



MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Declared as Deemed to be University under section 3 of the UGC Act 1956)

Faculty of Medicine

MEENAKSHI MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE



**MEENAKSHI ACADEMY OF HIGHER EDUCATION AND
RESEARCH**

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K.K.Nagar, Chennai-600078

**MEENAKSHI MEDICAL COLLEGE & RESEARCH
INSTITUTE**

Enathur, Kanchipuram

MASTER OF PSYCHIATRY – MD PSYCHIATRY

FACULTY OF MEDICINE

REGULATIONS AND SYLLABUS (REGULATIONS – 2019)

Effective from the Academic Year 2020-21




PROFESSOR & H.O.D
DEPT. OF PSYCHIATRY,
M. M. C. H. & R. I.,
ENATHUR, KANCHIPURAM-631 55

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MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH

MASTER OF PSYCHIATRY – MD PSYCHIATRY REGULATIONS - 2019

I. VISION AND MISSION OF MAHER VISION :

To be a world-class institution, transforming society through value-based diverse programs and healthcare advancements, leading to the all-around development of human resources, knowledge, innovation, entrepreneurship, and research.

MISSION

To become an institute of eminence by developing world-class professionals in the field of healthcare, science, liberal arts, technology and research with a focus on the societal good.

To create an enabling state-of-the-art infrastructure, intellectual capital and provide best-in-class learning experience with a freedom to innovate and invent.

To foster values and ethics so as to develop students and learners into responsible citizens of the Nation and the world.




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**MEENAKSHI ACADEMY OF HIGHER EDUCATION AND
RESEARCH**

MASTER OF PSYCHIATRY – MD PSYCHIATRY

REGULATIONS -2019

II. VISION AND MISSION OF MMCHRI

VISION

To provide global leadership in human development, excellence in education and quality health care.

MISSION

To train competent, compassionate and caring physicians through excellence in teaching, patient care and medical research

III. VISION AND MISSION – DEPARTMENT OF PSYCHIATRY

VISION

To provide affordable and quality Mental Health care and impart excellence in medical education and strive for a mental health problem free community.

MISSION

To train competent, compassionate and caring Psychiatrists through excellence in teaching, patient care and medical research. To provide uniform, standard training in Psychiatry to the candidates so that after 3 years of training they are able to acquire the necessary competence in the specialty to work as Senior Resident/ Junior and to progress further in their career.




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IV. PROGRAME EDUCATIONAL OBJECTIVES

- PEO1 : The student should be able to explain clearly concepts and principles of Psychiatric illnesses, course, treatment including both pharmacological and non-pharmacological intervention and rehabilitation. The student should also be able to explain the illness development processes and appropriate management. She/he will be able to explain Drugs and Cosmetics Act, in addition to clinical trial procedures.
- PEO2: Should be able to teach Psychiatry to undergraduates, postgraduates, nurses and paramedical staff including social workers and psychologists.
- PEO3: Carry out research, systematically write a paper and publish in a journal, Able to present a paper in a conference through an oral presentation and poster presentation.
- PEO4: Should be able to function as a part of a team, provide leadership and inspire members of the team
- PEO5: Always adopt ethical principles and develop communication skills




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V. PROGRAM OUTCOMES

PO 1 Acquisition of knowledge:

The student will be able to explain clearly concepts and principles of Pharmacology and therapeutics. The student will also be able to explain the drug development processes. She/he will be able to explain the Drugs and Cosmetics Act, in addition to clinical trial procedures.

PO 2 Teaching and training:

The student will be able to effectively teach undergraduate students in medicine (MBBS) and allied health science courses (Dentistry and Nursing) so that they become competent healthcare professionals and able to contribute to training of postgraduate trainees.

PO 3 Research:

The student will be able to carry out a research project (both basic and clinical) from planning to publication and be able to pursue academic interests and continue life-long learning to become more experienced in all the above areas and eventually be able to guide postgraduates in their thesis work.




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VI. PROGRAM SPECIFIC OUTCOMES

PSO 1: Demonstrate knowledge of basic sciences as applied to Psychiatry (Neuro-anatomy, Neurophysiology, Neurochemistry, Neuro-imaging, Electrophysiology, Psycho-neuro-endocrinology, Psycho-neuro-immunology, Chrono-biology and Neuro-genetics)

PSO 2: Acquire knowledge of pharmacokinetics & pharmacodynamics of drugs involved in psychiatric management of patients.

