

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



## **CURRICULUM / STATUTES/ REGULATIONS**

**FOR 4 YEARS MD PSYCHIATRY**

***Faisalabad Medical University***

***Faisalabad***

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## **Section A**

### **VISION STATEMENT:**

Faisalabad Medical University has been established since 05-05-2017 for purpose of imparting better medical education and encouraging and arranging extensive research and publication in the field of medical science. The vision of university is:

*“Striving to achieve national and international stature in undergraduate and postgraduate medical education with strong emphasis on professionalism, leadership, community health services, research and bioethics”*

### **MISSION STATEMENT**

The mission of the University is:

*“Educate Healthcare professionals to prevent, diagnose and treat human illnesses to practice evidence-based medicine with focus on lifelong healthcare in order to meet the challenges of community needs and competitive medical profession at the same time”*

# **STATUTES**

## **Nomenclature**

The name of degree programmer shall be MD Psychiatry.

## **Course Title:**

MD Psychiatry

## **Training Centers**

Department of Psychiatry & Behavioural Sciences in Affiliated hospitals of Faisalabad Medical University, Faisalabad.

## **Duration of Course**

The duration of course shall be four (4) years with structured training in a recognized department under the guidance of an approved supervisor.

## **Course structure:**

1. **Core knowledge:** Competency based learning for trainees. 2 exams to be conducted by university. Continuous internal assessment to be included throughout the Program which is conducted by the department and will carry weightage in final assessment.
2. **Clinical Training** in Psychiatry
3. **Research and Thesis writing.**

4. **Mandatory Workshops** throughout the course of program will be conducted.

The basic workshops will be attended by all trainees from all specialties and will be evenly distributed throughout the course:

1. **Communication skills**
2. **Research synopsis and thesis writing skills**
3. **Basic Biostatistics and Research Methodology**
4. **Information Technology Skills**
5. **Initial Life Support (ILS)**

At the end of each workshop, assessment will be done regarding the workshop and certificates will be issued to passing trainees only. The workshops will be conducted by the University and will be paid as in all post-graduate programs and supervised by the department of Medical Education, FMU, Faisalabad. The trained certified coaches/teachers will be invited and they will get incentive from the university. All the interested trainers will contact the department for inclusion in trainers list.

Feedback of the facilitators will be recorded for the continuation of the process. Medical education department will issue yearly planner for these workshops in the light of curriculum document. University will certify it.



## **Section B:**

### **Admission Criteria**

Central induction Policy as per Government rules

### **Registration and Enrollment**

The number of PG Trainees/ Students and Beds to trainee ratio at the approved teaching site will be as per policy of Pakistan Medical & Dental Council

The University will approve supervisors for MD Psychiatry courses.

Candidates selected for the courses after their selection and enrollment shall be registered with FMU as per prescribed Registration Regulation.

### **Accreditation Related Issues Of The Institution**

#### **A. Faculty**

Properly qualified teaching staff in accordance with the requirements of Pakistan Medical and Dental Council (PMDC). Supervisors will be decided by the university according to the set standards and rules.

#### **B. Adequate resources**

The university will provide adequate resources Including class-rooms (with audiovisual aids), demonstration rooms, computer lab, clinical pathology lab, theaters, instruments and other equipment etc. for proper Training of the residents as per their course outcomes and objectives.

### **C. Library**

Departmental library should have latest editions of recommended books, reference books and latest journals (National and International).

### **Freezing of Program& leave Rules:**

Freezing of training, Maternity leave, Ex Pakistan Leave and Extra Ordinary Leave etc. would be allocated through the Office of Dean Postgraduate to the competent authority.

## Section C:

### AIMS AND OBJECTIVES OF THE COURSE

#### AIM

The aim of four years MD Programme in Psychiatry is to train residents to acquire the competency of a specialist in the relevant field so that they can become good clinicians, teachers, researchers and community health provider in their specialty after completion of their training according to the global standards.

#### LEARNING OBJECTIVES:

##### Knowledge:

At the end of the program, the Trainee should be able to:

1. Understand and explain core **concepts related to Psychiatry**.
2. Discuss **Etiology, clinical manifestation, disease course and prognosis, investigation and management** of common psychiatric diseases.
3. Analyze **Scientific basis and recent advances** in psychopathology, diagnosis and management of diseases.
4. Describe **Spectrum of clinical manifestations** and interaction of multiple diseases in the same patient.
5. Explain **Psychological and social aspects** of psychiatric illnesses.
6. Demonstrate the **Effective use and interpretation** of investigation and special diagnostic procedures.
7. Critically analyze the **efficacy, cost-effectiveness and cost-utility of treatment modalities** including various advanced treatment modalities.
8. Explain and Evaluate **Medical audit and quality assurance**
9. Practice **Ethical principles** and solve **medico legal issues** related to psychiatric illnesses.

10. Updated knowledge on **evidenced-based medicine** and its implications for diagnosis and treatment of psychiatric patients.
11. Evaluate and Differentiate different **care approaches and types of health care facilities** towards the patients care with psychiatric illnesses, including convalescence, rehabilitation, palliation, long term care, and medical ethics.
12. Practice taking care of **patient safety** and clinical risk management.
13. Understand the concepts of **administration and management** and overall forward planning for respective units.

### **Skills:**

At the end of the program, the Trainee should be able to:

1. Take a **detailed history**, gather relevant data from patients, and assimilate the information to develop diagnostic and management plan.
2. **Record** an initial history, **physical examination, mental state examination** and follow-up notes as well as deliver comprehensive oral presentations to their team members based on these written documents.
3. Elicit abnormal **mental state signs** and interpret their significance.
4. Correlate clinical **abnormalities** with **psychopathological states** and diagnosis of diseases.
5. select appropriate **investigation and diagnostic procedures** for confirmation of diagnosis and patient management where applicable.
6. Interpret basic as well as advanced **laboratory data** as related to the disorder/disease.
7. interpret **routine laboratory and ancillary tests** including complete blood count, chemistry panels, ECG, chest x-rays, pulmonary function tests, and body fluid cell counts. In addition, students will properly understand the necessity of incorporating sensitivity, specificity, pre-test probability and Bayes laws/theorem in the ordering of individual tests in the context of evaluating patients' signs and symptoms.
8. Perform and Interpret common Psychometric Scales for major Psychiatric Disorders, IQ assessment, Personality Assessment etc.
9. form **differential diagnosis** with up-to-date scientific evidence and clinical judgment using history, physical and mental state examination data and the development of a prioritized problem list to select relevant investigations and make effective therapeutic decisions.
10. Asses the risks, benefits, and costs of varying **effective treatment options**; involving the patient via open discussion; selecting drugs from within classes; and the design of basic treatment programs and using critical pathways when appropriate. Ability to recognize and appreciate the importance of cost-effectiveness of treatment modalities
11. perform competently noninvasive and invasive procedures essential for the **practice of psychiatry**. This includes technical proficiency in taking informed consent, performing by using appropriate indications, contraindications, interpretations of

findings and evaluating the results and handling the complications of the related procedures mentioned in the syllabus.

12. Perform **important bedside diagnostic and therapeutic procedures** and understanding of their indications.
13. present clinical problems and literature review in grand rounds and seminars.
14. Practice good **communication skills and interpersonal relationship** with patients, families, colleagues, nursing and allied health professionals.
15. Mobilize **appropriate resources** for management of patients at different stages of illnesses, including critical care, consultation of specialties and other disciplines, ambulatory and rehabilitative services, social welfare and community resources.
16. Diagnose and manage **Psychiatric emergency** problems and differentiate them from medical/ surgical emergencies.
17. Diagnosis and management of acute and chronic **psychiatric problems** as secondary care in a regional/district hospital.
18. **Practice Diagnostic skills** to effectively manage complex cases with unusual presentations.
19. Implement strategies for **preventive care and early detection of diseases** in collaboration with primary and community care doctors.
20. **Interpret medical statistics and critically appraise** published work and clinical research on disease presentations and treatment outcomes. Experience in basic and/or clinical research within the training program should lead to publications and/or presentation in seminars or conferences.
21. **Practice evidence-based learning** with reference to research and scientific knowledge pertaining to psychiatry through comprehensive training in Research Methodology
22. **Utilise the medical literature** to expand one's knowledge base and to search for answer to medical problems. They will keep abreast of the current literature and be able to integrate it to clinical practice.

