

Study & Evaluation Scheme

of

M.D. (Psychiatry)

[Applicable for the Batch 2014-15 till revised]



TEERTHANKER MAHAVEER UNIVERSITY

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AIM OF THE PROGRAMME:

The post graduate training programme endeavors to give a general and comprehensive exposure to psychiatry. At the end of the training programme, the candidate should be able to recognize the mental health needs of the community and should be competent to handle effectively psychiatric problems and should be aware of the recent advances in psychiatry. He /she should acquire the basic skill in teaching medical / paramedical students. He / she are also expected to know the principles of research methodology.

PROGRAMME OBJECTIVES:

At the end of the course the students should be able to:-

1. Practice his specialty ethically.
2. Function as a competent psychiatrist specialize in the diagnosis and management of psychiatric disorders (mental, emotional and addictive disorders) with biological therapies, psychotherapies, behaviour therapies and psycho social therapies.
3. Demonstrate good understanding of basic sciences related to his specialty.
4. Develop skills of psychiatry practice in psychiatric hospital setting, general hospital setting and community and play the assigned role in the implementation of national mental health programme.
5. Plan and advice measures for the treatment, prevention and rehabilitation of patients belonging to his specialty.
6. Become an effective team leader of a multidisciplinary mental health team comprising of psychologist, social workers and psychiatric nursing professionals.
7. Deal with Psychiatric emergencies like suicide.
8. Deal with the legal aspects of Psychiatric illness.
9. Develop good teaching skills.
10. Demonstrate competence in basic concepts of research methodology

COMPETENCIES:

A. Theoretical knowledge:

1. He should have good knowledge of basic sciences as applied to his Specialty.
2. Should acquire in-depth knowledge of his specialty subject including recent Advances and research in his field.
3. Should have basic medical knowledge to identify and manage co-existing Physical and surgical problems.
4. Should be knowledgeable about national mental health program, district mental health program, national mental health act, narcotic drugs and psychotropic substances act, national AIDS control organization, human rights and legal issues pertaining to psychiatry.

B. Clinical / practical skills:

1. Competence in history taking, mental status examination, physical examination, formulating diagnosis, identifying etiology, ordering further investigation, planning comprehensive management including pharmacological treatment and psychotherapies.
2. Develop effective communication skills.
3. Acquire skills to lead a multi disciplinary team of nurses, psychologists, social workers and other mental health professionals.

C. Ethical consideration:

An understanding of general and ethical considerations pertaining to medical and psychiatric practice in particular.

D. Research:

He / she should know the basic concepts of the research methodology, and plan a research project in form of dissertation. Basic knowledge of statistics is also required which can be applied to the research at hand. Presentation of research work at conferences during the 3 year tenure is also desirable.

E. Teaching:

He / she should learn the basic methodology of teaching and develop competence in teaching medical and paramedical students.

POST GRADUATE TRAINING:

Importance of Didactic lectures cannot be undermined; Seminars, Journal clubs, Symposia, Reviews and Guest lectures should get priority for theoretical knowledge. Bedside teaching, grand rounds, interactive group discussion, and clinical demonstration should be the hallmarks of clinical and practical training.

PRACTICAL TRAINING:

Each resident shall be given clinical responsibility as full time assignment to various areas in rotation. The aim of the clinical postings is to develop adequate knowledge, useful skills and desirable therapeutic attitudes in the students.

Schedule of clinical posting for M.D Psychiatry (36 months):

1. General Adult Psychiatry - 18 months
 - a) Ward & opd - 13.5 months
 - b) Clinical Psychology - 0.5 months
 - c) Community Psychiatry - 1 month
 - d) Mental Hospital posting - 1.5 months
 - e) Geriatric clinic - 1 month
 - f) Sexual disorders clinic - 0.5 months

2. Consultation Liasion Psychiatry - 6 months
 - a) Neurology/neurosurgery - 2 months
 - b) Internal Medicine - 2 months
 - c) Dermatology/Radiology/paediatrics -2 months

3. Child and Adolescent Psychiatry - 6 months
 - a) Child and Adolscent clinic -5 months
 - b) Child guidance clinic - 1 month

4. Deaddiction Psychiatry - 6 months

The residents will be given full responsibility for the patient care and the record keeping under the supervision of the senior residents and consultant. The residents will be given training in managing emergency cases by posting them in emergency. The resident will also take patients under supervised training on counseling and various types of psychotherapies like Cognitive behaviour therapy and other behaviour therapies.

The resident will be exposed to psychometric testing methods and interpretation He / she will also be trained in the use of psychiatric scales for proper management and treatment of patients.

