GENERAL INFORMATION MANUAL

2024

Department of Psychiatry

Postgraduate Institute of Medical Education & Research, Chandigarh, India

GENERAL INFORMATION MANUAL

2024

DEPARTMENT OF PSYCHIATRY

Postgraduate Institute of Medical Education & Research

Chandigarh - 160 012

INDIA

LIST OF ABBREVIATIONS

AEC	Advanced Eye Center
APC	Advanced PediatricsCenter
ATC-OPD	Advanced Trauma Center
CAP	Child and Adolescent Psychiatry
CC	Case Conference
CL	Consultation-Liaison
CLP	Consultation-Liaison Psychiatry
DC	Disability Clinic
DDTC	Drug Deaddiction and Treatment Centre
D/W/U	Detailed Work Up
ECT	Electro Convulsive Therapy
EMOPD	Emergency Medical OPD
ESOPD	Emergency Surgical OPD
HOD	Head of department
I/C	Incharge
ID	Intellectual Disability
IEC	Information, Education and Communication
JR	Junior Resident
LD	Learning Disability
MLC	Medico-Legal case
MPC	Marital & Psycho-sexual Clinic
MSE	Mental Status Examination
MSW	Medical Social Worker
OPD	Outpatient department
rTMS	Repetitive Transcranial Magnetic Stimulation
SPSS	Statistical Package for Social Sciences
SR	Senior Resident
SRD	Substance related disorder
SUD	Substance use disorder
WHO	World Health Organization
WIC	Walk In Clinic

BASIC TENETS

We, the members of the Department of Psychiatry, PGIMER, Chandigarh, on the occasion of its Diamond Jubilee Celebrations on 14-16 September 2023, solemnly pledge to:

- Continue the legacy of the Department to uphold the highest standards of patient care, service, teaching and research;

- Ensure the maintenance of the traditional values espoused by the Department, such as regularity, punctuality, sincerity, hard work and commitment;

- Maintain the highest personal moral standards of integrity, humanity, empathy, mutual respect, and non-discrimination to anyone (including patients and their families, staff of all categories, fellow students, seniors, juniors, and others) based on race, ethnicity, region, religion/faith, caste or creed, color, gender identity, sexual orientation or preference, physical or mental disabilities, or any other such divisions;

- Strictly refrain from stigmatization, insult, humiliation, or castigation of anyone based on any such divisions;

- Help those who are in special need of learning or those who are struggling due to any issues by putting in extra efforts to bring their performance on par with others and not bypassing personal judgments or humiliating or discarding them;

- Agree to apply to ourselves and our department the same principles of bioethics that we are supposed to apply while dealing with our patients: respect for autonomy, beneficence, non-maleficence, and distributive justice;

- Uphold the sanctity of the department and its principles as laid out above as sacrosanct, overriding any personal considerations, beliefs, or dogma.

TABLE OF CONTENT

1. INTRODUCTION

The Department of Psychiatry was established under the pioneering stewardship of Professor N.N.Wig, on 16th Sept 1963, who headed the Department from 1963 to 1980. Subsequently, the Department has been headed by Professors V.K.Varma (1980-1996), P. Kulhara (1996-2011) and S. Malhotra (2012-2016), A. Avasthi (2016-2018), and S.K. Mattoo (2018-2020). Professor D. Basu is the present Head of the Department. In 1988, the Department expanded with the opening of the DDTC. Additional inpatient facilities for CAP started in the year 2013. The Department has sanctioned Faculty of fifteen for Psychiatry, four for Clinical Psychology (including one for DDTC) and one for PSW (for DDTC). In addition, there are sanctioned posts of nine non-DM SRs, six DM SRs (3 each in Addiction Psychiatry and CAP) and thirty-five JRs in Psychiatry. Besides, posts of nine PSWs, two Clinical Psychologists, one Assistant Clinical Psychologist, one Play Therapist, one Vocational Guidance Instructor and one Occupational Therapist are also sanctioned. Substantial numbers of research staffs are employed as well in various research schemes funded by the governmental and non-governmental organizations and the WHO. The Psychiatry Ward and the Departmental offices are located at the Level 3, Cobalt Block, Nehru Hospital.

FUNCTIONS:

- **Service**
- **Training**
- **Research**

2. SERVICES

There are both inpatient and outpatient services. The General and CAP wards with sanctioned strength of 24 and 5 beds respectively are located at the level 3, Cobalt Block, Nehru Hospital. The General Adult Psychiatry and other outpatient clinics (CAP, Geriatric Psychiatry, MPC, Lithium clinic, and DC), except the DDTC, are located at the level 2, A Block, New OPD of the Institute. The DDTC operates from its own building located between the AEC and the Old doctors' Hostel and has daily OPD service, 50 bed ward and laboratory services. It also runs OST clinic and DD Clinic. The CAP runs daily out-patient service and once weekly special clinics, the Autism and the Learning Disorder Clinic. Besides, there is a CL service which caters to patients of all age groups and all psychiatric disorders (including drug and alcohol use disorders), referred from the various medico-surgical wards and emergency services of the hospital; it also runs an additional psychiatry emergency service.

The Department runs five community satellites clinics as well, located at the general Hospital Naraingarh (Haryana), Community Health Center Raipur Rani (Haryana), civil Hospital Kharar (Punjab), Primary Health Center Boothgarh (Punjab) and Nandpur Kalor (Punjab). Several community mental health services like School Mental Health Services, mental health promotion group sessions for populations such as pregnant women, group sessions for people with alcohol or drug use disorders, IEC activities in the community are conducted in the village Nandpur Kalor and in other community settings. The community psychiatry services receive valuable inputs from General Adult Psychiatry, Addiction Psychiatry, and CAP services as well. Geriatric Psychiatry runs daily OPD clinic. Additionally, there are DC, Lithium Clinic, MPC, and Psychotherapy Clinic. Department provides a Telepsychiatry service in collaboration with the Government of Punjab state offering training of Psychiatrists and tele-consultation services. Modified ECT and r-TMS are also available in the Department.

2.1 GENERAL ADULT PSYCHIATRY, OUT-PATIENT SERVICE

The OPD runs on all working days except the Institute-specified public holidays

The OPD Registration timings are, all days except Saturday 09.00 hours; Saturday 08.00-10.30 hours.

All new cases are seen in the WIC (Rooms 205-206), and all old cases without a designated clinician being available in the Follow-up Clinic (Rooms 207-208)

The following Specialty Clinics also operate, by appointment, on designated days and run by the SR under supervision of particular Faculty members:

- Lithium Clinic (Tuesday)
- MPC (Wednesday)
- Disability Clinic (Saturday)

Generally the SR posted in Room No 205 in the OPD is designated as the coordinator of the OPD services; he/she also sees the WIC

All SRs are expected to:

- Participate in all academic activities of the Department
- Guide and help JRs in their academic activities
- Carry out research projects under the faculty supervision

2.1.1 Duties of SRs in Walk-In -Clinic (Rooms 205 & 206)

Patient Management:

- To reach OPD by 8.00 AM, except on the days with academic teaching, when they must reach OPD by 9.15 AM
- To assess the Walk-In patients thoroughly, and begin the treatment and give date for detailed workup of the patient at the earliest
- To consult a Faculty if there is any confusion regarding patient management
- To inform the respective Faculty about cases with high risk, medico-legal, certificate for illness/leave/chronic disease, or any other significant issue
- To stay in constant touch with JRs for all their common cases, especially who are critically sick or having any medico legal issues
- To regularly supervise the JRs for their psychotherapy cases/sessions

Administrative Work:

SR Room 205

- To liaise between the OPD staff and Faculty I/C OPD; he must work to resolve whenever there is any confusion regarding administrative work
- To ensure that the OPD services are running in good order

- To ensure the proper up-keep of OPD and must coordinate for all OPD services/work i.e. record keeping, purchase or indent
- To organize an administrative meeting periodically in consultation with the OPD Faculty I/C
- To manage safe-keeping of MLC case files /Cupboard keys and updating of MLC Register (including issue/receipt of MLC files). MLC files are to be handled by the 205 SR, exclusively and anyone who needs these files is expected to return it preferably in person to him/her. The safe custody of the MLC files is to be emphasized during the handover-takeover of duties of SRs
- To ensure the entry of statistical data in the SPSS on a regular basis

SR Rooms 205 & 206

- To allot cases for detailed assessment to JRs the cases before 8:15 am (by 9:30 am on the academic days).
- To ensure that all JRs must reach OPD on time daily
- To ensure that all JRs do their detailed work-up of cases within the allotted time (before 12 noon)
- To ensure regularly that JRs follow their common cases and put the proper notes in their files
- To ensure that the record-meetings are held regularly and the JRs are following the instructions, especially the management part (investigation, treatment etc.)

2.1.2 Duties of SRs Follow up Clinic (Rooms 207 & 208)

Patient management

- To run the follow up clinic for all old cases for maintaining continuity of care
- To inform the respective Faculty members about the cases who are high risk/MLC/require certificate for diagnosis/leave/chronic disease/other important issues
- To closely supervise the JRs for the management of all patients
- To assess follow up cases who have come without an appointment and the treating doctor is not available

Administrative role

- To reach the OPD by 8 AM (except on academic days, by 9.15 AM)

- To ensure that all JRs must reach on time everyday
- To ensure that JRs are following their patients regularly and putting proper notes in their file
- To inform the respective Consultants in charge regarding the status of the patients and JRs performance
- The responsibility of holding record meetings and supervising the JRs, as mentioned already
- Get in touch with Faculty I/C OPD for guidance or in case of any difficulty

Admission Register

- To maintain admission Register for those patients who need admission
- To maintain admission lists for routine and priority admissions
- To liaise with ward SR and C-L SR regarding the availability of beds
- To inform the patients for admission, according to the waiting list
- To maintain SPSS and word file of updated waiting list, to be sent to Faculty I/C OPD

2.1.3 Duties of SR Posted in Special Clinics

All the SRs posted in respective specialty are expected to maintain their Register, and regularly inform the respective Faculty I/C about the status of patients, patient data, and JRs‖ performance.

General Instructions:

- OPD start at 8.00 AM (except the Departmental academic days, at 9.15 AM)
- F/U OPDs on Tuesday, Wednesday and Friday. F/U OPD for CAP on Tuesday and Thursday afternoons
- To maintain a log of activities of MPC, Lithium Clinic, DC and Psychotherapy
- Allot cases for workup for disability and psychotherapy by 8.30AM on routine days (9.15AM on academic activity days)
- Maintain a log of patients undergoing psychotherapy
- Supervise the work of JRs posted in psychotherapy

Psychotherapy

- Runs in all working days
- Allot psychotherapy cases to JRs
- Do psychotherapy if SR doing it him/herself

- To see follow up cases on regular basis
- Case discussion with JRs.
- Ensure psychotherapy entries in SPSS and discuss it with Faculty on monthly basis **MPC** (Wednesday)
- To see MPC walk in cases on a daily basis
- To give dates for detailed assessment
- Discuss MPC cases with JRs and advise management
- To give non pharmacological treatment to MPC cases
- Supervise JRs
- Maintain MPC Register and SPSS data
- Receive applications from concerned Faculty I/C
- Allot dates to patients for disability assessment
- Supervise assessment
- Ensure precise entries in all the respective file
- Dispatch filled assessment report to CRD

Lithium clinic

- It runs on Tuesdays
- To see follow up cases on patients on Lithium
- Receive lithium level reports
- Maintain Lithium Clinic numbers (LiC No) in a file
- Ensure lithium level supervision of the patients
- Maintain Lithium Clinic Register

2.1.4 Service Responsibilities of Junior Residents (JRs) in OPD

- JRs posted in the OPD are expected to reach OPD and report to SR Room 205 by 9.15 AM on days with morning academics (other days by 8 AM)
- They do detailed work-up of the cases given appointment for that. It includes a detailed history, physical and mental examination to establish the diagnosis and then to chalk out a comprehensive treatment plan

- Each such case assessment must take 1 hour (never more than 1.5 hours). Each day they will have to do detailed work up of at least two patients; the SR of the respective clinic will decide the number of cases allotted to each JR
- Each assessed case is to be discussed with a Faculty/SR for finalizing the diagnoses and plan of management, which has to be recorded in the case notes
- They are responsible for providing the longitudinal care to the patients they have worked up
- To minimize the number of drop-outs every JR must keep a diary for the appointments of their patients. This diary should also include patient's psychiatry number and phone number so that in case of missed appointments they can be contacted
- They carry out the active treatment of the patients under the supervision of the Consultants and /or SRs. They are also responsible for the adequate maintenance of the case files. They must record each follow up carefully
- In follow up notes must mention the following details: present status of the patient, treatment adherence, any side effects, any important psycho-social event, and further investigation and treatment advised
- In addition, JRs will carry out other duties that the SR I/C may allocate for better patient care and administration of the OPD. They make timely entries in Psychotherapy-Register to the special clinic SR for their psychotherapy cases
- JRs posted in psychotherapy have to attend referral of patient for appropriate psychotherapeutic interventions like JPMR, BT, CBTetc on a daily basis. On Wednesday JRs have to do MPC work up and discuss it with concerned consultants or SRs. In addition, to carry out various therapies like Couple therapy, Master and Johnson etc. Carry out disability assessment and discuss it with the consultant in charge on Saturdays. JRs have to maintain a log of patients for disability assessment

OPD Record Maintenance

- Walk-In Proforma and face-sheets of each day are maintained by the PSW for the immediate past three months and by the Record Room for the earlier period
- Separate files are made for appointment/detailed assessment cases
- Each case file must contain a psychiatry number, socio-demographic sheet and a Walk-In Proforma

- Faculty‖s remarks and follow-up notes are entered in the same file
- All files are kept in the record room of the Psychiatry OPD except for actual/potential medico-legal cases, which are kept under lock and key with the SR Room 205
- All records are confidential. No patient, patient's relative or any other people except the staff members of the Department of Psychiatry, who have a legitimate access, are allowed to handle the case files
- Case record meeting is held on every Monday afternoon in rotation with the Consultants and SRs to scrutinize the out-patient records regarding proper maintenance of these files, as well as to finalize the diagnosis and guidelines about the management difficulties. The Residents, respective Consultants, and the OPD PSW attend these meetings
- Before removal of OPD case files from the record room for any purpose, by the staff of the Department, entry of details of file and name of the person responsible/taking the file should be duly entered in the Register kept with OPD Clerk
- All JRs and SRs should make sure that no file is left unattended at any place, at any time

2.1.5 Role of PSW, OPD

General

- Compulsorily Attend All Relevant Administrative Meetings of the Area of Work & the Department
- Compulsorily Attend: Monday Seminar, Wednesday Case Conference, Research Forum & Academic Programs of the service area in which they are posted
- Involve in research, teaching and training activities along with faculty members
- Facilitate financial assistance and other resources for needy cases
- Assist in the printing, purchase and maintenance of proformas
- LEAVE. Work cover for leave period to be arranged before applying for Leave to HoD, through PSW Consultant
- Working time 9 am - 5 pm (or 8-4 in Psych OPD); 1 Hour Lunch break - preferably 1-2 pm (by turn, if >1 posted as in Psych OPD)
- Liaise/Work closely with Work Area SRs and JRs

- Do specified/planned Casework for patients/families referred by the Consultants/SRs (psychosocial assessment & intervention; individual, marital, family, group; education/information, MET-RPC, specific skills, social/legal/financial/occupational issues; liaison with Educators/Employers/NGO-GOs).
- All professional work must be adequately documented in the case file
- Discuss Casework, Administrative & Other Work-Area Related Matters with Consultant PSW
- Do the coding of the data and present the clinical work in the statistical meeting
- Maintain Work Area specific SPSS data base for intake, assessments, interventions and follow-ups
- Be rotated through different work areas (OPD / Ward / CAP / CL / DDTC / Community / Others)
- Any other professional assignments/responsibilities assigned by the Head of the Department

OPDs

- Recording demographics of Walk-in cases
- Educate the ward rules and admission procedures to the patients (& families) who are to be admitted
- Facilitate the record meetings and ensure that all the files are cleared before the 'no dues' of the residents are done till an alternate arrangement is in place

2.1.6 Role of Vocational Guidance Instructor,

OPD Timings are

- All OPDs and Wards – 9:00 AM – 5:00 PM

Vocational Guidance Instructor are one of the important members of the clinical treating team and should be actively involved in psychological assessments, counseling and vocational guidance of the patients

Clinical Work Assignments

- To do assessments of needs, interests, aptitude and vocational abilities of patients with mental illness

- To do psychometric assessments (e.g., SLD, intelligence assessment etc.,) of patients of all ages referred to them in a structured format
- To do structured psychological therapies (like psycho-behavioral interventions for subjects with intellectual disability, anger management, family counseling etc.,) of cases referred to them by the faculty
- To guide patients and family members regarding disability benefits, vocational placements etc

- Follow-up evaluation, maintaining records of the patients and inform the outcome to the concerned faculty
- Education and counseling of the parents/ caregivers of the patients
- To organize and participate in group educational meetings (ID group, Other Disability group etc.) for the patients in the respective areas
- To enter the work done in the SPSS as per the policy
- Contribute in other works related to patient care and in accordance with Department needs
- Attend the Departmental Academics – CC; seminar (whole Departmental and specialty section). Can actively contribute for their part of assessment and intervention
- Training of Residents and trainees about psychological tests and interventions
- May be assigned teaching responsibilities for various educational courses run in the
- To participate in the research projects of various faculty members
- To take initiative in conducting research under the guidance of faculty members

Administrative

- May be assigned clinical and administrative tasks as per the needs of the Department or the Institute
- To attend various departmental administrative meetings
- To assist in purchase of various psychological tests/instruments related to vocational and other psychological assessments

2.1.7 Role of Clinical Psychologist,

Abbreviations

CP - Clinical Psychology/Psychologist

CPC - Clinical Psychology Consultant

CPS - Clinical Psychology Staff [includes Assistant/Clinical Psychologists (A/CPs), Play Therapist (PT), Vocational Guidance Instructor (VGI)]

GENERAL

1. Be rotated through different work areas (OPD/Ward/CAP/CL/DDTC/Community/Others)
2. Work under the supervision of CPC for day to day work
3. Be assigned the assessment/intervention work/methods - by the CPC of service area
4. Do the assessment/intervention, discuss/finalize with CPC, and complete *on the same day* reports/cards/records/documentation in case files (*now onward IQ Report will be written on the OPD Card*)
5. Liaise/work closely with Work Area Doctors (Consultants and Resident)
6. Contribute in other works/areas related to patient care and in accordance with departmental needs
7. Compulsorily Attend: Monday Seminar, Wednesday Case Conference, Research Forum & Academic programs of service area in which posted along with all Relevant Administrative Meetings of the Area of Work & the Department.
8. Involve in research and training activities along with faculty members
9. Maintain the records, registers and almirahs for issuance of tests/materials
10. Maintain work area specific SPSS data-base (intake, assessments, interventions and follow-ups etc.) in the computer assigned in the respective area like Psychology Section OPD and Inpatient by all the ACP/VG/PT
11. OPD data to be entered in SPSS to the computer provided in Psychology Section by all the ACP/PT.
12. Assist in procurement, printing, purchase and maintenance of various psychological tests/forms etc.
13. Arrange/obtain signatures for work-cover for leave period/area, before CPC of leave period/area forwards the leave application
14. CP exclusively covering DDTC, will provide cover for OPD and will be covered by ACP/VGI/PT from Ward/OPD Psychiatry – as organised by CP Consultant/s.

15. CPS Working Time will be 9am-5pm; 1 Hour Lunch break - preferably 1-2 pm (by turn, if >1 posted - as in Psych OPD)
16. Present the data of their own clinical work in the statistical meeting.
17. To plan routine leaves, so that service areas are covered.
18. Should ideally be involved in therapies for OPD and ward cases and also educational activities pertaining to their areas with regards to patients and attendants.
19. Play therapist will do all assessments of patients below 18 years (CAP patients)
20. CPs are mandated to attend all the academic programs (e.g. seminars, case conferences, student and staff clinical meetings, journal clubs, research for a) of the department and the specialty areas, in which they are posted.

