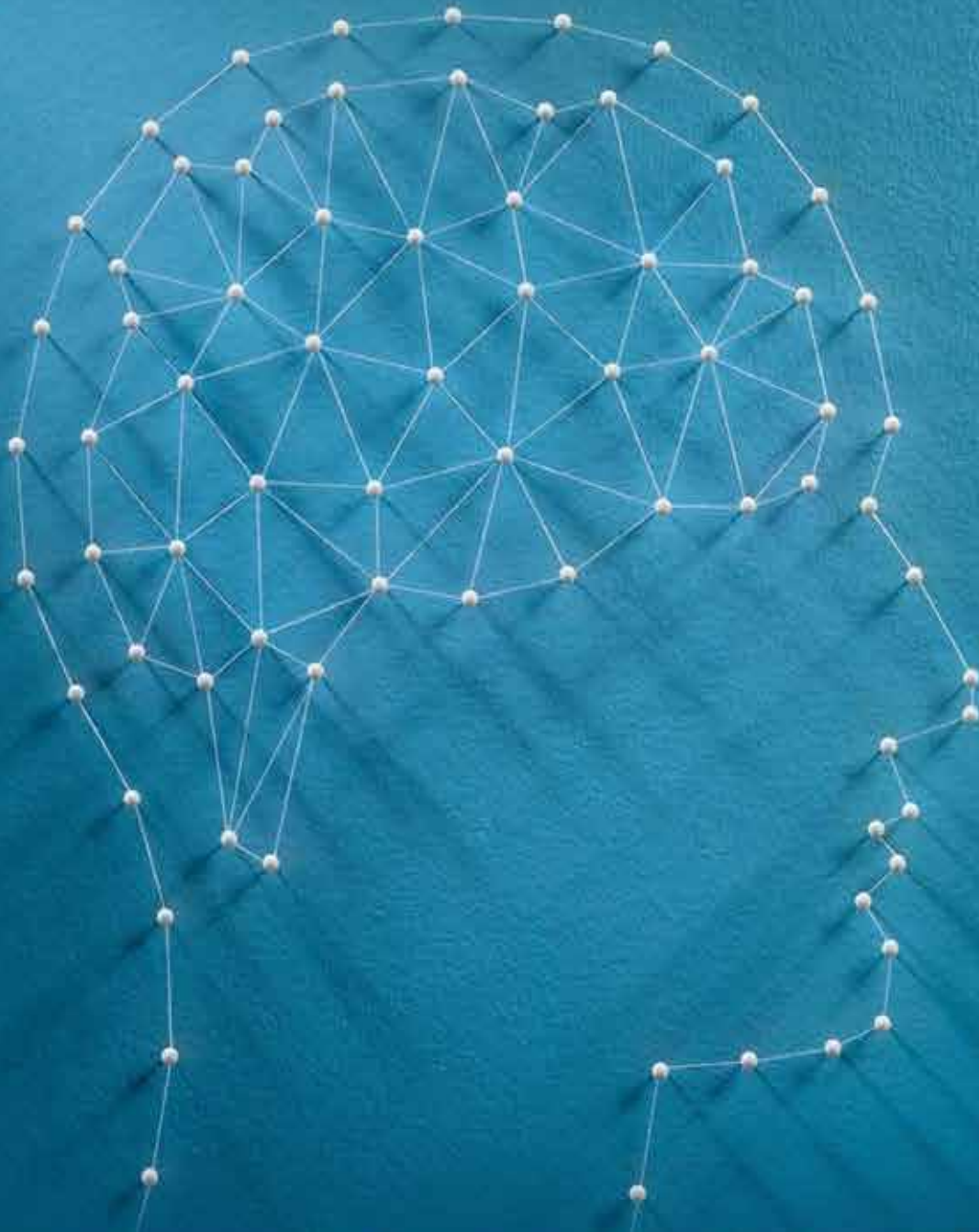




Indian Psychiatric Society Publication



COMPETENCY BASED MEDICAL EDUCATION IN PSYCHIATRY

A MANUAL FOR UNDERGRADUATE (MBBS) TRAINING

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Competency Based Medical Education in Psychiatry- A Manual for Undergraduate Training

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This book is designed to provide guidance in implementing CBME in the subject of Psychiatry and hence is not to be seen as exhaustive or binding. **This book is complimentary and not meant for sale.**

Feedback and suggestions can be sent to - ipsugsubcommittee@gmail.com

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Competency Based Medical Education in Psychiatry A Manual for Undergraduate Training

An Initiative of the IPS UG Education Subcommittee

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Co-opted members: Dr Vinay HR, Dr Priya Sreedaran

Invited members: Dr Henal Shah (PG Education Subcommittee Chairperson),
Dr Kishor M (Psychiatry Teachers Forum), Dr Malay Dave

Dedicated to

The manual is dedicated to the memory of Dr.M V Ashok. The late Dr. MV Ashok, Professor and former Head of Department of Psychiatry, St John's Medical College was a teacher and mentor in the truest sense of words and spirits. He has been instrumental with his vision and drive, in the formulation of the manual over these years. He motivated teachers of psychiatry to study, critically evaluate and implement new teaching learning methods. His contribution to undergraduate and postgraduate psychiatry training is immense.

Foreword

India is a late entrant to medical education reforms, in introducing “competency based medical education” (CBME). The publication of Malcolm Knowles’ “The modern practice of adult education: andragogy vs pedagogy” influenced higher education in all disciplines including medical education tremendously and paved the way for medical education reforms in many developed countries. Over the past three decades, medical regulatory bodies in most developed countries such as Canada, United States of America, Australia, New Zealand etc, moved steadily away from the Flexnerian, traditional approach to medical education and introduced competency-based frameworks as the primary educational approach in medical education. However, it was only in 2019–20 that a competency based medical education curriculum was introduced in India.

It is well known and widely accepted that psychiatry was inadequately and inappropriately represented in the medical curriculum in India, due to a variety of reasons. The new competency based medical education curriculum has corrected the imbalance of psychiatry content of the curriculum to a great extent. The introduction of the “Attitude, Ethics, Communication” (AETCOM) module has also been particularly useful. The new curriculum offers a great chance to considerably enhance the quantity and quality of psychiatry training for the new Indian medical graduate.

However, psychiatry teachers at medical colleges all over the country have varying levels of teaching abilities and competence, especially with the new CBME curriculum in psychiatry. Therefore, the Undergraduate Education Sub Committee of the Indian Psychiatric Society has brought together a band of passionate psychiatry teachers from across the country and worked hard during the past two years to develop this manual of simple, psychiatry teacher-friendly guidelines for implementing the new CBME curriculum in psychiatry. The manual provides suggested lectures and tutorials as well as clinical posting schedules, specific learning objectives for all the competencies under psychiatry, sample lesson plans and sample assessment methods. The guidelines provided in the manual is the essence of the undergraduate teaching experience of a group of dynamic and passionate young psychiatry teachers working in a variety of medical training settings across the country. I have great pleasure to recommend this manual to all medical undergraduate teachers in India. I sincerely hope that this manual is widely used in all medical colleges across the country to produce a new Indian medical graduate who is adequately trained and competent in aspects of mental health.

Mohan Isaac MD, DPM, FRCPsych, FRANZCP
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Formerly, Professor and Head, Department of Psychiatry, NIMHANS, Bangalore, India

Foreword

I am highly pleased and feel privileged to write the preface of the “Competency Based Medical Education Manual for Undergraduate Psychiatry training’, brought up by the Undergraduate (UG) Education Subcommittee of the Indian Psychiatric Society (IPS). The document is based on the Competency Based Undergraduate Curriculum for the Indian Medical Graduate Programme, introduced by the Medical Council of India (now the National Medical Commission). The curriculum has become applicable from the academic year of 2019-20 onwards.

As we are all aware that the mental health is an integral part of health. Mental disorders tend to constitute nearly 20-25% of the patients attending any primary health care settings or even the specialty settings of internal medicine and related branches and the super specialties of cardiology, neurology, gastroenterology or other. Medically unexplained physical symptoms with anxiety or depression in background are common across various medico surgical disciplines. It is a known fact and also brought out by the National Mental Health Survey of India of 2015-16, that nearly 70-90% of the patients with different mental and substance use disorders fail to seek treatment for different reasons including lack of facilities and lack of awareness. In addition, psychiatric symptoms are not uncommon in patients admitted to various specialty settings in general hospitals.

It is important to state here that not every patient with mental disorders needs to be treated by a psychiatrist. It is possible for primary physician and non-psychiatric clinicians to treat patients with mild anxiety and depression and refer others to a psychiatrist. But for this to happen, it is important to strengthen the undergraduate training in psychiatry.

The recently introduced competency-based curriculum for the the undergraduate training in medicine is a welcome step in this direction. The UG Education Subcommittee of the IPS has done a commendable job at developing the Competency Based Medical Education Manual for Undergraduate Psychiatry training’. This will go a long way in helping the teaching faculty in medical colleges to structure their lectures, clinical teaching and tutorial to improve learning as well as make the students more competent clinicians. There is also focus on improving the communication skills of the students. One of the hallmarks of the new curriculum is that is distributed across the full course.

I again compliment the UG Education Subcommittee of the IPS for coming out with this manual.

Rakesh K Chadda

Professor and Head, Department of Psychiatry
All India Institute of Medical Sciences, New Delhi

Message from Office Bearers of Indian Psychiatric Society (IPS)

We are witness to almost a radical change in medical education. The old way of teaching has gone and all together new ways have been executed. It's true that the content and concern for care will never change but the way of presenting the content to the trainees has certainly been nuanced differently.

The National Medical Commission is doing its job towards orientating teachers but probably that's not sufficient enough to revolutionize the mindset of teachers who are accustomed to the old way. Transformation takes consistent effort and time, and a guideline. Keeping these points in mind the Indian Psychiatric Society has facilitated this highly useful handbook for teachers of psychiatry in India. We are sure this will be of great help in changing their orientation from classical to a new approach of teaching.

It's pleasant to remember that the project of revising Undergraduate Psychiatry syllabus was initiated 6 years back with a meeting at AIIMS Rishikesh and the work continued efficiently when Prof P K Dalal was president. Important roles have been played by Late Prof. MV Ashok, Prof Ravi Gupta, Prof Anil Nischal, Dr. M Kishor and many others, the details of which are described in the preface of this manual. The Indian Psychiatric Society is thankful to all the contributors for their time and efforts.

We are very happy that the IPS UG education subcommittee led by the Late Prof.MV Ashok, Dr. Lalit Batra, Dr. Anil Nischal, Dr. Christina George, Dr. Kshirod Mishra, Dr. Vinay HR, Dr. Priya Sreedharan and Dr. Malay Dave has decided to release the manual during the ANCIPS 2024 at Kochi.

Dr. Vinay kumar
President, IPS

Dr. Lakshmikant Rathi
Vice President, IPS

Dr. Arabinda Brahma
Honorary General Secretary, IPS

Message from the IPS UG Education Subcommittee 2023-2024

It is a great honour to present the **COMPETENCY BASED MEDICAL EDUCATION IN PSYCHIATRY: A MANUAL FOR UNDERGRADUATE (MBBS) TRAINING** on behalf of the Indian Psychiatry Society. Psychiatry teachers have been provided with a comprehensive framework with 117 competencies and suggested teaching learning methods for training medical undergraduates based on the Competency Based Medical Education (CBME) curriculum. The National Medical Commission has increased the duration of Undergraduate Psychiatry training recently in keeping with the centrality of Psychiatry education for the undergraduate MBBS student in ensuring health for all in our society.

This manual will serve as an accessible guide for implementing undergraduate psychiatry training for faculty and institutions of varying expertise and resources respectively. We have attempted to provide a clear framework for clinical as well as theory hours, with the option of modification in keeping with institution and faculty needs. The manual provides suggested specific learning objectives for all the competencies, sample lesson plans, sample assessment methods and models for electives in psychiatry.

There is a need to give added focus to competencies pertaining to **History taking and MSE, Depression, Anxiety, Stress related disorders, Substance Use disorders** and **Intentional Self Harm**, as well as to emphasize on drugs/treatments available for use in the public health system. There is an urgent need for medical students to be trained towards attaining competencies in these areas and specific competencies to be made certifiable.

The manual is a culmination of efforts by committed faculty and successive UG Education Subcommittees with the guidance of the IPS leadership. We acknowledge the guidance and encouragement from Dr. Vinay Kumar, the IPS president, and the current IPS office bearers towards the publication of the manual. We are deeply grateful for the vision and mentoring provided by the late Dr. M V Ashok and we have dedicated this manual to him.

The authors see this as a living document with scope for further modification as needs, realities and guidelines change over time. We fervently hope this manual enables faculty across differing institutions in India to do their best for their learners and make psychiatry education enjoyable and fruitful for medical students!

Dr. Christina George

Dr. Anil Nischal

Dr. Lalit Batra

Preface

The new Competency Based Undergraduate Curriculum for the Indian Medical Graduate Program has been released by the erstwhile Medical Council of India and the same has been Gazetted by the Government of India in November 2019. This curriculum has become applicable for all MBBS students who have joined in the academic year 2019-2020 and onwards. Thus, for all Teachers of Psychiatry for MBBS students in the country, the main teaching tasks as per the new curriculum had begun in the first half of 2021. This was the period that some batches of students got posted for clinical rotations to psychiatry and the first set of lecture sessions for this batch in Psychiatry also started around first half of 2022.

All the Psychiatry Teachers in Medical Colleges across the country have been reflecting on ways to implement this curriculum. Medical Colleges have been tasked with the Curriculum Implementation Support Programs to develop teaching learning sessions. In this background, the UG Training Committee of the Indian Psychiatry Society (2019-2020) began meetings with experts in this regard from mid-2019 onwards. Meetings were held informally to begin with and subsequently in a formal manner at Rishikesh in September 2019, Mumbai in January 2020 and these continued into the ANCIPS 2020 at Kolkata. The UG committee co-opted several new members who all immensely helped with the preparations. The UG and PG training committee announced by the new IPS Executive Council recently has many members who worked on these plans in 2019 too. Also, a new Task force for Medical College Faculty Training was announced 2 years back. All the three committees had rightly chosen to work in a coordinated manner. Meanwhile NMC (National Medical Commission) amended the curriculum for the MBBS students of 2023-24 batch onwards aligning things as a lead up to proposed NEXT exams. Fortunately teaching hours in the subject of psychiatry have been increased to 45 hours and clinical postings to 6 weeks.

