



**Dr. D. Y. PATIL VIDYAPEETH, PUNE**  
(Deemed to be University)

**Syllabus for  
PG Medical Specialties**

**2014 - 15**  
(Amended / Revised upto July 2019)



**Dr. D.Y. PATIL VIDYAPEETH, PUNE**  
(Deemed to be University)

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade)  
(An ISO 9001 : 2015 Certified University)

**Dr. A. N. Suryakar**  
Registrar

Ref. No. : DPU/875-vii/2019  
Date : 11/09/2019

#### NOTIFICATION

Whereas in pursuance of the following decisions taken by the Board of Management, it is hereby notified to all concerned that the "Syllabus for PG Medical and Surgical Specialties – 2014-15" is revised upto July 2019 and hereby published.

- Changes in syllabus for UG and PG in General Medicine, Pulmonary Medicine and General Surgery vide Resolution No. BM-07-(iii)-4 dated 28<sup>th</sup> January, 2014.
- Updation in UG and PG syllabus of General Medicine, Obstetrics & Gynecology, Orthopedics, Anaesthesiology, ENT and Ophthalmology vide Resolution No. BM-04(i)-15, dated 31<sup>st</sup> March, 2015.
- Modifications in pattern of PG practical examinations for MD (General Medicine), MD (Pediatrics), MS (General Surgery), and MS (OBGY) vide Resolution No. BM-26(iv)-15, dated 29<sup>th</sup> December, 2015.
- Updation in PG syllabus in Radio-Diagnosis subject vide Resolution No. BM-26(vii)-15, dated 29<sup>th</sup> December, 2015.
- Introduction of Bioethical aspects in various chapters of all subjects vide Resolution No. BM-26(xi)-15, dated 29<sup>th</sup> December, 2015
- Partial Modifications in Pattern of PG Practical Examinations for MD (General Medicine) and MS (General Surgery) vide Resolution No. BM-17(vii)-16, dated 22<sup>nd</sup> September, 2016.
- Modifications in the syllabus of MD (Emergency Medicine) vide Resolution No. BM-35(iv)-18, dated 12<sup>th</sup> October, 2018.
- Changes in teaching and assessment of MS (Ophthalmology), vide Resolution No. BM-35(v)-18, dated 12<sup>th</sup> October, 2018.
- Changes in the practical examination pattern of M.S. (Orthopedics) vide Resolution No. BM-35(vi)-18, dated 12<sup>th</sup> October, 2018.
- Change in practical examination pattern of MD (Dermatology) vide Resolution No. BM-35(vii)-18, dated 12<sup>th</sup> October, 2018.
- Graduate Attributes, Programme Outcomes (POs), Course Outcomes (Cos) and gap analysis for all courses of UG and PG Programmes for Para-Clinical and Surgical Subjects vide Resolution No. BM-10(vii)-19 dated, 12<sup>th</sup> April, 2019.
- Interdisciplinary subjects (for Surgical Subjects) of M.B.B.S, M.D./M.S. and Super-specialty (D.M./M.Ch.) Programs under the Faculty of Medicine vide Resolution No. BM-10(viii) dated 12<sup>th</sup> April, 2019.
- Changes in syllabus of MD (General Medicine) and MD (Psychiatry) vide Resolution No. BM-27(iv)-19 dated 30<sup>th</sup> July, 2019.
- Modifications in MD (Respiratory Medicine) Practical examination pattern vide Resolution No. BM-27(vii)-19 dated 30<sup>th</sup> July, 2019.



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- Graduate Attributes, Programme Outcomes (POs), Course Outcomes (Cos) outcome analysis of Pos and Cos and mapping with objectives for all courses of UG and PG Programmes of Pre-Clinical and **Medicine Subjects** under the Faculty of Medicine vide **Resolution No. BM-27(x)-19 dated 30<sup>th</sup> July, 2019.**
- Interdisciplinary subjects (**for Medicine Subjects**) of M.B.B.S, M.D./M.S. and Super-specialty (D.M./M.Ch.) Programs under the Faculty of Medicine vide **Resolution No. BM-27(xi) dated 30<sup>th</sup> July, 2019.**

The **Syllabus for PG Medical and Surgical Specialties – 2014-15** is Revised upto July 2019 will be useful to all the concerned. This will come into force with immediate effect.



