

Program and Course Structure

School of Medical Science and Research

**MD (Psychiatry)
Session:2020-23**

1. Standard Structure of the Program at University Level

1.1 Vision, Mission and Core Values of the University

Vision of the University

To serve the society by being a global University of higher learning in pursuit of academic excellence, innovation and nurturing entrepreneurship.

Mission of the University

1. Transformative educational experience
2. Enrichment by educational initiatives that encourage global outlook
3. Develop research, support disruptive innovations and accelerate entrepreneurship
4. Seeking beyond boundaries

Core Values

- Integrity
- Leadership
- Diversity
- Community

1.2 Vision and Mission of the School

Vision of the School

To serve the society by being a premier institute that promotes a comprehensive approach to human health through excellence in academics, research and clinical care

Mission of the School

- Provide a transformative educational experience in Medical Science
- Develop skills and competencies to create global leaders in clinical care
- Promote innovative and collaborative research through intellectual and technological advancement
- Establish a center for excellence in preventive, promotive and curative health care

Core Values

- Integrity
- Leadership
- Ethics
- Community Health

1.3 Programme Educational Objectives (PEO)

1.3.1 Writing Programme Educational Objectives (PEO)

Program educational objectives are broad statements that describe the career and professional accomplishments that the program is preparing graduates to achieve.

A post graduate student having qualified the MD (Psychiatry) examination should be able to:

PEO1. Understand the relevance of mental health in relation to the health needs of the country

PEO2. Ethical considerations in the teaching and practice of Psychiatry

PEO3. Identify the social, economic, biological and emotional determinants of mental health

PEO4. Identify the environmental causes as determinants of mental health

PEO5. Institute appropriate diagnostic, therapeutic and rehabilitative procedures to the mentally ill patient

PEO6. Take detailed history, conduct appropriate ethically valid physical examination and institute appropriate evaluation procedures to make a correct clinical diagnosis

PEO7. Perform relevant investigative and therapeutic procedures for the psychiatric patient

PEO8. Recommend appropriate laboratory and imaging examinations and interpret the results correctly

PEO9. Recommend appropriate laboratory and imaging examinations and interpret the results correctly

PEO10. Plan and deliver comprehensive treatment of a psychiatric patient using principles of rational drug therapy

PEO11. Plan rehabilitation of psychiatric patient suffering from chronic illness

PEO12. Clinically manage psychiatric emergencies efficiently

PEO13. Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities

1.3.2 Map PEOs with Mission Statements:

PEO Statements	School Mission 1	School Mission 2	School Mission 3	School Mission 4
PEO1:	3	2	2	3
PEO2:	3	3	1	3
PEO3:	3	2	2	3
PEO4:	3	3	2	3
PEO5	3	3	3	3
PEO6	3	1	1	3
PEO7	3	3	3	3
PEO8	1	3	3	2
PEO9	3	3	3	3
PEO10	3	3	2	3
PEO11	3	3	3	3
PEO12	3	3	3	3
PEO13	3	3	3	3

1.3.3 Program Outcomes (PO's)

A. Cognitive Domain

A post graduate student having qualified the MD (Psychiatry) examination should be able to

PO1. The student should be able to demonstrate knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to Psychiatry.

PO2. 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.

PO3. Acquire knowledge of delirium, dementia, amnesic & other cognitive disorders and mental disorders due to a general medical condition.

PO4. The student should be able to explain follow-up care of person suffering from chronic relapsing psychiatric ailments.

PO5. The student should acquire knowledge of emergency measures in acute crisis arising out of various psychiatric illnesses including drug detoxification and withdrawal.

PO6. The student should acquire knowledge of pharmacokinetics & pharmacodynamics of drugs involved in psychiatric management of patients.

PO7. The student should acquire knowledge of (a) normal child development and adolescence, mental retardation in children (b) learning & associated disorders and their management.

PO8. The student should acquire knowledge and be able to explain mechanisms for rehabilitation of psychiatric patients.

B. Affective domain

A post graduate student having qualified the MD (Psychiatry) examination should be able to

PO9. 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.

PO10. The student should always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel

PO11. The student should demonstrate respect for the rights of the patient including the right to information and second opinion.

PO12. 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

The student should acquire competencies in the following tasks:

PO13. 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.

1.3.4 Mapping of Program Outcome Vs Program Educational Objectives

	PE O1	PE O2	PE O3	PE O4	PE O5	PE O6	PE O7	PE O8	PE O9	PEO 10	PEO 11	PEO 12	PEO 13
PO 1	3	3	3	3	1	1	1	1	1	1	1	1	1
PO 2	1	2	3	1	3	1	3	2	3	1	1	1	3
PO 3	2	2	1	3	1	1	1	3	2	3	2	1	2
PO 4	1	2	3	3	3	2	2	3	3	1	1	1	3
PO 5	3	3	3	3	2	1	3	2	3	2	3	1	3
PO 6	3	2	1	1	3	3	3	2	3	1	2	2	3
PO 7	1	2	3	1	1	1	1	2	1	1	2	2	1
PO 8	3	3	3	2	1	1	1	3	2	2	1	2	1
PO 9	2	3	1	2	1	1	2	3	3	1	2	1	3
PO 10	1	3	3	2	2	1	2	2	2	2	3	3	3
PO 11	1	3	3	1	1	“”	2	2	3	3	3	3	3
PO 12	3	2	2	3	1	2	2	2	2	2	2	“”	2
PO	3	3	3	3	1	3	2	3	3	3	3	3	3

13													
----	--	--	--	--	--	--	--	--	--	--	--	--	--

School: SMSR		Batch:
Program: MD PSYCHIATRY		Current Academic Year: 2019-20
1	Programme Code	SMS1201

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 Disintegrative Disorder, Asperger's Disorder), Attention Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Pica, Tic Disorders, Elimination Disorders, Separation Anxiety Disorder, Selective Mutism, Reactive 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)
- 32. Organic Psychiatry** (including Amnestic Disorders, Catatonic Disorder, Cerebrovascular Disorders, Delirium, Dementia, Endocrine Epilepsy, Head Injury, Headache, HIV – AIDS, Infections, 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 Anxiolytic-Related Disorders, etc.)
50. Suicidemanagement and medico-legal aspect
51. Transcultural Psychiatry
52. Rehabilitation of psychiatric patients
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

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

1. Area/ Specialty Ward and OPD (Concurrent) 18 months
2. Neurology 2 months
3. Emergency Medicine/ Internal Medicine 1 month
4. Consultation Liaison Psychiatry 3 months
5. Psychiatric hospital and Forensic Psychiatry 1 month
6. Clinical Psychology 1 month
7. Addiction Psychiatry 3 months
8. Child and Adolescent Psychiatry 3 months
9. Community psychiatry 2 months# Elective posting 2 months (as per choice in the same Institute)

ASSESSMENT

FORMATIVE ASSESSMENT, ie., assessment during the training Formative assessment should be continual and should assess 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 The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I). SUMMATIVE ASSESSMENT, ie., at the end of training The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000. The examination shall be 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 13
- 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

Annexure I

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 /				
6	CMEs				
7	Thesis / Research work				
8	Log Book Maintenance				

Publications
Yes/ No

 Remarks* _____

*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