



SHRI
DHARMASTHALA
MANJUNATHESHWARA
UNIVERSITY

Ordinance Governing
MD Psychiatry
Curriculum 2019-20

SHRI DHARMASTHALA MANJUNATHESHWARA UNIVERSITY

(A State Private University established under the Shri Dharmasthala Manjunatheshwara University
Act No 19 of 2018 of Government of Karnataka and Notification No. ED 261 URC 2018 dated 19th December 2018)

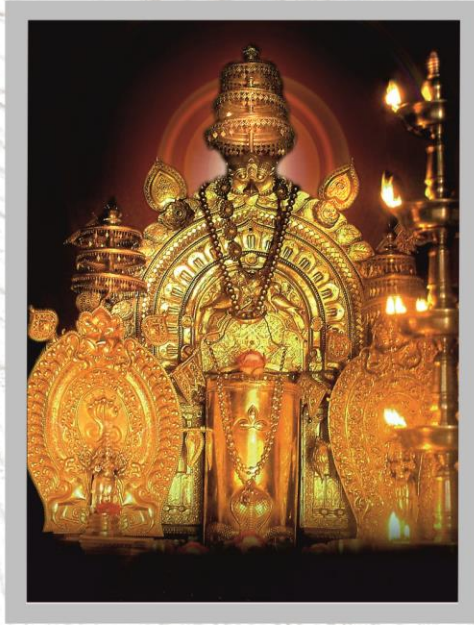
Manjushree Nagar, Sattur, Dharwad - 580 009, Karnataka, India

6th Floor, Manjushree Block SDM Medical College Campus

+91 836 2321127,2321126,2321125,2321124 sdmuniversity.edu.in

sdmuo@sdmuniversity.edu.in ; registrar@sdmuniversity.edu.in

|| Om Shri Manjunathaya Namaha ||



Shree Kshethra Dharmasthala

Edition Year : 2019-20

Shri Dharmasthala Manjunatheshwara University,
Manjushree Nagar, Sattur, Dharwad - 580 009, Karnataka, India
Phone: 0836-2321127
email: sdmuo@sdmuniversity.edu.in

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Registrar**

Shri Dharmasthala Manjunatheshwara University
6th Floor, Manjushree Block SDM Medical College Campus
Manjushree Nagar, Sattur, Dharwad - 580 009, Karnataka, India
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THE LOGO

Poojya Dr D. Veerendra Heggade, Hon'ble Chancellor of the University, while searching for an appropriate Logo for the University, saw a photograph picked from Temple Architecture showing Wings of a Bird, sculpted in Indian style and wanted it to be incorporated in the logo for the University, as the Wings symbolize 'Spreading of Knowledge beyond Boundaries'. Further it was felt that the Central theme of the logo should be 'Rudra' (The Linga) with three wings on each side. In this way, the logo of the University was conceptualized.

Hence:

1. The central part represents **Rudra** who Demolishes Darkness.
2. The Three **horizontal lines on The Linga** stand for Samyak Darshan (Right Belief), Samyak Gyan (Right Knowledge) and Samyak Charitra (Right Conduct).
3. The **Wings** symbolize spreading of Knowledge across the boundaries.
4. Base line "**Truth Liberates**" highlights the Purpose of Education: to liberate oneself unconditionally. It shows that it is not discipline, nor knowledge nor the efforts to freedom that liberate but Truth is what liberates you from all your conditioning and ignorance.

The overall significance of Shri Dharmasthala Manjunatheshwara University's Logo is:

Darkness of ignorance is destroyed by the flow of knowledge to bring Liberty to everyone, by realizing the truth. And, it should spread globally without the boundaries as hindrance.



SHRI
DHARMASTHALA
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UNIVERSITY

VISION

Shri Dharmasthala Manjunatheshwara University will set the highest standards of teaching and learning by awakening the intelligence of the students and nurturing the creativity hidden in them by creating an environment where the ancient wisdom blends with modern science, to transform them into whole human beings to face the challenges.