WARD

1. CPS will do assessments/interventions for referred cases & attend ward rounds only to present/discuss the referred cases
2. CPS will cover CL services also
3. Dedicate average of 4 working hours daily (in psychological assessment/management) in carrying out actual patient/family contact

COMMUNITY

1. CPS will work with Community Team for: Psychological assessment/intervention & Camps & Awareness programs

**All the Members are to follow the rules and regulations*
and any assignment/responsibility assigned by Head of the Dept/Institution

2.1.8 Role of Play Therapist, OPD

Clinical:

- The play therapist shall carry out psychological assessments and generate a psychological formulation for a child/ adolescent when specifically referred for the same by a consultant. In all such cases, the play therapist shall be part of the treating team unless specified otherwise
- He/she will undertake specific therapeutic interventions under supervision (play therapy, behavior therapy, skill building, SLD remediation, occupational therapy, attachment work, supportive therapy, etc.)

- Complete documentation of assessments and interventions by him/ her is mandatory
- They will maintain a separate register for all such cases in which they are carrying out therapeutic interventions under supervision of a consultant
- He/she will use play to prepare child for treatment like medicines, behavior therapies and to distract them during a procedure
- He/she will plan and carry out therapy sessions using art and craft activities, toys (such as puppets, cars and dolls) and creative arts (including drawing, clay, sand movement, music and therapeutic story telling)
- He/she will develop symbolic communication with children, which involves making a connection between the signs, symbols and actions the child creates through play and how these relate to their experiences (even using technique of psychodrama etc)
- He/she will create an in-depth therapeutic relationship, which promotes positive change in the child by helping them to help themselves
- He/she will help them reach their developmental goals
- To help them regain their skills which they have lost due to illness and also help in learning new skills
- To observe child during play and share their findings with the consultant I/C and the treating team
- He/she will be responsible for maintenance and upkeep of the play room in their area (Ward/ OPD) in liaison with the respective SR
- He/she will carry out a psycho-social work-up when indicated (as directed by a Consultant)
- Liaise closely with SRs posted in the respective areas for assistance and completion ofwork allotted to them

- Attend the Departmental Academics – CC (Whole Departmental and specialty section); Seminar (Whole Departmental and specialty section), psychotherapy forum (Specialty)and research forum. They are expected to contribute actively for their part of assessment and intervention
- May be assigned teaching responsibilities for various educational courses run in the institute like physiotherapy, speech and audiology

Research

- To participate in the research projects of various faculty members
- To take initiative in conducting research under the guidance of faculty members

Administrative

- May be assigned clinical and administrative tasks as per the need of the Department
- To attend various Departmental administrative meeting
- Contribute in other works related to patient care and in accordance with Departmental needs

2.2 GENERAL ADULT (AND GERIATRIC) PSYCHIATRY, IN-PATIENT SERVICE

- Patients are admitted through the Psychiatry OPD service and rarely, directly from EMOPD/Ward or other hospital inpatient units
- The admitted patient is received in the ward by the staff nurse on duty and the SR I/C of the ward is informed, who allots the case to one of the JRs posted in the ward
- The JRs undertake the detailed history and examination of the admitted patient and discuss with the ward SR during the evening rounds. The JR then presents the case to the faculty during the ward rounds
- Instructions for the nursing staff, including the medicines prescribed, are put down in writing in the instruction book. This is kept in the nursing station with the staff nurse on duty. Similarly instructions for administration of ECT, high risk management, vital monitoring more frequently than done routinely and any special instruction pertaining to the patient also must be issued in writing in the instruction book
- The patient once admitted comes under the total care of the JR to whom the allotment of case is made. The JR is responsible for the management and care of the patient under supervision of the SR and faculty

2.2.1 Responsibilities of SR in the Ward

Ward SR is the main coordinator and overall I/C of the Ward Must reach Ward by 8.00 AM in the morning (on the day of academics which SRs are supposed to attend by 9.15 AM)

Case management

Following admission of a patient to the ward, the ward SR must:-

1. Receive the patient at admission
2. Assess the severity of illness of the patient
3. Prioritizing the needs of patients and manage accordingly
4. Write an admission note
5. Exercise his judgment while allotting cases to JRs keeping the condition of the patient and seniority of the JR in mind
6. Management related decisions and management proper is to be undertaken by the SR and patient management must not be left to the JR alone because JR is a trainee
7. Should put notes in case file periodically (at least twice a week)
8. Ensure that PAC is done prior to the initiation of ECT
9. Should contact the concerned faculty member providing details with respect to progress of the patient
10. Should be available 24 X 7 on phone to the faculty or the ward in matters related to patient management
11. Should conduct evening service rounds and guide JRs in carrying out treatment of the patients
12. Should supervise the JR for writing and finalization of the Discharge Summary within a week of the discharge
13. Follow up the patient after discharge, guide JRs and discuss with faculty I/C of case

(SR must see the discharged patient and put a comprehensive note at least once in three months)

- Evening teaching of JRs: to teach fundamentals of history taking, MSE and any topic related to management of the case
- To guide JRs in presenting any ward-admitted case in CC /Students Clinical Meeting/Psychosomatic Rounds and psychotherapy forum
- Prepare roster for lectures, seminars, CC, evening SR class, emergency/call duty roster (of JRs, SRs and faculty) in liaison with Faculty I/C of the residency training programme and HOD
- Maintain inpatient Psychotherapy Register in which residents record the beginning, ongoing sessions and terminal dates of psychotherapy for all cases under them
- Maintain a Register for Faculty Resident meeting (every 2nd Thursday of month)

- Coordinate and conduct ward administrative meeting once a month in liaison with ward Faculty I/C
- Supervise regular entry of data of inpatients in SPSS files
- Be responsible for adequacy of record keeping in ward (case files, discharge summary, dispatch of file to OPD)
- All important administrative issues must be informed to HOD through concerned Faculty member/s
- Intimate daily by 10.00 AM, the exact number of vacant beds to OPD SR Room 208
- Effective communication and coordination among SRs of Ward, OPD Room 205, Room No. 208 & C-L service is to be ensured

2.2.2 Service Responsibilities of JR in the Ward

- Total management and care of the patients under his/her charge under supervision of the ward SR and Faculty I/C
- Must attend allocated patients‖ problems even after-duty hours
- In-patient record maintenance in accordance to the specified rules
- In extraordinary situations, when asked by SR to stay for night duty in the ward
- Any other responsibility that may be entrusted by the SRs in the interest of better patientcare

When a patient is sent from OPD for admission, the outpatient record sent along with him/her should contain the following:

1. Admission form
2. Income declaration form/poor-free-treatment documentation
3. OPD card on which orders for admission are indicated
4. Admission referral form
5. Face Sheet recording socio-demographic details
6. Walk-In history sheet
7. OPD work up file if available (except in cases of Emergency admission when thereshould be a detailedadmission note)
8. Psychiatry number except in those cases who are not admitted through psychiatry OPD e.g. admission from the general Emergency of PGI or transfer from other Wards of PGI.

In such cases, psychiatry number should be sought next morning from the OPD‖s social worker Records should be maintained in the appropriate file cover and neatly arranged in the following order:

a) Admission form
b) Income declaration form
c) OPD card
d) OPD face sheet
e) Walk-In sheet
f) Admission Referral form
g) OPD work up
h) In-patient work-up history and notes
i) Investigations reports
j) No dues form

2.2.3 Essentials of Record-Keeping in the Ward

- There must be an admission note or D/W/U written in the file within 24 hours of admission of the patient to the ward
- Guidelines for history taking should be followed for writing the D/W/U. Discussion of the case with Faculty and his/her opinion must be entered
- Progress note for each patient needs to be written daily. It must contain patients current mental and physical status in brief, bio-functions, any investigations done and their reports, any change of medications, any side effects observed, need to mention whether patient had undergone any psychotherapy/ECT sessions
- There should be a record of detailed MSE at least twice a week
- SR of the Ward should put his/her notes at least twice during admission
- Residents should write a pre-discharge counseling and discharge note along with the advice given at discharge
- Discharge summary should be written within 48 hours of the discharge of the patient. One copy of it should be attached with the file and one should be submitted to the Psychiatry office for record keeping
- File should be maintained neatly with all the papers and investigation reports etc. arranged sequentially

- A separate page should be used for maintaining the treatment record with the dates of change in treatment
- Required details of each patient should be entered in the Ward Register
- If a case is transferred to another JR a clear handing over note should be written by the previous JR or the SR. Likewise the Resident taking over the case should write down a proper take over note
- At the time of dispatch/ prior to dispatch of file to the record room completed files should be signed by the Consultants after duly filling the final diagnosis and length of hospital stay etc
- All in-patient records must reach the record section in OPD without fail within one-two weeks of the discharge of patient
- Timely entries must be made for all Psychotherapy cases in the Psychotherapy Register kept with the SR Psychiatry Ward

2.2.4 Role of PSW, Ward

The General roles and responsibilities mentioned under 2.1.5 will also apply here

Clinical Work Assignments

- Attend the ward rounds only for presenting/discussing the casework for referred cases
- Dedicate average of 4 working hours daily (in psychosocial assessment/management) in carrying out actual patient/family contact
- Facilitate GROUP activities for Ward Patients/Families - educational, recreational, sports, spiritual, festival celebration (Lohri & Diwali) activities
- Educate the patients and caregivers about the ward rules
- To participate in the research projects of various faculty members

2.3 CONSULTATION-LIAISON (CL) SERVICE

2.3.1 Duties of Non-DM/Non-Fellowship SR in Consultation-Liaison Psychiatry (CLP)

General Responsibilities

- On-Call Duty Timings: 8.00 AM to 5.00 PM on Monday to Friday and 8.00AM to 1.30 PM on Saturdays and Gazetted/Public Holidays

- To supervise all aspects clinical work of the JRs pursuing MD Psychiatry who are posted in the CL Psychiatry
- Ensure proper assessment and management of all the patients
- Ensure all the calls are discussed with the Faculty
- Ensure regular follow-up of all the cases
- To attend to all calls – from in-patients in various department s in the hospital, and to advise appropriate management after a thorough assessment of the call
- Ensure proper management is advised to all calls, and proper documentation of the case details in the proforma.
- Ensure that JRs learn proper administration of scales like DRS-98 and MMSE for patients with delirium
- SR must personally supervise (including documentation) for MLC patients
- The SR should put notes on the primary files of the patient and the referral file

Emergency Consultation-Liaison

- Service areas:

  EMOPD

  ESOPD

  ATC

  APC

- For patients referred from Psychiatry/DDTC OPD or new cases with a psychiatric illness– Ensure complete assessment & monitoring (both psychiatric and medical), investigations, and treatment administration by the JR posted in the Emergency
- Facilitate admission of patients to Psychiatry Ward to through Emergency Department, if required
- The CLP SR will be intimated for all patients referred for ECT prior to the first ECT session – by the concerned JR/SR/Faculty
- Ensure that the patient/patient's relative and the Faculty I/C of the case have signed the ECT consent form.
- To check all necessary investigations/pre-ECT work-up and consent
- Ensure that PAC is done prior to starting of ECT
- To ensure proper administration of ECT

- Regular intimation of the primary treating team regarding the progress of the patient with ECT in terms of benefits and side effects
- To ensure proper function and maintenance of ECT machine, anesthesia workstation, and other equipment
- Ensure proper documentation of the ECT session in the patient files and ECT Register
- In case a patient develops complication during ECT, SR must inform the primary treating team immediately and seek supervision from the concerned faculty
- Ensure that after completion of ECT course, the final outcome data of the patient is entered into the ECT Register

PGI Crisis Helpline:

- Senior resident posted in the Consultation-Liaison Psychiatry (from 8.00 AM to 5.00 PM from Monday to Friday and 8.00 AM to 1.30 PM on Saturday) and the Emergency on-call duty (from 5.00 PM to 8.00 AM on Monday to Friday and from 1.30 PM on Saturday to Monday morning 8.00 AM) will be the contact person for the helpline. During the daytime, Consultant in-charge of the CL Psychiatry on that day and for the evening the consultant on emergency duty will be personally supervising the helpline services.
- All the calls will be received by the Senior Resident of the Department of Psychiatry on the designated helpline number.
- Senior resident will listen empathically to the caller; explore and assess (while being online) the nature and urgency of crisis; in case of emergency hold the caller on the line while continuously talking and explaining about the need to come to the hospital; take the ID information, location information, etc.
- Depending on the need, the Senior Resident of Psychiatry either may be able to handle the case on the telephone itself; or in most cases advise the person in crisis to reach the Emergency medical/surgical OPD of PGIMER in 15-30 minutes.
- Depending on the need, the Senior Resident of the Department of Psychiatry will inform the concerned Head of the Department, the SMO posted in the Emergency OPD, and the Senior Resident of MHA on duty. The parent Department to which the Resident belongs/posted will be responsible for arranging the logistics including the security and

ambulance to help the caller to reach the Emergency OPD as soon as possible with the help of the Senior Resident of MHA on duty.

- The parent Department to which the Resident belongs/posted along with the Senior Resident of MHA on duty will liaise with the treating physician/surgeon and the psychiatrist to get the needy person admitted in the appropriate ward and for arranging the medical, surgical care in Emergency OPD/ ward of the case as per the requirement.
- A suitable room with quietness and privacy will be arranged in the Emergency OPD area of Nehru Hospital for treatment and assessment.
- Temporary admission/hospital stay will be arranged in the designated area/ward by the hospital administration.
- The Senior Resident of the Department of Psychiatry will be responsible for doing a complete psychiatric evaluation and treatment, both psychological and pharmacological; preparing the desired medical records for treatment and administrative purposes under the supervision of Consultant in charge
- The Senior Resident of the Department of Psychiatry will also maintain a Register documenting the details of all the phone calls received and advice given. All the phone calls also must be informed to the faculty member on duty.
- The Helpline service will be provided by the existing teams of Consultation-Liaison service and Emergency duties, as per roster of the Department of Psychiatry, involving the Senior Resident and Faculty members on a daily rotation basis (24x7).
- However, if the person in crisis is already registered in the psychiatry outpatient and is under the care of a consultant, he/she will be informed and will be responsible for supervising the clinical care provided by the Senior Resident of the Department of Psychiatry.
- The Senior Resident of the Department of Psychiatry will inform the on duty faculty member of the Department of Psychiatry, who in turn will notify the HOD of Department of Psychiatry, the HOD/ Administrative in charge of the caller/patient and the hostel warden (if applicable).
- The HOD/ Administrative in-charge of the person in crisis will provide the cost of treatment and the material support needed to take care of the person until his family members arrive.

- The HOD of the concerned Department will inform the Dean/Sub-Dean of the Institute who in turn will notify the family of the patient and depending on the need may have to advise them to come to PGI.

Academic Responsibilities:

- Teaching and training of the JRs pursuing MD Psychiatry who are posted in CL
- To take evening class for JRs
- To co-ordinate with the respective Departments for Psychosomatic rounds

1. Neurology – 1st Friday of each month 4-5 PM
2. Medicine – 2nd Saturday of each month 8-9 AM
3. Surgery – 3rd Thursday of each month 4-5 PM

Other Responsibilities:

- Ensure that all the registers are up-to-date: Ward CL Register, Emergency Register and ECT Register
- To ensure that all the patient related files & registers are kept safely
- To ensure timely dispatch of the C-L proforma and files of patients receiving ECT on outpatient basis to the record room in the OPD
- Complete data entry for all the registers in the respective SPSS files
- Ensure that CL meeting is held with the Faculty in-charge on weekly basis (Tuesday mornings).
- Ensure that all mobile numbers with the CL team are active and in use
- Check from time to time with regard to the availability of CL and emergency proforma and make necessary arrangement for printing of the same

2.3.2 Duties of DM-AP & DM-CAP SR posted in Consultation-Liaison Psychiatry (CLP)

- The DM-AP & DM-CAP SR posted in Consultation-Liaison Psychiatry (CLP) are required to carry out a detailed evaluation of the cases referred from different wards and emergency setting, and to discuss with the Faculty I/C for the case. The consultation with the faculty must be held on the same day in 'urgent' cases and by the next day in 'routine' cases.

- To carry out follow-up management of the patient under guidance of the Faculty. Follow up of admitted patients must be done daily for patients with delirium, and at least once in three days for all other patients, till the patient is discharged
- A note should be entered in the patient's primary file during the time of discharge. This note should leave a clear instruction for the Medical/Surgical Resident, that he/she should inform the Psychiatry CLP Resident before discharging the patient
- All the patients/their family members must be handed over psychiatry C-L slips, with clear instructions as to when to attend the Psychiatry OPD services
- To maintain the following Registers at designated stations:
    - Active C-L cases (those admitted in the Nehru Hospital) - with self
    - Inactive C-L cases (those discharged from the Nehru Hospital) with Records Section, Psychiatry OPD (I/C PSW, Psychiatry OPD)
    - C-L Register (containing summary information) with SR, C-L
    - To hand over the above cases and records to the next CL team in the presence of Faculty I/C C-L Services and SR (C-L)

Wards

- To attend to all calls from medical, surgical and allied inpatient units of the Institute within a reasonable time of the receipt of the call
- Liaise with PSW in the OPD for allotment of Psychiatry number for the patients seen by the C-L team in various wards who come for follow-up in the psychiatry OPD

Psychiatric Emergency

- DM-AP & DM-CAP SR will be posted in Emergency Medical Outpatient from 9 am to 8 pm.
- All patients presenting to the Emergency Medical Outpatient to be first screened by Internal Medicine Resident posted in triage
- No patient will be seen by the Psychiatry team unless his or her emergency registration card has been made
- If the Internal Medicine Resident who has screened the patient in triage feels there is a Psychiatric component in the patient, or the patient is a follow-up case of Psychiatry, he/she will inform Junior Resident from Psychiatry posted in Emergency Medical Outpatient to evaluate the patient

- DM-AP & DM-CAP SR will evaluate the patient and then inform the Junior Resident/Senior Resident from Internal Medicine as to whether the patient has only Psychiatry problem or Medical comorbidity requiring medical management; judgment of the Psychiatry team to be given due consideration
- In case medical comorbidity is present, the patient will be under the primary care of the Internal Medicine team, and the patient would be jointly cared for by the Internal Medicine and Psychiatry teams
- However, if there is no other medical co-morbidity and the patient has only psychiatric problems requiring attention in the emergency, the patient will be primarily managed by the Psychiatry team only
- During the stay in the Emergency Medical Outpatient, a patient primarily managed by the Psychiatry team may be handed over to the Senior Resident of the Internal Medicine team at a later stage if the patient is detected to have or develops medical complications. The patient would be cared for by the Internal Medicine as per the usual protocol of the medical team.
- The DM-AP & DM-CAP SR, at the time of leaving the Emergency Medical Outpatient at 8 pm needs to handover the patients who have only psychiatric morbidity and are being primarily managed by them to the Senior Resident of Internal Medicine and will take over the patient next morning at 9 am
- In the night, for the patient primarily managed by the Psychiatry team or any new patient requiring psychiatric consultation, the Psychiatry resident on call (reachable on 8830) can be called for providing psychiatric care. The patient primarily managed by the psychiatry team during the daytime will be handed over to the Medicine SR at night for SOS management only. The Medicine SR may call the Psychiatry Resident on call to follow up/ take care of the psychiatry patient as and when required.
- The DM-AP & DM-CAP SR will send investigations and referrals only for those patients who are under the primary care of Psychiatry team
- All handovers must be documented in the patient's file
- Patients primarily managed by Psychiatry team, requiring emergency care beyond 24 hours, will be kept in the emergency as admitted case under on-call Psychiatry Consultant and shall be transferred to Psychiatry Ward at the earliest, if required.