### **Attitude:**

At the end of the program, the Trainee should be able to:

1. Understand that **well-being and restoration of health** of patients must be of paramount consideration.
2. Show **Empathy** and good rapport with patient and relatives are essential attributes.
3. Be an aspiration to be the **team-leader** in total patient care involving nursing and allied health professionals should be developed.
4. Evaluate The **cost-effectiveness** of various investigations and treatments in patient care should be recognized.
5. Ensure the **privacy and confidentiality** of patients and the sanctity of life must be respected.
6. Understand the importance of **informed consent**, advanced directives and the physician-patient relationship.

7. Appreciate the importance of the effect of disease on the **psychological and socio-economic aspects** of individual patients and to understand patients' psychosocial needs and rights, as well as the medical ethics involved in patient management.
8. Show Willingness to keep up with **advances in respective Specialties**.
9. Show Willingness to refer patients to the appropriate specialty in a timely manner.
10. Promote of health via adult immunizations, periodic health screening, and risk factor assessment and modification.
11. Recognize that **teaching and research** are important activities for the advancement of the profession.

## GENERAL OBJECTIVES

### A. Patient Care:

- Residents are expected to provide patient care that is **compassionate, appropriate and effective** for the promotion of health, prevention of illness, treatment of disease and at the end of life.
- **Gather accurate, essential information** from all sources, including medical/surgical interviews, physical and mental state examinations, medical records and diagnostic/therapeutic procedures.
- **Make informed recommendations** about **preventive, diagnostic and therapeutic options and interventions** based on clinical judgment, scientific evidence, and patient preference.
- **Develop, negotiate and implement** effective patient management plans and integration of patient care.
- **Perform competently the diagnostic and therapeutic procedures** considered essential to their respective specialty.

### B. Interpersonal And Communication Skills:

- Residents are expected to demonstrate **interpersonal communication skills** that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
- Provide **effective and professional consultation** to other Doctors and health care professionals.
- **Interact** with consultants in a respectful, appropriate manner.
- Use **effective listening**, nonverbal, questioning, and narrative skills to communicate with patients and families.
- Maintain **comprehensive, timely, and legible** medical records.

### C. Professionalism

- Residents are expected to demonstrate behaviors that reflect a **commitment to continuous professional developmental, ethical practice,** an

understanding and **sensitivity to diversity and a responsible attitude** toward their patients, their profession, and society.

- **Demonstrate respect, compassion, integrity, and altruism** in relationships with patients, families, and colleagues.
  - Demonstrate **sensitivity and responsiveness** to the gender, age, culture, religion, socioeconomic status, beliefs, behavior and disabilities of patients and professional colleagues.
  - Adhere to principles of **confidentiality**, scientific/academic integrity, and informed consent.
  - Recognize and identify deficiencies in **peer performance**
  - Understand and demonstrate the skill and art of end of life care.

#### **D. Practice-Based Learning:**

- Residents are expected to be able to use scientific evidence and methods to **investigate, evaluate, and improve patient care practices.**
- Identify **areas for improvement and implement strategies** to enhance knowledge, skills, attitudes and processes of care.
- Analyze and evaluate practice experiences and implement strategies to continually improve the **quality of patient care practice.**
- Develop and maintain a willingness to **learn from errors** and use errors to improve the system or processes of care.
- Use **information technology** or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education.

#### **E. Systems-Based Practice**

- Residents are expected to demonstrate both an **understanding of the contexts and systems in which health care is provided**, and the ability to apply this knowledge to improve and optimize health care.
- Understands accesses and utilizes the **resources, providers and systems** necessary to provide optimal care.
- Understand the **limitations and opportunities** inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
- Apply **evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.**
- **Collaborate with other members of the health care team** to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

## SPECIFIC LEARNING OUTCOMES

1. To enhance **sensitivity and responsiveness** to community needs and the **economics of health care delivery**.
2. To **cultivate the practice of evidence-based medicine** and **critical appraisal skills**.
3. To cultivate the **correct professional attitude** and enhance **communication skill** towards patients, their families and other healthcare professionals.
4. To inculcate a **commitment to continuous medical education** and professional development.
5. To achieve the professional requirements to prepare for **Higher Physician Training** in one or more specialty.
6. To provide a **broad experience in specialty, including its interrelationship with other disciplines** and to enhance medical knowledge, clinical skills, and attitude in bedside diagnostic and therapeutic procedures.
7. To provide a broad training and in-depth experience for trainees to **acquire competence and professionalism in their specialty** in the diagnosis, investigation and treatment of psychiatric problems towards the delivery of holistic patient care.
8. To **acquire competence in managing acute emergencies** and identifying medical/surgical problems in patients referred by primary care and other doctors, and in selecting patients for **timely referral** to appropriate tertiary care or the expertise of another specialty.
9. To encourage contributions aiming at **advancement of knowledge and innovation in medicine** through basic and/or clinical research and teaching of junior trainees and other health related professionals.
10. **To acquire professional competence in training future trainees** in their specialty to serve at any Medical Institute all around the world.



## **CONTENT OUTLINE OF MD PSYCHIATRY PROGRAM:**

### **I. Year 1 of Training**

#### **MODULE 1A- Adult Psychiatry**

##### **C. Objectives & Learning Outcome**

The aim is to provide the trainee in the postgraduate course in Psychiatry a basic back ground of the specialty. At the end of the course the trainee is able to differentiate the psychopathology and the underline topics.

##### **D. Course Content**

- i. Descriptions of signs and symptoms.
- ii. The history of classification
- iii. Criticisms of classification
- iv. Current psychiatric classification
  - a. ICD-11
  - b. DSM-5
- v. Assessment in Psychiatry
  - a. Psychiatric interviewing and history
  - b. Mental state examination
  - c. Physical and Neurological Examination
  - d. Neuro Imaging
  - e. Standardised assessment methods
- vi. General and ethical issues in psychiatric practice
  - a. Confidentiality and consent to treatment
- vii. Aetiological models
  - a. Aetiology and Intuitive understanding
- viii. Principles of Neural Sciences
  - a. Neuro Physiology
  - b. Neuro Chemistry
  - c. Psychoneuro Endocrinology
  - d. Neurogenetics

#### **MODULE 1B- Adult Psychiatry - Psychiatric Emergencies**

### **C. Objectives & Learning Outcome**

The aim is to provide the trainee in the postgraduate course in Psychiatry a basic background of the specialty. At the end of the course the trainee is able to differentiate the psychopathology and the underline topics.

### **D. Course Content**

1. Evidence based approach in psychiatry
  - a. Implementation and evaluation of evidence based medicine
  - b. Individual treatment studies
  - c. Systematic reviews
  - d. Qualitative research methods
  - e. Reliability and validity
  - f. Quantitative research methods
  - g. Different research plots
  - h. Statistics
2. Psychiatric emergencies
  - a. Suicide Risk Assessment
  - b. Management of Suicidal patient
  - c. DSH
  - d. Manipulative patient
  - e. Violent patient
  - f. Extrapiramidal side effects
  - g. Catatonic patient
  - h. Dissociative patient
  - i. NMS
  - j. Serotonin Syndrome
  - k. Lithium Toxicity

## **MODULE 1C- Clinical Rotation in Internal Medicine**

### **C. Objectives & Learning Outcome**

- i. The core training in Medicine in the initial period of postgraduate training is required to acquire the knowledge, skills and attitudes

underlying the basis of the practice of Internal Medicine in general and preparatory to further training in psychiatry.

- ii. The increasing link of psychiatric disorders with general medical conditions has made it compulsory to have a sound knowledge of the medical conditions common in our country/culture.

