



PRAVARA INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY)

**Loni, Tal. Rahata, Dist. Ahmednagar 413736
NAAC Re-accredited with 'A' Grade**

SYLLABUS

PG Programme - Psychiatry

(Competency Based Post Graduate Curriculum will be implemented from PG students batch admitted from 2021-22 onwards)

REVISED SYLLABUS AS PER 2023 NMC GUIDELINES

PG Psychiatry Syllabus

Based on the National Medical Commission (NMC) Post-Graduate Medical Education Regulations, 2023 (PGMER-23), designed for the Batch 2023 students.

1. MD Psychiatry: Post-Graduate Training Overview

Degree Name: Doctor of Medicine (MD) in Psychiatry.

Duration: 3 Years (including the examination period).

Core Goal: To produce a competent clinical specialist and medical teacher who recognizes community health needs, follows professional ethics, masters secondary/tertiary psychiatric care, and possesses a spirit of scientific inquiry.

Status: Full-time resident doctor (Junior Resident) with graded clinical responsibility and reasonable working hours.

2. Core Mandatory Milestones (First-Year Completion)

To be eligible for the final summative examination, all Batch 2023 postgraduate students must successfully clear these online/institutional certifications during their first year of residency:

1. Research Methodology Course: Mandatory completion of the online course via the designated training portal.
2. Ethics Course: Mandatory training in medical ethics, including Good Clinical Practices (GCP) and Good Laboratory Practices (GLP).

3. Cardiac Life Support Skills: Mandatory certification in Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS).

3. Comprehensive Course Syllabus

Paper I: Basic Medical Sciences as Applied to Psychiatry

- Neuro anatomy & Neurophysiology: Functional neuro anatomy of the limbic system, basal ganglia, prefrontal cortex and neuro circuitry of emotions, memory and sleep.
- Neurochemistry & Neuro endocrinology Neurotransmitters (Dopamine, Serotonin, GABA, Glutamate), receptor sub-types, second messenger systems and the psycho-neuro-endocrinology axis.
- Genetics and Epigenetics: Basic genetics, modes of inheritance, chromosomal abnormalities and twin studies related to major psychiatric disorders.
- Psychopharmacology (Principles): Pharmacokinetics, pharmacodynamics, blood-brain barrier dynamics and mechanism of action of psychotropic drugs.
- Behavioral Sciences & Psychology: Theories of personality, learning, memory, intelligence and cognitive development.

Paper II: Clinical Psychiatry (Adult & General Psychiatry)

- Psychopathology: Comprehensive phenomenology, elicitation of signs and symptoms and descriptive psychopathology.
- Classification Systems: Diagnostic criteria under ICD-11 and DSM-5-TR.
- Clinical Syndromes: Organic brain syndromes, Schizophrenia spectrum, Bipolar and Depressive disorders, Anxiety and Stress-related disorders, Obsessive-Compulsive spectrum and Somatoform disorders.
- Specialized Settings: Liaison psychiatry (consultation-psychiatry in general medical-surgical floors) and Emergency Psychiatry.

Paper III: Psychiatric Sub-specialties & Special Populations

- Addiction Psychiatry: Substance use disorders (Alcohol, Opioids, Cannabis, Stimulants, Nicotine) and behavioral addictions.
- Child and Adolescent Psychiatry: Neurodevelopmental disorders (ADHD, Autism Spectrum), emotional and behavioral disorders of childhood.
- Geriatric Psychiatry: Dementias, late-onset psychoses and affective disorders in the elderly.
- Therapeutics & Interventions:
 1. Somatic: Electroconvulsive Therapy (ECT), rTMS, tDCS.
 2. Psychotherapy: Cognitive Behavioral Therapy (CBT), Psychodynamic therapy, Supportive psychotherapy, Family and Marital therapy.

- Forensic & Legal Psychiatry: Mental Healthcare Act (MHCA) 2017, NDPS Act, Rights of Persons with Disabilities (RPwD) Act 2016, civil and criminal forensic evaluations.

Paper IV: Recent Advances in Psychiatry

- Neuro imaging: Structural and functional neuro imaging parameters (fMRI, PET, SPECT, structural MRI) in psychiatric research.
- Digital Psychiatry: Tele-psychiatry, AI applications, smart wearables in mental health monitoring.
- Emerging Molecules: Rapid-acting antidepressants (Ketamine / Esketamine), novel antipsychotics and psychedelic-assisted psychotherapy.
- Biomarkers: Genetic, neuro physiological and metabolic biomarkers in mental illness.

