



**ODISHA UNIVERSITY OF HEALTH SCIENCES,
BHUBANESWAR**



PG Curriculum

MD Psychiatry

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SYLLABUS FOR MD PSYCHIATRY

The infrastructure and faculty will be as per NMC guidelines.

1. Goals

- The goal of Post graduation (MD) course in Psychiatry is to produce a competent psychiatrist:
- To equip the trainee with basic skills in psychiatry and scientific foundations in behavioural sciences
- Has acquired the competencies pertaining to psychiatry that are required .
- To be practiced in the community and at all levels of health care system;
- Is aware of the contemporary advances and developments in medical sciences as related to mental health;
- Is oriented to principles of research methodology; and
- Has acquired skills in educating medical and paramedical professionals.

Objectives, Knowledge and skill

At the end of the MD course in Psychiatry, the student should be able to:

- Recognize the key importance of mental health in the context of the health priority of the country;
- Practice the specialty of Psychiatry in keeping with the principles of professional ethics;
- Identify social, economic, environmental, biological and emotional determinants of mental health, and institute diagnostic, therapeutic, rehabilitative, preventive and promotive measures to provide holistic care to patient;
- Take detailed history, perform full mental status examination including detailed neurological examination of the patient and make clinical diagnosis;
- Perform relevant investigative and therapeutic procedures for the psychiatric patient;
- Interpret important imaging and laboratory results;
- Diagnose illness in patient based on the analysis of history, physical examination and investigative work up;
- Plan and deliver comprehensive treatment for illness in psychiatric patient using principles of rational drug therapy;
- Plan rehabilitation of psychiatric patient suffering from chronic illness;
- Manage psychiatric emergencies efficiently;
- Recognize the emotional and behavioral characteristics of patients, and keep these fundamental attributes in focus while dealing with them;
- Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities;
- Demonstrate communication skills of a high order in explaining management prognosis, providing counseling and giving health education messages to patients, families and communities;

- Develop skills as a self-directed learner, recognize continuing educational needs use appropriate learning resources, and critically analyze relevant published literature in order to practice evidence-based psychiatry;
- Demonstrate competence in basic concepts of research methodology and epidemiology;
- Facilitate learning of medical/nursing students, practicing physicians, paramedical health workers and other providers as a teacher-trainer;
- Play the assigned role in the implementation of national health programs, effectively and responsibly;
- Organize and supervise the desired managerial and leadership skills;
- Function as a productive member of a team engaged in health care, research and education.

2. Human values and ethical practice:

Postgraduate students need intensive training in bioethics so that they have an appreciation of the patients' rights, cultural differences and research ethics, and are equipped to resolve ethical dilemmas. The teaching of bioethics should be holistic. Ethical behaviour should integrate moral sensitivity, moral commitment, and moral behavior with moral reasoning.

3. Course content (Syllabus)

3.1 Theory

General Guidelines. During the training period effort are always made that adequate time is spent in discussing mental health problems of public health importance in the country

- The Patient-Doctor Relationship:
- Human Development Throughout the Lifecycle Normality, Embryo, Fetus, Infant and Child, Adolescence, Adulthood, Late Adulthood (Old Age), Death, Dying & Bereavement.
- The Brain and Behavior

Functional & Behavioral Neuroanatomy, Neurophysiology & Neurochemistry, Neuroimaging, Electrophysiology, Psychoneuroendocrinology, Psychoneuroimmunology and Chronobiology., Neurogenetics.

- Contributions of the Psychosocial Sciences

Jean Piaget, Attachment Theory, Learning Theory, Aggression, Sociology and Ethology, Anthrology and Cross-Cultural Psychiatry, Epidemiology and Biostatistics.

- Clinical Neuropsychological Testing

Clinical Neuropsychological Testing of Intelligence and Personality., Clinical Neuropsychological Assessment of Adults.

- Theories of Personality and Psychopathology

Sigmund Freud: Founder of Classic Psychoanalysis., Erik Erikson, Schools derived from Psychoanalysis and Psychology.