The objective of rotation in general medicine is to equip the MD resident with basic skills to:

- i. Understand the neoplastic, inflammatory, infectious and other disorders of cardiovascular, gastrointestinal, pulmonary, genitourinary, endocrinological, metabolic and hematological systems.
- ii. Recognize/prioritize medical emergencies, identify patients who are candidates for intensive care, learn the bedside approach to the critically-ill patient, knowledge of algorithms for diagnosis and management of common problems in the ICU, death and resuscitation issues, interaction with families.
- iii. Apply clinical abilities in the gathering of information and physical examination, ask for suitable laboratory and radiological examinations for purpose of disease diagnosis and management.
- iv. Identify restorative crises in the crisis division and Provide restorative treatment and perform methods in the wake of working together the epidemiological and clinical information.
- v. Perform clinical obligations with appropriate therapeutic morals and regard different individuals from the group.

## **b) Principles Of Internal Medicine**

### **i. Care of the Hospitalized Patient**

- a. Electrolytes/Acid-Base Balance
- b. Diagnostic Imaging in Internal Medicine
- c. Procedures Commonly Performed by Internists
- d. Principles of Critical Care Medicine
- e. Pain and its Management
- f. Assessment of Nutritional Status
- g. Transfusion Therapy
- h. Palliative and End-of-Life Care Section

### **ii. Medical Emergencies**

- a. Cardiovascular Collapse and Sudden Death
- b. Various types of shocks and their management
- c. Upper gastrointestinal bleeding and its management.
- d. CLD and its complications

- e. Acute and chronic heart failure
- f. Acute and chronic kidney failure
- g. Sepsis and Septic Shock
- h. Confusion, Stupor and Coma
- i. Diabetic Ketoacidosis and Hyperosmolar Coma
- j. Hypoglycemia
- k. Anaphylaxis
- l. Bites, Venoms, Stings, and various kinds of Poisoning
- m. Neuroleptic Malignant Syndrome
- n. Serotonine Syndrome

#### **D. Course Content**

All the residents of MD program should have knowledge of following fields and their psychiatric and psychological aspects before appearing in examination:

- i. Cardiology
  - Coronary Artery Diseases
  - Chronic stable angina.
  - Unstable angina.
  - Myocardial infarction
  - Chronic heart failure.
  - Pulmonary edema.
  - Valvular heart disease.
  - Infective endocarditis.
  - Arrhythmias
  - Hypertensive urgencies
  - Venous thromboembolic disease / pulmonary embolism, pulmonary vascular disease, and chronic venous stasis.
  - Arterial insufficiency
  - Pericardial disease
  - Dyslipidemia
- ii. Pulmonary Medicine
  - Obstructive lung diseases: COPD, Bronchial Asthma.
  - Acute respiratory distress syndrome
  - Pulmonary vascular disease: Pulmonary HTN, Pulmonary embolism.
  - Lower Respiratory Infections: Community-Acquired Pneumonia, Hospital- Acquired Pneumonia, Chronic pneumonia, and complications of pneumonia
  - Diffuse parenchymal lung disease
  - Interstitial lung diseases

- Pulmonary disorders of immunosuppressed patients.
- Acute and chronic respiratory failure
- Staging and treatment of lung cancer.
- Diagnosis and management of pleural diseases.
- Sleep-disordered breathing.
- Diagnosis and management of hemoptysis.
- COVID-19 pneumonia and its management

## ii. Endocrinology

- Pathophysiology of Type 1 & 2 diabetes
- Diagnostic criteria for Diabetes, Differentiate Type I vs. Type II
- Standards of care for a patient with Diabetes
- Targets of care for a patient with Diabetes
- Metabolic syndromes
- Classes of oral anti hypoglycemic agents used and their mechanism of action. indications and contraindications for each class and side effects Insulin management in Type 1 and 2 DM
  - Types of insulin available today (Rapid, Short, Intermediate, Basal, Premixed insulin preparations)
    - Indications, contraindications, complications associated with insulin use
    - Insulin protocols used in ICU setting including IV insulin therapy
    - Acute diabetes complications, diagnosis and management
    - Hyperlipidemia
    - Combination therapy to treat diabetic dyslipidemia
    - Thyroid function tests in diagnosing various thyroid dysfunction states.
    - Hyperthyroidism and its management
    - Hypothyroidism and management
    - Thyrotoxic storm and myxedema coma
    - Pheochromocytoma
    - Approach to adrenal diseases
    - Adrenal insufficiency
    - Cushing's disease
    - Hypocalcaemia and hypercalcaemia
    - Osteoporosis, osteopenia, vitamin D deficiency

## v. Rheumatology

- Purine and uric acid metabolism and crystal-induced arthritis
- Autoimmune disorders (e.g. R.A., S.L.E., Scleroderma and vasculitis)
- Infectious and reactive arthritides
- Metabolic bone diseases e.g. Osteoporosis
- Bone and cartilage disorders e.g. Osteoarthritis

- Inflammatory muscle diseases
- Miscellaneous rheumatic disorders

v. Gastroenterology & Hepatology

- Malabsorptive/Nutritional disorders
- Inflammatory Bowel Disease
- Irritable Bowel Syndrome
- Peptic Ulcer Diseases
- Malignancies of the Digestive System
- Upper gastrointestinal bleed
- Lower GI bleed.
- Gastrointestinal Emergencies
- Indications/complications of GI procedures
- Viral hepatitis
- Chronic liver disease and its complications
- GI motility disorders
- Biliary disorders
- Pancreatic disorders

vi. Nephrology

- Fluid and electrolyte disorders
- Acid-base disorders
- Acute renal failure.
- Chronic renal failure
- Evaluation of renal function e.g. Urinalysis, urine protein-creatinine ratio, calculation of GFR.
- Urinary tract infection
- Nephrotic syndrome
- Diseases demonstrating nephritic and nephrotic components.
- Multisystem diseases with variable kidney involvement
- Effects of drugs on the kidneys.

vii. Haematological Disorders

- Anemias: General aspects and classifications
- Pancytopenia, aplastic anemia
- Iron overload
- Haemoglobinopathies
- Hemolytic anemias
- Qualitative or quantitative disorders of white blood cells
- Disorders of the spleen
- Acquired & inherited coagulation disorders

- Thrombosis and anti thrombotic drugs
  - Transfusion of blood and blood components
  - Adverse effects of blood transfusion
  - Classification and differentiation of haematological malignancies
  - Leukemias
  - The myelodysplastic syndromes
  - Myeloproliferative disorders
  - Lymphoproliferative disorders
- ii. Inpatient Oncology & Palliative Care Services
- Breast cancer
  - Lung cancer
  - Colon cancer
  - Prostate cancer
  - Ovarian cancer and Testicular cancer
  - Pain management therapy
  - Palliative care
  - Chemotherapy
  - Tumor markers, Oncogenes and apoptosis
  - Bone marrow transplantation
- x. Critical Care Medicine
- Asthma management
  - Evaluation of chest pain
  - Evaluation of shortness of breath
  - Airway management
  - Oxygen transport: physiology, alterations in the critically-ill
  - Arterial blood gases: approach to analysis, common alterations
  - Hemodynamics: physiology, PA catheter, hemodynamic waveforms, trouble-shooting
  - Shock: pathophysiology, approach to resuscitation
  - Fluid and electrolyte disturbances: sodium, potassium, magnesium, calcium
  - Acute renal failure: approach differential diagnosis, management
  - Coma: pathophysiology, neurological exam, differential diagnosis
  - Wound care
- x. Infectious Diseases
- Respiratory tract infections
  - Central nervous system infections
  - Cardiovascular infections

- Various bacterial infections
- Viral infections
- Fungal disease
- Mycobacterial infections
- Parasitic Infection
- Malaria
- Soft tissue, bone, and joint infections
- Fevers of unknown origin
- Infections in immunocompromised hosts
- Gastrointestinal tract infections
- Genitourinary tract infections including sexually transmitted diseases.
- Infections of indwelling venous and arterial catheters and prosthetic devices
- Nosocomial infections, in intensive care and general care settings

#### **a) Course Content Of Practical Work**

- i. During training in medical unit:
  - a) 8 hours of ER duty per week
  - b) 4 hours of OPD duty per week
  
- ii. During the training the student is expected to work in the emergency, outpatients and in the ward under the supervision of the consultant in charge of the department of medicine
- iii. During the attachment the student should present 4 cases, enter in the logbook history of 10 patients with provisional diagnosis and suggested management. He should attend the emergencies, OPD and ward rounds as per schedule of the ward he/she is attached to. The logbook of the rotation should be evaluated by the consultant in charge.

