PAPER 1 (MDPS01)

BASIC SCIENCE AS RELATED TO PSYCHIATRY

• NEUROANATOMY:


• NEUROCHEMISTRY:


• NEUROPHYSIOLOGY:


• PSYCHOLOGY:

• **SOCIOLGY:**


• **QUANTITATIVE AND EXPERIMENTAL METHODS IN PSYCHIATRY:**


• **GENETICS:**

Population genetics and Genetic Epidemiology, Genetic Linkage analysis of Psychiatric Disorders.

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• DIAGNOSIS AND PSYCHIATRY: EXAMINATION OF THE PSYCHIATRIC PATIENTS:


• CLINICAL MANIFESTATION OF PSYCHIATRIC DISORDERS.

• PSYCHIATRIC CLASSIFICATION:

Classification of mental disorders with general references to ICD-10 and DSM-5. The classification of mental disorders in the International Classification of Diseases.

• SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS:


• BIPOLAR AND RELATED DISORDERS:

DEPRESSIVE DISORDERS:


ANXIETY DISORDERS:


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. Other Specified Trauma – And Stressor – Related Disorders, Unspecified Trauma – And Stressor – Related Disorders

DISSOCIATIVE DISORDERS:

Dissociative Identity Disorder, Dissociative Amnesia, Depersonalization/Derealisation Disorder, Other Specified Dissociative Disorder, Unspecified Dissociative disorder.

SOMATIC- SYMPTOM AND RELATED DISORDERS:

Somatic- Symptom Disorder, Illness Anxiety Disorder, Conversion Disorder, Factitious Disorders. Other Specified Somatic- Symptom and Related Disorders, Unspecified Somatic- Symptom and Related 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, Other Specified Sleep – Wake Disorders, Unspecified Sleep – Wake Disorders.
• **SEXUAL DYSFUNCTIONS:**


• **GENDER DYSPHORIA:**

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

• **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS:**

Alcohol related disorders amphetamine (or Amphetamine like), Related disorders caffeine-related disorders and nicotine decoders, Cannabis – Related disorders, Cocaine related disorders, Hallucinogen related disorders, Inhalant related disorders, Opioid related disorders, Phencyclidine (or Phencyclidine like) related disorders, Sedative, Hypnotic or Anxiolytic related disorders.

• **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. Other additional conditions that may be a focus and clinical attention. Culture-bound syndromes.

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CHILD PSYCHIATRY


NEURODEVELOPMENTAL DISORDERS:


FEEDING AND EATING DISORDERS:

Pica, Rumination Disorder, Avoidant / Restrictive Food Intake Disorder, Anorexia Nervosa, Bulimia Nervosa, Binge- Eating Disorder, Other Specified Feeding and Eating Disorders Unspecified Feeding and Eating Disorders.

ELIMINATION DISORDERS:

Enuresis, Encopresis Other Specified Elimination Disorders Unspecified Elimination Disorders.

DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS:

Oppositional Defiant Disorder, Intermittent Explosive Disorder, Conduct Disorder, Anti Social Personality Disorder, Pyromania, Kleptomania, Other Specified Disruptive, Impulse-Control And Conduct Disorders Unspecified Disruptive, Impulse-Control And Conduct Disorders.

OTHER DISORDERS OF INFANCY, CHILD HOOD AND ADOLESCENCE:

MOOD DISORDERS AND SUICIDE

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.

- NEUROCOGNITIVE DISORDERS AND GERIATRIC PSYCHIATRY:

Epidemiology of Psychiatry disorders, Genetics of Dementias, Normal Aging, Psychological aspects Sociocultural 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 Impainned, Psychiatric problems in the Medically Ill 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:


- OTHERS:


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RECENT ADVANCES IN PSYCHIATRY
AND RELATED NEUROLOGY AND MEDICINE

• RECENT ADVANCES IN PSYCHIATRY.

• NEUROPSYCHIATRY AND BEHAVIOURAL NEUROLOGY:

  The Neuropsychiatric approach to the patient. Neuropsychiatric aspects of
Neuropsychiatric aspects of Epilepsy. Neuropsychiatric consequences of
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
Neuropsychiatry of Neurometabolic and Neuroendocrine disorders.

• CONSULTATION LIASON PSYCHIATRY.

• 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
of the burned patient.
EVALUATION TECHNIQUES AND TOOLS TO BE USED AND THEIR FREQUENCY:

Every resident must have satisfactory performance in indoor and outdoor and emergency duties.

Resident will be tested in the following areas.

Theory having 25% intake for MCQ 25% for short essay and 50% long essay every 6 months.

Practical: short Neuro and Psychiatry assessment will be made each year for 1st, 2nd Year residents. Every 6 months regarding his competence in clinic skills regarding long cases, each students on his allotted case presentation day will be evaluated by the consultant present on the day. This will form the formative practical evaluation for each resident.

For final year residents, 2 months before the examination, there will be ‘sent up’ examination covering the whole syllabus, theory as well as practical. In order to appear for the sent up examination he must have presented PG programme allotted to him. Every candidate will have to submit a thesis, the acceptance of which will be prerequisite for appearing in the final examination.

EXAMINATIONS PREREQUISITE

1. Thesis

Successful completion of thesis and its evaluation and approval by examiners is a prerequisite for a resident to appear in the final MD examination.

2. Student must have at least 80% attendance in academic programmes.

EXAMINATION

1. Theory examination

The residents are examined in four written papers of 3 – hours each as follows:

Paper I – Basic sciences as related to psychiatry (MM - 100)

Paper II – Clinical psychiatry (MM - 100)

Paper III – psychiatry sub – specialities (MM - 100)

Paper IV – Recent Advances in Psychiatry and related Neurology and Medicine (MM - 100)
2. Practical/Clinical Examination (MM - 400)

The clinical examination consists of following activities

(a). Case presentation’s  
(one long + 2 short cases)  
Including neurology

(b). Spots : Consisting of EEG, Neuroimaging and psychological tests instruments  
drugs etc.

(c). Grand Viva

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