

P.G. Curriculum M.D. Psychiatry Index

1. Goals
2. Objectives
3. Syllabus
4. Teaching Program
5. Posting
6. Thesis
7. Assessment
8. Job Responsibilities
9. Suggested books
10. Model Test Papers

PG Curriculum MD Psychiatry

The infrastructure and faculty will be as per MCI guidelines.

1. Goals

The goal of Post graduation (MD) course in Psychiatry is to produce a competent psychiatrist:

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

2. Objectives

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

- ❖ Recognize the key importance of mental health in the context of the health priority of the country;
- ❖ Practice the specialty of Psychiatry in keeping with the principles of professional ethics;
- ❖ Identify social, economic, environmental, biological and emotional determinants of mental health, and institute diagnostic, therapeutic, rehabilitative, preventive and promotive measures to provide holistic care to patient;
- ❖ Take detailed history, perform full mental status examination including detailed neurological examination of the patient and make clinical diagnosis;
- ❖ Perform relevant investigative and therapeutic procedures for the psychiatric patient;
- ❖ Interpret important imaging and laboratory results;
- ❖ Diagnose illness in patient based on the analysis of history, physical examination and investigative work up;
- ❖ Plan and deliver comprehensive treatment for illness in psychiatric patient using principles of rational drug therapy;
- ❖ Plan rehabilitation of psychiatric patient suffering from chronic illness
- ❖ Manage psychiatric emergencies efficiently;
- ❖ Recognize the emotional and behavioral characteristics of patients, and keep these fundamental attributes in focus while dealing with them;
- ❖ Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities;

- ❖ Demonstrate communication skills of a high order in explaining management and prognosis, providing counseling and giving health education messages to patients, families and communities;
- ❖ Develop skills as a self-directed learner, recognize continuing educational needs; use appropriate learning resources, and critically analyze relevant published literature in order to practice evidence-based psychiatry;
- ❖ Demonstrate competence in basic concepts of research methodology and epidemiology;
- ❖ Facilitate learning of medical/nursing students, practicing physicians, para-medical health workers and other providers as a teacher-trainer;
- ❖ Play the assigned role in the implementation of national health programs, effectively and responsibly;
- ❖ Organize and supervise the desired managerial and leadership skills;
- ❖ Function as a productive member of a team engaged in health care, research and education.

3. Syllabus

3.1 Theory

General Guidelines. During the training period effort are always made that adequate time is spent in discussing mental health problems of public health importance in the country

- ❖ The Patient – Doctor Relationship :
- ❖ Human Development Throughout the Lifecycle
Normality, Embryo, Fetus , Infant , and Child , Adolescence , Adulthood , Late Adulthood (Old Age), Death , Dying , and Bereavement .
- ❖ The Brain and Behavior
Functional and Behavioral Neuroanatomy, Neurophysiology and Neurochemistry, Neuroimaging, Electrophysiology, Psychoneuroendocrinology, , Psychoneuroimmunology , and Chronobiology., Neurogenetics.
- ❖ Contributions of the Psychosocial Sciences
Jean Piaget , Attachment Theory , Learning Theory , Aggression , Sociology and Ethology , Anthrology and Cross-Cultural Psychiatry, Epidemiology and Biostatistics.
- ❖ Clinical Neuropsychological Testing
Clinical Neuropsychological Testing of Intelligence and Personality., Clinical Neuropsychological Assessment of Adults.
- ❖ Theories of Personality and Psychopathology
Sigmund Freud: Founder of Classic Psychoanalysis., Erik Erikson , Schools derived from Psychoanalysis and Psychology.
- ❖ Clinical Examination of the Psychiatric patient
Psychiatric History and Mental Status Examination, Interviewing Techniques with Special Patient Populations, Physical Examination of the Psychiatric Patient., Laboratory tests in Psychiatry. Medical Record and Medical Error.
- ❖ Signs and Symptoms in Psychiatry
- ❖ Classification in Psychiatry

