

# **Faculty of Medical Sciences**

## **University of Delhi**

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

**Preamble:**

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

#### **SUBJECT SPECIFIC LEARNING OBJECTIVES**

At the end of postgraduate training the learners should be able to: -

1. Diagnose and appropriately manage common Psychiatric ailments in a given situation.
2. Identify Psychiatric situations calling for urgent or early intervention and refer at the optimum time to the appropriate centers.
3. Provide adequate follow-up care of person suffering from chronic relapsing psychiatric ailments.
4. Counsel and guide patients and relatives regarding need, implications and problems of psychiatric ailments in the individual patient. Students must acquire communication skills in this regard: (should part of assessment during final examination)
5. Provide emergency measures in acute crisis arising out of various psychiatric illness including drug detoxification and withdrawal.
6. Recognise the mental condition in infants and children characterized by self absorption and reduced ability to respond to the outside world (e.g. Autism), abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications, etc.
7. Organize and conduct relief measures in situations of mass disaster leading to psychological disorders (eg. acute stress reaction and post traumatic stress disorders).
8. Effectively participate in the various component National Health Mental Health Programmes.
9. Discharge effectively medico-legal and ethical responsibilities and practice his specialty ethically
10. Perform Psychiatric procedures (Ex: modified ECT).
11. Perform clinical audit.
12. Regularly participate in departmental academic activities by presenting Seminar, Case discussion, Journal Club and Topic discussion on weekly basis and maintain its logbook.
13. Demonstrate sufficient understanding of basic sciences related to the specialty
14. Plan and advise measures for the prevention and rehabilitation of patients belonging to the specialty
15. Demonstrate competence in basic concepts or research methodology
16. Develop good teaching skills
17. Attitude: Have the ability to apply humanistic values in health care delivery and respect the patient's dignity, privacy and confidentiality, demonstrate effective communication skills during interaction with patients, family members, peers and other health care workers from diverse cultural backgrounds.
18. Communicate in cross-cultural situations.
19. Recognize the need for lifelong learning and knowledge about latest scientific developments. The basic learning methods should include grand rounds, bedside teaching, interactive group discussions and demonstrations from a clinical and public health perspective. Seminars, research forums / journal clubs, case conferences, reviews, symposia and guest lecturers should have precedence over didactic lectures. The learner should have adequate training in performing various medical, surgical and psychosocial procedures and ability to interpret relevant findings. Exposure to newer and specialized procedures concerning the specialty for assessment and intervention should be provided.
20. Able to know different methods of treatment (pharmacological and non-pharmacological) and prevention.

### SPECIFIC LEARNING OBJECTIVES

**Research:** He/she should know the basic concepts of research methodology plan a research project in accordance to ethical principles. S/he should also be able to interpret research finding and apply it to his/her practice. S/he should know how to access and utilize information resources and should know how to consult library. Basic knowledge of statistics is also required.

**Teaching:** 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.

### CURRICULUM

#### Course Contents (Components of curriculum):

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 problem commensurate with the specialty must be ensured.

### SUBJECT SPECIFIC THEORETICAL COMPETENCIES

#### 1. General topics:

A student should have fair knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to his specialty. He/she should acquire in-depth knowledge of his subject including recent advances. He/She should be fully conversant with the bedside diagnostic and therapeutic procedures and having knowledge of latest diagnostics and therapeutics procedures available.

He should be able to recognise the mental condition characterized by completely self absorption with reduced ability to the outside world (e.g. Autism), abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications, etc.

The activities may be organized as a common teaching programme for postgraduate students of all the departments at institution/university level. A possibility of conducting the programme on regional basis in collaboration with professional bodies/associations, Medical Council of India, University Grants Commission and others may also be explored.

1. History of medicine with special reference to ancient Indian texts.
2. Health economics - basic terms, health insurance.
3. Medical sociology, doctor-patient relationship, family adjustments in disease, organizational behaviour, conflict resolution.
4. Computers–record keeping, computer aided learning, virtual reality, robotics.
5. Hazards in hospital and protection in terms of psychological hazard.
6. Medical audit, evidence based medicine, quality assurance of investigation and therapeutic procedures.
7. Concept of essential drugs and rational use of drugs.
8. Procurement of stores and material management.
9. Research methodology - library consultation, formulating research, selection of topic, writing protocol thesis, and ethics related to research.
10. Bio-medical statistics, clinical trials including drug trials.
11. Medical ethics.
12. Consumer protection.
13. Newer psychotropic substances.
14. Problem of treatment resistance.
15. Advances in imaging technologies.