(Dr. A. N. Suryakar)  
Registrar

**Copy to:**

1. PS to Chancellor for kind information of Hon'ble Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune.
2. PS to Vice Chancellor for kind information of Hon'ble Vice Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune.
3. The Dean, Dr. D. Y. Patil Medical College Hospital & Research Centre, Pimpri, Pune
4. The Controller of Examinations, Dr. D. Y. Patil Vidyapeeth, Pune.
5. Director (IQAC), Dr. D. Y. Patil Vidyapeeth, Pune.
6. Web Master for uploading on Website.

**MAPPING OF PROGRAMME OUTCOMES [POs] AND COURSE  
OUTCOMES [COs] OF PG PROGRAMMES**

<b>No.</b>	<b>By the end of the programme, the Postgraduate will have / be:</b>
PO 1	Knowledge and Skills
PO 2	Planning and problem solving abilities
PO 3	Communication
PO 4	Research Aptitude
PO 5	Professionalism and Ethics
PO 6	Leadership
PO 7	Societal Responsibilities
PO 8	Environment and Sustainability
PO 9	Lifelong Learner

### MD PSYCHIATRY PROGRAMME

Course Code	Course Title
PGM05	MD Psychiatry

#### Course 1 (Subject Code)

CO No.	At the end of the course, the learner should be able to:	Mapped Programme Outcomes
PGM05.1	Basic Sciences as related to Psychiatry	PO1,PO2,PO3,PO5, PO6,PO7,PO8,PO9
PGM05.2	Clinical Psychiatry	PO1,PO2,PO3,PO4,PO5, PO6,PO7,PO8,PO9
PGM05.3	Psychiatric theory and Psychiatric specialties	PO1,PO2,PO3,PO4,PO5, PO6,PO7,PO8,PO9
PGM05.4	Neurology and General Medicine as related to Psychiatry	PO1,PO2,PO3,PO4,PO5, PO6,PO7,PO9
PGM05.5	Clinical/ Practical and Oral/Viva voce examination should consist of 1. Presentation of long case of psychiatry.2.Neurology short case.3.A short case Psychiatry.4.Viva -Voce.	PO1,PO2,PO3,PO5, PO6,PO7,PO8,PO9



# **PSYCHIATRY**

**DEPARTMENT OF PSYCHIATRY**  
**P. G. DEGREE COURSE - M D (PSYCHIATRY)**

**1. GOALS :**

Postgraduate training in Psychiatry (Degree/Diploma) will be imparted to doctors who are already holding M.B.B.S. Degree of any recognized Indian University or its equivalent degree of a Foreign University recognized by Medical Council of India and will have the following aims:

- 1.1. To impart sound knowledge in Psychology, Neural Sciences, Neurology and Psychiatry.
- 1.2. To train the students in the clinical discipline in such a manner that they can independently investigate, diagnose and deal Neuropsychiatric disorders.
- 1.3. To master the different psychotherapeutic treatments and procedures and able to manage any complications in the course of the practice of the discipline.
- 1.4. To be able to develop an attitude of a doctor in his own discipline as well as to be able to manage interdisciplinary liaison cases during his day to day practice.
- 1.5. And to remain updated with the recent advances in his subject and to develop an aptitude for independent research work in his own discipline.

**2. OBJECTIVES :**

**2.1. KNOWLEDGE :**

At the end of degree/diploma students should have sound knowledge of -

- 2.1.1 Diagnosis and management of Psychiatric disorders.
- 2.1.2 Neural Sciences and Neurological disorders.
- 2.1.3 Management of Psychiatric emergencies.
- 2.1.4 Pharmacotherapy in detail.
- 2.1.5 Psychology and Psychological Therapies.
- 2.1.6 Procedures used in Psychiatry like Electro – convulsive therapy, narcoanalysis, etc.
- 2.1.7 Recent advances in Psychiatry.

