



BLDE **(DEEMED TO BE UNIVERSITY)**

**Competency Based Medical Education
(CBME)**

**Regulations and Curriculum
for Post Graduate Degree
in Psychiatry**

2020-21

M.D. Psychiatry

Published by

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(DEEMED TO BE UNIVERSITY)

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

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Contents

Notification

Vision & Mission

Section – I Goals and Objectives

Section – II Course Description M. D. Psychiatry

Section – III Monitoring Learning Progress

Section – IV Medical Ethics



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SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE
BLDE(DU)/REG/PG-Curr/2020-21/144 April 30, 2020

NOTIFICATION

Sub: Competency Based Medical Education (CBME) based Post Graduate Curriculum

Ref: 1. Medical Council of India Regulation on Graduate Medical Education, 1997 and subsequent amendments of the same from time to time.

2. Minutes of the 4th meeting Standing Committee of Academic Council of the University held on April 23, 2020.

3. On approval of the Hon'ble Vice-Chancellor vide order no.1816 dt. April 30, 2020.

The Standing Committee of the Academic Council is pleased to approve the CBME based Curriculum for Post Graduate Degree Course in Respiratory Medicine, Psychiatry and Emergency Medicine.

The curriculum shall be effective from the Academic Session 2020-21 onwards, for Post Graduate Degree Course in the Constituent College of the University viz. Shri B. M. Patil Medical College, Hospital and Research Centre, Vijayapura.

REGISTRAR
REGISTRAR

BLDE (Deemed to be University)
Vijayapura-586103, Karnataka

To,
The Dean, Faculty of Medicine and Principal
Shri B. M. Patil Medical College,
Hospital and Research Centre,
Vijayapura

Copy to:

- The Secretary, UGC, New Delhi
- The Secretary, MCI
- The Controller of Examinations
- The Vice Principal
- The Vice Principal (Academics)
- The Prof. & HODs Pre, Para and Clinical Departments
- The Co-ordinator, IQAC
- PS to the Hon'ble Chancellor
- PS to the Hon'ble Vice-Chancellor

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Our Vision

“To be a Leader and be recognized as an Institution striving for maintenance and enhancement of Quality Medical Education and Healthcare”

Our Mission

- To be committed to promote sustainable development of higher education including Health science education, consistent with the statutory and regulatory requirements.
- Reflect the needs of changing technology and make use of the academic autonomy to identify the academic programs that are dynamic.
- Adopt global concepts in education in the healthcare sector.

Section – I

Goals and General Objectives of Postgraduate Medical Education Program

Goal

The goal of postgraduate medical education shall be to produce a competent specialist and / or a medical teacher as stated in the Post Graduate Medical Education Regulations 2000 and its amendments thereof [May 2018]

- (i) Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy.
- (ii) Who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.
- (iii) Who shall be aware of the contemporary advances and developments in the discipline concerned.
- (iv) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology, and
- (v) Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

General Objectives

At the end of the postgraduate training in the discipline concerned the student shall be able to:

- (i) Recognize the importance of the concerned specialty in the context of the health need of the community and the national priorities in the health sector.
- (ii) Practice the specialty concerned ethically and in step with the principles of primary health care.
- (iii) Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- (iv) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures/strategies.
- (v) Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- (vi) Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
- (vii) Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
- (viii) Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.

- (ix) Play the assigned role in the implementation of national health programs, effectively and responsibly.
- (x) Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- (xi) Develop skills as a self-directed learner; recognize continuing educational needs, select and use appropriate learning resources.
- (xii) Demonstrate competence in basic concept of research methodology and epidemiology, and be able to critically analyse relevant published research literature.
- (xiii) Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- (xiv) Function as an effective leader of a team engaged in health care, research or training.

Statement of the Competencies

Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies, which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the program so that he or she can direct the efforts towards the attainment of these competencies.

Components of the PG Curriculum

The major components of the PG curriculum shall be:

- Theoretical knowledge
- Practical/clinical Skills
- Training in writing thesis/research articles
- Attitudes, including communication.
- Training in research methodology, medical ethics & medico legal aspects
- Teaching skills to the undergraduates, juniors and support teams

Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2000. [Amended up to May 2018]

Eligibility for Admission:

1. Post graduate degree course:

The candidate seeking admission to speciality courses [M.D/M.S] should have passed MBBS from a college recognized by Medical Council of India.

As per requisites of statutory bodies & as laid out in Post graduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test conducted by competent authority shall be as per MCI regulations & its amendments as applicable time to time. Eligibility for Foreign / PIO / NRI students will be based on

qualifying examination marks and MCI amendments as applicable at the time of selection and admission process. Candidates seeking admission to superspeciality [M.Ch]

The candidate seeking admission to superspeciality course should have passed MS/MD in concerned subjects (As per MCI regulations & its amendments thereof) or passed DNB in concerned broad specialties & should fulfill requirements of MCI regulations.

As per requisites of statutory bodies & as laid out in Post graduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test conducted by competent authority shall be as per MCI regulations & its amendments as applicable time to time.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

The MCI norms to qualify for Admissions

Candidates seeking admission to these Post Graduate Degree courses should have passed M.B.B.S. recognized by Medical Council of India or equivalent qualification and should have obtained permanent Registration from the Medical Council of India or any of the State/ Medical council or candidate should register the same within one month from the date of admission, failing which the admission of the candidate shall be cancelled. Provided that in the case of a foreign national, the MCI may on the payment of prescribed fee for the registration, grant temporary registration for the duration of post graduate training restricted to the medical college/ institute to which the applicant is admitted for the time being exclusively for post graduate studies; provided further, that temporary registration to such foreign national shall be subjected to the condition that such person is duly registered with appropriate registering authority in his /her country wherefrom he has obtained his basic medical qualification ,and is duly recognized by the corresponding Medical Council or concerned authority.