- Clinical Examination of the Psychiatric patient

Psychiatric History and Mental Status Examination, Interviewing Techniques with Special Patient Populations, Physical Examination of the Psychiatric Patient., Laboratory tests in Psychiatry. Medical Record and Medical Error.

- Signs and Symptoms in Psychiatry
- Classification in Psychiatry

Psychiatric Classification, International Psychiatric Diagnosis

- Delirium, Dementia, and Amnesic and Other Cognitive Disorders and Mental Disorders Due to a General Medical Condition

Cognitive Disorders Introduction and Overview, Delirium, Dementia, Amnesic Disorders Other Cognitive Disorders and Mental Disorders Due to a General Medical Condition

- Substance-Related Disorders

Substance-Related Disorders Introduction and Overview, Alcohol- Related Disorders Amphetamine (or Amphetamine-like)related Disorders, Caffeine-Related Disorders Cannabis-Related Disorders, Cocaine-Related Disorders, Hallucinogen-Related Disorders, Inhalant-Related Disorders, Nicotine-Related Disorders, Opioid-Related Disorders, Phencyclidine (or Phencyclidine-like)related Disorders, Sedative-, Hypnotic-, or Anxiolytic-Related Disorders, Anabolic-Androgenic steroid abuse

- Schizophrenia and Other Psychotic Disorders Concept of Schizophrenia, Schizophrenia Scope of the Problem, Schizophrenia Genetics, Schizophrenia Environmental Epidemiology Developmental Model of Schizophrenia Neuroimaging in Schizophrenia Linking Neuropsychiatric Manifestations to Neurobiology Schizophrenia Neuropathology Schizophrenia Clinical Features and Psychopathology Concepts Schizophrenia Cognition Schizophrenia Sensory Gating Deficits and Translational Research Schizophrenia Psychosocial Treatment Schizophrenia Somatic Treatment Psychiatric Rehabilitation Schizophrenia Integrative Treatment and Functional Outcomes, Schizophrenia Spectrum Pathology and Treatment, Other Psychotic Disorders, Acute and Transient Psychotic Disorders and Brief Psychotic Disorder, Schizophreniform Disorder, Delusional Disorder and Shared Psychotic Disorder, Schizoaffective Disorder, Postpartum Psychosis, Culture-Bound Syndromes with Psychotic Features, Psychosis Not Otherwise Specified, Treatment of Other Psychotic Disorders, Schizophrenia and Other Psychotic Disorders Special Issues in Early Detection and Intervention
- Mood Disorders Mood Disorders Historical Introduction and Conceptual Overview Mood Disorders Epidemiology, Mood Disorders Genetics, Mood Disorders Neurobiology, Mood Disorders Intrapsychic and Interpersonal Aspects, Mood Disorders Clinical Features, Mood Disorders Treatment of Depression, Mood Disorders. Treatment of Bipolar Disorders, Mood Disorders Psychotherapy
- Anxiety Disorders Anxiety Disorders Introduction and Overview, Anxiety Disorders Pa Epidemiology, Anxiety Disorders Psychophysiological Aspects, Anxiety Disorders Neurochemical Aspects, Anxiety Disorders Neuroimaging, Anxiety Disorders Psychodynamic

Aspects, Anxiety Disorders Clinical Features, Anxiety Disorders Somatic Treatment, Anxiety Disorders Cognitive-Behavioral Therapy

- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders

• Normal Human Sexuality and Sexual and Gender Identity Disorders Normal Human Sexuality and Sexual Dysfunctions, Homosexuality, Gay and Lesbian Identities, and Homosexual Behavior, Paraphilias, Gender Identity Disorders, Sexual Addiction

- Eating Disorders
- Sleep Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders
- Psychological Factors Affecting Medical Conditions

History of Psychosomatic Medicine, Gastrointestinal Disorders, Obesity, Cardiovascular Disorders, Respiratory Disorders, Endocrine and Metabolic Disorders, Psychocutaneous Disorders, Musculoskeletal Disorders, Stress and Psychiatry. Psycho-Oncology, Consultation-Liaison Psychiatry