- Psychiatric Classification , International Psychiatric Diagnosis
- ❖ Delirium, Dementia, and Amnestic and Other Cognitive Disorders and Mental Disorders Due to a General Medical Condition
 - Cognitive Disorders Introduction and Overview , Delirium , Dementia , Amnestic Disorders Other Cognitive Disorders and Mental Disorders Due to a General Medical Condition
 - ❖ Substance-Related Disorders
 - Substance-Related Disorders Introduction and Overview , Alcohol-Related Disorders , Amphetamine (or Amphetamine-like)related Disorders , Caffeine-Related Disorders , Cannabis-Related Disorders , Cocaine-Related Disorders , Hallucinogen-Related Disorders , Inhalant-Related Disorders , Nicotine-Related Disorders , Opioid-Related Disorders , Phencyclidine (or Phencyclidine-like)related Disorders , Sedative-, Hypnotic-, or Anxiolytic-Related Disorders , Anabolic-Androgenic steroid abuse
 - ❖ Schizophrenia and Other Psychotic Disorders
 - Concept of Schizophrenia , Schizophrenia Scope of the Problem , Schizophrenia Genetics , Schizophrenia Environmental Epidemiology Developmental Model of Schizophrenia Neuroimaging in Schizophrenia Linking Neuropsychiatric Manifestations to Neurobiology Schizophrenia Neuropathology Schizophrenia Clinical Features and Psychopathology Concepts Schizophrenia Cognition Schizophrenia Sensory Gating Deficits and Translational Research Schizophrenia Psychosocial Treatment Schizophrenia Somatic Treatment Psychiatric Rehabilitation Schizophrenia Integrative Treatment and Functional Outcomes , Schizophrenia Spectrum Pathology and Treatment , Other Psychotic Disorders , Acute and Transient Psychotic Disorders and Brief Psychotic Disorder , Schizophreniform Disorder , Delusional Disorder and Shared Psychotic Disorder , Schizoaffective Disorder , Postpartum Psychosis , Culture-Bound Syndromes with Psychotic Features , Psychosis Not Otherwise Specified , Treatment of Other Psychotic Disorders ,Schizophrenia and Other Psychotic Disorders Special Issues in Early Detection and Intervention
 - ❖ Mood Disorders
 - Mood Disorders Historical Introduction and Conceptual Overview ,Mood Disorders Epidemiology , Mood Disorders Genetics , Mood Disorders Neurobiology , Mood Disorders Intrapsychic and Interpersonal Aspects , Mood Disorders Clinical Features Mood Disorders Treatment of Depression , Mood Disorders Treatment of Bipolar Disorders , Mood Disorders Psychotherapy
 - ❖ Anxiety Disorders
 - Anxiety Disorders Introduction and Overview , Anxiety Disorders Epidemiology , Anxiety Disorders Psychophysiological Aspects , Anxiety Disorders Neurochemical Aspects , Anxiety Disorders Neuroimaging , Anxiety Disorders Psychodynamic Aspects , Anxiety Disorders Clinical Features , Anxiety Disorders Somatic Treatment , Anxiety Disorders Cognitive-Behavioral Therapy
 - ❖ Somatoform Disorders

