



**Competency Based  
Post-graduate Training Programme for**

# **MD in Psychiatry**

Krishna Institute of Medical Sciences  
“Deemed to be University” (KIMSDU)  
Karad, Maharashtra, India

## Table of Contents

ABOUT THE PROGRAMME	3
NAME OF THE PROGRAMME	3
YEAR OF INTRODUCTION	3
NUMBER OF SEATS	3
GOALS, OBJECTIVES AND COMPETENCIES	3
GOALS	3
OBJECTIVES	3
Clinical	3
Research	4
Teaching	4
COMPETENCIES	5
Cognitive Domain	5
Affective Domain	5
Psychomotor Domain:	5
SYLLABUS	7
COURSE CONTENTS	7
TEACHING AND LEARNING METHODS	9
LECTURES	9
THESIS WRITING:	10
RESEARCH METHODOLOGY	10
TEACHING SKILLS	10
CONTINUING MEDICAL EDUCATION PROGRAMMES (CME)	10
SEMINARS	11
CASE CONFERENCE	11
PSYCHOSOMATIC ROUNDS	11
RESEARCH FORUM	11
JOURNAL CLUB	11
CASE PRESENTATIONS	11
EXTRA-MURAL ACTIVITIES	11
PSYCHOTHERAPY TUTORIALS	11
ROTATION – CLINICAL POSTINGS	11
General Psychiatry	11
Neurology Posting	12
Emergency Medicine / Internal Medicine	12
MD Psychiatry	1

Consultation Liaison Psychiatry	13
Clinical & Counselling Psychology	13
Addiction Psychiatry	13
Child & Adolescent Psychiatry	14
Community Psychiatry	14
Elective Posting	14
CLINICAL MEETINGS	15
LOG BOOK	15
E-LEARNING ACTIVITIES	15
JOB RESPONSIBILITIES	15
FIRST YEAR	15
SECOND YEAR	15
THIRD YEAR	15
ASSESSMENT	16
FORMATIVE ASSESSMENT	16
SUMMATIVE ASSESSMENT	16
Theory Examination:	16
Clinical/Practical and Oral/Viva Voce Examination	16
Passing Criteria	17
RECOMMENDED READING	17
BOOKS	17
JOURNALS	18
National Journals	18
International Journals	18
ANNEXURE	19

# Competency Based Post-graduate Training Programme for MD in Psychiatry

(As per guidelines of National Medical Commission available at:  
<https://www.nmc.org.in/wp-content/uploads/2019/09/MD-Psychiatry.pdf>)

## ABOUT THE PROGRAMME

### NAME OF THE PROGRAMME

MD Psychiatry – Three year post-graduate programme (in English) under Faculty of Medical Sciences, Krishna Institute of Medical Sciences “Deemed to be University”, Karad for students with an under-graduate degree in Medicine (MBBS) and admitted as per latest government regulations.

### YEAR OF INTRODUCTION

Academic Year 2021-22

### NUMBER OF SEATS

Permitted for 2 MD Seats in Psychiatry by National Medical Commission’s Medical Assessment & Rating Board (MARB) vide letter no. NMC/MCI-507(22)/10A/2021-Med./040835-844 dated 26-11-2021.

## GOALS, OBJECTIVES AND COMPETENCIES

### GOALS

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:

1. Diagnose and treat psychiatric disorders in keeping with the latest clinical guidelines and mental health legislations.
2. Take preventive and therapeutic steps for the disorders in the community at all levels of health care.
3. Keep oneself abreast with the latest advances and developments in diagnostics and therapeutics.
4. Apply principles of research methodology and evidence-based medicine.
5. Qualify as a consultant and teacher in the subject with the requisite training skills.
6. Follow the principles of team approach in various capacities, as a member and as a leader.

### OBJECTIVES

#### Clinical

1. Understand the relevance of mental health in relation to the health needs of the community.
2. Ethical considerations in the teaching and practice of Psychiatry.

