Aspects of Long-term Care
57.6b	Forensic Aspects
57.6c	Ethical Issues
57.6d	Gender Issues
57.6e	The Legal and Ethical Analysis of Elder Abuse
57.6f	Sexuality and Aging
57.6g	HIV and Aging
57.6h	Technology for Seniors
57.6i	Positive Psychiatry of Aging
<u>58</u>	<u>PUBLIC PSYCHIATRY</u>
58.1	Public and Community Psychiatry
58.2	Reforming Health Care
58.3	The Role of the Hospital in the Care of Persons with Mental Illness
58.4	Mental Health Services Research
58.5	The Psychiatric Hospitalist
58.6	Psychiatric Rehabilitation
58.7	A Sociocultural Framework for Mental Health and Substance Abuse Service Disparities
58.8	Criminalization of Persons with Serious Mental Illness
<u>59</u>	<u>PSYCHIATRIC EDUCATION</u>
59.1	Graduate Psychiatric Education
59.2	Examining Psychiatrists and Other Mental Health Professionals
<u>60</u>	<u>ETHICS AND FORENSIC PSYCHIATRY</u>
60.1	Clinical-Legal Issues in Psychiatry
60.2	Ethics in Psychiatry
60.3	Correctional Psychiatry
60.4	Neuroimaging, Psychiatry, and the Law
<u>61</u>	<u>HISTORY OF PSYCHIATRY</u>
<u>62</u>	<u>WORLD ASPECTS OF PSYCHIATRY</u>

4. Teaching / Learning Methods

The training of postgraduate for degree shall be residency pattern with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should participate in seminars, group discussions, grand rounds, case demonstration, clinics, journal review meetings, CPC and

clinical meetings. Every candidate should be required to participate in the teaching and training programme of undergraduate students. Training should include involvement in laboratory and experimental work and research studies. Students working in Psychiatry department should be posted to basic medical sciences and allied specialty departments or institutions. A candidate pursuing the course should work in the institution as a full-time student. No candidate should be permitted to run a clinic/laboratory/nursing home while studying postgraduate courses. Each year should be taken as a unit to calculate attendance.

4.1 Teaching methodology

Small group discussion such as seminars, journal clubs, symposia, reviews and guest lectures should get priority for theoretical knowledge. Bedside teaching, grand rounds, structured interactive group discussions and clinical demonstrations should be the hallmark of clinical/practical learning with appropriate emphasis on e- learning. Student should have hand-on training in performing various procedures and ability to interpret various tests/investigations. Exposure to newer specialized diagnostic/therapeutic procedures concerning her/his subject should be given. Self- learning tools like assignments and case-based learning may be promoted.

4.1.1 Lectures:

Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated. Integrated Lectures are recommended to be taken by multidisciplinary teams for selected topics. —

4.1.2 Journal Club:

Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter the relevant details in the log book. Further, every candidate must make a presentation from the allotted journal(s), selected articles. The presentations would be evaluated using check lists and would carry weightage for internal assessment

4.1.3 Subject Seminars:

Recommended to be held once a week. All the PG students are expected to attend and actively participate in the discussion and enter in the Log Book relevant details. The presentations would be evaluated using checklists and would carry weightage for internal assessment.

4.1.4 Case Conference:

Recommended to be held every week where a PG student prepares and presents a case of academic interest by rotation and it is attended by all the members of the Department.

4.1.5 Student Symposium:

Recommended as an optional multi-disciplinary program. The evaluation may be similar to that described for the subject seminar.

4.1.6 Ward Rounds:

Ward rounds may be service or teaching rounds.

a) **Service Rounds:** Postgraduate students and Interns should do every day for the care of the patients. Newly admitted patients should be worked up by the PGs and presented to the faculty the following day.

b) **Teaching Rounds:** Every unit should have 'grand rounds' for teaching purposes. A diary should be maintained for day to day activities by the students.

c) A minimum of 40 Clinical cases must be seen every year and a minimum of 10 cases be taken up for Psychotherapy each year.

Entries of (a), (b) and (c) should be made in the Logbook.

4.1.7 Clinico-Pathological Conference:

Recommended at least once a month for all postgraduate students. The presentation is done by rotation. If cases are not available due to lack of clinical postmortems, it could be supplemented by published CPCs.

4.1.8 Inter-Departmental Meetings:

Recommended to be held at least once a week. This is a presentation of a case of psychosomatic illness, or a medical illness with pronounced psychiatric problems. It should be held in collaboration with various departments and attended by the faculty and the PG students of psychiatry and the concerned Department. Strongly recommended particularly with departments of General Medicine, Pediatrics, OBG, Physiology and Community Medicine. These meetings should be attended by all postgraduate students and relevant entries must be made in the Log Book.

4.1.9 Teaching Skills:

Postgraduate students must teach undergraduate students (E.g. medical, nursing) by taking demonstrations, bedside clinics, tutorials, lectures, etc. Assessment is made using a checklist by psychiatry faculty as well as students. Record of their participation is kept in Logbook. Training of postgraduate students in Educational Science and Technology is recommended.

