

Dr. M.G.R. EDUCATIONAL AND RESEARCH INSTITUTE
Deemed to be University

Maduravoyal, Chennai – 600 095, Tamilnadu, India
(An ISO 2001:2018 Certified Institution)

University with Graded Autonomy Status



SYLLABUS & CURRICULUM
for
M.D. PSYCHIATRY
2020 onwards

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M.D. PSYCHIATRY

1. GOAL

The MD course in Psychiatry is designed to produce a post graduate clinician able to provide quality health care in the field of Psychiatry. A doctor with MD qualification in Psychiatry, should be able to diagnose and treat psychiatric disorders, take preventive and curative steps for the disease in the community at all levels of health care and qualify as a consultant and teacher in psychiatry. By the end of the training He /she should be well-versed in and should have skills and expertise in:

1. Know and grasp the relevance of mental health in relation to the health needs of the country
2. Clear in all ethical considerations in the teaching and practice of Psychiatry
3. Delineate and understand the environmental, social, economic, biological and emotional determinants of mental health
4. Basic concepts and recent advances in psychiatry.
5. Recognizing mental health, distress, illness and disease.
6. He/she should lead a multidisciplinary team to manage mental disorders.
7. He / she must be an effective teacher with skills to plan and implement teaching programmes for students in medical and allied health science courses
8. Understand basic research methodology, study design and statistics to be able to assess new information and research
9. Understand the principles of ethical medical and professional clinical practice and employ it in their work

Rationale

This curriculum outlines the competencies the trainee must demonstrate at the end of his/her course as well as the learning and assessment processes that will be undertaken to achieve the same. Being an outcome-based curriculum, it allows the trainee to explore the field of psychiatry while being encouraged and supported by clinical supervisors.

2. SPECIFIC LEARNING OBJECTIVES

This MD training program will enable the trainee to have acquired /achieved the following objectives. These are linked to the competencies listed above.

- a. Comprehend the Bio – Psycho - social basis of mental health and illness:
He / she will be able to understand basics of genetics, biology, psychology, sociology and anthropology in order to be able to comprehend mental health, distress, illness and disease and provide holistic care.
- b. Eliciting psychiatric history in detail and perform mental state and physical examinations to assess psychiatric disorders.
Based on the theoretical knowledge related to symptoms and signs of mental illness, the trainee should possess the skills to elicit psychiatric history taking and perform comprehensive mental state as well as conduct appropriate physical examinations.
- c. Skilled in making psychiatric presentations, summary, diagnostic formulation and differential diagnosis for patients with different mental disorders.

The trainee should possess knowledge, skill and confidence in reaching appropriate conclusions about different clinical presentations of mental disorders.

- d. Initiating appropriate investigations including psychological assessment, laboratory tests and radiological investigations and suggest a management plan. He /she should be able to document a detailed investigation and management plan for treating mental disorders.

- e. Master the art of communicating effectively with patients, their families, colleagues, members of the multidisciplinary team and with other health care staff.

The candidate should have the necessary communication skills to establish rapport, provide education about mental disorders and their treatment options.

- f. Well-versed with assessing and managing psychiatric emergencies, as well as evaluate and manage the risk of harm to self and to others in patients with psychiatric disorders.

The trainee should have the necessary knowledge and skill in evaluating risk and managing people who present with psychiatric emergencies.

- g. Identify the need for psychotropic medication and employ it appropriately.

He/she should have the necessary knowledge about the pharmacodynamic and pharmacokinetic properties, adverse effects, drug interaction, dosing schedules of psychotropic medication.

- h. Knowing to assess the need for and deliver psychotherapeutic and psychosocial interventions for mental disorders.

The trainee should be able to employ basic psychotherapy techniques, employ psychosocial intervention in individual, family, and group settings.

