



DEPARTMENT OF PSYCHIATRY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH



Curriculum

Postgraduate M.D. (Psychiatry) Degree



Contents

SN.	Contents	Page
1	Goals, objectives and competencies	3-5
2	Organisation of teaching and training	6-13
3	Syllabus	13-16
4	Thesis	17-18
5	Log book	18
6	Poster/research/presentation and publication	18
7	Assessment	19-21
8	Eligibility for appearing in the final examination	22
9	Criteria for passing final examination	23
10	Suggested reading list	26-27
11	Annexures 1-7	



CURRICULUM FOR POST GRADUATE DEGREE COURSE (M.D.) IN
PSYCHIATRY
THREE YEARS (SIX SEMESTERS) COURSE

1. GOALS, OBJECTIVES AND COMPETENCIES:

1.1. Goals

The goal of Post-Graduation-PG (Psychiatry) course is to produce a competent Psychiatrist who:

- 1.1.1. Recognizes the needs of patients having mental and behavioural problems and carries out professional obligations in keeping with principles of National Health Policies, prevailing mental health care legislations and professional ethics.
- 1.1.2. Has acquired the competencies pertaining to Psychiatry (including knowledge, clinical skills and soft skills) that are required to practice in the community and at all levels of health care system.
- 1.1.3. Is aware of the contemporary advances and developments in medical sciences as related to Psychiatry and Behavioural Neurosciences.
- 1.1.4. Is able to apply principles of research methodology and evidence based medicine.
- 1.1.5. Has acquired skills in teaching and training of medical and paramedical professionals.
- 1.1.6. Is able to follow the principles of team approach in various capacities- as a member and as a leader.

1.2. Objectives

- 1.2.1. Able to recognize, diagnose and manage cases that belong to Psychiatry and its various sub-specialties in different settings
- 1.2.2. Provide emergency measures in acute crisis arising out of various psychiatric illnesses.
- 1.2.3. Identify Psychiatric situations calling for urgent or early intervention and refer at the optimum time to the appropriate centres/ specialties, if required.
- 1.2.4. Perform various procedures related to Psychiatry and its subspecialties (e.g.: modified ECT, r-TMS, Polysomnography, Detoxification, EEG, Lumbar Puncture etc)
- 1.2.5. Provide adequate follow-up care to all patients, especially those suffering from chronic relapsing Psychiatric ailments.
- 1.2.6. Plan and advice measures for the prevention and rehabilitation of patients belonging to the specialty
- 1.2.7. Counsel and guide (in a structured manner) patients and their caregivers regarding needs and implications of psychiatric ailments.
- 1.2.8. Able to discharge effectively the supervised clinical care to the patients and comply with the standard operating protocols of the department and institute
- 1.2.9. Discharge effectively medico-legal and ethical responsibilities and practice his specialty ethically
- 1.2.10. Effectively and coherently communicate with patients, care-givers, fellow professionals and scientific community as a member of multidisciplinary team and in Consultation Liaison Psychiatry.



- 1.2.11. Organize and participate in relief measures during situations of mass disasters leading to behavioural disorders
- 1.2.12. Effectively participate in the various components of National Health/ National Mental Health Programmes
- 1.2.13. Should be effectively able to transfer conceptual and skills based knowledge related to the subject to the undergraduates, postgraduates and members of medical fraternity
- 1.2.14. Plan and perform clinical and medical audits
- 1.2.15. Demonstrate sufficient understanding of basic sciences related to the specialty
- 1.2.16. Demonstrate competence in basic concepts of research methodology and evidence based medicine so as to interpret scientific data, conduct research and guide others
- 1.2.17. Able to represent department in various academic fora through presentations (paper/ poster/symposium) and research publications

1.3. Competencies:

1.3.1. Theoretical knowledge:

- 1.3.1.1. Comprehensively understands the concepts of adult psychiatric disorders related to etio-pathogenesis, symptomatology, diagnostic methods, investigations, management and prognostications
- 1.3.1.2. Comprehensively understands the psychiatric disorders from the perspectives of neuroscience, psychology, sociology, epidemiology and genetics
- 1.3.1.3. Has working knowledge of disorders in Psychiatric subspecialties
- 1.3.1.4. Has adequate knowledge of other medical disorders from the perspectives of Consultation Liaison Psychiatry
- 1.3.1.5. Able to coherently comprehend data gathered from laboratory investigations

1.3.2. Clinical Skills:

- 1.3.2.1. Gathering essential and accurate information about the patient
- 1.3.2.2. Providing transfer of care that ensures seamless transitions
- 1.3.2.3. Building up rapport and therapeutic alliance
- 1.3.2.4. Interviewing patients/families about particulars of the medical condition for which they seek care, with specific attention to behavioural, psychosocial, environmental, and family unit correlates of disease
- 1.3.2.5. Performing complete and accurate physical examinations
- 1.3.2.6. Making informed diagnostic and therapeutic decisions
- 1.3.2.7. Developing and carrying out management plans
- 1.3.2.8. Prescribing and performing all medical procedures
- 1.3.2.9. Imparting Psychosocial and behavioural interventions to patients and families
- 1.3.2.10. Providing effective health maintenance and anticipatory guidance
- 1.3.2.11. Providing long term continuous care to the patients and caregivers
- 1.3.2.12. Using information technology to optimize patient



1.3.3. Leadership Quality:

- 1.3.3.1. Able to lead the team consisting of colleagues, younger colleagues, paramedical staff, other mental health professionals and members from other medical disciplines in various settings
- 1.3.3.2. Able to effectively and coherently communicate with community, leaders, administrators and members of health care team using principles of evidence based medicine
- 1.3.3.3. Able to effectively participate and lead the team in various health care programs of national and international importance
- 1.3.3.4. Able to effectively organize and conduct scientific meetings and awareness programs

1.3.4. Administrative and managerial skills:

- 1.3.4.1. Able to manage and improve the routine work in the outpatient, in-patient settings of the department
- 1.3.4.2. Able to manage and maintain smooth flow of work in the community settings/ outreach clinics



2. ORGANIZATION OF TEACHING AND TRAINING

Learning in postgraduate degree course shall essentially be autonomous and self-directed. However, to stimulate the learning process and guiding the student, various academic activities shall be periodically conducted in the department.

A. Methods for the transfer of knowledge:

2.A.1 For imparting theoretical knowledge:

2.A.1.1 **Seminars:** There is a one and half hour seminar weekly in which the JRs present material on assigned topics in rotation. A topic is assigned to one JR. The name of the JR is notified well ahead of time and the JR is expected to request one of the Consultants to chair their seminar preferably 2 months before the scheduled presentation. Each of them present one part of the seminar. JR is required to tell extempore and must not copy the material from the source. They should understand the concept and incorporate that in their presentation. Presenter must complete their presentation by half an hour leaving at least one hour for discussion in which all trainees are supposed to participate. One SR is also actively involved in the preparation of the seminar. He is expected to mentor the JR. The final seminar slides to be presented must be approved by the Faculty/Chairperson of the seminar. Generally, the topics covered are those that supplement the formal teaching programme. The presentation of the seminar as well as the participation of other JR in the seminar is subjected to evaluation, the marks of which are added to the scores of internal assessments (Annexure 1). Evaluation is carried out by all faculty members present in the seminar.

2.A.1.2 **Group discussions:** These are presentation by the faculty members/ senior residents on fortnightly basis. They choose a scientifically controversial topic of relevance and present the facts in front of the whole department. All members of the department participate in the activity and try to reach to some conclusion. This activity is aimed at improving the analytical thinking of post graduates.

2.A.1.3 **Journal club:** An original article, meta-analysis or a systematic review related to discipline from the recent journals is chosen by the faculty member at least one month in advance and assigned to a JR and a SR. JR is expected to prepare the presentation based on the article in guidance of SR which is then refined and improvised by the inputs from the faculty. Main focus for the journal club is critical analysis of methodology and analysis of data. Considering the present strength of JRs, this activity is conducted fortnightly. Presentation is assessed by all faculty members of the department and marks are added to the formative assessment (Annexure 2).