- Patients in the emergency requiring admission have to be routed through the routine admission procedure from the Psychiatry Outpatient as laid down in the Department. However, in case a patient is required to be transferred to the Psychiatry Ward, out of turn, this has to be done with the permission of the Head of the Department.
-

2.3.3 Role of JR Posted in C-L

General Responsibilities

- To carry out a detailed evaluation of the cases, and to discuss with SR (CLP) and the Faculty I/C for the case. The consultation with the Faculty must be held on the same day in 'urgent' cases and by the next day in 'routine' cases
- To carry out follow-up management of the patient under guidance of the SR (CLP) and the Case Faculty. Follow up of admitted patients must be done daily for patients with delirium, and at least once in three days for all other patients, till the patient is discharged
- A note should be entered in the patient's primary file during the time of discharge. This note should leave a clear instruction for the Medical/Surgical Resident, that he/she should inform the Psychiatry CLP Resident before discharging the patient
- All the patients/their family members must be handed over psychiatry C-L slips, with clear instructions as to when to attend the Psychiatry OPD services
- To maintain the following Registers at designated stations:
  - p Active C-L cases (those admitted in the Nehru Hospital) - with self
  - p Inactive C-L cases (those discharged from the Nehru Hospital) with Records Section, Psychiatry OPD (I/C PSW, Psychiatry OPD)
  - p C-L Register (containing summary information) with SR, C-L
  - p To hand over the above cases and records to the next CL team in the presence of Faculty I/C C-L Services and SR (C-L)
- To present cases at the Once-a-Month Psychosomatic Rounds under the supervision of the C-L SR and the concerned Faculty I/C as per the following:

  First Friday: Neurology

Second Saturday: Medicine

Third Thursday: Surgery

Wards

- To attend to all calls from medical, surgical and allied inpatient units of the Institute within a reasonable time of the receipt of the call
- Liaise with PSW in the OPD for allotment of Psychiatry number for the patients seen by the C-L team in various wards who come for follow-up in the psychiatry OPD

Psychiatric Emergency

- Junior Resident from Psychiatry will be posted in Emergency Medical Outpatient from 9 am to 8 pm.
- All patients presenting to the Emergency Medical Outpatient to be first screened by Internal Medicine Resident posted in triage
- No patient will be seen by the Psychiatry team unless his or her emergency registration card has been made
- If the Internal Medicine Resident who has screened the patient in triage feels there is a Psychiatric component in the patient, or the patient is a follow-up case of Psychiatry, he/she will inform Junior Resident from Psychiatry posted in Emergency Medical Outpatient to evaluate the patient
- Junior Resident and Senior Resident from Psychiatry will evaluate the patient and then inform the Junior Resident/Senior Resident from Internal Medicine as to whether the patient has only Psychiatry problem or Medical comorbidity requiring medical management; judgment of the Psychiatry team to be given due consideration
- In case medical comorbidity is present, the patient will be under the primary care of the Internal Medicine team, and the patient would be jointly cared for by the Internal Medicine and Psychiatry teams
- However, if there is no other medical co-morbidity and the patient has only psychiatric problems requiring attention in the emergency, the patient will be primarily managed by the Psychiatry team only
- During the stay in the Emergency Medical Outpatient, a patient primarily managed by the Psychiatry team may be handed over to the Senior Resident of the Internal Medicine team at a later stage if the patient is detected to have or develops medical complications.

The patient would be cared for by the Internal Medicine as per the usual protocol of the medical team.

- The Junior Resident from Psychiatry, at the time of leaving the Emergency Medical Outpatient at 8 pm needs to handover the patients who have only psychiatric morbidity and are being primarily managed by them to the Senior Resident of Internal Medicine and will take over the patient next morning at 9 am
- In the night, for the patient primarily managed by the Psychiatry team or any new patient requiring psychiatric consultation, the Psychiatry resident on call (reachable on 8830) can be called for providing psychiatric care. The patient primarily managed by the psychiatry team during the daytime will be handed over to the Medicine SR at night for SOS management only. The Medicine SR may call the Psychiatry Resident on call to follow up/ take care of the psychiatry patient as and when required.
- The Junior Resident from Psychiatry will send investigations and referrals only for those patients who are under the primary care of Psychiatry team
- All handovers must be documented in the patient's file
- Patients primarily managed by Psychiatry team, requiring emergency care beyond 24 hours, will be kept in the emergency as admitted case under on-call Psychiatry Consultant and shall be transferred to Psychiatry Ward at the earliest, if required.
- Patients in the emergency requiring admission have to be routed through the routine admission procedure from the Psychiatry Outpatient as laid down in the Department. However, in case a patient is required to be transferred to the Psychiatry Ward, out of turn, this has to be done with the permission of the Head of the Department.

2.3.4 Procedure for ECT referral by Residents/Faculty

- ECT referral must include: Reasons for starting ECT, current medications, specific precaution is to be observed, and specific problems like physical illness or some abnormal investigation report etc
- If for any reason ECT is to be prematurely terminated, the information should be sent to ECT services at the time of either the last ECT or prior to the next ECT
- In case of planned termination, the information may be sent about a week in advance like "Two more ECTs to be given and then stop"

- When a patient is discharged and advised to continue ECT from outdoor it should be informed to ECT services well in advance, when the discharge is planned
- Any side effects or any other new problems appearing during the course of treatment should be mentioned
- Periodic checks shall be done by the nursing staff to ensure regular payment for the ECT services; SR will oversee them
- Files of all the patients on ECT treatment should be sent to the ECT services. No separate ECT file is to be maintained. All ECT notes and details must be mentioned in the primary file of the patient

2.3.4 On Call Service

- Timings: Week Days: 5 PM - 8 AM and Week-ends:

Saturday 1.30 PM – 8 AM Monday

- JR and SR in On Call services need to follow duties as mentioned for the JR and SR posted in the CLPsychiatry

2.5 CAP SERVICES

2.5.1 Service Responsibilities of CAP SR

Common service responsibilities of CAP SR

Academic and Research Duties:

- Attend all academics for DM CAP program and specific academic activities for MD such as Monday seminar, CC, and pediatric psychosomatic rounds
- Responsibility of guiding the JRs in the patient management and in their academics
- Teaching of Resident doctors as a part of evening classes of MD Psychiatry curriculum
- Teaching and training of JRs during their posting in CAP. Classes will be taken by SRs at least three times in a week and will be repeated for every new batch of JRs
- Participate in the ongoing research work in the Department
- Suggest new areas of research

Service responsibilities while posted in CAP OPD

The SR is overall co-coordinator of the CAP OPD services and ensures smooth functioning of CAP OPD.CAP OPD SR has following responsibilities:

Clinical responsibility:

- Runs the ―WIC‖. In case of 2 DM SRs posted in OPD simultaneously, the second SR shallcarry out detailed evaluations (work up) of child cases on Mondays, Tuesdays and Fridays and for adolescents on Wednesdays, Thursdays and Saturdays.
- CAP SRs must follow up cases as mentioned in the responsibility of the Follow up SRs in the General Adult Psychiatry section
- Shall attend to patients in specialty clinics (LD clinic and Autism clinic), including carrying out special assessments and non-pharmacological interventions under supervision of the Faculty I/C
- Shall participate in parent training group sessions for children with ID
- Reaches the OPD by 8.00 am (if no academics in the morning), and by 9.15 am on the days of academics
- Maintains ―walk–in‖ Register, ―Appointment–Register‖ for patients, ―follow up‖ Register and ―Psychotherapy –Register‖ for CAP OPD psychotherapy cases under his/her care
- Carries out D/W/U and discusses with a Faculty
- Allocates cases to JRs for D/W/U and fixes up consultation with a Faculty
- Discussion about important issues regarding clinical care with the JR and also make a note in the file
- Ensures that all details in the file are completed.
- Clearly write the diagnosis and further plan of management in the file
- Keep a track of the patients‖ progress and discuss with Faculty from time to time
- SR follow-up clinic (Tuesday and Thursday afternoon OPD) caters to the old cases for follow-up purpose. This is to evaluate the progress of all patients in detail, and discuss important aspects in patient's health and treatment strategies with FacultyI/C

Administrative and legal responsibilities

- Keep a secure custody of all the MLC files
- Supervise coding of W/I/C data by OPD PSW and analyses of the same for the annual statistical meeting
- Arranges all admissions except emergency admissions and maintains a waiting list for ward admissions

Service responsibilities while posted in CAP ward

Clinical responsibility:

Is the main co-ordinator and overall I/C of the ward

Following admission of any patient to the ward, the ward SRsmust: o Receive the patient at admission

First, assess the severity of the patient, prioritize the need of the patient andmanage accordingly must write an admission note

- In liaison with the Faculty member (I/C of the case) shall conduct evening teaching cum service rounds with the JRs and discuss the cases admitted to the ward. Shall supervise and guide the JRs in carrying out the treatment of the patients
- Effective communication and coordination among ward SR /CAP and OPD SR
    - Should intimate every day the exact number of vacant beds to SR of CAP OPD
- Maintain a Psychotherapy Register in which residents record the beginning, and terminal dates of psychotherapy for all such cases under them
- Periodically update and work as per instructions of the Faculty in-charge of the patient regarding clinical management
- Post discharge follow up is to be done by CAP SR along with JRs under supervision of Faculty I/C
- All administrative issues must be informed to HOD through proper channel
- Ensure that all the treatment related instructions are being followed by JR, nursing staff and the family members of the patients
- Regularly check case files of all patients in CAP ward for proper documentation of the daily progress notes, investigation done and ensure that discharge summary be prepared and case files be dispatched from CAP ward with in specified limit (48 hrs and one week respectively)
- Make provisions so that patients with disabilities admitted in the CAP ward get the benefit of legislations, policies and programs pertaining to children and adolescents in India
- Supervise the play room and ensure that it is well equipped and utilized
- Supervise coding of clinical data by JRs and analyses of the same for the annualstatistical meeting

2.5.2 Service Responsibilities of CAP JR

Responsibilities related to work in CAP OPD:

- On the OPD workup days (currently Monday, Tuesday & Friday) they are expected to reach OPD by 9.15 AM during days in which there are morning academics. Otherwise, they must report to Room no. 210 SR by 8:00 AM
- They do D/W/U of the cases, which includes a detailed history, physical and mental examination to establish the diagnosis and make a comprehensive treatment plan. They must not take more than 1 hour to complete each OPD work up. The CAP SR will decide the number of cases allotted to each JR
- Each case is then discussed with a Faculty for opinion on diagnoses and management, which has to be recorded in the case notes
- They are responsible for providing the longitudinal care of the patients they have worked up under the supervision of CAP SR
- CAP SR along with the concerned Junior Resident does follow-up of the patients
- They are also responsible for the adequate maintenance of the case files. They must record each follow up carefully
- They record the psychotherapy sessions done on OPD basis, enter them in CAPpsychotherapy Register and report the same to CAP SR
- They must complete all clinical works (investigation, consultations) related to patients admitted in the ward, before coming to the OPD on the workup days
- They are responsible for total management of patients admitted in CAP ward under the supervision of SR
- Every JR should be available on call 24X 7 to the nursing staff and other members of treating team in relation to the treatment of their respective patients
- Inpatient record maintenance procedure is similar to the Psychiatry Ward
- While handling over the case to another JR they should personally introduce the new JR to the patient and his family members

2.5.3 Responsibilities of the Play therapist:

- As mentioned under section 2.1.8

2.6 DRUG DE-ADDICTION AND TREATMENT CENTRE (DDTC):

The DDTC provides outpatient, inpatient, laboratory and community outreach services.

2.6.1 Out-Patient service

OPD timings

The OPD runs from Monday to Saturday forenoons (excluding public holidays) and Tuesdays, Wednesdays and Friday afternoons. Forenoon registrations start at 8:00 am and continue till 11 am (except on Saturdays when it stops at 10:30 am) and afternoon registration starts at 2 pm and stops at 3:30 pm.

Walk-In Clinic and Detailed Work-Up

The formal registration is done in the DDTC OPD. After registration coordinated multi-disciplinary team consisting of Psychiatrists, Clinical Psychologist, PSW and a trained counsellortake care of patient's clinical and psychosocial needs. The SR, following discussion with aFaculty, may admit the patient to the DDTC Ward after obtaining a written consent from patient/family members for following the rules and the requirements of the DDTC Ward. Otherwise, treatment is initiated and continued on OPD basis. For detailed evaluation, the patient and a close family member are called on a specified date and time (8 to 8:30 am). The appointments given are recorded in an Appointment Register by the SR dealing with the patient in the WIC. The patients with a dual diagnosis are given appointments for detailed evaluation on Fridays. DM (Addiction Psychiatry) SRs also do D/W/U on specific days. On all other days, D/W/U are done by the JRs. In both the cases, after discussion with a Faculty, diagnosis is finalized and further management is planned and initiated. Follow up of patients after the D/W/U is done by the JR (Tuesdays and Fridays afternoon) till they are posted out of DDTC. Once the JRs are posted out from DDTC the OPD SRs take care of these patients.

Special Clinics

Opioid Substitution Therapy clinic: The OST clinic is run on a weekly basis by a coordinated multi-disciplinary team of Psychiatrists, Psychologist, PSW, trained addiction Counselor, and the Pharmacists. It uses buprenorphine-naloxone (BNX) fixed dose combination (2/0.5 mg). All OST patients are encouraged and incentivized to attend weekly manual based group therapy

sessions. It consisted of initial psycho-education, management of craving, imparting stress and anger management skills, and relapse prevention

Dual Diagnosis Clinic: A DD clinic runs on a weekly basis (on Friday) by a multidisciplinary team. All cases, for which detailed evaluations are done, are given a specialty clinic number (DD No). Group sessions for the DD patients are conducted every Friday afternoon

OPD Records: Please see the record maintenance section of Psychiatry OPD

2.6.2 In-patient service

- DDTC has a in-patient bed strength of 50
- The services provided in the DDTC Ward are similar to Psychiatry Ward. The additional points are mentioned below
- For routine admission the attendant is not allowed to stay with the patient. Only in specific cases, where clinically warranted, the attendant(s) is/are allowed for a brief period
- The patients are periodically subjected to routine and surprise checks for possession or consumption (Chromatographic immune assay of urine for opioids and other drugs) of substances of misuse
- Some special investigations are offered to all inpatients: HIV, VDRL, HCV and HBV serology
- In all cases withdrawal rating proforma to be entered on every day for one week or end of withdrawal, whichever is later
- Urine CIA or TLC are done for each patient in ward, initially upon admission, then on a random basis at least once every week. Urine CIA or TLC MUST be done whenever patients return from short leave
- Case to be discharged only after consultation with Faculty, unless there are compelling and immediate reasons for discharge (typically on urgent disciplinary grounds, e.g., gross disruptive activities or violence in the ward, drug smuggling etc.) in which case SR can take the decision but must inform the Faculty the following day and fill in an Incident Report (copy available with Nursing staff)

- Incident reports are also to be filled of absconding case, drug recovery from patients, or any other major administrative incidents

Essentials of Record-Keeping in the Ward: Similar to the Psychiatry Ward

2.6.3 Liaison services

1. Liaison with Public

The Centre has been actively participating in increasing the awareness of the general public towards the issues related to drug addiction and to provide education to the general public in it. This is in the form of presentations and interactive discussions at many levels in the community using various forms of media

2. Liaison with the law enforcement agencies

Personnel from the law enforcement agencies (Narcotics Bureau and Police) are trained periodically, on request

3. Liaison with the community and integration with general and mental health

The DDTC maintains active liaison with the community. This includes active consultation with self-help groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Al-Anon and also with other local NGOs voluntary and other counselingcenters (including those supported by the government of India, Ministry of Social Justice and empowerment). In addition to accepting C-L from these sources and from general medical practitioners, advice and guidance is extended towards their handling of drug addicts. Also, on request, the facility of our laboratory is extended for the cases referred by them. Treatment camps and awareness programs on drug addiction are organized on a monthly in the community (villages/slums, school/ colleges, factories etc.)

2.6.4 DDTC Community Services

Please see the Community Psychiatry Services section

2.6.5 Responsibilities of Senior Resident

OPD SR

Forenoon DDTC OPD runs six days in a week from Monday to Saturday. There are afternoon OPDs on Tuesdays, Wednesdays and Fridays. Two special clinics namely the Opioid Substitution Therapy (OST) and the Dual Diagnosis (DD) also run in the OPD, on Wednesday and Friday afternoon, respectively. Detailed evaluation of the patients Registered in DDTC OPD is done from Wednesday to Saturday mornings

Clinical duties:

- Clinical duties are similar to Psychiatry OPD SRs. Additional points are mentioned below
- If two SRs are giving appointments for D/W/U, there should be a co-ordination among them to ensure optimal number of detailed evaluation. Patients are to be given earliest date available for detailed work-up to minimize the number of dropouts
- The OPD SR must also carefully fill up the DAMS data attached at the end of the Walk-In Proforma
- The afternoon OPDs are designated as follow-up OPDs. However, new patients walking in during the afternoon must also be examined by the SRs and the usual procedure is to be followed
- As mentioned earlier, DDTC OPD has two special clinics, the OST and the DD clinic. One SR would be designated as special clinic SR. The special clinic SR would be responsible for the clinical as well as administrative issues related to these clinics
- OST clinic SR must make sure that all patients taken up for OST have an OST number. He/she is also responsible for the proper maintenance of OST Register, which is actually filled by the nursing staff. He should be present during the group sessions prior to the beginning of the clinic. He/she should act as coordinator in the group sessions. To ensure apt attention in record keeping, OST Registers are to be shown to the consultants during the first ward administrative meeting of any month
- Work ups of patients suffering from DD are to be done on Friday mornings. OPD SR must ensure that each DD patient is registered in the DD clinic so that he/she can access the special services. Except in exceptional circumstances, all patients suffering from co-occurring disorder would be encouraged to follow up in the DD clinic. SRs/ Consultants would preferably examine the patient during follow ups. JR would not prescribe treatment unless they have discussed with Consultants/ SRs. Frequency of

follow up should be at least once in 2 weeks for the first month and then depending on the clinical requirement once in a month to once in two months

- The SRs posted in DDTC are responsible for the data entry of the Walk-In as well as the work-up patients. Data entry is an ongoing process and SRs must keep on updating the status of the same during the DDTC administrative meetings held on Mondays of every week
- At the end of their posting as DDTC OPD SR, he must give a proper ―hand over‖ to the new SR taking over the responsibility. The previous SR must follow the Departmental hand over proforma to make sure the hand over process in complete and flawless

Administrative

- One of the OPD SRs would be the administrative in charge
- His/her job is to ensure coherent, seamless and collaborative efforts from the multidisciplinary team which is at place in DDTC and consists of PSWs and nursing staffs in addition to the trainee residents
- Any significant event (e.g. episode of violence, intentional destruction of OPD properties etc) of the OPD has to be reported immediately to the Faculty in OPD or the Faculty I/C of the patient
- The OPD I/C SR depending on feasibility/availability is expected to attend the DDTC administrative meetings held on every Tuesday morning at 9:30 AM. The OPD SR issupposed to discuss the administrative issues related to the OPD area and carry out the decision

Academic and Research Duties: Duties are similar to the Psychiatry OPD SR

DDTC Ward SR

DDTC ward can accommodate a maximum of 50 inpatients

Clinical duties:

- Clinical duties are similar to Psychiatry Ward SRs. Additional points are mentioned below
- Must ensure ward searches 1-2 times/week and urine screening; days should be chosen randomly

- SR also must make sure that the data entry of the discharged patient is complete before he/she signs the case file of the patient
- The DM, Addiction Psychiatry SR must have at least 3 patients, at any point in time,under his/her direct care
- DDTC Ward SR is the administrative I/C of the ward. The ward SR is the coordinator of the administrative meetings that take place every Tuesday morning at 9:30 in the DDTC Round Room.
- The Ward SR's job is to ensure coherent, seamless and collaborative efforts from the multidisciplinary team which is at place in DDTC and consists of PSWs, clinical psychologist/s and nursing staffs in addition to the trainee Residents
- Any significant event (e.g. abscond report, episode of violence etc.) of the ward has to be reported immediately to the Faculty I/C of the patient
- It has to be brought in to the notice of the Faculty I/C before any unplanned, premature discharge (on request or against medical advice)

Academic and Research Duties: Duties are similar to the Psychiatry Ward SR

DDTC Community SR

The team comprises of SR who is posted in community services along with a PSW.

