

Curriculum

DNB Broad Specialty



Psychiatry

- ◆ Programme Goal & Objectives
- ◆ Teaching and Training Activities
- ◆ Syllabus
- ◆ Competencies
- ◆ Log Book
- ◆ Recommended Text Books and Journals

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I. PROGRAMME GOAL & OBJECTIVES:

1. PROGRAMME GOAL

- a. To equip the trainee **with basic skills** in psychiatry and scientific foundations in behavioral sciences
- b. Has acquired the competencies pertaining to psychiatry that are required to be practiced in the community and at all levels of health care system;
- c. Is aware of the contemporary advances and developments in medical sciences as related to mental health
- d. Is oriented to **principles of research methodology**
- e. Has acquired skills in educating medical and paramedical professionals

2. PROGRAMME OBJECTIVES

- a. **Basic Sciences:** The candidates should be thoroughly familiar with basic and applied neuroanatomy, neurophysiology, sociology, neurochemistry, developmental and social psychology, anthropology & ethology.
- b. **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.
- c. **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.
- d. **Psychopharmacology:** Residents should be thoroughly familiar with **basic principles of psychopharmacology** and should have sound **knowledge of all aspects of psychopharmacological practice**.
- e. **Psychodynamics & Psychotherapies:** Candidates should have a proper understanding of the various schools of psychodynamic thought and their applications to psychiatry. The resident should also become familiar with theoretical framework and techniques of Psychoeducation, individual as well as group psychotherapy, behavior therapy and should be able to conduct such therapies.

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- f. **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.
 - g. **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.
 - h. **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.
 - i. **Emergency Psychiatry:** The candidate should become familiar with **psychiatric emergencies and their management.**
 - j. **Marital Adjustment & Psychosexual Problems:** The candidates should know the **basic principles** of the treatment of marital and psychosexual problems.
 - k. **Community Psychiatry & Epidemiology:** The trainee should know the principles and practices of community psychiatry and Epidemiology so that they can effectively participate in **plan, execute and supervise community mental health and other outreach programs.**
 - l. **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
 - m. **Geriatric Psychiatry:** Trainee should be aware of the common problems and disorders in this age group and their management.
 - n. **Alcohol and Drug Dependence:** The trainee should be able to assess and manage the psychological & medical problems associated with alcohol and drug dependence.

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- o. **Psychiatry Hospital/ Psychiatry nursing home training:** The candidates should be familiar with chronic mental illnesses learn administrative and rehabilitative aspects of psychiatry.
 - p. **Teaching:** The candidates should learn the **basic concepts and techniques of teaching** so as to be 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, psychosomatic rounds and teaching.
 - q. **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.
 - r. **Rehabilitation:** Plan rehabilitation of psychiatric patients through chronic illness.
 - s. Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities
 - t. Communication Skills in explaining management and prognosis, providing counseling and giving health education messages to patients' family and community
 - u. **Function as a competent psychiatrist:** a physician specialized in the diagnosis, treatment and rehabilitation of psychiatric disorders (mental, emotional and addictive disorders).
 - v. Having an understanding of the biological, psychological, social, economic and emotional aspects of psychiatric illnesses including possible preventive measures, measures for mental wellbeing and contemporary advances and developments.
 - w. Carry out detailed assessments including appropriate investigations.
 - x. Act as a consultant to primary care physicians and be an effective leader of a multidisciplinary mental health team comprising of other mental health

professionals such as psychologists, social workers, psychiatric nursing professionals.

II. TEACHING AND TRAINING ACTIVITIES:

The fundamental components of the teaching programme should include:

1. Case presentations & discussion- once a week
2. Seminar – Once a week
3. Journal club- Once a week
4. Weekly case conference- once a week
5. Faculty lecture teaching- once a month
6. Present at least one poster and have at least one oral presentation during their training period in a recognized conference.
7. Case discussions in OPD and regular ward rounds

The rounds should include bedside sessions, file rounds & documentation of case history and examination (Medical audit), progress notes, round discussions, investigations and management plan) interesting and difficult case unit discussions.

The training program would focus on knowledge, skills and attitudes (behavior), all essential components of education. It should include all theoretical, clinical and practical aspects of delivery of rehabilitative care, and also include methodology of research and teaching.

a. Theoretical: The theoretical knowledge would be imparted to the candidates through discussions, journal clubs, symposia and seminars. The students should be exposed to recent advances through discussions in journal clubs. These are considered necessary in view of an inadequate exposure to the subject in the under graduate curriculum.

b. Seminars: Trainees would be required to present a minimum of 10 topics based on the curriculum in a period of three years to the combined class of teachers and students. A free discussion would be encouraged in these seminars. The topics of the seminars would be given to the trainees with the dates for presentation.

