

**GUIDELINES FOR  
POST GRADUATE TRAINING IN  
PSYCHIATRY IN INDIA**



**INDIAN PSYCHIATRIC SOCIETY**

**2002**

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FOR POST - GRADUATE  
TRAINING IN  
PSYCHIATRY IN INDIA**



**INDIAN PSYCHIATRIC SOCIETY**

JANUARY 2002

**Sub Committee on Psychiatric Education  
Indian Psychiatric Society**

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## **Preamble**

With more and more post-graduate training centers emerging in the country to provide manpower needs in the mental health sphere, it has become essential to evolve guidelines for uniformity and standardization of the training offered. The Psychiatric Education Committee of the IPS has taken up this task two years back. Focussed workshops have been conducted at Zonal and National levels for further inputs have been taken from teachers, experts and senior colleagues as well as existing guidelines. The outcome of all these efforts by the Psychiatric Education Committee is being presented in this official publication of the IPS on Post-Graduate Training Guidelines in Psychiatry. The disparities in the faculty position, resources, teaching time, research amenities, selection of candidates and the like among the various centers have been taken into consideration, as much as the ideal requirements of PG training, incorporating the contemporary advances in the understanding and management of behavioural disorders. This balancing act has been quite delicate and the guidelines, as it appears in this publication, is set on that balance. It should be emphasized that what is presented here does not have finality or infallibility and should be open to further discussion, evaluation and revision. This publication, in that perspective represents the first step taken by the IPS in evolving uniformity and standardisation of postgraduate training in psychiatry in India.

While acknowledging the contribution made by the Fellows and members of the IPS who actively participated in this exercise during the last two years and complimenting the excellent work done by **Dr. Mohan Isaac** (Chairperson) and **Dr. Pratima Murthy** (Convenor) of the Psychiatric Education Committee, we hope these guidelines will be accepted and perfected, through a constant process of evaluation in practice, by all post-graduate teachers and teaching centers in the country.

**Dr. S. Nambi**

(Hon. Gen. Secy)

**Dr. K. A. Kumar**

(President)

&

**Executive Council**

**Indian Psychiatric Society**

## **From the Subcommittee on Psychiatric Education**

Psychiatry has traditionally been a bridge between medicine and the humanities. A core skill of the psychiatrist continues to be his or her ability to synthesize information from various domains, including the biological, psychological, social and cultural, in order to make a diagnosis and formulate a plan of management tailored to the needs of the individual patient (Adler 2001). This involves a highly developed capacity for scientific thinking as well as considerable interpersonal skills. While the role of psychiatrists as consultants to other medical and allied health practitioners is likely to increase, a substantial component of direct clinical work is essential for the psychiatrist to maintain his or her clinical skills and credibility. In addition, the explosion in the understanding of human behavior and psychiatric disorders, emergence of newer treatments and the sea of information currently available, makes it necessary for the psychiatrist in training to keep abreast not only of traditional approaches, but also be aware of recent advances in the area of mental health. Finally, the shift of training from mental hospitals to post graduate departments in general hospitals warrants a total paradigm shift in training.

Balancing post graduate training to create a psychiatrist with competent clinical skills, a sound knowledge base, adequate research skills, effective teaching skills, an empathic approach, good interpersonal skills, an ethical approach, leadership and administrative qualities and sensitivity to the needs of the community is an extremely challenging task. The Medical Council of India in its objectives on post graduate education clearly enunciates training objectives, which form the basis of all post graduate programmes. While the shift in training towards a competency based, and learner led programme is clear in spirit, translating this into action involves consistent and collaborative effort. The need for such a shift was emphasized in a Workshop on Post graduate Training of Psychiatrists held in 1979.

Dr K A Kumar, President of the Indian Psychiatric Society has been making a consistent effort in this direction, both in his capacity as former chairperson of the psychiatric education subcommittee and in his current position. His vision for Improving post graduate training in psychiatry in our country, commitment and support has led to the formulation of these guidelines.

The guidelines contained are for the MD course in Psychiatry. The earlier workshop recommended in 1979 that there should be a single post graduate course, and these guidelines echo that recommendation. An effort has been made to keep the training programme within the broad mandate set by the MCI.

Recognising the constraints of smaller departments, we have attempted to set out basic requirements and training programmes. Institutions and individual departments may use these as minimal guidelines and work on further improving the process of training. We acknowledge that even the minimum guidelines may be difficult to follow in some parts of the country. An intermediate alternative for such centers, while they try to meet the guidelines, would be posting trainees to different centers, or holding workshops with guest faculty. The CME activity of the IPS, at the national, regional and state levels, which adopt a modular approach, is also an effort towards meeting these constraints. One suggestion made at the Workshop on Post Graduate

Education at the ANCIPS 2001 was the preparation of a common set of training and resource material for use at different centers, and should be pursued.

We hope that these guidelines will serve the following objectives:

- Serve as a reference to all teaching departments in psychiatry in the country
- Be integrated into the MCI guidelines for psychiatry
- Aid in the advocacy and development of adequate faculty and facilities in all postgraduate centers/departments of psychiatry
- Increase linkages with other allied departments to foster an integrated, multidisciplinary approach
- Sensitise the teaching faculty to the need for updating their teaching skills, knowledge and expertise
- Broaden the role of the post graduate subcommittee of the IPS in providing an advisory role to upcoming departments of psychiatry in different parts of the country, overseeing the CME programmes held at the regional and national levels, and liaising with the MCI to maintain adequate standards in post graduate teaching in psychiatry.