ACADEMIC ACTIVITIES INCLUDING DISSERTATION

a. Didactic lectures:

Didactic lectures are usually taken during the first six months for the new postgraduate resident to familiarize them with clinical methods like history taking, mental state examination, psychopathology, diagnosis and classification.

b. Seminars:

There should be a weekly seminar attended by the residents as well as the faculty in which the junior residents present material on assigned topic in rotation. It should be followed by discussion in which all trainees are supposed to participate.

c. Case conference:

A case conference should be held every week where a junior resident prepares and presents a case of academic interest by rotation and it is attended by all the members of the department.

d. Journal club:

Journal club is held every week in which a junior resident presents a critical evaluation of a research paper from a journal.

e. Research Forum:

There should be a monthly meeting of one hour each in which the residents present their plan of research as well as the report of the completed work of their projects to the faculty, resident and non-medical professionals who make critical comments and suggestions.

f. Case presentations:

New inpatient and outpatient cases should be routinely worked up in detail by the residents and discussed with the consultant. They are also encouraged to bring their follow up patients to the consultant for presentation and discussion. In addition, the residents are required to present case material at ward rounds.

g. Attendance at special clinics / units as applicable e.g. Child and Adolescent Clinic, Marital and Psychosexual Clinic, Community Outreach Clinics, Drug De -Addiction unit

h. Training in ECT administration

I. Theory papers:

At the end of the 3rd year a candidate has to appear for 4 theory Papers each of 3 hours duration and each paper will carry 100 marks. Each question paper will have 2 essay type questions of 25 marks each and 5 short answer questions each carrying 10 marks. All the four papers will be set and evaluated by Psychiatrists.

Paper -1: Basic sciences as applied to Psychiatry

Paper- 2: Psychiatry – including general psychiatry, psycho- pharmacology, psycho – biochemistry, psycho – physiological disorders and liaison psychiatry.

Paper– 3: Psychiatry – including child psychiatry, community Psychiatry, forensic psychiatry, psychotherapy and Rehabilitation.

Paper – 4: Organic Psychiatry, Medicine and Neurology as applied to Psychiatry and Recent advances.

II. Practical / Clinical Examination:

The clinical examination consists of the following activities

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|---|----------|
| a. One long case (Psychiatry) | 50 MARKS |
| b. Two short cases (one Psychiatry & one Neurology) | 50 MARKS |
| c. Spots consisting of EEG, Neuro-imaging and psychological testing instruments | 25 MARKS |
| d. Viva voce | 25 MARKS |

TOTAL 150 MARKS

III. Internal Assessment

The performance of the Postgraduate student during the training period should be monitored throughout the course and at 6 monthly intervals and duly recorded in the log books as evidence of the ability and daily work of the student. Marks will be allotted out of 100 as followed.

Sr. No.	Items	Marks
1	Personal Attributes	20
2	Clinical Work	20
3	Academic activities	20
4	End of term theory examination	20
5	End of term practical examination	20

1. Personal attributes:

- Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
- Motivation and Initiative:** Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.
- Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.
- Interpersonal Skills and Leadership Quality:** Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.

2. Clinical Work:

- a. Availability:** Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
 - b. Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, competent in clinical case work up and management.
 - c. Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.
 - d. Clinical Performance:** Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.
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- 3. Academic Activity:** Performance during presentation at Journal club/Seminar/ Case discussion/Stat meeting and other academic sessions. Presentations in conferences and other workshops organised on national or state levels.
 - 4. Final theory examination** conducted at the end of 3 years.
 - 5. Final practical/oral examinations** after 3 years

Marks for **academic activity** will be given by the all faculty who have attended the sessions presented by the resident.

The Internal assessment s will be presented to the Board of examiners for due consideration at the time of Final Examinations.

SYLLABUS FOR M.D. (PSYCHIATRY)

The student 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 Psychiatry should get high priority. However a syllabus is given in the following pages which will be updated from time to time.

PAPER – I

Basic sciences

1. Anatomy of Major brain structures Sub division – External features – Brain stem – Ventricular system – Blood supply.
2. Functional Neuro Anatomy: Organization of the Central Nervous system
3. Neuro development and neurogenesis
4. Receptors, Monoamines, Amino acids and Neuro peptides
5. Neurotrophic factors
6. Intra Neuronal Biochemical signals
7. Basic Electro physiology Ion channels – Electro physiology of Neuro Transmission, Electro Physiology of psychotropic drug action.
8. Applied Electro Physiology Deduction and measurement of brain electrical potentials, Electro Encephalogram, Evoke potentials
9. Basic Science of sleep, stages of sleep Brain imaging techniques
10. Psycho Neuro endocrinology
11. Chrono biology
12. Neural endocrine and Immune interaction
13. Genetics
14. Appetite
15. Neural basis of substance abuse
16. Neurological examination and techniques