- Relational Problems
- Additional Conditions That May Be a Focus of Clinical Attention Malingering, Adult Antisocial Behavior, Criminality, and Violence, Borderline Intellectual Functioning and Academic Problem, Other Additional Conditions That May Be a Focus of Clinical Attention
- Culture-Bound Syndromes
- Special Areas of Interest Psychiatry and Reproductive Medicine, Premenstrual Dysphoric Disorder, Genetic Counseling, End-of-Life and Palliative Care, Death, Dying, and Bereavement, Physical and Sexual Abuse of Adults, Survivors of Torture, Alternative and Complementary Health Practices, Military and Disaster Psychiatry, Famous Named Cases in Psychiatry
- Psychiatric Emergencies

Suicide, Other Psychiatric Emergencies

- Psychotherapies Psychoanalysis and Psychoanalytic Psychotherapy, Behavior Therapy, Hypnosis, Group Psychotherapy and Combined Individual and Group Psychotherapy, Family Therapy and Couple Therapy, Cognitive Therapy, Interpersonal Psychotherapy, Dialectical Behavior Therapy, Intensive Short-Term Dynamic Psychotherapy, Other Methods of Psychotherapy, Evaluation of Psychotherapy. Combined Psychotherapy and Pharmacology
- Biological Therapies

General Principles of Psychopharmacology, Pharmacokinetics and Drug Interactions, Drug Development and Approval Process in the United States, Medication- Induced Movement Disorders, 2-Adrenergic Receptor Agonists Clonidine and Guanfacine, Adrenergic Receptor Antagonists, Anticholinergics and Amantadine, Anticonvulsants, Antihistamines, Barbiturates

and Similarly Acting Substances, Benzodiazepine Receptor Agonists and Antagonists, Bupropion, Buspirone, Calcium Channel Inhibitors, Cholinesterase Inhibitors and Similarly Acting Compounds, Dopamine Receptor Antagonists (Typical Antipsychotics), Lithium, Mirtazapine, Monoamine Oxidase Inhibitors, Nefazodone, Opioid Receptor Agonists Methadone, Levomethadyl, and Buprenorphine, Opioid Receptor Antagonists Naltrexone and Nalmefene, Selective Serotonin Norepinephrine Reuptake Inhibitors, Selective Serotonin Reuptake Inhibitors, Serotonin-Dopamine Antagonists (Atypical or Second- Generation Antipsychotics), Sympathomimetics and Dopamine Receptor Agonists, Thyroid Hormones, Trazodone, Tricyclics and Tetracyclics, Electroconvulsive Therapy, Neurosurgical Treatments and Deep Brain Stimulation, Other Pharmacological and Biological Therapies, Drug Augmentation, Reproductive Hormonal Therapy Theory and Practice

- Child Psychiatry
Introduction and Overview, Normal Child Development, Normal Adolescence
- Psychiatric Examination of the Infant, Child, and Adolescent Mental Retardation
- Learning Disorders
Reading Disorder, Mathematics Disorder, Disorder of Written Expression and Learning Disorder Not Otherwise Specified
- Motor Skills Disorder Developmental Coordination Disorder
- Communication Disorders
Expressive Language Disorder, Mixed Receptive-Expressive Disorder, Phonological Disorder, Stuttering, Communication Disorder Not Otherwise Specified
- Pervasive Developmental Disorders
- Attention-Deficit Disorders Attention-Deficit/Hyperactivity Disorder, Adult Manifestations of Attention-Deficit/Hyperactivity Disorder
- Disruptive Behavior Disorders
- Feeding and Eating Disorders of Infancy and Early Childhood
- Tic Disorders
- Elimination Disorders
- Other Disorders of Infancy, Childhood, and Adolescence
- Reactive Attachment Disorder of Infancy and Early Childhood, Stereotypic Movement Disorder of Infancy, Disorders of Infancy and Early Childhood Not Otherwise Specified
- Mood Disorders in Children and Adolescents Depressive Disorders and Suicide in Children and Adolescents, Early-Onset Bipolar Disorders
- Anxiety Disorders in Children
- Obsessive-Compulsive Disorder in Children, Posttraumatic Stress Disorder in Children and Adolescents, Separation Anxiety Disorder and Other Anxiety Disorders, Selective Mutism
- Early-Onset Schizophrenia
- Child Psychiatry Psychiatric Treatment
- Individual Psychodynamic Psychotherapy, Short-Term Psychotherapies for the Treatment of Child and Adolescent Disorders. Cognitive Behavioral Psychotherapy for Children and Adolescents, Group Psychotherapy, Family Therapy, Pediatric Psychopharmacology, Partial Hospital and Ambulatory Behavioral Health Services, Residential and Inpatient Treatment, Community-Based Treatment, Psychiatric Treatment of Adolescents