## **2.2. SKILLS –**

At the end of degree & diploma curriculum the candidate should be -

- 2.2.1 Competent in history taking & interview skills, formulation of diagnosis and management of psychiatric disorders independently.
- 2.2.2 Trained to handle Neuropsychiatric emergencies and complications.
- 2.2.3 Able to perform procedures like ECTs, narcoanalysis, Psychotherapies
- 2.2.4 And able to undertake independent research work in his own subject

As per MCI letter No. MCI-18 (I) 2006-Med./25394 dated: 12-02-2007, in compliance with order date 20-12-2006 passed by Hon'ble Delhi High Court in CWP No. 6753/2003 -Ms. Sharda Dhir & Anr. Vs UOI & Ors The following to be added to para 2.1 and para 2.2 of the syllabus for MD (Psychiatry) & DPM:

### **CLINICAL / PRACTICAL SKILLS**

He should be able to recognize the mental condition in infants and children characterized by self absorption and reduced ability to respond to the outside world (e.g. Autism), Abnormal functioning in social interaction with or without repetitive behavior and/ or poor communications, etc.

## **3. INTEGRATION OF TEACHING -**

- 3.1 Entire course duration of 36 months of Degree is to be divided into six Semesters of 6 months each.
- 3.2 During the 1<sup>st</sup> Semester of degree the students will be introduced to Psychiatry with more emphasis on study of Neural Sciences and Neurology. During this Semester, student will do a eight weeks' attachment with General Medicine. During this Semester, students will also study the brain and the neural Sciences for which necessary tie-up will be done with the Department of Anatomy.
- 3.3 During the 2<sup>nd</sup> Semester of degree the students will be imparted sufficient orientation about Psychiatry proper including Psychology and Psychological therapies.



- 3.4 In the 3<sup>rd</sup> & 4<sup>th</sup> Semester of degree, the teaching will be aimed at making the students well trained in Psychiatric case taking, formulation of diagnosis and management. During this semester, students will do a eight weeks attachment with Neurology.
- 3.5 In the 5<sup>th</sup> & 6<sup>th</sup> Semester of degree, the teaching will be aimed at making the students capable of handling all types of psychiatric cases and emergencies.

#### **4. TRAINING SCHEDULE: -**

- 4.1 Theory Lectures / Topics from Neural Sciences, Neurology, Psychology and Psychiatry will be covered during course period.
- 4.2 Ward and O.P.D. work.
- 4.3 Conduction of procedures like ECT, Narcoanalysis, use of biofeedback machines, EEG & ECG recording,
- 4.4 Case presentations / clinical meetings.
- 4.5 Journal Club meetings.
- 4.6 Tutorials.
- 4.7 Self-study / Demonstration of Specimens, EEG, Psychological testing, Neuroimaging.
- 4.8 Self Study -Library.

#### **5. DETAILED SYLLABUS**

##### **5.1. PSYCHOLOGY**

###### **(a) What Psychology is like?**

- i. Definition of Psychology
- ii. Methods in Psychology.
- iii. Work of Psychology.

###### **(b) Principles of Learning**

- i. Classical Conditioning
- ii. Instrumental Conditioning
- iii. Cognitive Learning
- iv. The Learner and Learning: Some things are easier to learn than others.

###### **(c) Memory:**

- i. Theories about Memory  
Long Term Memory: Its Organization and process.  
Forgetting Amnesia.

**(d) Thinking and Language:**

- i. The Thinking Process
- ii. Concepts
- iv. Problem Solving
- iv. Decision Making
- v. Creative Thinking
- vi. Language Communication

**(e) Motivation:**

- i. Motives as Inferences, Explanations and Predictors
- ii. Some Theories of Motivation
- iii. Social Motives
- iv. Motives to know and to be effective
- v. Frustration and conflict of Motives.