	Yes	
19. Eating Disorders (Including Anorexia Nervosa, Bulimia Nervosa, etc.)	Yes	
20. Electro-Convulsive Therapy	Yes	
21. Emergencies In Psychiatry	Yes	
22. Emotional/social Intelligence	Yes	
23. Concept of Normality/abnormality	Yes	
24. Ethics In Psychiatry	Yes	
25. Factitious Disorders	Yes	
26. Forensic and Legal Psychiatry (Including Indian Lunacy Act, Mental Health Act, Persons with Disability Act, Narcotic Drugs and Psychotropic Substance Act)	Yes	
27. History Of Psychiatry	Yes	
28. Impulse-Control Disorders (Including Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling, Trichotillomania, etc	Yes	
29. Learning – Theories	Yes	
30. Memory	Yes	
31. Mental Health Issues In Women	Yes	
32. Mental Retardation	Yes	
33. Mind – the evolving concepts	Yes	
34. Miscellaneous: Noncompliance, 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.)	Yes	Yes
35. Mood Disorders (Including Depressive Disorders, Bipolar Disorders, Cyclothymic Disorder, etc.)	Yes	Yes
36. Movement Disorders (Including Medication-Induced Movement Disorders, etc)	Yes	
37. Organic Psychiatry (Including Amnestic Disorders, Catatonic Disorder, Cerebrovascular Disorders, Delirium, Dementia, Endocrine Epilepsy, Head Injury, Headache, HIV – AIDS, Infections, etc	Yes	
38. Neuropsychology (Including Psychological Features of Cerebral Disorders, Clinical Assessment etc.)	Yes	
39. Placebo Effect	Yes	
40. Pre-Menstrual Dysphoric Disorder	Yes	
41. Post-Partum Psychiatric Disorders	Yes	
42. Psychodynamics	Yes	
43. Psychology (Clinical) as applied (Psychometry/ Psychodiagnostics)	Yes	
44. Psychopharmacology	Yes	
45. Psychosis (Including Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Delusional Disorder, Brief Psychotic Disorder, Shared Psychotic Disorder, etc).	Yes	
46. Psychosomatic Disorders	Yes	
47. Psychosurgery		Yes

48. Psychotherapy	Yes	
49. Sexual And Gender Identity Disorders (Including Sexual Desire Disorders, Sexual Arousal Disorders, Orgasmic Disorders, Sexual Pain Disorders, Vaginismus, Paraphilias, etc)	Yes	
50. Sleep Disorders (Including Insomnia, Narcolepsy, Breathing-Related Sleep Disorders, Circadian Rhythm Sleep Disorders, Parasomnias, Nightmare Disorder, Sleep Terror Disorder, Sleepwalking Disorder, etc.)	Yes	
51. Somatoform Disorders (Including Somatization Disorder, Undifferentiated Somatoform Disorder, Conversion Disorder, Pain Disorder, Hypochondriasis, Body Dysmorphic Disorder, etc.)	Yes	
52. Statistics/Research Methodology/Epidemiology	Yes	
53. Stress and related disorders	Yes	
54. Stupor	Yes	
55. 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.)	Yes	
56. Suicide ,management and medico-legal aspect	Yes	
57. Transcultural Psychiatry	Yes	
58. Rehabilitation of psychiatric patients	Yes	
59. Geriatric Psychiatry	Yes	

**3. Symptoms based approach to the patient with psychopathology:**

Symptom	Must know	Desirable to know
-Auditory hallucinations	Yes	
Visual hallucinations	Yes	
Pseudo hallucination	Yes	
Seizures true and pseudo seizure	Yes	
Panic attack	Yes	
Manic symptoms	Yes	
Behavioral symptoms of schizophrenia	Yes	
Catatonia	Yes	
Delirium	Yes	
Malingering	Yes	

**SUBJECT SPECIFIC PRACTICE BASED OR PRACTICAL COMPETENCIES**

A student should be expert in good history taking, physical examination, mental state examinations, and able to establish rapport and counsel family members and patients on scientific basis. He/she should be able to choose the required investigations for both short and long term management.

