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**DRAFT**

**COMPETENCY BASED POSTGRADUATE TRAINING**

**PROGRAMME FOR MD IN PSYCHIATRY**

**GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING  
PROGRAMME FOR MD IN PSYCHIATRY**

# Preamble

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

A postgraduate specialist having undergone the required training should be able to recognize the health needs of the community, should be competent to handle medical problems effectively and should be aware of the recent advances pertaining to his specialty. The post graduate student should acquire the basic skills in teaching of medical/para-medical students. She/he is also expected to know the principles of research methodology and modes of consulting library including online mode.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment.

## **SUBJECT SPECIFIC LEARNING OBJECTIVES**

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 diagnose and treat psychiatric disorders, take preventive, promotive and curative steps for the disease in the community at all levels of health care and qualify as a consultant and teacher in the subject.

At the end of the MD course in Psychiatry, the student should have able to:

- Understand the relevance of mental health in relation to the health needs of the country
- Ethical considerations in the teaching and practice of Psychiatry
- Identify the social, economic, biological and emotional determinants of mental health
- Identify the environmental causes as determinants of mental health
- Institute appropriate diagnostic, therapeutic and rehabilitative procedures to the mentally ill patient
  
- Take detailed history, conduct appropriate ethically valid physical examination and institute appropriate evaluation procedures to make a correct clinical diagnosis
- Perform relevant investigative and therapeutic procedures for the psychiatric patient
- Recommend appropriate laboratory and imaging examinations and interpret the results correctly
- Plan and deliver comprehensive treatment of a psychiatric patient using principles of rational drug therapy
- Plan rehabilitation of psychiatric patient suffering from chronic illness
- Clinically manage psychiatric emergencies efficiently
- Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities

- Demonstrate communication skills of a high order in explaining management and prognosis, providing counseling and giving health education messages to patients, families and communities
- Develop appropriate skills to practice evidence-based psychiatry
- Demonstrate competence in basic concepts of research methodology and epidemiology
- Be aware of and take appropriate steps in the implementation of national mental health programs, effectively and responsibly
- Be aware of the concept of essential drugs and rational use of drugs
- Be aware of the legal issues in the practise of Psychiatry
- Be aware of the special requirements in the practice of Child and adolescent Psychiatry and Geriatric Psychiatry

o **Research:** The student should know the basic concepts of research methodology and plan a research project in accordance with ethical principles. S/he should also be able to interpret research findings and apply these in clinical practice. S/he should know how to access and utilize information resources and should have basic knowledge of statistics.

o **Teaching:** S/He should learn the basic methodology of teaching and 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.

## **SUBJECT SPECIFIC 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**

### **A. Cognitive domain**

**By the end of the course, the student should demonstrate knowledge in the following:**

#### **1. General topics:**

1. The student should be able to demonstrate knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to Psychiatry.
2. 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.
3. Acquire knowledge of delirium, dementia, amnesic & other cognitive disorders and mental disorders due to a general medical condition.
4. The student should be able to explain follow-up care of person suffering from chronic relapsing psychiatric ailments.
5. The student should acquire knowledge of emergency measures in acute crisis arising out of various psychiatric illnesses including drug detoxification and withdrawal.
6. The student should acquire knowledge of pharmacokinetics & pharmacodynamics of drugs involved in psychiatric management of patients.
7. The student should acquire knowledge of (a) normal child development and adolescence, mental retardation in children (b) learning & associated disorders and their management
8. The student should acquire knowledge and be able to explain mechanisms for rehabilitation of psychiatric patients.
9. The student should acquire knowledge of substance related disorders and their management.
10. The student should acquire knowledge of psychotic disorders, mood disorders, and anxiety disorders and their management
11. The student should acquire knowledge of sexual and gender identity disorders and their management.
12. The student should acquire knowledge of eating disorders and sleep disorders and their management.
13. The student should be conversant with recent advances in Psychiatry.
14. The student should be conversant with routine bedside diagnostic and therapeutic procedures and acquire knowledge of latest diagnostics and therapeutics procedures available.
15. The student should be conversant with various policy related aspects of