**(f) Emotion and Stress**

- i. Expression and Perception of Emotions
- ii. Physiology of Emotion
- iii. Stress
- iv. Some Theories of Emotion

**(g) Social Perceptions, Influences & Relationships**

- i. Social Perception.
- ii. Social Influence
- iii. Social Relationships

**(h) Attitudes**

- i. Nature of Attitudes
- ii. Measurement of Attitudes
- iii. Attitude Theories
- iv. Factors in Attitude Change
- v. Attitudes and Behavior
- vi. Behaviour and Attitudes

**(i) Development During Infancy & Childhood**

- i. Method of studying development
- ii. Infancy: Early steps in the March to Maturity
- iii. Early Childhood: Play, Preschool and Pre operations
- iv. Later Childhood: Cognitive Tools, social Rules, Schools

**(j) Development During Adolescence, Adulthood and Old Age.**

- i. Adolescence: Storm and Stress or smooth living.
- ii. Youth
- iii. Early and Middle Adulthood
- iv. Old Age.

**(k) Psychological Assessment and Testing**

- i. Psychological Tests
- ii. Nature of Intelligence
- iii. Assessing Intelligence
- iv. Individual differences in intelligence
- v. Testing for Special Attitudes
- vi. Personality assessment
- vii. Behavioral assessment

**(l) Personality**

- i. Ways of Defining and Thinking about Personality
- ii. Type and Trait Theories of Personality
- iii. Dynamic Personality Theories
- iv. Learning and Behavioral Theories of personality
- v. Humanistic Theories: Personality as the self.

**(m) Contribution of the Sociocultural Sciences: -**

- i. Anthropology and Psychiatry, Sociology and Psychiatry, Evolutionary
- ii. Biology & Psychiatry, cultural Psychiatry.

**(n) Theories of Personality & Psychopathology:**

- i. Psychoanalysis
- ii. Other Psychodynamic Schools
- iii. Approaches derived from Philosophy and Psychology.

**5.2. Neural Sciences and Neurology**

**(a) Neural Sciences**

- i. Introduction and overview
- ii. Functional Neuroanatomy
- iii. Developmental Neurobiology
- iv. Monoamine Neurotransmitters
- v. Amino Acid Neurotransmitters
- vi. Neuropeptides, Neurotrophic Factor International Signaling Pathways.
- vii. Basic Electrophysiology,
- viii. Basic Molecular Neurobiology, Psychoneuroendocrinology Immune System & Central Nervous System,
- ix. Interaction Chronobiology, Applied Electrophysiology
- x. Principles of Neuroimaging:- Radiotracer Technique, Principles of Neuro imaging,
- xi. Magnetic Resonance Techniques,
- xii. Population Genetic Methods in Psychiatry,
- xiii. Genetic Linkage analysis of the Psychiatry disorders.

- xiv. Neurophysiology of sleep,
- xv. Future directions in Neuroscience and Psychiatry.

**(b) Neurology:**

- i. Approach to the patient with Neurologic Disease.
- ii. Electrophysiologic studies of Central & Peripheral Nervous System.
- iii. Neuroimaging in Neurologic Disorders.
- iv. Molecular Diagnosis of Neurologic Disorders.
- v. Migraine & the Cluster Headache Syndrome.
- vi. Seizures & Epilepsy.
- vii. Cerebro vascular Diseases.
- viii. Alzheimer's Disease and other Primary Dementia's.
- ix. Parkinson's Disease and other Extrapyrmidal Disorders
- x. A Toxic Disorders.
- xi. The Motor Neuron Diseases,
- xii. The Disorders of Autonomic Nervous System.
- xiii. Disorders of Cranial Nerves.
- xiv. Diseases of Spinal Cord.
- xv. Traumatic Injuries of the Head & Spine.
- xvi. Tumors of Nervous System.
- xvii. Multiple Sclerosis and other Demyelinating Diseases.
- xviii. Bacterial Meningitis. Brain Abscess and other supportive Intracranial Infections.
- xix. Chronic and Recurrent Meningitis.
- xx. Aseptic Meningitis, Viral Encephalitis & Prion diseases
- xxi. Nutritional & Metabolic Disease of the Nervous system
- xxii. Diseases of Peripheral Nervous System.
- xxiii. Myasthenia Gravis and other Diseases of the Neuromuscular Junction.
- xxiv. Diseases of the Muscle.
- xxv. Chronic Fatigue Syndrome.
- xxvi. Introduction to Immune System.
- xxvii. The Major Histocompatibility Gene Complex.
- xxviii. Primary Immune Deficiency Disorders.
- xxix. Human Immunodeficiency Virus (HIV)
- xxx. Disease: AIDS and Related Disorders.
- xxxi Amyloidosis,
- xxxii. Recent Advances in Neurology.