If the candidate fails to fulfill the relevant eligibility requirements as mentioned above he/she will not be considered eligible for admission for Medical Postgraduate Degree Courses even if he/she is placed in the merit list of statutory authority and BLDE (Deemed to be University).

Obtaining Eligibility Certificate by the University before making Admission

Candidate shall not be admitted for any postgraduate degree course unless he/she has obtained and produced the eligibility certificate used by the University. The candidate has to make an application to the University with the following documents along with the prescribed fee:

1. MBBS pass/degree certificate issued by the University.
2. Marks cards of all the university examinations passed MBBS course.

3. Attempt Certificate issued by the Principal
4. Certificate regarding the recognition of the Medical College by the Medical Council of India.
5. Completion of internship certificate.
6. In case internship was done in a non-teaching hospital, a certificate from the Medical Council of India that the hospital has been recognized for internship.
7. Registration by any State Medical council and
8. Proof of SC/ST or OBC or physically handicapped status, as the case may be.

In addition to the above mentioned documents, candidate applying for admission to superspeciality courses has to produce degree/pass certificate of MD/MS/DNB degree with prescribed fee.

Intake of Students

The intake of students to each course shall be in accordance with the ordinance in this behalf.

Course Duration

- a) M.D. / M.S. Degree Courses:

The course of study shall be for a period of 3 completed years including examinations. (MCI PG REG 2000 10:1)

- b) D.M/M Ch Degree Courses; (MCI PG REG 2000, 10:2)

The duration of these courses shall be for a period of 3 completed years including examinations.

Training Method

The postgraduate training for degree shall be of residency pattern. The post graduate shall be trained with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should take part in seminars, group discussions grand rounds, case demonstration, clinics, journal review meetings, and clinical meetings. Every candidate should be required to participate in the teaching and training program of undergraduate students. Training should include involvement in laboratory and experimental work, and research studies. Basic medical sciences students should be posted to allied and relevant clinical departments or institutions. Exposure to applied aspects of their learning should be addressed. Similarly, clinical subjects' students should be posted to basic medical sciences and allied specialty departments or institutions.

Training of superspeciality [M.Ch] should follow similar pattern. In addition, they have to be trained in advanced techniques of diagnosis and treatment pertaining to their specialty, participate actively in surgical operations as well.

Psychiatry

Attendance, Progress and Conduct:

A candidate pursuing degree course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course.

Each year shall be taken as a unit for the purpose of calculating attendance. Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons. Every Candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate course. This shall include assignments, assessment of full time responsibilities and participation in all facets of educational process. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year. Leave benefits shall be as per university rules.

A post graduate student pursuing degree course in broad specialties, MD, MS and superspeciality courses DM, M.Ch would be required to present one poster presentation, read one paper in 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/her to be eligible to appear at the university degree examinations. (MCI, PG 2000, 13.9)

Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.

Monitoring Progress of Studies

The learning process of students should be monitored through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is done by the staff of the department based on participation of events in various teaching / learning activities. It may be structured and assessment done by using checklists that assess various aspects.

The learning out comes to be assessed include:

- Personal Attitudes,
- Acquisition of Knowledge,
- Clinical and operative skills, skills of performing necessary tests/experiments
- Teaching skills.
- Documentation skills

Personal Attitudes:

The essential items are:

- Caring attitude, empathy
- Initiative in work and accepting responsibilities
- Organizational ability
- Potential to cope with stressful situations and undertake graded responsibility
- Trust worthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner this establishes professional relationships with patients and colleagues
- Ability to work in team
- A critical enquiring approach to the acquisition of knowledge

The Methods used mainly consist of observation. Any appropriate methods can be used to assess these. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers. However every attempt should be made to minimize subjectivity.

Acquisition of Knowledge:

Lectures: Lectures/theory classes as necessary may be conducted. It is preferable to have one class per week if possible. They may, be employed for teaching certain topics. Lectures may be didactic or integrated.

The following selected common topics for post graduate students of all specialties to be covered are suggested here. These topics can be addressed in general with appropriate teaching-learning methods centrally or at departmental level.

- History of medicine with special reference to ancient Indian medicine
- Basics of health economics and health insurance
- Medical sociology, Doctor –Patient relationship, role of family in disease
- Professionalism & Medical code of Conduct and Medical Ethics
- Research Methods, Bio-statistics
- Use of library, literature search ,use of various software and databases
- Responsible conduct of research
- How to write an article, publication ethics and Plagiarism
- Journal review and evidence based medicine
- Use of computers &Appropriate use of AV aids
- Rational drug therapy
- National Health and Disease Control Programmes
- Roles of specialist in system based practice
- Communication skills.

Psychiatry

- Bio medical waste management
- Patient safety, medical errors and health hazards
- Patient's rights for health information and patient charter.

These topics may preferably taken up in the first few weeks of the 1st year commonly for postgraduates and later in 2nd year or 3rd year as required during their progression of the program. The specialty wise topics can be planned and conducted at departmental level.

Integrated teaching:

These are recommended to be taken by multidisciplinary teams for selected topics, eg. Jaundice, Diabetes mellitus, thyroid diseases etc. They should be planned well in advance and conducted.

Journal Review Meeting (Journal club):

The ability to do literature search, in depth study, presentation skills, use of audio – visual aids, understanding and applying evidence based medicine are to be focused and assessed. The assessment is made by faculty members and peers attending the meeting using a checklist

Seminars / symposia:

The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio – visual aids are to be assessed using a checklist.

Clinico-Pathological conferences:

This should be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.

Medical Audit:

Periodic morbidity and mortality meeting should be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

Clinical Skills:

Day to Day Work: Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills

Clinical Meetings:

Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list.