- 2.A.1.4 **Didactic lectures:** Important topics will be covered in each semester in a series of lectures in each semester. These lectures will cover the topics defined for that semester. These lectures will be taken by a faculty or by a senior resident under supervision of a faculty.
- 2.A.1.5 **Research Methodology:** It will be taught at the end of first semester in a series of lectures taken by faculty and senior residents. Topics will include introduction to research, hypothesis building, research methodology, biostatistics, and critically reading various articles e.g., original article, meta-analysis, randomized control trials and systematic reviews to name a few.
- 2.A.1.6 **Thesis discussion:** JRs present their thesis protocol before submission in front of the department. Inputs from all members are collected. This activity is aimed at improving the methodological strength of the proposal and to address ethical issues before it is submitted to the institutional ethics committee.
Thereafter, JRs are expected to present the progress regarding their thesis every 6 month in the department.
- 2.A.1.7 **Guest lectures:** Time to time, department organizes guest lectures where faculty from other institutes is invited to share their knowledge. In addition, on monthly basis one faculty member from other departments of AIIMS, Rishikesh is also invited to discuss inter-disciplinary issues related to brain and behaviour.
- 2.A.1.8 **Speciality Clinic Seminars:** Department is in the process of building multidisciplinary teams for its speciality clinics. These teams will be having their own academic activities fortnightly, where a faculty member of the team will address any relevant issue. JRs from various departments included in the team are expected to attend these seminars to learn about nuances of sub-specialties of Psychiatry.
- 2.A.1.9 **Teaching using Google Classroom, applications and other technologies:** Students are provided important learning material in the form of articles, videos, illustrations, presentations related to Psychiatry, Neuroscience and Research Methods on a periodic basis. Each activity is accompanied by short questions, points to be discussed. JRs are given a deadline and they are expected to carry out these activities at their convenience. At the end of deadline, their responses are assessed and marked. Marks are added in the formative assessment.
- 2.A.1.10 **Other activities organized by institute:** These include:
- 2.A.1.10.1 Clinical Grand Rounds
 - 2.A.1.10.2 Mortality meet
 - 2.A.1.10.3 Presentations from other departments
 - 2.A.1.10.4 Activities organized by the Department of Medical Education during induction program and thereafter
- 2.A.1.11 **Activities outside institute:** JRs are encouraged to attend conferences and workshops outside institute.



2.A.1.12 **Webinars/ Virtual knowledge network/ Podcasts/ Telemedicine** broadcasted from other institutes of importance.

2.A.2 **Methods of imparting clinical skills, conversion of theory in practice and documentation:**

Skills related to use of various diagnostic and therapeutic procedures in Psychiatry will be imparted by

- 2.A.2.1 **OPD Teaching:** JRs are posted in the OPD and they are expected to work up and present the case to the consultant to develop competencies mentioned in section 1.3.2. Case work up in OPD is brief and aimed at managing the high volume OPD setting, taking quick but rationale diagnostic and therapeutic decisions. JRs have periodic postings in General Psychiatry and speciality clinics. All the cases are discussed with consultants and recorded in the Performa provided by the department (Annexure 3). At the end of discussion, JR get the performa signed by respective consultant. Students record all such cases in a log-book (Annexure 4). It includes cases of General Psychiatry as well as Speciality sections mentioned in 2.2.3.
- 2.A.2.2 **IPD teaching:** JRs are posted in the indoor ward on rotation basis. They work up the admitted cases in detail under the supervision of senior resident. Different consultants see the case on rotation basis, as defined in the schedule of the department. Major focus is to assess the cases from various perspectives, stimulating focussed reading related to the case, planning a wholesome management and learning competencies as mentioned in section 1.3.2. Students record all cases seen by them in a log book (Annexure 4). Another focus of IPD work is proper documentation, for which they have been provided a structured performa (Annexure 5). During the rounds students are encouraged to search relevant literature and take decision (see 1.3.2.10).
- 2.A.2.3 **Comprehensive After Care:** Each candidate is expected to follow at least twenty cases suffering from different disorders longitudinally to learn about concepts of comprehensive after care. They are expected to maintain record that will get signed on each visit by a faculty. They will also maintain details of cases in their log book (Annexure 4).
- 2.A.2.4 **Case Conference:** Interesting cases with diagnostic or therapeutic difficulties, important findings (clinical as well as investigational) are presented on weekly basis. JRs work up the cases under supervision of a SR and guidance of a faculty members. In addition to eliciting their findings in front of members of department, JRs are encouraged to present their findings using recorded videos, captured images and using Dictaphone (to record speech sample) to fulfill 1.3.2.10. After the presentation, assessment is done by all faculty members of the department (Annexure 6 a/b/c) which is added to their internal assessment.
- 2.A.2.5 **Demonstration / Hands on Training:** JRs will be given hands on training



in various procedures related to General Psychiatry practice and its subspecialties that are available in the institute. It includes administration of behaviour therapies, modified ECT, r-TMS therapy, recording and interpretation of EEG, other neurophysiological parameters, polysomnography (recording and analysis of data), actigraphy (recording and analysis of data) and other procedures mentioned in 2.2.6. A log book shall be maintained (Annexure 4)

2.A.2.6 Activities and training programs organized by the Department of Medical Education of AIIMS, Rishikesh time to time

2.A.2.7 Activities outside institute: JRs are encouraged to attend workshops outside institute.



2.A.3 Methods for developing teaching skills:

2.A.3.1 **Undergraduate bed side teaching:** JRs are involved in bedside teaching of undergraduate students during their ward postings. These are supervised by the faculty members. JRs maintain a log-book of the classes that they had taken (Annexure 4).

2.A.4 Methods for developing soft skills, managerial and leadership skills:

2.A.4.1 JRs are made in-charge for the individual cases and various functional areas of the department. Feedback related to their soft skills are collected by staff members, colleagues, patients and their relatives. They are given feedback.

2.A.4.2 They are given responsibilities in various capacities during the activities organized by the department as mentioned in sections 1.3.3 and 1.3.4

2.A.4.3 Case conferences, seminars also work to improve the communication and oratory skills, which are the part of departmental teaching activity.

2.A.5 Exposure to private practice of Psychiatry:

During the training, students work in a protected environment and focus on the academic training. However, every-one of them may not choose or may not be able to pursue academic career. Considering this fact and looking at the dearth of Psychiatrists in peripheral areas, it is important that students are exposed to concept of private practice as well. To make training comprehensive, private practitioners will be called periodically to share their experience with the students and guide them regarding how to establish private practice.

2.A.6 Remedial Measures:

Remedial measures on periodic basis shall be taken for the students who are not performing well in any of the areas. Data for this will be gathered from various assessment methods as mentioned in the curriculum.

**B. Clinical Postings**

- 2.B.1 OPD Posting in General Psychiatry
 2.B.2 IPD postings in General Psychiatry
 2.B.3 Postings in Emergency settings
 2.B.4 The postgraduate student will be posted in rotation through all the sub-specialties available in institute. They will be posted in each sub-specialty for three months during General Psychiatry posting.

- 2.B.4.1 Geriatric Psychiatry
 2.B.4.2 Child and Adolescent Psychiatry
 2.B.4.3 Addiction Medicine
 2.B.4.4 Sleep Medicine
 2.B.4.5 Neuropsychiatry
 2.B.4.6 Community Psychiatry including tele-medicine centre: Participation in District Mental Health program at grass-root level is required
 2.B.4.7 Consultation Liaison Psychiatry
 2.B.4.8 Onco-Psychiatry

- 2.B.5 Following specialty rotations will be mandatory:

Department	Duration	Semester
Internal Medicine	1 month	1
Neuroanatomy	07 days	1
Neurophysiology	15 days	2
Neurology	2 months	4
Neuro-radiology	15 days	4
Nuclear Medicine	07 days	4
Clinical Psychology	1 month	5

- 2.B.6 Expected outcomes from interdepartmental postings:

- 2.B.6.1 Internal Medicine:
 2.B.6.1.1 Expected to learn at least following skills and gain knowledge regarding:
 A. History taking in General Medicine
 B. General Physical and systemic examinations of patients with various medical conditions (like heart failure, COPD, cirrhosis)
 2.B.6.1.2 Ability to synthesize information in a meaningful manner from 1 and 2
 2.B.6.1.3 Recognize and provide primary care to patients with common medical conditions.
 2.B.6.1.4 Able to interpret:
 A. ECG
 B. Haematological and biochemical investigations
 C. Arterial Blood Gas Analysis