3. Identify the social, economic, biological, emotional and environmental determinants of mental health.
4. Institute appropriate diagnostic, therapeutic and rehabilitative procedures to the mentally ill patient in cooperation with other clinicians / specialists, wherever required.
5. Take detailed history, conduct appropriate ethically valid physical examination and institute appropriate evaluation procedures to make a correct clinical diagnosis.
6. Perform and recommend relevant investigative, including laboratory, imaging and psychological testing, for the psychiatric patient and interpret the results correctly.
7. Plan, recommend and deliver comprehensive therapeutic procedures for a psychiatric patient using principles of rational pharmacological / non-pharmacological therapy and evidence-based psychiatry.
8. Plan rehabilitation of psychiatric patients suffering from chronic severe mental illness.
9. Clinically manage psychiatric emergencies efficiently.
10. Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities and culture.
11. Demonstrate communication skills of a high order in explaining management and prognosis, providing counselling / therapy and giving health education messages to patients, families and communities.
12. Be aware of and take appropriate steps in the implementation of National Mental Health Program and legislations like Mental Healthcare Act, effectively and responsibly.
13. Be aware of the legal issues in the practice of Psychiatry and develop certification skills.
14. Be aware of the special requirements in the practice of Child and Adolescent Psychiatry and Geriatric Psychiatry.
15. Organize and participate in relief measures during situations of mass disasters leading to behavioural disorders.
16. Be an effective and competent leader and participant of a multi-disciplinary team composed of other mental health professionals like psychologists, social workers and psychiatric nurses.

#### Research

1. Demonstrate competency in the basic concepts of research methodology and biostatistics.
2. Plan and conduct research projects in accordance with ethical principles and existing guidelines such as the Declaration of Helsinki.
3. Present research findings in various academic fora.
4. Interpret research findings and apply these in clinical practice.
5. Access and utilize information from various online and offline resources.

#### Teaching

1. Learn the basic methodology of teaching-learning-assessment of both undergraduate and postgraduate students.
2. 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.

## COMPETENCIES

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

### Cognitive Domain

1. Able to demonstrate knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to Psychiatry including but not limited to Neuroanatomy, Neurophysiology, Neurochemistry, Neuroimaging, Electrophysiology, Psycho-neuro-endocrinology, Psycho-neuro-immunology, Chronobiology and Neuro-genetics.
2. Able to explain aetiology, assessment, classification and management and prognosis of all common as well as rare psychiatric disorders (including psychiatric sub-specialities), and acquire knowledge of delirium, dementia, seizures, amnesic & other cognitive / neurological disorders and mental disorders due to a general medical condition.
3. Able to explain follow-up care of a person suffering from chronic relapsing psychiatric ailments and be conversant with rehabilitation procedures.
4. Conversant with routine bedside diagnostic and therapeutic procedures.
5. Acquire knowledge of pharmacokinetics & pharmacodynamics of drugs involved in psychiatric management of patients.
6. Acquire knowledge of emergency measures in acute crisis arising out of various psychiatric illnesses including suicide threat, suicide attempt, aggression, adverse drug reactions namely Neuroleptic Malignant Syndrome, Serotonin Syndrome, dermatological manifestations among others, and drug detoxification and withdrawal.
7. Acquire knowledge of normal child development and adolescence, intellectual disability in children, learning & associated disorders and their management.
8. Conversant with recent clinical, diagnostic and therapeutic advances in Psychiatry.
9. Conversant with various policy related aspects of Psychiatric practice in India (e.g. Mental Healthcare Act, National Mental Health Programme etc.).
10. Conversant with research methodologies.

### Affective Domain

1. 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. Able to demonstrate empathy and effectively & coherently communicate with community leaders, administrators and members of the health care team using principles of evidence based medicine.
3. Adopts ethical principles and maintains proper etiquette in dealing with patients, relatives and other healthcare personnel; and demonstrates empathy.
4. Demonstrate respect for the rights of the patient including the right to information and second opinion.