### **5.3 Psychiatry**

- a) Historical review of care and treatment in psychiatry**
- b) Clinical Manifestation of Psychiatric Disorders.**
- c) Examination of the Psychiatric Patient**
  - i. Psychiatric Interview
  - ii. History and Mental Status Examination.
  - iii. Psychiatric report and medical record
  - iv. Signs and symptoms in Psychiatry
  - v. Clinical Neuro Psychology and intellectual assessment of adults and Children.
  - vi. Neuropsychological and Intellectual Assessment of Children
  - vii. Medical assessment and laboratory testing in Psychiatry,
  - viii. Psychiatry rating scales, Computer based testing of the Psychiatric patients.
- d) Classification of Mental and behavioral Disorders:**
  - i. The ICD 10 classification of mental and behavioral disorders
  - ii. International Psychiatric diagnosis/ DSM IV TR (Diagnostic and Statistical Manual of Mental Disorders) of APA.
- e) Delirium, Dementia and Amnestic and other cognitive disorder**
- f) Substance Related Disorders**
  - i. Introduction & overview,
  - ii. Alcohol related disorders,
  - iii. Amphetamine related disorders.
  - iv. Caffeine related disorders,
  - v. Cannabis - related disorders,
  - vi. Cocaine related disorders,
  - vii. Hallucinogen related disorder,
  - viii. Nicotine related disorder
  - ix. Opioid related disorder,
  - x. Phencyclidine related disorders,
  - xi. Sedative Hypnotic or anxiolytic related abuse,
  - xii. Anabolic Androgenic Steroid Abuse.

**g) Schizophrenia :**

- i. Introduction and overview,
- ii. Epidemiology,
- iii. Brain Structure and Function,
- iv. Neurobiology Genetics,
- v. Psychodynamic to Neurodynamic Theories,
- vi. Clinical Features,
- vii. Somatic Rx, Psychosocial Treatment, Individual Psychotherapy.

**h) Other Psychotic Disorders:**

- i. Schizoaffective disorder,
- ii. Schizophreniform disorder and Brief Psychotic disorder,
- iii. Delusional disorder and Shared Psychotic disorder,
- iv. Acute and transient Psychotic disorders and Culture bound Syndromes,
- v. Post partum Psychiatric Syndrome.

**i) Mood Disorders:**

- i. Introduction and overview,
- ii. Epidemiology,
- iii. Neurobiology,
- iv. Psychodynamic aspects,
- v. Clinical Features,
- vi. Rx of depression,
- vii. Rx of Bipolar disorders, Psychotherapy.

**j) Anxiety Disorders:**

- i. Introduction and overview,
- ii. Epidemiology,
- iii. Biochemical aspects,
- iv. Genetics
- v. Psychodynamic aspects,
- vi. Clinical Features,
- vii. Somatic treatment,
- viii. Psychological Treatment.

**k) Somatoform Disorders**

**l) Factitious Disorders**

**m) Dissociative Disorders:**

- i. Dissociative Amnesia
- ii. Dissociative Fugue,
- iii. Dissociative identity disorder,
- iv. Depersonalization disorder,
- v. Dissociative disorder not Otherwise Specified

**n) Normal Human Sexuality And Sexual And Gender Identity Disorders:**

- i. Normal Human Sexuality,
- ii. Paraphilias,
- iii. Gender Identity Disorders.