We acknowledge the valuable inputs provided by the faculty and senior residents from the Department of Psychiatry, NIMHANS, especially Drs Sanjeev Sharma (alumnus, Dayanand Medical College, Department of Psychiatry, Ludhiana), Janardhan Reddy, Mathew Varghese, Santosh Chaturvedi, Vivek Benegal, Sanjeev Jain, Prabha Chandra, R Raguram, Satish Girimaji, Shoba Srinath, Partho Choudhury and John P John. The presentations made at the workshop at ANCIPS , including the presentations of Dr K A Kumar, Dr Galgali, Consultant Psychiatrist at St. John's Medical College Hospital, Dr Kalyansundaram, Consultant Psychiatrist in private practice and Principal, Richmond Fellowship Training College, Dr Nilmadhab Kar, Consultant Psychiatrist, Manipal Academy Higher Education, Dr Ahalya Raguram, Consultant Clinical Psychologist, NIMHANS, Dr Vivek Benegal, Consultant Psychiatrist, NIMHANS, and Dr Arun Kishore, Consultant Psychiatrist, Thrissur Medical College, and the participants of the workshop contributed greatly towards preparation of these guidelines.

**Dr. Pratima Murthy**  
Convenor

**Dr. Mohan Isaac**  
Chair Person

## **Post Graduate Psychiatry Training**

### **1. Eligibility :**

1. Successful completion of the final MBBS course after study in a medical college recognized by the Medical Council of India.
2. Completion of one year compulsory rotating internship in a teaching institution or other institution recognized by the MCI.
3. Permanent registration with the respective State Medical Council.

### **2. Section Procedure**

The trainees will be selected either through an entrance examination at the national or state level, examination conducted by specific training institutions, or through some pre-determined assessment procedure.

### **3. Specific objectives of the Course**

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

1. Function as a competent psychiatrist – a physician specialized in the diagnosis, treatment and rehabilitation of psychiatric disorders (mental, emotional and addictive disorders)
2. Have an understanding of the biological, psychological, social, economic and emotional aspects of psychiatric illnesses including possible preventive measures, promotive measures for mental well-being and contemporary advances and developments.
3. Carry out detailed assessments including appropriate investigations.
4. Prescribe psychotropic medication, physical treatments such as ECT and monitor side effects.
5. Evaluate and treat psychological and interpersonal problems, including providing psychotherapy in selected cases.
6. Acquire a spirit of scientific enquiry and be oriented to principles of research methodology and epidemiology.

7. 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.
8. Deal with the legal aspects of psychiatric illness.
9. Assume the role of a post graduate psychiatry teacher.
10. Be informed of the mental health programmes, policies, mental health care infrastructure and issues in community care of mentally ill in the country.

#### **4. Competencies to be acquired during the course**

The candidate, at the end of the post graduate training course is expected to have competencies in the following areas:

##### **4.1. Theoretical knowledge**

1. Etiology, assessment, classification, management and prognosis of various psychiatric disorders.
2. Adequate knowledge of adult psychiatry, so as to be able to independently assess and manage any patient.
3. Working knowledge of various psychiatric specialties.
4. Basic medical knowledge to identify and manage co-existing physical and psychiatric problems.

##### **4.2. Clinical Skills**

1. Competence in history taking, mental state examination, physical examination, formulating diagnosis, identifying etiology, ordering further investigations, planning comprehensive management including pharmacological treatment.
2. Effective communication skills.

##### **4.3. Ethical Considerations**

1. An understanding of the general and ethical considerations as pertaining to medical and psychiatric practice.

##### **4.4. Research and Training**

1. Basic knowledge of research methods
2. Acquisition of teaching experience
3. Acquisition of skills to lead a multidisciplinary team of general physicians, nurses, psychologists, social workers and other mental health professionals.

## **5. Scope**

While the trainee needs to develop an understanding of all aspects of psychiatry, and allied mental health and neurobehavioral aspects, the focus of training should shift from being:

- Reductionistic to holistic.
- Discipline oriented to problem oriented.
- Disease oriented to patient oriented.
- Theoretically oriented to skill acquisition oriented.
- Teacher taught to student led learning.

The subjects should be addressed in an integrated manner in the 3 year course with the trainee being able to solidify his / her identity as a psychiatrist in their third year as well as anticipate their future role in a career and practice.

The training will occur through the three years of the MD course. The MCI guidelines suggest a semester system of six months duration each. Thus each year will comprise of two semesters. Each center may organize the teaching suggested during the year within two semesters, based on its resources.

## **6. I year (I and II semester)**

### **6.1. Objectives of the I year course:**

To:

- Acquaint students with the history of psychiatry and provide a balanced introduction of general as well as specialized areas of the subject.
- Use small group teaching to enhance the learning of clinical skills in their daily work with patients.
- Provide introductory courses in investigations, treatment and research methodology in psychiatry.
- Encourage students to critically review a topic of interest, to find a research supervisor and by the end of the first year, to produce an outline proposal for research.
- Orient the trainee in making a presentation.

### **6.2. Postings**

Clinical Postings in General Adult Psychiatry  
Out-patient and Emergency Postings

### **6.3. Clinical Skills**

- 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 and 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 demeanour and ethics including respect for patient's confidentiality.

## **6.4. Learning Modules**

### **6.4.1. Organisation**

The teaching can be organised either as a modular series, or broken into terms (2 terms per year), in addition to informal teaching that occurs throughout the training programme. In centers which do not have facilities for basic sciences, or mental health allied sciences, various alternatives such as a guest lecture series, common programme for trainees from different centers at a regional center could be considered.