4. Compulsory Training Rotations & Logistics

1. Training

Post – graduate training shall consist of training of the students through lectures, seminars, journal clubs, group discussions, participation in laboratory work, involvement in research, clinical meetings, grand rounds, clinic pathological conferences, practical training in the diagnosis and medical treatment, training in the basic medical sciences as well as in allied clinical specialities.

2. Academic & Dynamic E-Log Book

- Postgraduates must maintain a dynamic e-log book, updated weekly, detailing clinical presentations, seminars, journal clubs and cases managed.
- The PG guide must evaluate and authenticate this digital record on a monthly basis.

3. Course in Research Methodology

- All post-graduate students shall complete an online course in Research Methodology.
- The students shall have to register on the portal of the designated training institutions.
- The students are expected to complete the course in the first year.
- The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.
- The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective post-graduate course.
- This requirement shall be applicable for all post-graduate students.

4. Course in Ethics

- i. All post-graduate students shall complete course in ethics including Good Clinical Practices and Good Laboratory Practices, whichever is relevant to them, to be conducted by institutions/Universities.
- ii. The students are expected to complete the course in the first year.
- iii. No post-graduate student shall be permitted to appear in the examination without the above certification.

5. Course in Cardiac Life Support Skills

- i. All post-graduate students shall complete a course in Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) skills to be conducted by the institution.
- ii. The students are expected to complete the course in the first year.
- iii. No post-graduate student shall be permitted to appear in the examination without the above certification.

6. District Residency Programme (DRP)

- i. Duration & Timing: Compulsory 3-month residential rotation during the 3rd or 4th or 5th semester.
- ii. Setting: Public sector/government-funded District Hospital with a minimum of 50 beds.
- iii. Scope: Residents work under the District Residency Programme Coordinator (DRPC). They are integrated into the District Health System to manage psychiatric outpatient/inpatient units, crisis interventions, and implement National Mental Health Programme (NMHP) policies at the grassroots level.
- iv. Stipend: Drawn fully from the parent medical institution.
- v. Completion: A formal completion certificate from the DRPC is a mandatory prerequisite to sit for the final MD exam.

7. Leave Rules for Post-graduate Students - The following leave rules will be followed:

- i. Every post-graduate student will be given minimum 20 days of paid leave (casual leave) per year.
- ii. Subject to exigencies of work, post-graduate students will be allowed one weekly holiday.
- iii. Female post-graduate students shall be allowed maternity leave as per existing Government rules and regulations.
- iv. Male post-graduate students shall be allowed paternity leave as per existing Government rules and regulations.
- v. In addition to 20 days' paid leave, the candidates will be allowed academic paid leave of 5 days per year.

The training period shall be as per Chapter-II. If candidate avails leave in excess of the permitted number of days, his/her term of course shall be extended by the same number of days to complete the training period. However, one shall be able to appear in the examination if one has 80% (eighty per cent) of the attendance.

8. Thesis / Dissertation

- i. Every student must execute thesis-related research under an approved guide.
- ii. Evaluation: The written thesis will be evaluated by external examiners from outside the state. Satisfactory completion and passing the thesis defense is vital to overall clinical scoring.

9. Academic Presentation Prerequisite

To qualify for the final summative examination, the student must achieve at least one of the following:

- i. Poster presentation at a National, Zonal or State psychiatric conference.
- ii. Podium/Oral presentation at a National, Zonal or State psychiatric conference.
- iii. Minimum of one research paper published or accepted for publication in an indexed peer-reviewed specialty journal as the first author.

10. Periodic Assessments

A. Formative/Quarterly Assessment

Quarterly Assessment during the training should be continual and should be based on :

- Patient based/laboratory or skill based learning
- Self directed learning and teaching
- Journal based/recent advances learning
- Departmental and interdepartmental learning activity
- External and Outreach activities/CMEs
- Professionalism and teamwork

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I)

B. Internal Assessment

An objective Internal Assessment to be done every 6 monthly for the PG students which will include 1 theory paper of 100 marks and 1 clinical examination (including viva) of 100 marks as per the schedule below :

- (a) At completion of 6,12,18 and 24 months of training – 1 formal internal assessment of theory (1 paper of 100 marks) and clinical exam of 100 marks (including viva).
- (b) On completion of 30 months: Preliminary exam on University pattern of exams
- (c) On completion of 35 months: University exam

5. Final Exam Conduction Guidelines (Theory & Viva)

The Summative Assessment is conducted by the University and consists of two separate segments: Theory and Practical/Viva Voce.