Group discussions:

Group discussions are one of the means to train and assess the student's ability to analyse the given problem or situation, apply the knowledge and make appropriate decisions. This method can be adopted to train and assess the competency of students in analyzing and applying knowledge.

Death review meetings/Mortality meetings:

Death review meetings are important method for reflective learning. A well conducted morbidity and mortality meetings bring about significant reduction in complications, improve patient care and hospital services. They also address system related issues. Monthly meetings should be conducted with active participation of faculty and students. Combined death review meetings may be required wherever necessary.

Clinical and Procedural Skills:

The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book.

Teaching Skills:

Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students

Attitude and Communication skills:

Candidates should be trained in proper communication skills towards interaction and communication with patients, attendees and society in general. There should be appropriate training in obtaining proper written informed consent, discussion and documentation of the proceedings. Structured training in various areas like consent, briefing regarding progress and breaking bad news are essential in developing competencies.

Variety of teaching –learning methods like Role play, video based training, standardized patient scenarios, reflective learning and assisting the team leader in all these areas will improve the skills. Assessment can be done using OSCE simulated scenarios and narratives

or any appropriate means. Training to work as team member, lead the team whenever situation demands is essential. Mock drills to train and assess the readiness are very helpful.

Work diary / Log Book:

Every candidate shall maintain a Work Diary/Log Book and record his/her participation in the training programs conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, conducted by the candidate. A well written and validated Log Book reflects the competencies attained by the learner and points to the gap which needs address. This Log Book shall be scrutinized by concerned teachers periodically and certified, by the Head of Department and Head of the Institution, and presented during University Practical / Clinical examination.

Periodic tests:

In case of degree courses of three years duration (MD/MS, DM, M.Ch), the concerned departments may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical and viva voce.

One of these practical/clinical tests should be conducted by OSPE (objective structured practical examination or OSCE (objective structured clinical examination) method.

Records and marks obtained in such tests will be maintained by the Head of Department and sent to the University, when called for,

Assessment:

Assessment should be comprehensive & objective. It should address the stated competencies of the course. The assessment needs to be spread over the duration of the course.

FORMATIVE ASSESSMENT, ie., assessment during the training would include:

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

General Principles:

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning: it should also cover professionalism and communication skills.

Quarterly assessment during the Postgraduate training course should be based on following educational activities:

Psychiatry

1. Journal based/recent advances learning
2. Patient based/Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and outreach Activities/CMEs

Records:

Records and marks obtained in tests will be maintained by the Head of the Departments and will be made available to the University or MCI.

Procedure for non-adherence by the candidate:

Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

Dissertation:

Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognized post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.

The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis and comparison of results and drawing conclusions.

Every candidate shall submit to the Registrar (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.

Such synopsis will be reviewed by appropriate scientific and ethics committee within the university and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation shall be written under the following headings:

1. Introduction
2. Aims or Objectives of study
3. Review of Literature

Psychiatry

4. Material and Methods
5. Results
6. Discussion
7. Conclusion
8. Summary
9. References
10. Tables
11. Annexure

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

Adequate number of copies as per norms and a soft copy of dissertation thus prepared shall be submitted to the Controller of Examinations six months before final examination on or before the dates notified by the University.

The dissertation shall be valued by examiners appointed by the university. Acceptance of dissertation work is an essential precondition for a candidate to appear in the University examination.

Guide:

The academic qualification and teaching experience required for recognition by this University as a guide for dissertation work is as per Medical Council of India Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 and its amendments thereof. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least five years teaching experience as Lecturer or Assistant Professor gained after obtaining post graduate degree shall be recognized as post graduate teachers.

A Co-guide may be included provided the work requires substantial contribution from a sister department or from another medical institution recognized for teaching/training by this University / Medical Council of India. The co-guide shall be a recognized post graduate teacher of BLDE (Deemed to be University).

Change of guide:

In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the University.

Schedule of Examination:

The examination for M.D. /M.S and DM/M.Ch courses shall be held at the end of three academic years. The university shall conduct two examinations in a year at an interval of four to six months between the two examinations. Not more than two examinations shall be conducted in an academic year.

Scheme of Examination

M.D. /M.S. Degree

M.D. / M.S. Degree examinations in any subject shall consist of dissertation, written papers (Theory), Practical/Clinical and Viva Voce.

Dissertation:

Every candidate shall carryout work and submit a Dissertation as indicated above. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

Written Examination (Theory):

Written examination shall consist of **four** question papers, each of **three** hours duration. Each paper shall carry 100 marks. Out of the **four** papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences and 4th paper on Recent advances, which may be asked in any or all the papers. In basic medical subjects and para-clinical -subjects, questions on applied clinical aspects should also be asked.

Practical / Clinical Examination:

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases minimum. However additional assessment methods can be adopted which will test the necessary competencies reasonably well.

The total marks for Practical / Clinical examination shall be 300.

Viva Voce:

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

Examiners:

There shall be at least four examiners in each subject. Out of them two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for pass & distinction: Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical/clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination and Viva Voce: vide MCI pg 2000 Reg no 14(4) (Ciii)

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be. [Amendment of MCI PG Regulations clause 14 dated 5.4.2018]

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

Distinction will not be awarded for candidates passing the examination in more than one attempt.

D.M/M.Ch Degree

DM/M.Ch Degree examinations in any subject shall consist of written theory papers (theory), practical/clinical and Viva voce.

Written Examination (Theory):

Written examination shall consist of four question papers, each of three hours duration. Each paper shall carry 100 marks. Out of the four papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences. Recent advances may be asked in any or all the papers. In basic medical subjects and para-clinical -subjects, questions on applied clinical aspects should also be asked.

Practical / Clinical Examination:

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills, competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The total marks for Practical / clinical examination shall be 300.