### Psychomotor Domain:

1. Become an expert in good history taking, perform a humane and thorough physical examination, mental state examination, and able establish rapport, develop communication skills and counsel family members and patients on scientific basis

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. Perform verbal de-escalation in appropriate situations
6. Write a complete case record and discharge summary with all necessary and relevant details
7. Obtain informed consent for any examination/procedure.
8. Plan and perform clinical and medical audits
9. Must be able to perform, direct ophthalmoscopy, modified Electroconvulsive therapy (ECT) independently and under supervision record and interpret Electro-encephalogram (EEG), and perform Biofeedback as a diagnostic / therapeutic procedure
10. Get acquainted to, learn and perform latest advances in therapeutics including but not limited to Transcranial Direct Current Stimulation (tDCS), Repetitive Transcranial Magnetic Stimulation (rTMS), Vagal Nerve Stimulation (VNS), Polysomnography, etc. based of availability of these within institution
11. Use feasible information technology to optimize patient management

**The student, at the end of the course should be able to perform independently, the following:**

1. Mental Status Examination (MSE)
2. Detailed neurological examination
3. Fundus examination using ophthalmoscope to rule out papilledema
4. Application of relevant screening/supportive scales/instruments
5. Cognitive behaviour therapy and supportive psychotherapy
6. Clinical assessment of intelligence
7. Interpretation of psychological test reports
8. Management of all common and rare psychiatric disorders
9. Initiate first line management of non-emergency neurological ailments
10. Psychological First Aid and Disaster Mental Health
11. Crisis intervention, including verbal de-escalation of agitated / aggressive patients and / or relatives

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

1. Hallucinations, all sensory modalities
2. Pseudo hallucination
3. Seizures, true and pseudo
4. Panic attack
5. Manic symptoms
6. Behavioural symptoms of schizophrenia
7. Catatonia
8. Delirium and Dementia
9. Functional Neurological Symptoms
10. Medical unexplained / somatic symptoms
11. Malingering

## 12. Sexual dysfunction

**The student, at the end of the program should be able to perform under supervision, the following:**

1. Behaviour therapy
2. Opioid intoxication management
3. Genetic counselling
4. Family therapy
5. Electro-encephalogram and Biofeedback testing and reporting

**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
3. Management of abuse survivors
4. Under-treatment and fitness certification

## SYLLABUS

### COURSE CONTENTS

S/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 Psychiatry will get high priority. Competence in managing behavioural problems commensurate with Psychiatry must be ensured.

**The student must acquire theoretical knowledge in the following:**

1. Functional and behavioural neuroanatomy
2. Neurophysiology and Neuro-chemistry
3. Neuro-imaging
4. Electrophysiology (including chronobiology, electroencephalogram, etc)
5. Psycho-neuro-endocrinology
6. Neuro-genetic disorders
7. Classification in Psychiatry
8. Theory of personality and personality disorders

**The student must acquire theoretical knowledge and clinical skills in the following:**

*(List in alphabetical order, which may be divided semester-wise or theory paper-wise as per departmental regulations)*

1. Abuse (Physical/Sexual) or Neglect Of Child/Adult
2. Adjustment Disorder
3. Anxiety Disorders (including Panic Disorder, Agoraphobia, Phobias, Obsessive Compulsive Disorder, Post-traumatic Stress Disorder, Acute Stress Disorder, Generalized Anxiety Disorder, etc).
4. Case-Presentations (including History Taking, Neurological Examination, Mental Status Examination etc.).
5. Child Psychiatry (including Learning Disorders, Motor Skills Disorder, Communication Disorders, Autistic Spectrum Disorders, 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, Paediatric Autoimmune Neuropsychiatric Syndrome, etc.)