- ❖ Factitious Disorders
- ❖ Dissociative Disorders
- ❖ Normal Human Sexuality and Sexual and Gender Identity Disorders
Normal Human Sexuality and Sexual Dysfunctions , Homosexuality, Gay and Lesbian Identities, and Homosexual Behavior , Paraphilias , Gender Identity Disorders , Sexual Addiction
- ❖ Eating Disorders
- ❖ Sleep Disorders
- ❖ Impulse-Control Disorders Not Elsewhere Classified
- ❖ Adjustment Disorders
- ❖ Personality Disorders
- ❖ Psychological Factors Affecting Medical Conditions
History of Psychosomatic Medicine , Gastrointestinal Disorders , Obesity, Cardiovascular Disorders ,Respiratory Disorders , Endocrine and Metabolic Disorders , Psychocutaneous Disorders , Musculoskeletal Disorders , Stress and Psychiatry , Psycho-Oncology , Consultation-Liaison Psychiatry
- ❖ Relational Problems
- ❖ Additional Conditions That May Be a Focus of Clinical Attention
Malingering , Adult Antisocial Behavior, Criminality, and Violence , Borderline Intellectual Functioning and Academic Problem ,Other Additional Conditions That May Be a Focus of Clinical Attention
- ❖ Culture-Bound Syndromes
- ❖ Special Areas of Interest
Psychiatry and Reproductive Medicine , Premenstrual Dysphoric Disorder , Genetic Counseling , End-of-Life and Palliative Care , Death, Dying, and Bereavement , Physical and Sexual Abuse of Adults , Survivors of Torture , Alternative and Complementary Health Practices , Military and Disaster Psychiatry , Famous Named Cases in Psychiatry
- ❖ Psychiatric Emergencies
Suicide , Other Psychiatric Emergencies
- ❖ Psychotherapies
Psychoanalysis and Psychoanalytic Psychotherapy , Behavior Therapy , Hypnosis , Group Psychotherapy and Combined Individual and Group Psychotherapy , Family Therapy and Couple Therapy , Cognitive Therapy , Interpersonal Psychotherapy ,Dialectical Behavior Therapy , Intensive Short-Term Dynamic Psychotherapy , Other Methods of Psychotherapy , Evaluation of Psychotherapy , Combined Psychotherapy and Pharmacology
- ❖ Biological Therapies
General Principles of Psychopharmacology , Pharmacokinetics and Drug Interactions , Drug Development and Approval Process in the United States , Medication-Induced Movement Disorders , α 2-Adrenergic Receptor Agonists Clonidine and Guanfacine , β -Adrenergic Receptor Antagonists , Anticholinergics and Amantadine , Anticonvulsants , Antihistamines , Barbiturates and Similarly Acting Substances , Benzodiazepine Receptor Agonists and Antagonists , Bupropion , Buspirone , Calcium Channel Inhibitors , Cholinesterase Inhibitors and

- Similarly Acting Compounds , Dopamine Receptor Antagonists (Typical Antipsychotics) , Lithium , Mirtazapine , Monoamine Oxidase Inhibitors , Nefazodone , Opioid Receptor Agonists Methadone, Levomethadyl, and Buprenorphine , Opioid Receptor Antagonists Naltrexone and Nalmefene, , Selective Serotonin Norepinephrine Reuptake Inhibitors, Selective Serotonin Reuptake Inhibitors , Serotonin-Dopamine Antagonists (Atypical or Second-Generation Antipsychotics) , Sympathomimetics and Dopamine Receptor Agonists , Thyroid Hormones , Trazodone , Tricyclics and Tetracyclics , Electroconvulsive Therapy , Neurosurgical Treatments and Deep Brain Stimulation , Other Pharmacological and Biological Therapies , Drug Augmentation , Reproductive Hormonal Therapy Theory and Practice
- ❖ Child Psychiatry
 - Introduction and Overview, Normal Child Development, Normal Adolescence
 - ❖ Psychiatric Examination of the Infant, Child, and Adolescent
 - ❖ Mental Retardation
 - ❖ Learning Disorders
 - Reading Disorder, Mathematics Disorder ,Disorder of Written Expression and Learning Disorder Not Otherwise Specified
 - ❖ Motor Skills Disorder Developmental Coordination Disorder
 - ❖ Communication Disorders
 - Expressive Language Disorder, Mixed Receptive-Expressive Disorder , Phonological Disorder , Stuttering , Communication Disorder Not Otherwise Specified
 - ❖ Pervasive Developmental Disorders
 - ❖ Attention-Deficit Disorders
 - Attention-Deficit/Hyperactivity Disorder, Adult Manifestations of Attention-Deficit/Hyperactivity Disorder
 - ❖ Disruptive Behavior Disorders
 - ❖ Feeding and Eating Disorders of Infancy and Early Childhood
 - ❖ Tic Disorders
 - ❖ Elimination Disorders
 - ❖ Other Disorders of Infancy, Childhood, and Adolescence
 - Reactive Attachment Disorder of Infancy and Early Childhood, Stereotypic Movement Disorder of Infancy, Disorders of Infancy and Early Childhood Not Otherwise Specified
 - ❖ Mood Disorders in Children and Adolescents
 - Depressive Disorders and Suicide in Children and Adolescents, Early-Onset Bipolar Disorders
 - ❖ Anxiety Disorders in Children
 - Obsessive-Compulsive Disorder in Children, Posttraumatic Stress Disorder in Children and Adolescents, Separation Anxiety Disorder and Other Anxiety Disorders, Selective Mutism
 - ❖ Early-Onset Schizophrenia
 - ❖ Child Psychiatry Psychiatric Treatment
 - Individual Psychodynamic Psychotherapy , Short-Term Psychotherapies for the Treatment of Child and Adolescent Disorders , Cognitive-

