

**Faculty of Medical Sciences
University of Delhi**

Under-graduate syllabus in Psychiatry

Learning Objectives

Able to student to deliver mental health services at the primary care level:

- 1) Able to identify signs and symptoms of common psychiatric illnesses
- 2) Able to identify developmental delays including Cognitive delays
- 3) Aware of common psychopharmacological interventions in Psychiatry.
- 4) Able to apply basic counselling skills and have comfort with discussing common psychological issues.
- 5) Able to understand the nature and development of normal human behaviour.
- 6) Able to appreciate the interplay between Psychological and Physical factors in medical presentations.
- 7) Aware of statutory and educational provisions with regard to psychiatric illnesses and disability.
- 8) Able to develop helpful and humane attitude towards psychological, psychiatric and behavioural difficulties.
- 9) And overall, able to deliver mental health services at the primary care level.

PSYCHIATRY & DRUG/ALCOHOL DE-ADDICTION
COURSE CONTENT

S. No.	Topics	Must know	Desirable to know
01.	Substance Abuse Ask about alcohol use, identify problem drinking, educate and advise, refer appropriately.	✓	
02.	Depression and Anxiety disorders Ask about Depression and Anxiety, diagnose depression, assess suicide risk, educate and advise, prescribe rationally and discuss referral.	✓	
03.	Unexplained Physical complaints Identify Physical symptom without Medical cause, Elicit stress and coping related Information, Educate, Reassure and refer appropriately.	✓	
04.	Cognitive Delays Identify developmental delay, Basic education and advise, Discuss referral.	✓	
05.	Sleep Educate regarding Sleep Hygiene, Prescribe rationally, Look for other psychiatric Possibilities.	✓	
06.	Mental functions: primary and higher Elicit signs and symptoms of delirium Identify Early Cognitive decline Educate family, Plan referral.	✓	
07.	Agitated/Violent patient Emergency management keeping forensic and transportation needs in mind.	✓	
08.	Psychoses-Identify, provide immediate care and refer Educate regarding Continued care in discussion with the psychiatrist.	✓	
09.	Concept of mental hygiene and Mental Health promotional issues related to Death and Dying Breaking Bad news, Eliciting reactions and support.	✓	

10.	Signs and symptoms of Alcoholism, Its Medical and Psychosocial impact, treatments available.	✓	
11.	Signs and symptoms of common mental illnesses- Depression, anxiety, somatoform disorders including conversion disorders and psychoses, dementia. Common antidepressants and tranquilisers	✓	
12.	Basic Counselling Principles.	✓	
13.	Child development and common developmental disorders	✓	
14.	Interplay of Psychological and Physical aspects in Medical presentations.	✓	
15.	Common causes of delirium, behavioural management and safe sedation methods.	✓	
16.	Forensic aspects of violence, attempted suicide and suicide.	✓	
17.	Prevalent Social and Psychological concepts around death and dying.	✓	
18.	WHO Primary care classification of mental disorders.		✓
19.	Psychosocial barriers to Help-Seeking for mental illness.		✓
20.	Educational and Statutory provisions regarding psychiatric illnesses and disability.		✓
21.	Principles of Psycho-education		✓
22.	Basic psychotherapeutic skills		✓
23.	Mass hysteria, PTSD		✓
24.	Chronic Organic Brain Syndrome (Dementia)		✓
25.	Issues related to Death and Dying, Breaking Bad news, Eliciting reactions and support		✓

PSYCHIATRY & DRUG/ALCOHOL DE-ADDICTION Skills

Skill

Skill	Perform independently	Perform under supervision	Assist the expert	Observe
Psychiatric history taking	✓			
Mental status examination (primary mental functions)	✓			
Mental status examination (higher mental functions)	✓			
Diagnosis of common straight forward Psychiatric disorders	✓			
Dealing with PTSD		✓		
Dealing with Mass Hysteria			✓	
Mental Hygiene	✓			
Sleep Hygiene	✓			
Developmental delay assessment		✓		
Physical Methods of Treatment (E.g. ECT- Electro Convulsive Therapy)				✓
Abreaction				✓
Brief Psychotherapy	✓			