**o) Eating Disorders**

**p) Sleep Disorders**

**q) Impulse Control Disorders Not Elsewhere Classified**

**r) Adjustment Disorders**

**s) Personality Disorder.**

**t) Relational Problems.**

**u) Psychological Factors Affecting Medical Conditions:**

- i. History,
- ii. Classification and current trends in Psychosomatic Medicine  
Gastrointestinal Disorders
- iii. Obesity,
- iv. Cardiovascular Disorders,
- v. Respiratory Disorders,
- vi. Endocrine and Metabolic Disorders,
- vii. Psychocutaneous Disorders,
- viii. Musculoskeletal Disorders,
- ix. Stress and Psychiatry Behaviour and Immunity,
- x. Psycho - oncology,
- xi. Consultation Liaison Psychiatry.

**v) Additional Conditions that may be a Focus of Clinical Attention:**

- i. Treatment Compliance,
- ii. Malingering,
- iii. Adult Antisocial Behaviour and Criminality,
- iv. Borderline Intellectual Functioning and Academic Problem.
- v. Other Additional Conditions that may be a focus of Clinical Attention,

**w) Psychiatric Emergencies:**

- i. Suicide,
- ii. Other Psychiatric Emergencies.

**x) Child Psychiatry**

- i. Introduction and Overviews,
- ii. Normal Child Development, Normal Adolescence
- iii. Psychiatric Examination of the infant child and Adolescent
- iv. Mental Retardation.
- v. Learning Disorders: Reading Disorders, Mathematics Disorders, Disorder of Written Expression and Learning Disorders not otherwise specified,
- v. Motor Skills Disorder: Developmental Coordination disorder,
- vi. Communication Disorder: Expressive language disorder, Mixed-receptive expressive language disorders, Phonological disorder, Stuttering, Communication disorders not otherwise specified,
- vii. Pervasive Developmental Disorder
- ix. Attention - Deficit Disorder: Attention Deficit Disorders, Adult Manifestation of attention - deficit / hyperactivity disorder.
- x. Disruptive Behaviour Disorders.
- xi. Feeding And Eating Disorders of Infancy and early childhood
- xii. Tic disorders
- xiii. Elimination Disorders,
- xiv. Other Disorders of Infancy, Childhood and Adolescence: Reactive attachment Disorder of Infancy and early childhood, Stereotype Movement disorder of infancy and Disorders of Infancy and Early Childhood not otherwise specified,
- xv. Mood Disorders and Suicide in Children and Adolescents,
- xvi. Anxiety Disorder in Children: Obsessive - Compulsive disorder in children. Post - Traumatic Stress disorders in children and Adolescents, Separation Anxiety disorders and other anxiety disorder, selective Mutism.
- xvii. Early Onset Schizophrenia.
- xviii. Child Psychiatry, Psychiatric Treatment: Individual Psychodynamic Psychotherapy, Short Term Psychotherapy, Cognitive Behavioral Psychotherapy, Group Psychotherapy, Family Therapy, Pediatric Psychopharmacology, Partial Hospital and ambulatory



behavioral health services. Residential & In Patient Treatment, Community based treatments, Psychiatric treatment of adolescents.

- xix. Child Psychiatry Special Areas Of interest: - Psychiatric aspects of day care. Adoption, foster Care, Child maltreatment, Children reaction to illness and Hospitalization, Psychiatric Sequence of HIV and AIDS, Childhood or Adolescent, Antisocial behavior, Dissociative or adolescent disorders in children. Gender identity and sexual issues, Identity problem and borderline disorders, Adolescent substance abuse, Forensic Child and adolescent Psychiatry. Ethical issues in Child & Adolescent Psychiatry, School consultation, Psychiatric prevention in children and adolescents.