ENTRUSTABLE PROFESSIONAL ACTIVITY

EPAs are units of professional practice, defined as tasks or responsibilities to be entrusted to the unsupervised execution by a trainee once he or she has attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and therefore, suitable for entrustment decisions. The entrustable professional activity (EPA) concept allows faculty to make competency-based decisions on the level of supervision required by trainees. The Academy has identified few such EPA’s for all students in various degree courses. These are

13. EPA 1: Gather a history and perform a physical examination
14. EPA 2: Prioritize a differential diagnosis following a clinical encounter
15. EPA 3: Recommend and interpret common diagnostic and screening tests
16. EPA 4: Obtain informed consent for tests and / or procedures
17. EPA 5: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
18. EPA 6: Give or receive a patient handover to transition care responsibility
19. EPA 7: Evaluate a patient for psychiatric illness using history, mental status examination and general physical examination and make a provisional diagnosis using ICD 10 diagnostic criteria.
20. EPA 8: Formulate an evidence-based psychopharmacological treatment plan for a patient with psychiatric illness.
21. EPA 9: Administer electroconvulsive therapy (ECT) in accordance with standard operating procedure.
22. EPA 10: Conduct training for undergraduate medical students who have clinical postings in Psychiatry
23. EPA 11: Give or receive a patient handover during shift change in psychiatry ward.

SI No	EPAs-MD Psychiatry	Competency domains						Level of Competency			MSF	Asses sment tool
		M K	P C	PB LI	S B P	P	I C S	End of 1 st year	End of 2 nd year	End of 3 rd year		

1.	Evaluate a patient for psychiatric illness using history, mental status examination and general physical examination and make a provisional diagnosis using ICD 10 diagnostic criteria.	+	+	+		+	+		II	III	IV	S, P, PG, H, I	Direct observation
2.	Formulate an evidence-based psychopharmacological treatment plan for a patient with psychiatric illness.	+	+	+		+	+		II	III	IV	S, P, H, I	Case discussion
3.	Administer electroconvulsive therapy (ECT) in accordance with standard operating procedure.	+	+	+	+	+	+		I	II	III	S, P, PG, H, I	Simulation testing
4.	Conduct training for undergraduate medical students who have clinical postings in Psychiatry	+	+	+	+	+	+		II	III	IV	S, UG, I	Direct observation
5.	Give or receive a patient handover during shift change in psychiatry ward.	+	+	+	+	+	+		II	III	IV	S, PG, H, I	Practice audit
		MK: Medical Knowledge PC: Patient Care PBLI: Problem Based Learning and Improvement SBP: Systems Based						Level I: Knowledge only; can observe Level II: Can do under direct supervision			S: Supervisor P: Patients/Relatives UG: Undergraduate		

		Practice P: Professionalism ISC: Interpersonal and Communication Skills	Level III: Can do under indirect supervision Level IV: Can do independently Level V: Has expertise to teach others	e students PG: Peers C: Community H: Other health professionals I: Self
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4.1.10 Continuing Medical Education Programs (CME):

Recommended that at least 2 CME programs should be attended by each student in 3 years.

4.1.11 Conferences:

The student should attend courses, conferences and seminars relevant to Psychiatry. A post-graduate student of a postgraduate degree course in broad specialties/super Specialties would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be Published/accepted for publication/sent for publication during the period of his Postgraduate studies to make him eligible to appear at the postgraduate degree examination.

4.1.12 Research activities:

The student should know the basic concepts of research methodology plan a research project, be able to retrieve information from the library. The student should have a basic knowledge of statistics. It is mandatory for all postgraduate students to undergo training in online course in “Basic Course in Biomedical Research” Which should be completed by the end of second semester. The department should encourage e-learning activities.

4.1.13 Clinical postings and Rotation of postings:

A major tenure of posting should be in General Psychiatry. It should include care of in-patients, out-patients, special clinics and maintenance of case records of both in and out patients.

Exposure to the following areas should be given:-

Schedule of clinical postings for M.D Psychiatry *(36 months) Area/ Specialty

- Ward and OPD (Concurrent) 21 months
- Neurology 2 months(NIMHANS)
- Emergency Medicine/ Internal Medicine 1 month
- Consultation Liaison Psychiatry 1 month
- Psychiatric hospital and Forensic Psychiatry 15 days(NIMHANS)
- Geriatric Psychiatry 15 days(NIMHANS)

- Clinical Psychology 1 month(NIMHANS)
- Addiction Psychiatry 3 months
- Child and Adolescent Psychiatry 2 months(NIMHANS)
- Community psychiatry 2 months
- Elective posting 2 months

Inter-unit rotation in the department should be done for a period of up to one year. Rotation in appropriate related subspecialties should not extend for a period exceeding 06 months.

Exposure to community based services should be integral to various postings.

1. Psychiatry OPD and Ward :

The aim of the clinical postings in the OPD and ward is acquisition of Clinical skills. At the end of this posting, the post graduate should be able to

- Take comprehensive history and perform physical examination.
- Demonstrate working knowledge of major psychiatric diagnoses as per the ICD and present a reasoned differential diagnosis.
- Write Psychiatric formulation
- Develop a comprehensive treatment plan.
- Demonstrate knowledge of psychopharmacological agents, including indications and significant adverse effects.
- Administer ECT.
- Identifying psychiatric emergencies and their management.
- Write clear and thorough histories, consultation notes and follow up notes.
- Demonstrate appropriate professional demeanor and ethics including respect for patient's confidentiality.

Assessment:

- Documentation assessment of residents- Log-book, Clinical Encounter Cards (CEC) i.e. patient case sheet.
- Direct Assessment of residents-- mini-Clinical Evaluation Exercise (mini-CEX), Direct Observation of Procedural Skills (DOPS), Clinical Work Sampling (CWS), OSCE.
- Discussion of individual clinical cases with residents – Case Based Discussion (CBD), Short case and long case discussion.

2. Neurology

At the end of this posting, the post graduate should be able to

- Take clinical history, perform neurological examination and formulate a diagnosis.
- Describe common neurological disorders encountered in general practice.

- Understand neurobehavioral disorders
- Demonstrate knowledge of reporting and interpreting EEGs, CT scans/MRI.
- Describe treatment approaches including recent advances.