- i. Equipped to teach students of medicine and allied health sciences about mental disorders, their recognition and management.
He/ she must be competent in teaching methods like lectures, case discussions, case conferences and seminars to teach students about mental illness and their management.
- j. Competent to understand research methodology and critical appraisal of psychiatric literature.
The candidate should be familiar with common study designs, methodology, analysis and interpretation, as well as be able to conduct audits of clinical practice.
- k. Empowered to understand the principles of ethical medical practice and employ it in day- to- day health care.
The trainee should be well versed in the principles of bioethics and know the common situations and the applications of these principles.
- l. Able to understand and practice appropriate documentation in the field of medical and psychiatric practice.
The trainee should be able to document clinical details, diagnostic evaluations, treatment and interventions, maintain progress notes, write discharge summaries and maintain legal documents.
- m. Imbibe and develop leadership skills
He/ she should acquire leadership skills in order to be able to work effectively with other colleagues in the multidisciplinary team and in general hospital settings.

3. COMPONENTS OF THE POSTGRADUATE CURRICULUM

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

i. Theoretical knowledge

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

ii. 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.

iii. Ethical Considerations

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

iv. 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.

4. Theory Syllabus

The syllabus should be comprehensive covering important aspects of the etiology, psychopathology, diagnosis, differential diagnosis, psychological assessments, laboratory and radiological investigations, treatment and management plans, and rehabilitation of mental and behavioral disorders in children and adults.

The syllabus consists of :

The Patient – Doctor Relationship

Historical aspects of psychiatry

Human Development Throughout The Lifecycle:

Normality, Growth and developmental process in various life stages ,Life span approach to psychiatry Death, Dying, and Bereavement.

Historical aspects of psychiatry

Basic Sciences In Psychiatry

Functional and Behavioral Neuroanatomy, Neurophysiology,

Neurochemistry, Neuroimaging, Electrophysiology,

Psychoneuroendocrinology, Neurogenetics

Psychoneuroimmunology, Chronobiology.

Psychology

Sensation, perception and cognition, Consciousness, Intelligence and aptitude, Motivation Feelings and emotions, Learning and memory, Information processing, Communication Theories of Personality and Psychopathology, Clinical Neuropsychological Testing

Sociology

Sociobiology, Sociopolitical aspects of Psychiatry, Transcultural Psychiatry, Aggression. Anthropology

Epidemiology and Biostatistics

Research methodology, Epidemiology and major epidemiological studies, Biostatistics Statistical and experimental design, Evidence based medicine and psychiatry Principles of Bioethics, Animal Models in psychiatric research.

Clinical Examination of the Psychiatric patient

Psychiatric Interview, Psychiatric History and Mental Status Examination, Signs and Symptoms in Psychiatry, Interviewing Techniques with Special Patient Populations, Physical Examination of the Psychiatric Patient, Laboratory tests in Psychiatry, Psychiatric Report, Medical Record, and Medical Error, Personality assessment and various projective test of adults and children. Psychiatric Ratings Scales Electronic media in Psychiatry

Classification in Psychiatry

Classification of mental disorders with general references to ICD-10 and DSM-5

Organic psychiatry: Delirium, Dementia, and Amnesic and Other Cognitive Disorders, Organic Delusional, Mood and Personality Disorders, and Mental Disorders due to a General Medical Condition

Substance- Related And Addictive Disorders: Substance- Related And Addictive Disorders related to alcohol, nicotine, caffeine, cannabis, hallucinogens, amphetamines, opioids, cocaine, Phencyclidine, Sedative, Hypnotic and Inhalant

Schizophrenia Spectrum And Other Psychotic Disorders:

Schizophrenia: Epidemiology, Schizophrenia: Brain structure and function, Schizophrenia: Neurochemical, Viral and immunological studies, Schizophrenia: Genetics, Schizophrenia: psychodynamic to Neurodynamic theories, Schizophrenia: clinical features. Pharmacological treatment. Schizophrenia: psychosocial approaches. Schizophrenia- Individual Psychotherapy. Recovery in schizophrenia. Schizoaffective disorder, Schizophreniform Disorder, Brief Psychotic Disorder, Delusional disorder. Shared Psychotic disorders. Acute and Transient Psychotic disorder. Catatonia. Postpartum Psychiatric syndromes.

Bipolar And Related Disorders:

Mood disorders: Epidemiology, Mood disorders: Biochemical aspects, mood disorders: Genetics. Mood disorders: intrapsychic and interpersonal approaches. Mood disorders: Clinical features, Mood disorders: Somatic treatment, Mood disorders Psychological treatment. Cyclothymic Disorder.