PSO 3: Explain etiology, assessment, classification and management and prognosis of various psychiatric disorders (including psychiatric sub-specialties).

PSO 4: Acquire knowledge of delirium, dementia, Amnesic & other cognitive disorders and mental disorders due to a general medical condition.

PSO 5: Explain follow-up care of person suffering from chronic relapsing psychiatric ailments.

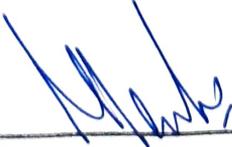
PSO 6: Acquire knowledge of emergency measures in acute crisis arising out of various psychiatric illnesses including drug detoxification and withdrawal.

PSO 7: Acquire knowledge of (a) normal child development and adolescence, mental retardation in children (b) learning & associated disorders and their management.

PSO 8: Acquire knowledge and explain mechanisms for rehabilitation of psychiatric patients.

PSO 9: The student should acquire knowledge of substance related disorders and their management.




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PSO 10: The student should acquire knowledge of substance use disorders, sexual and gender identity disorders, eating disorders and their management.

PSO 11: The student should be conversant with various policy related aspects of Psychiatric practice in India (e.g. Mental Health Act, National Health Mental Health Programs etc.).

PSO 12: Become an expert in good history taking, physical examination, mental state examination, and able to establish rapport and counsel family members and patients on scientific basis.

PSO 13: Arrive at a logical working diagnosis and differential diagnosis after clinical examination.

PSO 14: Identify psychiatric situations calling for urgent or early intervention and refer at the optimum time to appropriate centers.

PSO 15: Perform modified Electroconvulsive therapy (ECT).

PSO 16: Perform independently, the following:

Conduct detailed Mental Status Examination (MSE)

Cognitive behaviour therapy

Supportive psychotherapy

Clinical IQ assessment

Management of alcohol withdrawal, Alcohol intoxication, Opioid withdrawal and delirium management and Crisis intervention.



PSO 17: Perform under supervision, the following:

Behaviour therapy

Opioid intoxication management

Genetic counseling

Family therapy

PSO 18: Assist the expert in the following:

Interpersonal therapy

Management of suicide attempt



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VII. REGULATIONS FOR MD PSYCHIATRY 2019

GUIDELINES FOR THE COMPETENCY

Based on MCI New Regulation-2019

SHORT TITLE :

These Regulations shall be called "THE REGULATIONS FOR THE MASTER OF PSYCHIATRY PROGRAM OF MEENAKSHI ACADEMY BASED POST GRADUATE TRAINING PROGRAMME FOR MD IN PSYCHIATRY OF HIGHER EDUCATION AND RESEARCH" deemed to be University.

COMMENCEMENT:

They shall come into force from the academic year 2020-2021 onwards.

The Regulations and the Syllabus are subject to modification by the Academic council and board of studies from time to time.

TITLE OF THE PROGRAM:

It shall be called Master of PSYCHIATRY –M.D (PSY)

SYLLABUS:

The syllabus is as prescribed according to the norms given by NMC and finalized with board of studies management by the university

ELIGIBILITY FOR ADMISSION:

Candidates for admission to the first year of the Post Graduate (M.D) degree clinical courses shall be required to possess the following qualifications:

He / She having qualified for the M.B.B.S degree of the University or any other University recognized as equivalent thereto by the authority of this University and the Indian Medical Council.

He/She should have acquired/cleared with a minimum qualification percentile in NEET exam.

The admitting authorities of the affiliated institutions will strictly ensure that every candidate admitted to the Post Graduate M.D Degree Clinical courses has obtained permanent registration certificate from any of the State Medical Councils.



CRITERIA FOR SELECTION

Students for M.D PSYCHIATRY Degree Program shall be admitted based on performance at the Competitive Examinations held by the government.

ADMISSION PROCEDURE

Admission shall be made as per the NMC and University norms.