MISSION

- ▶ To ensure that the journey of education is inspiring, pleasant and enjoyable.
- ▶ Attract the best of teachers and students.
- ▶ Achieve high principles of trust, love and spirituality in the students.
- ▶ Create a collaborative, diverse and exclusive community.
- ▶ Transform the student of today to be a leader of tomorrow and a better human being.
- ▶ Produce passionate teachers.
- ▶ Evolve innovative teaching techniques.
- ▶ Create a peaceful environment.
- ▶ Prepare the student to face the social challenges.
- ▶ Create a University of which the Nation is proud of.
- ▶ Be an effective partner in Nation Building.
- ▶ Create an Eco-friendly University.
- ▶ Create a University based on the principles of beauty, love and justice.

||Om Shanti! Om Shanti! Om Shanti||



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DHARMASTHALA
MANJUNATHESHWARA
UNIVERSITY

6th Floor, 'Manjushree' Building
SDM Medical College Campus
Sattur, Dharwad - 580009

0836 247 - 7510 / 7511
Fax: +918362461651
registrar@sdmuniversity.edu.in

SDMU/Notif/28/2019

Date: 24 - 04 - 2019

NOTIFICATION

Regulations and Curricula of Medical Postgraduate Degree Courses in Clinical Subjects - 2019

- Ref:**
1. Minutes of the Board of Studies - Medical PG held on 16-03-2019 (SDMU/BOS PG: 01/2019 dated 16-03-2019)
 2. Minutes of the 1st Joint Faculty Meeting held on 19-03-2019 (Letter No: SDMU/JF/M-01/85/2019; Dated: 19-03-2019)
 3. Minutes of the 1st Meeting of Academic Council held on 20-03-2019 (Letter No: SDMU/AC/M-01/93/2019; Dated: 21-03-2019)
 4. Minutes of the 2nd Meeting of BoM held on 22-03-2019 (Letter No: SDMU/BoM/M-02/94/2019; Dated: 23-03-2019)

Ordinance: In exercise of the powers conferred under Statutes 1.1 (Powers - Section xii), 1.2 (Powers and Functions - Section vii), 1.4 (Powers and Functions - Sections ix & x), 1.5b (Powers and Functions - Sections b & c) of Shri Dharmasthala Manjunatheshwara University, the BoM is pleased to approve and notify the Ordinance governing Regulations and Curricula of the following Medical Postgraduate Degree/ Diploma Courses in Clinical Subjects - 2019:

Sl No	Course	Sl No	Course
1	M.D. (General Medicine)	7	M. D. (Hospital Administration)
2	M. D. (Pediatrics)	8	M. S. (General Surgery)
3	M. D. (Dermatology)	9	M. S. (Ophthalmology)
4	M. D. (Psychiatry)	10	M. S. (Orthopedics)
5	M. D. (Anaesthesiology)	11	M. S. (Otorhinolaryngology)
6	M. D. (Radio-Diagnosis)	12	M. S. (Obstetrics & Gynecology)

Diploma

1. Diploma in Public Health

The ordinance shall be effective for the students joining the courses during 2019-20 and onwards.

By Order

REGISTRAR


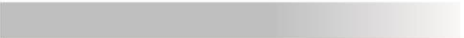
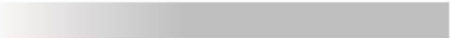
- To:**
1. The Principal, SDM College of Medical Sciences & Hospital.
 2. Members of BoG, BoM & Academic Council, Shri Dharmasthala Manjunatheshwara University

- Copy to:**
1. The Vice-Chancellor, Shri Dharmasthala Manjunatheshwara University
 2. The Controller of Examinations, Shri Dharmasthala Manjunatheshwara University



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CHAPTER I REGULATIONS

A. Eligibility for Admission

M D: A candidate affiliated to this university and who has passed final year M.B.B.S. examination after pursuing a study in a medical college recognised by the Medical Council of India, from a recognised Medical College affiliated to any other University recognised as equivalent thereto, and has completed one year compulsory rotating internship in a teaching Institution or other Institution recognised by the Medical Council of India, and has obtained permanent registration of any State Medical Council shall be eligible for admission.

B. Obtaining Eligibility Certificate by the University before making Admission

1. No candidate shall be admitted for any postgraduate degree/diploma course unless the candidate has obtained and produced the eligibility certificate issued by the University. The candidate has to make an application to the University with the following documents along with the prescribed fee.
2. MBBS pass / degree certificate issued by the University
3. Marks cards of all the university examinations passed MBBS course
4. Attempt Certificate issued by the Principal
5. Certificate regarding the recognition of the medical college by the Medical Council of India
6. Completion of internship certificate
7. 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
8. Registration by any State Medical Council and
9. Proof of SC/ ST or Category I, as the case may be

10. Candidates should obtain the Eligibility Certificate before the last date for admission as notified by the University.
11. A candidate who has been admitted to postgraduate course should register his / her name in the University within a month of admission after paying the registration fee.

A. Intake of Students

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

B. Duration of Study

M.D Degree Courses

The course of study shall be for a period of 3 years consisting of 6 terms.

C. Method of training

The training of postgraduate for degree shall be residency pattern 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 programme 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. Similarly, clinical subjects' students should be posted to basic medical sciences and allied speciality departments or institutions.

D. 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, case presentation, clinics and lectures during each year as prescribed by the department and not absent him / her 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. 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.