- Child Psychiatry Special Areas of Interest
Psychiatric Aspects of Day Care, Adoption and Foster Care, Child Maltreatment Children's Reaction to Illness and Hospitalization, Psychiatric Sequelae of HIV and AIDS, Child or Adolescent Antisocial Behavior, Dissociative Disorders in Children and Adolescents, Identity Problem and Borderline Disorders in Children and Adolescents, Adolescent Substance Abuse, Forensic Child and Adolescent Psychiatry Ethical Issues in Child and Adolescent Psychiatry, School Consultation, Prevention of Psychiatric Disorders in Children and Adolescents Neuroimaging in Child and Adolescent Psychiatry, Child Mental Health Services Research, Impact of Terrorism on Children
- Adulthood.
- Geriatric Psychiatry
Overview, Assessment, Psychiatric Disorders of Late Life, Treatment of Psychiatric Disorders, Health Care Delivery Systems, Special Areas of Interest
- Hospital and Community Psychiatry Public and Community Psychiatry, Health Care Reform, Role of the Psychiatric Hospital in the Treatment of Mental Illness, Psychiatric Rehabilitation
- Psychiatric Education
- Graduate Psychiatric Education, Examining Psychiatrists and Other Professionals, An Anthropological View of Psychiatry
- Ethics and Forensic Psychiatry:
Clinical-Legal Issues in Psychiatry, Ethics in Psychiatry, Correctional Psychiatry
- Psychiatry Past and Future
- History of Psychiatry, World Aspects of Psychiatry, Future of Psychiatry

3.2 Practical/ Experimental

Diagnostic Work up

Detailed history and MSE to diagnose to patient along with management plan.

- ECT
- Psychological Testing
 - I.Q Test
 - Memory Test
 - Personality Test
- Psychological Treatment
 - Psychotherapy
 - Behaviour Therapy
 - Cognitive behaviour therapy
- Neurological Examination
 - Detailed neurological assessment
 - Findings of CT, MRI
 - E.E.G

3.3. Clinical Skills:

- History and examination.

History taking including present history, past, family, personal, psychosocial history, physical and mental status examination and application of the relevant psychiatry rating scales.

- Bedside investigations.

Hemoglobin, TLC, ESR, peripheral smear staining and examination, urine: routine and microscopic examination, Viral markers, urine for screening for substances of abuse.

- Interpretation of ECG, EEG MRI findings; CT scan.
- Understanding of common EEG patterns,

4. Teaching and learning methods

4.1. General Principles

Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training is skills oriented. Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

4.2. Teaching Sessions

- Clinical case discussions:
 - PG bed side
 - Teaching rounds
- Seminars
- Interdepartmental Meetings
- >Others-Guest lecturers/vertical seminars/Central Stat meets.

5. Attendance of seminars, journal clubs, case presentation, teaching skills, CME and conferences:

Teaching Schedule:

The suggested teaching schedule is as follows:

Item Frequency

1. Case discussion Once a week
2. Seminar Once a week
3. PG Teacher class once a week

Note:

- All sessions to be supervised by the faculty members and chaired by Professor and HOD. All PGS and SRS should attend the sessions.