- 2.B.6.1.5 Learner will maintain a log book of cases seen and detailed report of at least three cases worked up each week of posting. These documents will be signed by consultant in concerned department and will be submitted to parent department on re-joining.
- 2.B.6.2 Neuroanatomy:
- 2.B.6.2.1 Learner is expected to learn neuroanatomy ranging from gross to cellular level
- 2.B.6.2.2 Should be able to recognize different structures of central and peripheral nervous system in soft tissue specimen/ picture/ diagram
- 2.B.6.2.3 Learner will maintain a log book of work done. These documents will be signed by consultant in concerned department and will be submitted to parent department on re-joining.
- 2.B.6.3 Neurophysiology:
- 2.B.6.3.1 Candidate must learn at least following:
Basic principles of Physiology of nervous system including synaptic transmission, nerve conduction, physiology of various neuronal structures
- 2.B.6.3.2 Must know principles of neuro-electrophysiology
- A. EEG
- B. EMG
- C. NCV
- D. Evoked potentials, especially those used in cognition
- 2.B.6.3.3 Must be able to recognize waveforms in EEG, both physiological and pathological
- 2.B.6.3.4 Must be able to recognize common patterns of EEG waveforms seen in epilepsy
- 2.B.6.3.5 Must be able to generate detailed and clinically meaningful report of EEG
- 2.B.6.3.6 Must know principles of quantitative EEG; interpretation of qEEG is desirable
- 2.B.6.3.7 Learner will maintain a log book of cases seen and detailed report of at least one EEG each day of posting. These documents will be signed by consultant in concerned department and will be submitted to parent department on re-joining.
- 2.B.6.4 Neurology:
- During his posting learner is expected to learn at least following skills and gain knowledge regarding:
- 2.B.6.4.1 History taking in Neurology
- 2.B.6.4.2 Examination of Neurology patient



- 2.B.6.4.3 Ability to synthesise information in a meaningful manner from 1 and 2
- 2.B.6.4.4 Recognise and provide primary care to patients with:
 - A. Stroke
 - B. Parkinson Spectrum
 - C. SADC of cord
 - D. Meningitis encephalitis
 - E. Autoimmune encephalopathy
- 2.B.6.4.5 Able to work up epilepsy and recognise EEG waveform in epilepsy
- 2.B.6.4.6 Learn Lumber Puncture taking all aseptic precautions
- 2.B.6.4.7 Learner will maintain a log book of cases seen and detailed report of at least three cases per week of posting. These documents will be signed by consultant in concerned department and will be submitted to parent department on re-joining.

2.B.6.5 Neuro-radiology:

During his posting learner is expected to learn at least following skills and gain knowledge regarding:

2.B.6.5.1 CT Scan Brain:

- A. Should be able to identify structures
- B. Should know indications for Contrast enhanced and non-enhanced CT
- C. Should recognize common pathologies seen e.g.,
 - i. Stroke, AVM
 - ii. EDH/SDH
 - iii. Hydrocephalus
 - iv. Edema
 - v. Midline shift
 - vi. Atrophy
 - 1. Generalized
 - 2. Localized
 - vii. Bony injury to skull
 - viii. SOL: Tumors
 - ix. Granulomas

2.B.6.5.2 MRI Brain:

- A. Should know different sequences used and their principles
- B. Should be able to enumerate indications for various sequences
- C. Should be able to recognize structures
- D. Should be able to recognize common pathologies e.g.,
 - i. Stroke, AVM
 - ii. EDH/SDH



- iii. Hydrocephalus
- iv. Edema
- v. Midline shift
- vi. Atrophy
 - 1. Generalized
 - 2. Localized
- vii. Bony injury to skull
- viii. SOL: Tumors
- ix. Granulomas
- x. White matter lesions
- E. Should know principles and indications and use of functional MRI

2.B.6.5.3 Should maintain a log book of cases seen and detailed report of at least one scan each day of posting with MRI and CT in equal proportion. These documents will be signed by consultant in Radiology Department and will be submitted to parent department on re-joining.

2.B.6.6 Nuclear Medicine

During his posting learner is expected to learn at least following skills and gain knowledge regarding:

- 2.B.6.6.1 Basic principles of PET and SPECT neuroimaging
- 2.B.6.6.2 Clinical indications and interpretation of PET and SPECT neuroimaging
- 2.B.6.6.3 Should maintain a log book of cases seen and detailed report of at least one scan each day of posting with SPECT and PET in equal proportion. These documents will be signed by consultant in concerned department and will be submitted to parent department on re-joining.

2.B.6.7 Clinical Psychology:

During his posting learner is expected to learn at least following skills and gain knowledge regarding:

- 2.B.6.7.1 Principles of behavioral therapy and counselling
- 2.B.6.7.2 Formulation, planning and execution of:
 - 2.B.6.7.2.1 Cognitive behavior therapy for Major depressive disorder, OCD
 - 2.B.6.7.2.2 Behavior therapies:
 - A. Exposure and response prevention
 - B. Flooding
 - 2.B.6.7.2.3 Family therapy
 - 2.B.6.7.2.4 Psychodiagnostics



2.B.6.7.3 Learner should maintain a log book of cases seen and detailed report of at least one scan each day of posting. These documents will be signed by consultant in concerned department and will be submitted to parent department on re-joining.

2.A.1 Optional Posting: Based on the residents' choice may be taken up in any of the Department (e.g. Biochemistry, Pharmacology, Clinical Psychology, Community Medicine) in All India Institute of Medical Sciences, Rishikesh which is related to the field of Psychiatry/ Neuro-Sciences will be done for 15 days in fifth semester. Students are expected to acquire knowledge and skills regarding following areas during optional postings.

Expected Knowledge and Skill		Department
1	Public Health Approach and Epidemiology	Community Medicine
2	Techniques used in genetics: PCR, Gene sequencing etc.	Biochemistry
3	Clinical Trial Designing and Neuropsychopharmacology	Pharmacology
5.	Forensic Psychiatry	Psychiatry

2.B.7.1 Learner will maintain a log book of work done. These documents will be signed by consultant in concerned department and will be submitted to parent department on re-joining.

2.A.2 Whenever required for the training, and wherever feasible, JRs may be sent to other institutes of national importance for maximum period of 30 days. On completion of training, JRs will have to submit a detailed report.

B. Departmental Induction Program

Once the postgraduates reach the department, department will conduct a three-day induction program. All faculty members and senior residents shall be the part of induction program. This program is aimed at providing an overview of departmental functioning to the new postgraduate students.

2.B.1 Orientation of the department

2.B.2 Doctor patient relationship:

2.B.2.1 Duties & responsibilities of a Doctor to the patient, family & society

2.B.2.2 What is ailing Doctor-patient Relationship?

2.B.2.3 Rights and privileges of the patient; Obtaining valid consent and refusal of treatment



- 2.B.2.4 Dealing with partially competent patient
- 2.B.2.5 Dealing a patient who refuse treatment
- 2.B.2.6 Deciding when it is morally justified to withhold information from a patient
- 2.B.2.7 Deciding when it is morally justified to breach confidentiality
- 2.B.2.8 Moral aspect of caring for a patient whose prognosis is poor
- 2.B.3 Documentation and standard operating protocols of the department
- 2.B.4 History taking and mental status examination; General Physical examination of the patient; Neurological examination of the patient
- 2.B.5 Handling difficult patients/ emergency care
- 2.B.6 Soft skills- Attitude, communication, de-escalation etc.
- 2.B.7 Monitoring skills: Assessment of progress through MSEs and signs on physical examination
- 2.B.8 Therapeutic skills: Planning and execution of short and long term management, Monitoring and management of ADRs, Prognostication to patient/family members
- 2.B.9 Investigative skills: Lumbar puncture, EEG, Polysomnography, Neuromodulation, Alcohol breath analysis, Urine drug screening; interpretation of lab reports, X-rays, ECG; interpretation of brain imaging: CT-Scan Brain, MRI brain, PET Scan: Brain.
- 2.B.10 Medico-legal Aspects
 - 2.B.10.1 Legislations related to Psychiatry practice
 - 2.B.10.2 Medical Negligence & CPA; Law, Medicine and the Market
 - 2.B.10.3 Medico legal protection
 - 2.B.10.4 Consumer forum
 - 2.B.10.5 Procedure in Medico Legal cases; Medico legal examination
 - 2.B.10.6 Medical certificates (Sickness / Fitness, Death Certificate)
 - 2.B.10.7 Medico legal reports & Medico Legal Formalities, Injury



SYLLABUS FOR MD PSYCHIATRY

3. Semester wise division of topics:

Considering the examination process as mentioned in section 7, syllabus is divided in six semesters. At the end of each semester, examination will be held from the syllabus mentioned for respective semester.

3.1. Syllabus common for all semesters:

3.1.1. Review Articles/ Meta-analysis published in following journals during the semester

- 3.1.1.1. Indian Journal of Psychiatry
- 3.1.1.2. Indian Journal of Psychological Medicine
- 3.1.1.3. American Journal of Psychiatry
- 3.1.1.4. British Journal of Psychiatry
- 3.1.1.5. Journal of Hospital Psychiatry
- 3.1.1.6. Articles published in any of the subspecialty journal provided by the faculty members

3.1.2. All Academic activities as mentioned in sections 2.1.1 and 2.1.2 during the semester

3.2. Semester wise division of syllabus:

Syllabus include following topics and their extensions. JR is encouraged to read relevant literature from the reading material suggested in the Reading list (Section 10).

