

National Board of Examinations

**REVISED CURRICULUM FOR COMPETENCY
BASED TRAINING OF DNB CANDIDATES**

Psychiatry
2006



National Board of Examinations
(Ministry of Health & Family Welfare, Govt. of India)
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Preface

The National Board of Examination was established in 1975 with the primary objective of improving the quality of the Medical Education by elevating the level and establishing standards of post graduate examinations in modern medicine on all India basis. There are more than 450 N.B.E accredited institutions/ Hospitals , imparting DNB training programmes in 28 Broad specialties and 16 super specialties. Besides, there are Post-doctoral fellowship programmes in 14 specialties and Post-graduate dental programmes in 9 specialties. In order to have standardized and quality training in all the accredited hospitals, National Board of Examinations has a well structured curriculum. The curriculum is being revised periodically to incorporate newer topics and introduce more innovative training methods. The present curriculum has been revised by National Board of Examinations' experts and has details of the training objectives, schedule, methods, technical contents. There are lists of skills in various procedures/ surgical techniques which a DNB candidate must acquire during the training, reference and text books as well as the journals in the speciality. The curriculum also gives sample theory questions and common cases for practical skill assessment during training every six months in the form of concurrent assessment. The guidelines for thesis and maintenance of log book to record day to day activities carried out by the candidates are also given.

It is expected that the revised curriculum will be useful to the DNB consultants in organizing the DNB training programmes in their respective hospitals. The DNB candidates will also benefit from this document.

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Goal

The goal of the DNB training programme is to provide the competencies so that after the training, the candidate is able to work as Senior Resident & Junior Consultant in the speciality of Psychiatry

Objectives to be achieved by an individual at the end of 3 years of DNB training

- **Basic Sciences** : The candidates should be thoroughly familiar with basic and applied neuroanatomy, neurophysiology, sociology, neurochemistry, developmental and social psychology, anthropology & ethology.
- **General & Clinical Psychology** : The candidates are expected to have a sound knowledge of general psychological principles in areas such as personality, learning, intelligence, memory, emotions, perceptions etc. They are expected to learn the theory and practical aspects of clinical psychology like psychometric assessment and psychological methods of treatment.
- **Statistics and Research Methodology** : The candidates should have basic skills in statistics and research methodology so as to successfully interpret/conduct/guide self and others in research.
- **Clinical Psychiatry** : The candidates should attain a high degree of clinical proficiency in history taking, conducting and reporting psychiatric examination, diagnosis and the treatment of the common psychiatric disorders.
- **Child and adolescent Psychiatry** : The candidates should acquire a sound knowledge of principles and practice of child & adolescent psychiatry including learning disability, mental retardation and other emotional & behavioural disorders.
- **Psychopharmacology** : Residents should be thoroughly familiar with basic principles of psychopharmacology and should have sound knowledge of all aspects of psychopharmacological practice.
- **Psychodynamics & Psychotherapies** : Candidates should have a proper understanding of the various schools of psychodynamic thought and their applications to psychiatry. They should also become familiar with theoretical framework and techniques of Psychoeducation, individual as well as group psychotherapy, behaviour therapy and should be able to conduct such therapies.
- **Psychosomatic Disorders & Liaison psychiatry** : The candidates should develop skills in understanding and managing psychosomatic disorders and liaison psychiatry. They should also be aware of the psychosocial aspects of various medical and surgical disorders.
- **Emergency Psychiatry** : The candidate should become familiar with psychiatric emergencies and their management.

- **Marital Adjustment & Psychosexual Problems:** The candidates should know the basic principles of the treatment of marital and psychosexual problems.
- **Community Psychiatry & Epidemiology:** The trainee should know the principles and practices of community psychiatry and Epidemiology so that they can effectively participate plan, execute and supervise community mental health and other outreach programmes.
- **Forensic Psychiatry:** Trainee should be aware of the legal and ethical issues involved in the practice of psychiatry particularly in the Indian context and rights of the patients and consumers
- **Geriatric Psychiatry:** Trainee should be aware of the common problems and disorders in this age group and their management.
- **Alcohol and Drug Dependence:** The trainee should be able to assess and manage the psychological & medical problems associated with alcohol and drug dependence.
- **Psychiatry Hospital/ Psychiatry nursing home training :** The candidates should be familiar with chronic mental illnesses learn administrative and rehabilitative aspects of psychiatry.
- **Teaching :** The candidates should learn the basic concepts and techniques of teaching so as to able to teach medical students/mental health/community professionals & public when they assume teaching responsibilities in different psychiatric centers later. Trainee should also participate in case conferences, seminars, psychomatic rounds and teaching.
- **Organization and Administration:** The candidates should be familiar with the activities of social agencies (e.g. schools, homes for the mentally retarded, university health centers and rehabilitation facilities) and should learn to work in liaison with social agencies.