ELIGIBILITY CERTIFICATE

No candidate shall be admitted to the MD PSYCHIATRY Program unless the candidate has obtained and produced

An Eligibility Certificate issued by this University. The candidate has to make an application to the University with the Original and Xerox copies of the following documents along with the prescribed fee:

- 1) 10th and Higher Secondary or equivalent Examination Mark Sheets.
- 2) Transfer Certificate
- 3) MBBS Under graduate degree certificate and mark sheets.
- 4) Post graduate diploma PSYCHIATRY certificate if any and mark sheets
- 5) Candidates should obtain an Eligibility Certificate before the last date for admission as notified by the University.

REGISTRATION

A candidate admitted to the M.D PSYCHIATRY Program of this University shall register by remitting the prescribed fees along with the application form for registration duly filled-in and forwarded to this University through the Head of the Institution within the stipulated date.

DURATION OF THE PROGRAM

The programme shall be of duration of three academic years.

- a) The period of certified study and training for the Post Graduate (M.D) Degree clinical courses shall be three academic years for the award of the degree.



FEES:

Candidates who have passed the M.B.B.S degree from any other university shall remit a recognition fee as prescribed along with the stipulated registration fees. The institution shall charge only such a fee as prescribed by the university

COMMENCEMENT OF THE COURSE:

The academic year for Post Graduate (M.D) Degree clinical courses shall commence from 1st April of the academic year.

CUT OFF DATES (EXPLANATION VIDES ANNEXURE):

- b) 30th June of the academic year
- c) 1st July to 31st December of the academic year
- d) 1st January to 31st March of the academic year
- e) No exemption shall be given from the period of study and training.

LEAVE DAYS IN AN ACADEMIC YEAR

There shall be maximum of 15 days in a year exclusive of the period of admission and examination

ATTENDANCE REQUIREMENTS FOR ADMISSION TO EXAMINATIONS

No candidate shall be permitted to appear for the examination unless he/she has put in 80% attendance during his/her period of study and training in the affiliated institution recognized by this university and produces the necessary certificate of study, attendance and progress from the Head of the Institution.

Students of Post Graduate degree courses and other courses should undergo training for nine continuous calendar months in an academic year. Separate attendance for additional postings in other departments like Basic Sciences (Anatomy, Physiology), Child Psychiatry, Neurology, General medicine, Forensic Psychiatry to be produced by the Head of the Departments. The candidates who do not appear for the examinations due to lack of attendance he/she be permitted to appear for the examinations in subsequent examinations if the candidate has satisfied to attendance requirements.



WORKING DAYS IN AN ACADEMIC YEAR:

Each academic year shall consist of not less than 200 working days.

CONDONATION OF ATTENDANCE:

There shall be no condonation of attendance in Post Graduate courses.

SUBMISSION OF LOG BOOK

- a. At the time of practical examination each candidate shall submit to the Examiners his / her log book duly certified by the Head of the Department as a bonafide record of the work done by the candidate.
- b. The log book shall be evaluated by the concerned member of the faculty and the external examiner (Internal and external Evaluation) the practical record marks shall be submitted to the University prior to the commencement of the theory examinations.

COMMENCEMENT OF THE EXAMINATION:

There shall be two University examinations in an academic year.

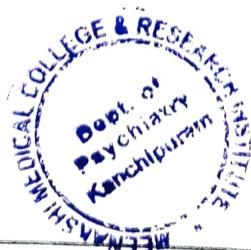
March 15th / September 15th. If the date of commencement of the examination falls on Saturdays, Sundays or declared public holidays, the examination shall begin on the next working day.

EVALUATION

Attendance shall be taken as a component of continuous assessment. The students should have a minimum 80% attendance in each year. In addition to the continuous evaluation component, the end of program examination, which will be a written type examination of at least 3 hours duration, would also form an integral component of the evaluation. The evaluation of practical work will be at end of the program.

REVALUATION OF ANSWER PAPERS:

There shall be no revaluation of answer papers in any Post Graduate examinations.



READMISSION AFTER BREAK OF STUDY:

Candidates having a break of study of 5 years and above from the date of discontinuance and more than two spells of break will not be considered for re-admission.

The five years period of break of study shall be calculated from the date of first discontinuance of the candidate to the course for the subsequent spell of break of studies. study of the candidate is for more than 6 months, the candidate should get prior permission from the University for continuing the course if the vacancies remain unfilled.