Assessment:

- Log book
- Mini – CEX
- DOPS
- Long case and short case discussion

3. Internal Medicine / Emergency Medicine

At the end of this posting, the post graduate should be able to

- Identify and treat psychiatric emergencies like Delirium, ICU psychosis etc.,
- Assess and treat uncooperative patients in medicine wards
- Identify and treat psychiatric comorbidities in patients suffering from chronic medical conditions
- Manage emergencies like deliberate self-harm

Assessment:

- Log book
- Mini – CEX
- DOPS
- Long case and short case discussion

4. Consultation Liaison Psychiatry

At the end of the postings in CLP, the post graduate should be able to

- Take a medical-psychiatric history
- Recognize and categorize symptoms in patients with complex medical conditions
- Form a good therapeutic alliance in different clinical settings
- Assess psychosocial issues associated with pregnancy, pain, malignancies, chronic physical illnesses, patients undergoing organ transplantation, terminally ill patients
- Work as a member of a multidisciplinary team and contribute to the medical care of patients with various medical illnesses

Assessment:

- Log book
- Mini – CEX
- DOPS
- Long case and short case discussion

5. Forensic Psychiatry

At the end of this posting, the post graduate should be able to

- Describe MHCA 2017 Ethics, Rules and Regulations
- Demonstrate the ability to comprehensively assess and competently manage adults with psychiatric disorders in a range of forensic contexts and settings
- Evaluate and treat Under Trial Prisoner with psychiatric disorders
- Examine children with history of Child Sexual Abuse/Emotional abuse
- Write Forensic report of person suffering from to Mental illnesses to competent authorities
- Demonstrate the ability to use interpersonal skills to improve patient outcomes in forensic contexts
- Collaborate effectively with other professionals and agencies involved with people with psychiatric disorders and forensic issues.

Assessment:

- Log book
- Mini – CEX
- DOPS
- Long case and short case discussion

6. Geriatric Psychiatry

At the end of this posting, the post graduate should be able to

- Evaluate and differentiate Normal Ageing Vs MCI
- Gather accurate key information from the patient, collateral sources, and other health care professionals by detailed history and Mental Status Examination.
- Perform structured cognitive assessment, Functional assessment, Medical/Neurological Assessments.
- Identify and address abuse, Caregiver issues, Cultural and social issues.
- Identify and manage Psychiatric disorders in Geriatric patients.
- Interview, communicate effectively with older adults, compensating for hearing, visual and cognitive deficits.
- Demonstrate respectful and caring behaviours in interactions with patients and their families.
- Perform MMSE (Mini Mental Status Examination),HMSE(Hindi Mental Status Examination) and other scales.
- Incorporate a bio-psychosocial model in treatment planning, and enlist a multidisciplinary approach as relevant to the illness and circumstances.

Assessment:

- Log book

- Mini – CEX
- DOPS
- Long case and short case discussion

7. Clinical Psychology

At the end of the postings in Clinical Psychology, the post graduate should be able to

- Describe accurately the relationship between commonly treated medical conditions and psychological or behavioural concerns.
- Articulate an understanding of health belief models and attitudes regarding help seeking that influence health and illness.
- Demonstrate knowledge of cognitive factors that influence reactions to medical diagnoses and processing of health information.
- Recognize the effect of acute and chronic illness on physical and mental health of caregivers, siblings, and other family members.
- Utilize knowledge about the effect of the family and other members of the support system on medical regimen adherence.
- Perform Cognitive behaviour therapy.
- Perform IQ test and clinical psychology tests

Assessment:

- Log book
- DOPS
- Long case and short case discussion

8. Addiction Psychiatry

At the end of this posting, the post graduate should be able to

- Take a comprehensive history and perform physical examination.
- Screen for and diagnose common problems related to substance use and addiction
- Demonstrate knowledge of tobacco, alcohol and other drug dependence.
- Develop a comprehensive treatment plan
- Treat emergencies associated with commonly misused drugs
- Acquire knowledge of various techniques of detoxification, long term management and rehabilitation.
- Routinely use motivational strategies to support change

Assessment:

- Log book

- Mini – CEX
- DOPS
- Long case and short case discussion

9. Child and Adolescent Psychiatry

At the end of this posting, the post graduate should be able to

- Describe normative child development
- Interview children
- Describe classification, epidemiology, etiology and presentation of various child and adolescent psychiatric disorders.
- Demonstrate knowledge of psychopharmacology in children
- Manage psychosocial issues with children
- Liaison with teachers, schools, child care institutions.
- Recognition of Disability and its alleviation among children and adolescents

Assessment:

- Log book
- Mini – CEX
- DOPS
- Long case and short case discussion

10. Community Psychiatry

At the end of this posting, the post graduate should be able to

- Describe common psychiatric disorders prevalent in the community
- Demonstrate knowledge about the psycho-social- economic-religious-and spiritual determinants of psychiatric disorders prevalent in the community
- Acquire knowledge about promotion and preventive aspects of the common mental disorders
- Implement rehabilitation services which can be introduced and practiced at the community level.

Assessment:

- Log book
- Mini – CEX
- DOPS
- Long case and short case discussion

4.1.14 Synopsis and Dissertation

1. Every candidate pursuing the MD degree course is required to carry out work on a selected research project under the guidance of a recognized postgraduate

teacher. The results of such a work shall be submitted in the form of a dissertation.

2. The dissertation is aimed to train a postgraduate student in research methods and techniques. It includes identification of a problem, formulation of a hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and concluding.

3. Every candidate shall submit to the Registrar (Academic) in the prescribed proforma, a synopsis containing particulars of proposed dissertation work six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.

4. Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

5. The dissertation should be written under the following headings:

I. Introduction

i. Aims or Objectives of the study

ii. Review of Literature

Materials and Methods

iv. Results

v. Discussion

vi. Conclusion

Vii .Summary

viii. References (Vancouver style)

ix. Tables

X. annexures

6. The written text of the dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires, and other annexures. It should be neatly typed in double line spacing on one side of the paper (A4 size, 8.27” x 11.69”) and bound properly. The spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

7. Four copies of dissertation thus prepared shall be submitted to the Registrar (Evaluation), six months before the final examination on or before the dates notified by the University.

8. The dissertation shall be valued by examiners appointed by the University. Approval of dissertation work is an essential precondition for a candidate to appear in the University examination.

9. Guide: The academic qualification and teaching experience required for recognition by this University as a guide for dissertation work is as per Medical Council of India, Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least five years teaching experience as Lecturer or Assistant Professor gained after obtaining post graduate degree shall be recognized as post graduate teachers.

10. A Co-guide may be included provided the work requires substantial contribution from a sister department or from another medical institution recognized for teaching/training by Sri Devaraj Urs University /Medical Council of India. The co-guide shall be a recognized post graduate teacher of Sri Devaraj Urs University

11. Change of guide; In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the university.

4.1.15 Log Book:

Each student must be asked to present a specified number of cases for clinical discussion, perform procedures, tests, operations, present seminars, and review articles from various journals in inter-unit / interdepartmental teaching sessions. They should be entered in a Log Book. The Log books shall be checked and assessed periodically by the faculty members imparting the training. This will in turn be evaluated/ assessed by an external reviewer appointed by the university biannually during the months of July and January.

5) Monitoring Learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is done by the staff of the department based on the participation of students in various teaching/learning activities. It may be structured and assessment is done using checklists that assess various aspects. Checklists are given in

Chapter V

The learning outcomes to be assessed should include (I) Personal Attitudes, (ii) Acquisition of Knowledge, (iii) Clinical and operative skills, (iv) Teaching skills and (v) Dissertation.

5.1 Personal Attitudes:

The essential items are:

- Caring attitudes
 - Initiative
 - Organizational ability
-

- Potential to cope with stressful situations and undertake responsibility
- Trust worthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationships with patients and colleagues
- Ability to work in a team
- A critical enquiring approach to the acquisition of knowledge

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors, and peers.

5.2 Acquisition of Knowledge:

The methods used comprise of the following:

5.2.1 Log Book

The log book which records participation in various teaching/learning activities by the students. The number of activities attended and the number at which presentations are made is to be recorded. The logbook should periodically be validated by the supervisors.

The purpose of the Log Book is to:

- a) Help maintain a record of the work done during training,
- b) Enable Consultants to have direct information about the work; intervene if necessary,
- c) Use it to assess the experience gained periodically.

The log book shall be used to aid the internal evaluation of the student.

The Log books shall be checked and assessed periodically monthly basis by guide / head of the unit/ head of the department and biannually by the external reviewer.

Procedure for defaulters:

Every department should have a committee to review such situations. The "defaulting candidate" is counselled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right

5.2.2 Journal Review Meeting (Journal Club):

The ability to do a literature search, in-depth study, presentation skills, and use of audiovisual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist.

5.2.3 Seminars / Symposia:

The topics should be assigned to the student well in advance to facilitate in- depth study. The ability to do a literature search, in-depth study, presentation skills and use of audiovisual aids are to be assessed using a checklist.

5.2.4 Clinico-pathological conferences:

This should be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a checklist similar to that used for the seminar.

5.2.5 Medical Audit:

Periodic morbidity and mortality meeting be held. Attendance and participation in these must be insisted upon. This may not be included in the assessment.

5.3 Clinical skills

A student must acquire practical skills in:

1. Interview techniques – both adults and children and of uncooperative patients
2. Mental state examination including that of uncooperative patients.
3. Documentation of psychiatric history, family history, and mental state examination
4. Assessment of Personality including administration and interpretation of projective tests. Administration and interpretation of tests of Intelligence and Neuropsychological functions. Attitudes and communication abilities

The student, at the end of the course should be able to perform independently, the following:

1. Conduct detailed Mental Status Examination (MSE)
2. Cognitive behaviour therapy
3. Supportive psychotherapy
4. Modified ECT
5. Clinical IQ assessment
6. Management of alcohol withdrawal
7. Alcohol intoxication management
8. Opioid withdrawal management
9. Delirious patients
10. Crisis intervention

The student, at the end of the course should be able to perform under supervision, the following:

1. Behaviour therapy
2. Opioid intoxication management
3. Genetic counselling
4. Family therapy

The student, at the end of the course should be able to assist the expert in the following:

1. Interpersonal therapy
2. Management of suicide attempt

Day to Day work: Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills. Mini CEX will be used for this assessment.

Clinical meetings: Candidates should periodically present cases to his peers and faculty members. This should be assessed using a checklist (see Model checklist IV, Chapter IV).

Clinical and Procedural skills: The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the logbook.

Graded responsibility in the care of patients 1st

Year

Interview techniques, mental state examination, diagnostic summary, diagnostic formulation, supervised inpatient and outpatient work, Supervised administration of ECT, administration, and interpretation of Psychological tests (Projective tests, Tests of intelligence, Neuropsychological tests)

2nd Year

Supervised consultation and liaison work with other departments, evaluation and treatment of psychiatric emergencies under supervision, supervised long term follow up of inpatients discharged to the community, individual psychotherapy of a minimum of one case under supervision, exposure to group therapy family therapy. The student to learn certain behavior therapy techniques such as relaxation, systematic desensitization, exposure and response prevention. Assessment and evaluation of children with psychiatric problems. Postings in the Department of Neurology (3 months) and a psychiatric institution for exposure to Forensic Psychiatry (15 days).