At the end of the course, the learner should be able to perform:

1. Obtain a proper relevant history, and perform a humane and thorough clinical examination including detail mental state examinations.
2. To achieve the first objective, student must be taught and learn communication skills, evaluation and assessment must be done at the time of final examination and be essential component to pass the examination separately in communication skills.
3. Arrive at a logical working diagnosis and differential diagnosis after clinical examination.
4. Order appropriate investigations keeping in mind their relevance and cost effectiveness and additional relevant information from family members to help in diagnosis and management.
5. It is desirable that postgraduate student in Psychiatry be able to perform quick intervention for suicide attempt and high risk suicide patients.
6. Write a complete case record with all necessary details.
7. Write a proper discharge summary with all relevant information.
8. Obtain informed consent for any examination/procedure.
9. Must be able to perform modified ECT.

At the end of the course learners should be able to perform:

Skill	Perform independently	Perform under supervision	Assist the expert	Observe
Conduct detail MSE	Yes			
Behaviour therapy		Yes		
Cognitive behaviour therapy	Yes			
Supportive psychotherapy	Yes			
Modified ECT		Yes		
Clinical IQ assessment	Yes			
Management of alcohol withdrawal	Yes			
Alcohol intoxication management	Yes			
Opioid withdrawal management	Yes			
Opioid intoxication management		Yes		
Delirious patients		Yes		
Issues related to treatment, side-effects, clinical uncertainties, consent		Yes		
Interpersonal therapy			Yes	
Family therapy/ Marital therapy		Yes		
Management of suicide attempt/Violence	Yes			
Crisis intervention	Yes			

Skills are to be learnt initially on the models and later on performed under supervision before performing independently, provision of psychiatric skills in the Medical Colleges will facilitate this process.

**TEACHING AND LEARNING METHODS**

Should learn the basic methodology of teaching and develop methods in teaching medical/paramedical students. 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. Student should have hands-on training in performing various procedures and ability to interpret various tests/investigations. Exposure to newer specialized diagnostic/therapeutic procedures concerning his/her subject should be given. Self learning tools like assignments and case base learning may be promoted.

The learner should have fair knowledge on:

- Psycho-pharmacology & broadening the treatment options using medicines.
- Neuro-imaging techniques to understand behaviour and psychiatric illness.
- Community-Psychiatry.
- Functioning of psychiatric hospital.
- Carrying out Health Education Activities
- Forensic / Legal Psychiatry

Thus, the trainees should be familiar with these developments. Community Psychiatry should go much beyond familiarization with the National Mental Health Programme. It is desirable that the candidate has experience with:

- G.P. Training Programme
- Organizing Mental Health Camps

Integration of Mental Health Care with General Health Care

**Thesis writing and research:**

Thesis writing is compulsory

Presentation / publication of papers in conferences will be desirable.

He/she should know the basic concepts of research methodology, plan a research project, be able to retrieve information from the library. He/she should have a basic knowledge of statistics.

**Teaching:**

Each PG student will be required to teach undergraduate (clinical demonstration) -at least 20 sessions. Student should learn the basic methodology of teaching and develop competence in teaching medical/paramedical students.

**Academic Activities including Thesis (for MD)**

- Seminars:** There should be a weekly seminar in which the junior residents 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 junior resident 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 should be held weekly in collaboration with various departments and attended by the faculty and the residents of psychiatry and the concerned department.
- Research Forum:** There should be a meeting at least once in 6 months of one hour each in which the residents present their plan of research as well as the report of the completed work of their projects. The other research scholars/workers in the department also participate in it. The faculty, residents and the non-medical professionals make critical comments and suggestions.
- Journal Club:** It should be a monthly meeting in which a senior resident presents a critical evaluation of a research paper from a journal. Residents 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 resident is required to present case material at routine rounds and other case conferences. Senior residents will conduct classes on clinical topics.
- Extra-mural activities:** Residents are encouraged to attend certain academic/semi-academic activities in the allied subjects outside, e.g. seminars/lectures held at Departments of Sociology, Psychology, Neurology etc.