Tentative posting Schedule for three years of DNB Training

Clinical Postings

Each trainee should be given clinical responsibility of various areas in rotation. The general schedule of clinical posting should bear follows:

Ward/OPD/Emergency	20 months
Neurology	02 months
Internal Medicine	02 months
Consultation-Liaison	03 months
Psychiatry Hospital/ Nursing Home	01 months
Clinical Psychology	01 month
Drug De-addiction	02 months
Child & Adolescent Psychiatry	03 months
Community Psychiatry	02 month

The DNB candidates should be given full responsibility for the patient care and the record keeping under the supervision of the Senior Resident and Consultants.

Training Methods

1. Seminars: There should be weekly seminar in which the DNB candidates should present material on assigned topics in rotation. It should be followed by discussion in which all trainees are supposed to participate. Generally the topics covered should be those that supplement the format-teaching programme.
2. Case Conference: A case conference should be held every week where a trainee prepares and presents a case of academic interest by rotation and it is attended by all the members of the Department.
3. Journal Club : There should be atleast once in a month Journal Club in which the critical evaluation of a research paper from a journal.
4. Psychosomatic Rounds. This is a presentation of a case of psychosomatic illness, or a medical illness with pronounced psychiatric problems. It should be held weekly in collaboration with various departments and attended by the faculty and the trainees and the staff from the concerned department.
5. Case presentation: All new in-patients and outpatients cases should be routinely reviewed with one of the Consultants. In addition, the candidate is required to present case material at routine rounds and other case conferences. Evening classes on clinical topics should be conducted.
6. Research Forum: There should be a monthly meeting of one hour each in which the DNB candidates should present their plan of research as well as the report of the completed work of their projects. The other research

- scholars/workers in the department also participate in it. The faculty, Residents and the non-medical professionals should make critical comments and suggestions
7. Psychotherapy tutorials: These should be held in small groups supervised by a consultant in which a case is presented by a trainee and psychotherapeutic management discussed.
 8. Attendance at special clinics/unit as applicable e.g. Child and Adolescent Psychiatry Clinic, Marital and Psychosexual Clinic, Community Outreach Clinics, Drug-de-addiction unit etc.
 9. Training in ECT administration.
 10. Extra-mural activities : The candidates should be encouraged to attend certain academic/semi-academic activities in the allied subjects outside, e.g. seminars/lectures held at Departments of Sociology, Psychology, Neurology etc.

Thesis

Every candidate shall be required to submit a thesis as an essential requirement for the award of the degree. The work for the thesis shall be done by the candidate under the supervision of a consultant of the Department. The details are given in Annexure

Assessments/ Examinations

Concurrent examination/assessment

The purpose of the concurrent assessment is to give regular feed back to the DNB candidates about their performance and to prepare them for the final terminal examination by giving them exposure to the examination pattern. As a part of the concurrent evaluation the DNB candidates will be assessed every six months by an independent local appraiser selected by National Board of Examinations. This would include theory examination (100 marks of three hours duration) containing 10 short structured question related to the topics covered during the preceding six months by the accredited hospital/institution.

The practical examination (300 marks) will include long case, short case, spots, ward round, viva voce on the topics covered during the period by the hospital/institution.

Final examination**Theory**

Each theory paper will comprise of 10 short structured questions of 10 marks each.

PAPER I	Applied Basic Sciences as related to Psychiatry Principles only
PAPER II	Psychiatric specialties-Child Psychiatry, Mental sub normality, Administrative Psychiatry, Community Psychiatry, Social & Preventive Psychiatry
PAPER III	General Medicine & Neurology to Psychiatry and Psychosomatic
PAPER IV	Basic Principles of Biological and Behavioral Sciences as related to Psychiatry (Basic and introductory principles only)

Practical examination- Long case, Short cases, Spots, Ward round, Viva voce, OSCE(5 minutes each station of clinical cases -regarding history, clinical findings and management, photographs of cases, Radiological investigations, instruments etc.)

