

MD PSYCHIATRY

Syllabus

Theory

General Guidelines

During the training period effort are always made that adequate time is spent in discussing mental health problems of public health importance in the country.

□□The Patient – Doctor Relationship: Human Development Throughout the Lifecycle Normality, Embryo, Foetus, Infant, and Child, Adolescence, Adulthood, Late Adulthood (Old Age), Death, Dying and Bereavement.

□□The Brain and Behaviour, Functional and Behavioral Neuroanatomy, Neurophysiology and Neurochemistry, Neuroimaging, Electrophysiology, Psychoneuroendocrinology, Psychoneuroimmunology, and Chronobiology, Neurogenetics.

□□Contributions of the Psychosocial Sciences, Jean Piaget, Attachment Theory, Learning Theory, Aggression, Sociology and Ethology, Anthropology and Cross-Cultural Psychiatry, Epidemiology and Biostatistics.

□□Clinical Neuropsychological Testing, Clinical Neuropsychological Testing of Intelligence in Adults & children Personality assessment in adults & children

□□Theories of Personality and Psychopathology, Sigmund Freud: Founder of Classic Psychoanalysis, Erik Erikson, Schools derived from Psychoanalysis and Psychology.

□□Clinical Examination of the Psychiatric patient, Psychiatric History and Mental Status Examination, Interviewing Techniques with Special Patient Populations, Physical Examination of the Psychiatric Patient, Laboratory tests in Psychiatry. Medical Record and Medical Error.

□□Signs and Symptoms in Psychiatry

□□Classification in Psychiatry, Psychiatric Classification, International Psychiatric Diagnosis

□□Delirium, Dementia, and Amnestic and Other Cognitive Disorders and Mental Disorders due to a General Medical Condition Cognitive Disorders Introduction and Overview, Delirium, Dementia, Amnestic Disorders Other Cognitive Disorders and Mental Disorders due to a General Medical Condition

□□Substance-Related Disorders

Substance-Related Disorders Introduction and Overview, Alcohol- Related Disorders, Amphetamine (or Amphetamine-like) related Disorders, Caffeine- Related Disorders, Cannabis-Related Disorders, Cocaine-Related Disorders, Hallucinogen-Related Disorders, Inhalant- Related Disorders, Nicotine-Related Disorders, Opioid-Related Disorders,

Phencyclidine (or Phencyclidine-like) related Disorders, Sedative-, Hypnotic-, or Anxiolytic-Related Disorders, Anabolic- Androgenic steroid abuse

□□Schizophrenia and Other Psychotic Disorders

Concept of Schizophrenia, Scope of the Problem, Genetics, Environmental Epidemiology, Developmental Model of Schizophrenia, Neuroimaging in Schizophrenia, Linking Neuropsychiatric Manifestations to Neurobiology Neuropathology, Clinical Features and Psychopathology Concepts Cognition, Sensory Gating Deficits and Translational Research Psychosocial Treatment Somatic Treatment Psychiatric Rehabilitation Integrative Treatment and Functional Outcomes, Spectrum Pathology and Treatment, Other Psychotic Disorders, Acute and Transient Psychotic Disorders and Brief Psychotic Disorder, Schizophreniform Disorder, Delusional Disorder and Shared Psychotic Disorder, Schizoaffective Disorder, Postpartum Psychosis, Culture-Bound Syndromes with Psychotic Features, Psychosis Not Otherwise Specified, Treatment of Other Psychotic Disorders, Schizophrenia and Other Psychotic Disorders Special Issues in Early Detection and Intervention

□□Mood Disorders

Historical Introduction and Conceptual Overview, Epidemiology, Genetics, Neurobiology, Intrapsychic and Interpersonal Aspects, Clinical Features treatment of Depression, Treatment of Bipolar Disorders, Psychotherapy

□□Anxiety Disorders

Introduction and Overview, Epidemiology, Psychophysiological Aspects, Neurochemical Aspects, Neuroimaging, Psychodynamic Aspects, Clinical Features, Somatic Treatment, Cognitive-Behavioral Therapy

□□Somatoform Disorders

□□Factitious Disorders

□□Dissociative Disorders

□□Normal Human Sexuality and Sexual and Gender Identity Disorders Normal Human Sexuality and Sexual Dysfunctions, Homosexuality, Gay And Lesbian Identities, and Homosexual Behaviour, Paraphilias, Gender Identity Disorders, Sexual Addiction