- h. **Psychotherapy tutorials:** These should be held in small groups supervised by a consultant, in which a case is presented by a Resident and psychotherapeutic management discussed.
- i. Attendance at Special clinics/units as applicable. e.g. Child and Adolescent Psychiatry Clinic, Marital and Psychosexual Clinic, Community Outreach Clinics, Drug de-addiction unit etc.
- j. Training in ECT administration.
- k. Thesis (for M.D.): Every M.D. candidate shall be required to submit a thesis as an essential requirement for the award of the M.D. degree. Guidelines will be followed. The work for the thesis shall be done by the candidate under the supervision of a Faculty member of the Department.
- l. As a part of extra-mural activity, S/he is also encouraged to attend community health/mental health activities, mental health camps, GP training programme etc. ie, District Medical Health Programme.

#### **Clinical Postings**

- 1. 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.
- 2. Exposure to the following areas should be given :-

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

##### **Area/ Specialty**

1. Ward & OPD (Concurrent) including:	33 months
(i) Emergency	
(ii) Consultation Liaison Psychiatry	
(iii) Clinical Psychology	
(iv) Addiction Psychiatry	
(v) Child and Adolescent Psychiatry	
2. Psychiatric hospital and Forensic Psychiatry	1 month
3. Neurology	1 month
4. Medicine	15 days
5. Radiology	15 days

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

\* The stated duration can be subject to minor modifications depending on the available resources  
 Applicable only for trainees in General Hospital Psychiatric units. Facilities for these need to be arranged.  
 Trainees 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 learner shall be given full responsibility for the patient care and the record keeping under the supervision of the senior residents and consultants. The learner 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 with documentation.

#### **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 candidate stays in the parent unit through out the duration of his thesis work).

#### **Clinical meetings:**

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

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 a Log Book and signed by the authorized teacher and HOD.

## **ASSESSMENT:**

### **FORMATIVE ASSESSMENT**

#### **Internal assessment**

#### **Assessment during the P.G. degree training programme should be based on:**

Case presentation, case work up, case handling/management (once a week),

Seminar/journal club presentation (Once a week)

Psycho-diagnostic/Scale administration weekly,

Knowledge of principle of procedures, eg ECT, abreaction etc

Attendance at Scientific meetings, CME programmes, and

Assessment of log book at the end of the posting

Assessment – multi-source feedback.

### **END-ASSESSMENT**

#### **Internal assessment : as per the guidelines of the university**

#### **Postgraduate Examination (50% marks for theory and 50% marks for practical)**

Thesis to be submitted by each candidate at least 6 months before the commencement of theory examination and should be approved.

#### **Theory - 4 papers of three hours each**

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

**Current format is restrictive and needs to be modified. However, the structure of paper setting will be in accordance of faculty of medical sciences.**

#### **Practical:**

- Presentation of long case of Psychiatry

Neurology short case

A short case Psychiatry

- Viva –voce

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

#### **Suggested text Books**

1. Kaplan and Saddock's Text Book of Psychiatry
2. Kaplan and Saddock 's Synopsis of Psychiatry
3. Fish Clinical Psychopathology
4. Lishman Organic Psychiatry, The Psychological consequences of cerebral disorder
5. Clinical practice guideline of Psychiatric disorders in India
6. Stahl Psychopharmacology
7. Oxford text book of Psychiatry
8. National Programmes and Acts
9. Lowinson et al -Substance Abuse-A Comprehensive Textbook
10. Galanter and Klebert-Textbook of Substance Use Treatment

#### Journals

1. British Journal of Psychiatry
2. American Journal of Psychiatry
3. Achieves of General Psychiatry
4. Acta Psychiatrica Scandinavica
5. Psychosomatic Medicine
6. Psychopharmacology
7. Biological Psychiatry
8. Journal of Clinical Psychiatry
9. Journal of Child Psychology and Psychiatry
10. Indian Journal of Psychiatry