ANNEXURE- I, THEORY SYLLABUS

Semester I – Basic Sciences as applied to psychiatry, Neuroanatomy, Neurochemistry, Neurophysiology

- Neurotransmitters & Neuropeptides
- Second Messenger Systems and Beyond
- Basic and applied Electrophysiology
- Neuroimaging and Implications for Psychiatry
- Consciousness
- Sleep and Dreaming
- Chronobiology
- Social & Transcultural Psychiatry
- Ethology
- Anthropology
- Cybernetics
- Statistics & Research
- Aggression: Psychology and Biology
- Intelligence
- Learning Theories
- Personality, Emotions, Motivations
- Information Processing: Brain Models of Mind
- Experimental Diagnostic Research methodology and Implications for Mental disorders
- Psychiatric History taking, Examinations, Psychopathology phenomenology
- Thesis protocol submission
- Communications and interviewing skills
- Clinical and developmental psychology

Semester II – Clinical Psychiatry

- (a) Approach for diagnosis and classification of Psychiatric disorders.
- (b) Concept, Typology, aetiology, clinical features – course, outcome & prognosis of organic mental disorders
- Alcohol & Drug dependence
 - Schizophrenia & related psychiatric diseases
 - Mood disorders
 - Personality disorders

Semester III Clinical Psychiatry Concepts, Typology, etiology, Clinical features, outcome prognosis of:

- Anxiety disorders: clinical psychiatry
- Stress induced disorders and somatoform disorders
- Non organic disorders
- Eating disorders
- Psychosexual disorders
- Habit and impulse disorders
- Psychiatry emergencies

Semester IV Therapies

- (a) Psychopharmacology : General principles, classifications, indications, adverse effect
- (b) Psychotherapies : General principles, classifications, indications, adverse effect
- (c) Behaviour therapies : General principles, classifications, indications, adverse effect
- (d) ECT : General principles, classifications, indications, adverse effect

Semester V Psychiatry specialities

- (a) Ethics and NDPSA, CPA, Indian Disability Act & other related laws Indian Mental Health Act
- (b) Geriatric psychiatry
 - Epidemiology and management of Geriatric Psychiatric disorders with special emphasis to India
- (c) Community psychiatry
 - General principles, NMHP and other community based programmes
- (d) Forensic Psychiatry
- (e) Child and adolescent psychiatry
 - Epidemiology, classifications, etiology, clinical features, progression, course and management
- (f) Thesis writing and submission

Semester VI Neuropsychiatry and Medicine as related to psychiatry

- Dementia : Differential Diagnosis and Management
- Delirium : Differential Diagnosis and Management
- Psychiatric Syndromes with Epilepsy
- Neuro-psychiatric Sequel of HIV Infection
- Consultation-Liaison Psychiatry
- Psychological Aspects of Cardio-vascular Disorders
- Psychological Aspects of Gastro-intestinal Disorders
- Obesity

- Psychoendocrinology,Psychooncology,Psychodermatology,
Psychoimmunology
- Concept and Assessment of Disability & Quality of Life
- Neuro-Psychologic Assessment and its Relevance to Psychiatric
Diagnosis and Management
- Psychological Aspects of Organ Transplantation

ANNEXURE -III, SAMPLE CASES FOR PRESENTATION AND DISCUSSION

ANNEXURE-IV, SAMPLE QUESTIONS FOR SIX MONTHLY ASSESSMENTS

- Dream work.
- Deterioration quotient.
- Bender Gestalt Test.
- Non-projective tests of personality.
- Rorschach Test.
- Projective tests.
- 16 P. F. Test.
- Critical concept of I.Q.
- Organic science on Rorschach Test.
- Rating scales in psychiatry.
- Eric Berne.
- Sigmund Freud.
- Adler.
- Karen Horney.
- Carl Jung.
- Carl Rogers.
- Eric Erikson.
- Creativity.
- Ego Defence.
- Oedipus complex.
- Imprinting.
- Cognition.
- Autokinetic Phenomenon.
- Empathy.
- Cognitive Therapy.
- Supportive Psychotherapy.
- Genetics of Schizophrenia.
- Sensory deprivation.
- Biorhythms as related to psychiatry.
- Theories of learning.
- Neo Freudians.
- Tests of Significance.
- 't' test.
- Chi square test.
- 'p' values.
- Social stratification and Psychiatric disorders.
- Stratified Random sampling techni-ques.
- Reliability and Validity.
- Supportive Psychotherapy.
- Cognitive therapy.
- Functions and lesions of Pituitary gland.
- Blood brain barrier
- Monoamines.
- Operant conditioning.
- Biological markers of anxiety disorders.

- Klinefelter's syndrome.
- Down's syndrome.
- Phenylketonuria.
- Attempted Suicide.
- Excited Patient.
- Agoraphobia.
- Possession States.

