



YENEPOYA

(DEEMED TO BE UNIVERSITY)

Recognized under Sec 3(A) of the UGC Act 1956

Accredited by NAAC with 'A' Grade

YENEPOYA (DEEMED TO BE UNIVERSITY)

Deralakatte, Mangaluru -575018

REGULATIONS AND CURRICULUM GOVERNING

POSTGRADUATE PROGRAM (MD) IN

PSYCHIATRY

(REVISED CURRICULUM – AMENDED UP TO 2019)

ATTESTED

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NOTIFICATION - 34-ACM/2019 dtd. 20.02.2019

Sub:- Implementation of Competency Based Medical Education PG Curriculum
Ref. : Resolution of the Academic Council at its 34th Meeting held on 08.02.2019 vide
Agenda 33

The Academic Council at its 34th Meeting held on 08.02.2019 and subsequently the 45th meetings of Board of Management held on 09.02.2019 have accepted the proposal for implementation of Competency Based Medical Education (CBME) for the PG Curricula of the following programs as per the MCI Norms.

1. MD in Pathology
2. MD in General Medicine
3. MD in Anaesthesiology
4. MD in Paediatrics
5. MD in Respiratory Medicine
6. MD in Radio-diagnosis
7. MD in Anatomy
8. MD in Physiology
9. MD in Biochemistry
10. MD in Microbiology
11. MD in Pharmacology
12. MD in Forensic Medicine
13. MD in Psychiatry
14. MD in Dermatology
15. MD in Community Medicine
16. MS in General Surgery
17. MS in OBG
18. MS in Otorhinolaryngology
19. MS in Ophthalmology
20. MS in Orthopaedics

This revised curriculum shall come into effect from the academic year 2019-2020 onwards.

REGISTRAR

Yenepoya (Deemed to be) University,
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1. NAME OF PROGRAMME

MD Psychiatry

2. YEAR OF INTRODUCTION

2019-20

3. GOALS

The goal of Post-graduation (MD) course in Psychiatry is to produce a competent Psychiatrist, who

- Has basic skills in psychiatry and scientific foundations in behavioral sciences.
- Has the competencies pertaining to psychiatry that are required to be practiced in the community and at all levels of health care system
- Is aware of the contemporary advances and developments in medical sciences as related to mental health
- Is oriented to principles of research methodology
- Has also acquired skills in educating medical and paramedical professionals.

4. OBJECTIVES

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

1. Function as a competent psychiatrist – a physician specialized in the diagnosis, treatment and rehabilitation of the patients with psychiatric disorders.
2. Having an understanding of the biological, psychological, social aspects of psychiatric illnesses with contemporary advances and developments.
3. Carry out detailed assessments including appropriate investigations.
4. Prescribe psychotropic medication, physical treatments such as ECT and monitor side-effects.
5. Psychiatric Emergencies.
6. Evaluate and treat psychological and interpersonal problems, including providing psychotherapy and counselling in selected cases.
7. Acquire a spirit of scientific enquiry and be oriented to principles of research methodology.
8. Act as a consultant to primary care physicians and be an effective leader of a Multidisciplinary mental health team comprising of other mental health professionals such as psychologists, social workers, psychiatric nursing professionals.
9. Deal with the legal aspects of psychiatric illness.
10. Assume the role of a postgraduate or undergraduate psychiatry teacher.
11. Be informed of the mental health programmes, policies, mental health care infrastructure and issues in community care of mentally ill in the country.

5. 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 Act, National Health Mental Health Programmes 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.

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).

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

1. Conduct detailed Mental Status Examination (MSE)
2. Cognitive behaviour therapy
3. Supportive psychotherapy
4. Modified ECT
5. Clinical IQ assessment
6. Management of alcohol withdrawal
7. Alcohol intoxication management
8. Opioid withdrawal management
9. Delirious patients
10. Crisis intervention

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

1. Auditory hallucinations
2. Visual hallucinations
3. Pseudo hallucination
4. Seizures true and pseudo seizure
5. Panic attack
6. Manic symptoms
7. Behavioural symptoms of schizophrenia
8. Catatonia
9. Delirium
10. Malingering

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

1. Behaviour therapy
2. Opioid intoxication management
3. Genetic counselling
4. Family therapy

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

6. SYLLABUS

The three-year period is divided into six semesters. These semesters cover theoretical teaching imparted by the following activities as well as clinical duties.