### **6.4.2. Content:**

- Communication skills
- Mental State Examination
- Phenomenology
- History of psychiatry and evolution of concepts
- Ethics
- Legal issues in admission / discharge
- Common psychiatric disorders
- Acute care / Inpatient and Outpatient care, handling psychiatric emergencies
- Diagnostic skills
- Use of investigations in psychiatry
- Management planning-biological, psychological, social
- Psychopharmacology
- ECT administration
- Appropriate referral
- Gender issues with regard to epidemiology, presentation, assessment and management
- Introduction to psychotherapy including communication skills and counselling skills
- Making a presentation

## Technique of Training

Clinical teaching  
Interactive Sessions  
Case based discussion  
Role Play  
Audio-Video demonstrations  
Use of case vignettes  
Assignments  
Seminars

## Common Psychiatric Disorders

Organic disorders  
Schizophrenia and related disorders  
Mood disorders  
Neurotic disorders  
Personality disorders  
Other behavioural disorders  
Addictive disorders  
Stress related disorders

### 6.5. Sciences basic to psychiatry

- Brainsciences -neuroanatomy, neurophysiology and neurochemistry
- Psychology
- Sociology
- Statistics and Epidemiology
- Molecular Biology and Genetics

#### Techniques

Didactic teaching with audio-visual aids  
Focus on applied aspects to psychiatry  
Short assignments  
Seminar topics

#### Broad content

The focus of teaching in basic sciences should be on applied aspects of the topics to psychiatry. While the broad content under the basic sciences are outlined for convenience, integrated teaching would be more useful: eg. Prefrontal cortex: anatomy, connections, neurochemistry and role in psychiatric disorders. Wherever feasible, it would be desirable to incorporate topics from allied disciplines such as neurophysics (e.g. Cybernetics, signal processing, computational brain models)

#### 6.5.1. Neuroanatomy

- Developmental and topographical neuroanatomy
- Brain cytoarchitecture
- Central, peripheral and autonomic nervous system and relevance in psychiatry
- Principles and techniques of brain imaging (CT, MRI, PET, etc) and application of imaging studies in psychiatry
- Applied neuroanatomy in psychiatric disorders

**Modular Teaching**

*An effective and integrated approach combining basic sciences and clinical aspects of common psychiatric disorders can be planned. For e.g. A module on mood disorders can focus on:*

*Historical aspects  
Diagnostic approaches  
Neurotransmitter changes  
Neurophysiological correlates  
Genetics  
Imaging  
Rating scales  
Life events research  
Pharmacological management including  
Prophylaxis  
Psychotherapy  
Research issues  
Course and Outcome*

**6.5.2. Neurochemistry**

- Basic understanding of neurotransmission, including receptor structure and function
- Neurotransmitter pathways
- Role of neurotransmitters in human emotion, motivation, thought, memory and behaviour
- Neurotransmitters in psychiatric disorders (eg. Dopamine and psychiatric disorders, neuro-chemical basis of addictive disorders)

**6.5.3. Neurophysiology**

- Basic cell structure and physiology
- Physiology of thought, cognition, mood and motor functions
- Physiology of appetitive behaviours (e.g. hunger, sex)
- Normal sleep and disorders of sleep.
- Methods of physiological investigations in psychiatric disorders (e.g. EEG, Evoked Potentials, NMS etc)

**6.5.4. Psychology**

- Background to psychology including relevance to psychiatric practice
- Normative development, including cognitive, language and emotional development

- Personality theories and application in practice
- Explanatory paradigms of psychopathology in common mental disorders
- Psychological testing dimensions, rationale, conduct and interpretation
- Stress – concepts, management and prevention
- Positive mental health
- Indian perspectives in understanding psychology

#### **6.5.5. Sociology**

- Relevance of sociodemography in psychiatric disorders and health care delivery
- Social role of doctors
- Family in relation to psychiatric disorders
- Social factors and specific mental health issues
- Methodology in social sciences including surveys, social, anthropological and ethnological approaches
- Social anthropology

#### **6.5.6. Statistics and Epidemiology**

- Descriptive Statistics
- Analytical Statistics
- Qualitative Research methodology
- Research Design
- Critical review of statistical procedures
- Meta-analysis and systematic reviews
- Evidence Based Research
- Commonly used statistical packages
- How to read / write a research paper

#### **6.5.7. Genetics**

- Basic principles of genetics
- Patterns of inheritance
- Introduction to molecular genetics
- Genetic epidemiology
- Genetic studies in psychiatric disorders

## **7. II year (III and IV Semester)**

### **7.1. Objectives of the Second Year Training**

- To encourage students to actively participate in advanced teaching courses in speciality and subspeciality subjects
- To carry out data collection for the dissertation
- Refinement of clinical skills in patient management
- Sharpening of psychotherapeutic skills

### **7.2. Clinical Postings**

Postings to specialities:

- Child Psychiatry
- Medicine / liaison psychiatry
- Neurology
- Substance Abuse
- Geropsychiatry
- Family Psychiatry
- Rehabilitation
- Forensic Psychiatry
- Community Psychiatry
- Psychology
- Psychiatric hospital\*

The minimum duration of specialised postings are indicated in the accompanying figure. These are guidelines. It is desirable to have postings in specialised areas, but there may be constraints in terms of lack of specialised facilities and lack of competent trainers. Individual centers may plan postings based on local and regional resources, but must take steps to provide trainees with some exposure to the various specialities.

As this is also the year of data collection and analysis for the dissertation, it is desirable that the trainee have an optional posting to a clinical unit, community, or if the trainee is undertaking biological work, for a posting to the laboratory.

*\* for trainees in general hospital*

### **7.3. Broad areas to be covered (Theory and skill based learning):**

#### **7.3.1. Child Psychiatry**

- Normative child development
- Interviewing 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
- Adult outcome of child psychiatric disorders
- Liaison with teachers, schools, child care institutions

### **7.3.2. General Medicine with relevance to psychiatric disorders/Liaison Psychiatry**

- Assessment including history taking, examination and investigations
- Knowledge of common medical disorders with psychiatric manifestations
- Knowledge of common psychiatric disorders with physical manifestations
- Recognition and management of physical complications in psychiatric disorders
- Recognition and management of psychiatric problems in the medically ill
- Holistic care of chronic and terminal illness
- Care of HIV / persons living with AIDS

### **7.3.3. Neurology**

- Clinical history taking, neurological examination, diagnosis, localisation
- 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

### **7.3.4. Substance Abuse**

- Basic pharmacology and epidemiology of drugs of abuse
- Substance use and public health impact
- Etiology and progression of substance use and addiction
- Assessment and biopsychosocial management of addiction
- Comorbidity