- Alzheimer's Disease.
- Schizophrenic spectrum disorder.
- Behaviour Therapy in phobic disorder.
- Differential diagnosis of functional stupor.
- Contraindications of ECT.
- Premenstrual syndrome.
- Anorexia nervosa.
- Psychosocial aspects of drug abuse.
- Migration and Mental Illness.
- Borderline Personality.
- Illness Behaviour.
- Munchausen's syndrome.
- Psychiatric Disorders related to AIDS.
- Disturbances of thinking.
- Newer Antidepressants.
- Tay Sach's disease.
- Impotence.
- Paranoid Personality Disorder.
- Insomnia.
- Depressive Spectrum Disorder.
- Management of Delirium tremens.
- Management of Vaginismus.
- Distinction between Paranoid State and Schizophrenia.
- Definition of "Affect".
- Differences between ICD-9 and ICD-10 in the classification of neurotic disorders.
- Tardive dyskinesia.
- Marital Therapy.
- Depersonalisation phenomenon.
- Neuropsychiatric Complications of Alcohol dependence.
- Management of opiate dependence.
- Occupational therapy in psychiatry.
- Seasonal Affective disorder
- Resistant depression
- Infantile Autism.
- Attention Deficit Disorders in Children.
- Grief Reaction.
- Fugue States.
- CAT Scan in Schizophrenia.
- Crisis intervention.
- Pseudodementia.
- Theories of Ageing.
- Steroid Psychosis-Clinical Picture.
- Schizoid Personality Disorder.
- Hindu Marriage Act in relation to Nullity and Divorce.
- School Phobia.
- Pica.
- Identity Crisis in Adolescence.
- Psychological aspects of Ageing.
- Relevance of "Community Psychiatry" in Indian setting.
- Validity of Durham's law in forensic psychiatry.
- Maternal deprivation.
- National Mental Health Programme.
- Narcotic Drugs and Psychotropic Substances Act (NDPSA) 1985 as applied to Psychiatric Patients.

- Sleep Walking.
- Enuresis.
- Psychosocial problems of adolescence.
- Role of Psychiatric Social Worker.
- Status of drug addict in relation to N.D.P.S.A. and Hindu Marriage Act.
- Biofeedback.
- Psychiatric symptoms and course of subdural haematoma.
- Irritable bowel syndrome-Psychiatric factors.
- Psychological aspects of cancer management.
- Nicotinic acid deficiency.
- Pheochromocytoma.
- Korsakoff's Psychosis.
- Management of Coma.
- Epileptic Psychoses.
- Treatment of Status Epilepticus.
- Anticonvulsants.
- Neuropsychiatric manifestations of adrenal dysfunction.
- Posttraumatic Amnesia.
- EEG in Psychiatry.
- Evoked Potentials in Psychiatry.
- MRI in Schizophrenia.
- Menopausal syndrome.
- Anxiolytics.
- Drug induced depression.
- Neuroleptic malignant syndrome.
- Psychomotor epilepsy.
- Porphyria.
- Clinical features of GPI (General Paresis of Insane).
- Tests of Organicity.
- Type A behaviour.
- Psychological management of Myocardial Infarction.
- Feature of frontal lobe syndrome.
- Soft signs in schizophrenia.
- Normal Pressure Hydrocephalus.
- Capgras syndrome.
- Diabetic retinopathy.
- Multiple Sclerosis.
- Temporal lobe tumours.
- Cortical vein thrombosis.
- Subcortical dementias.
- Huntington's Chorea.
- Parkinsonism.
- Progressive Supranuclear Palsy.
- Wilson's disease.
- Bell's palsy.
- Trigeminal Neuralgia.
- Optic atrophy.
- Hypertensive retinopathy.
- Subcortical dementias.
- Psychiatric aspects of hepatic coma.
- Pernicious Anaemia.
- Parietal lobe signs.
- Punch Drunk Syndrome.
- Myxoedema Madness.
- Cushing's syndrome.

- Psychiatric aspects of SLE.
- Alcoholic hallucinosis.
- Psychological aspects of Bronchial Asthma.
- Argyl Robertson Pupil.
- Cortical "Release" Signs.
- Transient Global Amnesia.
- Compulsive Water Drinking Syndrome.
- Forced Normalization.
- Differences between cortical and subcortical dementia
- Differences between organic and psychogenic amnesia
- Differences between organic and functional stupor
- Sheehan's syndrome
- Classification of headaches
- Classification of seizure disorders
- Psychiatric aspects and management of Migraine
- Indications of thyroid hormone in Psychiatry
- Melatonin
- Kluver Bucy syndrome
- Steel Richardson syndrome
- Drugs used in the treatment of dementia
- Psychiatric aspects of stroke

