

SUMANDEEP VIDYAPEETH

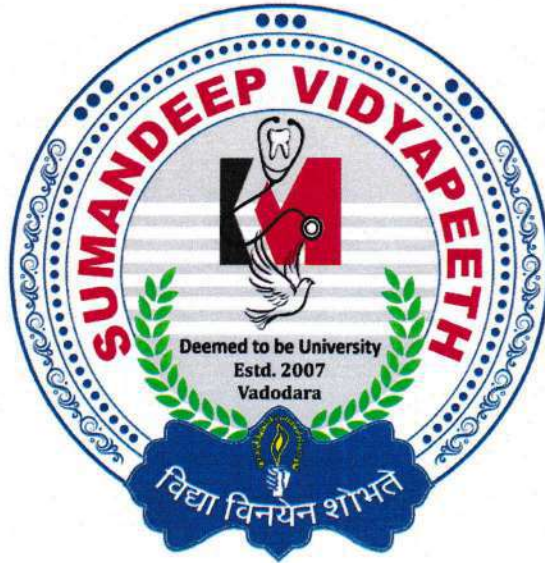
(Declared as Deemed to be University under Section 3 of the UGC Act 1956)

Accredited by NAAC with a CGPA of 3.53 out of four-point scale at 'A' Grade

At & Post Piparia, Tal: Waghodia 391760 (Gujarat) India.

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CURRICULUM

Doctor of Medicine (M.D.) PSYCHIATRY

Attested CTC

Sharaney
15/2/2021

Vice-Chancellor

Sumandeep Vidyapeeth

An Institution Deemed to be University

VIII. Piparia, Taluka: Waghodia.

Dist. Vadodara-391 760. (Gujarat)



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2015



Programme outcome : MD

The purpose of MD education is to create specialists who would provide high quality health care and advance the cause of science through research & training. The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

Programme specific outcome : MD

POS 1. Scholars shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy.

POS 2. Scholars shall have acquired the basic skills in teaching of the medical and paramedical professionals.

POS 3. Practice the specialty concerned ethically and in step with the principles of primary health care.

POS 4. Demonstrate sufficient knowledge of the basic sciences relevant to the concerned specialty.

POS 5. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.

COURSE OUTCOME (CO): At the end of the MD course in Psychiatry, the students shall acquire competencies in the following areas

1. Understand the relevance of mental health in relation to the health needs of the country.
2. Ethical considerations in the teaching and practice of Psychiatry
3. Identify the objectives like social, economic, biological and emotional determinants of mental health
4. Identify the environmental causes as determinants of mental health.
5. Institute appropriate diagnostic, therapeutic and rehabilitative procedures to the mentally ill patient
6. Scholars acquire basic skill to take detailed history, conduct appropriate ethically valid physical examination and institute appropriate evaluation procedures to make a correct clinical diagnosis
7. Perform relevant investigative and therapeutic procedures for the psychiatric patient
8. Recommend appropriate laboratory and imaging examinations and interpret the results correctly

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PROGRAMME OBJECTIVES:

At the end of the post graduate training the student is empowered to:

- Practice his specialty ethically
- Understand basic sciences related to psychiatry
- Diagnose and manage majority of conditions in psychiatry
- Plan and advise measures for the prevention and rehabilitation of psychiatric patients
- Play the assigned role in the implementation of The National Health Programs especially the National Mental Health Program.
- Demonstrate competence in basic concepts of Research Methodology
- Develop good teaching skills
- Able to practice evidenced Based Psychiatry

PRACTICAL TRAINING;

Each resident will be given clinical responsibility as full time assignment to various areas in rotation.

During their below mentioned posting areas ,every post graduate student will be exposed to at least one encounter of role modeling in which a consultant after raising a relevant query will search for its evidence and demonstrate evidence searching methodologies, its importance and utility to the student.