6. Community psychiatry
7. Consultation-Liaison Psychiatry
8. Culture Bound Syndromes
9. Dissociative Disorders (including Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder, Depersonalization Disorder, etc.)
10. Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, etc.)
11. Electro-Convulsive Therapy
12. Emergencies In Psychiatry
13. Emotional Intelligence
14. Ethics In Psychiatry
15. Factitious Disorders
16. Forensic and Legal Psychiatry (including Indian Lunacy Act, Mental Health Act, Persons with Disability Act, Narcotic Drugs and Psychotropic Substance Act)
17. Geriatric Psychiatry
18. Impulse-Control Disorders (including Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling, Trichotillomania, etc)
19. Learning – Theories
20. Memory
21. Mental Retardation
22. Miscellaneous: Non-compliance, Mental Health Issues of Lesbian/Gay/Bisexual/Transgender/Queer Community, 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.)
23. Mood Disorders (including Depressive Disorders, Bipolar Disorders, Cyclothymic Disorder, etc.)
24. Movement Disorders (including Medication-Induced Movement Disorders, etc)
25. Neuropsychology (including Psychological Features of Cerebral Disorders, Clinical Assessment etc.)
26. Organic Psychiatry (including Amnesic Disorders, Catatonic Disorder, Cerebrovascular Disorders, Delirium, Dementia, Endocrine Epilepsy, Head Injury, Headache, HIV – AIDS, Infections, etc.)
27. Perinatal Psychiatric Disorders
28. Pre-Menstrual Dysphoric Disorder
29. Psychodynamics
30. Psychology (Clinical)
31. Psychometry/ Psycho-diagnostics
32. Psychopharmacology
33. Psychosis (including Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Delusional Disorder, Brief Psychotic Disorder, Shared Psychotic Disorder, etc).
34. Psychosomatic Disorders
35. Psychotherapy

36. Rehabilitation of psychiatric patients
37. Sexual And Gender Identity Disorders (including Sexual Desire Disorders, Sexual Arousal Disorders, Orgasmic Disorders, Sexual Pain Disorders, Vaginismus, Paraphilias, etc)
38. Sleep Disorders (including Insomnia, Narcolepsy, Breathing-Related Sleep Disorders, Circadian Rhythm Sleep Disorders, Parasomnias, Nightmare Disorder, Sleep Terror Disorder, Sleepwalking Disorder, etc.)
39. Somatoform Disorders (including Somatization Disorder, Undifferentiated Somatoform Disorder, Conversion Disorder, Pain Disorder, Hypochondriasis, Body Dysmorphic Disorder, etc.)
40. Statistics/Research Methodology
41. Stress and related disorders
42. Stupor
43. 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.)
44. Suicide management and medico-legal aspect
45. Transcultural Psychiatry

**The student may know the following**

1. Psychiatry rating scales
2. Epidemiology
3. History of Psychiatry
4. Mind – the evolving concepts
5. Placebo Effect
6. Psychosurgery
7. Translational psychiatry

## TEACHING AND LEARNING METHODS

### 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 lectures will 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 will 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-directed learning tools like assignments and case based learning may be promoted. Use of online resources for teaching and learning should be promoted.

The post graduate student should have knowledge of:

1. Psycho-pharmacology and broadening the treatment options using medicines

2. Neuro-imaging techniques to understand behaviour and psychiatric illness
3. Community-Psychiatry
4. Functioning of General Hospital Psychiatric Unit, Private Psychiatric Nursing Homes, Day Care Centres and Long-term Rehabilitation Centres

Community Psychiatry will go beyond familiarization with the National Mental Health Programme. The postgraduate student will have hands-on experience with:

1. General Physicians Training Programme
2. Organizing Mental Health Camps
3. Carrying out Health Education Activities
4. Forensic /Legal Psychiatry
5. Integration of Mental Health Care with General Health Care

### THESIS WRITING:

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 Thesis.

