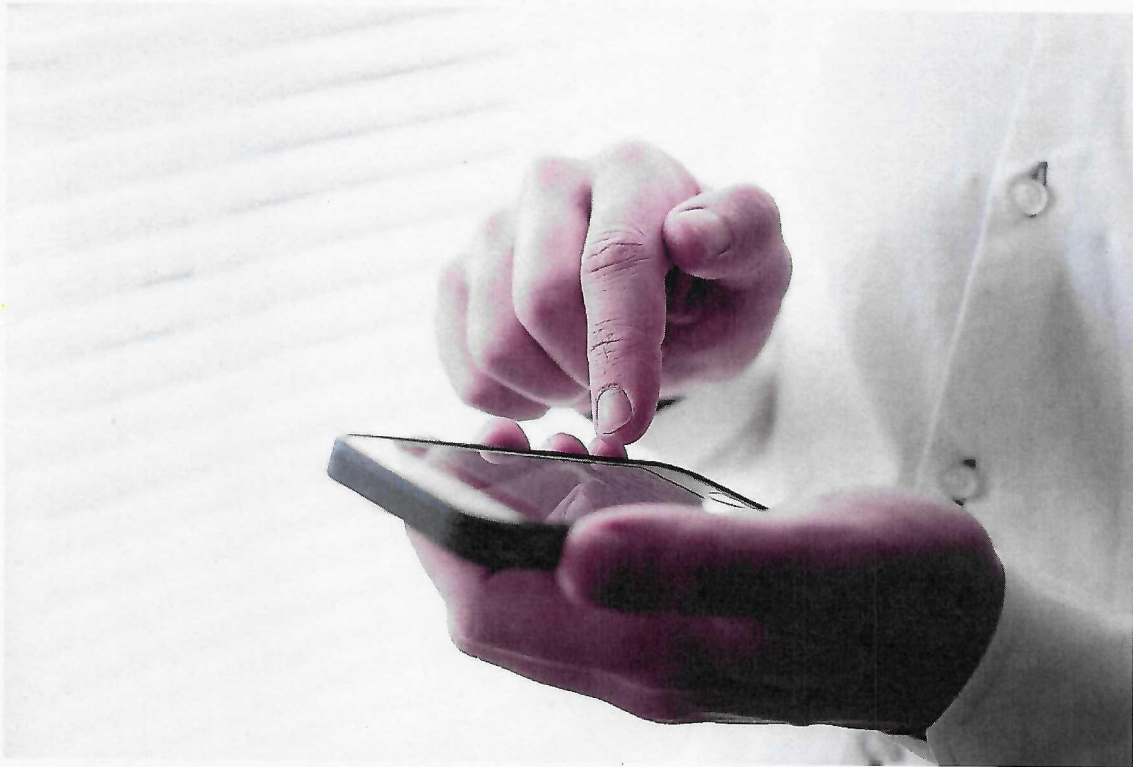


Syllabus for MD (Psychiatry) Programme



Guru Gobind Singh Indraprastha University

A State University established by the Govt. of NCT of Delhi

University School of Medicine and Allied Health Sciences

CURRICULUM for MD PSYCHIATRY
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY, Delhi

As formulated by the committee constituted by GGSIP,
vide letter dated 28.4.2010 from Dean GGSIPU SM & PMHS

I. INTRODUCTION

Psychiatry as a medical discipline focuses on the diagnosis, treatment, management and prevention of mental, addictive and emotional disorders. The curriculum designed for post graduation in this specialty aims to enable the candidate to render competent, ethical and humanitarian professional care to persons with mental illness.

The aim of this teaching programme is to render comprehensive training in Psychiatry and disciplines related to Psychiatry which encourages an empirical approach to, and optimization of patient care. Students should be able to evaluate critically new and established approaches to assessment and treatment of psychiatric disorders. They should also be able to critically evaluate research in the area and carry out research themselves.