Semester I - Basic Sciences as applied to psychiatry

- Functional and Behavioural Neuroanatomy
- Neurophysiology and Neurochemistry
- Neuroimaging
- Neurogenetics and Molecular Biology
- Psychoneuroendocrinology and Psychoneuroimmunology
- Biological Basis of Consciousness
- Physiology of Sleep
- Chronobiology
- Human Development throughout the Life Cycle
- Theories of Learning
- Attachment Theory
- Psychological, Sociological and Biological aspects of Aggression
- Ethology and Sociobiology
- Anthropology and Trans-cultural Psychiatry
- Theories of Personality and Psychopathology
- Epidemiology and Biostatistics

Semester II - Clinical Psychiatry

- Psychiatric Diagnosis and Classification- ICD 10 and DSM 5
- Psychiatric Rating Scales
- Laboratory Tests in Psychiatry including EEG
- Clinical Neuropsychological Testing
- Delirium, Dementia, and Amnestic and Other Cognitive Disorders
- Mental Disorders due to General Medical Condition
- Substance Use Disorders
- Schizophrenia and Other psychotic Disorders
- Mood Disorders
- Anxiety disorders
- Somatoform Disorders

Semester III

- Chronic Fatigue Syndrome and Neurasthenia
- Factitious Disorders
- Dissociative Disorders
- Adjustment Disorders
- Personality Disorders
- Emergencies in Psychiatry
- Impulse Control Disorders
- Human Sexuality and Disorders Pertaining to Sexuality
- Gender Identity Disorders
- Eating Disorders

- Psychosomatic Medicine including Consultation-Liaison Psychiatry
- Relational Problems
- Psychiatry and Reproductive Medicine
- Problems Related to Abuse or Neglect

Semester IV

- General Principles of Psychopharmacology
- Medication Induced Movement Disorders
- Antipsychotics-Typical and Atypical
- Antidepressants
- Mood Stabilizers
- Sedatives and Hypnotics
- Cognitive Enhancers
- Miscellaneous –Anticholinergics, Beta Blockers etc.
- ECT
- Psychoanalysis and Psychodynamic Psychotherapy
- Brief Psychotherapy
- Group Psychotherapy
- Family Therapy and Couples Therapy
- Biofeedback, Cognitive Therapy and Behavioural Therapy
- Hypnosis

Semester V

- Child Psychiatry: Assessment, Examination and Psychological Testing
- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Attention Deficit Hyperactivity Disorder
- Communication Disorders
- Pervasive Developmental Disorders
- Feeding and Eating Disorders of Infancy or Early Childhood
- Tic Disorders
- Elimination Disorders
- Psychiatric Treatment of Children and Adolescent

Semester VI

- Geriatric Psychiatry
- Forensic Psychiatry
- Ethics in Psychiatry
- Mental Health Care Act
- Psychosocial Treatment and Rehabilitation
- Integration of Mental Health into Primary Care - Its Role and Future in India.

7. TEACHING PROGRAMME

The following techniques/methods are followed in the department for various teaching activities:

(a) Didactic Lectures

Didactic lectures are usually taken during the first six months for the new postgraduate resident to familiarize them with clinical methods like history taking, mental state examination, psychopathology, diagnosis and classification and some of the commonly seen clinical problems.

(b) Seminars

Seminars are held once a week for the entire department and are attended by the residents as well as the faculty. The seminars are prepared by the residents under the supervision of a faculty member. During the seminar, the presenting resident distributes a brief summary of his presentation as well as a complete bibliography on the subject.