- Every candidate shall submit thesis plan to the University within 6 months from the date of admission or as specified by the University
- Thesis shall be submitted to the University six months before the commencement of theory examination
- The student should be expected to perform the following activities:
  - o Identify a relevant research question;
  - o Conduct a critical review of literature;
  - o Formulate a hypothesis;
  - o Determine the most suitable study design;
  - o State the objectives of the study
  - o Prepare a study protocol;
  - o Obtain clearances from Institutional Protocol & Ethics Committee
  - o Undertake a study according to the protocol;
  - o Analyse and interpret research data, and draw conclusions;
  - o Write a dissertation.

The dissertation is mandatory as a part fulfilment for the MD Psychiatry programme.

### RESEARCH METHODOLOGY

The student will know the basic concepts of research methodology and biostatistics, plan a research project, be able to retrieve information from the library, prepare and publish scientific paper, and present research findings in various academic fora

### TEACHING SKILLS

The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns. Special training in Medical Education Technology may be considered

### CONTINUING MEDICAL EDUCATION PROGRAMMES (CME)

Each student will attend at least two CME programmes, in 3 years.

The student will attend courses, conferences and seminars relevant to Psychiatry. S/he would be required to present one original poster, to present one original paper at a national/state conference and to present one original research paper of work conducted by him as first/ second or corresponding author which should be published/accepted for publication/sent for publication during the period of her/his postgraduate studies so as to make her/him eligible to appear at the postgraduate degree examination.

### 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.

### 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.

### PSYCHOSOMATIC ROUNDS

This is a presentation of a case of psychosomatic illness, or a medical illness with pronounced psychiatric problems. It may be held monthly in collaboration with various departments and attended by the faculty and the PG students of psychiatry and the concerned Department.

### 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 will make critical comments and suggestions.

### 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.

### 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.

### EXTRA-MURAL ACTIVITIES

The post graduate students are encouraged to attend certain academic activities in allied subjects held outside the department of psychiatry e.g. seminars/lectures held at Departments of General Medicine, Neurology, Neurosurgery, etc.

### 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.

### ROTATION – CLINICAL POSTINGS

#### General Psychiatry

- A major tenure of posting should be in General Psychiatry. It will include care of in-patients, out-patients, special clinics and maintenance of case records for both in and out patients.

- The student would have an 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 student shall be given full responsibility for patient care and record keeping under the supervision of the senior PG students and consultants.
- The 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 which is documented, assessed and certified by respective in-charge
- Inter-unit rotation in the department should be done for a period of up to one year which should be divided during the first year and third year while the post graduate student stays in the parent unit throughout the duration of her/his thesis work
- S/he will enter a brief narrative in her/his logbook about the experience and learning gain from each clinical posting rotation
- Exposure to the following areas should be given :-

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

#### **Area/ Specialty**

Ward and OPD (Concurrent) 18 months

Neurology	1 month
Emergency Medicine/ Internal Medicine	2 months
Consultation Liaison Psychiatry	3 months
Clinical Psychology	1 month
Addiction Psychiatry	3 months (2+1)
Child and Adolescent Psychiatry	3 months (2+1)
Community psychiatry	6 months
Elective posting	2 months (as per choice in the same Institute)

#### **Neurology Posting**

The resident should be posted in Neurology Department of Krishna Hospital, Karad or any other appropriate Institute as decided by University administration from time to time, for a period of one month during the second or third year of course residency programme. Expected learning outcomes should be:

- Clinical history taking, neurological examination, diagnosis and localization.
- Common neurological disorders encountered in general practice
- Neuro-psychiatric disorders
- Special methods of investigation in neurology (including reporting and Interpreting EEGs, reading CT scans/MRI).
- Treatment approaches including recent advances.

#### **Emergency Medicine / Internal Medicine**

Residents should be posted in Internal Medicine Department of Krishna Hospital, Karad for a period of two months under the supervision of a medical consultant during the second or third year of course residency programme. They will also be posted in Casualty / Emergency Medicine on rotation basis so that they familiarize with psychiatric as well as other medical/surgical emergencies. Expected learning outcomes should be:

- Clinical history taking, physical examination, diagnosis and localization.
- Common medical diseases encountered in general practice.