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- c. **Clinical:** The trainee would be attached to a faculty member to be able to pick up methods of history taking, examination, prescription writing and management in rehabilitation practice.
 - d. **Bedside:** The trainee would work up cases, learn management of cases by discussion with faculty of the department.
 - e. **Journal Clubs:** This would be a weekly academic exercise. A list of suggested Journals is given towards the end of this document. The candidate would summarize and discuss the scientific article critically. A faculty member will suggest the article and moderate the discussion, with participation by other faculty members and resident doctors. The contributions made by the article in furtherance of the scientific knowledge and limitations, if any, will be highlighted.
 - f. **Research:** The student would carry out the research project and write a thesis/ dissertation in accordance with NBEMS guidelines. He/ she would also be given exposure to partake in the research projects going on in the departments to learn their planning, methodology and execution so as to learn various aspects of research.

III. SYLLABUS:

The three-year period is divided into six semesters. These semesters cover theoretical teaching imparted by the following activities as well as clinical duties.

1. Basic Sciences as applied to psychiatry

- a. Basic and applied Electrophysiology
- b. Magnetic Resonance and Implications for Psychiatry
- c. Psychology of human behavior and mental disorders
- d. Consciousness
- e. Chronobiology
- f. Culture and its influence on human behavior and mental disorders
- g. Aggression, Violence, their influence on human behavior and disease
- h. Intelligence, aptitude and achievement
- i. Normal and abnormal psychology
- j. Human social behavior and implications for mental health and disorder
- k. Information Processing: Brain Models of Mind

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- l. Experimental Animal Research and Implications for Mental Disorders
 - m. Bioethics and human rights
 - n. Biostatistics and principles of research methodology including clinical trials
 - o. Forensic science, legal issues and mental disorders
 - p. Classification
 - q. Prevention of mental disorders and promotion of mental health
 - r. Health Policy issues
 - s. Neuroanatomy
 - t. Neurophysiology
 - u. Neurochemistry
 - v. Genetics
 - w. Learning and memory
 - x. Theories of personality
 - y. Epidemiology
 - z. Principles of clinical psychology and psychological testing (including neuropsychology)

2. Clinical Psychiatry:

- a. Prenatal development, infancy, childhood and developmental disorders
- b. Neurocognitive disorders
- c. Neurodevelopmental disorders
- d. Schizophrenia or other primary psychotic disorders, and Catatonia
- e. Mood disorders
- f. Anxiety or fear-related disorders
- g. Obsessive-compulsive or related disorders
- h. Disorders specifically associated with stress
- i. Dissociative disorders
- j. Feeding or eating disorders
- k. Elimination disorders
- l. Disorders of bodily distress or bodily experience
- m. Disorders due to substance use or addictive behaviours
- n. Impulse control disorders
- o. Disruptive behaviour or dissocial disorders
- p. Personality disorders and related traits
- q. Paraphilic disorders
- r. Factitious disorders
- s. Psychiatric emergencies
- t. Consultation-Liaison Psychiatry and Psychosomatic Medicine

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- u. Old age psychiatry
 - v. Any other condition which may be a focus of clinical attention and management
 - w. Principles of management
 - x. Pharmacological management and its complications
 - y. Psychological management
 - z. Psychosocial management
 - aa. Other physical treatments
 - bb. Community Psychiatry and National Programmes of Mental Health
 - cc. Psychiatric Rehabilitation
 - dd. Forensic Psychiatry including all laws related to mental health
 - ee. Psychiatry and Ethics

3. Effect of climate change and heat wave on mental health:

What is climate change, stress, and distress due to climate change, mental disorders specifically talked about in relation to climate change (for example, eco-anxiety, eco-fear, eco-grief, etc), the impact of climate change on psychiatric epidemiology, coping with climate change, understanding resilience in dealing with climate change, the effect of climate change and heat on persons receiving psychotropics, the impact of climate change on the mental health of migrants, children and adolescents, elderly; Building health systems resilience to climate change.