Depressive Disorders:

Depressive disorders: Epidemiology. Biochemical aspects. Genetic Aspects. Depressive disorders: Psychodynamic Etiology, Depressive disorders: Clinical features, Depressive disorders: Somatic treatment, Psychological treatment. Disruptive Mood Dysregulation Disorder. Dysthymia. Premenstrual Dysphoric Disorder.

Anxiety Disorders

Anxiety Disorders: Epidemiology, Psychophysiological aspects, Neurochemical aspects, Neuroimaging, genetics, somatic treatments, Cognitive Behavioral Therapy. Panic Disorder. Agoraphobia, Specific Phobias. Social Phobia. Generalized Anxiety Disorder. Separation Anxiety Disorder. Selective Mutism.

Obsessive – Compulsive And Related Disorders:

Obsessive Compulsive Disorder, Body Dysmorphic Disorder, Hoarding Disorder, Trichotillomania, Excoriation (skin - picking) Disorder, substance / medication induced obsessive – compulsive and related Disorder.

Trauma – And Stressor – Related Disorders:

Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, Posttraumatic Stress Disorder and Acute stress Disorders. Adjustment Disorders.

Dissociative Disorders:

Dissociative Identity Disorder, Dissociative Amnesia, Depersonalization/
Derealisation Disorder,

Somatic- Symptom And Related Disorders:

Somatic- Symptom Disorder, Illness Anxiety Disorder, Conversion
Disorder, Factitious Disorders.

Sleep – Wake Disorders

Insomnia Disorder, Hypersomnolence Disorder, Narcolepsy, Obstructive
Sleep Apnea hypopnea, Central Sleep Apnea, Sleep Related
Hypoventilation, Circadian Rhythm Sleep – Wake Disorders.
Parasomnias,

Sexual Dysfunctions

Normal human sexuality, Normal human sexuality and sexual
dysfunctions, Homosexuality and Homosexual behaviour. Gender identity
disorders.

Gender Dysphoria

Gender Dysphoria, Other Specified Gender Dysphoria, Unspecified
Gender Dysphoria.

Personality Disorders

Paraphilic Disorders

Other Mental Disorders

Medication – Induced Movement Disorders and Other Adverse

Effects Of Medications:

Psychiatric Emergencies

Suicide. Other psychiatric emergencies.

Others

Relational Problems. Malingering. Adults antisocial behaviour,
criminality and violence. Borderline intellectual functioning and academic
problems Culture – bound syndromes

Child Psychiatry

Introduction and overview, Normal child and adolescent development. Psychiatric Examination of Infant, Child and Adolescents. Genetics. Neuro imaging in psychiatric disorders of childhood.

Neuro developmental Disorders

Intellectual Disability, Global Developmental Delay, Unspecified Intellectual Disability, Communication Disorders: Language Disorder, Social (Pragmatic) Communication Disorder, Speech Sound Disorder, Stuttering, Autism Spectrum Disorder, Attention – Deficit / Hyperactivity Disorder. Learning disorders, Reading disorders, Mathematics disorders, disorders of written expression. Motor skills disorders: Developmental coordination disorders, Motor Disorders. Tic disorders, Feeding And Eating Disorders: Pica, Rumination Disorder, Avoidant / Restrictive Food Intake Disorder, Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder.

Elimination Disorders

Enuresis, Encopresis Other Specified Elimination Disorders

Disruptive, Impulse-Control And Conduct Disorders

Oppositional Defiant Disorder, Intermittent Explosive Disorder, Conduct Disorder, Anti Social Personality Disorder, Pyromania, Kleptomania,

Other Disorders of Infancy, Child Hood And Adolescence

Separation anxiety disorder and anxiety in children, selective mutism, reactive attachment disorder of infancy and early childhood, stereotypic movement disorder. Schizophrenia with childhood onset.

Child Psychiatry- Psychiatric Treatment

Individual Psychotherapy, Group Psychotherapy, Paediatric Psychopharmacology, Family Therapy, Partial Hospitalization, Residential and Inpatient, Psychiatric Treatment of children and adolescents.