**y) Geriatric Psychiatry:**

- i. Overview, Introduction,
- ii. Epidemiology of Psychiatric disorders,
- iii. Assessment, Psychiatric examination of the older patient,
- iv. Central Nervous System changes with normal aging,
- v. Neuropsychological evaluation Neuroimaging overview,
- vi. Neuroimaging of special issues.
- vii. Psychiatric disorders of late life,
- viii. Psychiatric problems in the medically ill,
- ix. Sleep disorders,
- x. Anxiety disorders mood disorders,
- xi. Alzheimer's disease and other Dementias
- xii. Schizophrenia & delusional disorders,
- xiii. Personality disorders,
- xiv. Drug and alcohol abuse.
- xv. Treatment of Psychiatric disorders: Introduction & Overview, Psychopharmacology, General Principles, Psychopharmacology –Anti depressant and mood stabilizers, Anti-anxiety drugs, Anti- Psychotic drugs, ECT, Convulsive Therapy, Psychosocial treatments, individual Psychotherapy, Cognitive behavioral therapy, Intervention and consultation with families of older adults, Group Therapy, Health Care Delivery System, Special areas of interest.

- z) Hospital and Community Psychiatry and Research:**
  - i. Public Psychiatry,
  - ii. Management & Care,
  - iii. Role of Psychiatric Hospital in the treatment of mental illness,
  - iv. Psychiatric Rehabilitation.
- aa) Psychiatric Education:**
  - i. Graduate Psychiatric Education,
  - ii. Examining Psychiatrists and other Trainees.
- ab) Ethics of Forensic Psychology:**
  - j. Legal issue in Psychiatry,
  - ii. Ethics in Psychiatry.
- ac) Psychiatry - Past and Future:**
  - i. History of Psychiatry,
  - ii. World Aspects of Psychiatry,
  - iii. The Future of Psychiatry,
- ad) Quantitative and Experimental Methods in Psychiatry:**
  - i. Epidemiology,
  - ii. Statistics and Experimental Design,
  - iii. Mental Health Services Research,
  - iv. Animal Research and its relevance to Psychiatry.
- ae) Special Areas of Interest:**
  - i. Primary care and Psychiatry,
  - ii. Psychiatry and Reproductive Medicine,
  - iii. Premenstrual Dysphoric disorders Genetic Counseling,
  - iv. Death, Dying and Bereavement,
  - v. Chronic Pain and Placebo effects.
  - vi. Physical and sexual abuse of adults,
  - vii. Alternative and Complementary Health Practices,
  - viii. Non -Professional Therapies, Quacks and Cults.
- af) Biological therapies**
  - i. Psychopharmacology
  - ii. ECT and other biological therapies
  - iii. Psychosurgery

**ag) Psychotherapies**

- i. Psychoanalysis and Psychoanalytic
- ii. Psychotherapy,
- iii. Behaviour Therapy,
- iv. Hypnosis,
- v. Group Psychotherapy,
- vi. Combined, Individual and Group Psychotherapy.
- Vii. Family Therapy and Couple Therapy, Cognitive Therapy
- viii. Inter-personal Psychotherapy,
- ix. Brief Psychotherapy,
- x. Eriksonian Clinical Theory and Psychiatric Treatment.
- xi. Other methods of Psychotherapy,
- xii. Evaluation of Psychotherapy,
- xiii. Combined Psychotherapy and Pharmacotherapy.

**ah) Recent Advances in Psychiatry**

- i. FMRI, PET, SPECT and other latest neuroimaging techniques
- ii. RTMS, Deep Brain Stimulation and recent advances in psychosurgery

**6. PRACTICALS:**

**6.1 Ward and O.P.D. Work:**

- i. Mastering skills of interviews techniques,
- ii. Clinical examination,
- iii. Diagnosis and treatment including use of different procedures like ECT.
- iv. Narcoanalysis.
- v. Biofeedback techniques
- vi. Psychotherapies

**6.2 Case presentations/ Clinical Meetings**

**6.3 Demonstration**

- i. Specimen,
- ii. EEG,
- iii. Psychological Testing,
- IV. Neuroimaging including use of EEG & ECG recording
- v. Psychological Testings.