- Prevention strategies
- Legal issues relating to substance use

### **7.3.5. Geropsychiatry**

- Psychiatric evaluation of the elderly with specific emphasis on history taking related to disability, activities of daily living and care giver issues
- Use of specific instruments to evaluate cognitive functions and psychopathology in the elderly
- Comprehensive biopsychosocial management of the patient and specific emphasis on care giver interventions

### **7.3.6. Forensic Psychiatry**

- Admission / Discharge procedures
- Psychiatric testimony (fitness to stand trial, assessment of psychiatric state)
- Insanity Plea, Criminal issues (Relevant IPC / CRPC sections)
- Civil – Marriage and divorce, testamentary capacity, child custody, property issues
- ACTS – Mental Health Act, NDPS Act, PDA, CPA – Antecedents, critique, application
- Other developments – Initiatives – public initiatives, judicial initiatives, NHRC initiatives, etc
- Psychological sequelae of victimisation
- Psychiatric ethics – Basic human rights, confidentiality, research, informed consent for treatment

### **7.3.7. Family Psychiatry**

- Knowledge and skills to interview, assess and intervene in families with a mentally ill person of families with significant interpersonal problems
- Marital therapy

### **7.3.8. Rehabilitation**

- Knowledge of deficits and disabilities associated with chronic mental illness
- Familiarity with tools to assess disabilities, including rating scales
- Strategies of tertiary care and disability limitation

- Long term community care of the chronically mentally ill including day care, residential care, networking with community agencies

### **7.3.9. Psychology**

- Practical exposure to psychological assessments including assessment of intelligence, thought deviance, and personality
- Neuropsychological testing
- Exposure to behaviour therapy and cognitive therapies

### **7.3.10. Psychotherapy**

- Historical development of approaches in psychotherapy
- Formulation of cases and planning different stages in therapy
- A working knowledge of dynamic, cognitive behavioural, humanistic models of therapy
- A knowledge of non specific factors in psychotherapy
- Techniques of Supportive psychotherapy
- A working knowledge of group therapy and specific therapies in different disorders
- Supervised psychotherapy employing one or more models of psychotherapy

## **8. III Year (V and VI Semester)**

### **8.1. Objectives of the Third Year**

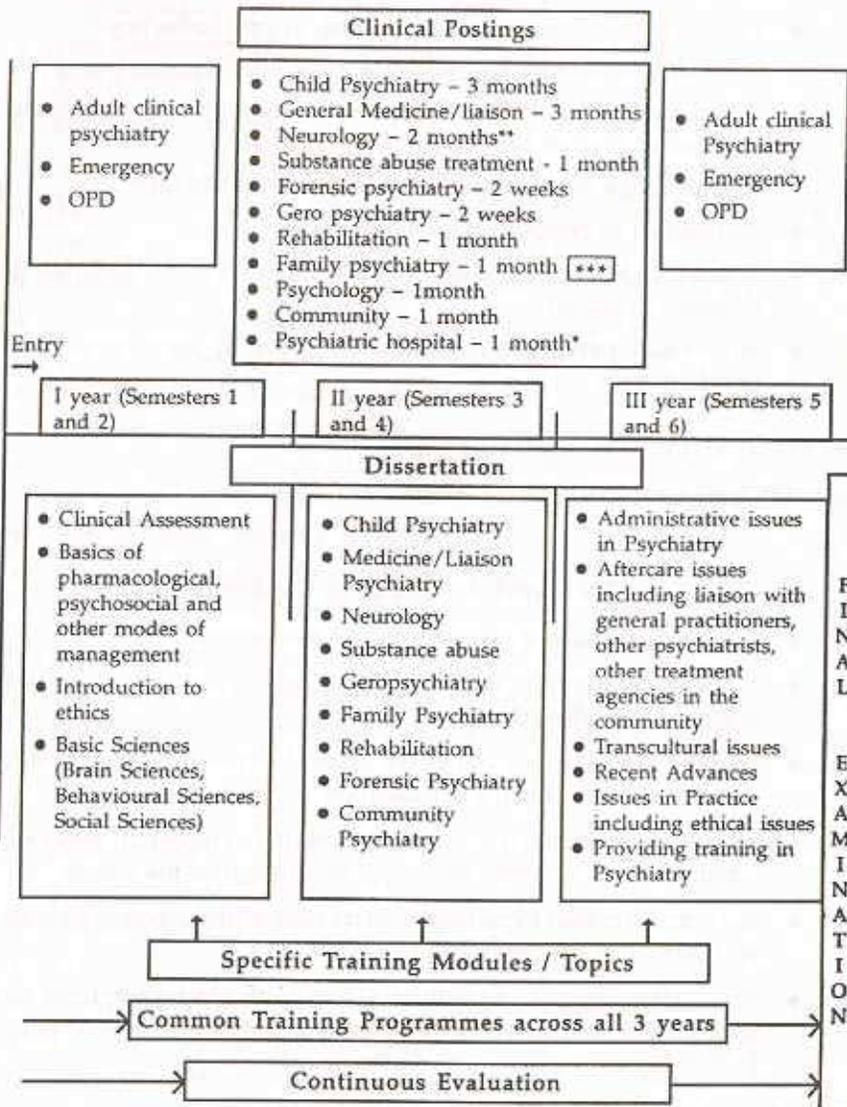
To:

- Consolidate the knowledge gained in the first two years
- Consolidate skills of assessment and management
- Successfully complete data collection, analysis and writing up and submission of dissertation
- Provide training and range of clinical experience which will prepare students for the examination
- Stimulate students to take up training / research / service / administrative activities following completion of the course
- Encourage trainees to participate in training of junior post graduates and other mental health trainees.
- Focus attention on cross-cultural issues, with special emphasis on issues influencing psychiatric illnesses and practice of psychiatry in India.