Child Psychiatry- Special Areas Of Interest

Psychiatric aspects of day care, Physical Abuse, Sexual abuse and Neglect of child, Children's reaction to illness, Hospitalization and Surgery, Child or Adolescent antisocial behaviour, Identity problem and Borderline Disorders.

Geriatric Psychiatry

Epidemiology of Psychiatry disorders, Genetics of Dementias, Normal Aging, Psychological aspects Socio cultural aspects, Physiological aspects, Central Nervous system changes, assessment psychiatric examination of the elderly patient, Neuropsychological evaluation, Psychiatric disorders of late life, Alzheimer's disease and other dementing disorders, Mood disorders, Schizophrenia and Delusional disorders, Anxiety disorders, Personality disorders, sleep disorders, drug and Alcohol Abuse, sensory Impairment, Psychiatric problems in the Medically III Elderly treatment Individual Psychotherapy, Family therapy, Group therapy, Psychopharmacology, treatment setting, Psychiatric aspects of Long-Term care, Community services for the elderly psychiatric patient, other Geriatric areas, Medical – Legal issues, Elder abuse ,Neglect.

Hospital And Community Psychiatry

Community Psychiatry, Psychiatric Rehabilitation.

Psychiatric Education

Graduate Psychiatric Education

Forensic Psychiatry

Legal Issues in Psychiatry, Ethics in Psychiatry, Correctional Psychiatry.

Health Issues in LGBT Population.

Ethics in psychiatry

Human Rights of Psychiatric Patients. Psychiatry: Past and Future.History of Psychiatry, Future of Psychiatry, Psychiatric care of victim of sexual abuse. Mental health issues in LGBT population.

Recent Advances in Psychiatry.

Neuropsychiatry And Behavioural Neurology

The Neuropsychiatric approach to the patient. Neuropsychiatric aspects of cerebrovascular disorders. Neuropsychiatric aspects of brain tumors. Neuropsychiatric aspects of Epilepsy. Neuropsychiatric consequences of traumatic brain injury. Neuropsychiatric aspects of movement disorders. Neuropsychiatric aspects of multiple sclerosis and other demyelinating disorders. Neuropsychiatric aspects of HIV infection and AIDS. Neuropsychiatric aspects of other infection diseases (Non HIV). Neuropsychiatric aspects of Prion disease. Neuropsychiatric aspects of headache. Neuropsychiatric aspects of neuromuscular disease. Psychiatric aspects of child neurology. Neuropsychiatry of Neurometabolic and Neuroendocrine disorders.

Consultation Liason Psychiatry and Psychosomatic Medicine

History and currents trends. Cardiovascular disorders. Gastrointestinal disorders. Obesity. Respiratory disorders. Diabetes: Psychological issues and Psychiatric disorders. Endocrine and Metabolic disorders. Psycho-Oncology. End-of-life and palliative care. Death, dying and Bereavement .Stress and Psychiatry. Psychocutaneous disorders. Organ transplantation. Psychiatric care of the burned patient.

Recent advancement in the management of depression and role of Ketamine & rTMS

Mental health care act

Internet gaming disorders.

Attenuated psychosis.

5. TEACHING LEARNING METHODS (including clinical study)

The learning methods will include:

- i. Bedside clinics
- ii. Case demonstration
- iii. Seminars-Interactive

- iv. Case conference
- v. Journal Club
- vi. Case presentations
- vii. Ward and Grand rounds
- viii. Training in ECT administration and Ketamine infusion
- ix. Didactic lectures
- x. Training in biofeedback and Lorazepam therapy
- xi. Psychometric assessment
- xii. Clinic pathological meet
- xiii. Research Forum
- xiv. Attendance in special clinics/units
- xv. Research methodology course
- xvi. Library (Department and central) and resources on the internet

Teaching methods include:

- i. Supervised teaching of undergraduate medical students, nursing students and physiotherapy students in clinical psychiatry in the final year.
- ii. Use of Audio Visual aids

Monitoring learning progress

Monitored through continuous appraisal and regular assessments.