Role of SRs in community de-addiction clinics: Clinical duties are similar to CommunityPsychiatry SR. Additional points are mentioned below

Clinical duties:

- Has to discuss cases with Faculty I/C of community DDTC, on the same day of the clinic
- On other days when there is no community clinic he will work in DDTC wards and perform clinical duties as Ward SR
- Has to enter the DDTC community clinic related data in SPSS
- Has to send of the reports of the camps and awareness programmes, to the faculty I/C

2.6.6 Responsibility of JR-DDTC

The JRs are posted to the DDTC out of a common pool from the Department of Psychiatry, usually for a period of four months. During their posting in the DDTC, they are supposed to follow-up their Psychiatry cases on Wednesday afternoon in Psychiatry OPD

In the OPD

- General responsibilities are similar to those laid down for Psychiatry OPD. Additional points are mentioned below
- Does follow-up of the cases he/she has examined in the OPD or treated in the Ward
- Completes entries in the New Case Register for the cases examined in detail
- General responsibilities are similar to those laid down for Psychiatry Ward. Additional points are mentioned below:
- Provide direct/first hand care to, and maintain complete records of, the case allocated to him
- Attend all group meetings, including AA/NA meetings every Sunday
- Enter his new admissions/discharged cases in the Ward Admission Register
- Enter his new, so far unregistered cases, in the DDTC New Case Register
- Assist the SR in clinical/administrative work like, random ward searches, regular urine screening for drugs
- Maintaining urine screening, ward search, and AA/NA meeting Registers

2.5.7 Responsibilities of PSW (PSW)

For DDTC OPD

Clinical Work Assignments

- To fill the sociodemographic profile sheet of the Walk-in Performa of all the new patients attending in respective areas
- To assess the needy patients for poor free status and facilitate the same, if there is a need
- The detailed psychosocial work up as per the format will be assigned to them by various faculty members
- To organize and participate in group educational meetings for the patients (OST group, DD group etc.)
- Explaining ward rules and admission procedures to the patients who are admitted/who are to be admitted
- Participate actively in the follow-up of the cases where brief psychosocial work up was done and record the same in the file

- To arrange and do home visits, meeting with employers, visiting workplace, rehabilitation services, legal services etc., for the patients assigned to them by various faculty members
- To attend various camps, attend courts and educational programs organized by the department
- Liaison closely with SRs posted in the respective areas for assistance and completion of work allotted to them
- Liaison with hospital authorities to facilitate poor free status, supply of free medications using poor free funds, liaison with MSWs of other departments for treatment of patients etc
- Liaison with other agencies like AA, NA and other self help groups for the benefit of the patients.
- Attend the Departmental Academics –CC, Seminar (Whole departmental and specialtysection). Can actively contribute for their part of assessment and intervention Research
- To participate in the research projects of various faculty members
- To take initiative in conducting research under the guidance of faculty members

Administrative

- May be assigned clinical and administrative tasks as per the need of the department
- To attend various departmental administrative meeting
- To organize and procuring medicines for community camps

For DDTC Ward

Clinical Work Assignments

- To assess psychosocial work up and interventions as per the format of all the patients admitted in the ward. To attend ward rounds daily and present work up in the ward rounds as per the case needs and the interventions carried out. They would carry out psychosocial interventions, as discussed and decided during the ward rounds, in collaboration with the residents

- Would be involved in different activities related to patient care in the ward like admission counseling, discharge counseling, activity scheduling of the patient, group therapy etc
- To assess the needy patients for poor free status and facilitate the same if there is a need
- To organize, supervise and regularly participate in group educational meetings, group ward activities for the patients in ward
- To enter the data of assessment and interventions, follow-ups into the SPSS database in ward on a day to day basis
- Participate actively in the follow-up of the cases (through telephone, home visits etc.,) and record the same in the file. They should keep all the discharged cases in active surveillance and call them or visit their home if they do not turn up for follow up after two weeks or as assigned by the consultants. They should continue doing planned intervention and inform the consultants regularly. If new issues arise they should be immediately brought to notice of the concerned consultants
- To arrange and do home visits, meeting with employers, visiting workplace, rehabilitation services, legal services etc., for the patients assigned to them by various faculty members
- Attend various camps, attend courts and educational programs organized by the department
- Liaise with hospital authorities to facilitate poor free status, supply of free medications, liaison with MSW‖s of other departments for treatment of patients etc

Academic

- Attend the Departmental Academics – CC, Seminar (Whole departmental and specialty section). Can actively contribute for their part of assessment and intervention
- To participate in the research projects of various faculty members
- To take initiative in conducting research under the guidance of faculty members

Administrative

- May be assigned clinical and administrative tasks as per the need of the department
- To attend various departmental administrative meeting
- To organize and procuring medicines for community camps

General guideline for home-visit

Primary Conditions

- Do only with the written consent of the patient/ parent (in case of minors). Verbal consent may be taken from significant family members, if required
- Do only for the patients who had completed 'Walk-in' or 'Work-up' at any of the sections (Child/Adult/DDTC,etc) in the Department of Psychiatry, PGIMER, Chandigarh
- Do only with the approval of the patient-in-charge consultant during the duty hours
- Subject to the availability of vehicle
- Only within the Tri-city limits

Who can undertake home visits?

- The Medical / Psychiatric Social Workers at the Department of Psychiatry shall be primarily responsible for undertaking home visits
- Members of the multidisciplinary team (Psychiatrists / Clinical Psychologists / Psychiatric Nurse) as per the discretion of the patient-incharge consultant

Purpose of Home Visit

- For assessing the home / office situation of the patient
- For psychosocial interventions

Home visits is NOT recommended for

- 'Picking up' patients from homes for treatment/follow-up at the Department of Psychiatry, PGIMER, Chandigarh

Miscellaneous

Filed Visits to be undertaken for :

- Availing various services for the patient/family from various social welfare and volunteer agencies
- Liaising with educational, health or any other sectors for the cause of the patient
- Availing free legal services

2.5.8 Common Job Description of the Counselors

Timings are

- All OPDs and Wards – 9:00 AM – 5:00 PM

Counselors are one of the important members of the clinical treating team and should be actively involved in initial assessment and active surveillance during follow-up of the patients

Clinical Work Assignments

- To assess motivation of the patients, as per the format, assigned to them by various faculty members

- To provide Motivation Enhancement Therapy and Relapse Prevention Counseling to cases allotted to them by the faculty
- To assess the motivation and follow-up of all the cases referred to them
- To assist in the follow-up care of the patients by motivating them telephonically
- To provide psychoeducationcounseling, anger management counseling, family counseling or any other counseling assigned to them by various faculty members
- Contribute in other works related to patient care and in accordance with departmental needs
- To organize and participate in group educational meetings for the patients in the respective areas
- To enter the work done in the SPSS as per the policy
- To attend various camps, and educational programs organized by the Department
- Liaison with SRs posted in the respective areas for assistance and completion of work allotted to them

Academic

- Attend the Departmental Academics –CC, seminar (whole departmental and specialty section). Can actively contribute for their part of assessment and intervention

Research

- To participate in the research projects of various faculty members
- To take initiative in conducting research under the guidance of faculty members

Administrative

- May be assigned clinical and administrative tasks as per the needs of the Department
- To attend various departmental administrative meetings

2.5.9 Common Job Description of the Pharmacists Timings

are

- All OPDs and Wards – 9:00 AM – 5:00 PM

Pharmacists are one of the important members of the clinical treating team and should be actively involved in dispending of medicines to the patients

Clinical Work Assignments

- Dispensing of medicines to OPD patients and poor free patients

- Providing information to the patients regarding dosage schedule, safety, precautions and side effects of medicines
- Ensuring that the medicines are stored safely and securely in lock and key
- Maintaining proper record of buprenorphine+ naloxone tablets and also keep per tablet accountability
- Keeping individual patient record for buprenorphine + naloxone combination tablet being dispensed to all the OST patients
- Active participation in OST Clinic – dispensing of buprenorphine+ naloxone (2mg) to OST patients
- Maintenance of inventory on a regular basis
- Maintaining record of all dispensed medicines per patient
- Maintaining records of all the camp medicines
- Checking of expired and near expiry medicines
- Dispensing medicines to Ward Nursing Stations for ward patients
- Assurance of quality of medicines being dispensed to the patients and also reporting any complaint regarding quality of medicines to the concerned authority
- Active participation in community camps
- Attend the Departmental Academics –CC, seminar (whole departmental and specialty section)
- Procurement of medicines from the Central Pharmacy Store
- Local purchase of medicines for poor free patients
- Local purchase for camp medicines
- Presenting monthly stock- status in ward administrative meeting
- Placing demand for medicines prior to getting stock out and also sending reminders from time to time for those medicines which are stock out
- May be assigned clinical and administrative tasks as per the needs of the Department
- To attend various departmental administrative meetings

2.5.10 Common Job Description of the Lab Technicians Timings are

- All OPDs and Wards – 9:00 AM – 5:00 PM

Lab Technicians are one of the important members of the clinical treating team and should be actively involved in Biochemical assessments of patients in DDTC

Clinical Work Assignments

- To conduct biochemical assessment (like, LFT, RFT, Blood Glucose etc.,) of patients referred to them
- To conduct qualitative assessment of drug of abuse using Chromatographic Immunoassay (CIA) and Thin Layer Chromatography (TLC)
- In future start conducting quantitative assessment of drugs of abuse
- To collect blood samples of patients referred to them
- To dispense the reports to the ward patients and OPD patients
- Contribute in other works related to patient care and in accordance with departmental needs
- May be assigned clinical and administrative tasks as per the needs of the Department
- To attend various departmental administrative meetings

2.7 COMMUNITY PSYCHIATRY SERVICE

The Department runs four community satellite clinics, located at the General Hospital Naraingarh (Haryana), Community Health Centre Raipur Rani (Haryana), Civil Hospital Kharar (Punjab), Primary Health Centre Boothgarh (Punjab) and a field community psychiatry service in NandpurKallor (Punjab). Several community services, like School Mental health Services, preventive group session for pregnant women, group session for people with alcohol or drug use disorders, information-education-communication (IEC) activities in the community, are conducted in the village NandpurKallor. Adult Psychiatry, Addiction Psychiatry and CAP attend to the aforementioned community services.

2.7.1 Duties of SR posted in Community

Psychiatry Patient management

- To attend Community Psychiatry clinics as per the schedule
- To meet medical officers at these centers, appraise them about availability of psychiatric services at their centers and request them to refer patients in need of psychiatric evaluation/treatment

- To supervise JRs in assessment and management of patients attending these clinics. SR must review the cases seen by JRs, formulate management plan (pharmacological and non-pharmacological) and supervise the implementation of same by JRs
- To ensure complete and accurate recording of information (socio-demographic details, history, examination, diagnosis, management plan, follow-up notes) in proforma meant for Community Psychiatry clinics
- To coordinate with administrative I/C (SMO) of respective centers regarding availability of medicines required for psychiatric management of patients and difficulties being faced at the centers
- To meet the faculty I/C of community services on Monday and Friday, discuss cases seen at community clinics and appraise them with progress in services & problems faced at Community Psychiatry clinics
- In event of a complicated case being referred to parent Department for management, the reason for the same must be recorded on prescription by SR
- To regularly report to and take directions from consultant I/C of community services

Administrative duties

- To liaison with Dept. of Community Medicine and local governing bodies of respective centers to conduct activities to increase awareness about psychiatric disorders among general public & medical officers of the centers as well as about the availability of psychiatric services at these centers
- To ensure that details of all cases seen are entered in SPSS data sheet for Community
  - Psychiatry. SR must check the data sheet on weekly basis and report the same to faculty I/C one week before completion of his/her posting

Academic duties

- To attend academic activities of the Department
- To allot and supervise academic tasks to JRs on weekly basis and present the same to faculty I/C on Monday/Friday

Research activities

- To plan research activities at community centers under supervision of Faculty I/C of community services

2.7.2 Duties for the Community Psychiatry JR

- To attend Community Psychiatry clinics as per the prevailing schedule
- To assess patients attending these clinics, record their clinical as well as socio-demographic information on proforma meant for the same and formulate management plan
- To discuss the case with SR, finalize the plan of management (pharmacological as well as non-pharmacological) and implement the same
- To meet the faculty I/C of community services on Monday and Friday, discuss cases seen at communityclinics, record instructions given by faculty I/C and implement the same on follow-up of patients
- To participate in awareness programs/activities planned at community clinics from time to time
- To enter the patient record in SPSS data sheet on daily basis
- To carry out academic activities allotted under supervision of SR and present the sameto faculty I/C onMonday/Friday

2.7.3 Duties for the Social Worker in Community

The General roles and responsibilities mentioned

under 2.1.5 will also apply here

Psychiatry Clinical Work Assignments

- Recording demographics of Walk-in cases
- Conduct periodical community awareness programs and camps (via educational institutions, industrial settings, public gatherings arranged through PRI members, religious institutions, voluntary and governmental agencies, etc)

2.8 GERIATRIC PSYCHIATRY, OUT PATIENT SERVICE

- Geriatric Clinic provides clinical services to patients aged 60 years or above
- All the New Elderly cases attending the Psychiatry WIC from Monday to Saturday are to be seen by SR 205 and all the Old cases are to be seen by SR 208

- SR 205, after initial evaluation can start the treatment of new cases and give them appointment for detailed evaluation
- Patients aged 60 years or above need to be given a workup date preferably on a Thursday. However, if the date is not available on Thursday than the detail workup can be done on any day
- JRs posted in the psychiatry OPD will do the work up of elderly cases
- Any JR or SR can refer elderly patients to the geriatric clinic after seeking permission from the consultant I/C of the case

2.9 TRANSCRANIAL MAGNETIC STIMULATION SERVICES

- The rTMS services of the department are run by one nursing staff, the JR and SR posted in community psychiatry (Monday and Friday) and the consultant I/C.
- Cases for rTMS will be referred to rTMS service from Department of Psychiatry as well as other Departments in the hospital
- Tuesday is designated as the day on which patient referred for rTMS will be evaluated and treatment protocols decided and set up in the rTMS chamber
- rTMS consent will be taken from the patient/patient‖s relative and to be signed by the consultant I/C of the service of the case
- Proper administration of rTMS to be ensured by the JR and supervised by SR and consultant I/C whenever necessary
- Regular evaluation of the patient with rTMS in terms of benefits and side effects will be done as per the proforma and rating scales
- Proper functioning and maintenance of rTMS machine and other equipment to be ensured by JR posted in rTMS
- Proper documentation of the rTMS session in the patient files, OPD card, rTMS Register and SPSS files to be done by JR posted in rTMS
- In case a patient develops complication during rTMS, JR must inform the SR I/C immediately and seek supervision form the consultant I/C of the case

2.10 TELEPSYCHIATRY SERVICES

Telepsychiatry Services are being provided by the Department using synchronous (video-conferencing) and asynchronous (i.e. use of email or store and forward software) means of tele-communication.

Direct Care: In this arm of service, direct care is provided to the patient and family in form of consultation, individual and group therapy or caregiver training interventions. Direct care is provided through video-conferencing (VC).

1 This service applies only to the patients who are already registered and have received face-to-face (FTF) consultation including Consultant opinion following detailed evaluation at the Department of Psychiatry, PGIMER, Chandigarh.
2 This service applies to patients of all ages.
3 All appointments are pre-scheduled.
4 The Faculty member wishing to give a tele consultation or deliver individual or group therapies/ training via VC, must check for the appropriateness and relative unsuitability factors. JR/ SR or play therapist/ clinical psychologist/ medical social worker can also use this facility after taking permission from the Consultant of the case.
5 He/ she will explain the procedure to the patient/ caregiver using the Information Sheet (that also includes instructions on how to download the software and login) and take a written Informed Consent.
6 He/ she will record complete contact details of the patient and the caregiver in the prescribed format.
7 He/she will evolve an emergency protocol in case of individual tele-consultation as per the requirements of the patient. This protocol must be mutually agreed upon by the patient and the caregiver.
8 He/she will be able to schedule an appointment by telephonically contacting the Telepsychiatry staff.
9 Telepsychiatry staff will be responsible for handling appointments, contacting consultant and consultee, cancellation and re-scheduling as the case may be.
10 Telepsychiatry staff will assist the patient/ caregiver telephonically for any technical issues and provide them with a password/ id to login for the session.
11 Audio-video recordings shall be saved after seeking written informed consent for the same.

3. TRAINING

3.1 RESIDENCY TRAINING IN PSYCHIATRY (MD, Psychiatry)

The Department of Psychiatry of the Institute provides a three-year junior residency-training programme in psychiatry leading to the degree of M.D. (Psychiatry)

3.1.1 Admission Procedure

An admission notice is duly advertised in all the leading newspapers usually in the months of April and October every year for the course starting on July 1 and January 1, respectively

Minimum Admission Requirements

To be eligible for admission to MD (Psychiatry) course of the institutes, a candidate must possess MBBS degree of an institute/university recognized by this Institute and must have completed compulsory internship or rotating housemanship period in a recognized hospital for one year

Selection Criteria

Selection is made on the basis of marks obtained by a candidate in the Combined Entrance Test. Decision of the Dean of the Institute in the matter of selection shall be final

Reservation of seats

Certain number of seats are reserved for candidates belonging to schedule castes/tribes and other backward classes (OBC) of persons in accordance with regulations of the Government of India, provided they fulfill the minimum admission requirements prescribed by the Institute. A number of seats are also reserved for those with a minimum of work experience in rural areas. A limited number of candidates sponsored/deputed by the state and the central governments, including foreign nationals may also be accommodated depending upon the training capacity of the Department, provided they fulfill the minimum admission requirements

3.1.2 Other general information

- There is a well-stocked and up-to-date library and large number of professional journals and periodicals are subscribed for use by the staff and the students
- Private practice in any form during the course is prohibited

- The term starts on July 1 and January 1 respectively and successful candidates must report on these dates sharp as the case may be. Those joining later than these dates have
    - to seek prior permission from the Dean of the Institute - late joining is not allowed beyond the 31st of the concerned month. Those joining later than the 1st of the concerned month have to compensate by surrendering their leave or working beyond the tenure of their residency for as many days
- JRs are allowed 30, 36 and 36 days leave in 1st, 2nd and 3rd year respectively that has status of casual leave. Residents are encouraged to take this leave during vacation times when the routine teaching activities are suspended. One JR must arrange for two covering JRs during the time of his/her leave. Their leave must be approved by the SR in-charge of the area in which the JR is posted. The leave should also be approved by the Faculty I/C of leaves. The final endorsement is by the Head of the Department. For any extraordinary leave that exceeds these 30 days, the Resident has to take special permission from the Dean and the period of his junior residency extends by that many days after completion of the course.
- Period of training is strictly full-time and ordinarily continuous
- At the end of first six months of admission, the performance of each JR will be assessed. In case the performance of any candidate is found to be unsatisfactory, his/her registration may be cancelled

3.1.3 The Training: Objectives & Curriculum

The training programme endeavors to give a general and comprehensive exposure to psychiatry. General objective of the training programme is to enable the candidate to acquire knowledge, skills and desirable attitudes in the principles and practice of psychiatry and gain a particular proficiency in the widely accepted theories and techniques

Specific objectives

The following are the specific objectives and targets of the training programme:

1. Clinical Psychiatry: The Residents should attain a high degree of clinical proficiency in history-taking, conducting and reporting psychiatric examination, diagnosis and the treatment of the common psychiatric disorders

2. Psychotherapies: The Residents should become familiar with theoretical framework and technique of individual as wells as group psychotherapy, and should be able to conduct such therapies. In addition, it is expected that in the end, they shall have obtained sufficient expertise to supervise JRs in psychotherapy
3. Psychosomatic Disorders: The Residents should develop skills in understanding and managing psychosomatic disorders so as to collaborate more fully with physicians, surgeons and general practitioners
4. Emergency Psychiatry: The Residents should become familiar with psychiatric emergencies and their management
5. Basic Sciences: The Residents should be thoroughly familiar with basic and applied neuroanatomy, neurophysiology, psychopharmacology, sociology and social psychology
6. CAP: The Residents are encouraged and assisted to acquire a sound knowledge of principles and practice of CAP
7. Marital & Psychosexual Problems: The Residents should know the basic principles of the treatment of marital and psychosexual problems
8. Statistics and Research Methodology: The Residents should gain certain basic skills in statistics and research methodology so as to successfully interpret/conduct/guide others in research
9. Clinical Psychology: The Residents are expected to learn the theory and practical aspects of clinical psychology like psychometric assessment and psychological methods of treatment
10. Community Psychiatry: The Residents should know the principles and practices of Community Psychiatry so that they can plan, execute and supervise community mental health programmes
11. Alcohol and Drug: The Residents should learn to assess and manage the problems of alcohol and drugs.
12. Geriatric Psychiatry: The residents should learn about epidemiology of geriatric mental illness, Dementia, geriatric depression, Development of Geriatric Psychiatry services
13. Teaching: By participating in CC, seminars, psychosomatic rounds etc. and by actively teaching the JRs and nurses, the residents should learn the basics of teaching so as to

be able to teach medical students/personnel when they assume teaching responsibilities in different psychiatric centres later

14. Organization and Administration: The Resident should be familiar with the activities of social agencies (e.g. schools, homes for the mentally retarded, university health centres and rehabilitation facilities) and should learn to work very closely with ancillary personnel and social agencies to help his patients

It is anticipated that our graduates will later assume responsible administrative positions in psychiatric centres in India. For this reason they are increasingly exposed to other services, answering family physician's CL letters, being administrative I/C of out-patient and in-patient units and, taking part in monthly administrative meetings etc .