(c) Journal Club

Journal club is held once in every two weeks. Important journal articles from the peer reviewed journals are selected before the semester begins.

(c) Case Conference

Case conference is held once a week and is attended by the entire department, i.e., junior residents, senior residents, faculty, psychologists and social workers, etc. An interesting/unusual/difficult case from the inpatient or outpatient services that has

been under the care of the presenting resident is discussed in detail regarding psycho-pathology, diagnosis, differential diagnosis and management.

(d) Outpatient Teaching Activities

Residents are required to work up new cases in detail and then discuss with the consultant. During the follow-up clinics also residents are encouraged to bring their follow-up patients to the consultant for presentation and discussion.

(e) Ward Teaching

Ward rounds are taken by the consultants as well as senior resident. Besides service and management activities, the emphasis of the ward round is teaching of postgraduate residents in the art of history taking, eliciting psychopathology, arriving at a diagnosis, discussing differential diagnosis and management.

(g) Practical Demonstrations

Practical demonstrations are done specially for the teaching of EEG, neuro-imaging and psychodiagnostic tools. Residents also learn by performing various psychological tests like tests of intelligence, memory, personality, etc. to the patients under the supervision by the clinical psychologist of the department.

8. CLINICAL POSTINGS

1. Psychiatry OPD and Ward

- Each resident is posted to Psychiatry OPD and ward for duration of 27 months out of a total of three years. The aim of the clinical postings in the OPD and ward is acquisition of clinical skills. These clinical skills are:
 - Comprehensive history taking and physical examination.
 - Working knowledge of major psychiatric diagnoses as per the ICD and the ability to present a reasoned differential diagnosis.
 - Psychiatric formulation
 - Ability to develop a comprehensive treatment plan.
 - Knowledge of psychopharmacological agents, including indications and Significant adverse effects.
 - ECT administration
 - Understanding of and basic competence in identifying psychiatric emergencies and their management.
 - Ability to write clear and thorough histories, consultation notes and follow-up notes.
 - Demonstrate appropriate professional demeanor and ethics including respect for patient's confidentiality.
- Psychiatry residents are posted in Neurology for 3 months shall do their postings 6 weeks at Neurology Dept of Yenepoya University and 6 weeks at Neurology Dept at NIMHANS, Bangalore for advanced training in their 2nd year of training.

- Residents will be posted for Child Psychiatry at NIMHANS, Bangalore for 6 weeks.
- Residents will have entire postings at Yenepoya Medical College Hospital when similar specialized training can be provided in the University campus.

2. De-Addiction Centre

De-Addiction Centre is dedicated to the drug dependence and its treatment. The aims of posting for a postgraduate resident are to impart him/her clinical skills in various kinds of drug dependence. The specific skills expected are comprehensive history taking and physical examination, knowledge of major drug alcohol and drug dependence, follow up to develop a comprehensive treatment plan and knowledge of various techniques of detoxification, long term management and rehabilitation. The duration of this posting is for six months and it usually follows once a resident has put in a minimum of one year in the main psychiatry OPD and ward.

3. Neurology

The resident is posted in the neurology for a period of three months during the second or third year of course residency programme. The aim of the posting is to make the resident competent in:

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

4. Child Guidance Clinic

During the posting in Psychiatry OPD and Psychiatry Ward the resident attends the weekly child guidance clinic with the objectives of:

- Normative child development
- Interview in children
- Classification, epidemiology, etiology and presentation of child and adolescent Psychiatric disorders.
- Conduct, emotional and behavioural problems in children.
- Mental retardation etiology, manifestation, assessment, management and prevention.
- Specific learning disabilities
- Psychopharmacology in children
- Psychosocial management issues with children.
- Adult outcome of child psychiatric disorders.
- Liaison with teachers, schools, child care institution

5. Psychiatry Rehabilitation Centre Postings: Residents are posted for exposure and training in chronic and long-term psychiatry care. Duration is of one month in each year.