ATTENDANCE : All the candidates joining the Post Graduate training programme shall work as 'Full Time Residents' during the period of training and shall attend not less than 80% (Eighty percent) of the imparted training during each academic year including assignments, assessed full time responsibilities and participation in all facets of the educational process.

6. STRUCTURED TRAINING PROGRAM

The three-year course should provide the trainee adequate opportunity to be exposed to the different aspects of psychiatric practice; general and adult psychiatry, child and adolescent psychiatry, geriatric psychiatry, forensic psychiatry, substance misuse, neuropsychiatry, consultation-liaison psychiatry, community and rehabilitation psychiatry and psychotherapy.

The course should provide adequate exposure and learning opportunities for supervised out-patient and in-patient work, and in managing emergencies and “on- call” duties. Training placements should be in psychiatric facilities, general medical settings and in the community.

The curriculum should be delivered through workplace learning with appropriate clinical supervision. The learning methods and components will also include:

1. Clinical supervision
2. Interview skills
3. Diagnostic and psychological assessment experience and supervision
4. Management experience and supervision
5. Psychotherapy experience and supervision
6. Emergency psychiatry experience and supervision
7. Training in Electroconvulsive Therapy (ECT) and psychometric assessment
8. Basic research methodology teaching and supervision

The training should be rotated through the different departments to include the following schedule :

Component	Duration Total 12 x 3 = 36 months
General psychiatry including adult, old age, consultation liaison, substance misuse through posting in out-patient, inpatient, and general hospital postings	30 Months
Child and Adolescent Psychiatry	2 Months
Psychology	1 Month
General Medicine	1 Month
Neurology	2 Months

The trainees will have weekly lectures/seminars in general, abnormal and social psychology and psychodiagnostics during the first year of training. Lectures and seminars will also be arranged in neuroanatomy and neurophysiology.

During IInd year, the Students are encouraged to undergo special postings for learning new advanced techniques / procedure / skills in institutions of higher repute where the requisite facilities are available without affecting the duties of the parent department.

A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination

7. Evaluation of the candidates in both theory and practical aspects will help the candidate in improvement of his/her knowledge, skills and attitude.

Periodic tests: The department may conduct three tests

1st test - at the end of first year

2nd test - at the end of second year

3rd test - 3 months before final examination

The tests will include written papers, practical/clinics and viva voce

8. COMPETENCY ASSESSMENT

OVERALL:

a) Communication / commitment / Contribution /
Compassion towards patients and Innovation - 5 Marks

b) Implementation of newly learnt techniques/skills - 5 Marks

Number of cases presented in Clinical Meetings/
Journal clubs/seminars - 5 Marks

Number of Posters/Papers presented in Conferences/
Publications and Research Projects - 5 Marks

Total 20 Marks

PG CLINICAL COURSES

VIVA including Competency Assessment - 80 Marks (60 + 20)

Log Book - 10 marks

ASSESSMENT SCHEDULE IS AS FOLLOWS

Year of study	Period				Total Max.20 marks
I year	Upto Dec	10 marks	Upto June	10 marks	20 Marks
II year	Upto Dec	10 marks	Upto June	10 marks	20 Marks
III year	Upto Oct	10 marks	Upto Feb	10 marks	20 Marks
	AVERAGE				20 Marks

9. DISSERTATIONS AND UNIVERSITY JOURNAL OF MEDICAL SCIENCES

The topic for the dissertation should be registered and sent to the University after Ethics Committee approval before 31st of December of the first Post Graduate Year. Only one change of topic with proper justification from the Head of the Department is permitted before 31st March of the first Post Graduate Year. The change of dissertation title will not be permitted after 31st March of the First Post Graduate Year.

As per MCI Clause 14 (4)(a), thesis shall be submitted atleast 6 Months before the Theory and Clinical/Practical Examination.

A candidate shall be allowed to appear for the Theory and Practical/Clinical Examination only after the acceptance of the Thesis by the Examiners.

The periodical evaluation of dissertation/log book should be done by the guide / HOD once in every six months. The HOD should ensure about the submission of dissertation within the stipulated time.