- Organic brain syndrome and psychosomatic disorders
- Special methods of investigation and treatment in Internal Medicine (including but not limited to placing intra-venous lines, inserting Ryle's Tube and urinary catheter, interpreting venous and arterial blood parameters, reading and interpreting ECG and X-Ray reports, placing patients on mechanical ventilator support, etc).
- Treatment approaches including recent advances.

#### Consultation Liaison Psychiatry

Residents should be posted in Consultation Liaison Psychiatry a period of three months under the supervision of consultant in-charge within Krishna Hospital, Karad during the second or third year of course residency programme. Expected learning outcomes should be:

- Identifying and managing psychosomatic disorders
- Psycho-educating patients and family members about psychosomatic disorders
- Managing medical / surgical patients with prior or present history of mental ailments
- Foresee, prevent and manage drug-drug interactions between psychiatric and other medical / surgical drugs being administered concomitantly
- Diagnose and manage perinatal psychiatric disorders
- Diagnose and manage psychiatric disorders secondary to general medical condition
- Diagnose and manage drug induced psychiatric disorders
- Liaising with other medical / surgical residents / consultants for patients requiring combined medical / surgical care
- Palliative care and pain management

#### Clinical & Counselling Psychology

Residents should be posted in Clinical Psychology for a period of one month under the supervision of a Clinical / Counselling Psychologist within Krishna Hospital, Karad during the second or third year of course residency programme. The resident may also be posted to another centre outside the institute for a flexible period, but both postings will not exceed a period of 1 month, depending on the extant contractual agreements. Expected learning outcomes should be:

- Principles of behavioural therapy and counselling
- Formulation, planning and execution of Cognitive Behaviour Therapy for Major Depressive Disorder and Anxiety Disorders including Obsessive Compulsive Disorder
- Behaviour therapies like Exposure and Response Prevention (ERP) and Flooding
- Family therapy
- Psycho-diagnostics
- Interpreting reports
- Normal psychology including soft skills, life skills and study skills

#### Addiction Psychiatry

Residents should be posted in Addiction Psychiatry for a period of two months under the supervision of consultant in-charge within Krishna Hospital, Karad during the second or third year of course residency programme. S/he may also be posted to another centre outside the institute for a maximum period of 1 month depending on the extant contractual agreements. Expected learning outcomes should be:

- Comprehensive history taking and physical examination,
- Knowledge of major drug alcohol and drug dependence,
- Develop a comprehensive treatment plant,

- Knowledge of various techniques of detoxification and therapy,
- Long term management and rehabilitation

### Child & Adolescent Psychiatry

During the posting in Psychiatry OPD and Psychiatry Ward of Krishna Hospital, Karad the resident will attend the weekly child guidance clinic for a period of 2 months under supervision of a consultant-in-charge during the final year. S/he would be responsible for attending all consultation-liaison calls from Paediatrics Department. The resident may also be posted to another centre outside the institute for a maximum period of 1 month depending on the extant contractual agreements. Expected learning outcomes should be:

- Normative child development
- Interviewing children and adolescents
- Classification, epidemiology, etiology and presentation of child and adolescent psychiatric disorders.
- Conduct, emotional and behavioural problems in children and adolescents
- Intellectual Disability - etiology, manifestation, assessment, management, prevention and certification
- Specific learning disabilities
- Psychopharmacology in children and adolescents
- Psychosocial management issues with children and adolescents
- Adult outcome of child and adolescent psychiatric disorders
- Liaison with teachers, schools, child care institution
- Various government programmes and laws specific to children and adolescents

### Community Psychiatry

Residents should be posted in Community Psychiatry for a period of six months under the supervision of consultant-in-charge within the administrative reach of Krishna Hospital, Karad during the second year of residency programme. S/he should be sent to various general medical or specific psychiatric camps and/or IEC activities (Information-Education-Communication) in collaboration with other specialist departments of Krishna Hospital, Karad or District Mental Health Programme, Satara Civil Hospital. Frequency of these activities may vary from a minimum of once a month to a maximum of once a week.