A candidate having a break of study shall be re admitted after satisfactory fulfillment of the regulations of the University at the commencement of an academic year only and shall undergo the full duration of the course with no exemption in the period of study and will be permitted to appear for the examinations as prescribed in the regulations.

If the candidate's name is not recognized in the university within 3 months from date of his/her admission, permission for re admission for such candidate will not be issued from the University.




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SUBJECT SPECIFIC LEARNING OBJECTIVES

The primary **goal** of the MD course in Psychiatry is to produce a post graduate clinician able to provide health care in the field of Psychiatry. A physician qualified in Psychiatry, at the end of the course, should be able to diagnose and treat psychiatric disorders, take preventive and curative steps for the disease in the community at all levels of health care and qualify as a consultant and teacher in the subject.

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

- Understand the relevance of mental health in relation to the health needs of the country
- Ethical considerations in the teaching and practice of Psychiatry
- Identify the social, economic, biological and emotional determinants of mental health
- Identify the environmental causes as determinants of mental health
- Institute appropriate diagnostic, therapeutic and rehabilitative procedures to the mentally ill patient
- Take detailed history, conduct appropriate ethically valid physical examination and institute appropriate evaluation procedures to make a correct clinical diagnosis
- Perform relevant investigative and therapeutic procedures for the psychiatric patient
- Recommend appropriate laboratory and imaging examinations and interpret the results correctly
- Plan and deliver comprehensive treatment of a psychiatric patient using principles of rational drug therapy
- Plan rehabilitation of psychiatric patient suffering from chronic illness
- Clinically manage psychiatric emergencies efficiently
- Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities
- Demonstrate communication skills of a high order in explaining management and prognosis, providing counseling and giving health education messages to patients, families and communities
- Develop appropriate skills to practice evidence-based psychiatry
- Demonstrate competence in basic concepts of research methodology and epidemiology

Psychiatry and Geriatric Psychiatry

- **Research:** The student should know the basic concepts of research methodology and plan a research project in accordance with ethical principles. S/he should also be able to interpret research findings and apply these in clinical practice. S/he should know how to access and utilize information resources and should have basic knowledge of statistics.
- **Teaching:** S/He should learn the basic methodology of teaching and develop competence in teaching medical/paramedical students, health professionals, members of allied disciplines (e.g. behavioural sciences), law enforcement agencies, families and consumers and members of the public




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IX. PROGRAM AND COURSE DETAILS

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

A. Cognitive domain

1. General topics:

1. The student should be able to demonstrate knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to Psychiatry.
2. The student should be able to explain aetiology, assessment, classification and management and prognosis of various psychiatric disorders (including psychiatric sub-specialities), and Neuroanatomy, Neurophysiology, Neurochemistry, Neuroimaging, Electrophysiology, Psychoneuroendocrinology, Psychoneuroimmunology, Chronobiology and Neurogenetics.
3. Acquire knowledge of delirium, dementia, amnesic & other cognitive disorders and mental disorders due to a general medical condition.
4. The student should be able to explain follow-up care of person suffering from chronic relapsing psychiatric ailments.
5. The student should acquire knowledge of emergency measures in acute crisis arising out of various psychiatric illnesses including drug detoxification and withdrawal.
6. The student should acquire knowledge of pharmacokinetics & pharmacodynamics of drugs involved in psychiatric management of patients.
7. The student should acquire knowledge of (a) normal child development and adolescence, mental retardation in children (b) learning & associated disorders and their management
8. The student should acquire knowledge and be able to explain mechanisms for rehabilitation of psychiatric patients.
9. The student should acquire knowledge of substance related disorders and their management.
10. The student should acquire knowledge of psychotic disorders, mood disorders, and anxiety disorders and their management
11. The student should acquire knowledge of sexual and gender identity disorders and their management.



12. The student should acquire knowledge of eating disorders and sleep disorders and their management.
13. The student should be conversant with recent advances in Psychiatry.
14. The student should be conversant with routine bedside diagnostic and therapeutic procedures and acquire knowledge of latest diagnostics and therapeutics procedures available.
15. The student should be conversant with various policy related aspects of Psychiatric practice in India (e.g. Mental Health Act, National Health Mental Health Programmes etc.).
16. The student should be conversant with research methodologies.