Evaluation: At the end of rotation students will be evaluated, should score 50% marks. The same will be entered in Log Book

## **II. Year 2 of Training**

### **MODULE 2A- Adult Psychiatry**



### **C. Objectives & Learning Outcome**

- i. Approach for diagnosis and classification of Psychiatric Disorder.
- ii. Concept, Typology, aetiology, clinical features, course, outcome & prognosis of organic mental disorders.

### **D. Course Content**

- i. Personality and its types
  - a. The origins of personality
  - b. The assessment of personality
  - c. Personality disorder and its classification
  - d. The historical development of ideas about abnormal personality
  - e. Diagnostic criteria
  - f. Aetiology, course and management of personality disorders
- ii. The response to stressful events and its Classification
  - a. Acute stress reaction
  - b. Posttraumatic stress disorder
  - c. Adjustment disorder
- iii. Anxiety disorders and its classification
  - a. Generalized anxiety disorder
  - b. Phobia anxiety disorder
  - c. Panic disorder
  - d. Agoraphobia
  - e. Obsessive compulsive disorder
- iv. mood disorders
  - a. The epidemiology, aetiology of mood disorder
  - b. Management of mood disorder
  - c. Bipolar Affective Disorder
  - d. Mania
  - e. Depression
  - f. Cyclothymia
- v. schizophrenia
  - a. The epidemiology, aetiology and course of schizophrenia
  - b. Management of schizophrenia
  - c. Delusional disorder
  - d. Assessment and management of paranoid symptoms and delusional disorder
  - e. Schizophreniform Disorder
  - f. Brief Psychiatric Psychotic Disorder

## **MODULE 2B- Clinical Psychology**

### **C. Objectives & Learning Outcome**

- i. The applicants are required to have a sound information of general mental standards in regions, for example, identity, learning, insight, memory, feelings, observations and so forth. They are relied upon to take in the functional parts of clinical brain science like psychometric appraisal and mental techniques for treatment.
- ii. Candidates should have a proper understanding of the various schools or discipline of psychotherapy and its application to psychiatry. They should become familiar with theoretical framework and techniques of Psycho-education, individual as well as group psychotherapy, behaviour therapy and should be able to conduct such therapies.

### **D. Course Content**

- i. Behavioural sciences:
  - a. Introduction to behavioural sciences
  - b. Holistic vs. Traditional medicine
  - c. Health Care Models and their clinical applications
  - d. Non pharmacological interventions in clinical practice
- ii. Medical ethics and professionalism
  - a. Relevance of ethics in the life of a doctor
  - b. Rights and responsibilities of patients and doctors
  - c. Psychological reactions in Doctor-Patient relationship
  - d. Professionalism in Health care
- iii. Psychology in medical practice
  - a. Principles of psychology
  - b. Neurobiological; basis of behaviour
- iv. Sociology and anthropology
- v. Psychosocial aspects of health and disease
- vi. Psychosocial issues in special hospital settings
- vii. Psychosocial aspects of gender and sexuality
- viii. Psychosocial aspects of pain
- ix. Psychosocial aspects aging

- x. Psychosocial aspects death and dying
- xi. Psychotrauma
- xii. Psychosocial aspects of terrorism
- xiii. Stress and its management
- xiv. Developmental, Behavioural and Social Psychology:
  - a. Infancy through adolescence
  - b. Personality development (e.g., moral development)
  - c. Developmental processes, tasks, crises, and transitions, (e.g., school entry, peer relations, individuation)
  - d. Environmental influences
  - e. Psychosocial (e.g. social deprivation)
  - f. Adulthood
    - i. Personality adaptation
    - ii. Developmental processes, tasks, crises, and transitions (e.g., employment, parenting)
    - iii. Environmental influences
    - iv. Acquisition and loss of specific capacities (e.g., menopause)
  - g. Late life
    - i. Personality adaptation
    - ii. Developmental processes, tasks, crises, and transitions
    - iii. Environmental influences o Psychosocial
    - iv. Acquisition and loss of specific capacities (e.g., cognition, physical endurance)
  - h. Experimental psychology
  - i. Neuropsychology
  - j. cognitive psychology
  - k. Ethology
  - l. Spirituality
- xv. Psychotherapy
- xvi. Dynamic psychotherapy:
  - a. The classical psychoanalytic concepts of transference and counter- transference, resistance, psychic organization, and the use of mental defense mechanisms
  - b. Object-relation theories and principles of therapy according to Klein, Fairbairn and Guntrip
  - c. Brief dynamic psychotherapy
  - d. Crisis intervention
- xvii. Group psychotherapy:
  - a. The concepts of Object-Relation theory,
  - b. Transactional Analysis, and Gestalt Therapy as applied to group therapy
  - c. The organization and conduct of small group therapy
  - d. Therapeutic factors, limitations, uses, indications, and

- outcome in group psychotherapy
- xviii. The Client Centred approach to psychotherapy (Carl Rogers)
- xix. The Cognitive approach to psychotherapy
  - a. Biofeedback
  - b. Psychotherapy
  - c. Supportive
  - d. Cognitive
  - e. Interpersonal
  - f. Psychodynamic
  - g. DBT
- xx. Behavioural therapies:
  - a. Assessment and follow-up measures
  - b. Relaxation techniques
  - c. Systemic desensitization Curriculum/Statutes & Regulations - MD Psychiatry 46
  - d. Flooding
  - e. ERP
  - f. Operant conditioning methods
  - g. Social skills training
- xxi. Psychoanalytic
  - a. Couples
  - b. Family
  - c. Group
- xxii. Psychosocial Sciences
  - a. Jean Piaget
  - b. Attachment theory
  - c. Memory
- xxiii. Socio Cultural Sciences
  - a. Sociology & Anthropology
  - b. Transcultural Psychiatry
  - c. Culture bond syndromes
- xxiv. Sex therapy
- xxv. Other (e.g., hypnotherapy, critical incident debriefing, phototherapy chronotherapy (sleep deprivation)
- xxvi. Pain management (pharmacologic/non-pharmacologic)
- xxvii. Studies on the effectiveness of psychotherapy including therapist characteristics

## **MODULE 2C- Neurology**

### **C. Objectives & Learning Outcome**

- i. The aim of the rotation in neurology is to provide the student to develop the necessary technical skills in neurology
- ii. Evaluate the relevance of a specific report of common investigative procedures used in neurology including: CSF analysis, electroencephalogram, CT and MRI etc
- iii. Access and analyze common neurological disorders and especially those with psychiatric presentation.
- iv. The student during posting should present two cases and write detailed history of 3 cases. The write up should include provisional diagnosis, laboratory investigations and advise management of the case.
- v. The same should be entered into logbook
- vi. The weekly distribution will be according to the convenience of Neurology department.

### **D. Course Content**

- i. Neurological history taking
- ii. Neurological Examination
  - a. Cranial nerves examination
  - b. Sensory and motor examination
  - c. Bedside cognitive testing
  - d. Mini mental state examination
- iii. Neurological emergencies
  - a. Delirium
  - b. Acute headache (thunderclap headache)
  - c. Acute neuromuscular weakness
  - d. Subarachnoid haemorrhage
  - e. Acute focal neurological syndromes
  - f. Acute ischemic stroke
  - g. Spontaneous intracranial haemorrhage
  - h. Raised intracranial pressure
  - i. Acute encephalitis
  - j. Meningitis
  - k. Head injury
  - l. Spinal cord disorders
  - m. Anti-NMDA receptor encephalitis.