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

E. Monitoring Progress of Studies:

a. Work diary / Log Book - Every candidate shall maintain a work diary and record of his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. (please see Chapter IV for model checklists and logbook specimen copy). Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate. The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution, and presented in the university practical/clinical examination.

b. Periodic Assessments:

In case of degree courses of three years duration (MD/MS, DM, MCh.), 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.

Assessment:

- i. Formative Assessments** – Bedside assessments with clinical work, feedback during academic programs

- ii. Summative assessments** –
 - At the end of first 6 months - Assessment on Basic Psychopathology (for all residents)
 - At the end of First year – Assessment on Psychopharmacology and Emergency Psychiatry exam (for all residents only)
 - At the end of 1year 6 months – Assessment on Basic Psychopathology and addiction medicine (for 2nd and 3rd year residents)
 - At the end of Second year - Assessment on Psychotherapy, psychosocial rehabilitation and psychological assessments (for 2nd and 3rd year residents)
 - At the end of Two year and 6 months - Assessment on Basic Psychopathology, Child psychiatry and Geriatric psychiatry (3rd residents)
 - At the end of Third Year – Preliminary Examination 2-3 months before the Final Examination according to university final examination pattern.
 - Final Examination details of which have been described below.

The assessments may include written papers, practicals / clinicals and viva voce. Records and marks obtained in such tests will be maintained by the Head of the Department and sent to the University, when called for.

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

d. Dissertation

- Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognised 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 a 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 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 should be written under the following headings:

- i. Introduction
- ii. Aims or Objectives of study
- iii. Review of Literature
- iv. Material and Methods
- v. Results
- vi. Discussion
- vii. Conclusion
- viii. Summary
- ix. References
- x. Tables
- xi. Annexures

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexures. 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.

Four copies of dissertation thus prepared shall be submitted to the Registrar (Evaluation), 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. Approval 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. 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 recognised 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 recognised for teaching/training by Rajiv Gandhi University of Health Sciences/Medical Council of India. The co-guide shall be a recognised post graduate teacher of Rajiv Gandhi University of Health Sciences.

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.

F. Schedule of Final Examination

The examination for M.D courses shall be held at the end of three academic. The university shall conduct one examination at the end of each year and one final exit examination. Not more than two examinations shall be conducted in an academic year.

G. Scheme of Final Examination

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

a. **Dissertation:** Every candidate shall carryout work and submit a dissertation as indicated in Sl.NO.9. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

b. **Written Examination (Theory):** A 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.

c. **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.

The total marks for practical / clinical examination shall be 200.

Viva Voce: Viva Voce Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. The total marks shall be 100 and the distribution of marks shall be as under:

- | | |
|--|----------|
| a) For examination of all components of syllabus | 80 Marks |
| b) For Pedagogy | 20 Marks |

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 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 viva voce examination.

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 Registrar (Evaluation).

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 marks are 75 percent and above. 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 Course: Maximum of 6 per day

CHAPTER II

GOALS AND GENERAL OBJECTIVES OF POSTGRADUATE MEDICAL EDUCATION PROGRAM

A. GOAL

The goal of postgraduate medical education shall be to produce competent specialist and /or Medical teacher:

- a. 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;
- b. 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:
- c. Who shall be aware of the contemporary advances and developments in the discipline concerned;
- d. Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and publish original research in scientific journal
- e. Who shall have acquired the basic skills in teaching of the medical and paramedical professionals

B. GENERAL OBJECTIVES

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

- a. Recognise the importance of the concerned speciality in the context of the health need of the community and the national priorities in the health sector.

- b. Practice the speciality concerned ethically and in step with the principles of primary health care.
- c. Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality.
- d. 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.
- e. Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- f. Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
- g. Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
- h. Demonstrate empty and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
- i. Play the assigned role in the implementation of national health programmes, effectively and responsibly.
- j. Organise and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- k. Develop skills as a self-directed learner; recognise continuing educational needs; select and use appropriate learning resources.
- l. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyse relevant published research literature.

- m. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- n. Function as an effective leader of a health team engaged in health care, research or training.

C. STATEMENT OF THE COMPETENCIES

Keeping in view the general objectives of postgraduate training, each disciplines 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 programme so that he or she can direct the efforts towards the attainment of these competencies.

D. COMPONENTS OF THE PG CURRICULUM

The major components of the PG curriculum shall be:

- a. Theoretical knowledge
- b. Practical/clinical Skills
- c. Training in Thesis
- d. Attitudes, including communication
- e. Training in research methodology

Chapter III
Course Description
Post Graduate Courses in Psychiatry
M.D. Psychiatry

A. 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 specialty, 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 specialty 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.