Behavioral Psychotherapy for Children and Adolescents , Group Psychotherapy , Family Therapy , Pediatric Psychopharmacology , Partial Hospital and Ambulatory Behavioral Health Services , Residential and Inpatient Treatment , Community-Based Treatment , Psychiatric Treatment of Adolescents

- ❖ Child Psychiatry Special Areas of Interest
 - Psychiatric Aspects of Day Care , Adoption and Foster Care , Child Maltreatment , Children's Reaction to Illness and Hospitalization , Psychiatric Sequelae of HIV and AIDS , Child or Adolescent Antisocial Behavior , Dissociative Disorders in Children and Adolescents , Identity Problem and Borderline Disorders in Children and Adolescents , Adolescent Substance Abuse , Forensic Child and Adolescent Psychiatry Ethical Issues in Child and Adolescent Psychiatry , School Consultation , Prevention of Psychiatric Disorders in Children and Adolescents Neuroimaging in Child and Adolescent Psychiatry , Child Mental Health Services Research , Impact of Terrorism on Children
- ❖ Adulthood
- ❖ Geriatric Psychiatry
 - Overview , Assessment , Psychiatric Disorders of Late Life , Treatment of Psychiatric Disorders , Health Care Delivery Systems , Special Areas of Interest
- ❖ Hospital and Community Psychiatry
 - Public and Community Psychiatry, Health Care Reform, Role of the Psychiatric Hospital in the Treatment of Mental Illness , Psychiatric Rehabilitation
- ❖ Psychiatric Education
 - Graduate Psychiatric Education, Examining Psychiatrists and Other Professionals, An Anthropological View of Psychiatry
- ❖ Ethics and Forensic Psychiatry
 - :Clinical-Legal Issues in Psychiatry ,Ethics in Psychiatry , Correctional Psychiatry
- ❖ Psychiatry Past and Future
 - History of Psychiatry, World Aspects of Psychiatry ,Future of Psychiatry

3.2 Practical

Diagnostic Work up

Detailed history and MSE to diagnose to patient along with management plan.

- ❖ ECT
- ❖ Psychological Testing
 - I.Q Test
 - Memory Test
 - Personality Test
- ❖ Psychological Treatment
 - Psychotherapy
 - Behaviour Therapy
 - Cognitive behaviour therapy

- ❖ Neurological Examination
 - Detailed neurological assessment
 - Findings of CT, MRI
 - E.E.G.