- iv. Dementia
  - a. Alzheimer's disease
  - b. Vascular dementia.
  - c. Dementia with Lewy bodies (DLB)
  - d. Mixed dementia.
  - e. Parkinson's disease
  - f. Frontotemporal dementia
  - g. Creutzfeldt-Jakob disease.
  - h. Normal pressure hydrocephalus.
  - i. Drugs used in the treatment of dementia
  - j. Differences between cortical and sub-cortical dementia.
- v. Differences between organic and psychogenic amnesia
- vi. Post traumatic Amnesia.
- vii. Transient Global Amnesia.
- viii. Differences between organic and functional stupor.
- ix. Classification of seizure disorders
- x. Psychiatric Syndromes with Epilepsy
- xi. Women and Epilepsy- pregnancy and lactation
- xii. Anticonvulsants
- xiii. Forced Normalization
- xiv. Classification of headaches
- xv. Psychiatric aspects and management of Migraine
- xvi. Myasthenia gravis
- xvii. Neuro-psychiatric Sequel of HIV Infection
- xviii. Management of Coma
- xix. Multiple Sclerosis.
- xx. Wilson's disease.
- xxi. Wernicke's Encephalopathy&Korsakoffs
- xxii. Motor Nerve palsy
- xxiii. Steel Richardson syndrome
- xxiv. Punch Drunk Syndrome
- xxv. Sheehan's syndrome
- xxvi. Compulsive Water Drinking Syndrome
- xxvii. KluverBucy syndrome
- xxviii. Feature of frontal lobe syndrome
- xxix. Cortical release signs
- xxx. Temporal lobe tumours
- xxxi. Parietal lobe signs.
- xxxii. Cortical vein thrombosis.
- xxxiii. Psychiatric symptoms and course of subdural haematoma
- xxxiv. Genetic and inherited myopathies.
- xxxv. Movement disorders
- xxxvi. Neuroradiology
  - a. EEG and EMG in Psychiatry

- b. CAT scan
- c. MRI

**a) Course Content Of Practical Work**

- i. 4hours of OPD per week
- ii. 2hours of common investigations and procedures:
- iii. Neurological examination
  - a. Lumbar puncture
  - b. EEG- performing and interpretation
  - c. Interpretation of radiological investigations- CT scan, MRI.

**III. Year 3 of Training**

**MODULE 3A- Adult Psychiatry**

**C. Objectives & Learning Outcome**

- i. Approach for diagnosis and classification of Psychiatric Disorder.
- ii. Concept, Typology, aetiology, clinical features, course, outcome & prognosis of organic mental disorders.

**D. Course Content**

- i.* Psycho-Sexual Disorders
  - a. Sexual behaviour and its variations
  - b. Sexual orientation
  - c. Sexual dysfunctions
  - d. Abnormal sexual preferences
  - e. Abnormalities of gender identity
  
- ii.* Sleep Disorders
  - a. Normal sleep

- b. Sleep wake disorders
- iii. Eating and feeding disorders
  - a. Anorexia Nervosa
  - b. Bulimia Nervosa
  - c. Obesity& Metabolic syndrome
- iv. Drug and Physical Treatment
  - a. Psychopharmacology
  - b. ECT
  - c. RTMS
  - d. DBS

### **MODULE 3B- Organic Psychiatry**

#### **C. Objectives & Learning Outcome**

- i. The candidates should acquire a sound knowledge of principles and practice of organic psychiatry.
- ii. Evaluation and treatment of organic disorders with psychiatric manifestations.

#### **D. Course Content**

##### **Neurocognitive Disorders**

- i. Symptoms associated with regional brain pathology
- ii. Assessment of the neuropsychiatric patient.
- iii. Delirium
- iv. Dementia
- v. Mild Cognitive Impairment
- vi. Movement disorders
- vii. Epilepsy
- viii. Head injury
- ix. Cerebrovascular disorders
- x. Brain tumours and infections

### **MODULE 3C- Addiction Psychiatry**



## **Duration 4 Weeks**

### **C. Objectives & Learning Outcome**

The trainee should be able to access and manage the Psychological & Medical problems associated with alcohol and drug dependence, this will encompass psychotherapeutic and pharmacological management of addiction and dual diagnosis patients.

- i. Competency in managing intoxication and withdrawal conditions
- ii. Knowledge of the different levels of care and treatment modalities for substance use conditions with and without concurrent disorders
- iii. Basic assessment of the addiction patient with and without concurrent disorders
- iv. Basic understanding of the techniques of Motivational Enhancement

### **D. Course Content**

- i. Classification of substance use disorders
- ii. Alcohol related disorders
- iii. Assessment and management of alcohol misuse
- iv. The dependence syndrome
- v. Stages of change and harm reduction
- vi. Management of alcohol withdrawal
- vii. Wernicke korsakoff syndrome
- viii. Opioids and opiates
- ix. Illegal drugs street slang associated with drug abuse
- x. Depressants and stimulants
- xi. Hallucinogens and other drugs
- xii. Legal issues related to drug and alcohol misuse

## **MODULE 3D- Child and Adolescent Psychiatry**

### **C. Objectives & Learning Outcome**

- i. The candidates should acquire a sound knowledge of principles and practice of child & adolescent psychiatry.

- ii. Evaluation and treatment of attention disorders, affective disorders, anxiety disorders, psychosis, developmental disorder & learning disability, mental retardation and other emotional & behavioural disorders.
- iii. Understand the modifications necessary to use psychotropic medication in child patients, and the particular risks and vulnerabilities in using medication in children.

#### **D. Course Content**

- i. Classification of childhood and adolescent psychiatric disorders  
Assessment of psychiatric disorders in childhood and adolescence through a developmental approach and through a conjoint family approach  
The epidemiology of psychiatric disorders in children and adolescents
- ii. General aetiological factors of psychiatric disorders in children and adolescents:
  - a. Broad social influences
  - b. Family relationships.
  - c. Loss, abuse and physical illness
  - d. Biological influences including genetics
- iii. Clinical presentation, aetiological factors, management and outcome of main psychiatric disorders encountered:
  - a. Specific developmental disorders (scholastic, motor and language)
  - b. Autism Spectrum disorders
  - c. Intellectual Disability
  - d. Disruptive disorders: ADHD, Oppositional disorder& Conduct disorder in childhood and adolescence
  - e. Learning disorders
  - f. Communication disorders
  - g. Attention deficit and disruptive behavior disorders
  - h. Feeding and eating disorders of infancy or early childhood
  - i. Elimination disorders
  - j. Phobias in childhood
  - k. Anxiety disorders in childhood
  - l. Mood disorders in children and adolescence
  - m. Suicide and suicidal behavior in young persons
  - n. Elective mutism
  - o. Attachment disorders
  - p. School refusal
  - q. Under-achievement and deterioration in school performance
  - r. Enuresis and encopresis

- s. Feeding disorders and pica
- t. Tic and stereotyped movement disorders
- u. Substance misuse in adolescence
- v. Psychotic disorders in childhood and adolescence
- iv. Risk assessment of young persons (self harming behavior, drug abuse and
  - v. violent or threatening behavior)
  - vi. Child abuse (physical, emotional, sexual and negligence)
  - vii. Co morbidity in child psychiatry
  - viii. Interaction between psychiatric and physical disorders
  - ix. organically based psychiatric disorders and psychiatric aspects of chronic illnesses
  - x. Use of psychoactive medications in childhood and adolescence (indications, adverse effects, pharmacokinetics, pharmacodynamics and drug –drug interactions)
  - xi. Treatment approaches in children and adolescents; family therapy, play, day-care, hospital care, and behavioural methods
  - xii. Continuity of childhood psychiatric disorders into adult life

#### **IV. Year 4 of Training**

##### **MODULE 4A- Medicine and Psychiatry**

#### **C. Objectives & Learning Outcome**

The candidates should acquire a sound knowledge of

- i. principles and practice of emergency or difficult situations in psychiatry
- ii. the therapeutic issues
- iii. transcultural aspects of psychiatric disorders.