- All the teaching sessions to be assessed by the consultants at the end of session and marks considered for internal assessment.
- Attendance of the post graduate students at various sessions has to be at least 75%.

Postings

The postgraduate student rotates through emergency, O.P.D. and Ward posting. In addition, following special rotations are also undertaken:

- Neurology: 1 months
- Clinical Psychology: 1 month
- Other premier Psychiatry institutes of India: 1 month

During first year the resident will work under direct supervision of the 2nd yr/3rd year resident/senior resident and consultant on call. She/he will be responsible for taking detailed history, examination of patients as per the file record and send appropriate investigations as advised by seniors. Initially all procedures are to be observed and then done under supervision of seniors and during 2/3 year can do procedures independently. All the investigation procedures to be signed by unit head of the department.

He/she is also involved in teaching of undergraduate students.

6. Research methodology, Thesis and Biostatistics:

6.1. Every candidate shall carry out work on an assigned research project under the guidance of a recognized Postgraduate Teacher, the project shall be written and submitted in the form of a Thesis.

6.2. Every candidate shall submit thesis plan to the University within first 2 months of 2nd year

6.3. Thesis shall be submitted to the University six months before the commencement of theory examination.

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

7. Records, log books:

A log book would carry a record of all activities of the candidate during the period of training duly attested by the teachers, it would be subject specific & would specify skills to be acquired and indicate the minimum number of procedures etc to be conducted. It would be the responsibility of the respective boards to prepare a subject based log book based on the competency mode.

Format for Log Book

1. Cases seen on rounds-description of interesting cases and other miscellaneous topics discussed.
2. Outpatient cases seen and details of interesting cases with follow up.
3. Procedures done on inpatients and outpatients and consultation done.

4. PG training programmes attended: details of bedside clinics, basic sciences, subject and clinical seminars, journal clubs, mortality meet and hospital conference
5. Medical meetings, seminars, local API / CSI meetings or other interesting CME, seminars attended.

Log book should be reviewed regularly by unit faculty and certified on monthly basis for PG's benefit.

Faculty should comment regarding absences and irregularities (late arrivals and early departure) and make appropriate comments and suggest remedial measure for problematic prodigies.

6. Size of note book: 15 cm x 21 cm with 200 pages. All note books should have seal of college and HOD's approval: Extra note books may be utilised as and when necessary. Log book should be presented at the time of University clinical exam for review by examiners as per University regulations.

8. Scheme of examination:

Ratio of marks in theory and practicals will be equal.

- The pass percentage will be 50%.
- Candidate will have to pass theory and practical examinations separately

Total marks -800(A+B+C)

A. Theory Examination (Total =400)

	Title	Marks
Paper 1:	Basic sciences as applied to psychiatry	100
Paper 2:	Clinical Psychiatry	100
Paper 3:	Psychiatry Theory and Psychiatry specialties ★	100
Paper 4:	Recent advances in Psychiatry	100

Total number of questions in each paper are 10 and all are compulsory.

B. Practical Examination and Viva voce (Total=300)

Long Case (s) (1) - Psychiatry

Short Case (s) (2) 1 each Psychiatry & Neurology

C.Viva-100 marks

8. Job Responsibilities

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

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

Ward: History and work up of all cases

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

9. Recommended books and journals:

9.1. Core Books

- Comprehensive Text book of Psychiatry by Sadock & Sadock
- Psychopharmacology by Stephen M. Stahl
- Fish's clinical psychology
- Psychology by Morgan and King.

9.2. Reference books

- Textbook of Psychiatry by Wylie & Wylie
- Organic Psychiatry by Leishman
- Technique of Psychotherapy by Wolberg

9.3. Journals

- Indian J Psychiatry
- British Journal of Psychiatry
- American J. Psychiatry
- Archives Journal of Psychiatry
- Journal of Clinical Psychiatry
- Psychiatry Clinics of North America