A. Objectives

The following objectives are laid out to achieve the goals of the course. These objectives are to be achieved by the time the candidate completes the course.

The Objectives may be considered under the subheadings

- a. Knowledge (Cognitive domain)
- b. Skills (Psycho motor domain)
- c. Human values, Ethical practice and Communication abilities

a. Knowledge:

- i. Describe aetiology, pathophysiology, principles of diagnosis and management of common psychiatric problems including emergencies, in adults and children.

- ii. Identify social, economic, environmental and emotional determinants in a given case, and take them into account for planning therapeutic measures.
- iii. Recognize conditions that may be outside the area of his specialty/competence and to refer them to the proper specialist.
- iv. Advice regarding the management of the case and to carry out this management effectively.
- v. Update him by self-study and by attending courses, conferences and seminars relevant to the specialty.
- vi. Teach and guide his team, colleagues and other students.
- vii. Undertake audit, use information technology tools and carry out research, both basic and clinical, with the aim of publishing his work and presenting his work at various scientific forum.

b. Skills

- i. Take a proper clinical history, examine the patient, perform essential diagnostic procedures and order relevant tests and interpret them to come to a reasonable diagnosis about the condition.
- ii. Conduct interviews both in adults and children and of uncooperative patients.
- iii. Perform mental state examination including that of uncooperative patients.
- iv. Document psychiatric history, family history and mental state examination.
- v. Assess personality including administration and interpretation of projective tests. Administer and interpret tests of Intelligence and Neuro-psychological functions.
- vi. Perform common therapeutic procedures.

- vii. Provide basic lifesaving support services (BLS) in emergency situations.
- viii. Ability to formulate a research question, select appropriate methodology and conduct a research activity.

C. Human values, Ethical practice and Communication abilities

- i. 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.
- ii. Develop communication skills, in particular the skill to explain various options available in management and to obtain a true informed consent from the patient.
- iii. Provide leadership and get the best out of his team in a congenial working atmosphere.
- iv. Apply high moral and ethical standards while carrying out human or animal research.
- v. Be humble and accept the limitations in his knowledge and skill and to ask for help from colleagues when needed.
- vi. Respect patient's rights and privileges including patient's right to information and right to seek a second opinion.

B. Course Contents

a. Knowledge

A candidate pursuing a course in MD (Psychiatry) is expected to possess adequate knowledge in the following areas:

- i. Clinical features, aetiopathogenesis and treatment of various adult psychiatric disorders including personality disorders, substance abuse disorders, sexual disorders and sleep disorders.

- ii. Clinical features, aetiopathogenesis and treatment of common childhood and adolescent psychiatric disorders including issues of special relevance to that age group.
- iii. Clinical and treatment issues related to Geriatric psychiatry.
- iv. Classificatory systems in psychiatry, especially, International Classification of Diseases (ICD) and Diagnostic and Statistical Manual (DSM)
- v. Consultation – Liaison psychiatry, Identification and management of psychiatric emergencies.
- vi. Community psychiatry: The student should be familiar with various issues and principles underlying community psychiatry, epidemiology of psychiatric disorders with special relevance to India and different models of mental health delivery care systems. It is also essential that a student understands issues pertaining to the field of preventive psychiatry (Primary, secondary and tertiary prevention).
- vii. Psychiatric complications of medical illnesses including identification and treatment of various organic psychiatric disorders such as delirium, dementias and amnesic syndromes.
- viii. Various methods of therapeutic intervention including drug therapy, electroconvulsive therapy, psychotherapy (individual, marital, family and group therapy) and behaviour therapy, Principles and methods of treatment applied to rehabilitation of psychiatrically ill individuals. Students should be familiar with terms such as impairment, disability and handicap.
- ix. Various laws pertaining to the rights, treatment and care of individuals with psychiatric disorders such as Mental Health Act, Disability Act etc;
- x. Medical ethics in general and special ethical concerns as it applies to the practice of clinical psychiatry.

- xi. Various theories of adult personality, learning theories, issues pertaining to intelligence and its measurement, psychological theories of emotion, motivational aspects of behaviour, thinking, memory and developmental psychology.
- xii. Principles and interpretation of psychological tests (Adults, children) such as projective tests, tests of intelligence, tests of cognitive and neuro psychological functions.
- xiii. Principles of research Methodology: types of experimental designs, setting up a hypothesis, basic techniques, ethical issues with special emphasis on informed consent and patient confidentiality. Students must also be familiar with issues related to choosing a topic of dissertation / research, library work including collecting references and reviewing relevant literature.
- xiv. Common instruments used in the diagnostic assessment and measurement of change in clinical status of various psychiatric disorders.
- xv. Basic sciences as applicable to psychiatry such as Neurophysiology, neuroanatomy, neurochemistry, Genetics, Chronopsychobiology, General psychology, social psychology (Attitudes and its measurement, language and communication, culture, group dynamics, theories of attribution), anthropology and ethology.
- xvi. Students should be familiar with theoretical aspects of various neuroimaging techniques such as CT scan, PET Scan, MRI etc., It is necessary that student should be able to interpret CT scan of the brain. Similarly, familiarity with various electrophysiological techniques such as EEG and evoked potentials is desirable, with a practical knowledge of EEG being necessary.