Regarding submission of articles to the University Journal of Medical Sciences for all the PG Degree/Diploma courses, it is mandatory that the students have to submit at-least one research paper.

10. SCHEME OF EXAMINATION

a) THEORY EXAMINATION

Paper I: Basic Sciences as related to psychiatry (including Neuroanatomy, Neurophysiology, Neurochemistry, Biostatistics, General Psychology, Abnormal Psychology, Social Psychology, Psychometry and Genetics as related to Psychiatry).

Paper II: Clinical Psychiatry, Consultation Liaison Psychiatry, Geriatric Psychiatry, Psychiatric Emergencies, Psychoneuroendocrinology Psycho-oncology, Electrophysiological Procedures, Chronopsychobiology and Brain Imaging in Psychiatry

Paper III: Child Psychiatry, Forensic Psychiatry, Community Mental Health and Psychotherapy

Paper IV: Recent Advances in Psychiatry, Psychiatric Specialties and General Medicine and Neurology related to Psychiatry

Questions on recent advances may be asked in any or all the papers.

There shall be four question papers, each of three hours duration. Each paper shall consist of 10 short essay questions carrying 10 marks each. Total marks for each paper will be 100.

Paper I = 100 Marks

Paper II = 100 Marks

Paper III = 100 Marks

Paper IV = 100 Marks

Total -----
400 Marks

b) PRACTICAL EXAMINATION

The clinical examination will be at the end of the 3 year training period and will consist of the following:

1. Clinical cases a) One Long case(Psychiatry)	1 x 80	45minutes	80 marks
b) Two Short cases i. Neurology ii. Psychiatry	2 x 40	20 minutes each	80 marks
2. OSCE	4 x 10	5 minutes each	40 marks
4. Viva voce (including competency 20 marks)			80 marks
5. Logbook			10 marks
6. Pedagogy			10 marks
Total			300 marks
Minimum for pass			150 marks

11. LOG BOOK

The post graduate students shall maintain a record (log book of the work carried out by them and the training program undergone during the period of training. The clinical postings including OPD, ward rounds, academic sessions (case seminars, journal clubs, symposia) are written in the logbook on a day- to- day basis for the entire 36 months of training. The Assistant Professor of Psychiatry who supervises the resident and the Consultant under whom he/she is posted will sign the logbook. The record or log book shall be checked and assessed periodically by the faculty members imparting the training. Periodic review of Log book and Dissertation have to be done in the Department by guide/HOD once in every 6 months.

12. VIVA

VIVA including Competency Assessment - 80 Marks (60 + 20)

13. OSCE/OSPE

At the five stations the following topics have to be elicited by the trainee:

- i. History taking
- ii. Summary formation
- iii. Diagnostic formulation
- iv. Mental Status examination
- v. Eliciting Mood
- vi. Eliciting thought process
- vii. Eliciting symptoms like delusion, hallucination, obsessions etc
- viii. Formal thought disorder
- ix. Eliciting disorders of Perception
- x. Bedside lobe function tests
- xi. Assessing motivation for abstinence in people with substance use
- xii. Assessment of suicide risk
- xiii. Assessment of cognitive function like memory, orientation, attention and concentration
- xiv. Psychoeducation for different mental disorders
- xv. Psychoeducation for different drug therapies like lithium, clozapine etc
- xvi. Side effects of medication
- xvii. Management of Tardive dyskinesia
- xviii. Treating acute dystonias, akathisia.
- xix. Eliciting and treating Extrapyramidal symptoms
- xx. Differentiating seizures and pseudoseizures.
- xxi. Hallucinations and pseudo hallucinations.
- xxii. Elicit symptoms of Catatonia
- xxiii. Psycho education of family in Delirium
- xxiv. CBT of Panic disorder

xxv. Motivational Enhancement Therapy in substance abuse

xxvi. Examination of CNS

Maximum marks for M.D. Psychiatry	Theory	Practical & Viva	Grand Total
	400	300 (Practical – 200 & Viva – 100)	700

MARKS QUALIFYING FOR A PASS

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examination. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the degree examination.