### Elective Posting

Residents will get two months (15 days x 4) of choice-based postings. They will have to choose four among the following options provided for clinical training at Krishna Hospital and Krishna Institute of Medical Sciences, Karad during second and/or final year: *(List may be updated as decided by University Administration from time to time)*

- Private psychiatric nursing home
- Rehabilitation / Day-care centres
- Psychotherapy training
- Neuro-radiology
- Perinatal Clinic
- Palliative Care and Pain Management
- Neuro-physiology
- Epidemiology and Genetic Lab
- Research, Clinical Trials & Bio-ethics

## CLINICAL MEETINGS

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

## LOG BOOK

Each student must be asked to present a specified number of cases for clinical discussion, perform procedures/present seminars/review articles from various journals in inter-unit/interdepartmental teaching sessions and psychotherapy sessions, as mentioned above. They should be entered in a Log Book and signed by the authorized teacher and Head of Department.

## E-LEARNING ACTIVITIES

The Department will encourage e-learning activities through feasible online resources as prescribed by competent authorities from time to time

**During the training programme, patient safety is of paramount importance, therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently. For this purpose, utilization of Skill Labs, Objective Structured Clinical Examination (OSCE) or Objective Structured Practical Examination (OSPE) is to be considered.**

## JOB RESPONSIBILITIES

### FIRST YEAR

Interview techniques, mental state examination, diagnostic summary, diagnostic formulation, supervised inpatient and outpatient work, supervised administration of ECT, administration and interpretation of Psychological tests (projective tests, tests of intelligence, neuropsychological tests)

### SECOND YEAR

*(In addition to first year job responsibilities)*

Supervised consultation and liaison work with other departments, evaluation and treatment of psychiatric emergencies under supervision, supervised long term follow up of inpatients discharged to the community, individual psychotherapy of a minimum of one case under supervision, exposure to group therapy, family therapy. Student to learn certain behaviour therapy techniques such as relaxation, systematic desensitization, exposure and response prevention, assessment and evaluation of children with psychiatric problems. Specialty Clinical Postings should be initiated as per laid down guidelines

### THIRD YEAR

*(In addition to second year job responsibilities)*

Supervised teaching of clinical psychiatry to undergraduate medical students, allied and paramedical staff or students posted to Psychiatry etc. Independent care of long term stable patients in the community and outpatient. Learning to liaise with agencies outside the hospital setting for community care of patients and if possible to work in a centre dealing with rehabilitation of chronic psychiatrically ill patients. Presentation of dissertation work to the faculty of the department.

## ASSESSMENT

### FORMATIVE ASSESSMENT

Formative assessment should be continual and will 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. OSCE / OSPE
4. Self-directed learning and teaching
5. Departmental and interdepartmental learning activity
6. External and Outreach Activities / CMEs

**The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).**

### SUMMATIVE ASSESSMENT

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:

#### Thesis

1. Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination.
2. 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.
3. 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.

#### Theory Examination:

There shall be four papers each of three hours duration and 100 marks:

1. Paper I: Basic Sciences as related to Psychiatry
2. Paper II: Clinical Psychiatry
3. Paper III: Psychiatric Theory and Psychiatric Specialties
4. Paper IV: Neurology and General Medicine as related to Psychiatry

#### Clinical/Practical and Oral/Viva Voce Examination

1. Presentation of long case of Psychiatry (200 Marks)
2. Neurology short case (50 Marks)
3. A short case Psychiatry (50 Marks)
4. Viva –voce (100 Marks)

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

## Passing Criteria

*(As per rules laid out in Postgraduate Medical Education Regulations, 2000)*

- Minimum of 40% marks in each theory paper and
- Not less than 50% cumulatively in all the four papers
- Minimum 50% marks in Practical examination
- Minimum attendance as per rules laid down by the University Academic Council
- Poster & paper presentation along with research publication as per rules laid down by National Medical Commission