b. Skills

A student must acquire practical skills in:

- i. Interview techniques – both adults and children and of uncooperative patients
- ii. Mental state examination including that of uncooperative patients.
- iii. Documentation of psychiatric history, family history and mental state examination
- iv. Assessment of personality including administration and interpretation of projective tests. Administration and interpretation of tests of Intelligence and Neuropsychological functions.

c. Attitudes and communication abilities

Students must learn to work with a multidisciplinary team including other mental health professionals. It is also essential that students learn to communicate effectively with physicians, other specialists and other health care agencies.

d. Teaching / Learning activities

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 him / her from work without valid reasons.

A list of teaching and learning activities designed to facilitate students acquire essential knowledge and skills outlined is given below.

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:** Recommended for selected common topics for post graduate students of all specialties. Few topics are suggested as examples:

- 1) Bio-statistics
- 2) Use of library
- 3) Research Methods
- 4) Medical code of Conduct and Medical Ethics
- 5) National Health and Disease Control Programmes
- 6) Communication Skills etc.

These topics may preferably take up in the first few weeks of the 1st year.

➤ **Integrated Lectures:** These are recommended to be taken by multidisciplinary teams for selected topics, e.g. Jaundice, Diabetes mellitus, Thyroid etc.

2. Journal Club: Recommended to be held once a week. All the PG 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 seminar presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment (See Checklist in Chapter IV). A time table with names of the student and the moderator should be announced at the beginning of every year.

3. **Subject Seminar:** Recommended to be held once a week. All the PG students are expected to attend and actively participate in discussion and enter in the Log Book relevant details. Further, every candidate must present on selected topics at least four times a year and a total of 12 seminar presentations in three years. The presentations would be evaluated using check lists and would carry weightage for internal assessment (See Checklist in Chapter IV). A timetable for the subject with names of the student and the moderator should be scheduled at the beginning of every year.
4. **Student Symposium:** Recommended as an optional multi disciplinary programme. The evaluation may be similar to that described for subject seminar.
5. **Ward Rounds: Ward rounds may be service or teaching rounds.**
 - 1) **Service Rounds:** Postgraduate student and Interns should do every day for the care of the patients. Newly admitted patients should be worked up by the PGs and presented to the seniors the following day.
 - 2) **Teaching Rounds:** Every unit should have 'grand rounds' for teaching purpose. A diary should be maintained for day to day activities by the students.
 - 3) A minimum of 40 Clinical cases must be seen every year and a minimum of 10 cases be taken up for Psycho therapy each year.

Entries of (1), (2) and (3) should be made in the Log book.

6. **Clinico-Pathological Conference:** Recommended at least once in three months for all post graduate students. Presentation is done by rotation. If cases are not available due to lack of clinical postmortems, it could be supplemented by published CPCs.

- 7. Inter Departmental Meetings:** Strongly recommended particularly with departments of Pathology and Radio-Diagnosis at least once a week. These meetings should be attended by post graduate students and relevant entries must be made in the Log Book.
- 1) Pathology:** A dozen interesting cases may be chosen and presented by the post graduate students and discussed by them as well as the senior staff of the department. The staff of Pathology department would then show the slides and present final diagnosis. In these sessions the advance immuno-histo-chemical techniques, the burgeoning markers other recent developments can be discussed.
 - 2) Radio-diagnosis:** Interesting cases and the imaging modalities should be discussed.
- 8. Teaching Skills:** Post graduate students must teach under graduate students (E.g. medical, nursing) by taking demonstrations, bed side clinics, tutorials, lectures etc. Assessment is made using a checklist by surgery faculty as well students. (See model checklist in Chapter IV). Record of their participation be kept in Log book. Training of post graduate students in Educational Science and Technology is recommended.
- 9. Continuing Medical Education Programmes (CME):** Recommended that at least 2 state level CME programmes should be attended by each student in 3 years.
- 10.** Should present Original paper presentation in the form of poster or oral presentations and should publish or submit a paper for publications in a peer reviewed journal.
- 11. Conferences:** Attending conferences is optional. However it is encouraged.