We are pleased to bring out a manual with guidelines for implementing the new curriculum in all the medical colleges in the country. This includes Specific Learning Objectives (SLOs) for each of the 117 competencies targeted under Psychiatry. We have indicated a potential list of lectures, small group learning and self-directed learning sessions to cover most of the theoretical aspects. We have also included a broad schedule for using the 6 weeks of Psychiatry clinical postings (2 weeks in III MBBS part I and 4 weeks in III MBBS part II) for exposure to needed skills. There are also samples of lesson plans, assessment methods and electives module suggested in this manual.

These guidelines are to be neither seen as exhaustive nor binding. We are sure that many enlightened teachers around the country would come out with innovative and impactful teaching programs around this new curriculum. We hope to learn from these efforts and seek their help in framing training programs for teachers. We believe these guidelines would serve as the minimum teaching required as per the new curriculum which has Psychiatry as one of three subjects (together totaling 50 marks) in Part II Medicine paper in the Final year MBBS examinations. These guidelines are particularly expected to help colleges with a small number of teachers faced with planning teaching programs for many students. We are releasing this finalized document in ANCIPS, January 2024 giving a logical end to the collective efforts of the UG education subcommittees of 2019-20, 2020-21, 2021-22 and 2023-24. Eventually with the contribution from current subcommittee members a complete manual for helping all aspects of UG Teaching in psychiatry is being brought out.

We thank Past IPS presidents Dr. Mrugesh Vaishnav, Prof. Dr. PK Dalal and Dr. Gautam Saha for supporting the endeavor during their tenures. A special thanks to Dr. Vinay Kumar, the present President of Indian psychiatric Society who ensured this venture saw the light of publication through his enthusiasm and unstinted support. We also thank current office bearers of IPS UG education subcommittee Dr. Lalit Batra (Chairperson), Dr. Christina George (convener) and Dr. Kshirod Kumar Mishra (EC Coordinator) for lending the finishing touch.

We hope this content will be of immense use to Teachers of Psychiatry across the country.

Dr. Anil Nischal
Dr. Vinay H.R
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Acknowledgments

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Co-Chairperson : Dr. Anil Nischal
Convener : Dr. Malay Dave

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Co-Chairperson : Dr. Ravi Gupta
Convener : Dr. Vinay H.R
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Suggested Schedule of Lectures (III MBBS Phase, Part 2)

No	Topic	Competencies	Time	Assessment
1	Introduction to psychiatry	<ul style="list-style-type: none"> • Signs and symptoms of common mental disorders • Biological, psychological and social factors and their interactions in causation of mental disorders • Distinguish psychotic and non-psychotic disorders • Pharmacological basis and side-effects of drugs used in psychiatric disorders PS3.2, PS3.6, PS3.12, PS3.10	1 hour	Viva/ Theory/ MCQs
2	Substance Use disorders (Alcohol)	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS4.1, PS4.4, PS4.6, PS4.7	1 hour	Viva/ Theory/ MCQs
3	Psychotic disorders	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS5.1, PS5.3, PS5.5, PS5.6	1 hour	Viva/ Theory/ MCQs
4	Depression	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS6.1, PS6.4, PS6.6, PS6.7	1 hour	Viva/ Theory/ MCQs
5	Bipolar disorders	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS7.1, PS7.4, PS7.6, PS7.7	1 hour	Viva/ Theory/ MCQs
6	Anxiety disorders including OCD	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS8.1, PS8.4, PS8.6, PS8.7	1 hour	Viva/ Theory/ MCQs

No	Topic	Competencies	Time	Assessment
7	Stress related disorders	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS9.1, PS9.4, PS9.6, PS9.7	1 hour	Viva/ Theory/ MCQs
8	Personality disorders	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS11.1, PS11.4, PS11.6, PS11.7	1 hour	Viva/ Theory/ MCQs
9	Human sexuality and Sexual dysfunctions	<ul style="list-style-type: none"> • Sex and gender, Sexual identity • Sexual response cycle • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS13.1, PS13.14, PS13.15, PS13.16	1 hour	Viva/ Theory/ MCQs
10	Psychiatric disorders in Childhood and Adolescence (ADHD, ODD, CD, Nocturnal enuresis)	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS14.1, PS14.3, PS14.5, PS14.6	1 hour	Viva/ Theory/ MCQs
11	Psychiatric disorders in elderly	<ul style="list-style-type: none"> • Common psychiatric disorders including dementia, depression & psychosis • Magnitude & etiology • Therapy in elderly • Conditions for specialist referral PS16.1, PS16.2, PS16.3, PS16.5	1 hour	Viva/ Theory/ MCQs
12	Psychiatric emergencies	<ul style="list-style-type: none"> • Describe recognition of psychiatric emergencies like suicide, deliberate self-harm and aggressive • Describe the initial stabilisation and management of psychiatric emergencies • Conditions for specialist referral PS17.1, PS17.2, PS17.3	1 hour	Viva/ Theory/ MCQs

No	Topic	Competencies	Time	Assessment
13	Somatoform and Psychosomatic disorders	<ul style="list-style-type: none"> • Magnitude & etiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral PS10.1, PS 10.4, PS10.6, PS 10.7 PS 12.1, PS 12.4, , PS 12.6, PS 12.7	1 hour	Viva/ Theory/ MCQs
14	Community psychiatry and NMHP	<ul style="list-style-type: none"> • Relevance, role and status of community psychiatry • Principles of preventive psychiatry, mental health promotion (positive mental health); and community education • Objectives, strategies and contents of the NMHP PS 19.1, PS19.2, PS19.5	1 hour	Viva/ Theory/ MCQs
15	Legal and ethical issues in Psychiatry	<ul style="list-style-type: none"> • Basic legal and ethical issues in psychiatry • Prevalent mental health laws in India PS 19.3, PS 19.4	1 hour	Viva/ Theory/ MCQs
Total			15 hours	

Suggested Schedule of Small Group Learning (Integrated Teaching, Seminars, Tutorials) (III MBBS Phase, Part 2)

No	Topic	Competencies	Subject to be integrated with/ tutorials	Time	T/L method	Assessment
1	Mental health	<ul style="list-style-type: none"> • Components of memory, learning and emotions • Principles of personality development and motivation • Define and distinguish between normality and abnormality. PS2.3, PS2.4, PS2.5	—	1 hour	Small Group discussion	Viva/ Theory/ MCQs
2	Introduction to psychiatry	<ul style="list-style-type: none"> • Enumerate, describe common psychiatric disorders, magnitude, etiology and clinical features in patients with organic psychiatric disorders • Essential investigations in patients with organic psychiatric disorders PS3.7, PS3.8	General Medicine	1 hour	Small Group discussion/ Integrated teaching	Viva/ Theory/ MCQs

No	Topic	Competencies	Subject to be integrated with/ tutorials	Time	T/L method	Assessment
3	Alcohol and substance use disorders	<ul style="list-style-type: none"> • Magnitude and etiology of alcohol use disorders • Treatment of alcohol use disorders including pharmacotherapy and psychotherapy • Pharmacological basis and side-effects of drugs in alcohol use disorders • Appropriate conditions for specialist referrals in alcohol use disorders PS4.1, PS4.4, PS4.6, PS4.7	General Medicine	1 hour	Small Group discussion / Integrated teaching	Viva/ Theory/ MCQs
4	Psychosomatic disorders	<ul style="list-style-type: none"> • Magnitude and etiology of psychosomatic disorders • Treatment of psychosomatic disorders • Pharmacological basis of treatment and side-effects of psychosomatic disorders • Appropriate conditions for specialist referral PS12.1, PS12.4, PS12.6, PS12.7	General Medicine	1 hour	Small Group discussion / Integrated teaching	Viva/ Theory/ MCQs

No	Topic	Competencies	Subject to be integrated with/ tutorials	Time	T/L method	Assessment
5	Psychosomatic disorders	<ul style="list-style-type: none"> • Magnitude and etiology of psychosomatic disorders • Treatment of psychosomatic disorders • Pharmacological basis of treatment and side-effects of psychosomatic disorders • Appropriate conditions for specialist referral PS12.1, PS12.4, PS12.6, PS12.7	Dermatology	1 hour	Small Group discussion / Integrated teaching	Viva/ Theory/ MCQs
6	Mental retardation, scholastic backwardness, neuro-developmental disorders, autism	<ul style="list-style-type: none"> • Magnitude & etiology • Intelligence quotient and assessment • Psychosocial treatments and interventions PS15.1, PS15.3, PS15.4	Pediatrics	1 hour	Small Group discussion / Integrated teaching	Viva/ Theory/ MCQs

No	Topic	Competencies	Subject to be integrated with/ tutorials	Time	T/L method	Assessment
7	Miscellaneous	<ul style="list-style-type: none"> • Relevance and role of community psychiatry • Objectives, strategies and contents of National Mental Health Program • Describe the concept principles of preventive mental health promotion (positive mental health); and community education • Enumerate and describe the identifying features and the principles of participatory management of mental illness occurring during and after disasters PS19.1, PS19.2, PS19.5, PS19.6	Community Medicine	1 hour	Small Group discussion / Integrated teaching	Viva/ Theory/ MCQs
8	Miscellaneous	<ul style="list-style-type: none"> • Enumerate and describe salient features of MHCA 2017 • Describe and discuss basic legal and ethical issues in psychiatry PS19.3, PS19.4	Forensic	1 hour	Small Group discussion / Integrated teaching	Viva/ Theory/ MCQs

No	Topic	Competencies	Subject to be integrated with/ tutorials	Time	T/L method	Assessment
9	Risk assessment for suicide	<ul style="list-style-type: none"> Enumerate and describe recognition of suicide risk in individuals Initial stabilisation and management PS17.1, PS 17.2	—	1 hour	Small Group discussion	Viva/ Theory/ MCQs
10	ECT and other modalities like RTMS	<ul style="list-style-type: none"> Indications of modified ECT Indications of other modalities PS 18.2	—	1 hour	Small Group discussion	Viva/ Theory/ MCQs
11	Therapeutics	<ul style="list-style-type: none"> Principles and role of psychosocial interventions in psychiatric illness including psychotherapy, behavioural therapy and rehabilitation PS 18.3	—	1 hour	Small Group discussion	Viva/ Theory/ MCQs
12	Psychological assessments	<ul style="list-style-type: none"> Intelligence assessments, Personality assessments PS 15.2, PS 18.3	—	1 hour	Small Group discussion	Viva/ Theory/ MCQs
13	Psycho-pharmacology	<ul style="list-style-type: none"> Indications and describe the pharmacology, dose and side effects of commonly use drugs in psychiatric disorders PS 18.1	—	1 hour	Small Group discussion	Viva/ Theory/ MCQs

No	Topic	Competencies	Subject to be integrated with/ tutorials	Time	T/L method	Assessment
14	Eating disorders	<ul style="list-style-type: none"> • Magnitude and etiology • Treatment • Pharmacological basis of treatment and side-effects • Appropriate conditions for specialist referral PS8.1, PS8.4, PS8.6, PS8.7	—	1 hour	Small Group discussion	Viva/ Theory/ MCQs
15	Sleep disorders	<ul style="list-style-type: none"> • Magnitude and etiology • Treatment • Pharmacological basis of treatment and side-effects • Appropriate conditions for specialist referral PS12.1, PS12.4, PS12.6, PS12.7	—	1 hour	Small Group discussion	Viva/ Theory/ MCQs
Total			15 hours			

Suggested Schedule of Self-directed Learning (SDL)

1	Introduction to psychiatry	<ul style="list-style-type: none"> Growth, history, development of psychiatry as specialty Brain and behaviour Signs and symptoms of common mental disorders Biological, psychological and social factors and their interactions in causation of mental disorders PS 3.1, PS3.2, PS3.6,	2 hours	Viva/ Theory/ MCQs
2	Mental health	<ul style="list-style-type: none"> Stress, components and cause time-management, study skills, balanced diet, sleep wake cycle PS2.1, PS2.2	2 hours	Viva/ Theory/ MCQs
3	Gender incongruence/dysphoria, differences of sex development and paraphilic disorders	<ul style="list-style-type: none"> Gender identity and gender dysphoria Intersex Paraphillias Conditions for specialist referral PS13.2, PS13.3, PS13.4, PS13.5, PS 13.6, PS 13.7, PS 13.8, PS 13.9, PS 13.10, PS 13.11, PS 13.12, PS 13.13	2 hours	Viva/ Theory/ MCQs
4	Psychiatric disorders in Childhood and Adolescence (Autism spectrum disorders, Specific learning disorders)	<ul style="list-style-type: none"> Magnitude & etiology Treatment Pharmacological basis and side-effects of drugs Conditions for specialist referral PS14.1, PS14.3, PS14.5, PS14.6	2 hours	Viva/ Theory/ MCQs
5	Adolescent mental health (behavioural problems, sexuality)	<ul style="list-style-type: none"> Magnitude and etiology of psychosomatic disorders Treatment of psychosomatic disorders Pharmacological basis of treatment and side-effects of psychosomatic disorders Appropriate conditions for specialist referral PS12.1, PS12.4, PS12.6, PS12.7	2 hours	Viva/ Theory/ MCQs
6	Behavioural addiction and Prescription drug dependence	<ul style="list-style-type: none"> Magnitude & etiology Treatment Pharmacological basis and side-effects of drugs Conditions for specialist referral PS4.1, PS4.4, PS4.6, PS4.7	2 hours	Viva/ Theory/ MCQs
7	Substance use disorders (Cannabis, Opioids, Hallucinogens, inhalants)	<ul style="list-style-type: none"> Magnitude & etiology Treatment Pharmacological basis and side-effects of drugs Conditions for specialist referral PS4.1, PS4.4, PS4.6, PS4.7	2 hours	Viva/ Theory/ MCQs
8	Headache	<ul style="list-style-type: none"> Evaluation and counselling of patients with headache (migraine, tension headache etc) PS12.1, PS12.4	1 hour	Viva/ Theory/ MCQs
Total			15 hours	