Viva Voce:

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

Examiners:

There shall be at least four examiners in each subject. Out of them two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for passing and distinction:

Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination vide: MCI pg 2000 Reg no 144-c (iii).

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

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A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Distinction will not be awarded for candidates passing the examination in more than one attempt.

Number of candidates per day: The maximum number of candidates for practical / clinical and viva-voce examination shall be as under:

MD / MS Courses: Maximum of 8 per day
DM/M.Ch Maximum of 3 per day

Additional annexure to be included in all curricula

Postgraduate Students Appraisal Form
Pre/Para/Clinical Disciplines

Name of Department/Unit :
Name of the PG Student :
Period of Training : FROM..... TO.....

Sr. No	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		1 2 3	4 5 6	7 8 9	
1	Journal based/recent advances learning				
2	Patient based /Laboratory or Skill based learning				
3	Self directed learning and teaching				
4	Departmental and interdepartmental learning activity				
5	External and Outreach Activities/CMEs				
6	Thesis/Research work				
7	Log Book Maintenance				

Publications Yes/No

Remarks*

.....

.....

*Remarks: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE

SIGNATURE OF GUIDE

SIGNATURE OF HOD

SIGNATURE OF UNIT CHIEF

Section II

MD. Psychiatry Course content

Preamble:

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

The competency based training programme aims to produce a post-graduate student who after undergoing the required training should be able to deal effectively with the needs of the community and should be competent to handle all problems related to his/her specialty including recent advances. The student should also acquire skill in teaching of medical/para-medical students in the subject that he/she has received his/her training. He She should be aware of his/her limitations. The student is also expected to know the principles of research methodology and modes of accessing literature.

Goal

The candidates are expected to attain a high degree of proficiency both in the theoretical and practical aspects of psychiatry and related disciplines.

The goals of postgraduate training course would be to train a MBBS doctor who will: Practice efficiently and effectively the speciality, backed by scientific knowledge and skill base. Exercise empathy and a caring attitude and maintain high ethical standards. Continue to evince keen interest in continuing education in the speciality irrespective of whether he is in a teaching institution or is a practicing psychiatrist. Be a motivated 'teacher' – defined as a specialist keen to share his knowledge and skills with a colleague or a junior or any learner.

Objectives

By the end of the course, the student should have acquired knowledge (cognitive domain), professionalism (affective domain) and skills (psychomotor domain) as given below:

- A. **Cognitive domain:** By the end of the course, the student should demonstrate knowledge in the following:
 1. General topics:
 - a) The student should be able to demonstrate knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to Psychiatry.
 - b) The student should be able to explain etiology, assessment. Classification and management and prognosis of various psychiatric disorders (including psychiatric sub-specialties), and Neuroanatomy, Neurophysiology, Neuroimaging,

Electrophysiology, Psychoneuroendocrinology, Psychoneuroimmunology, Chronobiology and Neurogenetics.

- c) Acquire knowledge of delirium, dementia, amnesic & other cognitive disorders and mental disorders due to a general medical condition.
- d) The student should be able to explain follow-up care of person suffering from chronic relapsing psychiatric ailments.
- e) The student should acquire knowledge of emergency measures in acute crisis arising out of various psychiatric illnesses including drug detoxification and withdrawal.
- f) The student should acquire knowledge of pharmacokinetics & pharmacodynamics of drugs involved in psychiatric management of patients.
- g) The student should acquire knowledge of (a) normal child development and adolescence, mental retardation in children (b) learning & associated disorders and their management.
- h) The student should acquire knowledge and be able to explain mechanisms for rehabilitation of psychiatric patients.
- i) The student should acquire knowledge of substance related disorders and their management.
- j) The student should acquire knowledge of psychotic disorders, mood disorders, and anxiety disorders and their management.
- k) The student should acquire knowledge of sexual and gender identity disorders and their management.
- l) The student should acquire knowledge of eating disorders and sleep disorders and their management.
- m) The student should be conversant with recent advances in Psychiatry.
- n) The student should be conversant with routine bedside diagnostic and therapeutic procedures and acquire knowledge of latest diagnostics and therapeutics procedures available.
- o) The student should be conversant with various policy related aspects of Psychiatric practice in India (e.g. Mental Health Care Act, National Health Mental Health Programmes, Rights of Persons with Disability etc.).

p) The student should be conversant with research methodologies.

B. Affective Domain:

1. The student should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
2. The student should always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel
3. The student should demonstrate respect for the rights of the patient including the right to information and second opinion.
4. The student should develop communication skills to prepare reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

C. Psychomotor domain

At the end of the course, the student should acquire the following clinical skills and be able to become an expert in good history taking, physical examination, mental state examination, and able to establish rapport and counsel family members and patients on scientific basis. Choose the required investigations for both short and long term management.

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

1. Obtain a proper relevant history, and perform a humane and thorough clinical examination including detailed mental state examinations using proper communication skills.
2. Arrive at a logical working diagnosis and differential diagnosis after clinical examination.
3. Order appropriate investigations keeping in mind their relevance and cost effectiveness and obtain additional relevant information from family members to help in diagnosis and management.
4. Identify psychiatric situations calling for urgent or early intervention.
5. Write a complete case record with all necessary details.
6. Write a proper discharge summary with all relevant information.
7. Obtain informed consent for any examination/procedure.