ANNEXURE- V, BOOKS AND JOURNALS WHICH THE CANDIDATE MUST READ

Books

- Kaplan HI, Sadock BJ, Comprehensive text book of Psychiatry, Williams & Williams, Baltimore, USA.
- Gelder M, Gath D, Mayou R, Oxford Textbook of Psychiatry, Oxford University press, Oxford, UK.
- Hales RE, Yudofsky SC, American Textbook of Neuro-psychiatric, American Psychiatry press, Washington, USA.
- American Psychiatric Association, Practice guidelines for the treatment of psychiatric disorders, APA, Washington, USA.
- Talbott JA, Hales RE, Yudofsky, Textbook of Psychiatry, American Psychiatric Press, Washington, USA.
- Hamiltan M, Fish's Clinical Psychiatry, John Wright, Bristol.
- Sims A, Symptoms in mind, Saunders, Philadelphia, Pennsylvania.
- Lishman WA, Organic Psychiatry-the Psychological consequences of cerebral disorders, Blackwell, Oxford, UK.
- Tasman A, Kay J, Liebermann JA, Psychiatry, Panther Publications Pvt. Ltd.. Bangalore, India.
- American Psychiatric Association, Diagnostic and statistical manual of mental disorders, APA, Washington, USA.
- Indian Psychiatric society, Guidelines for treatment of Psychiatric disorders, Indian Psychiatric Society, India.

Journals

- Indian Journal of psychiatry
- American Journal of Psychiatry
- British journal of psychiatry
- Archives of general Psychiatry
- Journal of clinical Psychiatry
- Acta Psychiatrica Scandinavica
- Biological Psychiatry
- Journal of Psychiatry and Clinical Neuroscience
- Psychiatric Clinics of North America

ANNEXURE-VI, GUIDELINES FOR WRITING THESIS/DISSERTATION

Research shall form an integral part of the education programme of all candidates registered for Diploma of NB degrees of the Board. The Basic aim of requiring the candidates to write a thesis/dissertation is to familiarize him/her with research methodology. The members of the faculty guiding the thesis/dissertation work for the candidate shall ensure that the subject matter selected for the thesis/dissertation is **feasible, economical and original**.

Guidelines

- I. The thesis may be normally restricted to the size to 100 pages. To achieve this, following points may be kept in view;
 - (i) Only contemporary and relevant literature may be reviewed.
 - (ii) The techniques may not be described in detail unless any modification/innovations of the standard techniques are used and reference may be given.
 - (iii) Illustrative material may be restricted.
 - (iv) Since most of the difficulties faced by the residents relate to the work in clinical subject or clinically oriented laboratory subjects the following steps are suggested:
 - For prospective study, as far as possible, the number of cases should be such that adequate material, judged from the hospital attendance, will be available and the candidate will be able to collect the case material within a period of 6-12 months so that he/she is in a position to complete the work within the stipulated time.
 - The objectives of the study should be well defined.
 - As far as possible, only clinical or laboratory data of investigations of patients or such other material easily accessible in the existing facilities should be used for the study.
 - Technical assistance, wherever necessary, may be provided by the department concerned. The resident of one speciality taking up some problem related to some other speciality should have some basic knowledge about the subject and he/she should be able to perform the investigations independently, wherever some specialised laboratory investigations are required a co-guide may be co-opted from the concerned investigative department, the quantum of laboratory work to be carried out by the candidate should be decided by the guide and co-guide by mutual consultation.
 - The Clinical residents may not ordinarily be expected to undertake experimental work or clinical work involving new techniques, not hitherto perfected or the use of chemicals or radio isotopes not readily available. They should however, be

- free to enlarge the scope of their studies or undertake experimental work on their own initiative but all such studies should be feasible within the existing facilities.
- The residents should be able to use freely the surgical pathology/autopsy data if it is restricted to diagnosis only, if however, detailed historic data are required the resident will have to study the cases himself with the help of the guide/co-guide. The same will apply in case of clinical data.
 - Statistical methods used for analysis should be described in detail.