Suggested Schedule for Clinical Postings in III MBBS Part 1 (2 weeks)

No	Topic	Competencies	Time	T/L method	Assessment
1	Doctor patient relationship	<ul style="list-style-type: none"> Developing rapport & empathy importance of confidentiality PS1.1, PS1.4, PS3.4	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
2	Introduction to psychiatry	<ul style="list-style-type: none"> Eliciting, presenting & documenting psychiatric history PS3.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
3	introduction to psychiatry	<ul style="list-style-type: none"> Performing mental state status examination PS3.5	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
4	Alcohol use disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features of alcohol use disorders Enumeration, describe and interpret laboratory investigations in such patients PS4.2, PS4.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
5	Substance use disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features of substance use disorders Enumeration, describe and interpret laboratory investigations in such patients PS4.2, PS4.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
6	Psychotic disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with psychotic disorders PS5.2	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD

No	Topic	Competencies	Time	T/L method	Assessment
7	Depression	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with depression Enumeration, describe and interpret laboratory investigations in such patients PS6.2, PS6.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
8	Bipolar disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with bipolar disorders Enumeration, describe and interpret laboratory investigations in such patients PS7.2, PS7.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
9	Anxiety disorders (Including OCD)	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with anxiety Enumeration, describe and interpret laboratory investigations in such patients PS8.2, PS8.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
10	End postings Assessment	History taking and Mental status examination, Interpreting lab reports and diagnosis	3 hours		OSCE, OSLER, DOPS, CBD

Suggested Schedule for Clinical Postings in III MBBS Part 2 (4 weeks)

No	Topic	Competencies	Time*	T/L method	Assessment #
01	Organic psychiatry	<ul style="list-style-type: none"> • Enumerate, describe common psychiatric disorders, magnitude, etiology and clinical features in patients with organic psychiatric disorders • Essential investigations in patients with organic psychiatric disorders • Describe the steps and demonstrate in a simulated environment family education in patients with organic psychiatric disorders PS 3.7, 3.8 & 3.9	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
02	Stress related/ Dissociative disorders	<ul style="list-style-type: none"> • Describe, elicit & document clinical features of stress related/dissociative disorders • Enumeration, describe and interpret laboratory investigations in such patients PS9.2, PS9.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
03	Somatoform disorders	<ul style="list-style-type: none"> • Describe, elicit & document clinical features of somatoform disorders • Enumeration, describe and interpret laboratory investigations in such patients PS10.2, PS10.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD

No	Topic	Competencies	Time*	T/L method	Assessment #
04	Personality disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features of personality disorders Enumeration, describe and interpret laboratory investigations in such patients PS11.2, PS11.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
05	Psychosomatic disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with psychosomatic disorders Enumeration, describe and interpret laboratory investigations in such patients PS12.2, PS12.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
06	Sexual dysfunctions and paraphilic disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with Sexual dysfunctions and paraphilic disorders Enumeration, describe and interpret laboratory investigations in such patients PS13.1, PS13.14, PS 13.15, PS 13.16	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
07	Gender dysphoria and LGBTQIA+ issues	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with gender dysphoria Describe mental health support for individuals with gender dysphoria PS13.2, to PS13.13	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD

No	Topic	Competencies	Time*	T/L method	Assessment #
08	Psychiatric disorders in childhood and adolescence	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with child and adolescent psychiatric disorders Enumeration, describe and interpret laboratory investigations in such patients PS14.2	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
09	Mental retardation (Intellectual disability)	<ul style="list-style-type: none"> Describe, elicit & document clinical history in child with mental retardation Perform adequate physical examination in such children Choose appropriate investigations in child with mental retardation PS15.4	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
10	Psychiatric disorders in elderly	<ul style="list-style-type: none"> Perform family education in a patient with psychiatric disorders in elderly in a simulated environment PS16.4	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
11	Doctor patient relationship	<ul style="list-style-type: none"> Breaking bad news PS 1.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD

No	Topic	Competencies	Time*	T/L method	Assessment #
12	Depression	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with depression Enumerate, describe and interpret laboratory investigations in such patients Suicide risk assessment, crisis intervention and treatment strategies PS6.2, PS6.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
13	Alcohol use disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features of alcohol use disorders Enumerate, describe and interpret laboratory investigations in such patients Formulate treatment at primary health care level PS4.2, PS4.3	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
14	Psychotic disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with psychotic disorders Enumerate, describe and interpret laboratory investigations in such patients Formulate treatment at primary health care level PS5.2, PS 5.3, PS 5.5	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD

No	Topic	Competencies	Time*	T/L method	Assessment #
15	Stress related/ Dissociative disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features of stress related/dissociative disorders Enumeration, describe and interpret laboratory investigations in such patients Formulate treatment at primary health care level PS9.2, PS9.3, PS 9.4, PS 9.6	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
16	Family education	Describe and demonstrate steps of family education in a simulated environment in a patient with following psychiatric disorders <ul style="list-style-type: none"> Alcohol & substance use disorder Schizophrenia Depression PS4.5, PS5.4, PS6.5	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
17	Family education	Describe and demonstrate steps of family education in a simulated environment in a patient with following psychiatric disorders <ul style="list-style-type: none"> Bipolar disorder Anxiety disorders Stress related disorders Somatoform disorders Psychosomatic disorders PS7.5, PS8.5, PS9.5, PS10.5, PS12.5	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD

No	Topic	Competencies	Time*	T/L method	Assessment #
18	Family education	Describe and demonstrate steps of family education in a simulated environment in a patient with following psychiatric disorders <ul style="list-style-type: none"> • Personality disorders • Psychosexual and Gender identity disorders • Psychiatric disorders in childhood and adolescence • Elderly with psychiatric illnesses PS11.5, PS13.5, PS14.4, PS16.5	3 hours	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
19	End of postings Assessment	History taking and Mental status examination	3 hours		OSCE, OSLER, DOPS, CBD
20	End of postings Assessment	Interpreting lab reports, diagnosis, treatment strategies and Family education	3 hours		OSCE, OSLER, DOPS, CBD
Total			60 Hours		

Specific Learning Objectives

Section 1: Doctor Patient Relationship

Number of competencies: 4

Suggested number of SLOs: 11

No	Competency	Specific Learning Objective	Domain/level	Core	T/L method	Assessment
PS1.1	Establish rapport and empathy with patients	<p><i>At the end of the training, student should be able to</i></p> <p>1. Define & describe the meaning, of terms: Rapport and empathy</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
		<p><i>At the end of the training, student should be able to</i></p> <p>2. Demonstrate comfort in communicating with patient</p> <p>3. Use modes of communication that enable patient to feel safe and comfortable in order to facilitate participation in a dialogue with the doctor.</p>	S/SH	Y	Demonstrations/ Bed- side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS1.2	Describe components of communication	<p><i>At the end of the training, student should be able to</i></p> <p>4. Describe verbal, non-verbal and written communication and their components</p> <p>5. Should be able to enumerate at least three ways to improve each type of communication</p> <p>6. Should describe the importance of open-ended questions and eye contact with at least one point each.</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs

No	Competency	Specific Learning Objective	Domain/level	Core	T/L method	Assessment
PS1.3	Demonstrate breaking bad news in a simulated environment	<p><i>At the end of the training, student should be able to</i></p> <p>7. Mention steps of any one standard protocol (e.g. SPIKES / BREAKS) for breaking bad news.</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
		<p><i>At the end of the training, student should be able to</i></p> <p>8. Demonstrate breaking bad news using the six steps of the SPIKES model/ or any other standard model</p>	S/SH	Y	Demonstrations/ Bed- side/ simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS1.4	Describe and Demonstrate importance of confidentiality in patient encounters	<p><i>At the end of the training, student should be able to</i></p> <p>9. Enumerate at least two ethical principles of confidentiality including safeguarding of information and consent to disclose information</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
		<p><i>At the end of the training, student should be able to</i></p> <p>10. Enumerate at least two conditions under which confidentiality can be breached</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
		<p><i>At the end of the training, student should be able to</i></p> <p>11. Demonstrate how the doctor discusses the role of ethical principles and the need to maintain confidentiality with the patient</p>	S/SH	Y	Demonstrations/ Bed- side/ simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

Section 2: Mental Health

Number of competencies: 5

Suggested number of SLOs: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS2.1	Define stress and describe its components and causes	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> Define stress (Psychological definition, Physiological definition) Describe components of stress with respect to the following points: <ul style="list-style-type: none"> The General Adaptation Syndrome – The Main Stages The involvement of Immune & Endocrine Systems (HPA Axis & Other systems) – Name & Role of the Systems Origins of Psychiatric & Non-communicable Diseases 	K/K	Y	Lecture, Small group discussion	Viva/written/ MCQs
		<ol style="list-style-type: none"> Describe at least two causes of stress Describe assessment of stress (Assessment of Stress – Holmes Rahe Scale, Perceived Stressful Life Events Scale) 				
PS2.2	Describe the role of time management, study skills, balanced diet and sleep wake habits in stress avoidance	<p><i>By the end of the training, the student will be able to</i></p> <p>Mention the role of the following in stress avoidance</p> <ol style="list-style-type: none"> Time management (Timetables & Prioritizing) Study skills (Importance of Breaks & Relaxation) Balanced diet (Timing & Restrictions) Sleep wake habits (Sleep Hygiene) 	K/KH	Y	Lecture, Small group discussion	Viva/written/ MCQs

PS2.3	Define and describe the principles and components of learning memory and emotions	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define and describe principles and components of learning with respect to following <i>(Definition of Learning, Classical Conditioning – 2 points, Operant Conditioning – 2 points, Social / Observational Learning – 2 points)</i> 2. Define and describe principles and components of memory <i>(Definition of Memory, Types of Memory, Brain Structures Involved, 4 tips to Improving Memory including applied aspect like exam performance)</i> 3. Define and describe principles and components of emotions 	K/K	Y	Lecture, Small group discussion	Viva/ written/ MCQs
		<i>(Definition of Emotions, Brain Structures Involved)</i>				
PS2.4	Describe the principles of personality development and motivation	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe principles of personality development <i>(Theories – at least 2, Assessment Instruments – at least 2)</i> 2. Describe principles of motivation <i>(Definition, Theories – at least 2, Types – at least 2)</i> 	K/K	Y	Lecture, Small group discussion	Viva/ written/ MCQs
PS2.5	Define and distinguish normality and abnormality	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define normality and abnormality (As Ideal, Norm, Biological) 2. Distinguish between normality and abnormality including example from syndromic approach 	K/K	Y	Lecture, Small group discussion	Viva/ written/ MCQs
		<ol style="list-style-type: none"> 3. General Clinical Features of Abnormal Personalities – at least 3 4. Abnormal Personalities according to the modern classification systems – name at least 3 				

Section 3: Introduction to Psychiatry

Number of competencies: 12

Number of suggested SLOs: 35

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS3.1	Describe growth of psychiatry as medical specialty, its history and contribution to medicine	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> Describe at least two important milestones that contributed to the growth of psychiatry as medical specialty Describe at least two important milestones in history of psychiatry Describe at least two contributions of psychiatry to medicine 	K/KH	y	Recommended: Lecture Others: Small group discussions, tutorials	Viva/ written/ MCQs
PS3.2	Enumerate, describe and discuss important signs & symptoms of common mental disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> Enumerate at least three types of 	K/KH	y	Recommended: Lecture Others:	Viva/ written/ MCQs
		common psychiatric disorders			Small group discussions/ tutorials	
		<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> To describe at least four clinical features per common mental disorder 	K/KH	Y	Recommended: Lecture Others: Small group discussions/ tutorials	Viva/ written/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS3.3	Elicit, present and document a history in patients presenting with a mental disorder	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit onset, course, duration and progress of illness with respect to present illness 2. Interview a patient to elicit psychiatric history, past history, medical history, family history, personal history and premorbid history relevant to present illness. 3. Document and present a history in patients with mental disorder including current illness, past history, medical history, family history, personal history and premorbid history 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/role play/Guided observation of consultants/ Grand rounds</p>	OSCEs, DOPS, Case Based discussions (Individual or group format)
PS3.4	Describe the importance of establishing rapport with patients	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a dialogue 2. Make the patient comfortable to share his/her history. 	S OR A/ SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/simulations/ role play/ Guided observation of consultants/ Grand rounds</p>	Role-plays, OSCEs, DOPS, (Individual or group format),
PS3.5	Perform, demonstrate and document a mini-mental examination	<p><i>By the end of the training, the student will be able to</i></p>	S/SH	Y	<p>Recommended: Demonstrations</p>	Role-plays, OSCEs, DOPS, Case based discussions