8. Perform clinical audit.
9. Must be able to perform modified Electroconvulsive therapy (ECT).

The student, at the end of the course should be able to perform independently, the following:

1. Conduct detailed Mental Status Examination (MSE)
2. Brief neurological examination
3. Cognitive behavior therapy
4. Supportive psychotherapy
5. Modified ECT
6. Clinical IQ assessment
7. Management of alcohol withdrawal
8. Alcohol intoxication management
9. Opioids withdrawal management
10. Delirious patients
11. Crisis intervention

The student must be able to demonstrate approach to patient with variety of clinical presentations including following symptoms:

1. Auditory hallucinations
2. Visual hallucinations
3. Pseudo hallucination
4. Seizures true and pseudo seizure
5. Panic attack
6. Manic symptoms
7. Behavioural symptoms of schizophrenia
8. Catatonia
9. Delirium
10. Factitious disorders

The student, at the end of the course should be able to perform under supervision, the following:

1. Behaviour therapy.
2. Opioids intoxication management.
3. Alcohol withdrawal management.
4. Generic Counseling.
5. Family therapy.

The student, at the end of the course should be able to assist the expert in the following:

1. Interpersonal therapy
2. Management of suicide attempt

Human values, Ethical practice and Communication abilities

- Adopt ethical principles in all aspects of his/her practice. Professional honesty and integrity are to be fostered. Care is to be delivered irrespective of the social status, caste, creed or religion of the patient.
- Develop communication skills, in particular the skill to explain various options available in management and to obtain a true informed consent from the patient.
- Provide leadership and get the best out of his team in a congenial working atmosphere.
- Apply high moral and ethical standards while carrying out human or animal research.
- Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed.
- Respect patient's rights and privileges including patient's right to information and right to seek a second opinion.

A candidate pursuing the course should work in the institution as a full time student. No candidate should be permitted to run a clinic/laboratory/nursing home while studying postgraduate course. Each year should be taken as a unit for the purpose of calculating attendance.

Every student shall attend teaching and learning activities during each year as prescribed by the department and not absent himself/herself from work without valid reasons.

TEACHING AND LEARNING METHODS

Teaching methodology

1. Lectures: Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated. Didactic lectures are of least importance.
2. Small group discussion such as seminars, journal clubs, symposia, reviews and guest lecturers should get priority for theoretical knowledge. Bedside teaching, grand rounds, structured interactive group discussions and clinical demonstrations should be the hallmark of clinical/practical learning.

The student should have hands-on training in performing various procedures and ability to interpret various tests/investigations. Exposure to newer specialized diagnostic/therapeutic procedures concerning the subject should be given. Self learning tools like assignments and case base learning may be promoted.

3. Thesis writing: Thesis writing is compulsory.
4. Research Methodology: The student should know the basic concepts of research methodology and biostatistics to plan a research project, be able to retrieve information from the library.
5. Teaching skills: The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
6. Continuing Medical Education Programmes (CME): Each student should attend at least two CME programmes, in 3 years.
7. Conferences: The student should attend courses, conferences and seminars relevant to the specialty.
8. A post-graduate student in broad specialties/super specialties 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 in a peer reviewed/indexed journal/recognized journal list from MCI during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
9. Seminars: There should be a weekly seminar in which the PG students present material on assigned topics in rotation. It should be followed by discussion in which all trainees are supposed to participate. Generally the topics covered should be those that supplement the formal teaching programme.
10. Case Conference: A case conference should be held every week where a PG student prepares and presents a case of academic interest by rotation and it is attended by all the members of the Department.
11. Psychosomatic Rounds: This is a presentation of a case of psychosomatic illness, or a medical illness with pronounced psychiatric problems. It should be held in collaboration with various departments and attended by the faculty and the PG students of psychiatry and the concerned Department.
12. Research Forum: There should be quarterly or 6 monthly meeting of one hour each in which the PG students present their plan of research as well as the report of the completed work of their projects. The other research scholars/staff in the department

also may participate in it. The faculty, PG students and the non-medical professionals should make critical comments and suggestions.

13. **Journal Club:** Recommended to be held once a week. All the postgraduate students are expected to attend and actively participate in discussion and enter in the Log Book relevant details. Further, every candidate must make a presentation from the allotted journal(s), selected articles at least four times a year and a total of 12 seminars presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment. A time table with names of the student and the moderator should be announced at the beginning of every year.
14. **Case presentations:** All new in-patients and outpatients cases should be routinely reviewed with one of the Consultants. In addition, the PG student is required to present case material at routine rounds and other case conferences. Senior PG students will conduct evening classes on clinical topics.
15. **Extra-mural activities:** The post graduate students are encouraged to attend certain academic activities in allied subjects held outside parent department e.g. seminars/lectures held at Departments of Sociology, Psychology, Neurology etc.
16. **Psychotherapy tutorials:** These should be held in small groups supervised by a consultant, in which a case is presented by a PG student and psycho therapeutic management discussed.
17. **Student symposium:** Recommended as an optional multi disciplinary programme. The evaluation may be similar to that described for subject seminar.
18. **Ward Rounds:** Ward rounds may be service or teaching rounds.
 - a) **Service Rounds:** Postgraduate students and interns should do every day for the care patients. Newly admitted patients should be worked up by the postgraduates and presented to the seniors the following day.
 - b) **Teaching Rounds:** Every unit should have 'grand rounds' for teaching purpose. A diary should be maintained for day to day activities by the students. Entries of (a) and (b) should be made in the Log Book (described later).

Graded responsibility in care of patients

1st Year

Interview techniques, mental state examination, diagnostic summary, diagnostic formulation, supervised inpatient and outpatient work, Supervised administration of ECT, administration and interpretation of Psychological tests (projective tests, tests of intelligence, Neuropsychological tests)

2nd Year

Supervised consultation and liaison work with other departments, evaluation and treatment of psychiatric emergencies under supervision, supervised long term follow up of inpatients discharged to the community, individual psychotherapy of a minimum of one case under supervision, exposure to group therapy, family therapy. Student to learn certain behavior therapy techniques such as relaxation, systematic desensitization, exposure and response prevention, assessment and evaluation of children with psychiatric problems. Postings in the Department of Neurology (3 months) and in psychiatric institution for exposure to Forensic Psychiatry (15 days).