Rules for Submission of Thesis/ Dissertation by candidates for DNB

- (i) The protocol of Thesis/ Dissertation should be submitted to the office of the NBE through head of the institutions within three (3) months of joining the training in Medical college/university/DNB accredited institution.
- (ii) No correspondence will be made in regard to acceptance of the protocol except only in the case of rejected protocols for which individual will be informed by office through mail/website.
- (iii) The guide will be a recognized PG teacher in Medical college or university or NBE Accredited institutions. The teacher should have the experience of 5 years in speciality after obtaining the post graduate degree. The certificate of PG teaching and being Guide recognized by University/NBE must be enclosed alongwith thesis/dissertation. The Guide can guide one MD/MS candidate and one university diploma candidate desirous of taking the DNB examination, or one direct NBE candidate. Total number of candidates should be two including all sources.
- (iv) Candidates who will be appearing in the subject under the heading Super Speciality (like Cardiology & Cardio Thoracic Surgery etc.) need not write their thesis/dissertation if they have already written their thesis during their MD/MS/NBE examinations. However they have to submit a proof in support of their having written thesis during their MD/MS examination.
- (v) If the candidates appearing in the broad specialities have already written their thesis in the MD/MS examination, they need not submit the thesis/dissertation. However they are required to submit a copy of the letter accepting the thesis by the University.
- (vi) If thesis is rejected or needs to be modified for acceptance, the Board will return it to the candidate with suggestion of assessors in writing for modification. The result of such candidate will be kept pending till the thesis is modified or rewritten, accordingly as the case may be and accepted by the assessors of the Board.
- (vi) If any unethical practice is detected in work of the Thesis, the same is liable to be rejected. Such candidates are also liable to face disciplinary action as may be decided by the Board.

- (vii) The thesis is to be submitted 6 MONTHS before the commencement of the DNB examination. Theory result of the candidates whose thesis/dissertation are accepted by the Board will be declared.

Guidelines for Writing of Thesis/Dissertation

Title - Should be brief, clear and focus on the relevance of the topic.

Introduction – Should state the purpose of study, mention lacunae in current knowledge and enunciate the Hypothesis, if any.

Objectives-General & Specific

Review of Literature – Should be relevant, complete and current to date.

Material and Methods- Should include the type of study (prospective, retrospective, controlled double blind) details of material & experimental design procedure used for data collection & statistical methods employed; statement of limitations ethical issues involved.

Observations– Should be Organized in readily identifiable sections Having correct analysis of data be presented in appropriate charts, tables, graphs & diagram etc. These should be statistically interpreted.

Discussion- Observations of the study should be discussed and compared with other research studies. The discussion should highlight original findings and should also include suggestion for future.

Summary and Conclusion

Bibliography - Should be correctly arranged in Vancouver pattern.

Appendix—All tools used for data collection such as questionnaire, interview schedules, observation check lists etc should be put in the annexure.

ANNEXURE-VI, GUIDELINES FOR LOCAL APPRAISERS

**Ref. National Board of Examinations/ Monitoring DNB trg2006
Dated 23.6.2006**

Sir/Madam,

Thank you for agreeing to act as appraiser for the subject _____ at the

_____.

You are hereby requested to carry out the followings:

- i. Prepare one paper containing ten short questions in the areas covered by the hospital/ institution in the last six months.**
- ii. Conduct the theory examination for the candidates in the subject in the hospital.**
- iii. Review the thesis progress and log book records for each candidate.**
- iv. Conduct practical examination for the DNB candidates in the discipline.**
- v. Appraise the infrastructure and facilities in the hospital in the concerned subject as per the enclosed format.**
- vi. Send the report in the enclosed format to The Executive Director, National Board of Examinations, Ansari Nagar, Ring Road, New Delhi-110029.**
- vii. Give suggestion for improving the DNB training and appraisal.**

You are requested to contact _____ of the hospital _____ at Phone No. _____

You will be paid the honorarium for these activities by the concerned hospital as per the enclosed norm.

Thank you for your co-operation and support.

Yours sincerely

(A.K. Sood)

Copy to

Director/DNB Coordinator should make the necessary arrangements to conduct appraisal by the 31 July 2006.



National Board of Examinations Guidelines for local Appraisers

- 1. NBE is pleased to suggest your name as local appraiser. The purpose of introducing six monthly appraisals of NBE accredited hospitals/institutions is to further improve the quality of training, assess the training infrastructure for the DNB candidates and also assist the local institutions to develop in to a center of academic excellence. This would further add value to the services being rendered in these accredited hospitals/institutions. Please do not think that this assessment has negative connotation. Please plan your appraisal in such a way as to minimally affect the routine working of the department.**

- 2. The Board expects the local appraiser to be a post graduate in the speciality with teaching and research experience. He/She should have enough time and expertise to carry out the following activities in the allotted hospitals/Institutions:**
 - 2.1 He/she should participate in thesis protocol/progress presentation & discussion; assist the DNB candidates in their thesis work by giving them suggestions and monitoring their progress. He/she should give specific remarks to improve the Thesis work after reviewing the objectives, methodology (sample size, sampling technique, data collection tools etc.), data analysis plan and statistical tests, results and discussion plan etc. of thesis of each candidate. These remarks should also be communicated in writing to the supervisor and the concerned candidate by the appraiser and a copy be sent to National Board of Examinations.**

 - 2.2. He /she is expected to examine the log book maintained by the candidates and give specific remarks to improve the log book maintenance after reviewing the contents of the log book (name of procedure, details of the case, salient findings, remarks of the supervisor for the improvement of the candidate etc). These remarks should also be communicated in writing to the supervisor and the concerned candidate by the appraiser and a copy be sent to National Board of Examinations.**

 - 2.3 He/ should prepare question paper containing ten short structured questions in the speciality on the topics covered during the preceding six months and evaluate the**

answer sheets. He/she will maintain total confidentiality in these activities. The arrangements for six monthly theory and practical examination will be made by local accredited hospitals/institutions.