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The general schedule of clinical posting will be according to a standardized scheme:
Schedule of Clinical Postings for M.D. psychiatry;

Ward	10month
OPD	10months
Neurology	02month
Internal Medicine	02months
Consultation-Liaison Psychiatry	03months
Mental hospital	1.5months
Clinical psychology	0.5months
Drug deaddiction	02months
Child and adolescent psychiatry	04months
Community Psychiatry	01month

Academic Activities, Teaching learning processes:

SumandeepVidyapeeth has adopted innovative Teaching learning methodology apart from routine learning activities, In that line psychiatry training methodology also includes different learning activities that persuade a student to make evidence based decisions and to practice evidence based health care, hence during their tenure PG students are to be involved into below mentioned different learning activities:

Evidence based Seminars-All PG seminars will have evidence embedded in the presentation and all references relating to the subject matter will be incorporated. AT the end of the seminar all the references will be listed and the seminar will be assessed by the facilitator.

Evidenced based Journal Clubs-All the post graduate Journal Clubs will be carried out on a prescribed Evidence Based format with emphasis on critical appraisal. A designated teacher/facilitator will assess every post graduate student for each JC presentation.

Case Conferences with evidence Based decision making:-During the case conference the students will present the treatment plan of the given case that are evidence based

Evidence Based Protocol writing- post graduate students are involved in preparing the evidence based treatment protocols with help of their guide teacher.

Bed side teaching

Grand round

Psychosomatic round

Research forum.

Extra-mural activities.

Psychotherapy Tutorials

Training in ECT administration.

Thesis/dissertation

Two short Research Projects

Attendance at Specialty Clinics.

- The candidates shall undergo training for 3 academic years with satisfactory attendance above 80% for each year.

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- Students are also encouraged to attend CME programs and It is mandatory to read research paper at academic conferences

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COURSE CONTENTS:

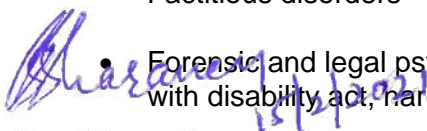
- Abuse (physical/sexual) or neglect of child/adult (including Domestic Violence)
- Adjustment disorder.
- Anxiety disorders (including panic disorder, agoraphobia, phobias, obsessive-compulsive disorder, post traumatic stress disorder, acute stress disorder, generalized anxiety disorder, etc.)
- Case presentation (including history taking, neurological examination, mental status examination, etc.)
- Child psychiatry (including panic disorders, motor skills disorders, communication disorders, pervasive developmental disorders (autistic disorder, rett's disorder, childhood disintegrative disorder, asperger's disorder), attention-deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder, pica, tic disorders, elimination disorders, separation anxiety disorder, selective mutism, reactive attachment disorder of infancy or early childhood, stereotypic movement disorder, etc.)
- Classification in psychiatry – as in DSM IV TR, DSM 5 and ICD 10

- Evidence Based Psychiatry that includes all aspects of evidence based decision making ,starting from forming a research question ,searching a literature, critical appraisal of research and applying evidence to patient care

- Community psychiatry
- Consultation-liaison psychiatry
- Culture bound syndromes
- Disaster Management
- Dissociative disorders (including dissociative amnesia, dissociative fugue, dissociative identity disorder, depersonalization disorder, etc.)
- Eating disorders (including anorexia nervosa, bulimia nervosa, etc.)
- Electro-convulsive therapy
- Electrophysiology (including chronobiology electroencephalogram, etc.)
- Emergencies in psychiatry
- Emotional intelligence
- Epidemiology
- Ethics in psychiatry
- Factitious disorders

- Forensic and legal psychiatry (including Indian Lunacy Act, Mental Health Act, persons with disability act, narcotic and psychotropic substance act)