3.2.1. First Semester:

- 3.2.1.1. Neural Development and Neurogenesis
- 3.2.1.2. Neurotransmitters, Neuropeptides and Neurotrophic Factors
- 3.2.1.3. Basic concepts of structural and functional Neuroimaging in Neuropsychiatric Disorders
- 3.2.1.4. Genetics and Epigenetics in Psychiatry
- 3.2.1.5. Epidemiology in Psychiatry
- 3.2.1.6. Animal Models in Psychiatric Research
- 3.2.1.7. Pain Systems: Interface with the Affective Brain
- 3.2.1.8. Neuroscience of Social Interaction
- 3.2.1.9. Basic Science of Self
- 3.2.1.10. Basic Science of Appetite
- 3.2.1.11. Theories of learning & cognition
- 3.2.1.12. Biology of Memory
- 3.2.1.13. Functional Connectivity
- 3.2.1.14. Brain models of mind
- 3.2.1.15. Basics of Psychopharmacology
- 3.2.1.16. Normality and Mental Health
- 3.2.1.17. Psychiatric Interview, History Taking, and Mental Status Examination



- 3.2.1.18. Psychiatric Report, Medical Record, and Medical Error
- 3.2.1.19. Medical Assessment and Laboratory Testing in Psychiatry
- 3.2.1.20. Signs and Symptoms in Psychiatry
- 3.2.1.21. Onco-Psychiatry
- 3.2.1.22. Psychoneuroimmunology

3.2.2. Second Semester:

- 3.2.2.1. Classification of Mental Disorders
- 3.2.2.2. International Classification of Psychiatric Illness-ICD & DSM
- 3.2.2.3. Treatment Practice Guidelines in Psychiatry
- 3.2.2.4. Clinical Neuropsychology and Cognitive/ Intellectual Assessment of Adults and Children/Adolescents
- 3.2.2.5. Anthropology & Psychiatry
- 3.2.2.6. Sociology related to Psychiatric Disorders
- 3.2.2.7. Personality Assessment: Adults and Children/Adolescents
- 3.2.2.8. Theories of Personality
- 3.2.2.9. Principles and Applications of Quantitative Electroencephalography in Psychiatry
- 3.2.2.10. Psychiatric Rating Scales
- 3.2.2.11. Schizophrenia spectrum disorders
- 3.2.2.12. Obsessive Compulsive Disorders
- 3.2.2.13. Anxiety and stress related disorders including Adjustment disorder
- 3.2.2.14. Culture-Bound Syndromes
- 3.2.2.15. Trans cultural Psychiatry
- 3.2.2.16. Mood Disorders (Depression and Bipolar disorder)
- 3.2.2.17. Dissociative Disorder, Somatic symptoms & relates disorders
- 3.2.2.18. Emergency Psychiatry including risk assessment

3.2.3. Third Semester:

- 3.2.3.1. Biological treatment methods
- 3.2.3.2. Clinical Psychopharmacology
- 3.2.3.3. Brain Stimulation Methods e.g., ECT, rTMS, DBS and others
- 3.2.3.4. Neurocognitive disorders (including Dementia, Amnesia and Delirium)
- 3.2.3.5. Substance Related and Addictive Disorders (Including Alcohol, Stimulants, Caffeine, Cannabis, Cocaine, Hallucinogen (including Phencyclidine), Inhalants, Tobacco, Opioids, Sedative Hypnotics, Anabolic-Androgenic Steroid, behavioural addictions)
- 3.2.3.6. Forensic Psychiatry
 - 3.2.3.6.1. Mental Health Care Act & other related Indian laws
 - 3.2.3.6.2. Persons with Disability Act and related laws
 - 3.2.3.6.3. Narcotic Drugs and Psychotropic Substances Act
 - 3.2.3.6.4. Consumer Protection Act



3.2.4. **Fourth Semester:** Syllabus include following topics. JR is encouraged to read relevant literature.

- 3.2.4.1. Personality Disorders
- 3.2.4.2. Child Psychiatry disorders (Intellectual disability, Autism spectrum disorder, Attention-Deficit-Hyperactivity, Specific learning disorder, Disruptive and impulse control disorders)
Other important topics in child psychiatry
 1. Attachment disorders
 2. Eating Disorders
 3. Developmental trauma
 4. Mood and anxiety disorders in childhood
 5. Treatment in child psychiatry
 6. Pharmacotherapy in child psychiatry may be helpful
 7. Children with parents with mental illness.
- 3.2.4.3. Consultation Liaison Psychiatry
- 3.2.4.4. Neuropsychiatry
- 3.2.4.5. Basic Neurology including examination
- 3.2.4.6. Electrophysiology including EEG, Quantitative EEG, EMG, NCV, Evoked potentials
- 3.2.4.7. Psychosocial interventions: Basic theoretical concepts of Psychotherapy
 1. Developmental theories and its relevance to modern psychiatry
 2. Psychodynamic thinking in Psychiatry
 3. Models of Psychiatric formulation
 4. Psychiatric interview in different age groups and settings
 5. Psychotherapy basic principles (psychodynamic to therapies like DBT, MBT, etc)
 6. Family Therapy (Basic skills)
 7. Childhood trauma and its relevance to psychiatry
- 3.2.4.8. Women Mental Health: Perinatal Psychiatry
- 3.2.4.9. Disaster Psychiatry

3.2.5. **Fifth Semester:** Syllabus include following topics. JR is encouraged to read relevant literature.

- 3.2.5.1. Community Psychiatry: Public Health Approach, Changing Epidemiology of Psychiatric Disorders, National Mental Health Program, Models of Care, Service Delivery
- 3.2.5.2. Geriatric Psychiatry: Comprehensive assessment and management of various disorders
- 3.2.5.3. Human Sexuality and Sexual Dysfunctions
- 3.2.5.4. Homosexuality, Gay and Lesbian Identities, and Homosexual Behaviour
- 3.2.5.5. Paraphilia
- 3.2.5.6. Gender Identity Disorders
- 3.2.5.7. Psychiatric rehabilitation
- 3.2.5.8. Sleep Disorders
- 3.2.5.9. Neurosurgical Treatment



3.2.5.10. Cognitive and Behavioural Therapies: Theories and practice

3.2.6. **Sixth Semester:** All topics covered in previous five semesters and newer advancements



Thesis

4. Follow the current recommendations of Academic Council of All India Institute of Medical Sciences, Rishikesh

4.1. **Guides/ Co-Guides:**

- 4.1.1. It is mandatory that every student pursuing MD degree in Psychiatry to write a thesis under the guidance of the postgraduate teacher (guide) and a Co-guide. Number of co-guides can be increased, if necessary.
- 4.1.2. The basic aim of carrying out thesis writing is to train a postgraduate in research methods and techniques.
- 4.1.3. A Guide shall be appointed from the Department of Psychiatry and the Co-guide can be either from the department or from other disciplines related to the thesis topic.
- 4.1.4. Before the submission of the thesis protocol to the Dean of the Institute it will be presented to the department faculty and peers.

4.2. **Protocol of thesis:**

It consists of:

- 4.2.1. Introduction
- 4.2.2. Brief review of literature: Must include gaps in existing literature, Need for the study and clear hypothesis
- 4.2.3. Aims and objectives
- 4.2.4. Material and methods: Including calculation of sample size
- 4.2.5. Statistical Analysis
- 4.2.6. Bibliography
- 4.2.7. Annexures: Including Informed consent form, Patient Information Sheet, Case Record Form, Scales/ Questionnaires as applicable

4.3. **The Final Thesis:**

Thesis should consist of:

- 4.3.1. Introduction
- 4.3.2. Literature Review including gaps in existing literature, Need for the study and clear hypothesis
- 4.3.3. Aims and objective
- 4.3.4. Material and methods
- 4.3.5. Observations and results
- 4.3.6. Discussion
- 4.3.7. Limitations
- 4.3.8. Conclusion
- 4.3.9. Summary
- 4.3.10. Future directions
- 4.3.11. Bibliography
- 4.3.12. Annexures



4.3.13. Master Chart

4.4. Evaluation of thesis:

4.4.1. Periodic evaluation:

Progress meetings for the thesis shall be conducted at the end of each semester. Meetings shall be incorporated in the departmental academic activity. After completion, thesis will be sent for review to external examiners as per policy of AIIMS, Rishikesh.