II. OBJECTIVES

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

1. Function independently as a competent psychiatrist – a physician specialized in the diagnosis, treatment and rehabilitation of psychiatric disorders (mental, emotional and addictive disorders).
2. Acquire knowledge of psychiatric disorders and their treatment as well as skill in a range of assessment and therapeutic approaches.
3. Acquire an overarching understanding of the biological, psychological, social, economic and emotional aspects of psychiatric illnesses including possible preventive measures, interventions for mental well being and contemporary advances and developments including Indian work in the area.
4. Carry out detailed assessments including appropriate investigations.
5. Prescribe necessary medication and appropriate other treatments, evaluate efficacy and monitor side-effects.
6. Evaluate and treat psychological and interpersonal problems, including providing psychotherapy and counselling in selected cases.
7. Acquire a spirit of scientific enquiry and be oriented to principles of research methodology and epidemiology.
8. Be able to carry out research whether basic applied or operational.
9. Act as a consultant to primary care physicians and be an effective leader of a multidisciplinary mental health team.
10. Deal with the legal aspects of psychiatric illness and its management, disability and human rights.
11. Assume the role of a postgraduate or undergraduate psychiatry teacher.
12. Be informed of the mental health programmes, policies, mental health care

infrastructure and issues in community care of mentally ill in the country.

13. Acquire competency in managing psychiatric Emergencies.

III. COMPETENCIES

The candidate, at the end of the postgraduate training course is expected to have competencies in the following areas:

1. **Theoretical knowledge:** so as to be able to independently assess and manage any patient.

- Understand pathophysiology of general psychiatric disorders.
- List key diagnostic criteria for most common psychiatric conditions.
- Understand and be able to formulate a differential diagnosis of most common psychiatric conditions.
- Demonstrate knowledge of treatment principles of most common psychiatric conditions.
- Demonstrate basic knowledge of law and public policy as it pertains to psychiatry.
- Demonstrate basic financial issues related to psychiatry.
- Be conversant with medical disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying symptoms likely to be regarded as medical.
- Understanding principles of supportive psychotherapy and basic concepts of motivational interviewing.
- Working knowledge of various psychiatric specialties.

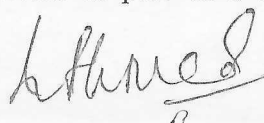
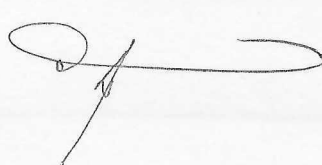
2. Clinical Skills

(a) Competence in Patient Care skills

- Ability to interview and engage psychiatric, medical and neurology patients.
- Ability to perform a thorough physical examination including a neurological exam and complete mental status on all patients.
- Ability to recognize when one's own knowledge base is insufficient and to then seek supervision.
- Ability to formulate a working diagnosis and a differential diagnosis on each patient.
- Ability to formulate a psychosocial assessment for each patient.
- Ability to develop an individualized treatment plan with specific outcome objectives based on the needs of the patient and the availability of resources.
- The use, reliability, and validity of the generally accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, neurophysiologic testing and psychological testing.
- Ability to utilize psychopharmacological agents.

(b) Effective clinical communication skills.

(c) **Demonstrate a basic working knowledge** of the different systems involved in treating adults, children and adolescents from culturally diverse backgrounds, and understand how to use the systems as part of a comprehensive system of care, in



general, and as part of a comprehensive, individualized treatment plan.

3. Ethical and professional Considerations

- Acquire an understanding of the general and ethical considerations pertaining to medical and psychiatric practice.
- Develop sensitivity towards human rights and requirements of the patient as related to his or her social educational and cultural background.
- Provide ethical and moral care.
- Develop sensitivity to, and acceptance of, diversity.
- Commitment to teaching others.
- Relate to patients and their families, as well as other members of the health-care team with compassion, respect, and professional integrity.
- Interact with outside therapists, family and other collateral information sources with compassion, respect and professional courtesy.
- Accept and give feedback in a way that is not defensive or demeaning

4. Research and Training

- Acquire knowledge of research methods, their application and critical evaluation.
- Acquire teaching experience.
- Acquire skills to lead a multidisciplinary team involved in rendering mental health care.

5. Interpersonal and Communication Skills

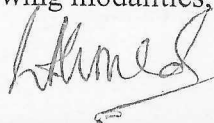

- Appreciate the profound responsibility of physicians for patients' welfare and needs.
- Ability to form and maintain a working alliance with psychiatric, medical and neurologic patients.
- Ability to form appropriate and constructive relations with colleagues.
- Ability to communicate effectively orally and in writing the results obtained from patient interviews and physical exams.
- Ability to document and chart patient's treatment and progress in an effective communicative, timely, and appropriate medico-legal fashion.
- Communicate honestly, verbally and in writing.
- Work within the treatment team treating all members of the team with respect.