3rd Year

Supervised teaching of clinical psychiatry to undergraduate Medical students, allied and paramedical staff or students posted to Psychiatry etc.

Independent care of long term stable patients in the community and out patient.

Learning to liaise with agencies outside the hospital setting for community care of patients and if possible to work in a centre dealing with rehabilitation of chronic psychiatrically ill patients (15 days)

Presentation of dissertation work to the faculty of the department.

Rotation:

Clinical Postings

- A major tenure of posting should be in General Psychiatry. It should include care of in-patients, out-patients, special clinics and maintenance of case records for both in and out patients.
- Exposure to the following areas should be given :
Schedule of clinical postings for M.D Psychiatry *(36 months)

Area/ Specialty

Psychiatry

Ward and OPD (Concurrent) 18 months
Neurology; 3 months
Emergency Medicine/ Internal Medicine; 1 month
Consultation Liaison Psychiatry; 3 months
Psychiatric Institute and Forensic Psychiatry; 1 month
Clinical Psychology; 1 month
Addiction Psychiatry; 3 months
Child and Adolescent Psychiatry; 3 months
Community psychiatry; 2 months#
Elective posting; 2 months (as per choice in the same Institute)

* The stated duration can be subjected to minor modifications depending on available resources.

Exposure to community based services should be integral to various postings.

Log book

The log book is a record of the important activities of the candidates during his training, Internal assessment should be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

Format for the log book for the different activities is given in Tables 1 and 2.

Diary; Every student must maintain a record book (diary) and the work carried out by him and the training programme undergone by him during the training, including details of rotation, night calls, procedure and consultations done as M.D. candidates. These records books should be checked and assessed by faculty members imparting the training and certified by the head of the department.

All note books should have seal of college and H.O.D.s approval: Extra note books utilized as and when necessary.

Diaries should be presented at the time of University clinical exam for review by examiners as per University regulations.

Procedure for defaulters: Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases the departmental committee may recommend that the candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

ASSESSMENT

FORMATIVE ASSESSMENT, i.e., assessment during the training

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

General Principles; Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and practical/clinical examination.

Quarterly assessment during the MD training should be based on:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs

The student to be assessed periodically as per categories listed in postgraduate student appraisal form

SUMMATIVE ASSESSMENT, ie., at the end of training.

The summative examination would be carried out as per the Rules given in postgraduate Medical education regulations, 2000 & its amendments thereof.

The examination shall be in three parts:

1. Thesis

Dissertation in the Department:

Periodic presentations are to be made in the department on the progress of the thesis. Initially the topic selected is to be presented before submission to the University for registration, again before finalization for critical evaluation and another before final submission of the completed work.

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognized Post graduate Teacher. Research project shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

Psychiatry

Thesis shall be submitted at least six months before the final examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. At least acceptance by two experts is required. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory

The examinations shall be organised on the basis of 'Grading' or 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. The examination for M.D. shall be held at the end of 3rd academic year. An academic term shall mean six month's training period.

There shall be four question papers, each of three hours duration. Each paper shall consist of two long essay questions each question carrying 20 marks and 6 short essay questions each carrying 10 marks. Total marks for each paper will be 100. Questions on recent advances may be asked in any or all the papers. Details of distribution of topics for each paper will be as follows:

Paper I: Neuro-Anatomy, Neurophysiology, Neurochemistry, Genetics, General and Abnormal Psychology, Social psychology, Anthropology, Ethology and statistics

Paper II: History of psychiatry, Classificatory systems in Psychiatry, Adult psychiatric disorders including personality disorder substance related disorders, sexual disorders, eating disorders, sleep disorders (Epidemiology etiopathogenesis, clinical features, treatment course and outcome). Psychosomatic disorders, Consultation – Liaison psychiatry, Geriatric psychiatry, Psychiatric emergencies, Psycho-oncology Psychoneuroimmunology, Psychoneuroendocrinology, chronopsychobiology, electrophysiological procedures and brain imaging in psychiatry.

Paper III: Child and adolescent psychiatric disorders including mental retardation (Epidemiology etiopathogenesis, clinical features, treatment course and outcome). Mental health issues in women including post-partum psychiatric disorders, Measurements in Psychiatry, Psychopharmacology, Electroconvulsive therapy, Psychosurgery, Psychotherapy, Rehabilitation in Psychiatry, Forensic Psychiatry, Cultural Psychiatry, Community Psychiatry and Ethics in Psychiatry.

Paper IV: Neurology and General Medicine as related to Psychiatry and recent advances in psychiatry

Note: The distribution of chapters / topics shown against the papers is suggestive only.
Psychiatry

3. Clinical Case Examination: Marks: 300

Aim of the clinical examination is to elicit competence in clinical skills and Differential diagnostic formulations for undertaking independent work as specialist.

Long case – Psychiatry (One) – Marks; 150

Short cases –Total; 3. (1-Neurology: 2 Psychiatry). Marks; 150 (3x50)

Viva voce: Marks: 100

Oral/viva voce examination shall be comprehensive enough to test the post graduate student's overall knowledge of the subject

1. 1.Viva-voice Examination: (80 marks)

All examiners will conduct viva-voice conjointly on candidate's comprehension, analytical approach, expression and interpretation of data. It includes all components of course contents.

Spotters and discussion on dissertation: (20 marks)

In addition candidates may be also be given EEG, psychological tools, X-rays, CI/MRI scan images, etc., for interpretation. Questions on use of instruments will be asked.