Psychiatric practice in India (e.g. Mental health care act 2017, Rights of persons with disability act 2016, Protection of children from sexual offences act 2012, Narcotic drugs and psychotropic substances act 1985 etc

16. The student should be conversant with research methodologies.

**B. Affective Domain:**

1. 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.
2. The student should always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel
3. The student should demonstrate respect for the rights of the patient including the right to information and second opinion.
4. 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 and creating awareness in the community.

**C. Psychomotor domain**

**At the end of the course, the student should acquire the following clinical skills and be able to:**

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.

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

1. Obtain a proper relevant history, and perform a humane and thorough clinical examination including detailed mental state examinations using proper communication skills.
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. Write a complete case record with all necessary details.
6. Write a proper discharge summary with all relevant information.
7. Obtain informed consent for any examination/procedure.
8. Perform clinical audit.
9. Must be able to perform modified Electroconvulsive therapy (ECT).
10. Biopsychosociocultural formulation
11. Plan rehabilitation for various psychiatric illnesses.
12. Demonstrate effective communication skills during interviewing
13. To integrate community psychiatry work into clinical practice.
14. To be aware of relevant mental health laws, report to appropriate authorities and provide expert witness at court when needed.
15. Able to plan an execute a research project.
16. Able to effectively teach allied medical professionals and general public.
17. Able to lead and collaborate with other mental health professionals.
18. Use digital platform as a medium for mental health interventions.

# 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 Mental health care act 2017, Rights of persons with disability act 2016, Protection of children from sexual offences act 2012, Narcotic drugs and psychotropic substances act 1985 etc)
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 Amnesic 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 above listed syllabus is by no means exhaustive. Students are expected to know all the relevant information related to these topics.

## TEACHING AND LEARNING METHODS

### Teaching methodology

- 1. 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 lecturers should 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 should have hands-on training in performing various procedures and ability to interpret various tests/investigations. Self learning tools like assignments and case base learning may be promoted.
- 2. Thesis writing:** Thesis writing is compulsory.
- 3. Research Methodology:** The student should know the basic concepts of research methodology and biostatistics, plan a research project, be able to retrieve information from the library.
- 4. Teaching skills:** The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- 5. Continuing Medical Education Programmes (CME) and conferences:** The student should be encouraged to attend CME's and conferences relevant to Psychiatry programmes, in 3 years.
- 6.** A post graduate student of a postgraduate degree course in broad specialties/super specialties would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- 7. 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.
- 8. 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.

**9. 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.

**10. 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.

**11. Extra-mural activities:** The post graduate students are encouraged to attend certain academic activities in allied subjects held outside parent department e.g. seminars/lectures held at Departments of Sociology, Psychology, Neurology etc.

**12. 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.

**13. Rotation: Clinical Postings**

A major tenure of posting should be in General Psychiatry. It should include care of in-patients, out-patients, special clinics and maintenance of case records for both in and out patients. Exposure to the following areas should be given :-

**Schedule of clinical postings for M.D Psychiatry \*(36 months) Area/ Specialty**

Ward and OPD (Concurrent) 31 months

Neurology 1 month

Emergency Medicine/ Internal Medicine 1 month

Forensic Psychiatry 2 weeks ( Forensic psychiatry in a government medical college for exposure to Mental health care act, POCSO, RPWD act- 1 week, Karnataka state mental health authority- 1 week)

Child and Adolescent Psychiatry 1 month

Community psychiatry( in liaison with community medicine department)- 2 weeks

Rehabilitation psychiatry- 2 weeks

Elective postings 2 weeks

Consultation Liaison psychiatry will be integral to various postings.