12. Dissertation

- 1) Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognised post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.
- 2) The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of a 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
- 3) Every candidate shall submit to the Registrar (Academic) of RGUHS in the prescribed proforma, a synopsis containing particulars of proposed dissertation work 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.
- 4) Such synopsis will be reviewed 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.
- 5) The dissertation should be written under the following headings:
 - i. Introduction
 - ii. Aims or Objectives of study
 - iii. Review of Literature
 - iv. Material and Methods
 - v. Results
 - vi. Discussion
 - vii. Conclusion
 - viii. Summary
 - ix. References (Vancouver style)
 - x. Tables
 - xi. Annexures

- 6) The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexures. 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.
- 7) Four copies of dissertation thus prepared shall be submitted to the Registrar (Evaluation), six months before final examination on or before the dates notified by the University.
- 8) The dissertation shall be valued by examiners appointed by the University. Approval of dissertation work is an essential precondition for a candidate to appear in the University examination.
- 9) For some more details regarding Guide etc., please see Chapter I and for books on research methodology, ethics, etc., see Chapter IV

13. 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 behaviour therapy

techniques such as relaxation, systematic desensitisation, exposure and response prevention. Assessment and evaluation of children with psychiatric problems. Postings in the Department of Neurology (3 months) and in a psychiatric institution for exposure to Forensic Psychiatry (15 days)

By the end of 2nd year of PG training each student has to complete - online basic course in biomedical and research as mandated by the MCI

3rd Year

Supervised teaching of clinical psychiatry to undergraduate Medical students, Psychiatry nursing students etc.

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

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

Presentation of dissertation work to the faculty of the department In-patient and out-patient work under supervision.

14. Rotation and Posting in other departments

Allied Subjects:

- 1) Department of Neurology (2 months 15 days duration)
- 2) Radiology Posting - 15 Days
- 3) Community Psychiatry posting 1 month
- 4) Emergency medicine posting – 15 days
- 5) Forensic psychiatry – 15 days
- 6) Department of clinical psychology (where a separate department exists) or supervised clinical work under a clinical psychologist- 1 month duration.
- 7) Child Psychiatry - 3 months

15. Training in Teaching skills and Research methodology

Research methodology – in the form of didactic lectures and interactive seminars with both clinician and statistician. Selection of a dissertation topic, library work Involving review of relevant literature, writing up a protocol and setting up a hypothesis, Basic statistical techniques (5-6 hrs during the 1st year of training) Learning to critically evaluate research articles (2nd and 3rd year) Published in various scientific journals.

16. Teaching Skills

Training in teaching skills including learning to use audiovisual aids, supervised teaching of undergraduate medical students and nursing students in clinical psychiatry in the 3rd year of training.

17. Orientation Programme

Orientation programme regarding use of library, laboratory and hospital procedures, regulations concerning hospital admission and discharges during the first two months of clinical posting.

18. Monitoring Learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only also 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 students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Chapter IV.

The learning outcomes to be assessed should include: (1) Personal Attitudes, (2) Acquisition of Knowledge, (3) Clinical and operative skills, (4) Teaching skills and (5) Dissertation.

1) Personal Attitudes. The essential items are:

- Caring attitudes
- Initiative
- Organizational ability
- Potential to cope with stressful situations and undertake responsibility
- Trustworthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which 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. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers.

2) Acquisition of Knowledge: The methods used comprise of 'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed. The list is not complete. Institutions may include additional activities, if so, desired.

- **Journal Review Meeting (Journal Club):** The ability to do literature search, in depth study, presentation skills, and use of audio-visual aids are to be assessed. The assessment is made by faculty members and peers

attending the meeting using a checklist (see Model Checklist – I, Chapter IV)

- **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 (see Model Checklist-II, Chapter IV)
- **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 be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.
- **Objective Structured Clinical Examination (OSCE):** PG training program focusing on interviewing skills on each Saturdays.

3) 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 (see Model Checklist III, Chapter IV).
- **Clinical meetings:** Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list (see Model checklist IV, Chapter IV).
- **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. (Table No.3, Chapter IV)

- 4) 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 (See Model checklist V, Chapter IV)
- 5) Dissertation in the Department:** Periodic presentations are to be made in the department. 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 (See Model Checklist VI & VII, Chapter IV)
- 6) Periodic tests:** The 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, practicals / clinicals and viva voce.
- 7) Work diary / Log Book:** Every candidate shall maintain a work diary and record his/her participation in the training programmes 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, if any conducted by the candidate.
- 8) Records:** Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI.
- 9) Consultation liaison** Case discussion every two months involving dept. of pediatrics, endocrinology, neurology, internal medicine, OBG and Radiology
- 10) Training in psychotherapy and psychology** assessment with exit exam for the same at the end of 2years

11) 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, 2 and 3 of Chapter IV. Copies may be made and used by the institutions.