Maximum marks for	Theory	Practical	Viva	Grand Total
M.D. Psychiatry	400	300	100	800

Recommended Books and Journals

1. SADOCK (B J) and SADOCK (V A) Comprehensive Text books of Psychiatry Set of 2 vols. Ed. 7 Baltimore, William & Wilkins, 1995
2. KAPLAN (H I) and SADOCK (B J) Synopsis of text book of Psychiatry, Ed 8, New Delhi, Waverly Pvt Ltd.
3. KENDELL (R E) and Zealley(A K) Ed Companion to psychiatric studies, Ed. 4 Edinburgh, Churchill Living Stone 1998
4. GELDER M etal, Oxford textbook of Psychiatry, Ed.3, Oxford, OUP, 1996
5. CASSEM(NH) , Massachusetts General hospital. Handbook of General Hospital Psychiatry, St. Louis, Mosby, 1997
6. LISHMAN (W A), Organic Psychiatry: Consequences of Cerebral Disorder, ED3, Oxford, Blackwell , Sciences, 1997
7. BARKER (Philip), Basic Child Psychiatry, Ed. 5., London, Blackwell Sciences, 1988

8. KENDEL (Eric R) etal, Principles of Neural Science, Ed. 3 Prentice Hall Intl. 1991
9. HARDMAN (Joel F) etal, Goodman and Gilmans The Pharmacological Basis of Therapeutics, Ed. 9, New York, McGraw Hill, Ed.9
10. MUNN (Norman L), Introduction to Psychology, Ed.3, Oxford and I B H Pub. 1972
11. Fish's Textbook of Psychopathology
12. KUPPASWAMY (B) , An Introduction to Social Psychology, Asia Publishing House
13. HURLOCK (Elizabeth B), Developmental psychology, Tata McGraw Hill
14. JAMES C COLEMAN, Abnormal Psychology and Modern Life, , D B TARAPOREWALA Sons and Co Pvt Ltd.
15. CHUSID (J G),Correlative Neuroanatomy and Functional Neurology, 18th edition, 1989, Lange Medical Publication
16. Fish Clinical Psychopathology
17. Clinical practice guidelines of Psychiatric disorders in India
18. Stahl Psychopharmacology
19. Oxford text book of Psychiatry
20. Mental Health Care Act, Rights of persons with Disability Act (India)
21. Lowinson et al -Substance Abuse-A Comprehensive Textbook
22. Galanter and Klebert-Textbook of Substance Use Treatmen

Journals

1. Indian Journal of Psychiatry
2. American Journal of Psychiatry
3. JAMA Psychiatry
4. British journal of Psychiatry
5. Psychiatric clinics of North America
6. Neurology (India)
7. Lancet
8. New England Journal of Medicine
9. Indian Journal of Clinical psychology
10. NIMHANS Journal
11. Acta Psychiatrica Scandinavia
12. Psychological Medicine
13. Journal of Clinical Psychiatry
14. Indian Journal of Psychological Medicine

Section III

Format of Model Check Lists

Check List -I. MODEL CHECK-LIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATIONS

Name of the Student: _____ Name of the Faculty/Observer: _____
 Date: _____

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Article chosen was					
2.	Extent of understanding of scope & objectives of the paper by the candidate					
3.	Whether cross references have been consulted					
4.	Whether other relevant publications consulted					
5.	Ability to respond to questions on the paper / subject					
6.	Audio-Visual aids used					
7.	Ability to defend the paper					
8.	Clarity of presentation					
9.	Any other observation					
	Total Score					

Check List - II.
MODEL CHECK-LIST FOR EVALUATION OF SEMINAR PRESENTATIONS

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Whether other relevant publications consulted					
2.	Whether cross references have been consulted					
3.	Completeness of Preparation					
4.	Clarity of Presentation					
5.	Understanding of subject					
6.	Ability to answer questions					
7.	Time scheduling					
8.	Appropriate use of Audio-Visual aids					
9.	Overall Performance					
10.	Any other observation					
	Total Score					

Check List - III**MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN WARD / OPD**

(To be completed once a month by respective Unit Heads including posting in other departments)

Name of the Student:

Name of the Unit Head:

Date:

Sl. No.	Points to be considered:	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance					
2.	Punctuality					
3.	Interaction with colleagues and supportive staff					
4.	Maintenance of case records					
5.	Presentation of cases during rounds					
6.	Investigations work up					
7.	Bedside manners					
8.	Rapport with patients					
9.	Counseling patient's relatives for blood donation or Postmortem and Case follow up.					
10.	Over all quality of Ward work					
	Total Score					

Check List - IV

EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student:

Name of the Faculty:

Date:

Sl. No.	Points to be considered	Poor 0	Below Average 1	Average 2	Above Average 3	Very Good 4
1.	Completeness of history					
2.	Whether all relevant points elicited					
3.	Clarity of Presentation					
4.	Logical order					
5.	Mentioned all positive and negative points of importance					
6.	Accuracy of general physical examination					
7.	Whether all physical signs elicited correctly					
8.	Whether any major signs missed or misinterpreted					
9.	Diagnosis: Whether it follows logically from history and findings					
10	Investigations required					
	▪ Complete list					
	▪ Relevant order					
	▪ Interpretation of investigations					
11.	Ability to react to questioning Whether it follows logically from history and findings					
12.	Ability to defend diagnosis					
13.	Ability to justify differential diagnosis					
14.	Others					
	Grand Total					

Check List - V

MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE

Sl. No.		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequence of ideas		
5.	The use of practical examples and/or illustrations		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

Check list VI

MODEL CHECK LIST FOR DISSERTATION PRESENTATION

Name:

Faculty/observer:

Date:

Sl. No.	Points to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Interest shown in selecting a topic					
2.	Appropriate review of literature					
3.	Discussion with guide & other faculty					
4.	Quality of protocol					
5.	Preparation of proforma					

Checklist-VII

CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1.	Periodic consultation with guide/co-guide					
2.	Regular collection of case material					
3.	Depth of analysis / discussion					
4.	Departmental presentation of findings					
5.	Quality of final output					
6.	Others					
	Total Score					

Model Overall Assessment Sheet

Name of the College:

Academic Year:

Sl. No	Faculty Member & Others	Name of Student and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1											
2											
3											
4											
5											
Total Score											

Note: Use separate sheet for each year.