- 2.3. He/she will formally conduct practical examination (On the topics/areas covered in preceding six months). The practical will have long case, short cases; ward round, spots and viva voce as per the DNB format.
- 2.4. He/she will communicate the result of assessment to the concerned candidates along with detailed feed back on their performance. He/she will give detailed suggestions to each candidate in writing for improving his/her performance. He/she will act as counselor and give specific remarks for improving the overall performance level of the candidate. These remarks should also be communicated in writing to the supervisor and the concerned candidate by the appraiser and a copy be sent to National Board of Examinations.
- 2.5. He/she will prepare the Examination worksheet for each candidate and submit the same to the concerned hospital for records with a copy of the same to the National Board of Examinations.
- 2.6. He/she will submit the report to the Executive Director, NBE, on the format (enclosed herewith).
- 2.7. He/she will also send six monthly report on the infrastructure, patient load and manpower in the concerned speciality of the accredited hospital, to Executive Director, National Board of Examinations, Ring Road, Ansari Nagar, New Delhi-110029.

3. Remuneration/honorarium to the Appraisers

NBE recommends that suitable honorarium be given to the local appraisers by the concerned accredited hospital/institution, considering the activities performed and number of DNB candidates in the speciality. The recommended minimal amount be given as follows:

- 3.1. Assessment of Infrastructure and facilities in the hospital/institutions in the speciality = Rs. 500/-.**
- 3.2. Participation in thesis protocol presentation and discussion = Rs. 500/-per candidate.**
- 3.3. Development of theory paper = Rs. 500/-.**
- 3.4. Assessment of theory paper(s) = Rs. 500/-**
- 3.5. Holding of practical examination = Rs. 1000/- per candidate.**

This expenditure will be met out of the fee collected from the candidates.



National Board of Examinations
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**PROFORMA FOR INFRASTRUCTURE AND DNB
CANDIDATES' PERFORMANCE ASSESSMENT BY APPRAISER
(PLEASE FILL SEPARATE FORM FOR EACH DNB DISCIPLINE)**

01.	Name of the Hospital, Address, Telephone number, Fax number and e-mail				
02.	Name of the Department offering DNB				
03.	No. of beds in the speciality	Total	General (Free)*	Paying	Subsidized
04.	Number of indoor admission during the last six months	Total	General (Free)*	Paying	Subsidized

* Free – which recovers the cost only and are available for training of DNB trainees.

05. Facilities for supportive services

<i>Subject</i>	Please list the type and number of tests done in the reference period of last one month
-----------------------	--

<i>Pathology</i>	
-------------------------	--

Biochemistry	
---------------------	--

Microbiology

Radiology

Blood Bank

Any other

06. Physical facilities :-

Please list the facilities related to the specialty present in the department

08.	Consultants	Details of PG Qualification	Total experience after PG
	Name of Senior Consultants		
	Name of Junior Consultants		
	Name of Whole time Sr. Residents		

Please attach a copy of salary/ remuneration slips for the last six months.

09.	Track record of the candidates for the last three years : (in the specialty)				
	Year	Registered	Appeared	Passed	Left (with reason)

10. Please attach the details(such as the topic covered, date, the resource persons etc.) of various academic activities carried out by the department like -

- i. Guest lectures**
- ii. Case presentations and discussions**
- iii. Clinical conferences**
- iv. Seminars**
- v. Teaching sessions/ lectures for candidates**
- vi. Other activity specify**

11. Any other information

NATIONAL BOARD OF EXAMINATION

WORK- SHEET FOR ASSESSMENT OF CANDIDATE BY LOCAL APPRAISER

Date: _____

Name & Address of Hospital _____

Name of the candidate and registration No. _____

Training Year of the candidate - _____

First/ second/ Final

Name of Appraiser _____

I Clinical Examination

Case	Agreed Diagnosis	Max. Marks	Marks Awarded				Total Marks	
			History	Clinical Examination	Diagnosis	Management	In words	In Figure
Long case -I		60						
Short case -I		40						
Short case -II		40						
Short case-III		40						
Total		180						

II. Ward Round M. Marks = 40	Marks words	in	Awarded figure	in	Sub Total I + II (Max. Marks = 220)	
					In words	In figure

III. Viva voce Max. Marks = 80

Marks	Pathology	X-rays	Instrument Orthotics prosthetic	Operative surgery	Total
Maximum					
Marks Awarded (In words)					
Marks Awarded (In figure)					

IV. Grand Total (Sum of I+II+III) Max. Marks = 300

Marks Awarded in words

Marks Awarded in figure

V. Result _____

VI. Specific description of the strong points in case of pass candidate and of weak points in case of failed candidate. Please list out the specific details which need to be communicated to the candidate to help him improve.