3rd Year

Supervised teaching of clinical psychiatry to undergraduate Medical students, Psychiatry nursing students, etc., Independent care of long term stable patients in the community and outpatient.

5.4 Teaching skills: Candidates should be encouraged to teach undergraduate medical students and paramedical students if any. This performance should be based on the assessment by the faculty members of the department and from feedback from the undergraduate students (See Model checklist V, Chapter IV)

5.5 Dissertation in the Department: Periodic presentations are to be made in the department. Initially, the topic selected is to be presented before submission to the University for Registration, again before finalization for critical evaluation and another before final submission of the completed work (See Model Checklist VI & VII, Chapter IV)

5.6 Periodic tests: The departments may conduct three tests, two of them be annual tests, one at the end of the first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical, and viva voce.

5.7 Work diary / Log Book- Every candidate shall maintain a work diary and record his/her participation in the training programs conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures if any conducted by the candidate.

5.8 Records: Records, logbooks and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI.

5.9.1 Logbook

The logbook is a record of the important activities of the candidates during his training, internal assessment should be based on the evaluation of the logbook. Collectively, logbooks are a tool for the evaluation of the training program of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

Format for the logbook for the different activities is given in Chapter V. Copies may be made and used by the institutions.

Procedure for defaulters: Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default, the departmental committee may recommend that the defaulting candidate be withheld from appearing the examination if she/he fails to fulfill the requirements despite being given adequate chances to set himself or herself right.

6. ASSESSMENT

6.1 Formative Assessment

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess,

various aspects. This includes assessment of patient care, procedural & academic skills, interpersonal skills, professionalism, self-directed learning and ability to practice in the system. Checklists are given in Chapter-V

Assessment during the MD training should be based on:

- Assessment at end of rotation (Quarterly Postgraduate Student's Appraisal Form) by the Unit Head. (Model checklist See Annexures Chapter V).
- The student to be assessed periodically as per categories listed in Postgraduate Student Appraisal Form
- Multisource Feedback (MSF) – End of rotation (Model checklist See Annexures Chapter V)
- Multisource Feedback (MSF) – Quarterly
- MSFs should be obtained quarterly from:- 2 from faculty of the unit/department; 2 from peers posted in the unit; 2 from interns, 2 from staff nurses from the areas attached to the unit, 2 from patient/patient relative. (Model checklist See Annexures Chapter V)
- Periodic assessment
 - The tests may include written papers (theory) practicals / clinical and viva voce.

Quarterly Postgraduate Student's Appraisal Form

A. Journal based/ recent advances learning

- a. Seminars
- b. Journal Clubs
- c. Evidence based medicine (EBM) based Journal clubs

B. Patient based or Skill based learning

- a. Mini-CEX (mini clinical examination)
- b. Case based discussions – Long case discussion (Holistic) –& Short case discussion (Focused)
- c. DOPS (Directly Observed Procedural Skills)

C. Self-directed learning and teaching

- a. Log book
- b. Basic life support (BLS)
- c. Additional training certificates

D. Departmental & interdepartmental learning activity

- a. Interdepartmental PG symposium
- b. Clinico-pathological conference (CPC)
- c. Clinical case discussion

- d. Pedagogy session
- e. Central mortality meeting (Once in 3 months)
- f. Monthly departmental mortality meeting (Once a month)

E. External & Outreach activities/ Continuing Medical Education (CME)

- a. External postings details: SDUMC
- b. Camp details
- c. Annual Departmental CME
- d. CMEs/Conferences/Workshops – External

F. Attendance, Progress and Conduct

- A candidate pursuing degree course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course. Academic term of 6 months shall be taken as a unit for the purpose of calculating attendance
- Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons. (Please see chapter IV for details). Every student shall attend all teaching programmes during each year as prescribed by the department and not absent himself / herself from work without valid reasons
- Every candidate is required to attend a minimum of 80% of the training during each academic term of the post graduate course. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every term.
- All the candidates joining the Post Graduate training programme shall work as 'Full Time Residents' during the period of training and shall attend not less than 80% (Eighty percent) of the imparted training during Academic Term of 6 months including assignments, full time responsibilities and participation in all facets of the education process. Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.
- A Postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published / accepted for publication/sent for publication during the period of postgraduate

studies so as to make him eligible to appear at the postgraduate degree examination.

Scheme of Examination I)

Theory

There shall be four question papers, each of three hours duration. Each paper shall consist of two long essay questions each question carrying 20 marks and 6 short essay questions each carrying 10 marks. The total marks for each paper will be 100. Questions on recent advances may be asked in any or all the papers. Details of the distribution of topics for each paper will be as follows:

Paper I:

Neuroanatomy, Neurophysiology, Neurochemistry, Genetics, General and Abnormal Psychology, Social psychology, Anthropology, Ethnology and statistics

Paper-II:

History of psychiatry, classificatory systems in Psychiatry, Adult psychiatric disorders including Personality disorders, substance-related disorders, sexual disorders, eating disorders, sleep disorders (Epidemiology aetiopathogenesis, clinical features, treatment course, and outcome). Psychosomatic disorders, Consultation-Liaison Psychiatry, Geriatric Psychiatry, Psychiatric emergencies, Psycho-oncology Psychoneuroimmunology, Psych neuroendocrinology, Chrono psychobiology, electrophysiological procedures and brain imaging in psychiatry.