4.4.2 Final evaluation:

The dissertation, when submitted is sent out to external expert reviewers for their comments/approval. The review by experts comprises of a semi-structured format as described hereunder:

- i. General overview
- ii. Novelty of the research work
- iii. New skill sets learnt by trainee
- iv. Critical / analytical thinking demonstrated
- v. Adequacy of trainee's contribution
- vi. Specific comments
- vii. Introduction & review of literature
- viii. Specific aims and hypotheses
- ix. Study method
- x. Statistical analyses and results
- xi. Discussion & conclusions
- xii. Bibliography
- xiii. Overall comments
- xiv. Recommendation Modify/Accept/Reject

Note: Each of the general and specific comments are rated on a scale of 1 to 4; where 1=not satisfactory, 2=satisfactory, 3=good, 4=exceptional



5. LOG BOOK

- 5.1. PG shall maintain a record log book of the work carried out by them during the period of training (Annexure 4).
- 5.2. The log book has to be maintained as recommended by the department, checked, and assessed periodically and signed by the senior resident weekly and consultant fortnightly and, checked and signed by the HOD at the end of every month.
- 5.3. Scanned copy of the log book will be kept in the departmental record for future purposes.

6. Poster/Research Presentation and

Publication: During the training period JR has:

- 6.1. To present at least one poster presentation in a National conference.
- 6.2. To read at least one paper in a National conference.
- 6.3. To submit at least one research paper, which should be published/accepted for publication/sent for publication during the period of his postgraduate studies in National/ international indexed journal.
- 6.4. Data should have been collected during the training period



ASSESSMENT

7. Scheme of Assessment:

During the course, both formative and summative assessment shall be done.

7.1 Formative assessment:

- 7.1.1 It will be based on day to day observations by the faculty members related to parameters mentioned in sections 1.3.1, 1.3.2 and 2.1.4.
- 7.1.2 Performa for the assessment are attached with the curriculum (Annexure 1, 2,6)
- 7.1.3 It will be done by each faculty member independently at the end of every month
- 7.1.4 Students will also be given relevant topics for discussion by each faculty member in sequential manner on weekly basis using Google Classroom. Students are expected to read the material and participate in discussion. They will be assessed using the content of their submission.

7.2 Periodic assessment:

- 7.2.1 **Monthly Assessment:** Informal assessment shall be done at the end of each month by each consultant. Assessment criteria will cover all objectives as mentioned in section 1.2 (Annexure 7).
- 7.2.2 **Semester Assessment**
 - 7.2.2.1 During first 5 semesters examination will be held at the end of last month of semester.
 - 7.2.2.2 Syllabus will include topics mentioned in sections 3.1 and 3.2.
 - 7.2.2.3 Examination shall consist of theory and practical cum viva-voce, 100 marks each.
 - 7.2.2.4 Theory examination shall consist of structured short answer questions aimed at assessment of assimilation of subject's knowledge and Multiple choice questions. It will be aimed to assess objectives mentioned in section 1.3.1.
 - 7.2.2.4.1 70% weightage of theory will be given to Structured short answers questions and remaining 30% to multiple choice questions.
 - 7.2.2.5 Practical examination will be conducted that will consist of case-presentations and OSCE/OSPE. It will be aimed at assessment of skills mentioned in section 1.3.2.
 - 7.2.2.5.1 One long case and at least one short case shall be given. It will weigh 50% of the total marks for practical examination.
 - 7.2.2.5.2 Remaining 50% weightage shall be given to OSCE/OSPE relevant to the syllabus of the semester.
- 7.2.3 Second to fifth semesters will include syllabus from previous and current semester in a ratio of 30-50% content from previous semesters. This will ensure assimilation of knowledge and continued learning.



- 7.2.4 Critical and constructive feedback will be provided after each examination.

7.3 Pre-Professional Examination*:

This assessment will be carried out to prepare the student for appearing in final examination.

- 7.3.1 It will include syllabus from all semesters.
- 7.3.2 Examination shall consist of theory and practical cum viva-voce, 400 marks for theory and 400 for practical.
- 7.3.3 Theory examination shall consist of four papers (100 marks each).
- 7.3.3.1 Paper 1 will cover basic sciences relevant to the subject.
- 7.3.3.2 Paper 2 will include General Adult Psychiatry.
- 7.3.3.3 Paper 3 Subspecialties of the Psychiatry and Neurology
- 7.3.3.4 Paper 4 Recent advances
- 7.3.3.5 Theory examination will consist of structured short answer questions aimed at assessment of assimilation of subject's knowledge (critical analysis) and Multiple choice questions. It will be aimed to assess objectives mentioned in section 1.3.1.
- 7.3.3.6 70% weightage of theory will be given to Structured short answers questions aimed at assessment of critical and analytical thinking and remaining 30% to multiple choice questions.
- 7.3.4 Practical examination will be conducted that will consist of case-presentations and OSCE/OSPE. It will be aimed at assessment of skills mentioned in section 1.3.2.
- 7.3.4.1 One long case from General Psychiatry or its sub-specialties (100 marks) and two short cases (50 marks each) shall be given, with one short case from Neurology and one with relevance to Psychiatry practice with preference to Consultation Liaison Psychiatry.
- 7.3.4.2 Remaining 50% weightage shall be given to OSCE/OSPE relevant to the syllabus.
- 7.3.4.3 Some stations of OSCE/OSPE shall be directed towards examining soft skills/ attitude/ communication skills/ professional conduct. Examples include how to deal the situation when patients start following you on social media; patient presenting you with some gift etc.
- *The structure of pre-professional examination may be modified and finalized subsequent to approval of structure for final examination by academic council.*

7.4 Final Professional Examination*:

This assessment will be carried out to evaluate objectives and competencies mentioned in sections 1.2 and 1.3.

- 7.4.1 It will include syllabus from all semesters.



- 7.4.2 Examination shall consist of theory and practical cum viva-voce, 400 marks for theory and 400 for practical.
- 7.4.3 Evaluation panel will consist of two internal examiners and two external examiners. Selection of internal and external examiners will be done following the prevailing policies of the institute.
- 7.4.4 Theory examination shall consist of four papers (100 marks each).
 - 7.4.4.1 Paper 1 will cover basic sciences relevant to the subject.
 - 7.4.4.2 Paper 2 will include General Adult Psychiatry.
 - 7.4.4.3 Paper 3 Subspecialties of the Psychiatry and Neurology
 - 7.4.4.4 Paper 4 Recent advances
 - 7.4.4.5 Theory examination will consist of structured short answer questions aimed at assessment of assimilation of subject's knowledge (critical analysis) and Multiple choice questions. It will be aimed to assess objectives mentioned in section 1.3.1.
 - 7.4.4.6 70% weightage of theory will be given to Structured short answers questions aimed at assessment of critical and analytical thinking and remaining 30% to multiple choice questions.
- 7.4.5 Practical examination will be conducted that will consist of case-presentations and OSCE/OSPE. It will be aimed at assessment of skills mentioned in section 1.3.2.
 - 7.4.5.1 One long case from General Psychiatry or its sub-specialties (100 marks) and two short cases (50 marks each) shall be given, with one short case from Neurology and one with relevance to Psychiatry practice with preference to Consultation Liaison Psychiatry.
 - 7.4.5.2 Remaining 50% weightage shall be given to OSCE/OSPE relevant to the syllabus.
 - 7.4.5.3 Some stations of OSCE/OSPE shall be directed towards examining soft skills/ attitude/ communication skills/ professional conduct. Examples include how to deal the situation when patients start following you on social media; patient presenting you with some gift etc.

**The structure of professional examination may be modified and finalized subsequent to approval of structure for final examination by academic council.*



8. Eligibility Criteria to appear for the MD Examination*:

8.1. Attendance

The candidate must have attendance as per rules laid down by the academic council.

8.2. Poster, Paper, Research Presentation and Publication:

8.2.1. To present one poster presentation National/International Conference.

8.2.2. To read one paper at a National/International conference.

8.2.3. To submit at least one research paper, which should be published/accepted for publication/sent for publication during the period of his postgraduate studies in National/ international indexed journal.

8.2.4. Data should have been collected during the training period

8.3. Semester Examinations:

8.3.1. The candidate must secure at least an average of 50% marks in the best of 3 out of 5 semester examinations separately in theory as well as practical.

8.3.2. In the pre-professional examination, the candidate must secure at least 50% marks separately in theory as well as practical.