6. Consultation Liaison

Residents are regularly posted in medicine department for a period of one month under the supervision of a medical consultant. They are also posted in casualty on rotation basis so that they familiarize with psychiatric as well as other medical/surgical emergencies.

7. Choice Based Posting/ Elective Postings - Residents get one month (15 days x 2) of choice-based postings. They have to choose two among the five options provided for clinical training at Yenepoya Medical College:

1. Emergency Medicine
2. Forensic Psychiatry
3. Neuroradiology
4. Neuroanatomy
5. Medical Ethics

9. THESIS

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 will identify a relevant research question; (ii) conduct a critical review of literature; (iii) formulate a hypothesis; (iv) determine the most suitable study design; (v) state the objectives of the study; (vi) prepare a study protocol; (vii) undertake a study according to the protocol; (viii) analyze and interpret research data, and draw conclusions; (ix) write a dissertation.

The dissertation is mandatory as a part fulfillment for the M.D. course.

10. ASSESSMENT AND EXAMINATIONS

1. Thesis

As already mentioned successful completion of thesis and its evaluation by an external examiner is a pre-requisite for a resident to appear in the final MD examination which is conducted on completion of three years of residency.

2. Periodic Assessments

The postgraduate students will have an internal assessment at the end of each year. This will be in the form of a written test. Final internal assessment will be similar to university examinations.

3. Final Examination

Scheme of exam

Sl. No	Subject	Assessment			
		Hours	Internal	External	Total
Theory	1 Paper I - Basic sciences/ Psychosocial sciences		-	-	100
	2 Paper II - Clinical Psychiatry				100
	3 Paper III – Psychiatric sub-specialties and Neurology				100
	4 Paper IV – Recent Advances in Psychiatry				100

Practical	Long case in Psychiatry				200
	Short case in Neurology				50
	Short cases in Psychiatry				50
Viva Voice	Viva				100

Question paper pattern and marks distribution

Types of Question	Total number of questions	Marks
Long Essay	2	20x2
Short essay	6	10x6
Mcq	-	
Total	8	100

Marks Qualifying for Passing:-

Theory = $200/400 = 50\%$

Clinical and Oral = $200/400 = 50\%$

11. JOB RESPONSIBILITIES

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

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

Ward: History and work up of all cases

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

12. SUGGESTED BOOKS AND JOURNALS

Core Books

1. Comprehensive Text book of Psychiatry by Sadock & Sadock
2. The New Oxford Textbook of Psychiatry
3. Psychopharmacology by Stephen M. Stahl
4. Fish's clinical psychopathology
5. Mayor Gross: Clinical Psychiatry. – 3rd Edition, 1979 (Reprint) Bailliere Tindall, London.
6. The ICD-10 Classification of Mental and Behavioural Disorders. Clinical descriptions and diagnostic guidelines.
7. DSM IV TR Diagnostic and Statistical Manual of Mental Disorders Text Revision.
8. Organic Psychiatry by Leishman
9. Technique of Psychotherapy by Wolberg
10. Rutter (Michael) & Hersove (Lionel) "Child and Adolescent Psychiatry" 2nd Edition ; 1985, Blackwell Scientific Publications, Oxford, Britain.
11. Normal Psychology by Morgan and King.