SECTION - IV

MEDICAL ETHICS & MEDICAL EDUCATION

Sensitization and Practice

Introduction

There is now a shift from the traditional individual patient, doctor relationship, and medical care. With the advances in science and technology and the needs of patient, their families and the community, there is an increased concern with the health of society. There is a shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems. To accomplish the Goal (i), General Objectives (ii) stated in Chapter II (pages 2.1 to 2.3), and develop human values it is urged that **ethical sensitization** be achieved by lectures or discussion on ethical issues, clinical case discussion of cases with an important ethical component and by including ethical aspects in discussion in all case presentations, bedside rounds and academic postgraduate programs.

Course Contents

1. Introduction to Medical Ethics
 - What is Ethics?
 - What are values and norms?
 - Relationship between being ethical and human fulfillment
 - How to form a value system in one's personal and professional life
 - Heteronomous Ethics and Autonomous Ethics
 - Freedom and personal Responsibility

2. Definition of Medical Ethics
 - Difference between medical ethics and bio-ethics
 - Major Principles of Medical Ethics 0
 - Benevolence = fraternity
 - Justice = equality
 - Self determination (autonomy) = liberty

3. Perspective of Medical Ethics
 - The Hippocratic Oath
 - The Declaration of Helsinki
 - The WHO Declaration of Geneva
 - International code of Medical Ethics (1993)
 - Medical Council of India Code of Ethics

4. Ethics of the Individual
 - The patient as a person
 - The Right to be respected
 - Truth and confidentiality
 - The autonomy of decision
 - The concept of disease, health and healing
 - The Right to health
 - Ethics of Behavior modification
 - The Physician – Patient relationship
 - Organ donation

5. The Ethics of Human life
 - What is human life?
 - Criteria for distinguishing the human and the non-human
 - Reasons for respecting human life
 - The beginning of human life
 - Conception, contraception
 - Abortion
 - Prenatal sex-determination
 - In vitro fertilization (IVF), Artificial Insemination by Husband (AIH)
 - Artificial Insemination by Donor (AID)
 - Surrogate motherhood, Semen Intra fallopian Transfer (SIFT),
 - Gamete Intra fallopian Transfer (GIFT), Zygote Intra fallopian Transfer (ZIFT),
 - Genetic Engineering

6. The family and society in Medical Ethics
 - The Ethics of human sexuality
 - Family Planning perspectives
 - Prolongation of life
 - Advanced life directives – The Living Will
 - Euthanasia
 - Cancer and Terminal Care

7. Profession Ethics
 - Code of conduct
 - Contract and confidentiality
 - Charging of fees, Fee-splitting
 - Prescription of drugs
 - Over-investigating the patient
 - Low – Cost drugs, vitamins and tonics

Allocation of resources in health cares
Malpractice and Negligence

8. Research Ethics

Animal and experimental research / humanness

Human experimentation

Human volunteer research – Informed Consent

Drug trials\

ICMR Guidelines for Ethical Conduct of Research – Human and Animal

ICH / GCP Guidelines

Schedule Y of the Drugs and Cosmetics Act.

9. Ethical work -up of cases

Gathering all scientific factors

Gathering all human factors

Gathering value factors

Identifying areas of value – conflict, setting of priorities,

Working our criteria towards decisions

Recommended Reading

1. Francis C. M., **Medical Ethics**, 2nd Ed, 2004 Jaypee Brothers, Bangalore/-
2. Ethical guidelines for biomedical research on human participants, ICMR publication 2017
3. Santosh Kumar: the elements of research, writing and editing 1994, Dept of Urology, JIPMER, Pondicherry
4. Srinivas D.K etal, Medical Education Principles and Practice, 1995, National Teacher Training Centre, JIPMER, Pondicherry
5. Indian National Science Academy, Guidelines for care and use of animals in scientific Research, New Delhi, 1994
6. International committee of Medical Journal Editors, Uniform requirements for manuscripts submitted to biomedical journals, N Engl J Med 1991
7. Kirkwood B.R, Essentials of Medical Statistics, 1st Ed., Oxford: Blackwell Scientific Publications 1998
8. Mahajan B.K. Methods in bio statistics for medical students, 5th Ed, New Delhi, Jaypee, Brothers Medical Publishers, 1989
9. Raveendran, B. Gitanjali: A Practical approach to PG dissertation, New Delhi, Jaypee Publications, 1998.
10. John A Dent. Ronald M Harden, A Practical guide for medical teacher, 4th Edition, Churchill Livingstone, 2009.
11. Tejinder Singh Anshu, Principles of Assessment in Medical Education, Jaypee brothers

12. Dr. K.Lakshman, A Hand Book on Patient Safety, RGUHS & Association of Medical Consultants, 2012
13. Bernard Mogs, Communication skills in health & social care, 3rd Edition, (S) SAGE, 2015
14. Manoj Sharma, R. Lingyak Petosa, Measurement and Evaluation for Health Educators, Jones & Bartlett Learning.
15. David E. Kern, Patricia A, Thomas Mark T, Hughes, Curriculum Development for Medical Education. A six-step approach, The Johns Hopkins University press/Baltimore.
16. Tejinder Singh Piyush Gupta Daljit Singh, Principles of Medical Education (Indian Academy of Paediatrics), 4th Edition, Jaypee Brothers, 2013.
17. Robert Reid, Torri Ortiz Linenemann, Jessica L.Hagaman, Strategy Instruction for Students with learning disabilities, 2nd Edition, The Guilford Press London.
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