### **8.2. Clinical Postings**

- Completion of speciality postings
- Return to adult psychiatry postings at least for six month prior to course completion

## 9. Summary of Postings and Training



Note \*\*\* The duration of specialty postings and type of posting keep in mind local constraints and are advisable guidelines. Mandatory postings are in adult psychiatry, neurology, and child psychiatry. In centers with specialized clinical facilities / training resources, such training may be advanced into the first 3 months of Year III or begin in the last 3 months of Year I. In all centers, however, it must be ensured that some form of training is provided in all the specialties.

\* - for trainees working in general hospital departments

\*\* - where feasible, training in neurology may include one month in clinical neurology, and 15 days each for orientation to neuroradiology and other investigations in neurology including EEG.

## **10. Common Training Programme during the 3 year training**

### **11.1. Objectives:**

The purpose of the common training programme will be to:

- Sharpen the knowledge and skills acquired by the trainee during formalised teaching and clinical teaching.
- Bring together trainees from different stages of training and encourage learning from each other.
- Stimulate the trainee to pursue subject related reading, broaden their reading on mental health and behaviour, and strengthen their abilities of critical thinking
- Expose the trainees to issues outside of core psychiatry

### **11.2. Modalities**

Standard modalities for common departmental level activities are suggested below. These serve as guidelines and may be adapted according to local facilities and resources. Three to four hours per week is an optimal time allocated to common teaching programmes, apart from the formalised teaching mentioned in the respective years. Trainees may begin to make departmental presentations preferably after the first year training is complete.

Faculty facilitators should be actively involved to assist in orientation, provision of knowledge and practical experience and leadership of discussion.

Each teaching programme should be co-ordinated by a faculty member, preferably with inputs and assistance from one or two senior residents.

***It must be emphasized that small group activities which are learner led are very effective ways of learning. Larger programmes, while necessary, may therefore be kept at the minimum.***

#### **10.2.1. Making a Presentation**

Common skills of making a good presentation should be discussed. These would include guidance on the sources for literature review, the process of literature review, ways of accessing information including the internet, planning the presentation, effective use of audio-visual aids, including how to make a power-point presentation, or video-recording for case conferences. Emphasis should be placed on preparation of handouts to be circulated for a common teaching programme including standard referencing styles.

#### **10.2.2. Seminars**

Topics to be chosen for seminar should be those that supplement the formal teaching programme, provide an opportunity for critical review, or cover recent advances in a particular area. A seminar list should be prepared in advance at the beginning of each semester, with details of the topic and the identified presenter. One faculty should be identified to assist the presenter and moderate the seminar discussion.

### **10.2.3. Case Conferences**

A trainee by rotation, in consultation with a consultant, identifies a case for presentation. At the beginning of the academic year, it is recommended that more prototypic cases are presented, so that these aid the entrants in becoming familiar with psychiatric syndromes / presentations. The subsequent focus may be on diagnostic problems, atypical presentations, or management problems.

### **10.2.4. Journal Club**

This exposes trainees to critically evaluate a research paper or book review. Senior trainees may conduct journal club reviews. The presenter in consultation with the chairing consultant may either identify the paper in advance, or a list of papers may be put up by the co-ordinator of each programme.

### **10.2.5. Joint Conferences**

During each semester, at least one joint conference involving allied disciplines, either the brain science disciplines, medical disciplines or the social science disciplines would be useful in enlarging the scope and purview of the topic. For eg. Inviting a urologist for a discussion on managing a case of sexual dysfunction, inviting a neurologist for a case of movement disorder, involving the psychiatric social worker for a discussion on social case work in a homeless mentally ill person.

In addition to the psychiatric trainee, trainees in allied disciplines of mental health may also participate in such conferences

### **10.2.6. Research Forum**

The faculty and senior residents can present the research work done at the center on a once a month basis. Clinical audits should also be periodically presented. This would help the trainees become familiar with the work being done at the center and learn some of the practical aspects of planning and conducting research. It would also stimulate entrants into the post graduate course to think about potential areas for their own dissertation.

### **10.2.7. Psychotherapy tutorials**

This could occur in two ways. In large departments, trainees may be allotted in small groups to psychotherapy supervisors, with whom they would discuss psychotherapy cases on a weekly basis throughout the training period. In smaller departments with fewer faculty, trainees in turn could present a psychotherapy case for discussion by rotation, as in a case conference. Each student must undertake a minimum of 50 hours of supervised psychotherapy. He / she should submit one case seen in therapy for evaluation as part of the internal assessment in the final year.

### **10.2.8. Extra-Mural activities**

Trainees should be encouraged to participate in academic activities in allied areas-brain sciences, behavioural and social sciences. In addition, they must be encouraged to attend workshops and conferences.

## **11. Dissertation/Thesis**

### **11.1. Course requirement**

Under the MCI regulations, the dissertation is mandated as a part fulfillment of the MD course, under the guidance of a recognised post graduate teacher.

### **11.2. Objectives**

Provide training to the post graduate in research methodology and technique including:

- Identification of a problem
- Formulation of hypothesis
- Literature review
- Research Design
- Data Collection
- Data Analysis
- Formulating results
- Writing up the dissertation

### **11.3. Synopsis**

A synopsis of the intended work should be prepared towards the end of year I or as per local university regulations, in consultation with the guide. It is good practice to have the synopsis reviewed with a larger body such as the department. Ethical considerations should be adhered to, including provision for written informed consent. The synopsis should be submitted for registration with the respective universities. No change in topic or guide should occur without approval from the appropriate body.

### **11.4. Guide and Co-Guides**

Under the MCI (Minimum Qualifications for Teachers in Medical Institution Regulations 1998), "teachers in a medical college / institution having a total of eight years teaching experience, out of which at least five years as lecturer or assistant professor gained after obtaining post graduate degree shall be recognised as post graduate teachers".

A Co-guide may be included provided the work requires substantial contribution from another department or medical institution recognised for teaching and training. The co-guide should be a recognised post graduate teacher in the respective university.