B. Affective Domain:

1. The student should be able to 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.
2. The student should always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel
3. The student should demonstrate respect for the rights of the patient including the right to information and second opinion.
4. The student should develop communication skills to prepare reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

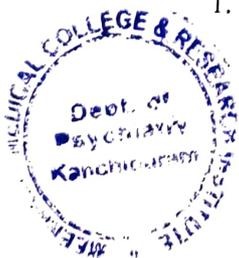
C. Psychomotor domain

At the end of the course, the student should acquire the following clinical skills and be able to:

- become an expert in good history taking, physical examination, mental state examination, and able to establish rapport and counsel family members and patients on scientific basis. choose the required investigations for both short and long term management.

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

1. Obtain a proper relevant history, and perform a humane and thorough clinical examination including detailed mental state examinations using proper communication skills.



2. Arrive at a logical working diagnosis and differential diagnosis after clinical examination.
3. 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.
4. Identify psychiatric situations calling for urgent or early intervention and refer at the optimum time to appropriate centres.
5. Write a complete case record with all necessary details.
6. Write a proper discharge summary with all relevant information.
7. Obtain informed consent for any examination/procedure.
8. Perform clinical audit.
9. Must be able to perform modified Electroconvulsive therapy (ECT).

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 must be able to demonstrate approach to patient with variety of clinical presentations including following symptoms:

1. Auditory hallucinations
2. Visual hallucinations
3. Pseudo hallucination
4. Seizures true and pseudo seizure
5. Panic attack
6. Manic symptoms
7. Behavioural symptoms of schizophrenia
8. Catatonia
9. Delirium
10. Melancholia



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

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

TRAINING IN OUTSIDE CENTRES:

The Head of the Post Graduate Departments shall make necessary arrangements for their post-graduate candidates to undergo training in various skills in other centre within and outside the state if facilities are not available in their own institutions or hospitals.

NO. OF APPEARANCES IN EXAMINATION OF FAILED CANDIDATES

- a) The failed candidates would be permitted to appear for maximum of 10 attempts within 6 years from the date of completion of the course and shall be discharged from the course if he/she fails to fulfil this provision.
- b) A postgraduate student is given 3 months refresher study after five attempts by posting in the speciality Departments before appearing for examination for the sixth time.
 - a. The Head of the Department shall scrutinize the Log book once in every three months.
 - b. At the end of the course, the candidates should summarize the contents and get the Log book certified by the Head of the Department.
 - c. The Log Book should be submitted at the time of practical examination for the scrutiny of the Board of Examiners.

MIGRATION/TRANSFER OF CANDIDATES:

- a) Migration/transfer of candidates from one recognised medical college from another university shall not be granted unless a NO OBJECTION CERTIFICATE is obtained from the Medical Council of India
- b) The provision of combination of attendance shall be granted to a transferee for admission to the examinations of this university on satisfactory fulfilment of the regulations of this University.



SYLLABUS

Course Contents:

No limit can be fixed and no fixed number of topics can be prescribed as course contents. He is expected to know the subject in depth; however emphasis should be on the diseases/health problems most prevalent in that area. Knowledge of recent advances and basic sciences as applicable to his/her specialty should get high priority. Competence in managing behavioural problems commensurate with the specialty must be ensured.

The student must acquire knowledge in the following:

Theoretical concepts:

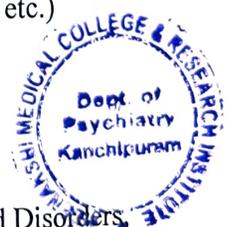
1. Functional and behavioural neuroanatomy
2. Neurophysiology and Neuro-chemistry
3. Neuro-imaging
4. Electrophysiology (including chronobiology, electroencephalogram, etc)
5. Psychoneuroendocrinology
6. Neurogenetic disorder
7. Classification In Psychiatry
8. Theory of personality and personality disorders
9. Abuse (Physical / Sexual) or Neglect Of Child /Adult
10. Adjustment Disorder
11. Anxiety Disorders (including Panic Disorder, Agoraphobia, Phobias, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Acute Stress Disorder, Generalized Anxiety Disorder, etc).
12. Case-Presentations (including History Taking, Neurological Examination, Mental Status Examination etc.).
13. **Child Psychiatry** (including Learning Disorders, Motor Skills Disorder, Communication Disorders, Pervasive Developmental Disorders (Autistic Disorder, Rett's Disorder, Childhood