8.4. Formative assessment:

8.4.1. The candidate must secure at least 50% marks in the formative assessment.

8.5. Thesis acceptance

8.5.1. To appear in examination, submission of thesis is required.

8.5.2. The Thesis has to be accepted by external reviewers, before awarding the degree.

8.6. Recommendation from the Department

Department will provide in writing a certificate of good standing of the candidate for being eligible to appear in the professional examination.

**May be modified and finalized subsequent to approval by academic council.*

9. Criteria for passing MD examination:

9.1. Candidate has to secure at least 50% marks individually in theory and practical during final assessment.

9.2. In the final assessment formative assessment will have 20% weightage, 20% weightage shall be given to monthly assessment, 20% to semester and 40% to the final examination.



- 9.3. Marks of formative assessment for Seminars (Annexures 1) and Journal Club (Annexure 2) shall be included in Theory in proportion to marks obtained (percentage).
- 9.4. Marks of Case presentations (Annexure 6) and monthly assessment (Annexure 7) shall be included in practical in proportion to marks obtained (percentage).
- 9.5. Marks obtained in theory and practical during semester examinations shall be included in theory and practical, respectively.



Assessment Method	Marks Obtained/ Total	Percentage (Out of 100)	Weightage to final marks	Marks to be added to final marks (Multiply Total by weightage)	Marks out of 100
Theory					
Formative					
	Seminars		20%		
	Journal Club				
	E-Classroom				
Total					
Periodic					
	Semester 1		20%		
	Semester 2				
	Semester 3				
	Semester 4				
	Semester 5				
Total					
Pre-Professional					
	Paper 1		20%		
	Paper 2				
	Paper 3				
	Paper 4				
Total					
Professional					
	Paper 1		40%		
	Paper 2				
	Paper 3				
	Paper 4				
Total					
Grand Total Theory					
Practical					
Formative					
	Case Conference		20%		
Monthly					



	Monthly Assessment			20%		
Periodic						
	Sememster 1			20%		
	Semester 2					
	Semester 3					
	Semester 4					
	Semester 5					
	Pre Prof					
Total						
Final				40%		
Grand Total Practical						



10. Suggested Reading List*

Textbooks:

- Cowen P, Harrison P, Burns T. Shorter Oxford textbook of psychiatry. Oxford University Press; 2012.
- Morgan CT, King RA, Weisz JR, Schopler J. Introduction to Psychology, 7th Edition. Tata McGraw Hill: 2001.
- Trapp RG, Dawson B. Basic & clinical biostatistics, 4th edition. Appleton & Lange; 2014.
- Sadock BJ, Sadock VA. Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry. Lippincott Williams & Wilkins; 2011.
- Sadock BJ, Sadock VA, Ruiz P. Kaplan and Sadock's Comprehensive Textbook of Psychiatry, Tenth Edition. Wolters Kluwer Health; 2017.
- Gelder MG, Juan J, Nancy A. New Oxford textbook of psychiatry, Vol 1 & 2. Oxford: Oxford university press; 2004.
- Oyebode F. Sims' symptoms in the mind: an introduction to descriptive psychopathology. Elsevier Health Sciences; 2008.
- Fish FJ, Casey PR, Kelly B. Fish's clinical psychopathology: signs and symptoms in psychiatry, 4th Edition. RCPsych Publications; 2007.
- Tasman A, Kay J, Lieberman JA, First MB, Riba M. Psychiatry. Wiley Blackwell: 2015.
- Wolberg LR. The technique of psychotherapy, Parts 1 & 2. Grune & Stratton, Inc/Harcourt; 1988.
- Stahl SM, Stahl SM. Stahl's essential psychopharmacology: neuroscientific basis and practical applications, 4th Edition. Cambridge university press; 2013.
- Thornicroft G, Mueser KT, editors. Oxford textbook of community mental health. Oxford University Press; 2011.
- Lowinson JH. Lowinson and Ruiz's substance abuse: A comprehensive textbook. Lippincott Williams & Wilkins; 2011.
- Rutter MJ, Bishop D, Pine D, Scott S, Stevenson JS, Taylor EA, Thapar A. Rutter's child and adolescent psychiatry. John Wiley & Sons; 2011.
- David A, Fleminger S, Kopelman M, Mellers J, Lovestone S. Lishman's organic psychiatry: a textbook of neuropsychiatry. John Wiley and Sons; 2009.
- Ropper A, Samuels M, Klein J. Adams and Victor's Principles of Neurology 10th. McGraw Hill professional.
- Spillane J. Bickerstaff's neurological examination in clinical practice. John Wiley & Sons; 2008.
- Kryger MH, Avidan AY, Berry RB. Atlas of Clinical Sleep Medicine. Elsevier Saunders: 2014.
- Chavan BS, Gupta N, Arun P, Sidana A, Jadhav S, editors. Community mental health in India. Jaypee Brothers Medical Publishers (P) Limited; 2012.



Guidelines:

- Diagnostic and Statistical Manual of Mental Disorders – Latest available edition
- International Classification of Mental and Behavioural Disorders-11
- The Maudsley Prescribing Guidelines in Psychiatry: Latest available edition
- Evidence based guidelines for treatment of major psychiatric disorders – available on uptodate through AIIMS Rishikesh e-library.
- Indian Psychiatric Society Guidelines (Available on Indian Psychiatric Society website)
- American Psychiatric Association Practice Guidelines

Available online at <http://psychiatryonline.org/guidelinesa>

Journals:

- Indian Journal of Psychiatry
- American Journal of Psychiatry
- British Journal of Psychiatry
- Journal of Clinical Psychiatry

**Suggested reading list may be modified from time to time. Please use the latest edition of the book available in the market.*

Dr Prabha S. Chandra
Professor, Psychiatry
NIMHANS, Bengaluru

Dr Suresh B. Math
Professor, Psychiatry
NIMHANS, Bengaluru

Dr David Neubauer
Asso. Prof, Psychiatry
Johns Hopkins University,
Baltimore

Dr Soumya Basu
Adjunct Sr. Lecturer Prof.
Monash University
Melbourne

Dr John Winkelman
Professor, Psychiatry
Harvard Medical School
Boston

Dr Anindya Das
Asso. Prof., Psychiatry
AIIMS, Rishikesh

Dr Ravi Gupta
Addl Prof, Psychiatry
AIIMS, Rishikesh



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Department of Psychiatry
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Score sheet - Seminar Presentation

Presenter:

Moderator:

Chairperson:

Topic / Title of Presentation:

Date of Presentation:

<i>Content and conceptualization</i>		<i>Scores received</i>						<i>Maximum score</i>
		1	2	3	4	5	6	
01	Whether Chairperson Approached on time (Adequate time given for Preparation)							YES / NO
02	Layout/outline, appropriateness of subheadings							10
03	Methods to extract literature							10
04	Extant and appropriateness of literature surveyed							10
05	Synthesis							10
06	Bibliography							10
07	Clarity, Lucidity, precision of language and overall elegance of the hand-out							10
Presentation								
08	Style, clarity, compactness of expression and presentation							10
09	Expression and Language							10
10	Use of audio-visual techniques- appropriateness, quality visibility, and comprehensibility, novelty)							10
11	Response to points raised in discussion							10
	Total							100
							Aggregate/Average total	/100

Any other feedback from Chairperson:

Chairperson's Signature

Signature of Student

Chairperson's Signature



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Department of Psychiatry
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Score Sheet - Journal Club Presentation

Presenter:

Moderator:

Chairperson:

Title with Article details:

Date of Presentation:

<i>Content and conceptualization</i>		<i>Score received</i>						<i>Maximum score</i>
		1	2	3	4	5	6	
01	Whether Chairperson Approached on time (Adequate time given for Preparation)						YES / NO	
02	Reasons for selection							10
03	Summary and critique- literature review and need for the study							10
04	Summary and critique- methodology							10
05	Summary and critique- results and their presentation							10
06	Summary and critique- discussion and conclusions							10
07	Overall understanding of the paper							10
<i>Presentation</i>								
08	Style, clarity, compactness of expression and presentation							10
09	Expression and Language							10
10	Use of audio-visual techniques- appropriateness, quality visibility, and comprehensibility, novelty)							10
11	Response to points raised in discussion							10
	Total							100
							Aggregate/Average total	/100

Any other feedback from Chairperson:

Chairperson's Signature



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....UHID:..... Date:.....

OPD Work-Up Proforma

Age:

Gender:

M/F/T

Mobile No.:

S/o/D/o/:

Address:

Referred by: Self / GP / MHP / Psychiatrist / Any Other

Nominated Representative: Yes (give details) / No Valid Advance Directive: Yes (details) / No

Identification Marks: 1.

2.

Information: (Source, Reliability and Adequacy)

Presenting Complaints: (with duration)

1.