□□Eating Disorders

□□Sleep Disorders

□□mpulse-Control Disorders Not Elsewhere Classified

□□Adjustment Disorders

□□Personality Disorders

□□Psychological Factors Affecting Medical Conditions

History of Psychosomatic Medicine, Gastrointestinal Disorders, Obesity, Cardiovascular Disorders, Respiratory Disorders, Endocrine and Metabolic Disorders, Psychocutaneous

Disorders, Musculoskeletal Disorders, Stress and Psychiatry, Psycho-Oncology, Consultation- Liaison Psychiatry

☐☐ Relational Problems

☐☐ Additional Conditions That May Be a Focus of Clinical Attention

Malingering, Adult Antisocial Behaviour, Criminality, and Violence, Borderline Intellectual Functioning and Academic Problem, Other Additional Conditions That May Be a Focus of Clinical Attention

☐☐ Culture-Bound Syndromes

☐☐ Special Areas of Interest

Psychiatry and Reproductive Medicine, Premenstrual Dysphoric Disorder, Genetic Counselling, End-of-Life and Palliative Care, Death, Dying, and Bereavement, Physical and Sexual Abuse of Adults, Survivors of Torture, Alternative and Complementary Health Practices, Military and Disaster Psychiatry, Famous Named Cases in Psychiatry

☐☐ Psychiatric Emergencies Suicide, Other Psychiatric Emergencies

☐☐ Psychotherapies

Psychoanalysis and Psychoanalytic Psychotherapy, Behaviour Therapy, Hypnosis, Group Psychotherapy and Combined Individual and Group Psychotherapy, Family Therapy and Couple Therapy, Cognitive Therapy, Interpersonal Psychotherapy, Dialectical Behavior Therapy, Intensive Short-Term Dynamic Psychotherapy, Other Methods of Psychotherapy, Evaluation of Psychotherapy, Combined Psychotherapy and Pharmacology

☐☐ Biological Therapies

General Principles of Psychopharmacology, Pharmacokinetics and Drug Interactions, Drug Development and Approval Process in the United States, Medication-Induced Movement Disorders, α -2-Adrenergic ceptor Agonists Conidine and Guanfacine, α -Adrenergic Receptor Antagonists, Anticholinergics and Amantadine, Anticonvulsants, Antihistamines, Barbiturates and Similarly Acting Substances, Benzodiazepine Receptor Agonists and Antagonists, upropion, Buspirone, Calcium Channel Inhibitors, Cholinesterase Inhibitors and Similarly Acting Compounds, Dopamine Receptor Antagonists (Typical Antipsychotics), Lithium, Mirtazapine, Monoamine Oxidise Inhibitors, Nefazodone, Upload Receptor Agonists Methadone, Levomethadyl, and Buprenorphine, Opioid Receptor Antagonists Naltrexone and Nalmefene, Selective Serotonin Norepinephrine Reuptake Inhibitors, Selective Serotonin Reuptake Inhibitors, Serotonin-Dopamine, Antagonists (Atypical or Second-Generation Antipsychotics), Sympathomimetics and Dopamine Receptor Agonists, Thyroid Hormones, Trazodone, Tricyclics and Tetracyclics, Electroconvulsive Therapy, Neurosurgical Treatments and Deep Brain Stimulation, Other Pharmacological and Biological Therapies, Drug Augmentation, Reproductive Hormonal Therapy Theory and Practice

☐☐ Child Psychiatry

Introduction and Overview, Normal Child Development, Normal Adolescence
Psychiatric Examination of the Infant, Child, and Adolescent

Mental Retardation

Learning Disorders

Reading Disorder, Mathematics Disorder, Disorder of Written Expression and Learning Disorder Not Otherwise Specified

Motor Skills Disorder Developmental Coordination Disorder

Communication Disorders

Expressive Language Disorder, Mixed Receptive-Expressive Disorder, Phonological Disorder, Stuttering, Communication Disorder Not Otherwise Specified

Pervasive Developmental Disorders

Attention-Deficit Disorders

Attention-Deficit/Hyperactivity Disorder, Adult Manifestations of Attention-Deficit/Hyperactivity Disorder