3.1.4 The Curriculum

Clinical responsibility, formal training courses and informal training programmes of the Department are as follows:

Formal courses taught are detailed later. All the courses are divided in 6 semestersandrepeated every three years. The JR must complete each course sometime during his tenure of training

Clinical posting: Each Resident is given clinical responsibility as full time assignment tovarious areas in rotation. The general schedule of clinical posting follows the following scheme:

Schedule of clinical postings:

	Total
Ward	10 months
OPD	10 months
Neurology	2 months
Consultation-Liaison	3 months
Telepsychiatry	1 month
Clinical Psychology	1 months
DDTC	4 months
Community Psychiatry	1 month

Psychotherapy	1 month
CAP	3 months

The Resident is given full responsibility for the patient care and the record keeping under the supervision of the SRs and Consultants. The Resident also takes patients for individual as well as group psychotherapies. He has to complete at least 100 hours of individual psychotherapy and receives one hour a week of supervision

3.1.5 Informal teaching activities/teaching methods:

Seminars: There is a one and half hour seminar weekly in which the JRs present material onassigned topics in rotation. A topic is assigned to two JRs. The names of the JRs/SRs are notified well ahead of time and the JRs are expected to request one of the Consultants to chair their seminar preferably 2 months before the scheduled presentation. Each of them present one part of the seminar. JRs are required to tell extempore and must not copy the material from the source. They should understand the concept and incorporate that in their presentation. Both presenters must complete their presentation by one hour leaving at least half hour for discussion in which all trainees are supposed to participate. One SR is also actively involved in the preparation of the seminar. He is expected to mentor the JRs. The final seminar slides to be presented must be approved by the Faculty/Chairperson of the seminar. Generally the topics covered are those that supplement the formal teaching programme. The presentation of the seminar as well as the participation of other JRs in the seminar is subjected to evaluation, the marks of which are added to the scores of internal assessments. The Faculty member in-charge of training programme of the JRs is the one who carries out these evaluations. The DDTC also organizes a seminar once a month

Case Conference: A JR prepares and presents a case of academic interest by rotation and it is attended by all the members of the Department. JRs can present cases for which they have done the work-up and have managed for a substantial period of time. The cases can be taken from Psychiatry ward, OPD, DDTC OPD/ward, CAP. JRs must contact the Faculty of the case preferably a month prior to the presentation and the final slides must be seen and approved by the Faculty. JRs are allowed to present not more than half hour and their presentation is followed by questions and clarification from the house. JRs also must take informed consent (verbal) from the patient (or proxy consent from the family) before presentation. The patient is

expected to be present in person during the day of cases conference for the purpose of face to face interview which is to be conducted by the Chairperson of CC. Following the interview the house is required to answer the questions asked by the presenter, mostly regarding their opinion on diagnosis and management

Psychosomatic Rounds: This is a presentation of a case of psychosomatic illness, or a medical illness with pronounced psychiatric problems. It is held weekly in collaboration with Departments of Internal Medicine, Neurology, General Surgery and Paediatrics and is attended by the faculty and the Residents of Psychiatry and the concerned Department

Case presentation: All new in-patients and outpatients cases are reviewed with one of the Faculties. In addition, the Resident is required to present case material at routine rounds and other CCs.

Students' Clinical Meeting: Residents presents (in rotation) once a month a case of sufficient common interest in the joint forum of the Department of Internal Medicine. One Consultant has been made in-charge for this academic activity. The JR must contact the consultant in charge at least a month prior to the presentation and obtain permission for presenting the case. The SR involved in the patient's care must contribute in preparing the presentation.The SR is also responsible for the comments that have to be made following the presentation of the JR. Final slides must be approved by the Consultant I/C for this academic activity

Staff Clinical Meeting: Residents learn from the case presentations made by the faculty of Psychiatry Department once every six months at the clinical meeting of the medical specialties group of the Institute.

Social Sciences: Lecture courses in sociology, cultural anthropology and social psychologyare given by the faculty of the respective Departments of the Punjab University. All trainees are expected to attend these. These courses are specially organized for our students

Research Forum: It is a monthly meeting of one hour each in which the Residents presenttheir plan of research as well as the report of the completed work of their projects. The other research

scholars/workers in the Department also participate in it. The Faculty, residents and the non-medical professionals make critical comments and suggestions

Extra-mural activities: Residents are encouraged to attend certain academic/semi-academicactivities in the allied subjects outside, e.g. seminars/lectures in Punjab University (Department s of Sociology and Psychology), Neurology seminars and Saturday Institute talk, etc. Notices regarding these are displayed from time to time

Journal Club: It is a monthly meeting in which a SR presents a critical evaluation of aresearch paper from a journal

3.1.6 The Thesis:

Every candidate is required to submit a thesis as an essential requirement for the award of the degree. The plan of work for the thesis shall be submitted to the Dean of the Institute, by the candidate through his/her supervisor and the Head of the Department, within the first year of his/her admission. The Dean will convey his approval of the proposed plan of work within one month of its receipt. The work for the thesis shall be done by the candidate under the supervision of a Faculty member(s) of the Department, who shall certify that facilitates for work are available and will be provided. Chief Guide will be allotted as per the candidate's choice and areas of interest. This submitted Protocol would be assessed by the Institute Ethics Committee. Candidate has to appear for an interview with Thesis and Ethics Committee for the approval of the Protocol. Final thesis is to be submitted by 2.5 years of Residency. The period of submission of thesis can be extended beyond 2.5 years up to a maximum of one month by the Dean only in exceptional circumstances on the recommendations of the Guide and the Head of the Department. No candidate shall be allowed to appear in the MD examination until two external examiners appointed for this purpose by the Dean have approved his/her thesis

3.1.7 Evaluation

- Internal Assessment: Systematic internal assessment is made of a candidate's performance in various formal and informal training programmes and courses throughout the training programme as per the schedule described later in this document. Overall internal assessment is given equal credence in the final MD

examination for the decision regarding success or otherwise. Given below is the format/pattern of internal assessment

- Sent-Up requirements: To be sent up for the final MD examination, a candidate must have:
  - Successfully completed the course in elementary statistics by the Institute
  - Completed 100 individual supervised psychotherapy hours (Payment receiptssigned by the Consultant I/C of the case will be verified by the Faculty member I/C of the residency program)
  - Got his thesis accepted
  - Completed the clinical postings and courses, etc. as per the training program

- Requirement for the degree of M.D.(Psychiatry): For the award of the degree of M.D. (Psychiatry) the candidates must fulfill each of the following requirements:
  - Successful completion of the training for a minimum period of three years, to the satisfaction of the faculty of the Department
  - Successful completion of the M.D. examination that consists ofFour papers (written) of three hours each as follows:

    Paper I Basic Sciences as related to Psychiatry

    Paper II Clinical Psychiatry

    Paper III Psychiatric theory and Psychiatric specialties

    Paper IV Neurology and General Medicine as related to Psychiatry
  - Practical/clinical examination comprising presentation of an OPD case, a Neurology case and a Ward case that has been managed by the candidate.
  - Viva-voce examination
  - Approval of the thesis by the External Examiners
  - Department may award two or more medals for each batch of Residents for outstanding performance in the MD Final exam and consistent good performance in the Internal Assessments

3.1.8 Content of the Curriculum (Revised, updated, and ratified by the Institute's Governing Body in September 2023, in effect from January 2024)

1st Semester

Clinical psychiatry i

1. The psychiatric interview - basic principles & considerations
2. Diagnostic, psychosocial, and cultural formulations
3. Psychiatric interview schedules and rating scales: basic considerations
4. Medical investigations in psychiatry: their role in diagnosis & management
5. An overview of psychiatric classification systems
6. Basic principles of genetic studies in psychiatry
7. Basic principles of psychiatric epidemiology
8. Anthropology and psychiatry
9. Culture and psychiatry
10. Neuropsychiatric aspects of epilepsy
11. Neuropsychiatric aspects of traumatic brain injury
12. Neuropsychiatric aspects of CNS infections
13. Neuropsychiatric aspects of brain tumors
14. Neuropsychiatric aspects of idiopathic movement disorders
15. Neuropsychiatric aspects of pain disorders including headache

Basic neuroscience

1. Neurotransmitter systems
2. Neuropeptides & neurohormones
3. Functional and structural neuroscience relevant to psychiatry
4. Functional circuits and the network-based approach in psychiatry
5. Neuroimaging in psychiatry
6. EEG and event-related potentials in the diagnosis and treatment of psychiatric disorder

Psychodynamics

1. Sigmund Freud and the psychoanalytic movement: critical analysis
2. Instincts and drives
3. Stages of psychosexual development
4. Defence mechanisms
5. Freudian theories of mind

6. Post-Freudians & Neo-Freudians
7. Object relations theory
8. Ego psychology
9. Self-psychology
10. Cultural, interpersonal, and other schools
11. Psychodynamics of psychoses
12. Psychodynamics of depression and mania
13. Psychodynamics of neurotic disorders
14. Psychodynamics of personality disorders

General Psychology

1. Introduction, definition, methods, scope, and relationship with other fields
2. Schools of psychology - I
3. Schools of psychology - II
4. Attention - concept, factors, and measurement
5. Learning - definition, concept, and theories
6. Personality - definition, development factors, and theories
7. Personality - measurement
8. Perception, sensation, and basic concept
9. Intelligence - definition, concept, and theories; role of heredity and environment
10. Memory - definition, concept, and theories (storage, sensory, STM, LTM, working memory, procedural, episodic and semantic, flashbulbs, implicit and explicit)
11. Thinking and feeling
12. Positive psychology - introduction, subject matter of positive psychology, Western and Eastern perspective, theoretical background

2nd Semester

Clinical Psychiatry II:

1. Schizophrenia: classification and diagnosis
2. Epidemiology of schizophrenia
3. Genetics of schizophrenia
4. Neurobiology of schizophrenia: neuroanatomy, neurophysiology, neuropsychology
5. Psychosocial and cultural aspects of schizophrenia

6. Pharmacological treatment of schizophrenia
7. Psychosocial treatment of schizophrenia
8. Course and outcome of schizophrenia
9. Acute transient psychosis
10. Persistent delusional disorders
11. Mood disorders: classification and diagnosis
12. Epidemiology of mood disorders
13. Genetics of mood disorders
14. Neurobiology of mood disorders: neuroanatomy, neurophysiology, neuropsychology
15. Psychosocial and cultural aspects of mood disorders
16. Pharmacological treatment of mood disorders
17. Psychosocial treatment of mood disorders
18. Course and outcome of mood disorders
19. Disorders related to pregnancy & puerperium

Psychodynamic Psychotherapy

1. Definition, principles, and types of psychotherapy
2. Evaluation of a patient for dynamic psychotherapy
3. Therapeutic alliance
4. The psychotherapeutic contract and structural aspects of therapy
5. Transference and counter-transference
6. Resistance and acting out
7. The uncovering of unconscious material
8. Insight and interpretation
9. Working through
10. Termination of psychotherapy
11. Efficacy of psychotherapy; methodological aspects & research findings
12. Supportive and insight-orientated psychotherapy
13. Trans-cultural aspects and psychotherapy in India

Research Methodology

1. An introduction to biological and clinical research in psychiatry
2. The randomized clinical trial in psychiatry
3. Qualitative research in psychiatry

4. Multivariate statistics in psychiatry
5. Narrative, systematic, and integrative reviews: role in psychiatric research
6. The use of meta-analysis in psychiatry
7. Evidence-based medicine applied to psychiatry

Clinical Psychology:

1. Introduction, definition, methods, field, scope, and relationship with other branches of psychology
2. Development and standardization of tests
3. Intelligence tests assessment – I
4. Intelligence tests assessment – II
5. Attention and concentration tests
6. Personality assessment – I
7. Personality assessment – II
8. Personality assessment – III
9. Memory and its measurement
10. Tests of brain damage

3rd Semester

Clinical Psychiatry III:

1. "Neurotic disorders" - evolution of the concept and nosology
2. Common mental disorders: concept, aetiology, epidemiology, presentation, management
3. Genetics and neurobiology of neurotic, stress-related, and adjustment disorders
4. Cognitive-behavioural theories of neurotic, stress-related, and adjustment disorders
5. Socio-cultural aspects of neurotic, stress-related, and adjustment disorders
6. Generalized anxiety disorder
7. Panic and phobic disorders
8. Obsessive-compulsive disorder
9. Obsessive-compulsive spectrum disorders
10. Dissociative disorders
11. Somatoform disorders

12. Depersonalization and de-realization disorder
13. Adjustment disorders
14. Post-traumatic stress disorders
15. Bereavement and grief
16. Factitious disorders and malingering
17. Personality disorders - definition, classification, management, and prognosis
18. Individual personality disorders - clinical picture, epidemiology, diagnosis, and management

Other Forms of Psychotherapy

1. Behaviour therapy - principles, assessments, types
2. Exposure and response prevention treatments
3. Cognitive behaviour therapy for depressive disorders
4. Cognitive behaviour therapy for psychosis and other disorders
5. Dialectical behaviour therapy
6. Psychoeducational treatments
7. Interpersonal therapy
8. Brief psychotherapies
9. Family therapy
10. Marital therapy
11. Group psychotherapics
12. Client-centered therapy & other methods of psychotherapy
13. The third wave of cognitive behavioural therapies
14. Relaxation techniques, biofeedback, meditation, yoga
15. Eclectic and syncretic psychotherapies
16. Internet-based psychotherapy

Neuroanatomy

1. Temporal, parietal & occipital lobes
2. Frontal & pre-frontal lobes
3. Limbic lobe

4. Basal ganglia
5. Cerebellum
6. CSTC circuits
7. Brain stem, spinal cord, sensory and motor functions
8. Reticular activating system

4th Semester

Clinical Psychiatry IV

1. Psychosomatic or psychophysiological disorders: history, concept, classification, aetiology
2. Consultation liaison psychiatry: models of care
3. Stress and psychosomatic disorders
4. Psychosocial aspects of cardiovascular disorders
5. Psychosocial aspects of respiratory disorders
6. Psychoneuroendocrinology
7. Psychosocial aspects of diabetes mellitus
8. Psychosocial aspects of thyroid and HPA axis disorders
9. Psychosocial aspects of gastrointestinal disorders
10. Psychosocial aspects of malignancies
11. Psycho-cutaneous disorders
12. Psychosocial aspects of organ transplantation
13. Psychosomatic aspects of autoimmune disorders
14. Psychosocial aspects of obesity
15. Psychosocial aspects of terminal illness

Neuropsychopharmacology

1. Pharmacokinetics of psychiatric medications
2. Drug-drug interactions
3. Clinical trials to evaluate medications

4. Pharmacogenomics
5. Ethnic differences in psychopharmacology
6. Antipsychotics
7. Antidepressants
8. Lithium carbonate
9. Psychiatric uses of anticonvulsants
10. Hypnotics, sedatives, and anxiolytic medications
11. Metabolic side effects of psychotropics
12. Prescribing psychotropics during pregnancy and lactation

Sociology and Social Psychology

1. Sociological perspective on human behaviour
2. Social structure, anomic and forms of adaptation
3. Sociological theories of psychiatric disorders
4. Social class and mental health
5. Migration and mental illness
6. Globalization, urbanization, and mental health
7. Poverty and mental illness
8. Social exclusion and stigma
9. Social support and mental health
10. Adversity and resilience in mental health
11. Nature and scope of social psychology
12. Collective behaviour
13. Attitudes and persuasion
14. The biopsychosocial perspective
15. Social change and institutions

5th Semester

Clinical Psychiatry V

1. Basic science of sleep
2. Primary sleep disorders
3. Sleep in psychiatric disorders

4. Chronobiology and chronotherapeutics
5. Neurobiology of sexual disorders
6. Sexual dysfunctions
7. Disorders of sexual preference
8. Gender identity disorder
9. Eating disorders
10. Suicide
11. Deliberate self-harm and non-suicidal self-injurious behaviour
12. Management of aggression
13. The impact of emotional, physical, & sexual abuse
14. Trauma and psychiatry
15. Physician and medical student mental health
16. Digital psychiatry/Telemental health

Substance Use Disorders

1. Nosology of substance use and other addictive disorders
2. Epidemiology of substance-related disorders
3. Aetiology of substance use disorders
4. Alcohol use disorders
5. Opioid use disorders
6. Cannabis use disorders
7. Tobacco use disorders
8. Screening and brief intervention for harmful and hazardous substance use
9. Concept of relapse and strategies of relapse-prevention
10. Pharmacological treatment for withdrawal and maintenance of abstinence
11. Psychosocial therapies and self-help groups for substance abuse
12. The Narcotic Drugs and Psychotropic Substances Act

Child and Adolescent Psychiatry

1. History of child psychiatry
2. Classification of childhood psychiatric disorders

3. Theories of development
4. Autism spectrum disorders
5. Attention deficit hyperactivity disorder and conduct disorder
6. Emotional and anxiety disorders in children and adolescents
7. Depressive disorders in children and adolescents
8. Bipolar disorder in children and adolescents
9. Obsessive-compulsive and related disorders in children and adolescents
10. Psychotic disorders in children and adolescents
11. Psychopharmacology in children & adolescents
12. Psychotherapeutic interventions in children and adolescents
13. Childhood emotional, physical, and sexual abuse
14. School mental health
15. Substance use and behavioural addictions in children and adolescents

Psychiatry in India

1. Pre- and post-independence history and growth of Indian psychiatry
2. Associations and journals
3. Contributions to international Psychiatry
4. Eminent institutions and psychiatrists
5. Contribution of the Department of Psychiatry, PGIMER to Indian psychiatry

6^{th} Semester

Clinical Psychiatry VI

1. ECT
2. Psychosurgery and deep brain stimulation
3. Recurrent transcranial magnetic stimulation and tDCS
4. Brain stimulation treatments: practical and ethical aspects
5. Depression in medical illnesses
6. Catatonia: clinical features, causes, diagnosis, and management
7. Medication-induced movement disorders
8. Treatment adherence in psychiatry
9. Psychiatry and spirituality