3.3. Skills

- ❖ History and examination.
 - History taking including present history, past, family, personal, psychosocial history, physical and mental status examination and application of the relevant psychiatry rating scales.
- ❖ .Bedside investigations.
 - Hemoglobin, TLC, ESR, peripheral smear staining and examination, urine: routine and microscopic examination, Viral markers, urine for screening for substances of abuse.
- ❖ *Interpretation of ECG, EEG, MRI findings; CT scan.*
- ❖ *Understanding of common EEG patterns,*

Teaching Program

4.1. General Principles

Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training is skills oriented. Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

4.2. Teaching Sessions

- ❖ Clinical case discussions :
 - PG bed side
 - Teaching rounds
 - Monthly Examination
- ❖ Seminars/Journal club
- ❖ Interdepartmental Meetings
- ❖ Others – Guest lectures/vertical seminars/Central Stat meets.

4.3. Teaching Schedule:

The suggested teaching schedule is as follows:

	Item	Frequency
1	Case discussion	Once a week
2	Seminar	Once a week
3	Psychology seminar	Once a week
4	Psychopharmacology/Journal Club	Once a week

- 5 Central session (held in hospital auditorium regarding various topics like CPC, guest lectures, student seminars, grand round, sessions on basic sciences, biostatistics, research methodology, teaching methodology, health economics, medical ethics and legal issues) or teaching rounds at bed side. Once a week

Note:

- ❖ All sessions to be supervised by the faculty members. All PGs should attend the sessions except the ones posted in emergency.
- ❖ All the teaching sessions to be assessed by the consultants at the end of session and marks considered for internal assessment.
- ❖ Attendance of the Residents at various sessions has to be at least 75%.

5. Postings

The postgraduate student rotates through emergency , O.P.D. and Ward posting. In addition, following special rotations are also undertaken:

Neurology : 2 months

Psychology: 1 month

During first year the resident will work under direct supervision of the 2/3 year resident/senior resident and consultant on call. S/he will be responsible for taking detailed history, examination of patients as per the file record and send appropriate investigations as advised by seniors. Initially all procedures are to be observed and then done under supervision of seniors and during 2/3 year can do procedures independently. In 2nd year, resident should be

posted in special clinics also. In 3rd year, resident is also encouraged to make independent decisions in management of cases. S/he is also involved in teaching of undergraduate students.

6. Thesis

- 6.1. Every candidate shall carry out work on an assigned research project under the guidance of a recognized Postgraduate Teacher, the project shall be written and submitted in the form of a Thesis.
- 6.2. Every candidate shall submit thesis plan to the University within 9 months from the date of admission or as specified by the University .
- 6.3. Thesis shall be submitted to the University six months before the commencement of theory examination i.e. for examination May/June session, 30th November of the preceding year of examination and for November/December session 31st May of the year of examination.

- 6.4. The student will identify a relevant research question; (ii) conduct a critical review of literature; (iii) formulate a hypothesis; (iv) determine the most suitable study design; (v) state the objectives of the study; (vi) prepare a study protocol; (vii) undertake a study according to the protocol; (viii) analyze and interpret research data, and draw conclusions; (ix) write a research paper.

7. Assessment

All the PG residents will be assessed daily for their academic activities and also periodically.

7.1. General Principles

- ❖ The assessment is valid, objective, and reliable.
- ❖ It covers cognitive, psychomotor and affective domains.
- ❖ Formative, continuing and summative (final) assessment is also conducted in theory as well as practicals/clinicals. In addition, thesis is also assessed separately.

7.2. Formative Assessment

The formative assessment is continuous as well as end-of-term. The former is based on the feedback from the senior residents and the consultants concerned. End-of-term assessment is held at the end of each semester (upto the 5th semester). Formative assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate.

7.3. Internal Assessment

The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. Marks should be allotted out of 100 as followed.

Sr. No.	Items	Marks
1.	Personal Attributes	20
2.	Clinical Work	20
3.	Academic activities	20
4.	End of term theory examination	20
5.	End of term practical examination	20

1. Personal attributes:

- ❖ **Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
- ❖ **Motivation and Initiative:** Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.
- ❖ **Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.