### **11.5. Supervision**

The dissertation should be periodically supervised by the guide and co-guide, at the stages of formulation of the protocol, finalisation of the protocol, including instruments to be used, ensuring that the post-graduate is well versed with administration of the instrument, supervise quality of

data collection, help overcome problems in methodology, including practical problems, supervise analysis and writing-up. Disseminating the work done as part of the dissertation, either in the form of paper presentation or publication must be encouraged by the guide, in keeping with the university regulations.

### **11.6. Time spent on dissertation**

About 250 hours would be optimal for the entire process of protocol preparation, carrying out the study, analysis and writing up.

### **11.7. Writing of the Dissertation**

Common headings for the dissertation include:

1. Introduction
2. Aims or Objectives of the Study
3. Review of Literature
4. Materials and Methods
5. Results
6. Discussion including implication of results, methodological issues, limitations
7. Conclusions
8. Summary
9. References (Using either the Harvard or Vancouver Method of referencing)
10. Tables
11. Annexures

### **11.8. Evaluation of Dissertation**

Four copies of the dissertation should be submitted to the University through the appropriate channel, six months before the final examination or on or before the date notified by the University.

Examiners appointed by the University should value the dissertation. Approval of dissertation work is an essential pre-requisite for the post graduate to appear in the University examination.

## **12. Continuing Evaluation and Feedback**

### **Objectives:**

- To assess the trainees' performance during the course
- To provide regular feedback to the trainee and encourage insightful learning

- To evaluate the training content and procedure periodically

### **A note on trainee stress**

*Trainees can be under significant stress during their course, both from the professional demands of work and training, and personal stress, as well as inadequate support. It is important to provide guidance and easily accessible professional support.*

### **12.1. Evaluation of clinical work**

The trainee should be periodically assessed on the quality and consistency of clinical work including regularity, punctuality, sincerity. Feedback should be provided on communication skills, diagnostic and management abilities. It is important to provide regular feedback to the trainee and provide an opportunity for insightful learning.

### **12.2. Evaluation of knowledge and critical thinking**

This should be regularly assessed by the supervising senior resident or consultant during supervised rounds / presentation / discussion. The supervisor should give periodic assignments to the trainee and provide assistance to source information.

### **12.3. Log Book / Work Diary**

The trainee should maintain a work diary and record his / her participation in training programmes conducted by the department. The log book should be provided by the department. In addition to performance in adult psychiatry posting, performance and attendance to the specialty postings, teaching modules and departmental programmes must be assessed. The assessment must be made by the concerned supervisor, desirably in discussion with the trainee, thus providing a feedback of trainee's strengths and weaknesses, and suggestions for improvement.

The log book should be reviewed by the Head of the Department / his or her designee at the end of each semester. The evaluation may be made out of 50 marks at the end of each semester based on the aggregate of assignments carried out. The total out of 300 marks may be reduced to a total out of 50 and this score be provided during the examination.

The log book should be made available to the University or MCI.

### **12.4. Periodic Assignments**

Giving and evaluating periodic assignments either topic oriented or speciality oriented may be an effective way in encouraging self study, in addition to the vicarious learning that occurs through departmental programmes.

### **12.5. Programme Evaluation**

Regular feedback must be obtained from the trainees regarding adequacy, format, and content of training. This must include clinical teaching, modular programmes or specialised topics, as well as departmental programmes. Suitable modifications may be undertaken in consultation with a larger body.

It would be desirable to have a supervisor evaluation by the trainee, which would encourage supervisors' active participation and self monitoring.

### **12.6. Academic Co-ordinator**

A senior faculty member must be appointed as academic co-ordinator to oversee the smooth conduct of training and academic activities. He / she may recruit faculty and senior residents for specific activities but will take complete responsibility for the programme. The co-ordinator should also handle grievances from trainees with regard to various aspects of the academic programme.

### **12.7. Mock Examination**

It would be desirable to conduct a mock examination to prepare the trainee for the final examination. Senior faculty can act as mock examiners.

## **13. Qualifying Examination**

### **13.1. Objective:**

- To assess the theoretical and applied knowledge gained by the trainee in the 3 year course
- To assess the ability of the trainee to function as a competent psychiatrist in the areas of identification, evaluation and management of psychiatric disorders

### **13.2. Format of Examinations**

#### **Eligibility to take up Examination**

- The eligibility will be decided by the department, based on satisfactory attendance and participation in the training activities as reflected in the log book
- Approval of dissertation by the examiner
- Having appeared in the theory papers of the examination

### **13.3. Theory**

The theory examination presently comprises:

Four written papers of three hours each as follows:

Paper I	Basic Sciences as related to Psychiatry*	100 marks
Paper II	Clinical Psychiatry	100 marks
Paper III	Psychiatric specialities, Applied psychiatry in special situations	100 marks
Paper IV	Neuropsychiatry and behavioural neurology	100 marks

The traditional approach has been to have two long essay questions and six short notes. It would be desirable to change the format to only short notes to enable a greater coverage of topics and minimise examiner bias in topic selection. There should be a focus on recent advances in each of the papers.

(\* - should have sections on both brain sciences and behavioural sciences)

### **13.4. Clinical Examination**

Although marks are not commonly awarded in the examinations, a marking pattern is suggested below to provide some uniformity in assessment. These are guidelines for concurrence. These may be communicated as per university regulations as pass / withheld or in terms of grades.

#### **i. Long Case Presentation (in adult psychiatry):**

##### ***Case selection and allotment:***

A list of potential cases must be prepared by the examination center. Case allotment must be done in the presence and with the approval of the external examiners to allow neutrality. Given the plurality of languages and language competencies of the trainees and patients, this aspect must be given due consideration in case allotment.

##### ***Time for history taking***

The trainee may be given 45 minutes for evaluation, including history taking, mental state examination and relevant physical examination.

An additional 15 minutes may be given for the trainee to organise the presentation.