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		<ol style="list-style-type: none"> 1. Examine a patient to elicit consciousness, orientation, attention and registration, recent and remote memory. 2. Examine a patient to assess affect and mood 3. Examine a patient to assess speech 4. Examine a patient to assess form and content of thought 5. Examine a patient to assess perception 6. Examine a patient to assess insight into mental illness 			<p>Others: Bed-side/ simulations/role play/Guided observation of consultants/ Grand rounds</p>	(Individual or group format)
PS3.6	Describe and discuss biological, psychological & social factors & their interactions in the causation of mental disorders	<p>By the end of the training, the student will be able to</p> <ol style="list-style-type: none"> 1. Describe the role of brain, biology and genetic factors in causation of mental disorder 2. Describe at least 2 psychological factors in causation of mental disorder 3. Describe at least 2 social factors & their interactions in the causation of mental disorders 4. Describe the interactions between these factors in causation of mental illness 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group, tutorials</p>	Written/ Viva/MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS3.7	Enumerate and describe common Neurocognitive and secondary behavioral and mental disorders, magnitude, aetiology and clinical features	<p><i>By the end of training the student should</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe prevalence of at least four disorders secondary to medical/ neurological conditions 2. Describe and discuss at least two important aspects in relation to aetiology of such disorders 3. Describe at least five clinical features of such disorders 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group, tutorials</p>	Written/ Viva/MCQs
PS3.8	Enumerate and describe the essential investigations in patients with neurocognitive and secondary mental and behavioral disorders (Organic psychiatric)	<p><i>By the end of training the student should be able to</i></p> <ol style="list-style-type: none"> 1. Describe at least two essential investigations in such patients 2. Discuss at least one reason for role of the aforementioned investigations in patients with such disorders 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group, tutorials</p>	Written/ Viva/MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS3.9	Describe the steps and demonstrate in a simulated environment family education in patients with Neurocognitive and secondary mental and behavioral disorders (Organic psychiatry)	<p><i>By the end of training the student –in a simulated environment- should be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on such disorders 2. Inform the nature of diagnosis to family members 3. Inform the possible aetiology of associated disorder to caregivers of family members 4. Employ appropriate techniques and provide information two key aspects of treatment and prognosis to caregivers and check for understanding about the same. <p>Of patients with such disorders</p>	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/ simulations/role play/Guided observation of consultants/ Grand rounds</p>	Role-plays, OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS3.10	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychiatric disorders	<p><i>By the end of training the student should be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least four different classes of medications used in psychiatric disorder 2. Mention pharmacologic mechanisms of at least 2 drugs used in psychiatric disorders 3. Enumerate at least three side effects of every category of drugs used in organic psychiatric disorders 	K/KH	Y	Recommended: Lecture/Small group/ tutorials	Written/ Viva/MCQs
PS3.11	Enumerate the appropriate conditions for specialist referral in patients with psychiatric disorders	<p><i>By the end of training the student should be able to</i></p> <ol style="list-style-type: none"> 1. Describe at least two appropriate conditions for specialist referral in patients with organic psychiatric disorders 	K/K	Y	Lecture/Small group	Written/ Viva/MCQs
PS3.12	Describe, discuss and distinguish psychotic and non-psychotic disorders (mood/anxiety/ stress-related) disorders	<p><i>By the end of training the student should be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least 2 features of psychotic disorders. 2. Distinguish psychotic and non-psychotic disorders on at least two points (mood/anxiety/ stress-related) disorders 	K/KH	Y	Recommended: Lecture Others: Small group	Written/ Viva/MCQs

Section 4: Disorders Due to Use of Alcohol and Other Substance Use

No of competencies: 7

No of SLOs: 26

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS4.1	Describe the magnitude and aetiology of disorders due to alcohol and other substance use	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention the prevalence and incidence of alcohol use disorders in India as per National Mental Health Survey -India (NMHS) 2. Mention the prevalence and incidence of at least three other substance use disorders as per NMHS 3. Describe at least one biological, social and psychological factor implicated in aetiology of alcohol use disorder 4. Describe at least one biological, social and psychological factor implicated in aetiology of three other substance use disorders 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small group discussions/ tutorial</p>	Viva/written/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS4.2	Elicit, describe and document clinical features of disorders due to alcohol and other substance use	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness in individuals with alcohol use disorders with regards presenting complaints, onset of harmful use of alcohol, onset of alcohol dependence, alcohol intoxication and withdrawal, history of seizures, history of delirium tremens and history of medical complications 2. Interview a patient to elicit history of present illness in individuals with at least one other substance use disorder with regards to onset of harmful use of at least one other substance, onset of dependence of at least one and history of any withdrawal symptoms 3. Interview a patient to elicit past history, family history, medical history, personal history and premorbid history in individuals with alcohol use disorders 4. Interview a patient to elicit past history, family history, medical history, personal history and premorbid history in individuals with at least one other substance use disorder 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/role play/Guided observation of consultants/ Grand rounds</p>	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS4.3	Enumerate and describe the indications and interpret laboratory and other tests used in disorders due to alcohol and other substance use	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least two indications of laboratory and other tests used in alcohol use disorders 2. Enumerate at least two indications of laboratory and other tests used in at least one other substance use disorders 	S/SH	Y	<p>Recommendation: Demonstrations</p> <p>Others: Bed-side/ simulations/ role play/guided observation of consultants</p>	OSCEs, DOPS, (Individual or group format)
PS4.4	Describe the treatment of disorders due to alcohol and other substance use including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe at least two aspects of pharmacological treatment of alcohol use disorders 2. Describe at least two aspects of pharmacological treatment of at least one other substance abuse disorders 3. Describe at least two principles of any two types of psychosocial therapies in treatment of alcohol use disorders 4. Describe at least two principles of any two psychosocial therapies in treatment of at least one other substance abuse disorder 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorials</p>	Written/Viva/MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS4.5	Demonstrate family education in a patient with disorders due to alcohol and other substance use in a simulated environment	<p><i>By the end of training the student– in a simulated environment– should be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on alcohol use disorders 2. Initiate a conversation with family members about need to educate them on at least one other substance use disorders 3. Inform the medical model and nature of diagnosis of alcohol use disorders to family members 4. Inform the nature of diagnosis of at least one other substance use disorders to family members 5. Inform at least two key aspects of treatment and prevention of alcohol use disorders 6. Inform at least two key aspects of treatment and prevention of at least one other substance use disorders to family members 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/ simulations/ role play/Guided observation of consultants/Grand rounds</p>	<p>Role-plays, OSCEs, DOPS,</p> <p>(Individual or group format)</p>

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS4.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in disorders due to alcohol and other substance use	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe at least two aspects of the pharmacologic basis of any two drugs used in treatment of alcohol use disorders 2. Enumerate and describe at least two aspects of the pharmacologic basis of any two drugs used in treatment of at least one other substance use disorder 3. Enumerate and describe at least two side effects of any two drugs used in treatment of alcohol use disorders 4. Enumerate and describe at least two side effects of any two drugs used in treatment of at least one other substance use disorder 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/tutorials</p>	Written/Viva/MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS4.7	Enumerate the appropriate conditions for specialist referral in patients with disorders due to alcohol and other substance use	By the end of training the student should 1. Mention at least two conditions for specialist referral in patients with alcohol use disorders 2. Mention at least two conditions for specialist referral in patients with substance use disorders	K/K	Y	Recommended: Lecture Others: small group discussions/ tutorials	Written/Viva/ MCQs

Section 5: Schizophrenia and Other Primary Psychotic Disorders

Number of competencies: 6

Suggested number of SLOS: 16

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS5.1	Classify and describe magnitude and etiology of Schizophrenia & other primary psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two key criteria/features used to classify schizophrenia & other psychotic disorders in ICD 10 classificatory systems. 2. Mention incidence and prevalence of Schizophrenia & other psychotic disorders in India as per NMHS 3. Describe at least two biological or pathophysiology factors implicated in aetiology of Schizophrenia & other psychotic disorders 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/ tutorials</p>	Viva/written/ MCQs
PS5.2	Enumerate, elicit, describe and document clinical features in patients with Schizophrenia & other psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/duration/ progress and course of illness clinical features of Schizophrenia & other psychotic disorders 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/role play/observation of consultants/ Grand rounds</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		<p>2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.</p> <p>3. Perform a mental status examination to assess thought, perception and affect in patients with schizophrenia & other psychotic disorders</p> <p>4. Document and present a history in patients with schizophrenia and other psychotic disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination</p>				

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS5.2	Enumerate, elicit, describe and document clinical features in patients with Schizophrenia & other psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/duration/ progress and course of illness clinical features of Schizophrenia & other psychotic disorders 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with schizophrenia & other psychotic disorders 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/role play/observation of consultants/ Grand rounds</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		4. Document and present a history in patients with schizophrenia and other psychotic disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination				
PS5.3	Describe the treatment of Schizophrenia & other psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least four class of drugs used as pharmacological treatment of Schizophrenia & other psychotic disorders 2. Describe the length of treatment and modalities to ensure adherence 3. Enumerate at least two psychosocial treatments of schizophrenia and other psychotic disorders 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS5.4	Demonstrate family education in a patient with Schizophrenia & other psychotic disorders in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment -will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on schizophrenia and other psychotic disorders 2. Inform the nature of diagnosis of schizophrenia and other psychotic disorders to family members 3. Inform at least two key aspects of treatment of schizophrenia and other psychotic disorders 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/ role play/observation of consultants/ grand rounds</p>	<p>Role-plays, OSCEs, DOPS,</p> <p>(Individual or group format)</p>
PS5.5	Enumerate and describe the pharmacologic basis and side effects of drugs used in Schizophrenia & other psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis of at least two class of drugs used in treatment of schizophrenia and other psychotic disorders 2. Describe at least two side effects of drugs used in Schizophrenia & other psychotic disorders 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	<p>Written/Viva/ MCQs</p>

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS5.6	Enumerate the appropriate conditions for specialist referral in patients with Schizophrenia & other psychotic disorders	<p><i>By the end of training the student should</i></p> <p>1. Enumerate at least two conditions for specialist referral in patients with Schizophrenia & other psychotic disorders</p>	K/K	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs

SECTION 6: Depressive Disorders

Number of competencies: 7

Suggested number of SLOs: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS6.1	Classify and describe magnitude and aetiology of Depressive disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> Describe criteria of features used to classify Depressive disorders under the ICD -10 classificatory system Mention incidence and prevalence of in India as per NMHS Describe at least 3 salient features of the biopsychosocial model of disorder 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/ tutorials</p>	Viva/written/ MCQs
PS6.2	Enumerate, elicit, describe and document clinical features in patients with depressive disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/ role play/Guided observation of consultants</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		<p>3. Perform a mental status examination to assess thought, perception and affect in patients</p> <p>4. Document and present a history in patients with depression with respect to history of present illness, past history, medical +history, family history, personal history and premorbid history and mental status examination</p>				
PS6.3	Enumerate and describe the indications and interpret laboratory and other tests used in depressive disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Mention at least two indications for performing laboratory tests</p> <p>2. Enumerate any two investigations that are to performed while evaluating such patients</p>	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/ role play/Guided observation of consultants/Grand rounds</p>	<p>OSCEs, DOPS,</p> <p>(Individual or group format)</p>
PS6.4	Describe the treatment including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Describe any two drugs class of drugs used in pharmacological treatment of depressive disorders</p> <p>2. Enumerate any two types of non-pharmacological treatments</p>	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS6.5	Demonstrate family education in a patient with depressive disorders in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on depressive disorders 2. Inform the nature of diagnosis to family members 3. Inform at least two key aspects of treatment of depressive disorders 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/ role play/Guided observation of consultants/Grand rounds</p>	<p>Role-plays, OSCEs, DOPS,</p> <p>(Individual or group format)</p>
PS6.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in depressive disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis of any two drugs used in treatment 2. Describe any two side effects of at least two drugs 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/ MCQs
PS6.7	Enumerate the appropriate conditions for specialist referral in patients with depressive disorders	<p><i>By the end of training the student should</i></p> <ol style="list-style-type: none"> 1. Enumerate any two conditions for specialist referral in depressive disorders 	K/K	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/ MCQs

SECTION 7: Bipolar Disorder

Number of competencies: 7

Suggested number of SLOS: 18

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS7.1	Classify and describe magnitude and etiology of bipolar disorder	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention criteria of features used to classify bipolar disorder under the ICD -10 classificatory system 2. Mention incidence and prevalence of bipolar disorder in India as per NMHS 3. State at least 2 factors associated with aetiology of bipolar disorder 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/tutorials</p>	Viva/written/MCQs
PS7.2	Enumerate, elicit, describe and document clinical features in patients with bipolar disorder	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/duration/progress and course of illness clinical features of bipolar disorder 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/role play/observation of consultants/ Grand rounds</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		<p>3. Perform a mental status examination to assess thought, perception and affect in patients with bipolar disorder</p> <p>4. Document and present a history in patients with bipolar disorder with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination</p>				
PS7.3	Enumerate and describe the indications and interpret laboratory and other tests used in bipolar disorder	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Mention at least two indications for performing laboratory tests in bipolar disorder</p> <p>2. Enumerate at least two investigations that are to be performed while evaluating patients with bipolar disorder and their interpretation</p>	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/role play/observation of consultants/ Grand rounds</p>	<p>OSCEs, DOPS,</p> <p>(Individual or group format)</p>
PS7.4	Describe the treatment of bipolar disorder including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Describe role of Lithium as pharmacological treatment of bipolar disorder</p>	K/KH	Y	<p>Recommended: Lecture/</p> <p>Others: small groups discussions/ tutorials</p>	Written/Viva/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		<p>2. Mention at least two other drugs used in treatment of bipolar disorder</p> <p>3. Enumerate any two non-pharmacological treatments for bipolar disorder</p>				
PS7.5	Demonstrate family education in a patient with bipolar disorder in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <p>1. Initiate a conversation with family members about need to educate them on bipolar disorder</p> <p>2. Inform the nature of diagnosis of bipolar disorder to family members</p> <p>3. Inform at least two key aspects of treatment of bipolar disorder</p>	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/role play/observation of consultants/ Grand rounds</p>	<p>Role-plays, OSCEs, DOPS,</p> <p>(Individual or group format)</p>
PS7.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in bipolar disorder	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Enumerate and describe the pharmacologic basis of any two drugs used in treatment of bipolar disorder</p> <p>2. Mention at least two side effects of at least two drugs used in bipolar disorder</p>	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorials</p>	<p>Written/Viva/ MCQs</p>

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS7.7	Enumerate the appropriate conditions for specialist referral in patients with bipolar disorder	<i>By the end of training the student should</i> 1. Enumerate at least two conditions for specialist referral in patients with bipolar disorder	K/K	Y	Recommended: Lecture Others: small group discussion/ tutorials	Written/Viva/ MCQs