Counselling	✓			
Suspect clinically and refer to the specialty (Psychiatrist) allied specialty (like, neurologist)	✓			
Behavioural and psychological analysis of Self Destructive Behaviour	✓			
Child Psychiatric history taking			✓	
Child and Adolescent Mental status examination (Primary and higher mental functions)			✓	
Geriatric History taking			✓	
Geriatric Mental status examination (Primary and higher mental functions)		✓		
Initial and primary care for the children and adolescents and then refer to the psychiatrist/child & Adolescent psychiatrist/Geriatric Psychiatrist	✓			
Terminal care			✓	
Exercising empathy, compassion and establishing rapport and maintaining rapport, which is a must for all psychiatric interventions (need not necessarily in a long term psychotherapeutic contract)	✓			
Psychotherapeutic and behaviour modification approaches for treating neurotic disorders			✓	

IMPARTING OF KNOWLEDGE / SKILLS:

(BEHAVIOURAL SCIENCES)

Teaching / learning methods

Small Group discussions

Seminars

Written case scenario discussions

Bedside teaching

Problem based learning

Community Observations

There will be flexibility with regard to the choice of the method of teaching/learning.

All the above except the following specifically mentioned items will be covered by the multidisciplinary team in the psychiatry dept. in concert with the community medicine, in integrated teaching framework wherever felt necessary.

The items which are community based will be covered by the Community Medicine team in the first and second terms, as part of the foundations course – in the form of integrated lectures.

The items which are clinical based will be included during the clinical psychiatry training.

The training of the following clinical items which are skills based will be done in concert with other clinical departments and community medicine department:

INTEGRATED LEARNING MODULES INVOLVING PSYCHIATRY AND BEHAVIORAL SCIENCES

Teaching / learning methods

Structured Interactive Sessions (SIS)

Group discussions

Seminars

Case discussions

Bedside teaching

Problem based learning

Community observations

Didactic lectures

The following will have to be taught as Integrated modules in association with the other departments mentioned against each. The first Four are included in the Major Integrated teaching Module list that was separately circulated. The rest are to be taken up by the Department of psychiatry as part of its training between III and VII terms.

INTERNSHIP: It was proposed that there be a minimum of TWO weeks of Compulsory Internship in psychiatry. During this period, a range of clinical and behavioural skills will be reinforced and assessed within the framework of their logbook requirements.

To summarise the above the Training and Formative Assessments related to Behavioural Sciences and Clinical Psychiatry during the training before the Final examinations would required the following:

1. 2 hours by Community Medicine and 2 hours by Psychiatry as part of the Foundation Course.
2. 15 hours of teaching behavioural science concepts.
3. One Day long seminar on Brain and Behaviour.
4. 5 hours of practical training (role plays by volunteers) to teach behavioural skills as listed. This training will also be supported by other clinical departments and community medicine.

Clinical psychiatry training will need the following:-

1. 12 full days of clinical postings
2. 3 half day seminars and One whole day workshop as detailed under integrated modules.
3. 1 half day workshop during Paediatric postings.
4. 2 half day workshops during Medical postings
5. 10 hours of lectures which is a significant reduction from the present situation?

ASSESSMENT

Formative assessment after each posting in psychiatry in the form of MCQs and short answer questions and OSCE for practical evaluation.

Summative assessment at the end of ninth semester to be included as part of General Medicine.

ASSESSMENT TOOLS:

Theory

Structured long question

Short answer questions

Structured MCQs

Practical

OSCEs

Short case

Viva

Note:

1. There should be a separate theory paper for Psychiatry.
2. In practical examination of final professional, 2 short cases or spot cases to be included.
3. Internal examiner to be drawn from Psychiatry (for paper-setting and checking and also for assessment of cases in practical exam in final professional.)

There should be posting of students as follows:

- Clinical posting for 2 weeks in 4th Semester and 2 weeks in 8th Semester.
- 20 Lectures on various topics during under-graduate training.