12) 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 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.

C. Scheme of Examination

a. Theory

There shall be four question papers, each of three hours duration. Each paper shall consist of 10 essay type questions carrying 10 marks each. 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	Contents
Paper I	Neuroanatomy, 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 aetiopathogenesis, clinical features, treatment course and outcome). Psychosomatic disorders, Consultation - Liaison psychiatry, Geriatric psychiatry, Psychiatric emergencies, Psycho-oncology Psychoneuro immunology, Psychoneuroendocrinology, chronopsychobiology, electrophysiological procedures and brain imaging in psychiatry
Paper III	Child and adolescent psychiatric disorders including mental retardation (Epidemiology aetiopathogenesis, 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 Medicine related to Psychiatry

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

b. Clinical Examination -Marks :200

Board of examination: The board of examiners consists of four members.

Out of four one should be a Neurologist / Clinical Psychologist

Aim of the clinical examination is to elicit the knowledge and competency of the candidate for undertaking independent work as specialist / teacher

- **Long cases** – Two: Psychiatry – One – 75
Neurology – One – 75
- **Short cases** – Two: Psychiatry – Two – 50 (2 x25)

c. Viva voce- marks:100

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. In addition candidates may be also be given case reports, charts, gross specimens, Histo-pathology slides, X-rays, ultrasound, CT scan images, etc., for interpretation. Questions on use of instruments will be asked. It includes discussion on dissertation also.

2) **Pedagogy Exercise: (20 marks)**

A topic will be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

Maximum marks for M.S.	Theory	Practical	Viva	Grand Total
Psychiatry	400	200	100	700

D. Procedure for defaulters:

- Committee to review such situations
- Defaulting candidate is counseled by the guide and head of the department
- Extreme cases - departmental committee may recommend to withhold from appearing in the examination –
- If she/he fails to fulfill the requirements in spite of being given adequate chances to set him or herself right.

Gold medal for best outgoing postgraduate - Department Of Psychiatry, SDMCMSH, Dharwad

E. Recommended Books and Journals

1. SADOCK (B J) and SADOCK (V A) Comprehensive Text books of Psychiatry Set of 2 vols. Ed. 10th, Baltimore, William & Wilkins, 2017
2. KAPLAN (H I) and SADOCK (B J) Synopsis of text book of Psychiatry, 11th Edition , New Delhi, Waverly Pvt Ltd, 2014
3. Tassman's Psychiatry: Allan Tassman 4th Edition
4. Companion to psychiatric studies, 8th Edition, Edinburgh, Churchill Living Stone 2010
5. GELDER M et.al, Oxford textbook of Psychiatry, Ed.3, Oxford, OUP, 2012
6. LISHMAN (W A), Organic Psychiatry: Consequences of Cerebral Disorder, 4th edition, Oxford, Blackwell, Sciences, 2012
7. Rutter's Child and adolescent Psychiatry, 6th Edition, 2017
8. Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry, 4th Edition, 2007
9. SIMS's: SYMPTOMS IN THE MIND, 6th Edition, 2015
10. Mental Status Examination In Neurology, Strub and Black, 4th Edition, 1999
11. Adam and Victor's: Principles of Neurology, 10th Edition, 2014
12. KENDEL (Eric R) et.al, Principles of Neural Science, Ed. 3 Prentice Hall Intl. 1991
13. HARDMAN (Joel F) et.al, Goodman and Gillman's The Pharmacological Basis of Therapeutics, Ed. 9, New York, McGraw Hill, Ed.9
14. MUNN (Norman L), Introduction to Psychology, Ed.3, Oxford and I B H Pub. 1972
15. KUPPASWAMY (B) , An Introduction to Social Psychology, Asia Publishing House
16. HURLOCK (Elizabeth B), Developmental psychology, Tata McGraw Hill

17. JAMES C COLEMAN, Abnormal Psychology and Modern Life, D B TARAPOREWALA Sons and Co Pvt Ltd.
18. CHUSID (J G),Correlative Neuroanatomy and Functional Neurology, 18th edition, 1989, Lange Medical Publication
19. ICD-10 : International Statistical Classification of Diseases and Related Health Problems 10th Revision
20. Diagnostic And Statistical Manual Of Mental Disorders, Fifth Edition : DSM V
21. Statistics In Psycholohy And Education – S K Mangal, 2nd Edition