Section 8: Anxiety Disorders

Number of competencies: 7

Number of SLOs: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS8.1	Enumerate and describe magnitude and aetiology of anxiety disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention criteria of features used to classify anxiety disorders under the ICD -10 classificatory system 2. Mention incidence and prevalence of anxiety in India 3. Describe at least one factor of each biological, psychological, and social model of anxiety disorder 	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs
PS8.2	Enumerate, elicit, describe and document clinical features in patients with anxiety disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/duration/ progress and course of illness clinical features of anxiety disorder 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 	S/SH	y	Demonstrations/ Bed- side/ simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		<p>3. Perform a mental status examination to assess thought, perception and affect in patients with anxiety disorder</p> <p>4. Document and present a history in patients with anxiety disorders with respect to history of present illness, past history, medical +history, family history, personal history and premorbid history and mental status examination</p>				
PS8.3	Enumerate and describe the indications and interpret laboratory and other tests used in anxiety disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Mention at least two indications for performing laboratory tests in anxiety disorders</p> <p>2. Enumerate any two investigations that are to be performed while evaluating patients with anxiety disorders</p>	S/SH	Y	Demonstrations/ Bed- side/ simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)
PS8.4	Describe the treatment of anxiety disorders including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Describe any two drugs class of drugs used in pharmacological treatment of anxiety disorders</p>	K/KH	Y	Lecture/small groups	Written/Viva/MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		2. Enumerate any two types of non-pharmacological treatments for depression				
PS8.5	Demonstrate family education in a patient with anxiety disorders in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on anxiety disorders 2. Inform the nature of diagnosis of anxiety disorders to family members 3. Inform at least two key aspects of treatment and prevention of anxiety disorders 	S/SH	Y	Demonstrations/ Bed- side/ simulations/role play/observation of consultants	Role-plays, OSCEs, DOPS, (Individual or group format)
PS8.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in anxiety disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis of any two drugs used in treatment of anxiety disorders 2. Mention any two side effects of at least two drugs used in anxiety disorders 	K/KH	Y	Lecture/small group	Written/Viva/MCQs
PS8.7	Enumerate appropriate conditions for specialist referral in anxiety disorders	<p><i>By the end of training the student should</i></p> <p>Enumerate any two conditions for specialist referral in anxiety disorders</p>	K/KH	Y	Lecture/small group	Written/Viva/MCQs

Section 9: Disorders Specifically Associated with Stress

Number of competencies: 7

Number of SLOs: 13

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS9.1	Enumerate and describe magnitude and aetiology of disorders specifically associated with stress	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention criteria of features used to classify such disorders under the current classificatory systems 2. Mention incidence and prevalence of such disorders in India 3. Mention at least one biological, psychological and social factor in aetiology of such disorder 	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs
PS9.2	Enumerate, elicit, describe and document clinical features in patients with such disorders	<p><i>By the end of the training, the student will be able to</i></p>	S/SH	y	Demonstrations/ Bed-side/ simulations/role	OSCEs, DOPS,

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		<ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/duration/ progress and course of illness clinical features of such disorders 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with such order 4. Document and present a history in patients with such disorder with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination 			play/observation of consultants	(Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS9.3	Enumerate and describe the indications and interpret laboratory and other tests used in such disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two indications for performing laboratory tests in such disorders 2. Enumerate at least two investigations that are to be performed while evaluating patients with such disorders 	S/SH	Y	Demonstrations/ Bed-side/ simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)
PS9.4	Describe the treatment of such disorders including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two classes of drugs used in pharmacological treatment of such disorders 2. Enumerate at least two types of non-pharmacological treatments for such disorders 	K/KH	Y	Lecture/small groups	Written/Viva/MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS9.5	Demonstrate family education in such a patient in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on such disorders 2. Inform the nature of diagnosis of such disorders to family members 3. Inform at least two key aspects of treatment and prevention of such disorders 	S/SH	Y	Demonstrations/ Bed- side/ simulations/role play/observation of consultants	Role-plays, OSCEs, DOPS, (Individual or group format)
PS9.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in disorders specifically associated with stress	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention the pharmacologic basis of at least two drugs used in treatment of such disorders 2. Mention any two side effects of at least two drugs used in such disorders 	K/KH	Y	Lecture/small group	Written/ Viva/MCQs
PS9.7	Enumerate appropriate conditions for specialist referral in disorders specifically associated with stress	<p><i>By the end of training the student should</i></p> <p>Mention at least two conditions for specialist referral of such disorders</p>	K/KH	Y	Lecture/small group	Written/ Viva/MCQs

Section 10: Disorders of Bodily Distress

Number of competencies: 7

Suggested number of SLOS: 19

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS10.1	Enumerate and describe the magnitude and aetiology of Disorders of Bodily distress and dissociative disorders (Somatoform and Conversion disorders in ICD 10)	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate types of disorders 2. Mention incidence and prevalence of at least two such disorders in India 3. Describe at least one biological, psychological, and social factor in the aetiology of disorders due to bodily distress 	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs
PS10.2	Enumerate, elicit, describe and document clinical features in patients with disorders of bodily distress and dissociative disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/duration/ progress and course of illness clinical features of such disorder 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with such disorder 4. Document and present a history in patients with such disorder with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination 	S/SH	y	Demonstrations/ Bed-side/ simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		<i>By the end of the training, the student will be able to</i> To document clinical features of such disorders	S/SH	y	Demonstrations/ Bed- side/ simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)
PS10.3	Enumerate and describe the indications and interpret laboratory and other tests used in such disorders	<i>By the end of the training, the student will be able to</i> 1. Mention at least two laboratory tests used to diagnose disorders of bodily distress and and dissociative disorder 2. Mention at least two indications for the laboratory used to aid diagnose such of disorders 3. Interpret above laboratory findings used to diagnose such disorders	K/KH	Y	Lecture/ Small Group/	Viva/ Written/ MCQs/
PS10.4	Describe the treatment of such disorders	<i>By the end of the training, the student will be able to</i> 1. Describe at least two key aspects of overall treatment of such of disorders 2. Mention at least two drugs used to treat such disorders 3. Mention at least one type of therapy used for treatment of such disorders	K/KH	Y	Lecture/small groups	Written/Viva/ MCQs
PS10.5	Demonstrate family education in a patient with such disorders	<i>By the end of the training, the student –in a simulated environment- will be able to</i> 1. Initiate a conversation with family members about need to educate them on such disorders 2. Inform the nature of diagnosis of such disorders to family members 3. Inform at least two key aspects of treatment and prevention of such disorders	S/SH	Y	Demonstrations/ Bed- side/ simulations/role play/observation of consultants	Role-plays, OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS10.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in such disorders	<i>By the end of the training, the student will be able to</i> 1. Mention the pharmacologic basis and side effects of two drugs used in such disorders	K/KH	Y	Lecture/small group	Written/ Viva/MCQs
PS10.7	Enumerate the appropriate conditions for specialist referral in patients with such disorders	<i>By the end of training the student should</i> Enumerate at least two conditions for specialist referral in patients with such disorders	K/K	Y	Lecture/small group	Written/ Viva/MCQs

Section 11: Personality Disorders and Related Traits

Number of competencies: 7

Number of specific learning objectives: 17

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 11.1	Enumerate and describe the magnitude and etiology of personality disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Name the two classification systems commonly used in psychiatry & the Personality Disorders listed in them 2. Mention the incidence and prevalence of Personality Disorders (Worldwide & Indian statistics) 3. State at least 2 factors associated with the aetiology of personality disorders 	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs
PS 11.2	Enumerate, elicit, describe and document clinical features in patients with personality disorders	<p><i>By the end of the training, the student will be able to interview & document</i></p> <ol style="list-style-type: none"> 1. History of present illness with respect to onset/ duration/ progress and course of illness clinical features of Personality Disorders 2. Psychiatric history with respect to past history, medical history, family history, personal history and premorbid history 3. Perform a mental status examination 4. Document and present a history in patients with Personality Disorders 	S/SH	Y	Demonstrations/ Bed- side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 11.3	Enumerate and describe the indications and interpret laboratory and other tests used in personality disorders	<i>By the end of the training, the student will be able to</i> 1. Mention at least two indications for performing laboratory tests 2. Enumerate at least two investigations that are to performed while evaluating patients	S/SH	Y	Demonstrations/ Bed- side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 11.4	Describe the treatment of personality disorders including behavioural, psychosocial and pharmacologic therapy	<i>By the end of the training, the student will be able to</i> Pharmacological treatment of personality disorders 1. Name at least 2 categories of Psychotropic Medications Psychosocial & Behavioral Treatments of personality disorders 2. Name at least 2 modalities of non-Pharmacological techniques employed in management of personality disorders	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs
PS 11.5	Demonstrate family education in a patient with personality disorders in a simulated environment	<i>By the end of the training, the student will be able to</i> Demonstrate Family Education 1. Initiate a conversation with family members about the need to educate them on Personality Disorders 2. Inform the nature of diagnosis of Personality Disorders to family members 3. Inform at least two key aspects of treatment of Personality Disorders	S/SH	Y	Demonstrations/ Bed- side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 11.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in personality disorders	<i>By the end of the training, the student will be able to</i> Enumerate and describe the pharmacologic basis 1. At least two drugs used in treatment Mention side effects 1. At least 2 side effects	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs
PS 11.7	Enumerate the appropriate conditions for specialist referral	<i>By the end of the training, the student will be able to</i> Specialist referrals 1. Enumerate at least 2 conditions for referral to specialist	K/K	Y	Lecture/ Small Group	Viva/written/ MCQs

Section 12: Psychosomatic Disorders

Number of competencies: 7

Number of SLOs:15

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 12.1	Enumerate and describe the magnitude and etiology of psychosomatic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define a 'psychosomatic disorder' 2. Enumerate any six psychosomatic conditions 3. Enumerate any two psychosomatic conditions related to dermatology & internal medicine etc. 4. Mention prevalence of various types of psychosomatic disorders 5. Describe at least two aspects pertaining to aetiology of psychosomatic disorders 	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs
PS 12.2	Enumerate, elicit, describe and document clinical features in patients with psychosomatic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview an individual to elicit at least four clinical features of psychosomatic disorders and document the same 	S/SH	Y	Demonstrations/ Bed-side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 12.3	Enumerate and describe the indications and interpret laboratory and other tests used in psychosomatic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least 4 indications for laboratory investigations in psychosomatic disorders 	S/SH	Y	Demonstrations/ Bed-side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 12.4	Describe the treatment of psychosomatic disorders including behavioural, psychosocial and pharmacologic therapy	<i>By the end of the training, the student will be able to</i> <ol style="list-style-type: none"> 1. Mention at least two drugs in each class of drugs used to treat psychosomatic disorders 2. Mention briefly at least two psychosocial treatments of psychosomatic disorders with at least four steps in each treatment 	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs
PS 12.5	Demonstrate family education in a patient with psychosomatic disorders in a simulated environment	<i>By the end of the training, the student will be able to</i> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on Psychosomatic disorders 2. Inform the nature of diagnosis of Psychosomatic disorder to family members 3. Inform at least two key aspects of treatment of Psychosomatic Disorders 	S/SH	Y	Demonstrations/ Bed- side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 12.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychosomatic disorders	<i>By the end of the training, the student will be able to</i> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis and side effects of at least two drugs per class used in psychosomatic disorders 	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs
PS 12.7	Enumerate the appropriate conditions for specialist referral in patients with psychosomatic disorders	<i>By the end of the training, the student will be able to</i> <ol style="list-style-type: none"> 2. Enumerate at least four conditions for specialist referral in patients with psychosomatic disorders 	K/K	Y	Lecture/ Small Group	Viva/written/ MCQs

Section 13: Conditions Related to Sexual Health (Psychosexual Disorders)

Number of competencies: 6

Number of SLOs: 16

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 13.1	Human sexuality	<p><i>By the end of the training, the student will be able to</i></p> <p>Demonstrate an understanding of difference between sex and gender/ biological and social construction of personhood ;</p> <p>Demonstrate an understanding of gender identity</p> <p>Demonstrate an understanding of sexual/ sexuality identity, sexual orientation, sexual desire;</p>	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs
		<p><i>By the end of the training, the student will be able to</i></p> <p>Describe the stages and differences in the human sexual cycle.</p>	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 13.2	Gender incongruence or Gender dysphoria	<p><i>By the end of the training, the student will be able to</i></p> <p>Describe differences between Gender Incongruence and Gender Dysphoria.</p> <p>Enumerate criteria to diagnose Gender Dysphoria according to the latest psychiatric classifications (refer to WPATH guidelines) and when to refer an individual to a mental health professional.</p> <p>Demonstrate in the simulated environment the ability to educate an individual and family members that Gender Incongruence by itself is not a disorder and does not require clinical intervention.</p> <p>Discuss situations where there is a role for mental health support in Gender Dysphoria i.e., discussing with family, deciding on hormonal treatments or Sex Reassignment Surgery (Gender Affirming Care or Gender Affirmative Therapies or Gender Confirmation Surgery).</p>	S/SH	Y	Demonstrations/ Bed- side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 13.3	Gender non-conformity	<p><i>By the end of the training, the student will be able to</i></p> <p>Describe and demonstrate an understanding of the differences in sex development in individuals who don't fit into the biological binary of male or female.</p> <p>Demonstrate an understanding of common myths and misconceptions about LGBTQIA + identities like Hijra, Intersex.</p> <p>Demonstrate an attitude of openness and respect for all genders and sexualities.</p> <p>Demonstrate an understanding of common psychosocial stressors faced by members of LGBTQIA+ communities in India.</p> <p>Demonstrate Knowledge about basic tenets of LGBTQIA+ affirmative counselling.</p> <p>Demonstrate in simulated environment the ability to educate and counsel individual and family members about various types of sexual orientation being normal.</p>	S/SH	Y	Demonstrations/ Bed-side/ simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 13.4	Differences of sex development (DSD) or Intersex	<p><i>By the end of the training, the student will be able to</i></p> <p>Describe and understand how to discuss sexual orientation, sexuality identity, gender identity, as well as intersex identity (differences in sex development) as part of routine history taking.</p> <p>Describe and demonstrate an understanding of the biological and gender binaries, rejection of gender binary, gender non-conforming, gender non- binary, androgynous, and other identities.</p> <p>Demonstrate in simulated environment the ability to educate and counsel individuals or family members about intersex variations, sexual orientations, sexuality identities, gender incongruence, gender dysphoria, and gender identities.</p> <p>Demonstrate knowledge that conversion therapy practices for sexual orientation or gender identity or on people with intersex variations are unethical.</p>	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS 13.5	Paraphilia and Paraphilic disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>Describe the difference between Paraphilia and Paraphilic disorder.</p> <p>Describe different paraphilias.</p> <p>Describe and discuss the importance of informed consent during any sexual interaction.</p> <p>Describe and discuss impact of personal opinions on working with people who express paraphilias.</p>	S/SH	Y	Demonstrations/ Bed- side/ simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 13.6	Sexual dysfunctions	<p><i>By the end of the training, the student will be able to</i></p> <p>Enumerate the diagnostic criteria of various sexual dysfunctions corresponding to the stages of the human sexual cycle.</p> <p>Describe the management (till the level of MBBS graduate domain) and reasons for specialist referral in cases of sexual dysfunction.</p>	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs

Section 14: Psychiatric Disorders in Childhood and Adolescence

Number of competencies: 6

Suggested number of SLOs: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS14.1	Enumerate and describe magnitude and etiology of psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least four types of psychiatric disorders occurring in childhood and four in adolescence as per Indian studies 2. Mention incidence and prevalence of at least two types of psychiatric disorders occurring in childhood and adolescence in India 3. Describe at least one biological, one psychological and one social factor associated with aetiology of common psychiatric disorders occurring in childhood and adolescence 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/tutorials</p>	Viva/written/MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS14.2	Enumerate, elicit, describe and document clinical features in patients with psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview parent/ caregiver and child with psychiatric disorder with respect to developmental history 2. Interview parent/ caregiver and child with psychiatric disorder with respect to family background and history 3. Interview parent/ caregiver and child with psychiatric disorder with respect to onset, duration and course of emotional and behavioural disturbances 4. Perform a detailed physical examination in a child with psychiatric disorder 5. Perform observation of child with psychiatric disorder 6. Document and present the aforementioned in patients with psychiatric disorder occurring in childhood and adolescence 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed- side/ simulations/ role play/ Guided observation of consultants/ Grand rounds</p>	OSCEs, DOPS, Case based discussions (Individual or group format)

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS14.3	Describe the treatment of psychiatric disorders occurring in childhood and adolescence including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two drugs used in treatment of psychiatric disorders occurring in childhood and adolescence 2. Enumerate any two non-pharmacological or behaviour therapies as part of treatment of psychiatric disorders occurring in childhood and adolescence 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small groups discussion/ tutorial</p>	Written/Viva/MCQs
PS14.4	Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on psychiatric disorders occurring in a child or adolescent 2. Inform the nature of diagnosis to family members 3. Inform at least two key aspects of treatment of psychiatric disorders occurring in a child or adolescent 	S/SH	Y	Demonstrations/ Bed- side/ simulations/ role play/Guided observation of consultants	Role-plays, OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS14.5	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis of any two drugs used in psychiatric disorders occurring in childhood and adolescence 2. Describe at least two adverse effects of at least two drugs used in psychiatric disorders occurring in childhood and adolescence 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorial</p>	Written/Viva/ MCQs
PS14.6	Enumerate the appropriate conditions for specialist referral in patients with psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of training the student should</i></p> <ol style="list-style-type: none"> 1. Enumerate any two conditions for specialist referral in psychiatric disorders occurring in childhood and adolescence 	K/K	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorial</p>	Written/Viva/ MCQs

Section 15: Disorders of Intellectual Development (Mental Retardation)

Number of competencies: 4

Suggested number of SLOs: 12

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS15.1	Describe magnitude and etiology of Disorders of Intellectual Development (Mental Retardation)	<i>By the end of the training, the student will be able to</i> 1. Classify severity of such disorders 2. Describe incidence and prevalence in India according to recent findings 3. Describe at least 2 factors associated with aetiology	K/KH	y	Recommended: Lecture Others: Small Group discussions/ tutorials	Viva/written/ MCQs
PS15.2	Describe intelligence quotient and its measurement	<i>By the end of the training, the student will be able to</i> 1. Define intelligence quotient 2. Describe any two tests used in the measurement of intelligence quotient	K/KH	Y	Recommended: Lecture Others: Small Group discussions/ tutorials	Viva/written/ MCQs
PS15.3	Elicit and document a history and clinical examination and choose appropriate investigations in a patient with disorders of intellectual development	<i>By the end of the training, the student will be able to</i> 1. Interview parent/ caregiver and child with respect to developmental history 2. Interview parent/ caregiver of a child with psychiatric disorder with respect to presence of any behavioural problems 3. Perform a detailed physical examination in such a child 4. Perform observation of such a child 5. Document and report on the aforementioned 6. Mention at least two investigations in a child/adolescent with disorders of intellectual development	S/SH	y	Recommended: Demonstrations Others: Bed-side/simulations/ role play/ Guided observation of consultants	OSCEs, DOPS, Case based discussions (Individual or group format)

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS15.4	Describe the psychosocial interventions and treatment used in disorders of intellectual development	<i>By the end of the training, the student will be able to</i> 1. Mention at least two the psychosocial interventions used in such disorders	K/KH	Y	Recommended: Lecture Others: small group discussions/ tutorials	Written/ Viva/MCQs

Section 16: Psychiatric Disorders in Elderly

Number of competencies: 5

Number of SLOs: 13

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
16.1	Enumerate and describe common psychiatric disorders occurring in elderly including depression, dementia and psychosis	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least three common psychiatric disorders occurring in elderly including depression, dementia and psychosis 	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs
16.2	Describe etiology and magnitude of psychiatric disorders in elderly	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 2. Define dementia 3. Describe prevalence, clinical features of dementia in India 4. Describe three common causes of dementia 5. Describe one factor in aetiology of other psychiatric illnesses in elderly 6. Describe prevalence of at least three common psychiatric illnesses in elderly (besides dementia) 7. Enumerate one biological, one psychological and one social aetiological factor in common psychiatric illnesses in elderly (besides dementia) 	K/KH	Y	Lecture/ Small Group	Viva/written/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
16.3	Describe therapy of psychiatric illnesses in elderly including psychosocial and behavioural therapy	<p><i>By the end of the training, the student will be able to</i></p> <p>8. Describe at least two aspects in overall pharmacological management of dementia and two medications used in other common psychiatric illnesses in elderly</p> <p>9. Enumerate two non-pharmacological therapies for dementia and other psychiatric illnesses in elderly</p>	K/KH	y	Lectures/small group	Viva/written/MCQs
16.4	Demonstrate family education in a simulated environment in a patient with psychiatric disorders occurring in the elderly	<p><i>By the end of the training, the student – in a simulated environment- will be able to</i></p> <p>10. Initiate a conversation with family members about need to educate them on psychiatric disorders occurring in elderly</p> <p>11. Inform the nature of diagnosis to family members</p> <p>12. Inform at least two key aspects of treatment and prevention of psychiatric disorders occurring in elderly</p>	S/SH	Y	Demonstrations/ Bed- side/ simulations/ role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
16.5	Enumerate appropriate conditions for specialist referral in elderly individuals with common psychiatric illnesses	<i>By the end of the training, the student will be able to</i> 13. List two conditions for specialist referral in elderly individuals with common psychiatric illnesses	K/KH	Y	Lecture/small groups	Written/Viva/MCQs

Section 17: Psychiatric Emergencies

Number of competencies:3

Number of SLOs:9

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS17.1	Enumerate and describe the recognition and clinical presentation of psychiatric emergencies (Suicide, Deliberate Self Harm, Violent behaviour)	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least three types of Psychiatric Emergencies 2. Describe Clinical presentation and two features to aid diagnosis of patients with thoughts of Suicide 3. Describe Clinical presentation and two features to aid in recognizing patients of Deliberate Self harm 4. Describe Clinical presentation and two features to aid in recognizing patients with Violent behaviour 	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs
PS17.2	Describe the initial stabilisation and management of psychiatric emergencies	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe two principles of initial stabilisation and management of psychiatric emergencies 2. Describe three steps in initial stabilisation and management of Suicide Attempts 3. Describe three steps in initial stabilisation and management of Deliberate Self harm 4. Describe three steps in initial stabilisation and management of Violent behaviour 	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS17.3	Enumerate the appropriate conditions for specialist referral in patients with psychiatric emergencies	<i>By the end of the training, the student will be able to</i> 1. Enumerate two appropriate conditions for specialist referral in patients with psychiatric emergencies	K	y	Lecture/ Small Group	Viva/written/ MCQs

Section 18: Therapeutics

Number of competencies: 3

Number of SLOs: 7

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS18.1	Enumerate the indications and describe the pharmacology, dose and side effects of commonly use drugs in psychiatric disorders	<i>By the end of the training, the student will be able to</i> 1. Enumerate the different classes of drugs used in treatment of psychiatric disorders and their mechanism of action 2. Enumerate at least two examples of each class of drug, their dose range and at least 2-3 specific side effects	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs
PS18.2	Enumerate indications for modified ECT	<i>By the end of the training, the student will be able to</i> Enumerate the three common indications for modified ECT	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs
PS18.3	1. Enumerate and describe the principles and role of psychosocial interventions in psychiatric illness including psychotherapy, behavioural therapy and rehabilitation	<i>By the end of the training, the student will be able to</i> 1. Enumerate at least three psychosocial interventions 2. Enumerate at least 3 common principles of psychological therapies and mention at least 3 techniques used. 3. Enumerate at least 3 principles of behaviour therapy and mention at least 3 techniques used. 4. Mention at least three techniques used in rehabilitation of patients	2. K	3. y	4. Lecture/ 5. Small 6. Group	7. Viva/ written/ MCQs

Section 19: Topic: Miscellaneous

Number of competencies:1

Number of SLOs:11

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
PS19.1	Describe relevance, role and status of community psychiatry	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define Community Psychiatry. 2. Describe the relevance of community Psychiatry in India in 6-8 points which may include Prevalence of Mental Health Disorders in India, The Age group Affected, Gender Difference, The Disability associated with mental health disorders, The co-morbidities associated with Mental Health disorders, The availability of trained mental health professionals, The Preventive measures and Primary care of Mental Health Conditions etc 3. Describe the National Mental Health Program in 6- 8 Points (as provided by Government of India) 4. Enumerate and describe salient features of MHCA 2017 5. Describe any 2 Legal and ethical Issues in Psychiatry (each issue in 3-4 sentence) 6. Enumerate Indian Laws in relation to 	K/KH	y	Lecture/ Small Group	Viva/written/ MCQs

No	Competency	Specific Learning objective	Domain/ level	core	T/L method	Assessment
		7. Describes any 4 salient features of Prevalent Mental Health Law (MHCA) 8. Define Preventive Psychiatry 9. Enumerates any 4 principles of Positive Mental Health 10. Enumerates any 4 strategies for Community Education in relation to Mental Health Conditions 11. Enumerates any 4 Clinical features of Mental Health During Disaster 12. Describe any 4 Principals for Participatory Management of Mental health During Disaster.				

Lesson Plans

It is essential for medical teachers to plan their lectures and demonstrations beforehand. This helps in ensuring that medical students enjoy learning medicine. While the current clinical case load and administrative responsibilities across medical colleges could act as challenges for teachers to maintain an exclusive focus on medical teaching, tools like lesson plans could help in implementation of Competency Based Medical Education Curriculum.

A lesson plan is a document that serves as guide for teachers to achieve the prescribed learning outcomes. It has details on topic, time duration, outcomes, teaching learning methods and resources required to achieve these outcomes.

The current draft manual has sample lesson plans for most of the prescribed competency topics in current CBME curriculum. These lesson plans are for theory as well as clinical postings. These lesson plans are intended to help new teachers structure and plan for their classes and demonstrations. They also have a sample feedback form.

These lesson plans are not mandatory and intend to serve as a teaching aid.

LESSON PLAN FOR LECTURE ON 'SUBSTANCE USE DISORDERS' (ALCOHOL)

1. General Information

Domain: Knowledge

Level of proficiency: Knows How'

Time: 60 minutes

Number of students: 60-250

2. **Overview:** By the end of the session students will know about the magnitude & aetiology of Alcohol and Substance use disorders, its treatment options including behavioral management, drugs used for management, their basis & side effects & conditions requiring referral to a specialist. This will incorporate sections of suggested CBME curriculum namely PS 4.1, PS 4.4, PS 4.6 and PS 4.7.
3. **Outcomes:** At the end of the Teaching-Learning session, students will learn the following:
 - Magnitude of alcohol and substance use disorders
 - Aetiology of alcohol and substance use disorders
 - Behavioural management of alcohol and substance use disorders
 - Drugs used in treatment of alcohol and substance use disorders
 - Indications of referral to specialist psychiatrist.
4. **Assessment:** Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva
5. **Teaching Learning methods:** Lecture, small group discussions, tutorials
Equipment: PowerPoint slides, LCD projector, handouts, adequate room with enough seating space
Facilitators: At least one facilitator with 2-3 to help out
6. Plan of conducting the session

SLOs	Topic to covered	Teaching Learning techniques	Time
1	Magnitude of alcohol and other substance use disorders	Quote findings from NMHS and other similar surveys from India and rest of the world	5 min
2	Etiology of alcohol and other substance use disorders	Describe the aetiology	15-20 min
3	Behavioural management of alcohol and other substance use disorders	Describe the principles with examples	15 min
4	Drugs used in treatment of alcohol and other substance use disorders	List out the drugs and describe at least two of them	10 min

7. **Q&As and Feedback:** Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about etiology, and treatment of alcohol and other substance use disorders.