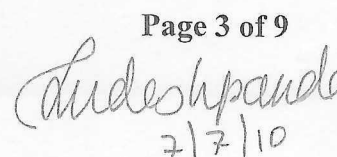
6. Practice Based Learning and Improvement

- Recognize one's limitations.
- Dedication to reflective self-improvement.
- Seek guidance whenever appropriate.
- Ability to accept and integrate feedback from supervisor.
- Liaising and feeding back to colleagues and services in a productive non-judgmental manner

IV. COURSE CONTENT

The three-year period will be divided into six semesters. These semesters will cover theoretical teaching imparted by the following modalities, as well as clinical duties.



Page 3 of 9

7/7/10

Semester I - Basic Sciences as applied to psychiatry

- Principles of ethical treatment
- Respectful patient communication
- Conflict of interest, plagiarism and other issues related to manuscript writing
- Anatomy
- Physiology
- Biochemistry
- Clinical Psychology
- Social work,
- Anthropology,
- Biostatistics
- Public health issues related to Psychiatry
- Patient safety and clinical care audit

Semester II - Clinical Psychiatry

- Psychiatric Diagnosis and Classification
- Etiology and Clinical Profile of dementias, delirium and other cognitive disorders of the central nervous system
- Organic Delusional, Mood and Personality Disorders
- Psychiatric disorders related to substance use and misuse
- Major mental disorders

Semester III

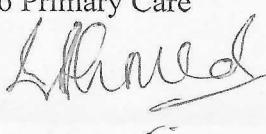
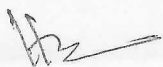
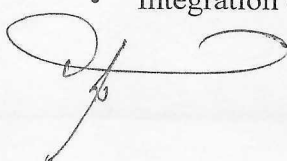
- Common mental disorders including anxiety, depression and adjustment or stress related disorders
- Psychiatric disorders due to general medical conditions
- Psychosexual disorders

Semester IV

- Models of psychotherapy: an overview
- Scientific evaluation of efficacy of psychotherapy: methodological problems
- Different models of psychotherapy, counseling, and psychosocial support
- Psychopharmacology
- Management of a suicidal patient
- Electro-convulsive Therapy and other relevant non-pharmacological treatment methods

Semester V

- Human Rights of psychiatric patients
- Indian Acts of Parliament related to Psychiatry
- Psychiatric disorders manifest in childhood and adolescence
- Psychiatry of the Elderly
- Integration of Mental Health into Primary Care



Page 4 of 9
Anubhupande
7/7/10

- Psychological Assessment of psychiatric patients

Semester VI

- Consultation-Liaison Psychiatry
- Psychological Aspects of general medical disorders
- The Terminally Ill Patient and Family
- Concept and Assessment of Disability
- Concept and Measurement of Quality of Life
- Neuro-psychological Assessment and its Relevance to Psychiatric Diagnosis and Management
- Stress and Psychological Disorders
- Forensic psychiatry and criminal psychology
- Relevant aspects of Indian Systems of Medicine

V. TEACHING METHODS

The following techniques/methods are to be followed for various teaching activities:

(a) Didactic Lectures

Didactic lectures will be held 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 and some of the commonly seen clinical problems. Lecture-tutorials will continue throughout the MD course with a suggested frequency of one per week.

(b) Seminars

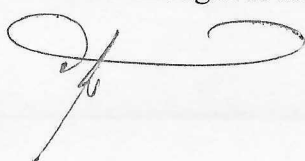
Seminars will be held once a week for the entire department and attended by the residents as well as the faculty. Seminars will be prepared by residents under the supervision of a faculty member. Material from Seminars will be available to all residents and faculty. Seminars will continue throughout the MD course with a suggested frequency of one per week.

(c) Journal Club

Journal club will be held every fortnight, preferably every week. Important journal articles from the peer reviewed journals will be selected and a resident in consultation with the consultant will present a detailed critique of the article. Journal club should continue throughout the MD course.