- Attachment Disorder of Infancy or Early Childhood, Stereotypic Movement Disorder, etc.)
14. Community psychiatry
 15. Consultation-Liaison Psychiatry
 16. Culture Bound Syndromes
 17. Dissociative Disorders (including Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder, Depersonalization Disorder, etc.)
 18. Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, etc.)
 19. Electro-Convulsive Therapy
 20. Emergencies In Psychiatry
 21. Emotional Intelligence
 22. Ethics In Psychiatry
 23. Factitious Disorders
 24. Forensic and Legal Psychiatry (including Indian Lunacy Act, Mental Health Act, Persons with Disability Act, Narcotic Drugs and Psychotropic Substance Act)
 25. Impulse-Control Disorders (including Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling, Trichotillomania, etc)
 26. Learning – Theories
 27. Memory
 28. Mental Retardation
 29. Miscellaneous: Non-compliance, Malingering, Antisocial Behaviour, Borderline Intellectual Functioning, Age-Related Cognitive Decline, Bereavement [including Death], Academic Problems, Occupational Problems, Identity Problems, Religious or Spiritual Problems, Acculturation Problems, Phase of Life Problems, Chronic Fatigue Syndrome, etc.)
 30. Mood Disorders (including Depressive Disorders, Bipolar Disorders, Cyclothymic Disorder, etc.)
 31. Movement Disorders (including Medication-Induced Movement Disorders, etc)



33. Neuropsychology (including Psychological Features of Cerebral Disorders, Clinical Assessment etc.)
34. Pre-Menstrual Dysphoric Disorder
35. Post-Partum Psychiatric Disorders
36. Psychodynamics
37. Psychology (Clinical)
38. Psychometry/ Psychodiagnostics
39. Psychopharmacology
40. Psychosis (including Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Delusional Disorder, Brief Psychotic Disorder, Shared Psychotic Disorder, etc).
41. Psychosomatic Disorders
42. Psychotherapy
43. Sexual And Gender Identity Disorders (including Sexual Desire Disorders, Sexual arousal Disorders, Orgasmic Disorders, Sexual Pain Disorders, Vaginismus, Paraphilias, etc)
44. Sleep Disorders (including Insomnia, Narcolepsy, Breathing-Related Sleep Disorders, Circadian Rhythm Sleep Disorders, Parasomnias, Nightmare Disorder, Sleep Terror Disorder, Sleepwalking Disorder, etc.)
45. Somatoform Disorders (including Somatization Disorder, Undifferentiated Somatoform Disorder, Conversion Disorder, Pain Disorder, Hypochondriasis, Body Dysmorphic Disorder, etc.)
46. Statistics/Research Methodology
47. Stress and related disorders
48. Stupor
49. Substance Related Disorders (including Alcohol-Related Disorders, Amphetamine-Related Disorders, Caffeine-Related Disorders, Cannabis- Related Disorders, Cocaine-Related Disorders, Hallucinogen-Related Disorders, Inhalant-Related Disorders, Nicotine-Related Disorders, Opioid- Related Disorders, Phencyclidine-Related Disorders, Sedative-, Hypnotic-, or



53. Geriatric Psychiatry

The student may know the following:

1. Psychiatry rating scales
2. Epidemiology
3. History of Psychiatry
4. Mental Health Issues in Women
5. Mind – the evolving concepts
6. Placebo Effect
7. Psychosurgery



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TEACHING AND LEARNING ACTIVITIES

Teaching methodology

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. Didactic lectures are of least importance; small group discussion such as seminars, journal clubs, symposia, reviews and guest lecturers 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. The student should have hands-on training in performing various procedures and ability to interpret various tests/investigations. Exposure to newer specialized diagnostic/therapeutic procedures concerning the subject should be given. Self learning tools like assignments and case base learning may be promoted.

The post graduate student should have knowledge of:

- Psycho-pharmacology and broadening the treatment options using medicines.
- Neuro-imaging techniques to understand behaviour and psychiatric illness.
- Community-Psychiatry.
- Functioning of psychiatric hospital.