LESSON PLAN FOR CLINICAL POSTING ON 'SUBSTANCE USE DISORDERS'

1. **General Information Domain:** Shows
Level of proficiency: Shows
Time: 180 minutes
Number of students: 10-40
2. **Overview:** Students will learn about the techniques to interview patients with substance use disorders as part of their clinical posting. They will also learn to elicit symptoms of substance use disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient. This will incorporate sections of suggested CBME curriculum namely PS4.2 & PS4.3. It is to be noted that PS4.5 which incorporates family education in substance use disorders has been covered in a separate posting which will require a separate lesson plan.
3. **Outcomes:** At the end of the Teaching-Learning session, students will learn the following:
 - Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Substance-use disorders
 - Interview a patient with substance use disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
 - Perform a mental status examination to assess thought, perception and affect in patients with substance use disorders
 - Document and present a history in patients with substance use disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
 - Describe at least two indications for performing laboratory tests for patients with substance use disorders
 - Enumerate any two investigations that are to be performed while evaluating patients with substance use disorders
4. **Assessment:** Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.
5. **Teaching Learning methods:** Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.
Equipment & Resources: Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays
Facilitators: At least one facilitator with 2-3 to help out
6. **One suggested plan of conducting the session**

SLOs	Topic to covered	Teaching Learning techniques	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Substance- use disorders	Demonstration	5-10 min
2	Interview a patient with Substance-use disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration	10-20 min

SLOs	Topic to covered	Teaching Learning techniques	Time
3	Perform a mental status examination to assess thought, perception and affect in patients with substance-use disorders	Demonstration	10-20 min
4	Document and present a history in patients with substance-use disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination	Using students as volunteers to demonstrate	10-20 min
5	Describe at least two indications for performing laboratory tests for patients with substance-use disorders	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with substance-use disorders	Demonstration	5 min

- 7. Q&As and Feedback:** Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

LESSON PLAN FOR LECTURE CLASS ON 'PSYCHOTIC DISORDERS'

1. General Information Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. **Overview:** By the end of the session students will know about the magnitude & etiology of psychotic disorders, its treatment options including behavioral management, drugs used for management, their basis & side effects & conditions requiring referral to a specialist. This will incorporate sections of suggested CBME curriculum namely PS 5.1, PS 5.3, PS 5.5 and PS 5.6.
3. **Outcomes:** At the end of the Teaching-Learning session, students will learn the following:
- Magnitude of schizophrenia and other psychotic disorders
 - Criteria for schizophrenia and other psychotic disorders according to ICD-10
 - At least 2 biological factors implicated in aetiology of schizophrenia and other psychotic disorders
 - Describe at least four types of drugs used in treatment of schizophrenia and other psychotic disorders
 - Names of at least two types of psychosocial treatments in schizophrenia
 - Indications of referral to specialist psychiatrist.
4. **Assessment:** Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva
5. **Teaching Learning methods:** Lecture, small group discussions, tutorials
Equipment: PowerPoint slides, LCD projector, handouts, adequate room with enough seating space
Facilitators: At least one facilitator with 2-3 to help out
6. **Plan of conducting the session**

SLOs	Topic to covered	Teaching Learning techniques	Time
1	Magnitude of schizophrenia and other psychotic disorders	Quote findings from NMHS and other similar surveys from India and rest of the world	5 min
2	Criteria used in diagnosis of schizophrenia and other psychotic disorders	List and explain the ICD- 10 guidelines needed to make a diagnosis of schizophrenia, schizoaffective, persistent delusional disorder and acute and transient psychotic disorders	10-15 min
3	Etiology of schizophrenia and other psychotic disorders	Describe at least 2 biological factors associated with aetiology of schizophrenia and other psychotic disorders	10-15 min
4	Drugs used in treatment of schizophrenia and other psychotic disorders	Describe at least 4 classes of antipsychotics, describe mechanism of action of at least 2 antipsychotics, describe side-effects of at least 2 antipsychotics	10-15 min
5	Duration of treatment and psychosocial interventions	List out the duration of treatment for schizophrenia Describe importance of adherence and strategies to ensure the same List out at least 2 psychosocial interventions	5-10 min

7. **Q&As and Feedback:** Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about etiology, and treatment of schizophrenia and other psychotic disorders

LESSON PLAN FOR CLINICAL POSTING ON 'PSYCHOTIC DISORDERS'

1. **General Information Domain:** Shows
Level of proficiency: Shows
Time: 180 minutes
Number of students: 10-40
2. **Overview:** Students will learn about the techniques to interview patients with psychotic disorders as part of their clinical posting. They will also learn to elicit symptoms of psychotic disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient. This will incorporate sections of suggested CBME curriculum namely PS5.2. It is to be noted that PS5.4 which incorporates family education in psychotic disorders has been covered in a separate posting which will require a separate lesson plan.
3. **Outcomes:** At the end of the Teaching-Learning session, students will learn the following:
 - Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Schizophrenia and psychotic disorders
 - Interview a patient with schizophrenia and psychotic disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
 - Perform a mental status examination to assess thought, perception and affect in patients with schizophrenia and psychotic disorders
 - Document and present a history in patients with schizophrenia and psychotic disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
 - Describe at least two indications for performing laboratory tests for patients with schizophrenia and psychotic disorders
 - Enumerate any two investigations that are to be performed while evaluating patients with schizophrenia and psychotic disorders
4. **Assessment:** Assessment will be done in form of OSCEs, OSLERs, DOPS or case-based discussions in individual or group formats.
5. **Teaching Learning methods:** Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.
Equipment & Resources: Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays
Facilitators: At least one facilitator with 2-3 to help out
6. **One suggested plan of conducting the session**

SLOs	Topic to covered	Teaching Learning techniques	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of schizophrenia and psychotic disorders	Demonstration	5-10 min
2	Interview a patient with Schizophrenia and psychotic disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration	10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with schizophrenia and psychotic disorders	Demonstration	10-20 min

SLOs	Topic to covered	Teaching Learning techniques	Time
4	Document and present a history in patients with schizophrenia and psychotic disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination	Using students as volunteers to demonstrate	10-20 min
5	Describe at least two indications for performing laboratory tests for patients with schizophrenia and psychotic disorders	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with schizophrenia and psychotic disorders	Demonstration	5 min

7. **Q&As and Feedback:** Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

LESSON PLAN FOR LECTURE CLASS ON 'DEPRESSIVE DISORDERS'

1. General Information Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview: Students will learn about the magnitude and aetiology of depression, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about various neuroanatomical correlates of depression, diagnostic guidelines and types of anti-depressants. This will incorporate sections of suggested CBME curriculum namely PS6.1, PS6.4, PS6.6, PS6.7

3. Outcomes: At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of depression in India and rest of the world
- Biopsychosocial model of depression
- Guidelines and criteria used to make a diagnosis of depression
- Students will be able to describe any two drug classes used in pharmacological management of depression
- Students will be able to describe and identify any two side effects of at least two drugs used to manage depression. (As the DMHP program uses SSRIs and TCAs, these would be the suggested drugs. However individual centres can take a decision according to their patient profile.)
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of depression
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment: Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods: Lecture, small group discussions, tutorials

Equipment: PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators: At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching Learning techniques	Time
1	Prevalence and incidence of depression in India and rest of the world	Ask students about their awareness of the same and then provide information	5 min
2	Biopsychosocial model of depression	Describe and discuss biopsychosocial model	10 min
3	Guidelines and criteria used to make a diagnosis of depression	Discuss the criteria used to make diagnosis of depression	10 min
4	Describe any two drug classes used in pharmacological management of depression	Describe and discuss any two drugs used in pharmacological management of depression	5 min
5	Identify any two side effects of at least two drugs used to manage depression.	Name and discuss any two side-effects of at least two drugs used in management of depression	5 min

SLOs	Topic to covered	Teaching Learning techniques	Time
6	Enumerate any two types of non-pharmacological treatments used in management of depression	Name any two types of non-pharmacological treatments in treatment of depression and discuss them	5 min
7	Identify any two conditions which would require a referral to specialist psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min

LESSON PLAN FOR CLINICAL POSTING ON 'DEPRESSIVE DISORDERS'

1. General Information Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview: Students will learn about the techniques to interview patients with depression as part of their clinical posting. They will also learn to elicit symptoms of depression while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient. They will also learn to perform a suicide risk assessment in patients with depression.

This will incorporate sections of suggested CBME curriculum namely PS6.2 & PS6.3. It is to be noted that PS6.5 which incorporates family education in depression has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes: At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Depression
- Interview a patient with depression to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with depression
- Document and present a history in patients with depression with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with depression
- Enumerate any two investigations that are to be performed while evaluating patients with depression

4. Assessment: Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods: Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources: Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators: At least one facilitator with 2-3 to help out

6. One suggested plan of conducting the session

SLOs	Topic to covered	Teaching Learning techniques	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Depression	Demonstration	5-10 min
2	Interview a patient with depression to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration	10-20 min

SLOs	Topic to covered	Teaching Learning techniques	Time
3	Perform a mental status examination to assess thought, perception and affect in patients with depression	Demonstration	10-20 min
4	Document and present a history in patients with depression with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination	Using students as volunteers to demonstrate	10-20 min
5	Describe at least two indications for performing laboratory tests for patients with depression	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with depression	Demonstration	5 min

END OF POSTINGS ASSESSMENT IN PSYCHIATRY (Phase 3 Part 1 and Part 2 of MBBS) OSCE (Simplified format)

Phase 3 Part 1

Stations

1. History taking (Specific tasks like 'Establish rapport and elicit chief complaints, HOPI & family history') – 10 minutes (10 marks)
2. Mental status examination (Specific tasks like 'Demonstrate mental status examination under headings of general appearance & behaviour, thought and mood') – 5 minutes (10 marks)
3. *Viva Voce* – 5 minutes (5 marks)

Phase 3 Part 2

Stations

4. History taking (Specific tasks like 'Establish rapport and elicit chief complaints, HOPI & family history') – 10 minutes (10 marks)
5. Mental status examination (Specific tasks like 'Demonstrate mental status examination under headings of general appearance & behaviour, thought and mood') – 5 minutes (10 marks)
6. Family education (Overview of disorder, causes, clinical features, interpretation of investigations, diagnosis, treatment options, prognosis, follow up, addressing of queries, etc) – 5 minutes (5 marks)

Checklist for the OSCE Stations

1. History taking (10 marks)
 - a. Greeting the patient/informant
 - b. Establishing rapport
 - c. Listening skills
 - d. Gathering information - Component 1 (e.g. chief complaints)
 - e. Gathering information - Component 2 (e.g. HOPI)
 - f. Gathering information - Component 3 (e.g. family history)
 - g. Verbal communication (tone, pace etc)
 - h. Nonverbal communication (eye contact, posture etc)
 - i. Using non-technical terms
 - j. Summarizing skills
2. Mental status examination (10 marks)
 - a. Greeting the patient/informant
 - b. Establishing rapport
 - c. Listening skills
 - d. Gathering information - Component 1 (e.g. Thought)
 - e. Gathering information - Component 2 (e.g. Mood)
 - f. Gathering information - Component 3 (e.g. Perception)
 - g. Verbal communication (tone, pace etc)
 - h. Nonverbal communication (eye contact, posture etc)
 - i. Using non-technical terms
 - j. Summarizing skills

3. Family education (5 marks)
 - a. Overview of disorder & Causes
 - b. Clinical features
 - c. Diagnosis
 - d. Treatment options
 - e. Addressing the queries

Phase 3 Part 1 (Case Scenarios)

Case Scenario 1.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and family history. Demonstrate mental status examination under headings of general appearance & behaviour, thought and mood.

Case Description:

An unmarried female aged 30 years educated upto II PUC from XYZ village has anxiety symptoms since 1 year. He is the only daughter for her parents and they are looking for marriage alliances. She is always tensed and keeps worrying about negative things and is not able to relax for most part of the day. She worries that her parents might get COVID and she might meet with accident while going on road. She thinks that she would be subjected to tests and adverse results would come hampering his marriage prospects. She agrees that she is unnecessarily getting anxious about many things. When she is anxious, she doesn't enjoy things. Her friends have noticed her to be restless and fidgety most of the time. Family history of hypothyroidism in mother.

Key: Generalized Anxiety Disorder

Case Scenario 2.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and personal history. Demonstrate mental status examination under the headings Thought, perception and other cognitive functions.

Case Description:

A married male aged 40 years studied up to 4th STD and from ABC city presents with history of consuming alcohol daily for 10 years. He is having sleep disturbance and tremors since yesterday. He has quit alcohol 2 days back. He has become disoriented to time place and person. He imagines himself to be at his field and doing agricultural activities. He doesn't remember what he ate in the morning. He has difficulty remembering things of recent past.

He has loss of concentration and has to be brought back into conversation again and again. He is scared that police are behind him to arrest to torture though it's not true. Family history of alcohol and tobacco dependence in father and multiple cousins. He used to drink around 360 ml of whisky per day. He has craving for alcohol throughout the day and is not bothered much about his family (spouse and children). He had vomiting of blood 1 year back and had stopped drinking for 6 months. But has restarted following death of father. Now he has lost control over how much and how long he drinks.

Key: Alcohol Dependence Syndrome with Delirium

Case Scenario 3.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and personal history. Demonstrate mental status examination under the heading general appearance & behaviour, thought, and mood.

Case Description:

A female aged 45 years educated upto BSc degree and clerk by occupation, from PQR town experiencing low mood, loss of interest in activities since 2 months following death of her husband due to COVID-19. She looks dull, putting her head down, not making proper eye contact, sits quietly, speaks in low tone and slowly only on asking question. Not interested in surrounding but speaks relevantly and coherently to the questions asked. Has low self-esteem, death wishes, ideas of hopelessness and worthlessness. She has attained menopause 6 months back. She is known hypertensive on medications. Family history of depression and completed suicide in her elder sister.

Key: Major Depressive Disorder

Case Scenario 4.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and past history. Demonstrate mental status examination under the headings Speech, thought and mood.

Case Description:

A married male aged 35 years studied up to B.E working as software professional in a city experiencing unusual happiness, increased energy levels, decreased need for sleep, talking great about himself since 2 weeks following death of his wife in a road traffic accident.

Looks hyperactive, overtalkative, overfamiliar with examiner. He reports of possessing special powers to make dead people alive again. Says his mood is superb and nothing can make him sad or tensed. Feels on top of the world and has attained ultimate state of mind in life. Similar behaviours had happened 5 years back and treatment at NIMHANS. But he continued medications only for about one month and stopped. He is known to be a smoker since 5 years and occasional consumer of cannabis.