10. Women's mental health
11. Psychosocial aspects of care of the LGBTQ community
12. Ketamine in psychiatry practice
13. Psychiatric care of the prison population

Psychiatry of the Elderly

1. Physiological changes during aging
2. Biology of memory
3. Epidemiology of psychiatric disorders in the elderly
4. Delirium
5. Dementia: clinical features, aetiology, diagnosis & assessment
6. Subtypes of dementia
7. Mild cognitive impairment
8. Pharmacological management of dementia
9. Psychosocial treatments and rehabilitation in dementia
10. Late life psychosis
11. Mood disorders in the elderly
12. Pharmacotherapy for the elderly
13. Psychotherapy for the elderly

Legal and Ethical Aspects of Psychiatry

1. The types and assessment of competency and capacity
2. Criminal responsibility
3. Ethical aspects of professional practice in psychiatry
4. Informed consent and other ethical aspects of research
5. The Mental Health Acts of India
6. The Disability Acts of India
7. Rights of patients with psychiatric disorders

Intellectual Disabilities

1. Definition and classification of intellectual disability

2. Psychiatric aspects of intellectual disability
3. Psychological aspects of intellectual disability
4. Pharmacological and psychosocial management of behavioural disturbances in persons with intellectual disabilities
5. Management of disability among persons with intellectual disabilities
6. Intellectual disability and legislation
7. Specific learning disorders: concept, assessment, and management

For MD Psychiatry Residents the course comprises six semesters (three years) beginning fromJanuary 1997:

Formal Courses		Credit hours
1st Semester (Jan - June)		
1.	Clinical Psychiatry – I	2
2.	General Psychology	2
3.	Psychodynamics	3
2nd Semester (July-Dec)		
4.	Clinical Psychiatry - II	2
5.	Clinical Psychology	2
6.	Psychotherapy I	3
3rd Semester (Jan-June)		
7.	Clinical Psychiatry III	2
8.	Research Methodology	2
9.	Social Psychology and Sociology	2
10.	Psychotherapy-II	3
4th Semester (July-Dec)		
11.	Clinical Psychiatry IV	2
12.	Neuroanatomy& Neurophysiology	2
13.	Psychopharmacology	2

5th Semester (Jan-June)

14.	Clinical Psychiatry V	2
15.	Child Psychiatry	2
16.	Community Psychiatry and Epidemiology	1

6th Semester (July-Dec)

17.	Clinical Psychiatry VI	2
18.	Mental Retardation	1
19.	Forensic & Geriatric Psychiatric	1
		38 hours

Informal training programme:

1.	Presentations and participation in Case Conferences, seminars etc. 2 hour credit per semester (6)	12
2.	Clinical examination	6
i.	hour per semester (6)	_____
		18 hours

Clinical responsibility:

2 credit hours per semester (6)	12
Grand total	68 hours

3.2 THE DEPARTMENT ALSO RUNS A PhD, PSYCHIATRY PROGRAM.

3.3TRAINING PROGRAMME FOR Ph.D. CLINICAL PSYCHOLOGY

A 3-year programme, which includes a dissertation, it can be taken up by full-time or in-service candidates. Full-time candidates are given a comprehensive exposure in the following areas (in-service candidates may be exempted from one or more of these):

- Clinical Psychiatry
- Psychotherapies
- Statistics and research methodology

- Clinical Psychology
- Psychodiagnostics

3.3.1 Training Program:

In the first two years, the training programme include formal training by completing prescribed courses and informal training like participation in seminars, CCs, ward rounds, psychodiagnostic service responsibilities, etc

Formal Training Program:

The candidates will be required to complete the following course during the course:

	Credit	Hours
1.	Clinical Psychiatry I	2
2.	Clinical Psychiatry II	2
3.	Research Methodology	2
4.	Clinical Psychology	2
5.	Psychodynamics	3
6.	Psychotherapy	3

Informal Training Programme

Seminars

Case Conferences

Ward Rounds

Psychosomatic Rounds

Research Forums

Participation in ongoing courses

Social Psychology

Child Psychiatry

Mental Retardation	
(2 hours each semester - 8)	8
Psychodiagnostics	8
(Service Responsibility)	30 hours
(2 hour per semester-8)	

The students enrolled in the Department for the Ph.D. degree of the Institute are required to actively participate in all the academic activities of the Department meant for JRs in Psychiatry, during their training programme. It includes weekly clinical case presentation, journal club/seminar, research forum, and didactic lectures in methodology and statistics. As part of their clinical responsibility they are required to see the patients daily, under the guidance of the consultants. These are in addition to the requirement to submit a thesis for award of the Ph.D. degree

The candidates are expected to attain a high degree of proficiency in the theoretical and practical aspects of clinical psychology and allied disciplines. The candidate is expected to be acquainted with the recent advances and current research and literature on the subject of study, as well as its historical aspect

3.3.2 Ph.D. Thesis

Guide

A thesis proposal has to have a guide and one or two co-guides and the specific contribution of each guide/co-guide has to be spelled out in the thesis plan. Every Faculty member (Assistant Professor and above) shall ordinarily be eligible to act as supervisor/co/supervisor, provided he/she is suitably qualified. However, all Faculty members irrespective of their period of service are eligible for Co-Guideship. Any Faculty member who has less than 2 years of service for superannuation should not be appointed as Guide of any candidate but he/she can be considered for appointment as Co-guide

The candidate will select a Guide for his research project. The supervisor and the candidate together can select one or more Co-guide(s)

The selection of the research project and the supervisor/co-supervisor shall be governed by the following considerations. The necessary facilities for the proposed study should already exist in

the Department . The supervisor should be capable of independently guiding the thesis work according to his own experience or, with some assistance from the co-supervisors(s), in case of some special fields. Any member of the faculty who has made an original contribution to the field closely allied to the candidate's subject of thesis may be designated supervisor/co-supervisor's. In the event of protracted absence of the supervisor for over 6 months, the responsibility for guiding the thesis shall be taken over by the co-supervisor if any. The Dean

may appoint a new supervisor/co-supervisor, on the recommendations of the Doctoral Committee

Research Thesis

Research Thesis must afford evidence of originality by way of discovery of new facts or by a critical appraisal of existing knowledge. Thesis should show high attainment and ability and a contribution to existing knowledge relating to any significant problem in clinical psychology, psychological aspects of psychiatric disorders, psychological aspects of neurological illnesses, any other problem considered pertinent to these, and should be approved by the Doctoral Committee

Examination

Examination for Ph.D. would be as per rules of the Institute for Award of Ph.D. degree

Doctoral Committee

The Doctoral Committee for each Ph.D. research project may be constituted by the Dean on the recommendation of the Head of the Department. The supervisor will be the Convener of the committee

Ordinarily the Doctoral Committee may have two members from the Department and two senior members from allied Departments.

Duties of Doctoral Committee are broad, advisory and often mandatory and include giving suggestions, comments and recommendations about the thesis plan, changes in the material and methods, special training requirements of the candidate and extensions of time etc

Thesis Plan

The candidate should make a preliminary submission of the thesis plan to the Doctoral Committee incorporating the review of literature relating to his research topic within 3 months from the date of enrolment. By the end of 6 months at the latest, a tentative plan should be submitted. The plan before it is finally approved will have to have sanction of the Ethics Committee. By the end of 12 months, the final plan, duly approved by the Ethics and Doctoral Committees, will be submitted. These dates can be extended, depending upon the need of training etc. required, on the recommendation of the Doctoral Committee. After this any modification of the title or plan, if considered necessary will be permitted only on the recommendation of the Doctoral Committee

Progress of Research

At the end of first six months, the Doctoral Committee will meet to critically assess the candidate's grasp on the subject of his/her ability for independent work. The candidate's continuance as Ph.D. student will depend upon a recommendation to that effect by the doctoral committee to the Dean, PGI

The candidates will be required to regularly submit a report on progress of his/her research work every six months, for consideration of the Doctoral Committee. Maximum period up to which a candidate can submit the thesis will be five years

3.4 TRAINING PROGRAMME IN PSYCHIATRY FOR INTERNAL MEDICINE POSTGRADUATES

The aim of the training is to enable JRs of Internal Medicine learn *broad based skills inpsychiatry interview, assessment* and *overview of psychiatric management*

Duration: Two months

Specific learning objectives are as follows:

Learning objective in cognitive domain (learning base) and psychomotor domain

i. Knowledge of the signs and symptoms of the mental illness including SUDs as well as basic knowledge of their treatments

ii. Psychosocial, environmental and ecological context of occurrence of medical and mental illness and related interventions

iii. Experience in the use of techniques required for interviewing a patient with mental illness and their family members

iv. Experience in working collaboratively with other health providers and allied health professionals

Learning objectives in the affective domain (Attitudinal Base)

i. Acquire professional and ethical attitudes towards individuals with mental illness

Acquire mature and compassionate attitudes and empathic and objective clinical judgment towards patients with mental illness

ii. Appreciate that mental illness are treatable disorders that respond to specific modalities of treatment

Acquire the ability to interact with other professionals to establish clinical approaches for patients with mental illness presenting with co-morbidities including medical and surgical.

Training program:

1. The medical residents posted in psychiatry must fulfill all the Learning Objectives as detailed above
2. Evaluation, consultation, and if possible initiate treatment of:

a. Patients with primary mental illness and their families, such as: patients with

i. Schizophrenia and other psychotic disorders;

ii. Affective disorders including depression, bipolar affective disorders etc.,

iii. Anxiety disorders including panic disorders, somatisation disorders etc., and

iv. iv. SUDs including alcohol, opioids etc

a. Medical inpatients and outpatients with mental illness

b. Medication-dependent patients with chronic medical disorders/conditions (such as patients with chronic pain)

3. Experience in working with multidisciplinary teams as a consultant

Teaching and learning methods

i. Clinical Teaching: There will be regular clinical teaching on cases worked up by thetrainee along with discussions of conceptual issues and clinical diagnosis, differential diagnosis and management

ii. Lecture Courses: Lectures will be held providing a broad and full coverage of psychiatryand related areas

Treatment settings/ postings

The trainees will have experience of working in a variety of settings and with full range of related disciplines

i. Inpatient Posting: Trainees will have experience of working in an in-patient psychiatric unit for mental illness. They will also be observing ECT sessions and psychotherapy sessions during this posting

ii. OPD: Trainees will be posted to Psychiatry OPD attending to patients presenting with a range of mental illness. They will be observing of psychotherapy during this posting

Schedule of Postings:

Place of Posting	
In-patient	**4 weeks**
Out patient	**4weeks**

Internal Assessment: Periodic Assessment will be done during the posting. At the end of theposting Residents will be evaluated through their performance in theory exam and practical evaluation.

Work schedule of JRs of Internal Medicine posted in Psychiatry during their respective areas of postings:

Residents posted in Psychiatry Ward

8-9 AM –Will attend academic activities of the Department of Internal Medicine. If there is no academic activity of the Department of Internal Medicine, they will be required to attend academic activity of the Department of Psychiatry

9 AM – 1 PM –Will attend the Ward Rounds and will contribute to clinical discussions. Willobserve the ECT sessions and psychotherapy sessions being conducted in the Ward on allotted days

2 – 5 PM –Will attend the Ward Rounds if continued in the afternoon and examine theirrespective allotted cases. Have to attend the lectures/classes on Psychiatry conducted by the Faculty of the Department of Psychiatry. To attend to academic activity of the Department of Psychiatry.

Note: Will attend the academic classes allotted in the Department of Internal Medicine withprior intimation and permission *SRs in Ward will supervise their work and discuss with the concerned consultants regarding the work and performance of the residents*

Notes of the Internal Medicine residents in ward should include*:*

- Brief summary of the cases allotted to them
- Thorough physical examination findings and suggestions, if any
- Completed mental status examination of the patient

Residents posted in Psychiatry OPD

8-9 AM –Will attend academic activities of the Department of Internal Medicine. If there is no academic activity of the Department of Internal Medicine, they will be required to attend academic activity of the Department of Psychiatry

9 AM – 4 PM –Will work as an observer for the clinical work of the SRs/JRs posted in OPD. Willparticipate in case discussion of cases worked up by JR of Psychiatry and also work-up few cases and discuss the same with the SRs/faculty

Note: Will attend the academic classes allotted in the Department of Internal Medicine withprior intimation and permission

SR in OPD (Room No: 205) will be over all I/C of their postings in OPD. They will be rotated in Room No. 205, 206, 207, 208 as per their roster. Each Resident will be posted for duration of 2-3 days with a SR. There they will observe how to interview the cases. They will also see independently 5 cases and discuss with concerned SRs. In the OPD postings they will also sit along with the consultants while they are discussing and interviewing cases with Junior Residents. They will do thorough work-up of minimum of 5 cases and discuss with the concerned allotted consultants.

4. TRAINING OF DM, CHILD & ADOLESCENT PSYCHIATRY

Preamble:

Mental health care for children and adolescents, focusing on their achieving and maintaining optimal psychological, social functioning and wellbeing: Good Mental health is crucial for their ability to develop into an active, productive member of the society with a sense of identity and self-worth, have sound family and social relationships, moral and ethical values; capacity to tackle challenges and adapt thus maximizing growth. Considering the continuity between many CAP disorders into adulthood, interventions during childhood have the potential to optimize their developmental trajectories and also to prevent adult mental disorders in later life. This whole area of knowledge and expertise falls within the purview of child and adolescent psychiatrists

Goal:

To create such super specialists in the field of CAP including learning disabilities, who can function as experts in the field proficient in clinical acumen/skills of patient care; in active teaching; productive research; and advocacy

Desired skill sets for specialists:

The DM course is targeted to develop the candidate's proficiency in clinical acumen and skills so as to enable them to function as experts in the field of CAP including learning disabilities in a variety of settings. This training will equip the trainee with the skills in patient care, to pursue teaching and research careers in the field of CAP

The candidate will have in-depth knowledge of the diagnoses and management of psychiatric disturbances in children and adolescents including learning disabilities. In addition they will

have good knowledge of conditions such as epilepsies, neuro-developmental disorders, in born errors of metabolism, common pediatric conditions and of the investigative procedures including electrophysiology and imaging. They will have a clear understanding of clinical and developmental child psychology and methods of evaluation and therapy. The candidate will at all times work towards including preventive and promotive aspects of child mental health. They will be well trained in the socio-cultural, legal and administrative perspectives on child and adolescent mental health

On completion of the course the candidate should be able to deliver the highest quality of patient care, advocate on child mental health and be a competent and inspiring teacher and be able to pursue and supervise both clinical and experimental research.

The specific skill sets/learning objectives are as follows:

- The trainee will have familiarity with the normal range of child behaviour, development and minor variations therein
- The trainee will have familiarity with methods of parenting and parental reactions
- The trainee will have understanding of clinical and developmental child psychology
- The trainee will receive training in diagnosis and management of majority of conditions on basis of clinical assessment and appropriately selected investigations
- The trainee will acquire competence in interviewing, examining children and their parents in hospital and non-hospital settings
- The trainee will develop knowledge of objective structured methods of assessment used for children and their parents
- The trainee will have competence in management of children with special needs, neurological handicap, mental retardation, epilepsy, and chronic physical illnesses
- The trainee will have the knowledge and proficiency to carry out range of psychological and physical treatments for emotional, behavioural and developmental disorders of children and adolescents
- The trainee is aware of the contemporary advances and developments in the discipline
- The trainee will learn basic principles of research methodology and epidemiology and the ability to critically analyze published literature relevant to the field

- Will be familiar with specialized treatment approaches such as remedial education, speech therapy, occupational therapy, counselingetc as applicable to neuropsychiatric/

neurodevelopmental disorders seen in infants, children and adolescents; and to liaise appropriately with such para-professionals

- Will learn to undertake teaching of medical postgraduates/undergraduates, as well as of para professionals and non- professionals

4.1 CURRICULUM

4.1.1 Course content

- Clinical CAP: Principles and practice of CAP: nosological systems, epidemiology, etiopathogenesis, course, outcome, management and prevention of common and uncommon psychiatric disorders and syndromes in childhood and adolescence. It would also include developmental disorders (mental retardation, autism, pervasive developmental disorders, specific developmental delays, ADHD), disabilities and deviations, behavioural and emotional disorders, adult type disorders with juvenile onset, schizophrenia and related disorders, mood disorders, neurotic, stress, somatoform disorders, habit and tic, control behavioural syndromes associated with physiological and physical factors, disorders of personality and behaviour, neuropsychiatric and organic brain syndromes. Somatic treatment approaches including child and adolescent psychopharmacology; psychosocial treatment approaches including play therapy, behaviour therapies, family oriented therapies and individual psychotherapy; counseling, group and other psychotherapies
- Infant Psychiatry: Psychological disorders seen in infancy including disorders of attachment, social functioning, pathological anxiety, phobias, feeding disorders, habits, and disorders of psychological development
- Child & Adolescent Substance Abuse: Mental and behavioural disorders due to psychoactive substance use including alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, psychostimulants, hallucinations, tobacco, solvents and nay other
- Neuro-Development and child neurology: Diagnosis and management of common neurological and neuro-developmental disorders including infections, metabolic and neuro-degenerative disorders, childhood epilepsies and epilepsies, encephalopathies, cerebral palsy. Diagnostic procedures like brain imaging and electrophysiology

- Disabilities and rehabilitation: Assessment and certification of disability including intellectual disability and specific learning disabilities. Rehabilitation and remediation for various disabilities
- General Pediatrics as applicable to CAP: Diagnosis and management of common pediatric problems – infections, infestations, deficiencies, nutritional disorders and endocrine disorder and immune disorders. Developmental and preventive pediatrics including growth monitoring, immunization schedules, behavioural pediatrics
- C-L Psychiatry: Psychosocial dimensions in chronic pediatric disorders and principles and practice of C-L psychiatry
- Theories of development and clinical child psychology: Normal developmental theories i.e. cognitive, social and emotional development, biological, family and social influences on development; temperament and personality development; standardized methods of psychological evaluation
- Community CAP mental health: Working knowledge of community approaches in CAP mental health, psychiatric social work, child rearing practices and impact of social changes, child abuse, child labour, child adoption and children in difficult circumstances. Concepts and practice of school mental health.Promotive health of school and out of school children including life skill education.The ability to work with groups of children in difficult circumstances using group and experiential methodology. Liaison and training for non-governmental and governmental child care agencies in programme development and psychosocial intervention. Principles and practice of community based rehabilitation
- Basic sciences: Genetics, neuro-chemistry, neurophysiology, microbiology, virology, anthropology, sociology, biostatistics including multi-variate approaches as applied to theory and practice of CAP.
- Legal, administrative perspectives on child and adolescent mental health: Legislations, policies and programmes pertaining to children and adolescents including the juvenile justice system in India and elsewhere
- Therapeutics: Theoretical basis, principles and practice, rationale, technique, indications, contraindications, side-effects, special considerations with regard to all the known pharmacological and non-pharmacological (psychological) treatment approaches

- Research methodology and statistics: Learn research methodology and statistics as applied to CAP. Will be able to undertake and supervise research

4.1.2 Rationale and guidelines

In keeping with the objectives of the course, it is proposed that candidates should be exposed to a syllabus that consist of not only the core clinical discipline of CAP but also the allied areas and disciplines comprising basic and clinical neurosciences, pediatrics, genetics, basic and clinical child psychology and development and other related behavioral and social sciences. The candidate is expected to achieve a high degree of competence in both theoretical underpinnings and practical applications in these areas. The syllabus has also been conceived to ensure both the breadth and depth in the knowledge in terms of recent advances, state-of-art development and historical evolution of the current knowledge base

In addition to core clinical issues, the course focuses on valuable exposure to developmental pediatrics, child neurology, disabilities and rehabilitation, special schools system, juvenile justice system, locomotor disability, NGO systems that deal with children in difficult circumstances and child line approaches. The course also requires mandatory academic submissions, research and conference/CME presentations