Reference Books

PSYCHIATRY

1. Textbook of Psychiatry by Wylie & Wylie
2. Noves & Kolb: Modern Clinical Psychiatry : 9th Edition ; 1977. W.B. Sanders Company, Philadelphia, U.S.A.
3. Kalinowsky (Lothar) & Hoch (Paul H)“ Somatic Treatments in Psychiatry”, 1961 Grune & Stratton, New York, U.S.A.
4. Batchelor (Ivor R) : “Henderson and Gillespie’s Text Book Psychiatry” 10th Edition, 1969 Oxford University Press, New York, U.S. A.
5. Sargant (William) & Stater (Eliot): “An introduction to physical methods of treatment in Psychiatry : 5th Edition, 1972 Churchill Livingstone, United Kingdom.
6. Sim (Myre) Guide to Psychiatry : 4th Edition, 1981: Churchill Livingstone, United Kingdom.
7. Kendell, R.E & Zealley (A.K.) Ed. Companion to Psychiatric studies : 4th Edition – 1988, Churchill Livingstone, United Kingdom.
8. Category “ DSM – IVTR Diagnostic and Statistical Manual of Mental Disorders (RED) Text Revision - Edn 4/E, I.E. 2010.
9. Ahuja. A Short Text Book of Psychiatry Edn, 6/E, R. P. 2009.
10. ANDREWS Research Agenda for DSM – V Quick Ref. To the APA Practice Guidelines for the Treatment Ed 1/E, 2009
11. BHUI. Culture and Mental Health : A Comprehensive Text Book 2007
12. KRYGER Atlas of Clinical sleep medicine 1/E, 2010.
13. SIMON. Textbook of suicide assessment and management 1/ED, 2006
14. WALKER Child and Adolescent Neurology for Psychiatrists 2/E, 2008

15. YUDOFSKY Neuropsychiatry & Clinical Neurosciences 4/E.
16. ANANTH Psychopharmacology Treatment of Psychiatric Disorders 1/e
17. Varma, Kala, et al Culture, Personality and Mental Illness : A Perspective of Traditional Science

CHILD PSYCHIATRY

1. Kanner, (Leo)“ Child Psychiatry”, 4th Edition, 1972: Charles Thomas, Springfield, U.S.A.
2. Barker, Philip “Basic Child Psychiatry” 3rd Edition, 1979, Granda, Publishing Ltd., United Kingdom.

FORENSIC PSYCHIATRY

1. East, (Norwood)“ Society and the Criminal ” Her Majesty’s Stationary Office, 1960
2. East (Norwood)“The adolescent Criminal” 1942 J.A. Churchill Ltd.

NEUROLOGY

1. Adams, (Raymond D) & Victor (Maurice) Ed. “Principles of Neurology”, 3rd edition – 1995 Mcgron Hill Book Company, Newyork.
2. Bickerstaff (Edwin R)“Neurological Examination in clinical practice” 4th Ed; 1983, P.G. Publishing Pt. Ltd., Singapore.
3. Bannister (Sr) :“ Brain’s Clinical Neurology” : 5th Edition; 1978 ELBS, United Kingdom.
4. Walton, (John):Brain’s Diseases of the Nervous System, 9th Edition, 1985 – Oxford University Press, Delhi.
5. Strub and Black. The Mental Status Examination in Neurology 4/e

NEUROANATOMY

1. Chusid, (Joseph G)“Correlative Neuroanatomy & Functional Neurology”
10th Edition ; 1985.Longs Publications, U.S.A.
2. Strong & Elwyns. Human Neuroanatomy 5th Edition 1964, Oxford Book
Company, U.K.
4. Ranson & Clark :Anatomy of the Nervous System 9th Edition ; 1953
Saunders & Co., U.S.A.
5. Hall (J.H. & Humbertson, A.O.)“A Correlative Study Guide to Neuroanatomy”
2nd Edition,1970

NEUROPHYSIOLOGY

1. Neuro – Physiology Vol. 2 – Ruck & Patton.
2. Review of Medical Physiology - Ganong, 14th Edition.
3. Nervous System by Nobec.

E.E.G

1. Hill, (Denis) & Parr, (Geoffery):“EEG” ; A Symposium on its various aspects,
Macmilla Co.1963.
2. Kiloh:“ Clinical EEG” 3rd Edition, 1972, Butter worths, London.
3. Kool: Fundamentals of EEG 1971, Harper Row, London.

JOURNALS

1. Indian J Psychiatry
2. Indian Journal of Psychological Medicine
3. British Journal of Psychiatry
4. American J. Psychiatry
5. Archives of General Psychiatry
6. Journal of Clinical Psychiatry
7. Psychiatry Clinics of North America
8. Indian Journal of Clinical Psychology