\* The stated duration can be subjected to modifications depending on available resources

The post graduate student in Psychiatric hospitals would have 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 post graduate student shall be given full

responsibility for patient care and record keeping under the supervision of the senior PG students and consultants. The post graduate student shall also take patients for psychological interventions in an individual as well as group setting. S/he must complete a minimum of 5 psychotherapy cases of total duration of 25 hours by the completion of 3 years of training.

**Inter-Unit Rotation of posting**

Inter-unit rotation in the department should be done for a period of up to one year (divided during the first year and third year while the post graduate student stays in the parent unit throughout the duration of his thesis work).

**14. Clinical meetings:**

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

**15. 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. They should be entered in the specified log Book and signed by the authorized teacher and Head of Department.

19. The Department should encourage e-learning activities.

## **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

### **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 each of 100 marks.

**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

#### **Practical / clinical examination and viva voce (200+100 marks)**

Evaluation of the candidate's clinical skills, and viva-voce will be conducted by a panel of four psychiatrists (recognized as postgraduate teachers by the Medical Council of India), of which at least two shall be external examiners.

All four examiners will assess the candidate together, for all components of the practical / clinical examination and viva voce.

The Head of the Department of Psychiatry will serve as Chairman of the Board of Examiners.

The practical examination will include a long case and a short case in Psychiatry, and one short case in Neurology.

The postgraduate student will qualify for the award of MD degree in Psychiatry if he/she scores a minimum of 50% marks in the theory papers, and 50% marks in the practical/clinical examination.

Long case presentation – (100 marks) Adult Psychiatry- The trainee will be given 45 minutes for evaluation, including history-taking, mental state examination and relevant physical examination. An additional 15 minutes will be given for the trainee to organize the presentation. The examiners may interview the patient in this time. The examiners may ask the trainee to elicit specific phenomena / clarify specific aspects during the viva.

Short case –

Psychiatry(50 marks)- The trainee will be given 25 minutes for history-taking and clinical examination and an additional 5 minutes for preparing the presentation.

Neurology case- (50 marks)-The trainee will be given 25 minutes for history-taking and clinical examination and an additional 5 minutes for preparing the presentation. Due importance should be given to Log Book Records and day-to-day observation during the training.

Viva voce (100 marks)- will include assessment of the candidate's knowledge and skills pertaining to electroencephalography and neuroimaging(10 marks), psychological testing(10 marks), spotters including drugs,rating scales etc(10 marks), various components of the prescribed course content(30 marks), Objective structured clinical assessments(OSCE's)- 40 marks.

Broad suggestions for OSCE topics can be as follows:-

1. Interviewing skills- adults, children, uncooperative patients, families of patients with various psychiatric disorders.
2. Eliciting psychopathology in various psychiatric disorders.
3. Interviewing/brief intervention in a suicidal patient.
4. Cognitive function tests.
5. Therapeutic interventions- Brief interventions for substance use, psychoeducation of families and patients with various psychiatric disorders, motivational interviewing in substance use disorders, communication skills including establishing therapeutic alliance, managing aggressive patients.
6. Risk assessment in various psychiatric disorders.
7. Assessing capacity in mental illness.
8. Talking to a medical colleague about delirium/psychiatric issues in medical contexts.

## **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
11. Allan Tasman textbook of psychiatry
12. Sims' symptoms in the mind.
13. Textbook of psychotherapeutic treatments, Glen O Gabbard
14. Textbook of postgraduate Psychiatry, JN Vyas, 3<sup>rd</sup> edition.
15. Forensic Psychiatry(Psychiatry and Law), S Nambi
16. Introduction to psychology, Morgan and King.

### **Journals**

1. American Journal of Psychiatry
2. British journal of Psychiatry
3. Lancet Psychiatry
4. JAMA Psychiatry
5. Biological Psychiatry
6. Schizophrenia Bulletin
7. Indian Journal of Psychiatry
8. Psychiatric clinics of North America.
9. Journal of American academy of child and adolescent Psychiatry.