The examiners may interview the patient in this time, or ask the trainee to elicit specific phenomena / clarify specific aspects during the viva.

##### ***Viva examination of Long case:***

Duration: 30 - 40 minutes

Presentation by trainee: 8 - 10 minutes

Clarifications with patient: 10 minutes

Discussion with examiners: 15 - 20 minutes

##### ***Marking for Long case should consider***

Adequacy of history taking:	20 marks
Mental state Examination:	20 marks
Diagnosis:	10 marks
Management:	20 marks

Discussion:	20 marks
Style of Presentation (organisation, interview with patient, ability to synthesise Information):	10 marks
Total:	100 marks

## ii. Neurology Case

### **Case selection:**

The neurology case for the examination should be a neurobehavioural disorder, a neurological condition commonly associated with co-morbid psychiatric symptoms, or movement disorder. There should be demonstrable signs that the trainee can elicit.

The trainee may be given 45 minutes for history taking and clinical examination and an additional 15 minutes for preparing the presentation.

### **Viva for Neurology Case**

History:	10 marks
Clinical examination:	15 marks
Diagnosis:	10 marks
Management:	10 marks
Discussion:	15 marks
Total:	50 marks

Duration of neurology discussion: 30 minutes (10 minutes for presentation and 20 minutes for discussion)

## iii. Short Case

Two formats may be followed for short case presentations:

- 3 short cases focusing on mental state examination, spotters, or case of a subspeciality
- 3 cases worked up by the trainee during the course – these may be used to examine record keeping, actual practice methods, comprehensive care.

***The modality of short case examination must be decided and conveyed to the trainees in the initial phase of the training.***

Duration: 15 – 20 minutes each

Marks: 60 (20 for each case)

#### iv. Final Viva

Objective: to test the trainee's ability to interpret findings, analytical ability and formulating ability.

It is desirable that a uniform pattern is followed. It could include.

- Case vignettes
- CT/MRI films for interpretation
- EEG for interpretation
- Questions on commonly used instruments in psychiatry
- Practice based questions in psychiatric subspecialities
- Recent advances

Duration of Viva: 30 minutes

Marks: 40

<b>Marks:</b> Theory papers (100x4)	400 marks
Psychiatry long case	100 marks
Neurology case	50 marks
Short case	60 marks
Viva	40 marks
Internal Assessment	50 marks
Clinical examination + internal assessment	300 marks

#### 14. Eligibility for Award of Final Degree:

- Pass in theory
- Acceptance of dissertation
- Pass in clinical examination

#### References:

Adler R. Through the Glass Darkly: Toward Options for Training, Examination and Continuing Education. The Royal Australian and New Zealand College of Psychiatrists. College Statements. 2001

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Christian Medical College, Vellore. Syllabus for the Post graduate training course of MD Psychiatry

Malhotra S. Recommended Syllabi for MD Psychiatry and Diploma in Psychiatry / Psychological Medicine prepared for the MCI. 2001

Murthy P, Chaturvedi SK Rao S. Learner Centred Learning or Teacher Led Teaching: A Study at a Psychiatric Centre. Indian Journal of Psychiatry 1996;38,3:133-136.

Proceedings of the Workshop on Post Graduate Training in Psychiatry. ANCIPS 2000. Pune, January 2000 (Unpublished).

PGIMER, Chandigarh Curriculum for MD (Psychiatry) Department of Psychiatry.

Regulations and Curricula for Post Graduate Degree and Diploma Courses in Medical Sciences. Volume III: Clinical subjects-Psychiatry. Rajiv Gandhi University of Health Sciences, Karnataka. 2000

Royal College of Psychiatrists, UK. MRCPsych Course and Residency Programme. 2001

Workshop on Post-Graduate Training of Psychiatrists. National Institute of Mental Health and Neurosciences, Bangalore. September 22-24, 1979.

#### Annexure 1

### **Medical Council Of India: Regulations On Post Graduate Medical Education (2000)**

**Goal And General Objectives:** The goal of post graduate medical educations shall be to produce a competent a competent specialist and / or a medical teacher:

- i. who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- ii. who shall have mastered most of the competencies, pertaining to the specialities that are required to be practiced at the secondary and tertiary levels of the health care delivery system;
- iii. who shall be aware of the contemporary advances and developments in the discipline concerned;
- iv. who shall have acquired a spirit of scientific enquiry and is oriented to the principles of research methodology and epidemiology; and
- v. who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

### **General Objectives**

At the end of the postgraduate training in the discipline concerned, the student shall be able to:

- i. Recognise the importance of the concerned speciality in the context of the health needs of the community and the national priorities in the health sector.
- ii. Practice the specialty concerned ethically and in steps with the principles of primary health care.
- iii. Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- iv. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account when planning therapeutic, rehabilitative, preventive and promotive measures / strategies
- v. Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and a appropriately selected and conducted investigations.
- vi. Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
- vii. Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
- viii. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
- ix. Play the assigned role in the implementation of national health programmes effectively and responsibly.
- x. Organise and supervise the chosen / assigned health care services demonstrating adequate managerial skills in the clinic / hospital or the field situation.
- xi. Develop skills as a self-directed learner, recognize continuing educational needs; select and use appropriate learning resources.
- xii. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyse relevant published research literature.
- xiii. Develop skills in using educational methods and techniques as applicable to the teaching of medical / research students, general physicians and paramedical health workers.
- xiv. Function as an effective leader in a health team engaged in health care, research and training.

### **Statement of the Competencies**

Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies, which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of

the programme so that he or she can direct the efforts towards the attainment of these competencies.