#### **D. Course Content**

- i. Pharmacological approach to severe behavioural disturbance
- ii. Issues of child protection
- iii. Suicide prevention
- iv. Paradoxical reactions to benzodiazepines
- v. Prescribing in pregnancy
- vi. Prescribing in lactation
- vii. Prescribing for patients with cardiovascular disorders

- viii. Prescribing for patients with liver disease
- ix. Prescribing for patients with renal impairments
- x. Prescribing for patients with epilepsy
- xi. Antipsychotic induced Parkinsonism
- xii. Tardive dyskinesia
- xiii. Dystonias and Akathisia
- xiv. Antipsychotics and diabetes
- xv. Antipsychotics and hyperprolactinaemia
- xvi. Cultural context and the presentation of psychiatric disorders
- xvii. Culture bound syndrome

## **MODULE 4B- Liaison Psychiatry**

### **C. Objectives & Learning Outcome**

The candidate should:

- i. Develop foundational skills in completing focused psychiatric assessment interview and appropriate mental status examination in medical patients with co-morbid psychiatric disturbances
- ii. Develop skills in eliciting and interpreting abnormal mental status findings
- iii. Foundational knowledge of the pharmacological agents used in the management of psychiatric symptoms in the medically ill with particular emphasis on the management of delirium, anxiety and depression. There is a particular focus on the indications for medication use, potential side-effects and relevant drug interactions and interactions with the co-morbid medical illnesses.
- iv. Develop or enhance basic skills in providing supportive psychotherapy

### **D. Course Content**

- i. Psychiatry, medicine and mind-body dualism
- ii. Epidemiology of psychiatric disorders in medical settings'
- iii. The co-occurrence of psychiatric and medical conditions
- iv. Management of psychiatric disorder in the medically ill
- v. Somatic symptoms that are unexplained by medical pathology
- vi. Somatoform disorders and dissociative disorders

- vii. Body dysmorphic disorder
- viii. Hypochondriasis
- ix. Factitious disorder
- x. Malingering
- xi. Assessment prior to organ transplantation

## **MODULE 4C- Forensic Psychiatry**

### **C. Objectives & Learning Outcome**

The candidate should be aware and acquire a sound knowledge of:

- i. The legal and ethical issues involved in the practice of psychiatry particularly in the Pakistani context and right of the patients and consumers.
- ii. Understand fundamental differences between his duties as a forensic expert witness and a psychiatrist.
- iii. Demonstrate knowledge of the Mental Health Act and skills related to the use of the Mental Health Laws.
- iv. The system of Board of Certification present at the forensic settings, currently at PIMH (Punjab Institute of Mental Health)
- v. Psychiatrists role in the court
- vi. The concept and application of ethics and its application in mentally ill offenders.
- vii. Competency to stand trial.
- viii. Competency to execute.
- ix. Diminished Responsibility
- x. Civil cases and application of informed consent
- xi. Mental illnesses amongst prisoners
- xii. Violence & risk assessment in psychiatric patients.
- xiii. Assessment of prisoners in custody
- xiv. Psychiatric report
- xv. Terrorism

### **D. Course Content**

- i. The relationship between crime and mental disorders
  - a. Fitness to plead

- b. Criminal responsibility (not guilty by reason of insanity)
- c. Diminished responsibility
- d. Court evidence and report
- ii. The forensic psychiatric service
- iii. Prison psychiatry
- iv. Assessment of dangerousness
- v. Testamentary capacity
- vi. Civil law as it relates to marriage, divorce, custody of children, and management of property
- vii. Issues of compensation and psycho social aspects of disability claims
- viii. Administrative and legal aspects of compulsory detention and treatment due to mental disorder or disability

## **MODULE 4D- Geriatric Psychiatry**

### **C. Objectives & Learning Outcome**

- i. An ability to engage, collect information, evaluate, diagnose and establish treatment plan for geriatric patients who present with dementias, neuropsychiatric and psychiatric symptoms.
- ii. Knowledge of the various pharmacological modalities used in treating psychiatric disorders in older adults.
- iii. Knowledge of the indications and possible side effects of the medications used.
- iv. Knowledge of psychopharmacological interventions used in the treatment of cognitive disorders in older adults.

### **D. Course Content**

- i. Cognitive, emotional, and personality changes associated with ageing
- ii. Family attitudes, status issues, economic changes with ageing, abuse and neglect
- iii. Epidemiology of psychiatric disorders in the elderly
- iv. Clinical evaluation of the elderly patient
- v. Investigative methods for elderly patients with neuropsychiatric disorders
- vi. Psychological aspects of medical and neurological illness in the

- elderly
- vii. Aetiology, clinical presentation, diagnosis, investigations, management and prognosis of:
  - a. Delirium
  - b. Dementias including reversible forms of dementia
  - c. Affective disorders
  - d. Late paranoid disorders
  - e. Anxiety states
  - f. Personality changes
  - g. Bereavement and adjustment disorders
  - h. Sleep disorders
  - i. Sexual problems
- viii. The use of psychopharmacology in old age; pharmacokinetics, drug interactions, dosage, and side effects
- ix. The use of psychotherapy in elderly patients The clinical assessment of cognitive impairment

## **Section D:**

### **PROGRAMME FORMAT**

A summary of 4 years MD Psychiatry program is as under:

#### **During 1st year of MD Psychiatry:**

9 months in Psychiatry & 3 months rotation in internal medicine.

#### **During 2<sup>nd</sup> year of training :**

6 months in psychiatry & 3 monthly rotations in Neurology & clinical psychology

#### **During 3<sup>rd</sup>& 4<sup>th</sup> year of training:**

**Clinical component:** Training in psychiatry

**Research component:** Research work, thesis, must be completed and submitted 6 months prior to the end of training

### **Rotations:**

<b>Sr.No</b>	<b>Program Title</b>	<b>Duration</b>	<b>Placement</b>
1	Internal Medicine	3 Months	Medicine Department
2	Neurology	3 Months	Neurology Department
3	Clinical Psychology	3 Months	Psychiatry Department



## Section E:

### Assessment Plan:

Program duration	Course contents	Assessment method
At the end of 2 <sup>nd</sup> year of program	<ol style="list-style-type: none"><li>1. Revision of core MBBS component including basic and clinical components.</li><li>2. Basic knowledge and Acquiring skill related to the specialty according to the objectives made.</li><li>1. First 2 mandatory Workshops as described in course outline.</li><li>3. Submission of synopsis</li></ol>	<p><b>Intermediate Examination:</b> to be taken by university. It will include:</p> <p>a) Written=300</p> <p>b) TOACS/ OSCE /LONG CASE=300</p> <p><b>Total Marks =600</b></p>
At the end of 4 <sup>th</sup> year	<ol style="list-style-type: none"><li>1. Training to act as an individual while managing patient or performing any task as defined by</li></ol>	<p><b>Final Examination</b> to be conducted by university.</p> <p>It will include:</p>

	<p>the objectives.</p> <p>2. Training to act as a teacher, researcher, leader and a player in a team.</p> <p>3. Overall development of a health care professional with all the set competencies of the Program.</p> <p>4. All the mandatory and specialty oriented workshops to be completed as mentioned in the curriculum</p> <p>5. Rotations as described in the curriculum completed</p> <p>6. Thesis completion and submission</p>	<p>a) Written=300</p> <p>b) TOACS/OSCE/LONG CASE/SHORT CASE=300</p> <p>c)Continuous internal assessment=100</p> <p>Thesis evaluation =300</p> <p style="text-align: center;"><b>Total marks=600+100+300= 1000</b></p>
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### Components of Intermediate Examination

- Written: Total Marks =300
- Clinical, TOACS/OSCE = 300

**Total = 600**

### Components of Final Examination:

- Written: 300 Marks
- Clinical, TOACS/OSCE = 300 Marks
- Continuous internal assessment =100

- Thesis Evaluation = 300 Marks

**Total = 1000 Marks**

### **Intermediate Examinations:**

Intermediate examination would be conducted for the candidate getting training, at the end of 2nd calendar year of the program.