Key: Bipolar Affective Disorder

Case Scenario 5.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and premorbid personality. Demonstrate mental status examination under the headings Thought, perception and mood.

Case Description:

An unmarried female aged 25 years educated up to MBBS, private practitioner has been hearing voices of unknown people when alone since 2 months. It all started following an incident wherein a child died at her hospital in spite of treatment. The voices are not heard by other family members. She reports of voices commenting about her activities and threatening her to kill for most part of the day when awake. Since about 1 month she has started to believe that her neighbours

are trying to hatch plans to finish her. Hence, she is afraid of going out and locks herself in her house. She does not get convinced about no such happenings when reassured by her own family members. No history of any substance abuse.

Key: Schizophrenia

Phase 3 Part 2 (Case Scenarios)

Case Scenario 1.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and premorbid personality. Demonstrate mental status examination under headings of general appearance & behaviour, thought and mood.

Case Description:

An unmarried female aged 30 years educated up to 6th std from XYZ village has been brought by her parents with complaints of episodes of jerky movements of limbs and unawareness for about 30 min since 2 weeks. But there was no history of tongue bite or passing urine/stools in clothes. CT brain and EEG revealed no abnormalities. She had her marriage alliance cancelled 2 weeks back. Those episodes used to happen mostly when her family members were around. Her family members were scared and cared for her so much that they did whatever she said after those episodes. Since she was a kid, she was sensitive to setbacks.

She used to throw tantrums on refusing his demands and had food refusal till her demands were met. She is the only daughter and is unemployed, living on the earnings of her father. She appears a bit dull and is preoccupied about the cancellation of marriage alliance. She feels hopeless and wishes to die rather than face the situations.

Key: Dissociative Disorder

Case Scenario 2.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and personal history. Demonstrate mental status examination under the headings Thought, perception and other cognitive functions.

Case Description:

A married male aged 40 years studied up to 4th STD and from QRS town presents with history of irritability, abusive behaviour towards family members since 2 months. He had met with Road-Traffic Accident (RTA) 3 months back and was operated to remove the clot in the brain. Since then, he also has short term memory loss and keeps forgetting things like what he had for breakfast and whom he talked to in the morning. He has been consuming alcohol daily for 10 years. He used to drink around 360 ml of whisky per day. He had craving for alcohol throughout the day. He had vomiting of blood 1 year back. But he continued drinking and had this RTA under the influence of alcohol. He firmly believes that his family members are hatching plans to kill him and he keeps hearing their voices in their absence telling him to commit suicide. None of his family members corroborate this and they feel everything is his imagination.

Key: Organic Psychosis

Case Scenario 3.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and family history. Demonstrate mental status examination under the heading general appearance & behaviour, thought, and mood.

Case Description:

A female aged 35 years educated up to BSc degree and clerk by occupation, from XYZ town experiencing low mood, loss of interest in activities since 2 months. On probing further, she reveals that since 6 months she has repetitive thoughts of being contaminated by germs and keeps washing her hands repetitively. She agrees that it is irrational and not needed but ends up doing again and again. She mentions that she has silly doubts of whether she has locked the door or not, switched off the lights or not and has repetitive checking. In spite of that she is not convinced. She looks dull, putting her head down, not making proper eye contact. Speaks in low tone. She has low self-esteem, death wishes, ideas of hopelessness and worthlessness. Family history of depression and completed suicide in her elder sister.

Key: Obsessive Compulsive Disorder

Case Scenario 4.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and past history. Demonstrate mental status examination under the headings Speech, thought and mood.

Case Description:

A recently married woman aged 28 years studied up to B.E working as software professional in a city brought by her mother with complaints of lack of desire and actually aversion to sexual relationship with the husband. Privately she also reveals that she had childhood sexual abuse by her relative and since then has never liked such intimacy. Though she reports that her husband cares for her but somehow develops spasm of pelvic muscles during intercourse and hence marriage is not consummated. She confesses that she has rather sexual desire towards females but hesitates to discuss with her parents due to societal mindset. She has lot of distress due to these issues and feels sad.

Key: Vaginismus

Case Scenario 5.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and past history. Demonstrate mental status examination under the headings Thought, perception and mood.

Case Description:

An unmarried male aged 25 years educated upto MBBS, preparing for his NEET exams has been having gastrointestinal disturbances since 2 months. He has loose stools and at times hard stools particularly with some stressors back at home. He is being indirectly pressurized to get married early which he is resisting. He has bloating sensation in abdomen after having meals and feels the urge to pass stools within few minutes of eating food. On probing further, he also says he becomes anxious about his health quite frequently since 2-3 years. On developing some symptoms like

palpitations, he fears that he has heart related condition and gets ECG, ECHO. One year back he was so distressed about acquiring AIDS upon getting needle prick during internship that he got HIV tested many a times and was not ready to believe in reassurances offered by consultants. He attributed his fatigue, weight loss during that time to the feared illness and had crying spells. Currently he is preoccupied that he has stomach cancer and has become hopeless and sad.

Key: Irritable Bowel Syndrome / Hypochondriasis

Case Scenario 6.

Tasks for Students:

Establish rapport and elicit chief complaints, HOPI and premorbid personality. Demonstrate mental status examination under the headings Thought, perception and mood.

Case Description:

An unmarried female aged 23 years educated up to BSc in nursing has come along with her mother. She has hurt herself by slashing the forearm with knife 2 days back. She had broken relationship with a boy 1 week back and her family members were against the relationship which had happened in short span of 1 month. She is threatening to harm herself if her demands are not met. Even as a kid she had difficulty in coping with physical separation from people she loved like elder sister going to residential hostel, uncle moving out of their house upon completing education etc. According to her mother she has always been sensitive and impulsive. She had frequent mood swings and had frequent quarrels with friends. She had extremes of emotions for same person at times liking them the most and sometimes hating the most. She is sad currently and says she never had any meaning to her life. She also says she loses control over how she behaves during those emotional moments. She has many cut scar marks over forearm.

Key: Borderline Personality Disorder

Structured Essay

Student name: _____

Examiner name: _____

Date: _____

Grades: _____

Passed exceptionally: above 60% Passed: 50-60%

Failed: below

Checklist

1. Is the essay between 250 and 500 words?
2. Is the topic clearly identified in the introduction?
3. Is there an introduction, body, and conclusion in the essay?
4. Is the opinion clear in the introduction and conclusion?
5. Is each paragraph related to the topic?
6. Are there examples, reasons and/or figures pertaining to the topic?
7. Is the grammar adequate for the essay?

Illustration

Competency: Psychiatric disorders in elderly Specific learning objective:

1. Common psychiatric disorders including dementia, depression & psychosis
2. Magnitude & etiology
3. Therapy in elderly
4. Conditions for specialist referral

OSLER Format for Case Vignette

Student name: _____

Examiner name: _____

Date: _____

Grades: _____

Passed exceptionally: above 60% Passed: 50-60%

Failed: below 5

Checklist

Presentation of History

Pace/clarity

Communication process

Systematic presentation

Correct facts established.

Examination

Systematic Technique

Correct findings established

Appropriate investigations/clarifications

Appropriate management.

Clinical acumen

Illustration of Use of OSLER in Clinical Posting

Competency: Substance use disorders

Specific Learning objective:

1. Describe, elicit & document clinical features of alcohol use disorders
2. Enumerate, describe, and interpret laboratory investigations in such patients

Case Vignette

30-year-old unemployed male individual presented to the out-patient department with history of alcohol consumption over the last 10 years and seizures 2 days ago. Take a detailed history of alcohol use and establish dependence.

Points for OSLER Checklist

Presentation of history

Pace/clarity: pace of presentation refers to rate of speech with appropriate pauses and ease with which examiner can follow.

Communication process: this refers to the whether the candidate can communicate with the examiner and communicate with the simulated/real patient to take a history and perform a mental status examination.

Systematic presentation: this refers to order of history and all subheadings. In case of substance use, whether frequency, problem drinking, last drink and amount of drinking, history regarding complicated withdrawal and relevant negative history amongst others

Correct facts established: dependence criteria, comorbid diagnoses.

Examination

Systematic: Mental status examination and its various headings Technique: Use of appropriate questions to elicit phenomena Correct findings established: justification for established phenomena.

Appropriate investigations/clarifications: follow-up questions for phenomena along with laboratory and radiology investigations

Clinical acumen: Diagnostic formulation with differential diagnoses Appropriate management: clinical management

Reference:

Ponnamperuma GG, Karunathilake IM, McAleer S, Davis MH. The long case and its modifications: a literature review. Medical education. 2009 Oct;43(10):936-41.

DEPARTMENT OF PSYCHIATRY

Elective module on “Addiction medicine”

Template for planning learning experiences in elective module of Addiction medicine

Name of Block	Block - 2
Name of Elective	Addiction medicine
Location of hospital, lab or research facility	Department of Psychiatry, AAA Institute of medical sciences
Name of internal preceptor(s)	Coordinator: Dr. XXX, Professor & Head Facilitator 1: Dr YYY, Assoc. Professor Facilitator 2: Dr. ZZZ, Asst. Professor Facilitator 3: Dr. PPP, Senior Resident
Name of external preceptor (if any)	Facilitator 4: Dr.QQQ, Additional Professor, RRR Institute of medical sciences
Learning objectives of the elective	<ul style="list-style-type: none"> • To describe the pathophysiological and clinical correlates as they apply to the care of patients with various addiction disorders • To explain the biopsychosocial model of causation of addiction disorders and diagnosing the patients as per ICD-11 criteria • To provide care for patients with Addiction disorders (alcohol, tobacco, cannabis, behavioural addictions etc) in a supervised environment • To counsel patients and family members about deaddiction approach and treatment appropriately • To function effectively as a team member in a multidisciplinary team managing addiction disorders
Number of students that can be accommodated in this elective	06-08
Pre-requisites for the elective	<p>Selection of candidates for the electives is based on the following pre-requisites</p> <ul style="list-style-type: none"> • Successful completion of clinical postings in psychiatry with basic skills in history taking and mental status examination. • Knowledge of common substances of abuse in terms of metabolism, harmful effects etc.
Learning resources for students	<ul style="list-style-type: none"> • Substance use disorder - Manual for physicians by The Drug Dependence Treatment Centre, AIIMS, New Delhi • Kaplan and Sadock's synopsis of Psychiatry, 12th edition • Motivational Enhancement Therapy with Drug Abusers by William R. Miller, Ph.D., The University of New Mexico

List of activities in which the student will participate	<ul style="list-style-type: none"> • Participate in OP and IP rounds • Participate in afternoon teaching sessions of the department (Seminar, journal clubs, case presentations) • Present at least five cases that are fully worked up in the teaching sessions • Participate in patient/family education and Psychosocial therapy sessions
Portfolio entries required	<ul style="list-style-type: none"> • Assignments provided • Five worked up case records that have been presented • Documentation of self-directed learning as summary and reflection
Log book entry required	<ul style="list-style-type: none"> • Daily activities record • Satisfactory completion of posting • authenticated by preceptor / facilitator with a 'meets expectation (M) grade'
Assessment	<p>Formative: Participation in OP & IP rounds and team activities, Presentation of worked up cases, Pre and post- test assessment Documentation of required portfolio and log book entries</p>
Other comments	<ul style="list-style-type: none"> • Maintenance of a minimum of 80% attendance, • Securing at least 'M' grade & • Maintaining the portfolio / logbook of activities forms the basis of awarding the certificate of successful completion of • the elective module in addiction medicine

Abbreviations

CBD: Case based discussion -This is a TL method that uses medical case-based discussions for teaching and assessment in a single person or group format.

CBME: Competency Based Medical Education -This is a new form of medical education curriculum that focuses on development of skills leading to acquisition of competencies that lead to eventual achievement of goals.

DOPS: Direct Observation of Procedure Skills -This is a method of assessment in which the candidate is evaluated during the performance of the procedure/skill (under assessment) by a supervisor using predefined criteria

K/KH: Knows/Knows how

MCQs: Multiple Choice Questions -This is a method of assessment that can also be used as a TL method. This uses a statement or a question with multiple choices as answers.

OSCE: Observed Structured Clinical Examination -This is a method of assessment that can also be used as a TL method. This uses simulated patients, scenarios or case vignettes through which a specific skill can be assessed by an examiner using a predefined check list.

OSLER: Observed Structured Long Examination Record – This is a method of assessment used to assess long cases as part of examinations using a structured format.

S/SH: Shows/Shows how

TL: Teaching Learning -These refer to teaching learning methods so that specific skills can be taught.

COMPETENCY BASED MEDICAL EDUCATION IN PSYCHIATRY

A MANUAL FOR UNDERGRADUATE (MBBS) TRAINING

Undergraduate psychiatry education and training is essential towards attaining effective competencies for fulfilling the roles and goals of the Indian Medical Graduate (IMG). Psychiatry education in India needs to be mainstreamed in Undergraduate medical teaching and assessments . This is particularly important as there is a need to enable the IMG in recognizing and managing psychiatry disorders effectively, as well as, to generate an interest in the specialty among students.

Graduate Medical Education Regulations (GMER) through the Competency Based Medical Education (CBME) has envisaged 117 competencies for the Undergraduates during their MBBS course. There have been challenges implementing these strategies given the varying resources and pragmatic challenges faced by teachers across institutions in India. The IPS, through successive Undergraduate education subcommittees, has put together this manual based on the Competency Based Medical Education (CBME) guidelines after consultation and contribution of numerous expert educators over the past few years.

The manual encompasses a proposed schedule of cognitive, psychomotor, affective and communication competencies spread across theory sessions and clinical postings. Specific learning objectives and sample lesson plans have been formulated for both the theory and clinical posting sessions. Models for various Assessment strategies, Feedback as well as Electives are included.

We hope this manual will provide an accessible and pragmatic guide for teachers during undergraduate MBBS training .The Indian Psychiatry Society sees this as a living document with scope for further innovation and modification as needs, realities and guidelines change over time. Let us work together to bring effective psychiatry education accessible to the facilitator and learner !

IPS Subcommittee UG Education (2023-2024)