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- Geriatric Psychiatry and Memory Clinic
- History of psychiatry
- Impulse-control disorder (including intermittent explosive disorder, kleptomania, pyromania, pathological gambling, trichotillomania, etc.)
- Learning – theories
- Memory
- Mental health issues in women
- Mental retardation
- Mind – the evolving concept
- Miscellaneous: noncompliance, malingering, antisocial behavior, borderline intellectual functioning, age related cognitive decline, bereavement, [including death], academic problems, occupational problems, identity problems, religious or spiritual problems, acculturation problems, phase of life problems, chronic fatigue syndrome, etc.)
- Mood disorders (including depressive disorders, bipolar disorders, cyclothymic disorder, etc.)
- Movement disorders (including medication-induced movement disorders, etc.)
- Neuroanatomy
- Neuroimaging
- Neuropathology
- Neurophysiology
- Neuropsychology (including psychological features of cerebral disorders, clinical assessment, etc.)
- Personality disorders
- Placebo effect
- Pre-menstrual dysphoric disorder
- Post-partum psychiatric disorders
- Psychodynamics
- Psychology (general)
- Psychometry/psychodiagnostics
- Psychopharmacology
- Psychosis (including schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, brief psychotic disorder, shared psychotic disorder, etc.)
- Psychosomatic disorders
- Psychosurgery
- Psychotherapy
- Sexual and gender identity disorders (including sexual desire disorders, sexual arousal disorders, orgasmic disorders, sexual pain disorders, vaginismus, paraphilias, etc.)
- Sleep disorders (including insomnia, narcolepsy, breathing-related sleep disorders, circadian rhythm sleep disorders, parasomnias, nightmare disorder, sleep terror disorder, sleepwalking disorder, etc.)
- Somatoform disorders (including somatization disorder, undifferentiated somatoform disorder, conversion disorder, pain disorder, hypochondriasis, body dysmorphic disorder, etc.)
- Statistics/Biostatistics/Research methodology

Attested by

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- Substance related disorders (including alcohol-related disorders, amphetamine-related disorders, caffeine-related disorders, cannabis-related disorders, cocaine-related disorders, hallucinogen-related disorders, inhalant-related disorders, nicotine-related disorders, opioid-related disorders, phencyclidine-related disorders, sedative-, hypnotic-, or anxiolytic-related disorders, etc.)
- Suicide
- Transcultural psychiatry

POSTGRAGUATE EXAMINATION;

Thesis to be submitted by each candidate at least 6months before the commencement of theory examinations.

THEORY;(400 marks)

Paper 1 Basic sciences related to psychiatry

Paper 2 Clinical Psychiatry

Paper 3 Psychiatry theory

Paper 4 Recent Advances in Psychiatry and neurology with evidence based Psychiatry

PRACTICAL; (600 marks)

Comprising presentation of an OPD case, a neurology case, and a psychiatric short case, and viva voce. Case presentation also includes assessment on evidence based decision making

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Scheme of Examination (MD Course)

Degree: **M.D. (Psychiatry)**

University: **Sumandeep Vidyapeeth, Piparia**

Dissertation: Psychiatry related Topic will be assigned for dissertation work. After getting approval from the institutional ethical committee, the student is expected to complete and submit it to the University for Assessment Purpose SIX months before the expected date of University Examination.

Theory Examination: (400 Marks)

Paper number	Topics	Marks	Time
I	Basic medical sciences applied to Psychiatry – Psychology, Neuroanatomy, human development, Contribution of Psychosocial sciences, Neuroimagination, Neuroendocrinology, Theories of Personality, Neuropsychiatry	100	3 Hours
II	Psychiatry –I Substance related disorders, Psychotic disorders, Mood disorders, Anxiety disorders, somatoform disorders, Human sexuality. Psychopharmacology Psychotherapies, psychiatry as applied to other medical branches.	100	3 Hours
III	Psychiatry-II factitious disorder, dissociative disorder, Gender Identity disorder, Eating disorder, sleep disorder, Impulse control Disorder, Personality disorder, Child Psychiatry, Geriatric Psychiatry, ethics and forensic Psychiatry	100	3 Hours
IV	Recent Advances in Psychiatry including evidence based Psychiatry	100	3 Hours

Note: The distribution of topics in each paper is arbitrary. There may be overlapping of relevant topics in question papers

Each Paper shall have 5 Questions; all compulsory; no options.

Question-1: Long Question (1 or 2 parts)	20 marks
Question-2: Long Question (1 or 2 parts)	20 marks
Question-3: Long Question (1 or 2 parts)	20 marks
Question-4: Short Notes— (4)	20 marks
Question-5: Short notes —(4)	20 marks

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Practical Examination: (450 Marks + 150 marks oral)= 600 marks
Duration: Minimum 1 day.

Exercise number	Description	Marks	Time	Assessment
1	Long case	250	45 minutes	All Four examiners
2	Short case (2)-Psychiatry and Neurology	200	20 minutes for each case.	Pair-1 Pair-2
3	Viva voce	150	30 minutes	All Four examiners

Passing standards: Theory and Practical 50 % each separately

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