During the period of study the candidate shall work under the guidance with increasing clinical and practical responsibilities. Active participation in the Seminars, Journal clubs and CCs are expected. The candidate shall be required to participate in the teaching and training programme of other students in the Department

The candidate shall work whole time in the present Department with full clinical responsibilities. During the period of study the candidate will undergo training for 2 months in Pediatrics covering general pediatrics and emergencies, and for a period of 3 months in Pediatric neurology (including genetic and metabolic disorders and neurophysiology). He/she shall also receive training in child care facilities in both Governmental like the Observational home. Juvenile homes, the non-governmental institution like Spastic Society etc. The school mental health work will be an on-going programme. They will also undergo training in De-addiction unit, Clinical Psychology, and the developmental disabilities. Training in developmental disabilities shall include a one month posting in the National Institute of Mentally Handicapped, Secunderabad. The candidate shall also be posted in General Adult Psychiatry services for developing better clinical acumen in dealing with late adolescents and

young adults, and also become cognizant of the developmental course of various psychiatric disorders. They shall also work with the parents and families of children and adolescents suffering from psychiatric disorders The training in clinical psychology will involve work in behaviour therapy, neuro psychology and psychometric assessments. The candidate will continue to take up cases in these sections and will be supervised by the respective supervisor beyond the period of posting. Training in Speech Pathology will consist of one day a week for three months

During the course the candidate will attend classes on Clinical CAP, Child Development, Psycho dynamics and Psychotherapies, Psychosocial issues, Neurochemistry, Genetics, Microbiology, Virology and for investigative procedures like Neuro imaging and Electrophysiology etc

The training programme will also provide the trainee with knowledge and understanding of research methodology so that they are able to evaluate critically the literature relevant to child and adolescent psychiatry. In addition, the trainee will be encouraged to take up any other research project of some clinical innovation

4.1.3 Clinical Experience and Teaching

The trainee will have experience of assessing and treatment of sufficient number of children who present with range of problems commonly encountered in comprehensive CAP Services covering 0-19 yrs age group. He/She will work with children with varied socio-cultural background across an age range of pre-school to late adolescence. The range of problems will include emotional and conduct disorder, psychoses, educational difficulties, mental handicap and developmental delays with their associated psychiatric problems, and psychiatric disorders associated with physical illness and substance abuse

There will also be exposure to range of different type of family structure and dysfunction including failure of parenting

The training will also include recognition and management of common paediatric disorders and emergencies as applicable to child and adolescent psychiatry

Experience will be obtained in use of full range of treatments: Pharmacological, behavioural and psychotherapeutic. Psychotherapy should include individual, family, marital and group

psychotherapy. There should be experience in assessing managing psychiatric emergencies. Experience in service to adolescents will also be provided

4.1.4 Specific Experience

Mental Handicap and developmental disabilities: The trainee will have clinical experience in a service specifically meant for such children

Forensic psychiatry: Trainee will have supervised experience of assessment of child abuse and neglect including familiarity with related legal procedures. He will also have experience in preparation of reports or legal advice to a court as an expert witness, advising probation on matters concerned with children‖s welfare, juvenile delinquency, child abuse, access andcustody, adoption and fostering

Adolescent Psychiatry: The trainee will have supervised clinical experience and working with large number of severely disturbed adolescents including substance abuse

Psychotherapy: The trainee will have experience in use of full range of psychotherapist commonly used in CAP. He/she should be able to use psychotherapy in a flexible way either singly or in combined with other treatment settings

Pediatrics: The trainee will have experience in a full-fledged paediatric set up. He/she will be able to recognize diagnose and treat common pediatric disorders especially focusing on paediatic neurology and paediatric emergency.

Prevention: The trainee will be involved in strategies for prevention of avoidable mental and emotional distress and possible long-term harm by advising staff in neonatal and paediatric wards, nurseries, schools, etc. as well as parents and foster parents. Also, the trainees shall participate in school mental health promotive and preventive services

4.1.5 Types of Treatments

Experience will be obtained in use of full range of treatments: pharmacological, behavioural and psychotherapeutic. Psychotherapy should include individual, family, marital and group psychotherapy. There should be experience in assessing managing psychiatric emergencies. Experience in service to adolescents will also be provided

4.1.6 Lecture Courses:

Entire training period will be divided into semesters and following courses will be taught as weekly lectures:

- Clinical CAP – 5 semesters
- Learning disabilities including SLD, PDD and Mental retardation – 1semester
- Psychotherapies for children and adolescents – 2 semesters
- Child development – 1 semester
- Pediatric neurology and neurodevelopment – 1 semester
- Community CAP – 1 semester
- Addictions and addictive behaviours – 1 semester
- Legal and administrative child psychiatry – 1 semester
- Research methodology and Biostatistics – 1 semester
- Rehabilitation and remediation – 1 semester

4.1.7 Treatment settings/postings

The trainees will have experience of working in a variety of settings and with full range of related disciplines. These should include in-patient, outpatient, C-L, emergency, child neurology, paediatrics, learning disabilities and mental handicap unit, community posting (including school mental health and opportunity to work with street children). Where the facilities for relevant training e.g. paediatrics, special home are not available the trainee will be attached to an accredited institute for this purpose where such facility is available

Inpatient Posting: Trainees will have experience of working in an in-patient unit for CAP

Outpatient Department : Trainees will be posted to OPD attending to children and adolescents presenting with a range of psychiatric disorders

Pediatrics Posting: The trainee will be posted in the DepartmentofPediatrics to familiarize himself with normal growth parameters and examination and assessment of pediatric cases and management of common pediatric problems

Community Posting (Duration): Trainees will be posted in community work for children in high risk situations i.e. slums, aids, mentally ill, institutionalized children. Working with NGO‖s providing care to street children. G.P. medical officers, pediatricians, health visitors, workers in day care nurseries, teachers, social workers and foster parents etc

Posting in Mental Handicap Unit: Trainees will be posted in a mental handicap unit where they will see children with mental handicap, developmental delays with their associated psychiatric

problemsSchool Mental Health:Involvement in developing or in an ongoing school mental health program working with parent- teacher associations

4.1.8 Schedule of Postings:

Place of Posting	1st Yr	2nd Yr	3rd Yr
CAP Ward	4 months	3 months	3 months
CAP OPD	6 months	2 month	3 months
General psychiatry (OPD and Ward)		2 months	
C-L and General Pediatrics	2 months		
Pediatric Neurology		3 months	
Clinical psychology & disabilities		2 months	
Mental handicap unit (NIMH, Secunderabad)			1 month
Community CAP & Forensic			2 months
De-addiction			2 months
Optional			1 month

4.1.9 Thesis/ Dissertation

The candidate should furnish proof of having undertaken research of high order which may be dissertation or a thesis. This work shall be submitted six months prior to the date of the final examination. The training programme will also provide the trainee with knowledge and understanding of research methodology so that they are able to evaluate critically the literature relevant to child and adolescent psychiatry. In addition, the trainee will be encouraged to take up any other research project of some clinical innovation

4.1.10 Teaching Experience

The ultimate aim of the DM course will be to produce super specialist in CAP who will not only provide clinical service, but also will teach and train medical premedical other professionals involved in care of children. Hence, during their training the trainees will get opportunities to teach particularly trainees in general psychiatry, junior trainees in child psychiatry, trainees in other medical specialities e.g. pediatrics, medical students, trainees in child psychology, social work, speech therapy and other professionals involved in care of children. This is to prepare them for the teaching role of future consultant. The teaching should involve both clinical instruction and academic tuition

The passed out candidate are expected to join other institutions and start child psychiatry academic and service units at their respective places and head the Department of child psychiatry when it is created in due course

4.2 Subject specific practical competencies (Skills to be taught)

4.2.1 Clinical Competence:

The trainee will have experience of assessing and treating sufficient number of children who present with range of problems commonly encountered in comprehensive CAP Services. He/She will work with children with varied socio-cultural background across an age range from infancy through late adolescence. The range of problems will include emotional and conduct disorder, psychoses, educational difficulties, trauma and abuse, mental handicap and developmental delays with their associated psychiatric problems, and psychiatric disorders associated with physical illness and substance abuse and all the psychiatric disorders seen in infants, children and adolescents recognized and included in the official classificatory systems In addition they will learn to understand, assess and manage children living in difficult and special circumstancesThe training will also include recognition and management of common paediatric disorders as applicable to child and adolescent psychiatry

4.2.2 Specific Competencies:

1 Intellectual disability &Neuro Developmental Disabilities: The trainee will learn to assess, diagnose, investigate and treat mentally handicapped children and those with neurodevelopmental disorders

2 Forensic psychiatry: Trainee will learn to assess children with abuse and neglect, including familiarity with related legal procedures. He will also learn preparation of reports or legaladvice to a court as an expert witness, advising on probation matters concerned withchildren's welfare, juvenile delinquency, child abuse, access and custody, adoption, fostering and any other legal matter arising

3 Adolescent Psychiatry: The trainee will learn assessment, diagnosis and management of and adolescents presenting with emotional, behavioural including substance abuse related problems

4 Psychotherapy: The trainee will have experience in use of full range of psychotherapies commonly used in child and adolescent psychiatry. He/she should be able to use psychotherapy in a flexible way either singly or in combination with other treatment modalities

5 Remediation and other specialized treatment approaches: The students will learn basic principles and treatment approaches used in remediation, special education, speech therapy, occupational therapy and other related therapies used in children

6 Pediatrics: The trainee will have experience in a full-fledged pediatrics set up. He/she will be able to recognize diagnose and treat common pediatric disorders especially focusing on pediatric neurology and psychosomatics

7 Prevention: The trainee will be involved in strategies for prevention of avoidable mental and emotional distress and possible long-term harm by advising the staff in neonatal and paediatric wards, homes for the handicapped, nurseries, schools, social workers, teachers, parents and foster parents

8 Psychotropic medications known and available for use in children and adolescents for various psychiatric/ neuropsychiatric disorders

9 Medical ethics: Will know medical ethics and principles of ethical practice

4.2.3 Teaching and learning methods

- Clinical Teaching: There will be regular clinical teaching on cases worked up by the trainee along with discussions of conceptual issues and clinical diagnosis, differential diagnosis and management

- Academic presentations and discussions: regular academic meetings geared to keep the trainee abreast with contemporary advances and developments in the field of child and adolescent mental health would be held. These would consist of seminars, and journal clubs, psychosomatic rounds under supervision of a consultant
- Lecture Courses: Lectures will be held providing a broad and full coverage of CAP and related areas
- Thesis: Candidate will write a thesis on original research carried out by him/he

4.3 Eligibility for admission: The candidates must possess MD in Psychiatry for admission toDM, CAP

4.4 Assessment (Formative i.e. internal assessment and End assessment)

To be admitted to the examination the candidate should have satisfied the following conditions:

- Has produced a certificate from the Head of the Department for having satisfactorily completed the training programme and put in an attendance as per PGI rules
- Research work: The research work should have been accepted by the Institute on the basis of approval and recommendation of the Board of Examiners appointed for this purpose before taking up the final examination
- Mandatory 100 hours of supervised psychotherapy
- Passing the thesis will be mandatory requirement for passing the degree

4.4.1 Internal Assessment: Periodic Assessment will be done during the course. Semester wiseassessment of the trainee including performance in theory exams in courses taught, clinical/practical exam, and assessment of day to day clinical and academic work as well as of discipline and responsibility by the faculty of the Department will be done and sent to the Dean of the Institute for information and record. This will constitute the internal assessment and will be shown to the external examiners at the time of final exams

4.4.2 Scheme of examination (final exam):

The general scheme of examinations for DM shall be: Theory, practical and viva-voce. The candidate shall be permitted to take the examination only after all the conditions are fulfilled

A. Theory: 3 papers (3 hours each)

1. Paper I – Basic Sciences applied to CAP
2. Paper 2 – CAP including learning disabilities- clinical and therapeutics.
3. Paper 3 : Recent advances in CAP including learning disabilities

B. Clinical Examination and viva voce

Clinical examinations shall consist of at least one long and three short cases. The duration of clinical examination and viva-voce will not last less than 2 days

4.4.3 Assessment of candidate

A candidate shall be declared to have qualified for the DM degree in CAP if the candidate has satisfied the members of the board of examiners individually or collectively that he/she has adequate knowledge in the specialty. There shall be no marking or ranking. The verdict shall be successful or unsuccessful.

A candidate shall successfully complete the examination in not more than 4 attempts failing which the candidate shall be required to seek fresh admission to the course

The candidate whose research work has not been approved, may be permitted to re-submit within not less than six months and not more than one year after rejection The final examination shall be conducted at the end of the 2 ½ yrs

5. TRAINING OF DM, ADDICTION PSYCHIATRY

5.1 GOAL

To create such superspecialists in the field of addiction psychiatry, who can function as experts in the field, proficient in clinical acumen and skills of patient care; in active teaching, productive research, and advocacy.

For this purpose, "Addiction Psychiatry" has been defined as the superspecialty of psychiatry "that focuses on the prevention, evaluation, and treatment of substance-related disorders as well as related education and research. In addition, the addiction psychiatrist will be fully trained in techniques required in the treatment of the larger group of patients with dual

diagnoses of addictive disorders and other psychiatric disorders." (Accreditation Council for Graduate Medical Education, USA)

5.2 LEARNING OBJECTIVES

The candidate will have in-depth knowledge of the etiology, diagnoses and management of addictions (psychoactive SUDs and behavioral addictions). They will have a clear understanding of the relevant basic sciences as well as of the clinical and developmental aspects of addictions, including preventive and promotive aspects within the existing socio-cultural framework

On completion of the course the candidate should be proficient in the theory and practice of addiction psychiatry and be able to deliver the highest quality of patient care, advocate on prevention and control of addictive disorders, be a competent and inspiring teacher and be able to pursue and supervise both clinical and experimental research

The specific learning objectives are as follows: -

The D.M. Addiction Psychiatry Resident will gain knowledge and experience in dealing with SRDs related to the following substances and groups of substances:

1. Alcohol
2. Opioids
3. Tobacco
4. Cannabis and hallucinogens
5. Cocaine and other stimulants
6. Benzodiazepines and other sedative/hypnotics
7. Organic solvents or inhalants
8. "Designer" and "club" drugs
9. Over-the-counter, herbal and other "alternative" medications
10. "Behavioral addictions"

5.2.1 Learning Objectives in the Cognitive Domain (Knowledge Base):

- Knowledge of the signs and symptoms of the use and misuse of the major categories (and combinations of the major categories) of substances of abuse as well as knowledge

of the types of treatment required for each category where there are differences in treatment approach

- Knowledge of the signs of withdrawal from these major categories (and combinations of major categories) of substances and knowledge and experience with the range of options for treatment of the withdrawal syndromes and the complications commonly associated with such withdrawal syndromes
- Knowledge of the signs and symptoms of overdose, the medical and psychiatric sequelae of overdose, and experience in providing proper treatment of overdose
- Knowledge of the signs and symptoms of the social and psychological problems as well as the medical and psychiatric disorders that often accompany the chronic use and misuse of the major categories (and combinations of the major categories) of substances of abuse
- Knowledge and understanding of the special problems of various special groups, such as the children, adolescents, elderly, pregnant substance user and of the babies born to substance-using mothers
- Knowledge of significant other systems and dynamics relevant to the etiology, diagnosis and treatment of SRDs
- Knowledge of the neurochemical and structural bases, genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of SRDs
- Knowledge of quality assurance issues pertaining to treatment of patients with SRDs
- Knowledge of the cost effectiveness of various treatment modalities for patients with SRDs
- Psychosocial, environmental and ecological context of occurrence of SUDs, and related interventions
- Preventive and rehabilitative interventions
- Control and legislative measures

5.2.2 Learning Objectives in the Psychomotor Domain:

Basic Skills:

- Management of intoxication, detoxification and other acute treatments of the user and misuse of the major categories (and combinations of major categories) of substances of abuse. This includes experience in working collaboratively with mental health

professionals and other medical personnel in the emergency Department, intensive care units and general and psychiatric hospital units in the diagnosis and management of acute problems related to SRDs

- Experience in the use of psychoactive medications in the treatment of psychiatric disorders often accompanying the major categories (and combinations of major categories) of SRDs.
- Experience in the use of techniques required for confrontation of and intervention with a patient with a SRD. This includes particularly dealing with the defense mechanisms that cause the patient to resist entry into treatment and other changes that need to be made to sustain a good recovery. Related to this, the D.M. Resident will be familiar with the Stages of Change model as applied to addictions and the related motivational techniques
- Experience in the use of the various psychotherapeutic modalities involved in the ongoing management of the patient with a SRDs, including individual psychotherapies, couples therapy, family therapy, and group therapy
- Experience in working collaboratively with other mental health providers and allied health professionals, including nurses, social workers, psychologists, counselors, pharmacists, and others who participate in the care of the patient with a SRD
- Working with self-help and support groups, NGO‖s, community settings, other institutional settings like schools, colleges, prisons, etc
- Learn to be a team leader with overall responsibility of assessment and treatment planning and its execution

Research Skills:

- Familiarity with the major medical journals and professional-scientific organizations dealing with research on the understanding and treatment of SRDs
- Critical analysis of research reports, as presented in journal clubs and seminars
- Planning and conducting original research in the area of addiction psychiatry

Teaching & Supervision Skills:

Experience in teaching and supervising student clinicians in the care of patients with SRDs

5.2.3 Learning Objectives in the Affective Domain (Attitudinal Base):

- Acquire professional and ethical attitudes towards individuals with SRDs and to recognize beliefs or counter-transference that may impede the ability to identify and manage patients with SRDs
- Acquire mature and compassionate attitudes and empathic and objective clinical judgment towards patients with SRDs
- Recognize that patients with SRDs are diverse and that stereotypes interfere with recognition
- Consider SRDs in the same context as other psychiatric disorders: namely, SRDs are independent and also interactive with other disorders
- Appreciate that SRDs are treatable disorders that respond to specific modalities of treatment
- Acquire the ability to interact with other professionals to establish clinical approaches for patients with SRDs along with other co-morbidities including psychiatric, medical, and surgical
- Acquire the sensitivity to treat a variety of patients with SRDs, including women, the elderly, adolescents, the developmentally disabled, and minorities
- Acquire an objective approach and an intuitive attitude based on sound clinical experience and empirical data provided by research studies
- Acquire the ability to utilize resources for the short and long term management of SRDsin the community

5.3 PROGRAM REQUIREMENTS FOR D.M. COURSE IN ADDICTION PSYCHIATRY

5.3.1 CURRICULUM: OVERVIEW

DM Addiction Psychiatry candidates must fulfill all the **Learning Objectives** as detailed above 5.2.3.