2.

3.

4.

5.

Onset: Abrupt / Acute / Insidious

Course: Episodic / Continuous / Others

Predisposing factor / Perpetuating factor / Precipitating factor:

HOPI: (Briefly mention important history)



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....UHID:..... Date:.....

Risk to self/others: (specify)

Impairment: Biological (Sleep/Appetite/Sexual)

Social:

Occupational:

NEGATIVE HISTORY:

TREATMENT HISTORY:

Medication	Adv. by	Dose	Duration	Side effect	Response

Impression (specify if adequate trial, compliance, any other issue):

PAST HISTORY:



**All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry**

Name of Patient:.....UHID:..... Date:.....

FAMILY HISTORY: (Psychosis/ Mood disorders/ Suicide/ Substance/ Medical/ others (specify)

Living arrangement: Nuclear / Joint / Extended / Single Caregiver: Parent/ Spouse/ Sibling/ Others

Genogram (3 generation):

PERSONAL HISTORY:

Birth & Development:

Childhood history (esp. play and peer group behavior):

School:

Occupational:

Menstrual History: Age of Menarche: LMP:

Sexual History:

Marital History:

Pre-morbid Personality: personality traits / maladaptive traits / disorder

/ (specify) Temperamental History (when applicable): Easy/ Slow to

warm up/ Difficult Child GENERAL PHYSICAL EXAMINATION:

Pulse: BP: RR: Temp: Pain:

Any other Finding: (incls. swellings, neuro-cutaneous stigmata, physical anomalies, etc):

SYSTEMIC EXAMINATION:

All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....UHID:..... Date:.....

MENTAL STATUS EXAMINATION:

General appearance and behavior:

Consciousness:

Dressing and grooming:

Tics/Stereotypies/Mannerism/any other:

Eye to eye contact:

Rapport:

Any other finding:

Psychomotor activity: (normal / Increased / retarded / restless)

Speech: Spontaneous:

Tone:

Volume:

Tempo:

Reaction time:

Relevant / Irrelevant Coherent / Incoherent

Prosody:

Mood:

Affect: subjective:

Objective assessment:

Range:

Reactivity:

Communicability:

Appropriateness:

Congruency:

Lability:

Overall quality/Inference:

Thought: (describe psychopathology, verbatim and write inference)

Form:

Stream: (flight / though block / thought retardation / circumstantiality / perseveration)

Possession: (obsession / compulsion / thought alienation)

Content:



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....UHID:..... Date:.....

Perception:

Cognitive Function test:

Orientation: (Time/Place/Person)

Attention & Concentration:

Memory: Immediate

Intelligence: General fund of knowledge

Recent

Comprehension

Remote

Arithmetic

Abstraction Difference: Abstract / Semiabstract / Concrete

Similarity: Abstract / Semiabstract / Concrete

Proverb: Abstract / Semiabstract / Concrete

Judgement: Personal

Social

Test

Insight: (grade)

Case formulation: (diagnostic formulation along with management and prognostic issues)



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....UHID:..... Date:.....

Differential diagnosis:

Diagnosis: (Provisional / Tentative / Final)

Important issues identified: (medico-legal / psychosocial / management related / any other)

Management: (To be managed at OPD / IPD / Any other setting)

(Investigations / pharmacological / Non-pharmacological / referrals with reasons / need for admission / follow up advise, etc.)

Name & Signature of Faculty/Senior Resident

Name & Signature of Jr. Resident

**ALL INDIA INSTITUTE OF MEDICAL SCIENCE RISHIKESH****DEPARTMENT OF PSYCHIATRY****ADMISSION RECORD FORM**

UHID										DATE & TIME											
PATIENT DETAILS																					
Name:																					
Father's/Husband's/Guardian's name:																					
Age: Years					Months					Landline No.											
Gender: Male					Female					Mobile No.											
Occupation:										Monthly Income:											
Present Address:										Permanent Address: (if not same as present address)											
Post Office:										Post Office:											
Tehsil:										Tehsil:											
Village:										Village:											
District:										District:											
State:										State:											
Country:										Country:											
PIN Code:										PIN Code:											
E-mail Address:																					
I/D Marks: 1.										2.											
Aadhar No.:																					
Details of Nominated Representative (if applicable):																					
Advanced Directive: (Yes / No)																					
Admission Details						MLC Details							Discharge Details								
Date of Admission: Time:						Brought by: Belt No. Police Station:							Date of Discharge: Time:								
Under Section (MHA, 2017):						MLC No.							Duration of Stay: (in days)								
Admission Diagnosis(s) (provisional):						Order Issued by (MM):							Final Diagnosis: ICD Code:								
Admitting SR													Discharging SR								
Admitting Consultant - (Name & Signatures)													Discharging Consultant (Name & Signatures)								
Designated M.O. I/c (under MHCA, 2017) - (Name & Signatures)						MLC No.							Designated M.O. I/c (under MHCA, 2017) - (Name & Signatures)								
Referred by:																					
Type of Discharge:				Voluntary			Absconding			On Request			Against Advise			Court Order			Sec. 98 MHCA 2017		
Discharge Status:				Recovered			Much Improved			Slightly Improved			Unchanged			Death					
Cause of Death:													Autopsy (Yes / No)								



**All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry**

Name of Patient:.....DOA:.....UHID:.....

Checklist

To be completed by JR In-charge of case and to be verified by SR In-charge of case within 6 hours of patient reaching the ward. This process must be expedited as far as possible (Information given below must corroborate and reflect in the Case Records).

Time of Admission:.....AM/PM (as per Nursing Records)

	Yes	No	If not done, reason
Admission Order/ Request attached (in original)			
Admission Record Form filled			
Mental Healthcare capacity assessed and Proforma filled			
Assessment for admission under appropriate section			
Reliability and details of informant			
Presenting complaints with duration			
H/O Present Illness			
Negative History			
Past History			
Treatment History			
Family History with Genogram			
Birth and developmental History			
Pre-morbid Personality / Temperamental history			
Occupational History			
General Physical Examination			
Systemic Examination			
Mental Status Examination			
Differential Diagnosis & Diagnosis (Provisional / Final)			
Relevant Scales applied			
Plan of management mentioned			
Requisite investigations advised and sent			
Report Collected (Urgent reports)			
Any other consultation sent, if required			
Treatment initiated			
In cases of Urgent Clinical need in the ward:			
Initial assessment completed			
SR/Consultant approached			
Management discussed and started			
Relevant investigations ordered and sent			
If any other consultation is required, attending physician is approached			

(JR's Name with Date & Time)

(SR's Name with Date & Time)



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....DOA:.....UHID:.....

Date
& Time

Detailed Assessment Proforma

A. Socio-demographic Details:

B. Sources of information:

C. Reliability & Adequacy of information:

D. Presenting Complaints with duration:
(In Chronological order)

(As per Severity / Priority)

E. Total Duration of Illness:

F. Onset / Course / Progression:

G. Predisposing/ precipitating/ perpetuating factors:

H. History of Present Illness (HOPI):



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....DOA:.....UHID:.....

Date & Time

(Do mention in detail the biological functions, socio-occupational impact/functioning & activities of daily living)



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....DOA:.....UHID:.....

Date & Time

I. Negative History:

J. Past History:

K. Treatment History with A/E, if any to be included in time-line:

Drug	1.	2.	3.	4.	5.	6.
Dosage						
Date / Duration						
Adverse effect(s)						
Reason to change / stop						
Response						

L. Assessment for treatment compliance:



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....DOA:.....UHID:.....

Date & Time

M. Important highlights of treatment history:

N. Family History with Genogram:

(Do also mention in detail the interpersonal relationships, instrumental support & perceived support)

O. Personal History

a. Birth and Developmental History:

b. Childhood history (esp. play and peer group behavior)

c. Scholastic history

d. Occupational History:



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....DOA:.....UHID:.....