Paper III:

Child and adolescent psychiatric disorders including mental retardation (Epidemiology aetiopathogenesis, clinical features, treatment course, and outcome). Mental health issues in women including post-partum psychiatric disorders, Measurements in Psychiatry, Psychopharmacology, Electroconvulsive therapy, Psychosurgery, Psychotherapy, and Rehabilitation in Psychiatry, Forensic Psychiatry, Cultural Psychiatry, Community Psychiatry and Ethics in Psychiatry.

Paper IV:

Neurology, Medicine and recent advances related to Psychiatry

Note: The distribution of chapters/topics shown against the papers is suggestive only.

II) Clinical Examination Marks: 200

Board of examination: The board of examiners consists of four members. Out of four one should be a Neurologist / Clinical Psychologist

Aim of the clinical examination is to elicit the knowledge and competency of the candidate for undertaking independent work as specialist/teacher

Long cases – Two: Psychiatry – One – 75

Neurology – One – 75

Short cases – Two: Psychiatry – Two – 50 (2 x25)

III) Viva voce

100 marks

1) Viva-voice Examination: (80 marks)

All examiners will conduct viva-voice conjointly on candidate's comprehension, analytical approach, expression and interpretation of data. It includes all components of course contents. Besides, candidates may be also be given case reports, charts, gross specimens, Histopathology slides, X-rays, ultrasound, CT scan images, etc., for interpretation. Questions on the use of instruments will be asked. It includes discussion on the dissertation also.

2) Pedagogy Exercise: (20 marks)

A topic is given to each candidate at the beginning of the clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

Maximum marks for	Theory	Practical	Viva	Grand Total
M.D. Psychiatry	400	200	100	700

Recommended Books and Journals

1. SADOCK (B J) and SADOCK (V A). Comprehensive Textbooks of Psychiatry Set of 2 vols. Ed. 7 Baltimore, William & Wilkins, 1995
2. KAPLAN (H I) and SADOCK (B J) Synopsis of the textbook of Psychiatry, Ed 8, New Delhi, Waverly Pvt Ltd.
3. KENDELL (R E) and Zealley (A K) Ed Companion to psychiatric studies, Ed. 4 Edinburgh, Churchill Living Stone 1998
4. GELDER M et al, Oxford textbook of Psychiatry, Ed.3, Oxford, OUP, 1996
5. CASSEM (NH), Massachusetts General Hospital. Handbook of General Hospital Psychiatry, St. Louis, Mosby, 1997
6. LISHMAN (W A), Organic Psychiatry: Consequences of Cerebral Disorder, ED3, Oxford, Blackwell, Sciences, 1997
7. BARKER (Philip), Basic Child Psychiatry, Ed. 5. London, Blackwell Sciences, 1988
8. KENDELL (Eric R) et al, Principles of Neural Science, Ed. 3 Prentice Hall Intl. 1991

10. HARDMAN (Joel F) et al, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Ed. 9, New York, McGraw Hill, Ed.9
 11. MUNN (Norman L), Introduction to Psychology, Ed.3, Oxford and I B H Pub. 1972
 12. Fish's Textbook of Psychopathology
 13. KUPPASWAMY (B). An Introduction to Social Psychology, Asia Publishing House
 14. HURLOCK (Elizabeth B), Developmental psychology, Tata McGraw Hill
 15. JAMES C COLEMAN, Abnormal Psychology, and Modern Life. D B TARAPOREWALA Sons and Co Pvt Ltd.
 16. CHUSID (J G), Correlative Neuroanatomy and Functional Neurology, 18th edition, 1989, Lange Medical Publication
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Journals

1. Indian Journal of Psychiatry
2. Indian Journal of Medical Research
3. American Journal of Psychiatry
4. Archives of General Psychiatry
5. British Journal of Psychiatry
6. Psychiatric clinics of North America
7. Neurology (India)
8. Lancet
9. New England Journal of Medicine
10. Indian Journal of Clinical psychology
11. NIMHANS Journal
12. Acta Psychiatrica Scandinavia
13. Psychological Medicine
14. Journal of Clinical Psychiatry
15. Indian Journal of Psychological Medicine

ADDITIONAL READING

1. Indian Council of Medical Research, "Ethical Guidelines for Biomedical Research on Human Subjects", I.C.M.R, New Delhi, 2000.
 2. Code of Medical Ethics framed under section 33 of the Indian Medical Council Act, 1956. Medical Council of India, Kotla Road, New Delhi.
 3. Francis C M, Medical Ethics, J P Publications, Bangalore, 1993.
 4. Indian National Science Academy, Guidelines for care and use of animals in Scientific Research, New Delhi, 1994.
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5. Internal National Committee of Medical Journal Editors, Uniform requirements for manuscripts submitted to biomedical journals, N Engl J Med 1991; 424-8
6. Kirkwood B R, Essentials of Medical Statistics, 1st Ed., Oxford: Blackwell Scientific Publications 1988.
7. Mahajan B K, Methods in Biostatistics for medical students, 5th Ed. New Delhi, Jaypee Brothers Medical Publishers, 1989.
8. Compendium of recommendations of various committees on Health and Development (1943-1975). DGHS, 1985 Central Bureau of Health Intelligence, Directorate General of Health Services, min. of Health and Family Welfare, Govt. of India, Nirman Bhawan, New Delhi. P - 335.
9. National Health Policy, Min. of Health & Family Welfare, Nirman Bhawan, New Delhi, 1983
10. Srinivasa D K et al, Medical Education Principles, and Practice, 1995. National Teacher Training Centre, JIPMER, Pondicherry