Behavioural Sciences as applied to Psychiatry

1. Growth and development – Developmental process in childhood and adolescence
2. Sensation, perception and cognition
3. Consciousness
4. Aggression : Psychology and Biology
5. Intelligence and aptitude – Theories and measurements
6. Emotional Intelligence
7. Motivation theories – Needs – Frustration of needs
8. Feelings and emotions – Theories – Psychological aspects – Measurements.
9. Psychodynamics and Defense Mechanisms
10. Principle of learning and memory
11. Information processing : Brain models of mind
12. Personality – Theories of personality – Psycho diagnostic tests for assessment of personality – Intelligence and Neuro Psychiatric functions.
13. Sociology and Psychiatry
14. Consumer –Survivor movement
15. Anthropology and Psychiatry
16. Development of social behaviour
17. Group behaviour

18. Communication and inter – personal relationships
19. Public opinion propaganda and prejudices
20. Culture and its role in development of human behaviour
21. Psychosocial work – Mental health.
22. Epidemiology
23. Statistics / Research methodology
24. Evidence based Psychiatry

PAPER – II

GENERAL PSYCHIATRY, CLINICAL ASPECTS OF PSYCHOPHARMACOLOGY AND PSYCHO BIOCHEMISTRY, PSYCHO PHYSIOLOGICAL DISORDERS AND LIAISON PSYCHIATRY:

1. Historical aspects of psychiatry.
2. Signs and symptoms of psychiatric illnesses – psychiatric interview, History and mental state examination.
3. Diagnosis in psychiatry, classificatory systems, psychiatric rating scales, Medical assessment and laboratory testing in psychiatry, clinical neuropsychology , psychiatry report, medical record and medical error.
4. Schizophrenia and affective disorders – epidemiology, aetiology, biochemical and endocrinological aspects, genetic factors, clinical features, somatic and psychosocial treatment, psychotherapeutic aspects.
5. Delusional disorders, other disorders like schizo affective disorders, schizophreniform disorders, brief reactive psychosis and culture and bound syndromes.
6. Anxiety disorders including panic and generalized anxiety disorders, phobic disorder, obsessive compulsive disorder and post traumatic stress disorders –aetiological factors, clinical signs and symptoms, biological aspects and management.
7. Somatoform disorders and dissociative disorders – conceptual issues, clinical features and management.
8. Other psychiatric disorders including sleep disorders, eating disorders, factitious disorders, adjustment disorders, impulse control disorder etc.
9. Psychosomatic disorders – historical aspects, current theoretical concepts, specific disorders related to various systems like cardiac, G.I.T. etc – stress in psychiatry –chronic pain syndrome – management.
10. Liaison psychiatry – psychiatry and medicine – psychiatric aspects of AIDS, psychiatry and reproductive medicine, Terminally ill patient and family.
11. Biological therapies in psychiatry – pharmacotherapy – electroconvulsive therapy, psycho surgery.

PAPER – III

PSYCHIATRY INCLUDING CHILD PSYCHIATRY, COMMUNITY PSYCHIATRY, FORENSIC PSYCHIATRY, PSYCHOTHERAPY AND REHABILITATION

1. Child psychiatry – introduction, psychiatric examination of children and adolescents, clinical profile of various disorders specific to childhood and adolescence including mental retardation, management aspects.
2. Personality disorders – classification, clinical description and management of various personality disorders.

3. Psycho – active substance use disorders – drug dependence and alcoholism
4. Psycho – sexual disorders – gender identity disorders – paraphilias, sexual dysfunctions.
5. Community psychiatry – conceptual issues – prevention of mental disorders –mental health care service system – integration of mental health into Primary care -care of chronically mentally ill – psychiatric education - Managed care- Quality of life - Balanced care – public attitudes and the problem of stigma – Psychiatry and the media.
6. Emergency psychiatry including suicide, Para suicide and violence
7. Forensic psychiatry – legal issues, ethics – confidentiality and legislation of the land including Mental Health Act, Persons with Disability Act, Narcotic drugs and Psychotropic Substances Act – Human rights of psychiatric patients
8. Geriatric psychiatry – psychosocial aspects of aging, psychiatric examination of elderly patients, psychiatric disorders of late life.
9. Psychotherapies – including various forms of analytical therapies, behaviour therapy, cognitive therapy, group therapy, family therapy, marital therapy, brief psychotherapies – crisis intervention – evaluation of psychotherapy.
10. Organic mental syndromes – signs and symptoms – aetiology, differential diagnosis and management.
11. Miscellaneous: Non compliance, Malingering, Antisocial behaviour, Borderline Intellectual Functioning, Age – related Cognitive Decline, Bereavement (Including death), Academic problems, Identity problems, Religious and Spiritual problems, Acculturation problems, Phase of life problems, Chronic fatigue syndrome, culture bound syndrome, etc.