**6.4 Extension activity training and training in community and related services**

### **6.5 Training in speciality clinic**

- i. Child Guidance Clinic
- ii. Deaddiction clinic
- iii. Geriatric clinic
- iv. Community psychiatry clinic

### **7. Guidelines for Submission of PG - Synopsis and Thesis**

- i. Every candidate shall carry out work on an assigned research project under the guidance of a recognized Postgraduate Teacher, the result of which shall be written up, documented and submitted in the form of a Thesis.
- ii. Work for writing the Thesis is aimed at contributing to the development of spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis. Acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.
- iii. The subject of Thesis along with synopsis (about 200 words) should be submitted through the Departmental Committees within 6 months of registration as post graduate student. This synopsis should be countersigned by the PG teacher, Head of the Department (HOD) and Head of the Institution (Dean).
- iv. In exceptional cases delay of one month may be permitted on the recommendations of the Guide, Head of Department and Head of the institution. The last date of submission of synopsis shall not, in any case, be more than seven months after registration, beyond which the term of the candidate shall be extended by six months.
- v. Once the synopsis has been received, the same should be sent to the Dissertation Review Committee, which will scrutinize every synopsis and will approve it. In case the committee rejects the synopsis the candidate shall submit a fresh. Synopsis within one month from the date of rejection.
- vi. After approval from the Dissertation Review Committee, the University shall send a letter of acceptance to the Dean, HoD and the respective student.
- vii. The candidate should submit to the university six-monthly progress report of thesis and his / her postgraduate work through his/her postgraduate teacher, HOD and the Dean.

- viii. If the progress of a candidate's work including thesis work is not satisfactory the university, on the recommendation of HOD, Dean and the Academic Council, will not grant that particular term and the period of training will be extended by the number of terms not granted.
- ix. If there is a minor change in the topic of Thesis the same may be allowed at any time. However if there is major change the student may be allowed to change without keeping additional terms provided there is an interval of three clear terms between the date of application and the date of examination.
- x. Thesis shall be submitted six months before the theory and practical examinations.
- xi. The thesis shall be examined by minimum three examiners; one internal and two external, who shall not be the examiners for theory and practical. On the acceptance of the thesis by two examiners, the candidate shall appear for final examination.

## **8. Pattern for Evaluation of students of PG Degree (MD) Programmes**

### **8.1 Internal assessment (6 monthly assessment of progress)**

Students will be assessed for their progress with 6 monthly internal assessment examinations. This examination will include both theory as well as practical assessment. It will be mandatory for students to pass these internal assessment examinations to appear for final examination.

### **8.2 Preliminary Examination**

Preliminary examination shall be conducted by the college at the end of 33 months after the registration. This examination shall be conducted as a "Mock Final". Only those candidates, who pass this examination, will be permitted to appear for final examination.

### **8.3 Final Examination**

There shall be Final examination at the end of three years. This examination shall be conducted by the university.

### **8.4 Total Marks for Preliminary Examination and Final Examination**

Both the Preliminary Examination and Final Examination will carry marks as Follows:

<b>Theory:</b>	400 marks
<b>Practical:</b>	<u>400 marks</u>
	<b>800 marks</b>

## **8.5 Pattern of Preliminary and Final (University) Examinations**

### **8.5.1 Nomenclatures of Theory Papers for MD:**

**There shall be four papers as follows:**

Paper I: Basic Sciences Including Psychology and Neural Sciences

Paper II: Principles and Practice in Neurology and Psychiatry

Paper III: Principles and Practice in Psychiatry

Paper IV: Geriatric Psychiatry, Community Psychiatry, Applied Behavioral Sciences and Recent Advances in Psychiatry

### **8.5.2 Pattern for Theory papers**

There shall be four theory papers of 400 marks: each of 100 marks.

Paper I, II, III and IV will have the following pattern and will be of three hours duration.

**Each paper will have two sections each:**

Section A: will have two LAQs of 25 marks each (50 marks)

Section B: will have five SAQs of 10 marks each (50 marks)

### **8.5.3 Pattern for Practical Examination**

Long case - Psychiatry (1) - 150 marks

Short case - Psychiatry (1) - 50 marks

Short case - Neurology(1) - 50 marks

Ward rounds (2 cases) - 50 marks

Table viva (4 tables) - 100 marks

**Total - 400 marks**