Check List

Name of the Student: _____ **Name of the Faculty** _____ **Date:** _____

Sl. No	Items for observation during a presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Article chosen was					
2	The extent of understanding of scope & objectives of the paper by the candidate					
3	Whether cross-references have been consulted					
4	Whether other relevant publications consulted					
5	Ability to respond to questions on the paper/subject					
6	Audio-Visual aids used					
7	Ability to defend the paper					

8	Clarity of presentation					
9	Any other observation					

MODEL CHECK-LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Student:

Name of the Faculty:

Date:

Sl no	Items for observation during presentation	Poor 0	Below average 2	Average 2	Good 3	Very good 4
1	Whether other relevant publications considered					
2	Whether other cross-references have been consulted					
3	Completeness of preparation					
4	Clarity of presentation					
5	Understanding of subject					
6	Ability to answer questions					
7	Time scheduling					
8	Appropriate use of audiovisual aids					
9	Overall performance					
10	Any other observation					
	Total score					

MODEL CHECKLIST FOR EVALUATION OF CLINICAL WORK IN WARD

(To be completed monthly once by respective Unit Heads including posting in other departments)

SL no	points to be considered	Poor 1	Below average 2	Average 3	Good 4	Very good 5

1	Regularity of attendance					
2	Punctuality					
3	Interaction with colleagues and supportive staff					
4	Maintenance of case records					
5	Presentation of cases during rounds					
6	Investigations work up					
7	Bedside manners					
8	Rapport with patients					
9	Counseling patient's relatives for blood donation or Postmortem and Case follow up.					
10	The overall quality of Ward work					
	Total score					

EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

SL NO	Points to be considered	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of Presentation					
4	Logical order					
5	Mentioned all positive and negative points of importance					
6	Accuracy of general physical examination					
7	Whether all physical signs elicited correctly					
8	Whether any major signs missed or misinterpreted					

9	Diagnosis: Whether it follows logically from history and findings					
10	Investigations required complete list					
	Relevant order					
	Interpretation of investigations					
11	Ability to react to questioning whether it follows logically from history and findings					
12	Ability to defend diagnosis					
13	Ability to justify the differential diagnosis					
14	Others					
15	Grand Total					

MODEL CHECKLIST FOR EVALUATION OF TEACHING SKILL PRACTICE

Sl no	Performance	Strongpoint	Weak point
1	Communication of the purpose of the talk		
2	Evokes audience interest in the subject		
3	The introduction		
4	The sequence of ideas		
5	The use of practical examples and/or illustrations		
6	Speaking style (enjoyable, monotonous, etc., specify)		
7	Attempts audience participation		
8	Summary of the main points at the end		
9	Asks questions		
10	Answers questions asked by the audience		

11	The rapport of the speaker with his audience		
12	Effectiveness of the talk		
13	Uses AV aids appropriately		

MODEL CHECKLIST FOR DISSERTATION PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

Sl no	Points to be considered	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Interest was shown in selecting a topic					
2	Appropriate review of literature					
3	Discussion with guide & other faculty					
4	Quality of protocol					
5	Preparation of preformats					

CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Name of the Student:

Name of the Faculty:

Date:

Sl no	Items for observation during the presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Periodic consultation with guide/co-guide					
2	Regular collection of case material					
3	Depth of analysis/discussion					
4	Departmental presentation of findings					
5	Quality of final output					
6	Others					
7	Total Score					

PEDAGOGY STUDENT OBSERVATION SHEET

Rating scale: A- well done: B- done fairly: C- needs to improve: D not applicable

DIRECTIONS: Please enter ratings as A, B, C or D in the boxes

Name of teacher:

Title:

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Sl no	skill	Teacher's action	Performance as per teacher											
			1	2	3	4	5	6	7	8	9			
1	Set induction	1.5 Aroused interest in the beginning by relation to previous learning, throwing a new idea, questioning, etc. 1.2 Specified the objectives of presentation												
2	Planning	2.1 organized material in a logical sequence. 2.2 used relevant clinical material												
3	Presentation	3.1 Changed 3.1 changed the pace of presentation by shifting emphasis, joke etc. 3.2 use specific examples for illustration 3.3 used non-verbal cues, eye contact etc. 3.2 Us												
4	Pupil participation	4.1 allow questions from students. 4.2 asked questions 4.3 solicited/ raised questions 4.4 rewarded pupil effort												

5	Use of AV aids	5.1 Used proper AV aids 5.2 Used the aid (s) effectively	
6	Closure `	6.1 Summarized most important points at the end of the lesson	
7	Lesson of the whole was effective		

For additional comments use the reverse side Remarks:

teacher 1
teacher 2
teacher 3
teacher 4
teacher 5

MODEL CHECK LIST FOR SYNOPSIS PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

Total score	Total score	Total score	Total score	Total score	Total score	Total score
1	Interest shown in selecting a topic					
2	Appropriate review of literature					
3	Discussion with guide & other faculty					
4	Quality of Protocol					
5	Preparation of proforma					
	total score					

CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Sl No	Items for observations during presentation	Poor 0	Below average 1	Average 2	Good 3	Very good 4
1	Periodic consultation with guide/co-guide					
2	Regular collection of case material					
3	Depth of analysis / discussion					
4	Departmental presentation of findings					
5	Quality of final output					
6	Others					
	total score					

LOGBOOK

Table 2: Academic presentations made by the student

Name	Admission year
Date	Topic
	Type of Presentation Specify Seminar, Journal Club, Presentation, UG teaching, etc.