Community Psychiatry should go beyond familiarization with the National Mental Health Programme. The post graduate student should have hands on experience with:

- G.P. Training Programme
- Organizing Mental Health Camps
- Carrying out Health Education Activities

- Forensic /Legal Psychiatry
 - Integration of Mental Health Care with General Health Care
2. **Thesis writing:** Thesis writing is compulsory.
 3. **Research Methodology:** The student should know the basic concepts of research methodology and biostatistics, plan a research project, be able to retrieve information from the library.
 4. **Teaching skills:** The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
 5. **Continuing Medical Education Programmes (CME):** Each student should attend at least two CME programmes, in 3 years.
 6. **Conferences:** The student should attend courses, conferences and seminars relevant to the specialty.
 7. 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 so as to make him eligible to appear at the postgraduate degree examination.
 8. **Seminars:** There should be a weekly seminar in which the PG students present material on assigned topics in rotation. It should be followed by discussion in which all trainees are supposed to participate. Generally the topics covered should be those that supplement the formal teaching programme.
 9. **Case Conference:** A case conference should 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.



10. **Psychosomatic Rounds:** This is a presentation of a case of psychosomatic illness, or a medical illness with pronounced psychiatric problems. It should be held weekly in collaboration with various departments and attended by the faculty and the PG students of psychiatry and the concerned Department.
11. **Research Forum:** There should be a monthly meeting of one hour each in which the PG students present their plan of research as well as the report of the completed work of their projects. The other research scholars/staff in the department also may participate in it. The faculty, PG students and the non-medical professionals should make critical comments and suggestions.
12. **Journal Club:** A monthly meeting of Journal club should be held in which a senior PG student presents a critical evaluation of a research paper from a journal. All PG students are expected to attend.
13. **Case presentations:** All new in-patients and outpatients cases should be routinely reviewed with one of the Consultants. In addition, the PG student is required to present case material at routine rounds and other case conferences. Senior PG students will conduct evening classes on clinical topics.
14. **Extra-mural activities:** The post graduate students are encouraged to attend certain academic activities in allied subjects held outside parent department e.g. seminars/lectures held at Departments of Sociology, Psychology, Neurology etc.
15. **Psychotherapy tutorials:** These should be held in small groups supervised by a consultant, in which a case is presented by a PG student and psychotherapeutic management discussed.
16. **Rotation:**
 - Clinical 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 for both in and out patients.



• **21. TRAINING PROGRAMME:**
TENTATIVE SCHEDULE FOR THREE YEARS OF CLINICAL POSTINGS FOR

| | |
|--|-----------|
| M.D PSYCHIATRY | 18 months |
| Ward and OPD (Concurrent) | 2 months |
| Neurology | 1 month |
| Emergency Medicine/ Internal Medicine | 3 months |
| Consultation Liaison Psychiatry | 1 month |
| Psychiatric hospital and Forensic Psychiatry | 1 month |
| Clinical Psychology | 3 months |
| Addiction Psychiatry | 3 months |
| Child and Adolescent Psychiatry | 2 months# |
| Community psychiatry | 2 months |
| Elective posting (as per choice in the same Institute) | 2 months |

* The stated duration can be subjected to minor modifications depending on available resources

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

The post graduate student in Psychiatric hospitals would have extended period of exposure to consultation - liaison psychiatry and other medical specialties. Exposure to community based services should be integral part of various postings. The post graduate student shall be given full responsibility for patient care and record keeping under the supervision of the senior PG students and consultants. The post graduate student shall also take patients for psychological interventions in an individual as well as group setting. S/he must complete a minimum of 100 hours of supervised psychological interventions.



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17. Clinical meetings:

There should be intra - and inter - departmental meetings for discussing the uncommon / interesting medical problems.

18. The Department should encourage e-learning activities.

MINIMUM PASSING STANDARD

The minimum passing standard for final Examinations shall be 50% i.e., each in theory and practical courses.

ASSESSMENT

FORMATIVE ASSESSMENT, ie., assessment during the training

Formative assessment is continual and assesses medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

Quarterly assessment during the MD training should be based on:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs

First year postgraduates are assessed on psychopathology, basic sciences and psychology. Second and third years are assessed on psychiatry and psychiatric specialties. The student is assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

SUMMATIVE ASSESSMENT, ie., at the end of training

The summative examination is carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

The examination is in three parts:



1. Thesis

Thesis shall be submitted at least six months before the Theory and Clinical/ Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory Examination:

There shall be four papers each of three hours duration.