#### **Eligibility Criteria:**

1. Candidate remained on institution roll during the period approved for appearing in examination.
2. Certificate of completion of mandatory workshops.
3. Completion of Log book signed by supervisor/concerned Head of Department.
4. Certificate of submission of Ethical Review Committee approved synopsis to the university if required as per rules of synopsis submission.
5. Evidence of payment of examination fee as prescribed by the University from time to time.
6. Certificates submitted through Principal/Dean/Head of academic institution shall be accepted as valid towards the candidature of an applicant.
7. submission of application for the examination and the conduct of examination.

#### **Intermediate Examination Schedule and Fee:**

- a) Intermediate Examination at completion of two years training, will be held twice a year.
- b) There will be a minimum period of 30 days between submission of application for the examination and the conduction of examination.

- c) Examination fee will be determined periodically by the University.
- d) The examination fee once deposited cannot be refunded / carried over to the next examination under any circumstances.
- e) The Controller of Examinations will issue Roll Number Slips on receipt of prescribed application form, documents satisfying eligibility criteria and evidence of payment of examination fee.

**Written Examination:**

The written examination will consist of 100 single best answer type Multiple Choice Questions. Each correct answer in the multiple-choice question paper will carry 02 marks. The short essay question will be clinical scenario or practice based, and each question will carry 10 marks.

The marks of written exam will be divided as follows:

- MCQs (single best type) = 200 Marks
- SEQ (10 marks) =100

**Declaration of Results**

The candidates scoring 60% marks in the written examination will be considered pass and will then be eligible to appear in the clinical and oral examination.

**Clinical, TOACS/OSCE:**

The clinical and TOAC/OSCE & Oral examination will evaluate patient care competencies in detail,

The examination will be of 300 total marks consisting of the following components

Clinical, TOACS/OSCE = Total Marks 300

a) 2 short Cases (50 each) = 100 marks

b) 1 Long Case = 100 marks

c) TOACS/OSCE & ORAL =100 marks (10 stations with 10 marks each)

- Each short case will be of 10 minutes duration, 05 minutes will be for examining the patient and 05 minutes for discussion.
- The long case will be of 1 hour and oral examination will be of 30 minutes duration.

### **Declaration of Results**

- A student scoring 60% in long case, 60% in short cases and 60% in TOACS/OSCE will be considered pass in the examination.
- A maximum total of four consecutive attempts (availed or un availed) will be allowed in the Intermediate Examination during which the candidate will be allowed to continue his training program. If the candidate fails to pass his Intermediate Examination within the above-mentioned limit of four attempts, the candidate shall have to take entire intermediate examination including written examination again.

### **Final Examination**

**(at the end of 4<sup>th</sup> Calendar year of the program)**

### **Eligibility Criteria:**

To appear in the Final Examination the candidate shall be required:

1. Result card showing that the candidate has passed intermediate Examination.

2. Certificate of completion of 4 Years training duly signed by Supervisor, Head of parent Department and that of the Head of Department where rotations were done (if prescribed in the curriculum).
3. Evidence of thesis submission to Department of Examination of the University.
4. Evidence of payment of examination fee as prescribed by the university from time to time.
5. The examination fee once deposited cannot be refunded / carried over to the next examination under any circumstances.
6. Candidate remained on institution roll during the period required for appearing in examination.
7. Only those certificates, submitted through Principal/Dean/Head of academic institution shall be accepted.

#### **Final Examination Schedule and Fee:**

- a) Final examination will be held twice a year i.e. at least six months apart.
- b) Examination fee will be determined and varied at periodic intervals by the University.
- c) The examination fee once deposited cannot be refunded / carried over to the next examination under any circumstances.
- d) The Controller of Examinations will issue an Admittance Card with a photograph of the candidate on receipt of prescribed application form, documents satisfying eligibility criteria and evidence of payment of examination fee. This card will also show the Roll Number, date / time and venue of examination.

#### **Written Part of Final Examination**

- a) The written examination will consist of 100 single best answer type Multiple Choice Questions (MCQs) and 10 Short Essay Questions (SEQs). Each correct answer in the Multiple-Choice Question paper will carry 02 marks. Each Short Essay Question will carry 10 marks.
- b) The Total Marks of the Written Examination will be 300 and to be divided as follows:

- Multiple Choice Question paper Total Marks = 200
- Short Essay Question paper Total Marks = 100

**Total=300**

### **Paper 1**

- MCQs 100 (2marks each)

### **Paper 2**

- SEQs 10 (10 marks each)
  - a. Paper 1 shall comprise of hundred (100) "single best answer" type Multiple Choice Questions. Each Question shall carry 02 marks.
  - b. Paper 2 shall comprise of ten (10) Short Essay Questions, each carrying 10 marks.

### **Declaration of Results**

- c. The candidates scoring 60% marks in aggregate of Paper 1 and Paper 2 of the written examination will be declared pass and will become eligible to appear in the Clinical Examination.

### **Clinical, TOACS/OSCE:**

- a) The Clinical Examination will consist of 04 short cases, 01 long case and TOACs/OSCE with 01 station for a pair of Internal and External Examiner. Each short case will be of 10 minutes duration, 05 minutes will be for examining the patient and 05 minutes for discussion. The long case will be of 1 hour and oral examination will be of 30 minutes duration

b) The Total Marks of Clinical and TOACs/OSCE & Oral will be 300 and to be divided as follows:

- Short Cases (4) Total Marks = 100
- Long Case (1) Total Marks = 100
- TOACs/OSCE & ORAL Total Marks = 100

**Total= 300**

### **Declaration of Results**

- A student scoring 60% in long case, 60% in short cases and 60% in TOACs/OSCE will be considered pass in the examination.
- Candidate, who passes written examination, shall be allowed a maximum of Three available attempts within 2 years whether to pass Clinical/Oral examination. However, in case of failure to pass Clinical examination within stipulated attempts the credit of passing the written examination shall stand withdrawn and candidate shall have to take entire examination including written examination, afresh.
- The candidate who has completed his/her training along with all the requirements mentioned in the curriculum shall have to appear in the written of final examination atleast once within a period of 7 years (from the time of induction in the training). Failure to compliance with this, the matter will be referred to the competent authority through proper channel for final decision.

### **Synopsis and Thesis Writing:**

Thesis writing must be completed and thesis be submitted at least 6 months before the end of final year of the program.



Thesis evaluation & defense will be carried out at the end of 4<sup>th</sup> calendar year of MD Psychiatry.

### **Submission / Evaluation of Synopsis**

- a) The candidates shall prepare their synopsis as per guidelines provided by the Advanced Studies & Research Board, available on the university website.
- b) The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.
- c) Synopsis of research project shall be got approved by the end of the 2<sup>nd</sup> year of MS/MD program. The synopsis after review by an Institutional Review Committee, shall be submitted to the University for consideration by the Advanced Studies & Research Board, through the Principal / Dean /Head of the institution.

### **Submission and evaluation of Thesis Evaluation (300 Marks)**

1. The Thesis shall be submitted to the Controller of Examination through Head of Institute, duly signed by the Supervisor, Co-Supervisor(s) and Head of the Department.
2. Submission of Thesis is a prerequisite for taking Final Theory Examination.
3. Examiners shall be appointed by the Vice chancellor on recommendation of Controller of Examination from a panel approved by Advance Studies & Research Board for evaluation of thesis.
4. All MD/MS/MDS thesis shall be evaluated by two examiners, one internal and one external. (The supervisor must not be the evaluator)
5. Thesis defense shall be held after approval of evaluation reports by Advanced Studies & Research Board.
6. Thesis defense shall be conducted by the external examiners who evaluated Thesis of the candidate.

7. The candidate scoring 60% marks in Thesis defense examination will be declared as pass in the examination.

### **Continuous Internal assessment**

It will consist of professional growth oriented student-centered integrated assessment with an additional component of formative assessment and measurement-based summative assessment.