LOG BOOK

Table 3:
Diagnostic and Therapeutic procedures performed

	Name:		Admission Year	
Date	Name	ID No	Procedure	Category O, A, PA, PI

- * Key:
- O - Independently observed
 - A - Assisted a more senior faculty
 - PA - Performed procedure under the direct supervision of a senior PI
 - Performed independently

EVALUATION FOR DOPS

Direct Observation of Procedural Skills (DOPS)

Trainee	Assessor
Name :	Name :
Assessment date:	Hospital DOPS took place:
FEEDBACK:	
Verbal and written feedback is a mandatory component of this assessment.	
General	
Strengths	
Development needs	
Recommended actions	
TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)	
What did I learn from this experience?	
What did I do well?	
What do I need to improve or change? How will I achieve it?	
RATINGS	
Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.	
N = Not observed D = Development required, S = Satisfactory (no prompting or	

intervention required) O = Outstanding		
Domain	Rating	Comments
1: Describes indications, anatomy, procedure and complications to assessor		
2: Obtains consent, after explaining procedure and possible complications to patient		
3: Prepares for procedure according to an agreed protocol		
4: Administers effective analgesia or safe sedation (if no anaesthetist)		
5: Demonstrates good asepsis and safe use of instruments and sharps		
6: Performs the technical aspects in line with the guidance notes		
7: Deals with any unexpected event or seeks help when appropriate		
8: Completes required documentation (written or dictated)		
9: Communicates clearly with patient and staff throughout the procedure		
10: Demonstrates professional behaviour throughout the procedure		
GLOBAL SUMMARY Level at which completed elements of the PBA were performed on this occasion		Tick
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)	
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)	
Level 2a	Guidance required for most/all of the procedure (or part performed)	
Level 2b	Guidance or intervention required for key steps only	
Level 3a	Procedure performed with minimal guidance or intervention (needed occasional help)	
Level 3b	Procedure performed competently without guidance or intervention but lacked confidence	

PEDAGOGY STUDENT OBSERVATION SHEET

Mini-Clinical Evaluation Examination (CEX)

Evaluator: _____ **Date:** _____

Resident: _____ R-1 R-2 R-3

Patient Problem/Dx: _____

Setting: Ambulatory In-patient ED Other _____

Patient: Age: _____ Sex: _____ New Follow-up

Complexity: Low Moderate High

Focus: Data Gathering Diagnosis Therapy Counseling

1. Medical interviewing Skills (<input checked="" type="radio"/> Not Observed)								
1 UNSATISFACTORY	2 UNSATISFACTORY	3 UNSATISFACTORY	4 SATISFACTORY	5 SATISFACTORY	6 SATISFACTORY	7 SUPERIOR	8 SUPERIOR	9 SUPERIOR

2. Physical Examination Skills (<input type="radio"/> Not Observed)								
1 UNSATISFACTORY	2 UNSATISFACTORY	3 UNSATISFACTORY	4 SATISFACTORY	5 SATISFACTORY	6 SATISFACTORY	7 SUPERIOR	8 SUPERIOR	9 SUPERIOR

3. Humanistic Qualities/Professionalism								
1 UNSATISFACTORY	2 UNSATISFACTORY	3 UNSATISFACTORY	4 SATISFACTORY	5 SATISFACTORY	6 SATISFACTORY	7 SUPERIOR	8 SUPERIOR	9 SUPERIOR

4. Clinical Judgment (<input checked="" type="radio"/> Not Observed)								
1 UNSATISFACTORY	2 UNSATISFACTORY	3 UNSATISFACTORY	4 SATISFACTORY	5 SATISFACTORY	6 SATISFACTORY	7 SUPERIOR	8 SUPERIOR	9 SUPERIOR

5. Counseling Skills (<input type="radio"/> Not Observed)								
1 UNSATISFACTORY	2 UNSATISFACTORY	3 UNSATISFACTORY	4 SATISFACTORY	5 SATISFACTORY	6 SATISFACTORY	7 SUPERIOR	8 SUPERIOR	9 SUPERIOR

6. Organization/Efficiency (<input type="radio"/> Not Observed)								
1 UNSATISFACTORY	2 UNSATISFACTORY	3 UNSATISFACTORY	4 SATISFACTORY	5 SATISFACTORY	6 SATISFACTORY	7 SUPERIOR	8 SUPERIOR	9 SUPERIOR

--	--	--	--	--	--	--	--	--

Rating scale: A- well done: B- done fairly: C- needs to improve: D not applicable

DIRECTIONS: Please enter ratings as A, B, C or D in the boxes

Name of teacher:

Title:

17. _____
 18. _____
 19. _____
 20. _____
 21. _____
 22. _____
 23. _____
 24. _____

17. _
 18. _
 19. _
 20. _
 21. _
 22. _
 23. _
 24. _

Sl No	Skill	Teacher's action	Teachers performance											
			1	2	3	4	5	6	7	8	9			
1	Set induction	1.6 Aroused interest in the beginning by relation to previous learning, throwing a new idea, questioning, etc. 1.7 Specified the objectives of presentation												
2	Planning	2.1 Organized material in a logical sequence 2.2 Used relevant content matter												
3	Presentation	3.1 Changed the pace of presentation by shifting emphasis, joke, etc 3.2 Used specific example to illustrate main ideas 3.3 Used non-verbal cues, eye contact, etc												
4	Pupil participation	4.1 Allowed questions from students 4.2 Asked questions 4.3 Solicited/ raised questions 4.4 Rewarded pupil effort												
5	Use of AV	5.1 Used proper AV aids												

	aids	5.2 Used the aid (s) effectively										
6	Closure`	6.1 Summarized most important points at the end of the lesson										
7	Lesson of the whole was effective											

For additional comments use the reverse side Remarks:

Teacher 1:
Teacher 2:
Teacher 3:
Teacher 4:
Teacher 5:
Teacher 6:
Teacher 7:
Teacher 8:
Teacher 9:

