



SRM
UNIVERSITY
(Under section 3 of UGC Act 1956)



MD Psychiatry

Curriculum and Syllabus 2015

Branch Code: 22

SRM Medical College Hospital & Research Centre

SRM University

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MD PSYCHIATRY

1. GOAL AND GENERAL OBJECTIVES

A.GOALS

The goal of Post Graduate Medical Education in Psychiatry is to produce competent Psychiatrist who:

- Recognizes the health needs of the individual, community and carry out professional obligations ethically and in keeping with the objectives of the National Health Policy;
- Have mastered most of the competencies pertaining to Psychiatry, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- Shall be aware of the recent advances and developments in Psychiatry;
- Have acquired a spirit of scientific enquiry and is oriented to the principles of research methodology and epidemiology and
- Shall have acquired the basic skills in teaching of the medical and paramedical professionals.

B.OBJECTIVES

At the end of the postgraduate training in Psychiatry the student shall be able to

- Recognize the importance of Psychiatry in the context of the health needs of the community and the national priorities in the health sector.
- Practice Psychiatry ethically and in step with the principles of primary health care.
- Demonstrate sufficient understanding of the basic sciences relevant to Psychiatry.
- Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive, and promotive measures/strategies.
- Function as a competent psychiatrist – a physician specialized in the diagnosis, treatment and rehabilitation of psychiatric disorders (mental, emotional and addictive disorders).
- Having an understanding of the biological, psychological, social, economic and emotional aspects of psychiatric illnesses including possible preventive measures, for mental well being and contemporary advances and developments.

- Prescribe psychotropic medication, physical treatments such as ECT and monitor side-effects.
- Evaluate and treat psychological and interpersonal problems, including providing psychotherapy and counseling in selected cases.
- 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.
- Deal with the legal aspects of psychiatric illness.
- Be informed of the mental health programmes, policies, mental health care infrastructure and issues in community care of mentally ill in the country.
- Deal with the Psychiatric Emergencies.
- Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability.
- Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
- Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with society norms and expectations.
- Organize and supervise the chosen / assigned health care services demonstrating adequate managerial skills in the clinic / hospital or the field situation.
- Develop skills as a self-directed learner; recognize continuing educational needs; select and use appropriate learning resources.
- Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
- Develop skills in using educational methods and techniques as applicable to the teaching of medical / nursing students, general physicians and paramedical health workers.
- Function as an effective leader of a health team engaged in health care, research or training.
- Participate in the teaching and training programme of undergraduate students and interns

- Training in medical audit, management, health economics, health information system, basics of statistics, exposure to human behavior studies, knowledge of pharmaco-economics and introduction to non-linear mathematics

2. COURSE OVERVIEW

DURATION OF THE COURSE

The period of certified study and training for the Post-Graduate MD PSYCHIATRY shall be Three Academic years (six academic terms)/ 36 months. The academic terms shall mean six months training period.

COMMENCEMENT OF ACADEMIC SESSION

The academic session for the Post-Graduate shall commence from May / June of the Academic Year.

DATE OF EXAMINATION

The students admitted up to May / June of the academic year shall be registered for that academic year and shall take up their Final Third Year regular examination in April/October of the academic year after completion of 3 years/36 months.

NUMBER OF EXAMINATIONS

The University shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations.

ATTENDANCE

All students joining the postgraduate training programme shall work as full time residents during the period of training, attending not less than 80% (eighty percent) of the training during each calendar year, and will be given full time responsibility, assignments and participation in all facets of the educational process.

The period of training for obtaining the degrees shall be three completed years including the period of examination.

3. THEMES AND TOPICS

3.1 COMPONENTS OF THE POSTGRADUATE CURRICULUM:

The major components of the postgraduate curriculum shall be:

- ❖ Theoretical knowledge
- ❖ Practical and clinical skills
- ❖ Thesis skills
- ❖ Attitudes including communication skills
- ❖ Training in research methodology

3.1.2 TRAINING PROGRAMME

1. The training given with due care to the postgraduate students in the recognized institutions for the award of M.D. Psychiatry degree shall determine the expertise of the specialist produced as a result of the educational programme during the period of stay in the institution.
2. All students joining the postgraduate training programme shall work as full time residents during the period of training, attending not less than 80% (eighty percent) of the training during each calendar year, and given full time responsibility, assignments and participation in all facets of the educational process.
3. (a) An academic cell or a curriculum committee, under the chairmanship of a senior faculty member, works out the details of the training programme in consultation with other department faculty staff and also coordinate and monitor the implementation of these training programmes
(b) The training programmes shall be updated as and when required. Structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the students and the Medical Council of India inspectors to assess the same at the time of inspection.
(c) Postgraduate students shall maintain a record (log) book of the work carried out by them and the training programme undergone during the period of training.
4. During the training for Degree to be awarded, there shall be proper training in basic medical sciences related to Psychiatry; in the postgraduate training programme, both clinical and basic medical sciences, emphasis is laid on preventive and social aspects.
5. The postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

6. Training in Medical Audit, Management, Health Economics, Health Information System, basics of statistics, exposure to human behaviour studies, knowledge of pharmaco-economics and introduction to non-linear mathematics shall be imparted to the postgraduate students.
7. Implementation of the training programmes for the award of various postgraduate degree shall include the following:-

A. Basic Medical Sciences

Lectures, Seminars, Journal Clubs, Group Discussions, Participation in laboratory and experimental work, and involvement in research studies in Psychiatry and exposure to the applied aspects of the subject relevant to clinical specialties.

B. Clinical Disciplines

In-service training, with the students being given graded responsibility in the management and treatment of patients entrusted to their care ; participation in Seminars, Journal clubs, Group discussions, Clinical Meetings, Grand rounds, and Clinical case conferences; practical training in Diagnosis and medical and surgical treatment; training in the Basic Medical Sciences, as well as in allied clinical specialties.

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

This includes all the special clinics

1. OCD Clinic
2. Marital and Sex Clinic
3. De-addiction Clinic
4. Suicide prevention Clinic

Documentation, OPD card and register completion and maintenance

D. Ward: History and work up of all cases. Daily evening rounds and attending to emergencies whenever need arises.

Preparation of weekly, monthly & annual statistics

E. Performing procedures:

Administering ECT

Administering various psychological test of intelligence, memory, personality etc

Clinical examination and documentation in the files.

Completion of files

Preparation of typed discharge summary

4. DETAILED SYLLABUS

The three-year period is divided into six consecutive phases (every 6 months). These phases covered theoretical teaching imparted by the following activities as well as clinical duties.

Phase I - Basic Sciences as applied to psychiatry

- Monoamine Neurotransmitters and their implications for Psychiatric Disorders
- Excitatory Amino Acids in Psychiatric Disorders
- Neuropeptides and their relevance to Psychiatry
- Second Messenger Systems and Beyond
- Basic and applied Electrophysiology
- Magnetic Resonance and Implications for Psychiatry
- Consciousness
- Sleep and Dreaming
- Chronobiology
- Transcultural Psychiatry
- Aggression: Psychology and Biology
- Intelligence
- Learning Theories
- Information Processing: Brain Models of Mind
- Experimental Animal Research and Implications for Mental Disorder

Phase II - Clinical Psychiatry

- Approaching to Psychiatric Diagnosis and Classification
- Etiology and Clinical Profile of Dementias
- Organic Delusional, Mood and Personality Disorders
- Concept and Typology of Schizophrenia
- Biological Basis of Schizophrenia
- Course, Outcome and Prognosis of Schizophrenia
- Brief and Reactive Psychosis
- Etiological Theories of Mood Disorders
- Subtypes of Depressive Disorders and their Clinical Relevance
- Course and Outcome of Mood Disorders
- Paranoid Disorders
- Concept and Typology of Personality Disorders
- Antisocial Personality Disorders

Phase III

- Anxiety disorders: Nosological status and natural history
- Reactions to severe stress
- Current concept of dissociative disorders
- Somatization disorders: Diagnosis and clinical features
- Nosological status and clinical features of Neurasthenia
- Non organic sleep disorders
- Recent advances in eating disorders
- Management of premature ejaculation
- Psychiatric aspects of homosexuality
- Biological basis of anxiety
- Habit and impulse disorders

Phase IV

- Models of psychotherapy: an overview
- Scientific evaluation of efficacy of psychotherapy: methodological problems
- Brief dynamic psychotherapies
- Behavioral therapies
- Cognitive therapies
- Supportive psychotherapies
- Psychological management of sexual dysfunctions
- Comparative pharmacology of antipsychotic drugs
- Short-term side effects of antipsychotic drugs and their management
- Tardive dyskinesia: pathophysiology and management
- Recent advances in antidepressant drug therapy
- Management of a suicidal patient
- Role of Lithium in Psychiatric disorders
- Adjuncts and alternatives to Lithium in the management of mood disorders
- Drug treatment of generalized anxiety and panic disorders
- Recent advances in drug treatment of obsessive compulsive disorders
- Electro-convulsive Therapy: current trends

Phase V

- Human Rights of psychiatric patients
- Ethics in Psychiatry
- Indian Mental Health Act
- Epidemiology of psychiatric Illness in Old Age with Special Reference to India.
- Current Issues in Management of Elderly Psychiatric Patients.
- Integration of Mental Health into Primary Care - Its Role and Future in India.
- Classification of Child and Adolescent Psychiatric Disorders.

- Learning Disorders of Childhood
- Child Abuse and Neglect
- School Refusal
- Pervasive Development Disorders of Childhood
- Preventive Aspects of Child and Adolescent Psychiatric Disorders
- Neuro Psychological Assessment of Children

Phase VI

- Dementia: Differential Diagnosis and Management
- Delirium: Differential Diagnosis and Management
- Psychiatric Syndromes with Epilepsy
- Neuro-psychiatric Sequelae of HIV Infection
- Consultation-Liaison Psychiatry
- Psychological Aspects of Cardio-vascular Disorders
- Psychological Aspects of Gastro-intestinal Disorders
- The Terminally Ill Patient and Family
- Psychological Aspects of Breast Cancer
- Obesity
- Concept and Assessment of Disability
- Concept and Measurement of Quality of Life
- Neuro-psychological Assessment and its Relevance to Psychiatric Diagnosis and Management
- Stress and Psychological Disorders
- Psychological Aspects of Organ Transplantation

A.TEACHING SCHEDULE FOR POST GRADUATES

General Principles

Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training is skill oriented.

Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are meant to supplement this core effort.

Teaching Sessions

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 every week. Important journal articles from the peer reviewed journals are selected before the semester begins and a resident in consultation with the consultant presence a detailed critique of the article.

(d) 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. Interesting/unusual/difficult case from the inpatient or outpatient services

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

(e) Outpatient Teaching Activities

Residents are required to work up new cases in detail and then discuss with the consultant for the purpose of a psycho-pathology, diagnosis and differential diagnosis and management. During the follow-up clinics also residents are encouraged to bring their follow-up patients to the consultant for presentation and discussion.

(f) Ward Teaching

Ward rounds are taken by the consultants as well as senior residents 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 diagnosis, discussing differential diagnosis, management and estimating the premises and outcome of a particular case.

(g) Practical Demonstrations

Practical demonstrations are done specially for the teaching of EEG, Neuro-imaging and psychodiagnostic tools. Residents also learn by demonstrating various psychological tests like tests of intelligence, memory, personality, etc. to the patients.

B. POSTINGS

Psychiatry OPD and Ward

Each resident is posted to adult Psychiatry OPD and ward for duration of 24 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.

De-Addiction OPD and ward

De-Addiction posting is for 3 months. The aims of posting of a postgraduate resident are to impart him 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 3 months and it usually follows once a resident has put in a minimum of one year in the main psychiatry OPD and ward.

Neurology

The resident is posted in the neurology for a period of three months during the second or third year 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.

Child and Adolescent psychiatric services

For child guidance clinic, the resident will be posted for 4 months in child guidance clinic under SRM hospital.

The objectives of posting in child guidance clinic are:

- 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 institutions.

Specialty postings:

1. Forensic psychiatry (1 month) in IMH Chennai/ NIMHANS Bangalore
2. General medicine (2 months) in SRM MC
3. Rehabilitation Psychiatry (2 weeks) in Richmond Fellowship Bangalore.

Consultation Liaison Psychiatry

Residents are regularly assigned to primary medical disorder in various medical/surgery disciplines in the hospital under the supervision of a consultation. They also are required to work

5. MAINTENANCE OF LOG BOOK

- a) Every Post-graduate student shall maintain a record of skills he has acquired during the three year training period certified by the various Heads of Department in which he had undergone training.
- b) The students should also be required to participate in the teaching and training programme of under graduate students.
- c) In addition, the Head of the Department shall involve their post-graduate students in Seminars, symposiums, journal Clubs, group discussions and participation in clinical and clinical-pathological conferences.

d) Every Post Graduate student is encouraged to present papers in conferences and to make improvements on it and submit them for publication in reputed medical journals.

e) The Head of the Department shall scrutinize the Log Book once in every three months.

f) At the end of the course, the student should summarise the contents and get the Log Book certified by the Head of the Department.

g) The Log Book should be submitted at the time of practical examination for the scrutiny of the Board of Examiners.

5.1 It is preferable that a post graduate student during the course to present one poster presentation, to read one paper at a national /state conference and to present one research paper which can be published/accepted for publication/sent for publication during the period of his/her postgraduate studies.

6. THESIS

Every student registered as post graduate shall carry out work on an assigned research project under the guidance of a recognized post graduate teacher, the result of which shall be written up and submitted in the form of a thesis.

Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Thesis shall be submitted at least six months before the theoretical and clinical / practical examination.

The thesis shall be a bound volume of a minimum of 50 pages and not exceeding 75 pages of typed matter (Double line spacing and on one side only) excluding certification, acknowledgements, annexure and bibliography.

Thesis should consist of

- (a) Introduction
- (b) Review of literature
- (c) Aims and objectives
- (d) Material and methods
- (e) Result
- (f) Discussion
- (g) Summary and conclusion
- (h) Tables
- (i) Annexure
- (j) Bibliography

Four copies of thesis shall be submitted six months prior to the commencement of the theory examinations on the date prescribed by the Controller of Examinations of this University. The thesis should be approved by the Professor of that branch and the same has to be forwarded to the Controller of Examinations, by the head of the department through the Dean of the college.

Two copies in addition are to be submitted as an electronic version of the entire thesis in a standard C.D. format by mentioning the details and technicalities used in the C.D. format.

The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and clinical; and on the acceptance of the thesis by two examiners, the student shall be allowed to appear for the final examination.

EVALUATION OF THESIS :

ACCEPTED / NOT ACCEPTED

No marks will be given

7. SCHEME OF EXAMINATION

UNIVERSITY EXAMINATION PATTERN

7.1.EXAMINATIONS

Basic Medical Sciences Examinations shall be conducted along with main papers at the end of 3 academic years. The examinations shall be organized on the basis of marking system to evaluate and certify students' level of knowledge, skill and competence at the end of the training and obtaining a minimum of 50% marks in theory as well as practical separately shall be mandatory for passing the whole examination.

7.2.NUMBER OF STUDENTS

The maximum number of students to be examined in clinical / practical and oral on any day shall not exceed eight for M.D.

7.3.NUMBER & COMMENCEMENT OF EXAMINATIONS

The University shall conduct two examinations in an academic year (in April of the due year and October of the academic year after completion of 3 years), for any subject with an interval of not less than 4 and not more than 6 months between the two examinations.

If the date of commencement of the examination falls on Saturdays, Sundays or declared Public Holidays, the examination shall begin on the next working day. M.D. Examinations in any subject shall consists of Thesis, Theory papers and Clinical / Practical and Oral examinations

7.4.THEORY

The residents are examined in four written theory papers of 3-hours each as follows:

Paper I: Basic Sciences including General Psychology, Abnormal Psychology, Sociology, Anthropology, Neuroanatomy, Neurophysiology, Neurochemistry, Neuro-imaging, Genetics, Bio-statistics and research methodology

Paper II: General Medicine and Neurology related to Psychiatry, General Hospital and Community Psychiatry

Paper III: General Psychiatry

Paper IV: Recent advances in Psychiatry and specialties under Psychiatry

7.5. CLINICAL / PRACTICAL AND VIVA

The clinical examination consists of following activities

- (a) Long case in psychiatry
- (b) Short case in psychiatry
- (c) Short case in Neurology
- (d) Short case in General Medicine related to Psychiatry
- (e) Viva (includes EEG, Neuro-imaging, psychological testing instruments, pedagogy and Psychiatry)

7.6. WORKING DAYS IN AN ACADEMIC YEAR

Each academic year shall consist of not less than 240 working days

7.7. CONDONATION OF ATTENDANCE

There shall be no condonation of attendance in Post Graduate courses.

7.8. REVALUATION OF ANSWER PAPERS

There shall be no revaluation of answer papers in any Post Graduate Examinations.

7.9. SCHEME OF EXAMINATION

There would be no Clinical / Practical / Viva voce Examination at the end of first year.

There shall be clinical/ practical/ Viva Voce Examination at the end of 3 years of training.

7.10. MARK DISTRIBUTION

M.D. PSYCHIATRY POST -GRADUATE DEGREE CLINICAL EXAMINATION

Paper I: Basic Sciences including General Psychology, Abnormal Psychology, Sociology, Anthropology, Neuroanatomy, Neurophysiology, Neurochemistry, Neuro-imaging, Genetics, Bio-statistics and research methodology

Paper II: General Medicine and Neurology related to Psychiatry, General Hospital and Community Psychiatry

Paper III: General Psychiatry

Paper IV: Recent advances in Psychiatry and Psychiatry specialties

Each paper will consist of two essays (20 marks) each and 10 Short notes (6 marks) each with total marks of 100.

Clinicals and Viva:

Clinicals:

	No. of cases	Duration	Marks
Long Case in Psychiatry	one	One Hour	80
Short Case in Psychiatry	one	30 min	40
Short Case in Neurology	one	30 min	40
Short Case in General Medicine -related to Psychiatry	one	30 min	40
		Total	200

Viva:

	Marks
EEG/Neuro-imaging	20
Psychological testing instruments	20
Pedagogy	20
Psychiatry	40
Total	100
Grand Total	300

7.11.MARKS QUALIFYING FOR A PASS

MARKS QUALIFYING FOR A PASS	MAXIMUM MARKS	QUALIFYING FOR A PASS 50% MARKS
Theory Examination	400	200
Practical Including clinical and Viva voce examination	300	150

A student shall secure not less than 50% marks in each head of passing, which shall include 1.Theory 2.Practical including clinical and viva voce examination.

* “The postgraduate medical students are required to pass theory and practical examinations separately. An examinee should obtain minimum 40% marks in each theory paper and not less than 50% marks cumulatively in all the four papers for Degree examination to be cleared as “Passed” at the said Degree examination”

**As per Medical Council of India notification date 03.09.2014 and the same approved in the 28th Academic council meet of SRM University held on 23/03/2015.*

8. EXAMINATION AND EVALUATION

(1) EXAMINERS

(a) All the Post Graduate Examiners shall be recognised Post Graduate Teachers holding recognised Post Graduate qualifications in the subject concerned.

(b) For all Post Graduate Examinations, the minimum number of Examiners shall be four, out of which at least two (50%) shall be External Examiners, who shall be invited from other recognised universities from outside the State and other two will be internal examiners for M.D.

(c) Under exceptional circumstances, examinations may be held with 3 (three) examiners provided two of them are external and Medical Council of India is intimated the justification of such action prior to publication of result for approval. Under no circumstances, result shall be published in such cases without the approval of Medical Council of India.

(d) The guidelines regarding appointment of examiners are as follows:-

1. No person shall be appointed as an examiner in any subject unless he/she fulfills the minimum requirements for recognition as a Post Graduate teacher as laid down by the Medical Council of India and has teaching experience of 8 (Eight) years as a Lecturer / Assistant Professor out of which he has not less than 5 (Five) years teaching experience after obtaining Post Graduate degree. For external examiners, he should have minimum three years experience of examinership for Post Graduate diploma in the concerned subject. Out of internal examiners, one examiner shall be a Professor and Head of Department or Professor.
2. There shall be at least four examiners in each subject at an examination out of which at least 50% (Fifty percent) shall be external examiners. The external examiner who fulfils the condition laid down in clause - 1 above shall ordinarily be invited from another recognised university, from outside the State: provided that in exceptional circumstances examinations may be held with 3 (three) examiners if two of them are external and Medical council of India is intimated with the justification of such examination and the result shall be published in such a case with the approval of Medical council of India.
3. An external examiner may be ordinarily been appointed for not more than three years consecutively. Thereafter he may be reappointed after an interval of two years.
4. The internal examiner in a subject shall not accept external examinership for a college from which external examiner is appointed in his subject.
5. The same set of examiners shall ordinarily be responsible for the written, practical or part of examination.
6. There shall be a Chairman of the Board of paper - setters who shall be an external examiner and shall moderate the question papers.
7. The Head of the Department of the institution concerned shall ordinarily be one of the internal examiners and second internal examiner shall rotate after every two year.

(2) Number of candidates

The maximum number of candidates to be examined in Clinical / practical and Oral on any day shall not exceed six for M.D. degree examination.

3) Number of examinations

The university shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations.

(4) Doctor of Medicine (M.D.) Psychiatry

M.D. examination shall consist of Thesis, Theory Papers, and clinical/Practical and Oral examinations.

(a) Thesis

Every candidate shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis.

Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Thesis shall be submitted at least six months before the theoretical and clinical / practical examination.

The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical; and on the acceptance of the thesis by two examiners, the candidate shall appear for the final examination.

(b) Theory

(i) There shall be four theory papers.

(ii) Out of these one shall be of Basic Medical Sciences and one shall be of recent advances.

(iii) The theory examinations shall be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the start of the Clinical/Practical and Oral examination.

(c) Clinical / Practical and Oral

(i) Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall examine a minimum one long case and two short cases.

(ii) The Oral examination shall be thorough and shall aim at assessing the candidate knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the speciality, which form a part of the examination.

A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and viva voce examination.

Evaluation of Answer Scripts

The answer books will be valued by two examiners. One of the two examiners will be from this university and the other will be from any other university. The Average of the two marks secured by the candidate will be taken into account. If the difference between two marks exceeds 20%, the answer scripts shall be valued by the third examiner. The average of the nearest two marks shall be considered as the final mark.

9. MODEL QUESTION PAPER

M.D. PSYCHIATRY

Paper I

Basic Sciences including General Psychology, Abnormal Psychology, Sociology, Anthropology, Neuroanatomy, Neurophysiology, Neurochemistry, Neuro-imaging, Genetics, Bio-statistics and research methodology

Time: 3 hours

Maximum Marks: 100

Answer all the Questions:

Essay:

2X20=40

1. Write in detail about anatomy and importance of the Limbic system and its relevance to psychiatry
2. Write in detail about the contribution of Piaget to child development theories.

Short Notes:

10X6=60

1. Chi square Test
2. Epigenetics
3. Randomised control trial
4. Perceptual disorders
5. Hypothalamus
6. PET scan
7. Culture Bound syndromes
8. Glutamate
9. Classical Conditioning
10. Defense mechanisms

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Paper II

General Medicine and Neurology related to Psychiatry, General Hospital and Community Psychiatry

Time: 3 hours

Maximum Marks: 100

Answer all the Questions:

Essay:

2X20=40

1. Elaborate on the Neuropsychiatric aspects of Epilepsy.
2. What is dementia, Elaborate on the aetiology, pathogenesis, behavioral and psychiatric problems associated with Alzheimer's Dementia and its treatment

Short Notes:

10x6= 60

1. Delirium
2. EEG
3. National Mental Health Programme
4. Organic Mood Disorders
5. Management of Complicated Alcohol withdrawal
6. Drug induced Movement Disorders
7. Neuropsychiatric aspects of Wilsons Disease
8. HIV Dementia
9. Self injurious behavior
10. Malingering

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Paper III General Psychiatry

Time: 3 hours

Maximum Marks: 100

Answer all the Questions:

Essay:

2X20=40

1. Write in detail about the aetiopathogenesis, psychopathology and management of Mood Disorders
2. Write in detail about the management and prevention of Relapse in Schizophrenia including a short note on rehabilitation

Short Notes:

10x6= 60

1. Cannabis induced psychosis
2. Borderline personality disorder
3. Management of Neuroleptic Malignant syndrome
4. Conversion disorders
5. Newer antidepressants
6. Schizoaffective disorder
7. PTSD
8. Cognitive Behaviour therapy
9. Genetic studies in Schizophrenia
10. Management of OCD

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Paper IV

Recent advances in Psychiatry and Psychiatry specialties

Time: 3 hours

Maximum Marks: 100

Answer all the Questions:

Essay:

2X20=40

1. Write in detail about the aetiopathogenesis, signs and symptoms, management of children with ADHD(Attention Deficit Hyperkinetic Disorder)
2. Write in details about the aetiology and management of sexual dysfunction.

Short Notes:

10x6= 60

1. Intelligence tests
2. Lewy body dementia
3. Functional Neuro imaging and its relevance to Psychiatry
4. Erectile dysfunction
5. Mental health Act
6. Rett syndrome
7. Atomoxetine
8. Tic disorders
9. Down syndrome
10. Narcolepsy

10.RECOMMENDED LIST OF BOOKS AND JOURNALS

10.1 TEXT BOOKS (Latest Edition)

1. Kaplan and Sadock's comprehensive textbook of Psychiatry-11th Edition Lippincott, 2014.
2. New Oxford Textbook of Psychiatry-Gelder. 2 vol. 2nd Edition Oxford, 2012.
3. The American Psychiatric Publishing Textbook of Psychiatry-Yudofsky. 6th Edition, 2014.
4. ICD 10--Classification of mental and behavioural disorders. WHO, 2004.
5. DSM-5-Arlington,VA, APA 2013.
6. Symptoms in Mind – Andrew Sims. Saunders, 2003.
7. Lishman's Organic Psychiatry: A Textbook of Neuropsychiatry. 4th Edition Black Well, 2009.
8. Neuroanatomy – Richard Snell. 7th Edition Lippincott, 2010.
9. Postgraduate textbook of Psychiatry – N.Ahuja. 2volume 2ndEdition Jaypee publication, 2003.
10. PsychopharmacologyTreatment of Psychiatric Disorder –JamburAnanth. Jaypee Brothers Publication, 2007.
11. Introduction to Psychology-Morgan & King. 7th Edition McGraw Hill, 2006.
12. Neurological examination in clinical practice- Bickerstaff. 7th Edition John Wiley, 2013.
13. Comprehensive Textbook of substance abuse- lowinson. 5th Edition, Lippincott, 2011.
14. Adams and victors principles of neurology – Allan Ropper. 10th Edition McGraw Hill, 2014.

10.2 JOURNALS:

1. Indian journal of Psychiatry
2. Asian journal of Psychiatry
3. American journal of Psychiatry
4. British journal of Psychiatry
5. Canadian journal of psychiatry
6. Journal of clinical Psychiatry
7. Archives of general Psychiatry
8. Schizophrenia bulletin
9. Actapsychiatrica Scandinavia
10. General hospital Psychiatry
11. Psychosomatic medicine
12. Psychiatric clinics of North America
13. Biological Psychiatry
14. Journal of neurology, neurosurgery and psychiatry
15. Journal of neurology and clinical neurosciences

*Success is getting what you want;
Happiness is wanting what you get
- Dale Carnegie*

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