14. RECOMMENDED REFERENCE BOOKS

- 1) Sims' Symptoms in the Mind: Textbook of Descriptive Psychopathology, 5th edition, Femi Oyebode, Elsevier Ltd, Edinburgh (2015)
- 2) Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry, 3rd edition, Brendan Kelly and Patricia R. Casey, Royal College of Psychiatrists, London (2007)
- 3) Diagnostic and Statistical Manual of Mental Disorders 5th edition, American Psychiatric Association, Arlington, VA (2013)
- 4) Kaplan And Sadock's Comprehensive Textbook of Psychiatry 9th Edition, Benjamin J Sadock and Virginia A Sadock, Lippincott, William Wilkins, Philadelphia (2009)
- 5) Kaplan And Sadock's Synopsis of Psychiatry 10th Edition, Benjamin J Sadock and Virginia A Sadock, Lippincott, William Wilkins, Philadelphia (2007)
- 6) New Oxford Textbook of Psychiatry 2nd Edition, Michael Gelder, Nancy Andreasen, Juan Lopez-Ibor, John Geddes, Oxford University Press, Oxford (2009)
- 7) Lishman's Organic Psychiatry: A Textbook of Neuropsychiatry, 4th Edition,

- Anthony S David, Simon Fleminger, Michael Kopelman, Simon Lovestone, John Mellors, Wiley-Blackwell, Chichester (2009)
- 8) Tasman Psychiatry textbook, Allan Tasman Jerald Kay, Jeffrey A Liberman , Wiley (2008)
 - 9) Munn's Introduction to Psychology, Fernald, AITBS (2001)
 - 10) Introduction to Psychology, Clifford T Morgan, Richard A King, John R Weise, John Schepler, McGraw Hill Education(2017)
 - 11) Advanced Educational Psychology, S K Mangal, Prentice Hall India Learning Pvt Limited (2002)
 - 12) Forensic Psychiatry, S Nambi, Jaypee Brothers Medical Publishers (2013)
 - 13) Fundamentals Of Statistics, S C Gupta, Himalaya Publishing House (2018)
 - 14) The Maudsley Guidelines in 12th Edition, David Taylor, Carol Paton, Shitij Kapur, Wiley-Blackwell, Chichester (2015)
 - 15) Prescribing Psychiatry, The International Classification of Diseases 10: mental and behavioral disorders, clinical descriptions and diagnostic guidelines, World Organization Health, Geneva (1992)
 - 16) Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications 4thedition, Stephen M Stahl, Cambridge University Press, Cambridge (2013)
 - 17) Textbook of Postgraduate Psychiatry 2ndedition, J.N. Vyas , Niraj Ahuja, Jaypee Publishers, New Delhi (2003)
 - 18) Rutter's Child and Adolescent Psychiatry, 6th Edition, Michael J. Rutter, Dorothy Bishop, Daniel Pine, Stephen Scott, Jim S. Stevenson, Eric A. Taylor, AnitaThapar, John Wiley Chichester (2015)
 - 19) Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook, 4th edition, Andrés Martin, Fred R. Volkmar, Melvin Lewis, Lippincott, Williams, Wilkins, Philadelphia (2007)
 - 20) Handbook of Psychiatry, Wen-Shing Tseng, Academic San Press Diego (2001)

- 21) Cultural Adams and Victor's Principles of Neurology 10th Edition, Allan Ropper, Martin Samuels, Joshua Klein, McGraw Hill Toronto (2014)
- 22) Harrison's Principles of Internal Medicine 19th Edition, Dennis L. Kasper, Anthony S. Fauci, Stephen Hauser, Dan Longo, J. Larry Jameson, Joseph Loscalzo, McGraw Hill Toronto (2015)

****Note:** The editions are as applicable and the latest editions shall be the part of the syllabi.

15. RECOMMENDED JOURNALS:

- i. Indian Journal of Psychiatry
- ii. Indian Journal of Psychological Medicine
- iii. Indian Journal of Clinical Psychology
- iv. Annals of Indian Academy of Neurology
- v. British Journal of Psychiatry
- vi. American Journal of Psychiatry
- vii. Indian Journal Of Medical Research
- viii. NIMHANS journal