Paper I: Basic Sciences as related to Psychiatry

Paper II: Clinical Psychiatry

Paper III: Psychiatric theory and Psychiatric specialties

Paper IV: Neurology and General Medicine as related to Psychiatry

3. Clinical/Practical and Oral/viva voce examination should consist of:

- Presentation of long case of Psychiatry
- Neurology short case
- A short case Psychiatry
- Viva -voce

Due importance should be given to Log Book Records and day-to-day observation during the training.

Recommended Reading

Books (latest edition)

1. Kaplan and Saddock's Comprehensive Text Book of Psychiatry
2. Kaplan and Saddock 's Synopsis of Psychiatry
3. Fish Clinical Psychopathology
4. Lishman's Organic Psychiatry, The Psychological consequences of cerebral disorder
5. Clinical practice guidelines of Psychiatric disorders in India
6. Stahl Psychopharmacology
7. Oxford text book of Psychiatry
8. Mental Health Act, Person with Disability Act (India)



9. Lowinson et al -Substance Abuse-A Comprehensive Textbook
10. Galanter and Klebert-Textbook of Substance Use Treatment

Journals

03-05 international Journals and 02 national (all indexed) Journals




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MODEL QUESTION PAPER
M.D. POST GRADUATE DEGREE CLINICAL EXAMINATION

THEORY EXAMINATION:

| Theory | Title | Duration in hours | Maximum Marks |
|-----------|---|-------------------|---------------|
| Paper I | Basic Sciences as related to Psychiatry | 3 | 100 |
| Paper II | Clinical Psychiatry | 3 | 100 |
| Paper III | Psychiatric theory and Psychiatric specialties | 3 | 100 |
| Paper IV | Neurology and General Medicine as related to Psychiatry | 3 | 100 |

CLINICAL EXAMINATION:

| | No. of Cases | Duration | Marks |
|--------------|--------------|----------|------------|
| Long case | One | 1 Hour | 150 |
| Short cases | Two | 45 mts. | 2*75=150 |
| Total | | | 300 |

Orals / Viva-voce Examination

| | Marks |
|--------------|------------|
| Spotters | 50 |
| Viva | 50 |
| Total | 100 |

Total: 800

Minimum marks for pass: 400



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| SL NO | CODE | SUBJECT | TOPIC |
|-------|------|----------------------------------|--|
| 1 | 1271 | M.D PSYCHIATRY | Basic medical related to Psychiatry including neuro-anatomy, neuro-physiology, neuro-chemistry, neuro-pharmacology, genetics, research methodology and biostatistics |
| 2 | 1272 | THEORY (PAPER I,II,III&IV) | Principles and practice in general psychiatry |
| 3 | 1273 | PRACTICAL | Neurology , Geriatric psychiatry and deaddiction psychology |
| 4 | 1274 | VIVA | Recent advances in psychiatry including forensic and child psychiatry |

AWARD OF DEGREE

The degree shall be awarded by the university only after the completion of thesis approval and of all four final year theory exams papers and practical examination.




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Postgraduate Students Appraisal Form

Pre / Para / Clinical Disciplines

Name of the Department/Unit :

Name of the PG Student :

Period of Training : FROM.....TO.....

| Sr. No. | PARTICULARS | Not Satisfactory | Satisfactory | More Than Satisfactory | Remarks |
|---------|--|------------------|--------------|------------------------|---------|
| | | 1 2 3 | 4 5 6 | 7 8 9 | |
| 1. | Journal based / recent advances learning | | | | |
| 2. | Patient based /Laboratory or Skill based learning | | | | |
| 3. | Self directed learning and teaching | | | | |
| 4. | Departmental and interdepartmental learning activity | | | | |
| 5. | External and Outreach Activities / CMEs | | | | |
| 6. | Thesis / Research work | | | | |
| 7. | Log Book Maintenance | | | | |

Publications: Yes / No

Remarks*

1. _____
2. _____
3. _____

***REMARKS:** Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE

SIGNATURE OF CONSULTANT SIGNATURE OF HOD




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