(d) Case Conference

Case conference will be held once a week and attended by the entire department, i.e., junior residents, senior residents, faculty, psychologists and social workers, etc. Interesting/unusual/difficult cases from the inpatient or outpatient services that have been under the care of the presenting resident will be discussed in detail regarding psychopathology, diagnosis, differential diagnosis and management. Case conferences will continue throughout the MD course.



(e) Outpatient Teaching Activities

Residents will be required to work up new cases in detail and then discuss with the consultant for the purpose of a psycho-pathology, diagnosis and differential diagnosis and management. During the follow-up clinics also residents will be encouraged to bring their follow-up patients to the consultant for presentation and discussion. Suggested frequency should be - during all Out Patients duty hours. A logbook will need to be maintained, as per MCI guidelines.

(f) Ward Teaching

Ward rounds will be regularly undertaken by the consultants as well as senior residents besides service and management activities. The emphasis of the ward round will be on teaching of postgraduate residents in the art of history taking, eliciting psychopathology arriving at diagnosis, discussing differential diagnosis, management and estimating the premises and outcome of a particular case. Suggested frequency should be- at least twice a week.

(g) Tutorials

After the first semester, lecture- tutorials will be specially held on assigned topics where residents will be expected to also prepare and discuss the topic. Suggested frequency should be- one per fortnight, and can be clubbed with lectures.

(h) Practical Demonstrations

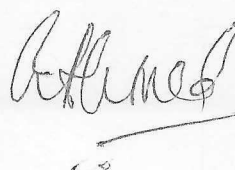
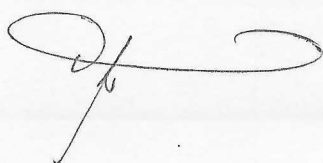
Practical demonstrations will be held especially for the teaching of EEG, neuro-imaging and psychodiagnostic tools. Residents will also learn by demonstrating various psychological tests like tests of intelligence, memory, personality, etc. to the patients. Residents will be expected to attend clinical meetings on topics relevant to Psychiatry, when held in other parts of the hospital. Suggested frequency should be- as required or requested.

(I) Thesis

Each postgraduate resident will be required to complete a thesis under the guidance of guide/co guide. The objective of thesis is to provide training to the postgraduate in research methodology and techniques including identification of a problem, formulation of a hypothesis, literature review, research design, data collection, data analysis, formulating results and finally writing the dissertation. The dissertation is mandatory as a part fulfillment of the M.D. Course.

A professional with a recognized post graduate degree in a relevant discipline, with three years professional experience after obtaining the degree can be a co-guide. There is no limit on the numbers of co-guides, but it is expected that they should not exceed three.

The thesis if required may include a consultant/advisor/s who will be a person/s eminent in the field, who can materially assist in the thesis.



Page 6 of 9
Indeshpande
7/7/10

The final decision about co-guide/s, consultant /s and advisor/s will rest with the guide.

At the time of thesis submission, the candidate will be required to submit a manuscript ready for publication based on his or her thesis work, or any other research undertaken by him/her during MD training. All data and source documents pertaining to the thesis are required to be deposited in the department after the thesis is submitted.

(j) Conferences, workshops and seminars

Requisite numbers of CME hours as mandated by the regulatory authorities, must be obtained by every candidate. Presentations either oral or posters at such events will be encouraged.

(k) Clinical Postings

1. Psychiatry OPD and Ward

Each resident will be posted to Psychiatry OPD and ward. The aim of the clinical postings in the OPD and ward is acquisition of clinical skills. These clinical skills are:

- Comprehensive history taking and physical examination.
- Working knowledge of major psychiatric diagnoses as per the ICD and the ability to present a reasoned differential diagnosis.
- Psychiatric formulation
- Ability to develop a comprehensive treatment plan.
- Knowledge of psychopharmacological agents, including indications and significant adverse effects.
- ECT administration
- Understanding of and basic competence in identifying psychiatric emergencies and their Ability to write clear and thorough histories, consultation notes and follow-up notes.
- Demonstrate appropriate professional demeanor and ethics including respect for patient's confidentiality.


2. De-Addiction:

De-Addiction is dedicated to the drug dependence and its treatment. The postgraduate resident is expected to acquire clinical skills in various kinds of drug dependence. The specific skills expected are comprehensive history taking and physical examination, knowledge of major drug alcohol and drug dependence, follow up to develop a comprehensive treatment plant and knowledge of various techniques of detoxification, long term management and rehabilitation.