PAPER – IV

NEUROLOGY AND RECENT ADVANCES IN PSYCHIATRY

1. Methods of history taking: Clinical neurological examination, localization of lesions.
2. Special methods of examination: Lumbar puncture, perimetry and scotometry; tests of cranial nerve function; clinical electroencephalography, clinical electromyography and nerve conduction velocity; neuroradiology including contrast studies
3. CT Scan and MRI.
4. Disorders of cranial nerves.
5. Cranio – cerebral trauma – acute, sub acute and chronic effects, post traumatic epilepsy; vertigo and headache; whiplash injury; post concussional syndromes; intracranial birth injuries.
6. Meningitides including acute and chronic, bacterial, viral fungal, protozoal etc., chronic granulomas including abscess, tuberculoma etc.
7. Viral infections: acute, subacute and slow virus infections, sequence of encephalitis poliomyelitis, rabies; herpes zoster, Neuropsychiatric sequel of HIV infection.
8. Neurosyphilis.
9. Cerebrovascular disorders: Cerebrovascular insufficient states transient ischaemic attacks; carotid and vertebro basilar insufficiency; intracranial haemorrhage; aneurysms; Av malformation, puerperal infarction, veins and sinuses etc. cardiovascular state cerebrovascular diseases in miscellaneous infections etc.
10. Increased intracranial tension and herniations; dangers of lumbar puncture etc.
11. Intracranial tumors; primary and metastatic, nasopharyngeal carcinoma etc.

12. Degenerative disorders: parkinsonian syndromes, involuntary movements, spinocerebellar degenerations; pre senile and senile dementias including normal pressure hydrocephalus, progressive cerebral degeneration of infancy and childhood, Movement disorders including medication – induced movement disorders;
13. Endocrine and metabolic disorders: porphyrias; wilson’s disease, phenylketonuria galactosemia and other aminoacidurias etc. alcohol and the nervous system.
14. Autoimmune and / or allergic disorders: post / para infections encephalitides; neurological features and sequelae of collagen disorders etc. Deficiency disorders: Protein calorie malnutrition; vitamin deficiency states etc.
15. Paroxysmal disorders: Epilepsy classification aetiology, clinical features; EEG in epilepsy, management etc. Migraine and other vascular headaches temporal arteritis; muscle contraction headache, psychogenic headache etc. Narcolepsy syndrome.
16. Disorders of the spinal cord and cauda equina including spondylotic myelopathy etc.
17. Psychosurgery: principles, methods, indications, complications etc.
18. Stereoecephalotomy: Principles and methods: indications stereotaxic for Parkinsonism and other involuntary movements – epilepsy; pain; behaviour disorders etc.
19. Genetics: - General and with reference to neurology.
20. Recent advances in various fields in psychiatry.

Recommended Text books

Psychiatry

1. Andrew sims (2003) Symptoms in the mind, 3rd edition Saunders Elsevier Limited.
2. American Psychiatric Association (2000) Diagnostic and statistical manual of mental disorders – text revision, 4th edition American Psychiatric Association Washington DC.
3. Allan I.F Scott (eds) (2005) The ECT Hand book, Second edition The Royal College of Psychiatrists
4. Gabbard, G, Beck, JS and Holmes J (2005) Oxford textbook of Psychotherapy, Oxford, Oxford University Press.
5. Gelder, MG, Lopez – 1bor, JJJr and Andreasen, NC (eds) (2000) The new oxford text book of Psychiatry, Oxford University Press, Oxford.
6. Government of India. The Mental Health Act. Act 14 of 1987, 1987
7. Government of India. The Narcotic drugs and Psychotropic substance Act. Act 61 of 1985, 1985 (Amended in 1989, Act 2 of 1989)
8. Johnstone EC, Freeman C, Zealley A (eds) (2004) Companion to Psychiatric studies, 7th edition, Edinburgh; Churchill Livingstone
9. Lishman, W.A. (1998) Organic Psychiatry; The psychological consequences of cerebral disorder, 3rd edition Black well, Oxford
10. Levenson, J.L (2004) The American Psychiatric Publishing Text book of Psychosomatic medicine, American Psychiatric publishing Inc. Washington DC.
11. Lowinson JH, Ruiz p, Hillman RB, Langrod JG (eds) (1997) Substance abuse ; A Comprehensive text book 3rd edition Baltimore MD, Williams & Wilkins,
12. Michels R etal (eds) (1991) Psychiatry, JB Lippencott Philadelphia
13. Ministry of Health and Family Welfare. National Mental Health Programme Booklet DGHS. New Delhi, 1982
14. Robert E Hales, Stuart C.Yudofsky, John A Talbott, (eds) (2005) Text book of Psychiatry, 3rd edn JPB Publishers New Delhi
15. Rutter,M and Taylor E (eds) 2002 Child and adolescent Psychiatry, 4Th edition, Blackwell, oxford