### **Attendance**

- Students joining postgraduate training program shall work as full-time residents during the duration of training maximum 2 leaves are allowed in one month, and should take full responsibility and participation in all facets of the educational process. The period of training for obtaining degrees shall be four completed years

### **Presentations**

- In addition to the conventional teaching methodologies interactive strategies will also be introduced to improve both clinical and communication skills in the upcoming consultants. Presentations must be conducted regularly as scheduled and attended by all available faculty and residents. As a policy, active participation of the postgraduate resident will be encouraged. Proper written feedback will be given for these presentations and that will be a part of Resident's Portfolio as well. Reflection of the events to be written by the residents as well and must be included in their portfolios.

### **Task evaluation**

- This competency will be learned from journal clubs, review of literature, policies and guidelines, audit projects, medical error investigations, root cause analysis and awareness of healthcare facilities. Active participation

and ability to fulfill given tasks will be encouraged. Written feedback must be given and documented to be included in portfolio

**Continuous Internal Assessment format (100 Marks)**

1. The award of continuous internal assessment shall be submitted confidentially in a sealed envelope.
2. The supervisor shall submit cumulative score of internal assessment of all training years to be added together to provide a final cumulative score of Continuous Internal Assessments of all the trainees to the Head of the Department/ Dean of Post Graduate studies.
3. The Head of Department/ Dean shall submit the continuous internal assessment score through the Principal/ Registrar office to the Examination Department of the University. Score of continuous internal assessment once submitted shall be final and cannot be changed subsequently under any circumstances.
4. The weightage of internal assessment in the final examination will be 10%.
5. Continuous Internal Workplace Based Assessments will be done by the supervisors, that may be based on but not limited to:
  - a. Generic and Specialty Specific Competency Assessments
  - b. Multisource Feedback Evaluations
  - c. Assessment of Candidates' Training Portfolio

**TOOLS OF ASSESSMENT FOR THE COURSE:**

TOOL USED:	DOMAIN TESTED:
MCQs	Knowledge
SEQs	Knowledge

TOACS/OSCE	<p>Knowledge.</p> <p>Skill</p> <p>Attitude</p>
PRESENTATIONS (wards, seminars, conferences, journal clubs)	<p>Knowledge.</p> <p>Skill</p> <p>Attitude</p>
Portfolios and log books.	<p>Skill</p> <p>Attitude</p>
Short cases.	<p>Knowledge</p> <p>Skill</p> <p>Attitude</p>
Long cases	<p>Knowledge</p> <p>Skill</p>

	Attitude
Continuous internal assessment	Skill Attitude
Feedback from department where rotation is being conducted.	Knowledge Skill Attitude

## **Section F**

### **Award of MD Psychiatry Degree**

A candidate having declared successful in all the components of examination i.e.

**Theory, Clinical and Thesis** shall be declared pass and shall be conferred degree in MD psychiatry.

## **Section G:**

### **Log Book**

As per format approved by the university (available on the university website).

## **Section H:**

### **Portfolio:**

As per format approved by the university (available on university website)

# **Section I**

## **Paper Scheme**

### **Intermediate Examination**

#### **Written**

<b>TOPICS</b>	<b>SEQs (10)</b>	<b>MCQs (100)</b>
<b>ADULT PSYCHIATRY 1A</b>	<b>3</b>	<b>25</b>
<b>PSYCHIATRIC EMERGENCIES 1B</b>	<b>1</b>	<b>12</b>
<b>GENERAL MEDICINE 1C</b>	<b>1</b>	<b>13</b>
<b>ADULT PSYCHIATRY 2A</b>	<b>3</b>	<b>25</b>
1. Response to stressful events & its classification		4
2. Anxiety disorders	1	5
3. Mood Disorders	1	6
4. Schizophrenia	1	6
5. Personality and its disorders		4
<b>ADULT PSYCHOLOGY 2B</b>	<b>1</b>	<b>13</b>
<b>NEUROLOGY 2C</b>	<b>1</b>	<b>12</b>

#### **TOACS station distribution**

<b>TOACS</b>	<b>10 STATIONS</b>
SIGNS AND SYMPTOMS OF PSYCHIATRIC DISORDERS/PHENOMENOLOGY	1
PSYCHIATRIC ASSESSMENT (MSE / HISTORY)	1
RESEARCH / EVIDENCE	1
NEUROLOGICAL EXAMINATION	1
GENERAL PHYSICAL & SYSTEMIC EXAMINATION	1
PHYSIOLOGICAL/ RADIOLOGICAL INVESTIGATIONS	1



PSYCHOMETRIC TESTING	1
PSYCHOPHARMACOLOGY	1
PSYCHIATRIC EMERGENCIES	1
PSYCHOLOGICAL TREATMENTS/ PSYCHOEDUCATION	1

## Final Examination

Written

TOPICS	SEQs (10)	MCQs (100)
<b>ADULT PSYCHIATRY 3A</b>	2	12
i. Psycho-Sexual Disorders	1	1
ii. Sleep Disorders		5
iii. Eating and feeding disorders	1	2
iv. Drug and Physical Treatment		4
<b>ORGANIC PSYCHIATRY 3B</b>		
Neurocognitive Disorders	1	12
<b>ADDICTION PSYCHIATRY 3C</b>	1	12
<b>CHILD AND ADOLESCENT PSYCHIATRY 3D</b>	2	13
<b>MEDICINE AND PSYCHIATRY 4A</b>	1	12
<b>LAISON PSYCHIATRY 4B</b>	1	12
<b>FORENSIC PSYCHIATRY 4C</b>	1	13
<b>GERIATRIC PSYCHIATRY 4D</b>	1	13

## TOACS station distribution

<b>PART 2 EXAMINATION</b>	
Long Case	1
<b>SHORT CASES</b>	<b>4</b>
RISK ASSESSMENT/ Psychiatric Emergencies	1
PERSONALITY ASSESSMENT + MANAGEMENT	1

ANTISOCIAL / PARANOID / BORDERLINE PERSONALITY etc.	
Liaison Psychiatry Short Assessment and management	1
GERIATRIC/CHILD AND ADOLESCENT	1
<b>TOACS</b>	<b>10</b>
MANAGEMENT + ASSESSMENT OF PSYCHIATRIC DISORDERS	1
DEPRESSION	
SCHIZOPHRENIA	
BAD / MANIA	
RADIOLOGICAL INVESTIGATIONS MRI/CT SCAN	1
PSYCHOLOGICAL TREATMENTS	1
NEUROLOGICAL DISORDERS + MANAGEMENT	1
PHYSICAL TREATMENTS/ ECT, RTMS	1
RESEARCH METHODOLOGY/ REVIEW STATS	1
Psychosexual/sleep and eating disorders	1
PSYCHOPHARMACOLOGY	1
GENERAL PHYSICAL EXAMINATION/Systemic examination	1
DRUG ADDICTION	1

## **Section J**

### **Resources and references (books and other resource material)**

- Shorter Oxford Textbook of psychiatry 7<sup>th</sup> Edition
- Kaplan & Sadock Synopsis of Psychiatry 11<sup>th</sup> Edition
- Companion To Psychiatric Studies 8<sup>th</sup> Edition
- Lishman's Organic Psychiatry 4<sup>th</sup> Edition
- The Maudsley Prescribing Guidelines in Psychiatry 14<sup>th</sup> Edition
- Fish's clinical psychopathology 3<sup>rd</sup> Edition
- SIM's Symptoms in mind 5<sup>th</sup> Edition
- Themes & Variation 9th Edition (Wayne Weirton)
- Fundamentals of abnormal psychology by Ronald J. Comer,
- A Handbook of Behavioral Sciences by Mowadat H. Rana
- Oxford Handbook of Psychiatry 4<sup>th</sup> Edition
- Practice recommendations for Psychiatric Care PPS (General Adult)
- Practice recommendations for Psychiatric Care PPS (Child & Adolescent)
- Kaufman's Clinical Neurology for psychiatrists 9th Edition
- Samuels's Manual of Neurologic Therapeutics 9<sup>th</sup> Edition
- Oxford Textbook of Neuro-Psychiatry
- Davidson Medicine Edition 23
- Kumar & Clark's Clinical Medicine 10th Edition

## **Section K**

### **List of authors and contributors**

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