4. Air Pollution

Adverse effects of air pollution on mental health including the growing children, pregnancy, old age population

IV. COMPETENCIES:

1. General topics:

A student should have fair knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to his specialty. He/she should acquire in-depth knowledge of his subject including recent advances. He/She should be fully conversant with the bedside diagnostic and therapeutic procedures and having knowledge of latest diagnostics and therapeutics procedures available.

The activities may be organized as a common teaching program for postgraduate students of all the departments at institution/university level. A possibility of conducting the program on regional basis in collaboration with professional

bodies/associations, Medical Council of India, University Grants Commission and others may also be explored.

- a. History of medicine with special reference to ancient Indian texts.
- b. Health economics - basic terms, health insurance.
- c. Medical sociology, doctor-patient relationship, family adjustments in disease, organizational behavior, conflict resolution.
- d. Computers–record keeping, computer aided learning, virtual reality, robotics.
- e. Hazards in hospital and protection in terms of psychological hazard.
- f. Medical audit, evidence based medicine, quality assurance of investigation and therapeutic procedures.
- g. Concept of essential drugs and rational use of drugs.
- h. Procurement of stores and material management.
- i. Research methodology- libraryconsultation, formulating research, selection of topic, writing protocol thesis, and ethics related to research.
- j. Bio-medical statistics, clinical trials including drug trials.
- k. Medical ethics.
- l. Consumer protection.
- m. Newer psychotropic substances.
- n. Problem of treatment resistance.
- o. Advances in imaging technologies.
- p. Disaster management, Psychosocial effects of mass casualties.
- q. Design of Psychiatric unit and drug dependence treatment unit with essential equipment's.
- r. Critical care in psychiatric care with co morbid medical conditions.

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

2. Theoretical knowledge:

- a. Etiology, assessment, classification, management and prognosis of various psychiatric disorders.
- b. Adequate knowledge of adult psychiatry,
- c. Ability to independently assess and manage any patient.
- d. Working knowledge of various psychiatric specialties.
- e. Basic medical knowledge to identify and manage co-existing physical and psychiatric problems.

3. Clinical Skills:

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

4. Ethical Considerations:

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

5. Research and Training

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

6. Practical Competencies

A student should be expert in good history taking, physical examination, mental state examinations, and be able to establish rapport and counsel family members and patients on scientific basis. He/she should be able to choose the required investigations for both short and long term management.

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

- a. Obtain a proper relevant history, and perform a humane and thorough clinical examination including detail mental state examinations.
- b. To achieve the first objective, student must be taught and learn communication skills, evaluation and assessment must be done at the time of final examination and be essential component to pass the examination separately in communication skills.
- c. Arrive at a logical working diagnosis and differential diagnosis after clinical examination.
- d. Order appropriate investigations keeping in mind their relevance and cost effectiveness and additional relevant information from family members to help in diagnosis and management.
- e. It is desirable that postgraduate student in Psychiatry be able to perform quick intervention for suicide attempt and high-risk suicide patients.
- f. Write a complete case record with all necessary details.
- g. Write a proper discharge summary with all relevant information.

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- h. Obtain informed consent for any examination/procedure.
 - i. Must be able to administer modified ECT.

7. Clinical Postings:

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

Ward/OPD/Emergency	20 months
Neurology in a multidisciplinary hospital	02 months
Internal Medicine	02 months
Consultation-Liaison & Emergency Psychiatry in a multidisciplinary hospital	02 months
Psychiatry Hospital/ Rehabilitation Centre with more than 100 beds	01 months
Clinical Psychology	01 months
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.

8. Teaching Methods

The following techniques/methods are followed in the department for various teaching activities:

- a. **Didactic Lectures:** Didactic lectures should be once in a month and continue throughout 3 years. Didactic lectures are usually taken for the new postgraduate resident to familiarize them with clinical methods like history taking, mental state examination, psychopathology, diagnosis and classification and some of the commonly seen clinical problems.
- b. **Seminars & Journal Club:** Seminars are held once a week for the entire department and are attended by the residents as well as the faculty. The seminars are prepared by the residents under the supervision of a faculty member. During the seminar, the presenting resident distributes a brief summary of his presentation as well as a complete bibliography on the subject.