A. Theory Examination Guidelines

- Structure: Consists of 4 descriptive papers of 100 marks each (Total = 400 marks).
Section A-
2 Long Answer Questions- 25 Marks Each (Compulsory)
Section B-
5 Short Answer Questions- 10 Marks Each (5 out of 6)
- Timeline: Theory exams are evaluated and completed well before the clinical/practical dates.
- Paper Distribution:

Paper I: Basic Sciences as applied to Psychiatry.

Paper II: General Clinical Psychiatry.

Paper III: Psychiatric Sub-specialties (Child, Geriatric, Addiction, Consultation-Liaison) & Laws.

Paper IV: Recent Advances in Psychiatry.

- Evaluation: Double-blind digital valuation by two designated internal/external university evaluators. If an evaluation discrepancy arises, the paper is assigned to a third evaluator. No re-evaluation is permitted post-declaration.

B. Practical / Clinical & Viva Voce Guidelines

- Examiner Panel: A minimum of four examiners (two internal, two external; at least one external examiner must be from a university outside the state). All examiners must be recognized PG guides with a minimum of 3 years of active PG teaching experience.
- Component Weightage: Clinical/Practical component is out of 300 marks and the Oral/Viva Voce is out of 100 marks (Combined Total = 400 marks).
- Clinical Layout:
 - 1 Long Case: In-depth diagnostic elicitation, MSE, differential diagnosis and socio-biological management blueprint.
 - 2 Short Cases: Focused clinical examination assessing specific skills (e.g., organicity testing, developmental assessment, catatonia rating).
 - OSCE: Objective Structured Clinical Examination stations to judge psychotherapeutic, counselling or emergency response skills in an un-biased, structured format.
 - Oral Viva Voce: Thorough examination covering psychopharmacology logs, neuro imaging scans, EEG interpretation, instruments and thesis defence.
 - Thesis Weightage: 5% of the total clinical marks (20 marks) is allocated strictly to the quality and defence of the research dissertation, graded by the out-of-state external examiner.

C. Passing Criteria Matrix

CRITERIA FOR EVALUATION OF M.S./M.D./M.Ch./DM COURSES

S. No.	Description	M.S./M.D./M.Ch./DM Courses
1	THEORY	
	No. of Theory Papers	4
	Marks for each Theory Paper	100
	Total marks for Theory Paper	400
	Passing Minimum for Theory	200/400 (40% minimum in each paper)
2	PRACTICAL/CLINICAL	300
2.1	Long Case	120
2.2a	Short Case – 1	60
2.2b	Short Case – 2 (Neurology)	60
2.3	OSCE	40
2.4	Thesis	20
3	VIVA VOCE	100
	Passing minimum for Practical/Clinical including Viva voce	200/400
	The candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory– aggregate 50% (In addition, in each Theory paper a candidate has to secure minimum of 40%) (2) Practical/Clinical and Viva voce-aggregate 50% (3) If any candidate fails even under one head, he/she has to re-appear for both Theory and Practical/Clinical and Viva voce examination. (4) Five per cent of mark of total marks of Clinical/Practical and Viva Voce marks (20 marks) will be of dissertation/thesis and it will be part of clinical/practical examination marks. External examiner outside the state will evaluate dissertation/ thesis and take viva voce on it and marks will be given on quality of dissertation/thesis and performance on its viva voce. (5) No grace mark is permitted in post-graduate examination either for theory or for practical.	

THEORY QUESTION PAPER
MD PSYCHIATRY DEGREE EXAMINATION

PAPER II: CLINICAL PSYCHIATRY

Time: 3 Hours

Maximum Marks: 100

Answer all questions. Draw neat, labelled diagrams wherever applicable.

Section A (Long Answer Questions) - 2 x 25 = 50 Marks

Q1. A 48-year-old Diabetic and Hypertensive male is referred to you with history of constantly hearing voices of a running commentary on him with derogatory comments and threats to his family for the last 03 months. He is a chronic alcoholic with irregular treatment for last 03 years. Discuss the evaluation, differential diagnosis and management. (25 Marks)

Q2. What is Traumatic Brain Injury? What are the prognostic factors that determine outcome of Traumatic Brain Injury? Discuss sequelae of head injury. (25 Marks)

Section B (Short Answer Questions) - 5 x10 = 50 Marks

Q3. Answer any five of following questions:

- I. Write a note on Hypochondriasis and its treatment
- II. Non-pharmacological interventions for Delirium in ICU
- III. Reward circuits in Alcohol Dependence
- IV. Dialectical Behavior Therapy.
- V. Gut brain axis
- VI. Differentiate between Seizures and Pseudoseizures



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