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e. Sexual and Marital history (include menstrual history in case of females):

P. Pre-morbid Personality (temperament, where applicable):

Q. General Physical Examination:

a. Vital signs (Pulse/Blood Pressure/Respiratory rate/Temperature/Pain)

P I C C L E

b. Oxygen Saturation:

c. Any other Finding: (incls. swellings, neuro-cutaneous stigmata, physical anomalies, etc):

R. Systemic Examination:

a. Respiratory

b. CVS

c. Per Abdomen



**All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry**

Name of Patient:.....DOA:.....UHID:.....

d. CNS Examination

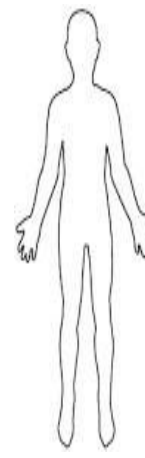
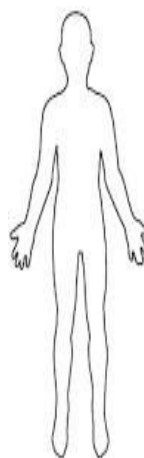
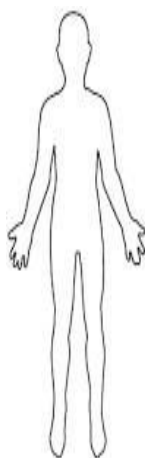
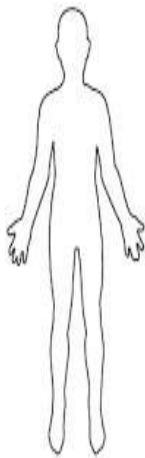
Consciousness (GCS score when necessary)

Gait

Signs of meningeal irritation

Language (Comprehension/speech output/repetition/naming/reading/writing):

Cranial Nerves			
	Right	Left	
			Right Left
			t
I			VII
II (Inc. Fundus)			VIII
III,IV,VI			IX,X,XII
V			XI
Motor system			
Bulk	Tone	Power	Involuntary movements





**All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry**

Name of Patient:.....DOA:.....UHID:.....

Reflexes:

Right

Left

Superficial:

Deep Tendon:

Biceps:

Triceps:

Supinator:

Knee:

Ankle:

Plantar:

Co-ordination and other cerebellar signs:

Sensory							
Touch		Pressure		Pain		Temperature	

Posterior column sensations (Stereognosis/Discriminative sense/Graphaesthesia):

All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry



Name of Patient.....DOA:.....UHID:.....

Date & Time

e. Cognitive Functions:

Orientation:

Attention / Concentration:

Memory:

Calculation:

General Fund of knowledge / Information:

Comprehension:

f. Abstraction/Reasoning:

g. Judgment: (Test, Social & Personal)

h. Lobar functions (where applicable) (specify lobe; Inc. released reflexes, apraxias, agnosias, etc.)



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....DOA:.....UHID:.....

R. Mental Status Examination:
(additional sheets may be used wherever required)

a. General appearance & behaviour
b. Rapport
c. Eye to eye Contact
d. Speech
e. Psychomotor Activity
f. Mood and Affect
g. Thought: Stream Form Possession



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

Name of Patient:.....DOA:.....UHID:.....

Content
Perception:
Insight

Diagnostic Formulation:



All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry

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Differential Diagnosis	Points in favor	Points Against
A.	1. 2. 3. 4.	1. 2. 3. 4.
B.	1. 2. 3. 4.	1. 2. 3. 4.
C.	1. 2. 3. 4.	1. 2. 3. 4.
D.	1. 2. 3. 4.	1. 2. 3. 4.
Other Medical Disorders		
1. 2. 3.		

**All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry**

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Rating scales and scores

Scale	Progress on scale (date with score)								
1.									
2.									
3.									
4.									

Prognosis

Good factors	Poor factors

Genetic counseling/Treatment Safety in pregnancy and lactation



Name of Patient:.....DOA:.....UHID:.....

Date & Time

Plan of Management

This should be based upon diagnosis, comorbidities, issues mentioned in case progress sheet and should be mentioned daily. It is dynamic and should reflect all necessary interventions.

(Name & Signature of Resident)



**All India Institute of Medical Sciences, Rishikesh
Department of Psychiatry**

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Date & Time

Summary Case Progress Sheet

Please mention symptoms, signs (General Physical Examination, Systemic Examination and Mental Status Examination), values of laboratory investigations, other medical disorders, emerging adverse effects of medications, environmental factors or any other variable that is important for the management of the case. Please score symptoms and signs on a scale of 0-10, with severity increasing from 0 to 10.

(advised to be filled by single rater)



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Department of Psychiatry
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Score Sheet - Case Conference

Presenter:

Moderator:

Chairperson:

Aim of Presentation: Demonstration / Description & Discussion of Psychopathology.

Date of Presentation:

	Domain	Marks given by Faculty Meml						Maximum score	
		1	2	3	4	5	6		
01	Whether Chairperson Approached on time (Adequate time of Preparation)							YES / NO	
02	History taking and its narration								30
03	Mental status examination-interview technique; phenomena and psychopathology elicited								30
04	Ability to generate differential diagnosis and final/ provisional diagnosis (with appropriate rationales) with the help of history, examination and relevant investigations.								20
05	Management (including case formulation, plan of care) Rationale use of investigations Pharmacological management Non-pharmacological management Prognostication							N/A	
06	Overall effort and organization on the case details								10
07	Discussion and response to queries/comments raised								10
	Total								100
Aggregate/Average total									/100

Any other feedback from Chairperson:

Chairperson's Signature



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Department of Psychiatry
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Score Sheet - Case Conference

Presenter:

Moderator:

Chairperson:

Aim of Presentation: Diagnostic Clarification.

Date of Presentation:

	Domain	Marking by Faculty (1-6)						Maximum score
		1	2	3	4	5	6	
01	Whether Chairperson Approached on time (Adequate time of Preparation)							YES / NO
02	History taking and its narration							20
03	Mental status examination-interview technique; phenomena and psychopathology elicited							20
04	Ability to generate differential diagnosis and final/ provisional diagnosis (with appropriate rationales) with the help of history, examination and relevant investigations.							40
05	Management (including case formulation, plan of care) Rationale use of investigations Pharmacological management Non-pharmacological management Prognostication							N/A
06	Overall effort and organization on the case details							10
07	Discussion and response to queries/comments raised							10
	Total							100
Aggregate/Average total								/100

other feedback from Chairperson:

Any

Chairperson's Signature



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Department of Psychiatry
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Score Sheet - Case Conference

Presenter:

Moderator:

Chairperson:

Aim of Presentation: Management of the case.

Date of Presentation:

Domain	Marking by Faculty (1-6)						Maximum score
	1	2	3	4	5	6	
01	Whether Chairperson Approached on time (Adequate time of Preparation)						YES / NO
02	History taking and its narration						15
03	Mental status examination-interview technique; phenomena and psychopathology elicited						15
04	Ability to generate differential diagnosis and final/ provisional diagnosis (with appropriate rationales)						20
05	Management (including case formulation, plan of care) Rationale use of investigations Pharmacological management Non-pharmacological management Prognostication						30
06	Overall effort and organization on the case details						10
07	Discussion and response to queries/comments raised						10
	Total						/100
Aggregate/Average total							

Any other feedback from Chairperson:

Chairperson's Signature

Name of the PG:.....

Assessment for Month/Year:.....

Please furnish following details based upon your assessment of the Post Graduate for the past one month. Based on this assessment, please prepare a critical and constructive feedback for the improvement. This feedback shall be given to the PG in writing.

SN	Area	Assessor to make assessment on a 10 point scale where 0 is poor performance and 10 is best					
		Consultant 1	Consultant 2	Consultant 3	Consultant 4	Consultant 5	Consultant 6
1.	Clinical Work						
A.	Gathering essential and accurate information related to patient						
B.	Interviewing patients/families about particulars of the medical condition for which they seek care, with specific attention to behavioral, psychosocial, environmental, and family unit correlates of disease						
C.	Performing complete and accurate physical examinations						
D.	Making informed diagnostic decisions						
E.	Developing and carrying out management plans						
F.	Making informed therapeutic decisions						
G.	Prescribing and performing all medical procedures						
H.	Making informed decisions on the basis of investigations						
I.	Change of plan, whenever required						
J.	Providing transfer of care that insures seamless transitions						
K.	Communication with other specialists, wherever required						
L.	Counseling patients and families						
M.	Providing effective health maintenance and anticipatory guidance						
N.	Using information technology to optimize patient care						
2.	Documentation						
A.	Day to day notes in file						
B.	Reasons for change in plan mentioned						
C.	Lab reports documented						
D.	Communication with other specialists documented						

E.	Complete diagnosis (including other medical disorders) mentioned on discharge card						
3. Initiatives to learn							
A.	Reads whatever was suggested						
B.	Discussed what was read						
C.	Elaborated reading on given topic						
4. Interpersonal Relationships							
A.	With patients/ relatives						
B.	With non-teaching staff						
C.	With SRs						
D.	With faculty members						
E.	With other members of fraternity						
5. Any initiatives taken for the growth of department							
Total Marks by each consultant							
Grand Total							

Feedback provided by Consultant in-Charge of the month:

Signature of Consultant in Charge