Disruptive Behavior Disorders

Feeding and Eating Disorders of Infancy and Early Childhood

Tic Disorders

Elimination Disorders

Other Disorders of Infancy, Childhood, and Adolescence Reactive Attachment Disorder of Infancy and Early Childhood, Stereotypic Movement Disorder of Infancy, Disorders of Infancy and Early Childhood Not Otherwise Specified

Mood Disorders in Children and Adolescents

Depressive Disorders and Suicide in Children and Adolescents, Early-Onset Bipolar Disorders

Anxiety Disorders in Children

Obsessive-Compulsive Disorder in Children, Posttraumatic Stress Disorder in Children and Adolescents, Separation Anxiety Disorder and Other Anxiety Disorders, Selective Mutism

Early-Onset Schizophrenia

Psychiatric Treatment of children

Individual Psychodynamic Psychotherapy, Short-Term Psychotherapies for the Treatment of Child and Adolescent Disorders, Cognitive Behavioral Psychotherapy for Children and Adolescents, Group Psychotherapy, Family Therapy, Pediatric Psychopharmacology, Partial Hospital and Ambulatory Behavioral Health Services, Residential And Inpatient Treatment, Community- Based Treatment, Psychiatric Treatment of Adolescents

Child Psychiatry Special Areas of Interest

Psychiatric Aspects of Day Care, Adoption and Foster Care, Child Maltreatment,

Children's Reaction to Illness and Hospitalization, Psychiatric Sequelae of HIV and AIDS, Child or Adolescent Antisocial Behaviour, Dissociative Disorders in Children and Adolescents, Identity Problem and Borderline Disorders in Children and Adolescents, Adolescent Substance Abuse, Forensic Child and Adolescent Psychiatry Ethical Issues in Child and Adolescent Psychiatry, School Consultation, Prevention of Psychiatric Disorders in Children and Adolescents Neuroimaging in Child and Adolescent Psychiatry, Child Mental Health Services Research, Impact of Terrorism on Children

Adulthood

Geriatric Psychiatry

Overview, Assessment, Psychiatric Disorders of Late Life, Treatment of Psychiatric Disorders, Health Care Delivery Systems, Special Areas of Interest

Hospital and Community Psychiatry

Public and Community Psychiatry, Health Care Reform, Role of the Psychiatric Hospital in the Treatment of Mental Illness, Psychiatric Rehabilitation

Psychiatric Education

Graduate Psychiatric Education, Examining Psychiatrists and Other Professionals, an Anthropological View of Psychiatry

Ethics and Forensic Psychiatry

Clinical-Legal Issues in Psychiatry, Ethics in Psychiatry, Correctional Psychiatry

Psychiatry Past and Future

History of Psychiatry, World Aspects of Psychiatry, Future of Psychiatry

Practical

Diagnostic Work up

Detailed history, MSE & administration of rating scales to diagnose to patient along with management plan.

- _ Modified ECT
- _ Psychological Testing
- _ I.Q Test
- _ Memory Test
- _ Personality Test
- _ Neuropsychological tests
- _ Psychological Treatment
- _ Psychotherapy
- _ Behaviour Therapy
- _ Cognitive behaviour therapy
- _ Neurological Examination
- _ Detailed neurological assessment
- _ Findings of CT, MRI
- _ E.E.G.

Skills

History and examination

History taking including present history, past, family, personal, psychosocial history, physical and mental status examination and application of the relevant psychiatry rating scales. Psychohdiagnostic & psychodynamic formulations

Bedside investigations

Hemoglobin, TLC, ESR, peripheral smear staining and examination, urine: routine and microscopic examination, Viral markers, urine for screening for substances of abuse.

- *Interpretation of ECG, EEG, MRI findings; CT scan.*
- *Understanding of common EEG patterns*

Teaching Program

General Principles

Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training is skills oriented. Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort

Teaching Sessions

- _ Clinical case discussions
- _ PG bed side
- _ Examination
- _ Seminars/Journal club
- _ Interdepartmental Meetings
- _ Others – Guest lectures/vertical seminars/Central Stat meets.

Teaching Schedule:

The suggested teaching schedule is as follows:

Item	Frequency
1. Case discussion -	Once a week
2. Seminar -	Once a week
3. Psychology seminar -	Once a week
4. Research forum & Journal Club -	Once a week
5. Central session (Telemedicine/, guest lectures, sessions on basic sciences, biostatistics, research methodology, teaching methodology, health economics, medical ethics and legal issues) -	Once a week

Note:

All sessions to be supervised by the faculty members. All PGs should attend the sessions except the ones posted in emergency.

