

DPU

Dr. D. Y. PATIL VIDYAPEETH, PUNE
(DEEMED UNIVERSITY)

Syllabus
for
PG Medical Specilities

2014-15

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PSYCHIATRY

1. GOAL:

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 1st 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 2nd Semester of degree the students will be imparted sufficient orientation about Psychiatry proper including Psychology and Psychological therapies.
- 3.4 In the 3rd & 4th 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 5th & 6th Semester of degree, the teaching will be aimed at making the students capable of handling all types of psychiatric cases arid 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, EEC & 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, Neuroimagings.
- 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: It's Organization and process.
 - Forgetting
 - Amnesia.

- (d) Thinking and Language:**
 - i. The Thinking Process
 - ii. Concepts
 - iii. 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 Factors 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 Extrapyrarnidal 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 disorders**

- 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,
 - vi. Motor Skills Disorder: Developmental Coordination disorder,
 - vii. Communication Disorder: Expressive language disorder, Mixed-receptive expressive language disorders, Phonological disorder, Stuttering, Communication disorders not otherwise specified,
 - viii. 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 atient,
 - iv. Central Nervous System changes with normal aging,
 - v. Neuropsychological evaluation Neuroimaging verview,
 - 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 menial illness,
 - iv. Psychiatric Rehabilitation.

- aa) Psychiatric Education:**
 - i. Graduate Psychiatric Education,
 - ii. Examining Psychiatrists and other Trainees.

- ab) Ethics of Forensic Psychology:**
 - i. 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 it's 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:

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

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