➤ **Journals**

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

➤ **ADDITIONAL READING**

1. Indian Council of Medical Research, "Ethical Guidelines for Biomedical Research on Human Subjects", I.C.M.R, New Delhi, 2000.
2. Code of Medical Ethics framed under section 33 of the Indian Medical Council Act, 1956. Medical Council of India, Kotla Road, New Delhi.
3. Francis C M, Medical Ethics, J P Publications, Bangalore, 1993.
4. Indian National Science Academy, Guidelines for care and use of animals in Scientific Research, New Delhi, 1994.
5. Internal National Committee of Medical Journal Editors, Uniform requirements for manuscripts submitted to biomedical journals, N Engl J Med 1991; 424-8
6. Kirkwood B R, Essentials of Medical Statistics, 1st Ed., Oxford: Blackwell Scientific Publications 1988.
7. Mahajan B K, Methods in Bio statistics for medical students, 5th Ed. New Delhi, Jaypee Brothers Medical Publishers, 1989.
8. Compendium of recommendations of various committees on Health and Development (1943-1975). DGHS, 1985 Central Bureau of Health Intelligence, Directorate General of Health Services, min. of Health and Family Welfare, Govt. of India, Nirman Bhawan, New Delhi. P - 335.
9. National Health Policy, Min. of Health & Family Welfare, Nirman Bhawan, New Delhi, 1983
10. Srinivasa D K etal, Medical Education Principles and Practice, 1995. National Teacher Training Centre, JIPMER, Pondicherry

Chapter IV

Monitoring Learning Progress

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only also 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 students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Model Checklists are given in this Chapter which may be copied and used.

The learning out comes to be assessed should include: (i) Personal Attitudes, (ii) Acquisition of Knowledge, (iii) Clinical and operative skills, and (iv) Teaching skills.

I. Personal Attitudes. The essential items are:

- a. Caring attitudes
- b. Initiative
- c. Organisational ability
- d. Potential to cope with stressful situations and undertake responsibility
- e. Trust worthiness and reliability
- f. To understand and communicate intelligibly with patients and others
- g. To behave in a manner which establishes professional relationships with patients and colleagues
- h. Ability to work in team
- i. A critical enquiring approach to the acquisition of knowledge

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers.

II. Acquisition of Knowledge: The methods used comprise of 'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed. The list is not complete. Institutions may include additional activities, if so, desired.

Journal Review Meeting (Journal Club): The ability to do literature search, in depth study, presentation skills, and use of audio- visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist (see Model Checklist – I, Chapter IV)

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 (see Model Checklist-II, Chapter IV)

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 be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

III. 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 (see Model Checklist III, Chapter IV).

Clinical meetings: Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list (see Model checklist IV, Chapter IV).

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. (Table No.3, Chapter IV)

IV. 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 (See Model checklist V, Chapter IV)

V. Periodic tests: In case of degree courses of three years duration, 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, practicals / clinicals and viva voce.

In case of diploma courses of two years duration, the concerned departments may conduct two tests, one of them be at the end of first year and the other in the second year three months before the final examination. The tests may include written papers, practicals / clinicals and viva voce.

VI. Work diary / Log Book- Every candidate shall maintain a work diary and record his/her participation in the training programmes 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, if any conducted by the candidate.

VII. Records: Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI.

VIII. 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 1,2 and 3 of Chapter IV. Copies may be made and used by the institutions.

IX. 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 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.

CHAPTER IV (Contd.)

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	Averag e 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.	Points to be considered	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					

LOG BOOK

Table 3: Diagnostic and Operative procedures performed

Name:

Admission Year:

College:

Date	Name	ID No.	Procedure	Category O, A, PA, PI*

- * **Key:** O - Washed up and observed
A - Assisted a more senior Surgeon
PA - Performed procedure under the direct supervision of a senior surgeon
PI - performed independently

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.

Chapter V

Medical Ethics 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 Objective (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 presentation, bedside rounds and academic postgraduate programmes.

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

Beneficence = 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 Behaviour 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 Intrafallopian Transfer (SIFT),
Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian 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

9. Ethical workshop of cases

Gathering all scientific factors

Gathering all human factors

Gathering all value factors

Identifying areas of value – conflict, setting of priorities,

Working out criteria towards decisions

Recommended Reading

Francis C.M., **Medical Ethics**, 1 Ed, 1993, Jaypee Brothers, New Delhi, p 189, Rs. 60/-

National Ethical Guidelines For Biomedical And Health Research Involving Human Participants. ICMR Ethical Guidelines 2017



SDM College of Medical Sciences & Hospital



SDM College of Dental Sciences & Hospital



SDM College of Physiotherapy &
SDM Institute of Nursing Sciences



Shri Dharmasthala Manjunatheshwara University



SDM Research Institute for Biomedical Sciences



Panoramic View of Campus