- ❖ **Interpersonal Skills and Leadership Quality:** Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.

2. Clinical Work:

- ❖ **Availability:** Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
- ❖ **Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management.
- ❖ **Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.
- ❖ **Clinical Performance:** Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.

3. **Academic Activity:** Performance during presentation at Journal club/ Seminar/ Case discussion/Stat meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.

4. **End of term theory examination** conducted at end of 1st, 2nd year and after 2 years 9 months

5. **End of term practical/oral examinations** after 2 years 9 months.

Marks for **personal attributes** and **clinical work** should be given annually by all the consultants under whom the resident was posted during the year. Average of the three years should be put as the final marks out of 20.

Marks for **academic activity** should be given by the all consultants who have attended the session presented by the resident.

The Internal assessment should be presented to the Board of examiners for due consideration at the time of Final Examinations.

7.4. Summative Assessment

- ❖ Ratio of marks in theory and practicals will be equal.
- ❖ The pass percentage will be 50%.
- ❖ Candidate will have to pass theory and practical examinations separately.

A. Theory Examination (Total =400)

	Title	Marks
Paper 1:	Basic sciences as applied to psychiatry	100
Paper 2:	Clinical Psychiatry	100
Paper 3:	Psychiatry Theory and Psychiatry specialties*	100
Paper 4:	Recent advances in Psychiatry	100

B. Practical Examination and Viva voce (Total =400)

Long Case (s) (1) - Psychiatry

Short Case (s) (2) 1 each Psychiatry & Neurology

Viva

8. Job Responsibilities

OPD : History and work up of all cases and presentation to the consultants

Indoors :Sending investigations and filling investigation forms and performing procedures as Narco- analysis , Aversion therapy and E.C.T.

Ward : History and work up of all cases

- ❖ Examination of all patients and documentaion the files.
- ❖ Daily Mental Status Examination of the patients
- ❖ Applying relevant psychiatry rating scales
- ❖ Completion of files
- ❖ Preparation of discharge summary

9.Suggested Reading

9.1. Core Books

- ❖ Comprehensive Text book of Psychiatry by Sadock & Sadock
- ❖ Psychopharmacology by Stephen M. Stahl
- ❖ Fish's clinical psychology
- ❖ Psychology by Morgan and King.

9.2. Reference books

- ❖ Textbook of Psychiatry by Wylie & Wylie
- ❖ Organic Psychiatry by Leishman
- ❖ Technique of Psychotherapy by Wolberg

9.3. Journals

- ❖ Indian J Psychiatry
- ❖ British Journal of Psychiatry
- ❖ American J. Psychiatry
- ❖ Archives Journal of Psychiatry
- ❖ Journal of Clinical Psychiatry
- ❖ Psychiatry Clinics of North America

10. Model Test Papers

MODEL QUESTION PAPER

MD (Psychiatry)

Paper-I

Basic Sciences as Related to Psychiatry

Max. Marks:100

Time: 3 hrs

-
- ***Attempt ALL questions***
 - ***Answer each question & its parts in SEQUENTIAL ORDER***
 - ***ALL questions carry equal marks***
 - ***Illustrate your answer with SUITABLE DIAGRAMS***
-

- I Describe the anatomy of the Basal Ganglia. Discuss their applied anatomy.
- II Enumerate the frontal lobe functions. What is the role of frontal lobe dysfunction in the pathogenesis of various Psychiatric disorders.
- III Discuss the biological basis of memory in the light of neuro-anatomical localization and neurochemical mediation.
- IV What are the learning theories? Describe operant conditioning in detail and discuss its clinical applicability.
- V Describe the contributions of Erik Erikson to Psychosocial Development. What applications do his theories have in the Psychotherapeutic process ?
- VI Describe the uses of functional MRI in Psychiatry.
- VII Describe half-way Homes. Discuss their current status in management of Psychiatric disorders.
- VIII List the various techniques used to study the role of genetics in etiopathogenesis of Psychiatric disorders. Describe Linkage studies in detail.
- IX What is the Placebo effect ? What role does it play in clinical trials of new drugs ?
- X What is chronobiology ? List the various biological rhythms in the body. Describe those associated with sleep in detail.