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- c. **Journal club** is held every week. Important journal articles from the peer reviewed journals are selected before the semester begins and a resident in consultation with the consultant presents a detailed critique of the article.
- d. **Case Conference:** Case conference is held once a week and is attended by the entire department, i.e., junior residents, senior residents, faculty, psychologists and social workers, etc. Interesting/unusual/difficult case from the inpatient or outpatient services who has been under the care of the presenting resident is discussed in detail regarding psycho-pathology, diagnosis, differential diagnosis and management
- e. **Outpatient Teaching Activities:** Residents are required to work up new cases in detail and then discuss with the consultant for the purpose of a psycho-pathology, diagnosis and differential diagnosis and management. During the follow-up clinics also residents are encouraged to bring their follow-up patients to the consultant for presentation and discussion.
- f. **Ward Teaching:** Ward rounds are taken by the consultants as well as senior residents besides service and management activities the emphasis of the ward round is teaching of postgraduate residents in the art of history taking, eliciting psychopathology arriving at diagnosis, discussing differential diagnosis, management and estimating the premises and outcome of a particular case.
- g. **Clinical Posting:** Each resident is posted to Psychiatry OPD and ward for duration of 20 months out of a total of three years. The aim of the clinical postings in the OPD and ward is acquisition of Clinical skills. These clinical skills are:
- Comprehensive history taking and physical examination.
 - Working knowledge of major psychiatric diagnoses as per the ICD and the ability to present a reasoned differential diagnosis.
 - Psychiatric formulation
 - Ability to develop a comprehensive treatment plan.
 - Knowledge of psychopharmacological agents, including indications and significant adverse effects.
 - Modified ECT administration
 - Understanding of and basic competence in identifying psychiatric emergencies and their management.

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- Ability to write clear and thorough histories, consultation notes and follow-up notes.
 - Demonstrate appropriate professional demeanor and ethics including
 - respect for patient's confidentiality.

h. Exposure to Addiction Psychiatry: Exposure to Addiction Psychiatry is dedicated to the drug dependence and its treatment. The aims of posting of a postgraduate resident are to impart him clinical skills in various kinds of drug dependence. The specific skills expected are comprehensive history taking and physical examination, knowledge of major tobacco, alcohol and drug dependence, follow up to develop a comprehensive treatment plan and knowledge of various techniques of detoxification, long term management and rehabilitation. The duration of this posting is for six months and it usually follows once a resident has put in a minimum of one year in the main psychiatry OPD and ward.

i. Neurology: The resident is posted in the neurology for a period of three months during the second or third year course residency program. The aim of the posting is to make the resident competent in:

- Clinical history taking, neurological examination, diagnosis, localization.
- Common neurological disorders encountered in general practice.
- Neurobehavioral disorders
- Special methods of investigation in neurology (including reporting and interpreting EEGs, reading CTscans/MRI).
- Treatment approaches including recent advances.

j. Child and Adolescent Psychiatry: During the posting in Psychiatry OPD and Psychiatry Ward the resident attends the weekly child guidance clinic with the objectives of:

- Normative child-development
- Interview in children
- Classification, epidemiology, etiology and presentation of child and adolescent psychiatric disorders.
- Conduct, emotional and behavioral problems in children.
- Intellectual disability etiology, manifestation, assessment, management and prevention.
- Specific learning disabilities
- Psychopharmacology in children

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- Psychosocial management issues with children.
 - Adult outcome of child psychiatric disorders. Liaison with teachers, schools, child care institutions.
 - Recognition of Disability and its alleviation among children and adolescents

k. 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, and Neurology etc.

l. Psychotherapy supervision: Trainees should administer psychotherapy (including behaviour therapy and cognitive behaviour therapy) cases under supervision of the consultants

V. LOG BOOK

A candidate shall maintain a log book of operations (assisted / performed) during the training period, certified by the concerned post graduate teacher / Head of the department / senior consultant.

This log book shall be made available to the board of examiners for their perusal at the time of the final examination.

The log book should show evidence that the before mentioned subjects were covered (with dates and the name of teacher(s)) The candidate will maintain the record of all academic activities undertaken by him/her in log book.

1. Personal profile of the candidate
2. Educational qualification/Professional data
3. Record of case histories
4. Procedures learnt
5. Record of case Demonstration/Presentations
6. Every candidate, at the time of practical examination, will be required to produce performance record (log book) containing details of the work done by him/her during the entire period of training as per requirements of the log book. It should be duly certified by the supervisor as work done by the candidate and countersigned by the administrative Head of the Institution.
7. In the absence of production of log book, the result will not be declared.