## RECOMMENDED READING

### BOOKS

*(Latest editions)*

1. Kaplan and Saddock's Comprehensive Textbook of Psychiatry
2. Kaplan and Saddock's Synopsis of Psychiatry
3. Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry
4. Lishman's Organic Psychiatry: A Textbook of Neuropsychiatry
5. Genomics, Circuits, and Pathways in Clinical Neuropsychiatry
6. Stahl's Essential Psychopharmacology
7. The Maudsley Prescribing Guidelines in Psychiatry
8. Lowinson's Substance Abuse: A Comprehensive Textbook
9. Behavioral Addictions: Criteria, Evidence, and Treatment
10. Goodman & Scott's Child and Adolescent Psychiatry
11. Green's Child and Adolescent Clinical Psychopharmacology
12. Encyclopaedia of Autism Spectrum Disorders
13. Principles and Practice of Geriatric Psychiatry
14. Forensic Psychiatry: An Indian Perspective
15. Indian Psychiatric Society's Women Mental Health: Treatment of Psychiatric Disorders in Women during Pregnancy and Lactation
16. Oxford Textbook of Community Mental Health
17. Community Mental Health in India
18. Lloyd and Guthrie's Handbook of Liaison Psychiatry
19. Nevid's Psychology: Concepts and Applications
20. Psychometrics for Postgraduates in Psychiatry and Psychology
21. Wolberg's The Technique of Psychotherapy
22. Adams and Victor's Principles of Neurology
23. Bickerstaff's Neurological Examination in Clinical Practice
24. Fuller's Neurological Examination Made Easy
25. Kryger's Atlas of Clinical Sleep Medicine
26. Harrison's Principles of Internal Medicine
27. Neuroradiology Companion: Methods, Guidelines, and Imaging Fundamentals
28. Dawson & Trapp's Basic & Clinical Biostatistics
29. Clinical Practice Guidelines by Indian Psychiatric Society - <https://indianpsychiatricsociety.org/ips-guidelines/>
30. ICD-11: International Classification of Diseases 11<sup>th</sup> Revision

31. DSM-5: Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> Edition
32. Mental Health Care Act 2017 -  
[https://prsindia.org/files/bills\\_acts/acts\\_parliament/2017/the-mental-healthcare-act,-2017.pdf](https://prsindia.org/files/bills_acts/acts_parliament/2017/the-mental-healthcare-act,-2017.pdf)
33. Rights of Persons with Disabilities Act 2016 -  
[https://prsindia.org/files/bills\\_acts/acts\\_parliament/2016/the-rights-of-persons-with-disabilities-act,-2016.pdf](https://prsindia.org/files/bills_acts/acts_parliament/2016/the-rights-of-persons-with-disabilities-act,-2016.pdf)
34. Protection of Children from Sexual Offences Act 2012 -  
<https://wcd.nic.in/sites/default/files/POCSO%20Act%2C%202012.pdf>
35. National Mental Health Programme

## JOURNALS

*(As per guidelines laid out by National Medical Commission)*

### National Journals

1. Indian Journal of Psychiatry -  
<https://journals.lww.com/indianjpsychiatry/pages/default.aspx>
2. Indian Journal of Psychological Medicine - <https://journals.sagepub.com/home/szj>

### International Journals

1. British Journal of Psychiatry - <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry>
2. Psychiatric Clinics of North America - <https://www.journals.elsevier.com/psychiatric-clinics-of-north-america>
3. Brain Stimulation - <https://www.brainstimjrn.com/>
4. The Journal of Neuropsychiatry and Clinical Neurosciences -  
<https://neuro.psychiatryonline.org/>

## ANNEXURE I

### Postgraduate Students Appraisal Form Psychiatry

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 inter-departmental learning activity				
5.	External and Outreach Activities / CMEs				
6.	Thesis / Research work				
7.	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  
ASSEESSEE

SIGNATURE OF  
CONSULTANT

SIGNATURE OF  
HOD