3. Neurology

The resident is to be posted in the neurology for a period of two months during the second or third year course residency programme. The aim of the posting is to make the resident competent in:

- Clinical history taking, neurological examination, diagnosis, localization.
- Common neurological disorders encountered in general practice.
- Neurobehavioural disorders
- Special methods of investigation in neurology (including reporting and


Page 7 of 9
Anudeep pande
7/7/10

interpreting EEGs, reading neuroradiological investigations such as MRI or CT scans. Treatment approaches including recent advances.

4. Child Guidance Clinic

During the posting in Psychiatry OPD and Psychiatry Ward the resident attends the weekly child guidance clinic with the objectives of:

- Normative child development
- Interviewing children
- Classification, epidemiology, etiology and presentation of child and adolescent psychiatric disorders.
- Conduct, emotional and behavioural problems in children.
- Mental retardation etiology, manifestation, assessment, management and prevention.
- Specific learning disabilities
- Psychopharmacology in children
- Psychosocial management issues with children.
- Adult outcome of child psychiatric disorders.
- Liaison with teachers, schools, child care institutions.

5. CONSULTATION LIAISON AND EMERGENCY MANAGEMENT

Residents will be regularly assigned to primary medical disorder in various medical/surgery disciplines in the hospital under the supervision of a consultation. They are required to work up and discuss emergency psychiatric cases presenting to the casualty of the hospital.

VII. EXAMINATIONS

1. Thesis

As already mentioned successful completion of thesis and its evaluation by an external examiner is a pre-requisite for a resident to appear in the final MD examination conducted towards the completion of three years of residency.

2. Theory Examination

As per MCI guidelines, there would be 4 question papers of 100 marks each. Each paper will be of 3 hours duration.

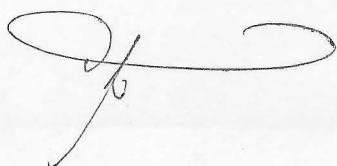
Candidates will have to pass all 4 papers in aggregate. Thus a total of 200/400 marks will have to be obtained to pass.

Format of each paper will be as follows:

2 long questions of 20 marks each.

3 shorter questions of 15 marks each. Candidates will need to answer 3 out of 4 given choices.

3 short notes of 5 marks each. Candidates will need to answer 3 out of 4 given choices.



Paper I: Neural sciences, Psychology, socio cultural sciences and other basic sciences as related to psychiatry;

Paper II: General adult clinical psychiatry

Paper III: Psychiatric subspecialties

Paper IV: Medicine and Neurology as related to Psychiatry, recent advances and Indian work.

3. PRACTICAL EXAMINATION:

Practical examination will carry 400 marks.

Candidates will have to pass in aggregate. Thus a total of 200/400 marks will have to be obtained to pass.


Consisting of: 1 long case- psychiatry- 100 marks;

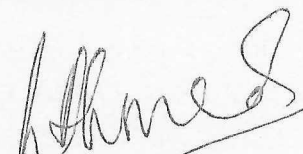
2 short cases of 50 marks each (1 from psychiatry and one from neurology);

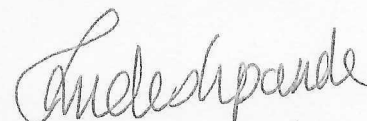
OSCE/Spots - 10 spots of 15 marks each;


Viva of 50 marks each of at least 30 minutes.

Theory and practical will have to be passed separately. Thus marks from theory will not be aggregated with practical for passing.


Lt Col
Classified Specialist
Psychiatry


(AI Ahmed)
Surg Capt
Senior Advisor (Psy)
AFCME, New Delhi-16


7/7/10
डा. सिता नी. देशपांडे
एम. डी., डी. पी. ए.
Dr. Smita N. Deshpande
M.D., D.P.M.
एसो. प्रोफेसर तथा निपुणतार
Asso. Prof. & Head
मनोरोग तथा नशीलता विभाग
Dept. of Psychiatry & De-addiction
डा. राम मोहन लोहिया अस्पताल, नई दिल्ली-110001
Dr. R. M. L. Hospital, New Delhi-110001


Dean