VI. RECOMMENDED TEXT BOOKS AND JOURNALS:

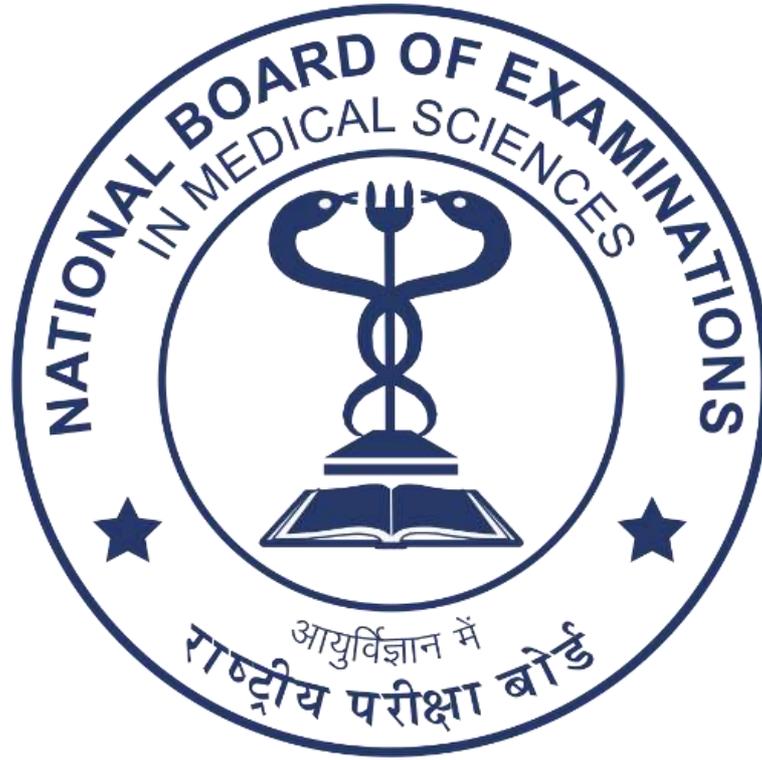
1. Books

- a. Kaplan HI, Sadock BJ, Comprehensive text book of Psychiatry, Williams & Williams, Baltimore, USA.
- b. Gelder M, Gath D, Mayou R, Oxford Textbook of Psychiatry, Oxford University press, Oxford, UK.
- c. Hales RE, Yudofsky SC, American Textbook of Neuro-psychiatric, American Psychiatry press, Washington, USA.
- d. American Psychiatric Association, Practice guidelines for the treatment of psychiatric disorders, APA, Washington, USA.
- e. Talbott JA, Hales RE, Yudofsky, Textbook of Psychiatry, American Psychiatric Press, Washington, USA.
- f. Hamiltan M, Fish.s Clinical Psychiatry, John Wright, Bristol.
- g. Sims A, Symptoms in mind, Saunders, Philadelphia, Pennsylvania.
- h. Lishman WA, Organic Psychiatry-the Psychological consequences of cerebral disorders, Blackwell, Oxford, UK.
- i. Tasman A, Kay J, Liebermann JA, Psychiatry, Panther Publications Pvt. Ltd. Bangalore, India.
- j. American Psychiatric Association, Diagnostic and statistical manual of mental disorders, APA, Washington, USA.
- k. Indian Psychiatric society, Guidelines for treatment of Psychiatric disorders, Indian Psychiatric Society, India.
- l. A Primer of Research, Publication and Presentation: Sandeep Grover, Shahul Amin
- m. Social Psychiatry: Principles and Clinical Perspectives: Rakesh K Chadda, Vinay Kumar, Siddharth Sarkar
- n. Advancing Frontiers of Psychiatric Therapeutics: P K Singh
- o. Cyber-Psychiatry: Sudhir Bhave, Sushil Gawande

2. Journals:

- a. Indian Journal of psychiatry
- b. American Journal of Psychiatry
- c. British journal of psychiatry
- d. JAMA Psychiatry
- e. Journal of clinical Psychiatry
- f. ActaPsychiatricaScandinavica

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- g. Biological Psychiatry
 - h. Journal of Psychiatry and Clinical Neuroscience
 - i. Psychiatric Clinics of North America
 - j. World Psychiatry
 - k. World Social Psychiatry
 - l. Indian Journal of Psychological Medicine
 - m. Indian Journal of Social Psychiatry



आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
मेडिकल एन्क्लेव, अंसारी नगर, नई दिल्ली – 110029

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