### **Components of the Post Graduate Curriculum**

The major components of the post graduate curriculum shall be:

- Theoretical knowledge
- Practical / Clinical skills
- Training in thesis
- Attitudes, including communication
- Training in research methodology

### **General Conditions**

- i) Postgraduate medical education in broad specialties shall be of three years duration in the case of degree course and two years in the case of Diploma course after MBBS and in the case of superspecialties the duration shall be of three years after MD / MS with the exceptions whenever indicated.
- ii) Postgraduate curriculum shall be competency based.
- iii) Learning in postgraduate programme shall be essentially autonomous and self directed.
- iv) A combination of both formative and summative assessment is vital for the successful completion of the postgraduate programme.
- v) A modular approach to the course curriculum is essential for achieving a systematic exposure to the various subspecialties concerned with a discipline.
- vi) The training of postgraduate students shall involve learning experiences 'derived from' or 'targeted to' the needs of the community. It shall, therefore, be necessary to expose the students to community-based activities.

**Medical Council of India: Standard Inspection Form Part II Additional Information required:  
Department of Psychiatry**

**Listing of Skills**

1. Clinical skills:

- i) Interview techniques (Diagnostic)
- ii) Communicative skills
- iii) Psychometry (rating scales, interview schedules)
- iv) Management skills – pharmacotherapy, psychotherapy, behaviour therapy and others
- v) Emergency / Casualty care
- vi) Ethical issues
- vii) Medico – legal issues

2. Knowledge and Familiarity:

- i) All of the above
- ii) National Programme
- iii) Psychological testing / Psychodiagnostic
- iv) Laboratory / special investigations

3. Teaching facilities and duration:

Interview techniques  
Communication skills  
Adult psychiatry  
Community Psychiatry  
Psychotherapy  
Pharmacotherapy  
Neuropsychiatry  
ECT  
Emergency care  
Chronic care (long stay patients)

4. Facilities for super specialty training:

Child / Adolescent  
Geriatric  
Substance Use disorder  
Forensic  
Transcultural aspects

5. Teaching Techniques:

Modalities: lectures, clinical demonstrations, seminars, case conferences, small group learning, use of audio-visual aids, availability of handouts

6. Clinical posting and duration:

- i) Internal Medicine
- ii) Neurology
- iii) Psychiatric hospital
- iv) Specialty posting in (please specify)  
Child / Adolescent Psychiatry  
Substance Abuse Treatment Programme  
Psychogeriatrics  
Community Psychiatry  
Others (specify)

7. Case history maintained by PG students:

- i) Adult, chronic case, organic (Neuro-psychiatric), consultation liaison, Child / Adolescent, Geriatric, substance use disorder.
- ii) How many cases seen per student per year?
- iii) Is any log book maintained by the PG students for these cases?

8. Treatment Facility:

- i) Pharmacotherapy
- ii) ECT
- iii) Occupational therapy
- iv) Recreational therapy
- v) Social work
- vi) Psychological testing
- vii) Psychotherapy
- viii) Behaviour Therapy
- ix) Any other (please specify)

9. Library:

i) No of Books / Monographs in

ii) No of Periodicals in

- a) Psychiatry
- b) Psychology
- c) Social Work
- d) Other subjects

- Biostatistics
- Neurochemistry
- Anthropology
- Neurophysiology
- Genetics
- Psychopharmacology
- Neurology
- Internal Medicine
- Research Methodology

10. Examination

i) Theory papers: Broad areas covered in paper I, II, III, IV ...

ii) Clinical: (a) Long case: Psychiatry  
Neurology  
General Medicine

(b) Short case: Psychiatry  
Superspecialty

(c) Special investigations (viz. CT/EEG/Psychological test material)

(d) Oral Examination

11. Feedback from the Students:

- iii) Comments regarding training
- iv) Comments regarding exam system
- v) Comments regarding any scope of improvement

12. Submit a copy of the detailed curriculum, details of local teaching and training programme of training programme of three years (two years for diploma courses)
13. Any other information.

**Facilities in the Institution / Department**

**Facilities**

**Adequate / Inadequate**

- Library with access to standard text books in psychiatry, international and Indian journals
- Audio-visual teaching aids
- Computing facilities
- Internet access
- Support for statistical analysis
- Trained faculty for supervision

**Quality Assurance of training programme**

- Case Conference
- Journal Club
- Subject Seminars
- Research forum
- Psychotherapy training
- Encouragement of Extra mural activities
- Trainee Feedback
- Service Audit
- Training Audit
- Research Audit

An annual audit of facilities and training programme in addition to the specifications of the MCI with regard to service facilities is desirable.

**Log Book: Principal Contents*****Log to be maintained by trainee***

- Details of Clinical Postings during the 3 years
- Details of academic programmes attended
- Details of academic presentations made by the trainee at the Department level

***Trainee evaluation*****Clinical Work**

- Regularity
- Punctuality
- Maintenance of case records
- Case management
- Interpersonal skills
- Counselling skills
- Theoretical knowledge including case based reading

***Departmental Presentation***

- Clarity of Presentation
- Ability to organize information
- Ability to synthesise information
- Ability to summarise and critique
- Ability to answer questions
- Appropriate use of A-V aids
- Quality of handout including adequacy and appropriate style of referencing

***Dissertation*****Protocol Presentation**

- Rationale for study
- Adequacy of literature reviews
- Discussion with guides
- Quality of protocol
- Adequate attention to ethical issues

**Dissertation Work**

- Periodic consultation with guide
- Sincerity of data collection
- Ability to understand and interpret the data
- Quality of final output

**Grading:**

A 4 or 5 point grading scale from A –very good to E- very poor, or a rating from 0 to 4 ranging from very poor to very good may be given for each item of evaluation. A total evaluation grade can be marked for each activity. The supervising consultant in the case of ward and outpatient work must sign the relevant part of the log. The chairperson / programme co-ordinator for academic presentations and attendance at teaching programmes respectively, and the guide for dissertation must also sign the log.

**Rating of Assignments:**

An average score for assignments carried out in each semester must be calculated (out of 50) by the academic co-ordinator. Scoring should be done at the end of all 6 semesters. The final internal assessment mark (average of 6 semesters) can be scored out of 50. The log book and

the end of semester assignment scores must be counter signed by the Head of the Department at the end of each semester.