MODEL QUESTION PAPER

MD (Psychiatry)
Paper-II
Clinical Psychiatry

Max. Marks:100

Time: 3 hrs

- ***Attempt ALL questions***
 - ***Answer each question & its parts in SEQUENTIAL ORDER***
 - ***ALL questions carry equal marks***
 - ***Illustrate your answer with SUITABLE DIAGRAMS***
-

- I Describe the Neuropsychiatric manifestations of Alcoholism.
- II What is Neuroleptic Malignant Syndrome ? Describe its etiopathogenesis and clinical picture. How is it managed ?
- III Discuss Tardive Dyskinesia in detail.
- IV Which are the techniques of Behaviour therapy that are useful in OCD? Describe them in detail.
- V Discuss the long term management of Bipolar Mood Disorder.
- VI What do you understand by the “Prodrome” of Schizophrenia ? Discuss its clinical picture and course.
- VII Discuss the epidemiology of Suicide in India. How does it compare with Global statistics
- VIII Describe the clinical features and management of the Hebephrenic Schizophrenia.
- IX List the various Erectile Dysfunctions. What is the role of sildenafil in their management ?
- X Write a note on Othello Syndrome.

MODEL QUESTION PAPER

MD (Psychiatry)

Paper-III

Psychiatry theories & Psychiatric Specialties

*Max. Marks:100**Time: 3 hrs*

-
- ***Attempt ALL questions***
 - ***Answer each question & its parts in SEQUENTIAL ORDER***
 - ***ALL questions carry equal marks***
 - ***Illustrate your answer with SUITABLE DIAGRAMS***
-

- I Discuss the Epidemiology, Etiopathogenesis and Course of Down's Syndrome.
- II Describe the Clinical features of Rett's Syndrome.
- III List the various causes of Dementia. Discuss treatable dementias.
- IV What is informed consent? What are its types? Discuss informed consent in Schizophrenia.
- V Discuss the management of ADHD.
- VI Describe the current status of Mental Health programme in India.
- VII Discuss the tenability of "Insanity as defence" in a court of law.
- VIII Describe the clinical features and management of Anorexia Nervosa.
- IX What is deterioration Quotient? How is it assessed? What are its applications?
- X Discuss the provisions of the NDPS act.

MODEL QUESTION PAPER

MD (Psychiatry)

Paper-IV

Recent advances in Psychiatry

Max. Marks:100

Time: 3 hrs

-
- ***Attempt ALL questions***
 - ***Answer each question & its parts in SEQUENTIAL ORDER***
 - ***ALL questions carry equal marks***
 - ***Illustrate your answer with SUITABLE DIAGRAMS***
-

- I Compare the safety profile of typical and Atypical Antipsychotics in the management of Schizophrenia.
- II Define Intelligence. List the standardized tests used for testing Intelligence. Discuss the Flynn effect.
- III Describe pharmacodynamics, uses and adverse effects of varenicline.
- IV What is the current status of Homosexuality in India?
- V What is the clinical usefulness of the Persons with Disabilities Act (1995) in psychiatric disorders?
- VI Compare the safety and clinical effectiveness of SNRI's with TCA's.
- VII Discuss counselling in HIV-infected individuals.
- VIII Describe the role of Depot Preparations in management of Psychiatric disorders.
- IX What are the Salient differences between Multi Axial Evaluation formats of DSM-IVTR and ICD-10?
- X What is Neuroplasticity? What is its role in outcome of Psychiatric treatments?