All the teaching sessions to be assessed by the consultants at the end of session and marks considered for internal assessment. Attendance of the Residents at various sessions has to be at least 80%.

Postings

The postgraduate student rotates through emergency, O.P.D. and Ward Postings & consultation Liaison Psychiatry. In addition, following special rotations are also undertaken:

Neurology: 2 months

Psychology: 3 months

Internal Medicine & endocrinology: 1 month

Child & adolescent Psychiatry: 2 months

Community & legal Psychiatry: 2 months

Dead diction: 2 months

During first year the resident will work under direct supervision of the 2/3 year Resident/senior resident and consultant on call. S/he will be responsible for taking detailed history, examination of patients as per the file record and send appropriate investigations as advised by seniors. Initially all procedures are to be observed and then done under supervision of seniors and during 2/3 year can do procedures independently. In 2nd year, resident should be posted in special clinics also. In 3rd year, resident is also encouraged to make independent decisions in management of cases. S/he is also involved in teaching of undergraduate students.

Job Responsibilities

OPD: History and work up of all cases and presentation to the consultants

Indoors: Sending investigations and filling investigation forms and performing procedures as Narco- analysis, Aversion therapy and E.C.T.

Ward: History and work up of all cases

- Examination of all patients and documentation the files.
- Daily Mental Status Examination of the patients
- Applying relevant psychiatry rating scales
- Completion of files
- Preparation of discharge summary

Dissertation

Every candidate shall carry out work on an assigned research project under the guidance of a recognized Postgraduate Teacher; the project shall be written and submitted in the form of a dissertation. Every candidate shall submit dissertation plan to the University within 6 months from the date of admission or as specified by the University.

Dissertation shall be submitted to the University six months before the commencement of theory examination.

Assessment

All the PG residents will be assessed daily for their academic activities and also periodically.

General Principles

The assessment is valid, objective, and reliable.

- It covers cognitive, psychomotor and affective domains.
- Formative, continuing and summative (final) assessment is also conducted in theory as well as practicals/clinicals. In addition, thesis is also assessed separately.

Formative Assessment

The formative assessment is continuous as well as end-of-term. The former is based on the feedback from the senior residents and the consultants concerned. End-of-term assessment is held at the end of each semester (upto the 5th semester). Formative assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate.

Internal Assessment

	Items	Marks
1.	Personal attributes*	20
2.	Clinical skills and performance	20
3.	Academic activities (journal club, seminars, case discussion)	20
4.	End of term theory examination (I year, II year, 2 years and 9 months)	20
5.	End of term practical exam/Oral	20

The record of Internal assessment will be presented to the board of examiners for consideration at the time of final examination.

* Personal attributes

Availability: Punctual, available continuously on duty, responds promptly to calls, takes proper permission for leave.

Sincerity and motivation: Dependable, honest, admits mistakes, does not falsify information, exhibits good moral values, loyal to institution, has initiative, takes on responsibilities, goes beyond routine work, exhibits keen desire to learn.

Diligence and performance: Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management (where applicable), skilled in procedures, proficient in record keeping and file work.

Academic ability: Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.

Inter-personal skills: Has compassionate attitude towards patients, gets on well with colleagues and paramedical staff, respectful to seniors.

Suggested Reading

Core Books

- _ Comprehensive Text book of Psychiatry by Kaplan & Sadock
- _ New Oxford Text Book of psychiatry- Gelder & Andreasen
- _ Psychopharmacology by Stephen M. Stahl
- _ Fish's clinical psychology/ Symptoms in mind- Andrew Sim
- _ Psychology by Morgan and King.
- _ Social Psychology by David G. Myers

Reference books

- _ Organic Psychiatry by Leishman
- _ Technique of Psychotherapy by Wolberg
- _ General Psychopathology- Jasper

Journals

- _ Indian J Psychiatry
- _ British Journal of Psychiatry
- _ American J. Psychiatry
- _ Archives Journal of Psychiatry
- _ Journal of Clinical Psychiatry
- _ Psychiatry Clinics of North America

Internet resources

- _ ermed gateway
- _ ovid
- _ Science direct