16. Slater E, Roth M, 1986 Mayer-Gross, Slater and Roth's Clinical Psychiatry 3rd edn. Bailliere - Tindall, London, UK
17. Stoudemire A, Fogel BS (eds) 1993, Psychiatric care of the medical patient Oxford University press, New York.
18. Taylor, D, Paton C, Kerwin D (2005) The Maudsley Prescribing Guidelines. Taylor and Francis, London
19. Thornicroft, Gand Szmukler, G (2001) Text book of Community, Oxford University Press, Oxford
20. Tasman, Kay and Lieberman (eds) (2003) Psychiatry, 2nd edition, Wiley
21. Vyas JN, Ahuja Niraj. (eds) (1999) Text book of Postgraduate Psychiatry, II ed JPB Publishes New Delhi
22. World Health Organization (1992) The ICD 10 classification of mental and behavioral disorders, clinical descriptions and diagnostic guidelines, World Health Organization, Geneva
23. Yudofsky SC, Hales RD (eds) (1992) Text book of Neuropsychiatry, 2nd edition. Washington DC, American Psychiatric press.

Neurology

1. Allan H Ropper and Robert H Brown (2005) Adams and Victor's Principles of Neurology, 8th edn Mc Graw – Hill
2. Ashok Gupta (2007) Text book of Pediatric Neurology in Tropics 1st edn i Jaypee Brothers Medical Publishers (P) Ltd.,
3. Bradley, walter G, (2008) Neurology in Clinical Practice, 5th edn. Elsevier
4. Benson DF, Blumer D (eds) Psychiatric aspects of Neurological disease Grune and Stratton Newyark Vol. I, 1975 Vol. II, 1979
5. John Philp Patten (1996) Neurological differential diagnosis 2nd edn Springer – Verlag London Ltd.
6. John Spillane (1996) Bickerstaff's Neurological examination in clinical practice 6th edn Blackwell science
7. Mazzone. (2006) Merritt's neurology Handbook 2nd edn. Lippencott
8. Noshir H Wadia (2005) Neurological practice: An Indian Perspective 1st edn Elsevir
9. Pincus J, Tucker GJ. (1985) Behavioural Neurology. III edn. Oxford University press Newyork
10. William W Campbell (2005) Dejong's The Neurologic Examination 6th edn Lippincott Williams & Wilkins

Psychology

1. Clifford T.Morgan, (1993) Introduction to Psychology 7thedn, Mc Graw Hill
2. Edward E Smith, Susan Nolen – Hveksenma, Barbara Fredrickson, Geoffarey Lotus (2002) Akinson & Hilgard introduction to Psychology 14th edn, Wadsworth publishing
3. Irwin G. Savason Abnormal Psychology; The problem of Maladaptive behaviour 11th edn, Prentice Hall.
4. John W. Mc David & Herbert Haravi (1967) social psychology individual, groups, societies Harper & Row Publishers, Inc, USA183
5. Kupusamy (1994) Introduction to social psychology 3rd edn
6. Robert S, Feldman (2002) understanding psychology 6th edn Mc Graw Hill
7. Robert A Baron Donn Byrne (2000) social psychology 9th edn, Allyn & Bacon.
8. Robert A Baron (2001) Psychology 5th edn Allyn & Bacon

Recommended Journals

1. Indian Journal of Psychiatry
2. British Journal of Psychiatry
3. Psychological Medicine
4. Advances in Psychiatric Treatment
5. American Journal of Psychiatry
6. Archives of General Psychiatry
7. Journal of Clinical Psychiatry
8. Psychiatric clinics of North America
9. Child and Adolescent Clinics of North America
10. Acta Psychiatrica Scandinavia
11. Psychosomatic medicine
12. Indian journal of clinical psychology
13. Annals of Indian Academy of Neurology
14. Journal of Neurology and Neuropsychiatry
15. Archives of Neurology