VII. Examiner's Name & Signature _____

- 3.9. Please mention the names of any three standard text books in your speciality ` which are available in the library of your hospital and you have referred to them in the last six months-**
- 3.10. Please mention the names of any one National and any one International journal which you have referred to in your hospital library in the last six months-**
- 3.11. How many clinical procedures you have done under supervision in last six months
Please mention names and number of any three of them**
- 3.12. How many clinical procedures you have done independently in last six months
Please mention names and number of any three of them.**
- 3.13. Please give five suggestions to improve your training in your speciality**

ANNEXURE- VII, FORMAT FOR LOG BOOK

Instructions for the supervisor

P.G. Training Programme - The post graduate programme broadly should include lecture/demonstration on applied basic sciences, bed side clinics, case presentations. Faculty lectures, symposia/seminar journal clubs, biopsy, radiology discussions and graded clinical responsibility.

Evaluation - It is essential that the trainee maintains a detailed account of the work done by him. The record book will in addition remind the trainee of what he should observe, learn and perform in a programmed and phased manner during the course of training. It is hoped that this record will stimulate the trainee towards greater effort in areas where he is below par and also record his progress. It forms the basis for assessment and evaluation of the trainees progress. Some of the possible criteria on the basis of which a trainee could be evaluated are - soundness of knowledge, application & judgment, keenness to learn, punctuality and promptness, initiative, reliability, clinical skill, behavior with patients, attitudes towards patient's relatives, colleagues, seniors and other staff, ability to express

Depending on the qualities and the level of attainments a candidates could be considered for appraisal, on the basis, for example, of the following 5 letter grading system.

A	Excellent	Above	75%	B	Good	60% -	65%
C	Satisfactory	50%-	60%	D	Poor	30% -	50%
E	Bad	Below	30%				

Besides the grading as indicated above, each student should also be given a formal feed back on his/her weak points and how to overcome his/her deficiencies.

ALL THE CANDIDATES MUST WRITE THE LOG BOOK IN DETAILS WITH REMARKS FROM THE SUPERVISORS AND THESE ENTRIES MUST BE CHECKED BY THE LOCAL APPRAISERS EVERY SIX MONTHS.

1. Name of Trainee : _____

2. Name of Hospital/Institution : _____

3. Address : _____

4. Specialty : _____

5. Name of Supervising Specialist : _____

6. Name of Medical
Director/Superintendent : _____

Date : _____

Signature of Supervising Specialist

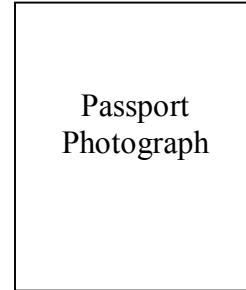
Name (Block Letters) :

Permanent Address :

Date of Birth :

Fathers Name & Address :

Education :



MBBS

Specimen Signature

Name of the College	Date of joining	Date of passing	No. of attempts	Prizes
---------------------	-----------------	-----------------	-----------------	--------

House-job

Subject	Date of joining	Date of leaving	Period
---------	-----------------	-----------------	--------

Primary Diplomat of N.B.

Subject	Date of Passing	No. of Attempts
---------	-----------------	-----------------

Final Diplomat of N.B.

Subject	Date of joining
---------	-----------------

Posting schedule

S. No.	Specialty	From	To	Period
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Lectures

S. No.	Date	Topic and name of the resource person
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Seminars

S. No.	Date	Topic and name of the facilitators	Evaluation
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Journal Clubs

S. No.	Date	Topic and name of the facilitators	Evaluation
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Clinical Procedures Performed

S. No.	Date	Details of the patients and the procedures/Operations performed; names of the supervisors
--------	------	---

Clinical Procedures Assisted

S. No.	Date	Details of the patients and of the procedures performed along with the names of the supervisors
--------	------	---

Presentation

S. No.	Date	Details of the Case	Names of the consultants/resource persons	Evaluation
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Emergencies

S. No.	Date	Details of the patients and management of emergency cases
--------	------	---

Panel Discussions

S. No.	Date	Details of the case discussed	Names of panelists
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