The **training program** will include the following clinical components: Evaluation, consultation, and treatment of:

- Patients with primary SRDs and their families

- Medical and surgical patients in the emergency Department, intensive care units, and general wards of the hospital with acute and chronic SRDs, including acute intoxication and overdose
- Psychiatric inpatients and outpatients with chemical dependencies and co-morbid psychopathology, to include a broad range of psychiatric diagnoses, such as affective disorders, psychotic disorders, organic disorders, personality disorders, and anxiety disorders, as well as patients suffering from medical conditions commonly associated with SRDs such as hepatitis and HIV/AIDS
- Medication-dependent patients with chronic medical disorders/conditions (such as patients with chronic pain).
- Exposure to patients with SRDs related to the following substances:

  Alcohol

  Opioids

  Cocaine And Other Stimulants

  Marijuana And Hallucinogens

  Benzodiazepines

  Tobacco

  Other substances of abuse, including sedatives, hypnotics or anxiolytics

  Miscellaneous/unusual, e.g., nutmeg, designer or ―club‖ drugs, organicsolvents/inhalants
- Rotations will provide trainees with experience in evaluating acute and chronic patients in inpatient and outpatient settings. There will be an identifiable structured educational experience in neuropsychiatry relevant to the practice of addiction psychiatry that includes both didactic and clinical training methods. The curriculum will emphasize functional assessment, signs and symptoms of neuropsychiatric impairment associated with SRDs, and the identification of physical illnesses and iatrogenic factors that can alter mental status, and behavior
- The program will provide specific experience in consultation to acute and chronic medically ill patients with SRDs who are being treated in emergency, intensive care, medical and/or surgical services of a general hospital. Supervision of addiction psychiatry residents in their clinical evaluation of such patients, as well as in their consultative role, is essential. The program will provide Residents with the opportunity

to function at the level of a specialist consultant to primary care physicians and to intensive care specialists

- Experience in working with multidisciplinary teams as a consultant and as a team leader, including the integration of recommendations and decisions from consulting medical specialists and other professionals in related health disciplines
- Experience in working with patients who are participating in self-help programs
- Experience with opioid replacement (or substitution or maintenance) therapy

Teaching and Learning Methods

Clinical Teaching: There will be regular clinical teaching on cases worked up by the trainee along with discussions of conceptual issues and clinical diagnosis, differential diagnosis and management

Academic presentations and discussions: regular academic meetings geared to keep the trainee abreast with contemporary advances and developments in the field of addiction psychiatry would be held. These would consist of seminars, journal clubs, CCs, clinical meetings, etc., under supervision of a consultant

Lecture Courses: Lectures will be held providing a broad and full coverage of addiction psychiatry and related areas

Thesis: Candidate will write a thesis on original research carried out by him/her Conferences: Conferences in addiction psychiatry, such as ground rounds, CCs, reading seminars, and journal clubs, will be specifically designed to complement the clinical experiences. Regular attendance by Residents and faculty will be documented

5.3.2 GUIDELINES

Treatment settings/postings

The trainees will have experience of working in a variety of settings and with full range of related disciplines. These should include in-patient, outpatient, C-L, emergency, and community:

- Inpatient Posting: Trainees will have experience of working in an in-patient unit for addiction psychiatry.

- CL: Trainees will involved in providing consultative service to patients referred from other specialties, general practitioners, medical officers, prisons and other correctional institutions, NGOs and other community settings

- OPD: Trainees will be posted to OPD attending to patients presenting with a range of addictive and dual diagnosis disorders
- Medicine Posting: The trainee will be posted in the Department of Internal Medicine to familiarize himself with addictive problems in the general medical setups
- Emergency: Dealing with emergencies such as acute alcohol and drug overdose, intoxication and withdrawal, attempted suicide, violence, acute psychoses, emotional crisis, etc
- Community Postings: Trainees will be posted in community work for substance users and those in high risk situations, e.g., slums, mentally ill, institutionalized persons; working with NGO‖s providing care to addicted people, G.P., medical officers, etc
- CL: DM SRs will be posted in the CL for a period of 2 months, where he/she is expected to learn to manage emergencies related to Addiction Psychiatry (like opioid overdose, delirium tremens) and to deal with patients with significant medico-surgical comorbidities (like cirrhosis of liver, acute/chronic pancreatitis, head injury)
- Others: Trainees are expected to attend CME and conferences relating to addiction psychiatry. Deficiencies in training or special interest would be made up by periods of attachment to other units and courses

Schedule of Postings (tentative):

Place of Posting	**1st Yr**	**2nd Yr**	**3rd Yr**
DDTC OPD	6 months		6 months
DDTC inpatient ward	6 months		6 months
Clinical psychology and Psychological Interventions		1 month	
Medicine, and allied specialties		2 months	
C-L, including Emergency		2 months	
Community and Rehabilitation services			4 months

related to de-addiction			
Laboratory and Investigations			1 month
Forensic/Legal (CFSL, brain mapping etc.)			1 month
Optional posting (of trainee's choice)			1 month

Thesis

The candidate should furnish proof of having undertaken original research of high order in a form of a research thesis. This work shall be submitted six months prior to the date of the final examination

The training programme will also provide the trainee with knowledge and understanding of research methodology so that they are able to evaluate critically the literature relevant to addiction psychiatry. In addition, the trainee will be encouraged to take up any other research project of some clinical innovation

Teaching Experience

The ultimate aim of the DM course will be to produce superspecialist in Addiction Psychiatry who will not only provide clinical service, but also will teach and train medical, premedical other professional involved in care of children. Hence, during their training the trainees will get opportunities to teach particularly trainees in general psychiatry, other medical students, social workers, nursing staff and other professionals involved in care of substance users. This is to prepare them for the teaching role of future consultant. The teaching should involve both clinical instruction and academic tuition

The passed out candidate are expected to join other institutions and start addiction psychiatry academic and service units at their respective places and/or guide other professionals and administrators in setting up and running such services in the country

5.3.3 KNOWLEDGE

In keeping with the objectives of the course, it is proposed that candidates should be exposed to a syllabus that consists of not only the core clinical discipline of Addiction Psychiatry but also the allied areas and disciplines comprising basic and clinical neurosciences, genetics, psychology, psychotherapies, clinical psychiatry, and social sciences. The candidate is expected to achieve a high degree of competence and expertise in both theoretical

underpinnings and practical applications in clinical areas as well as basic sciences. The syllabus has been conceived to ensure both the breadth and depth in the knowledge in terms of recent advances, state-of-art development and historical evolution of the current knowledge base

In addition to core clinical areas, the course focuses on valuable exposure to medicine, CL, emergency assessment and management, psychological assessment, social assessment and social work, liaison with NGOs, schools, colleges, industrial workers, prison and judicial system, etc. The course also requires mandatory academic submissions, research, and conference/CME presentations

During the period of study the candidate shall work under the guidance and supervision with increasing clinical and practical responsibilities. Active participation in the Seminars, Journalclubs and CCs and Clinical Meetings are expected. The candidate shall be required to participate in the teaching and training programme for other students in the Department The candidate will continue to take up cases in special areas supervised by the respective supervisor beyond the period of posting. The candidate shall work whole time in the present Department with full clinical responsibilities in accordance with the provided schedule of postings. During the course the candidate will attend classes covering all the courses

Syllabus to be covered in the knowledge domain (by means of didactic lectures, seminars, small-group discussions, symposia, self-learning methods, etc.):

- Basic sciences as related to addiction psychiatry

- Neuroanatomy
- Neurophysiology
- Neurochemistry
- Genetics
- Molecularbiology
- Neuroradiology
- Brain reward system
- Brain learning and memory system
- Brain stress system
- Personality

- Psychology
- Sociology
- Statistics
- Research methodology
- Principles of epidemiology
- Principles of public health and preventive medicine

Clinical addiction psychiatry

- Concept of drugs, substance, abuse, addiction, dependence, etc. Models of addiction
- Epidemiology of substance use and addictionsEtiology of addiction–biological
- Etiology of addiction–psychosocial
- Nosology and classification of substances and addictions
- Clinical features related to individual classes of substances (intoxication, withdrawal, specific complications, course, outcome)
- Injecting drug use
- Detection and diagnosis Assessment–clinicalAssessment–biological
- Assessment–psychological
- Assessment–socio-environmental
- Clinical & Research Instruments
- Treatment approaches and methods–motivational counseling and briefinterventions
- Treatment approaches and methods–detoxification
- Treatment approaches and methods–pharmacoprophylaxis o Treatment approaches and methods–relapse prevention
- Treatment approaches and methods–cognitive behavior therapy and otherpsychotherapies (Psychological and social therapies, family therapies, group therapies, etc.)
- Dual diagnosis–concept, epidemiology
- Dual diagnosis–assessment (including medical comorbidities, complications orissues)
- Dual diagnosis–management aspects

Recent advances and specialty areas

- Addiction in special populations – children & adolescents Addiction in special populations–women
- Addiction in special populations - others (captive populations like prisons,delinquency homes, correctional places etc; military, doctors and paramedical staff; any others)
- Recent advances in neurobiology of addiction
- Recent advances in genetics and epigenetics of addiction
- Response to the problem of substance abuse–International
- Response to the problem of substance abuse–National

- Legal provisions
- Forensic aspects
- Debate on de-criminalization
- 'Addictive disorders' on the horizon - putative newer entities like behavioural addictions (pathological gambling, 'technological' addictions like internet addiction,sex addiction, food addiction etc.)
- Supply reduction Demand reduction
- Harm reduction
- Any other new developments

5.4.COMPETENCIES REQUIRED TO BE GAINED BY THE D.M. STUDENT, AND THEIR EVALUATION

For addiction psychiatry core competencies, the addiction psychiatry specialist (by the end ofDM course) must be able to demonstrate his/her proficiency in the multiple roles as follows:

5.4.1.Medical Expert:

1. Ability to conduct a comprehensive clinical evaluation of the patient with SUDs with and without concurrent disorders which includes the skills to gather specific personal and family history information, both from the patient and from relevant collateral informants; to elicit the symptoms and recognize the signs of substance-dependent conditions; to recognize the clinical manifestations of acute intoxication and withdrawal states; to utilize and interpret the appropriate ancillary tests and laboratory examinations; to identify substance-specific neuro-psychiatric complications; to produce a differential diagnosis

between substance-induced and independent psychiatric disorders; to establish the presence of concurrent disorders and functional relationship between conditions, as well as the context in which they arise; to assess suicidal risk, loss of behavioural control and potential for violence; to look for and recognize the presence of physical complications specific to separate substances and drug-using practices; to assess the patient's degree of disability and functional impairment; and the capacity to make appropriate use of all such information in deciding clinical management and treatment approach

2. Ability to provide direct care to patients with SUDs with and without concurrent disorders Including the ability to predict the occurrence of sever clinical complications and to decide proper setting for treatment i.e. from outpatient to day therapy to Residential to inpatient care; the skills to treat acute intoxication and withdrawal states, both in hospital and on an ambulatory basis; the handling of overdose situations inemergency settings; an adequate familiarity with detoxification protocols in order to conduct elective drug discontinuation treatments; the knowledge of drug interactions, drug cross-tolerance, potentiation risks and abuse liability; the awareness of specific contraindications in the pharmacotherapy of psychiatric disorders in patients who are also substance abusers; the familiarity with addiction pharmacotherapies and with drug maintenance regimes; the skill to engage in the patient and conduct motivation enhancement interventions; the capability to assume a continuing care role and offer individual or group psychotherapies of proven value for addictive disorders (e.g: supportive-expressive, individual or cognitive behavioural, modified-dynamic, skills training and behavioural desensitization), and a familiarity with intervention strategies involving the family and social network
3. Ability to provide concurrent psychiatric care / consults to patients who are receiving addiction treatment elsewhere, including an adequate familiarity with local community resources and addiction centers, their admission criteria, type of services and treatment curricula, the CL procedures and key contact persons; an adequate knowledge of the self help programs, their philosophy and established practices; the ability to communicate with and work alongside other therapists (often non-psychiatric or even non-professional); an awareness of possible misconceptions about psychiatric disorders and pharmacotherapy in such addiction therapy programs; and the skill to provide appropriate psychiatric advise and influence the clinical management without undermining the addiction treatment effort

4. Ability to attend to legal / ethical issues including the decisions concerning legal competence, the operation of motor vehicles, the ability to care for dependent persons and occupational disability (see also Advocacy Role below)

The knowledge and skills will be obtained via:

- Exposure to a wide variety of generalist and specialist rotations
- The development of skills in addiction and concurrent disorder assessment and treatment
- The development of skills necessary for the development of an integrated differential diagnosis and a treatment plan for the patient, with the understanding of the difficulties and time-length to obtain accurate diagnoses in concurrent disorder patients
- The use of evidence-based literature for helping guide assessment and treatment
- The learning of a variety of core procedures (e.g. withdrawal management) pertaining to the practice of addictions and concurrent disorders
- Adequate exposure to inpatients in hospital-based rotations and outpatients in hospital-based and community-based ambulatory rotations
- The integration of basic and clinical sciences and how they apply to addiction issues of patients
- The understanding of epidemiological principles and how they apply to addiction issues of patients

The knowledge and skills will be taught in the following ways:

- Assignment to appropriate clinical services with in-patient and/or ambulatory components
- Attendance at academic hospital-based rounds and other educational activities
- Learning about evidence-based medicine as it applies to addiction psychiatry
- The teaching of assessment and treatment knowledge and skills through formal supervision, and the monitoring of competency through a log-mechanism

5.4.2. Evaluation: Via the supervisor of the Resident, and the monitoring of competency through a log-mechanism.

- In-training evaluations and the meeting of expectations

- Successfully passing Addiction Psychiatry exam questions and other evaluations that are already built into the Resident evaluation of their overall progress through the residencyyears

Establish effective relationships with patients and their families. It is very frequent that addiction and concurrent disorders impact on not just the person suffering from these conditions but the family as well. Often addiction issues occur in multiple members of a family as well. Families often have difficulties in understanding the treatment of addiction

Interact with community caregivers and other health resources to obtain and synthesize relevant information about the patient. Due to the complexity of concurrent disorder presentations, it is essential to be able to coordinate and communicate amongst treatment providers involved with a patient

- Develop a discharge plan for hospitalized patients and learn to involve the family physician, home care and other caregivers in the development of long-term community health planning. Relapses often occur due to lack of appropriate follow-up to continue a spectrum of care / matching of intensity of treatment to the patient‖s needs
- Learn to communicate effectively and efficiently with colleagues both verbally and through written records (i.e. the medical record, discharge summaries, consultation notes)

These skills will be taught and evaluated in the following ways:

- The daily observation of trainee performance by clinical supervisors and ongoing feedback
- A review of the written record by the attending physician and ongoing feedback
- Observation of Resident-staff, health-care provider, patient and family interactions during rotations

5.4.3. Collaborator:

Know when to consult other caregivers appropriately (Addiction and Concurrent MedicalDisorders). Essential to treatment as concurrent disorder patients often need many aspects of their life to be dealt with simultaneously

Work with the interdisciplinary team to develop appropriate diagnostic and therapeutic strategies for patient care. Patients will often need a case management or other mechanism to

help keep track of the treatment received. This still requires input from the multiple caregivers involved with the patient

These skills will be taught and evaluated in the following manner:

- Observation of daily practice patterns of attending staff
- Attendance at interdisciplinary rounds
- Feedback through in-training evaluations

5.4.4. Manager:

Learn to effectively balance patient care and health care resources.

- Understand the interplay between governments and the health care sector in allocating finite health care resources as well as understand navigating patients between systems (addiction, mental health, justice etc). Often systems have many barriers and exclusion criteria that inhibit the treatment of patients. Understanding the systems would allow for better patient care (this also overlaps with the Advocacy roles below)
- Work to develop effective and efficient patient management strategies. This includes avoiding duplication of services and/or trying to obtain appropriate care for a patient (e.g., concurrent disorder patients often have duplication of some services while have none for essential components of their treatment); Obtaining appropriate patient information from
- other health care sources in a timely fashion; and the understanding and appropriate use of information technology
- Learn to effectively delegate responsibility to medical students and JRs.

These skills will be taught and evaluated in the following manner:

- Assigning Residents to appropriate roles as they graduate through the core ranks
- Observation of trainees by rotation supervisors/attending physicians with feedback on an ongoing basis

5.4.5. Health Advocate

Ability to adopt a preventive approach in clinical practice including an awareness of potential iatrogenic harm; of safe prescription practices; and of the appropriate management of chronic pain, chronic insomnia, chronic anxiety and chronic somatization conditions in dependency-vulnerable individuals; a familiarity with harm-reduction practices and the skills to promote

them; an adequate knowledge of child neglect, child abuse and domestic violence issues, as well as the legal obligations of health care providers in such cases; the ability to assess fitness to operate vehicles or to perform high risk occupations, and an adequate knowledge of the health-care providers legal responsibilities in this area

i. Identify important determinants of patients' (and public) health, including the risks of substance use; sequelae of substance use behaviours; genetic / family planning issues etc
ii. Intercede on behalf of their patients. This is important as the patient weaves his/her way through complex health care institutions and services. This is especially important for individuals with concurrent disorders who are often excluded from treatments due to exclusion criteria of services that only deal with aspects of a person's situation
iii. Recognize and respond to those issues where advocacy is important. This includes helping others understand the nature of addiction as a chronic illness with its biopsychosociocultural implications. This also includes advocating for people requiring social services / disability and for those who are being rejected for having a concurrent addiction issue

These skills will be taught through the following:

- Lectures / discussions at core lecture series and other rounds within the Department of Psychiatry
- Working with other health care providers or being a member of the interdisciplinary team to understand and gain skills on advocacy for patients

These skills will be evaluated through the following:

- Participation in or development of advocacy projects
- Observation and feedback from supervisor(s)

5.4.6. Scholar:

Develop effective learning and teaching strategies in Addiction Psychiatry. This includes learning skills in evidence-based medicine, bioethics, ethics, acquisition of knowledge; the development of self-assessment skills /reflective practice for ongoing self-development of knowledge, skills and attitudes; the learning and performing of effective teaching strategies to teach more junior house staff and other inter-professional learner groups

The opportunity for participation in research projects under the supervision of appropriate supervisors

These skills will be taught in the following manner:

- Through the development of self-learning techniques and reflective skills
- Provision of appropriate teaching courses
- The teaching of determinants of health in rotations
- Opportunities to be involved in research or teaching

These skills will be evaluated through:

- Regular feedback from supervisors
- Providing opportunities for research and teaching
- Being introduced to reflective practice / documentation of clinical, research, teaching and other scholarly work

5.4.7 Professional:

Development of appropriate professional attitudes toward individuals with addiction and concurrent disorders including an awareness of critical personal views, prejudices and unhelpful responses; the ability to overcome such negative attitudes and accept substance abusers as bona fide patients, deserving of a full professional commitment; the ability to tolerate the chronic and recurring nature of substance-abuse behaviour; the ability to persevere in the therapeutic effort despite poor patient compliance or limited treatment success; the ability to perceive and identify -driven behaviour, and to interpret accurately the patient's difficulties to follow a treatment plan; the readiness to support disability entitlements on the grounds of addictive disorders; as well as the competence to recognize manipulation and to abstain from fostering maladaptive regression or unwarranted idleness; accepting the chronic, recurring nature of addictive illness; that these conditions can affect individuals from every sector of society, including social and professional peers; self-awareness of potential role as an enabler (e.g., prescribing medication that might continue or create new addiction issues) Understand professional obligations to patients and colleagues, including being punctual / timely; communication of essential information; upholding the Hippocratic Oath; maintaining confidentiality and understanding when it must be broken to protect the patient and other individuals safety; exhibit appropriate personal and interpersonal professional behaviours. Including taking care of one's own mental and physical health; communicating to others in a

courteous and non-hostile manner; to insure patient care is maintained if away; maintain honesty and integrity; exercise compassion, empathy and understanding.

These skills will be taught and evaluated in the following manner:

- Appropriate teaching on these areas through supervisors and more formal teaching formats (e.g., core seminar series)
- Observation and feedback by supervisors and other health care workers, as well as from patients.

5.5 EVALUATION OF PERFORMANCE

Assessment: Formative (i.e. internal assessment) and Summative (i.e., end-of-course assessment) No candidate shall be admitted to the examination unless the candidate has satisfied the following conditions:

- Has produced a certificate from the Head of the Department for having satisfactorily completed the training programme and put in an attendance of not less than 80% of the duration of the course
- Research work: The research work should have been accepted by the Institute on the basis of approval and recommendation of the Board of Examiners appointed for this purpose before taking up the final examination

Passing the thesis will be mandatory requirement for passing the degree

Each candidate will be required to maintain a log book, wherein his/her clinical, teaching and research activities through the DM course will be logged. This will have to be verified and certified by the consultant in-charge.

Internal Assessment: Periodic Assessment will be done during the course. Semester wise assessment of the trainee including performance in theory exams in courses taught, clinical/practical exam, and assessment of day to day clinical and academic work as well as of discipline and responsibility by the faculty of the Department will be done and sent to the Dean of the Institute for information and record. This will constitute the internal assessment and will be shown to the external examiners at the time of final exams

Scheme of examination (final exam):

The general scheme of examinations for DM shall be: Theory, practical and viva-voce. The candidate shall be permitted to take the examination only after all the conditions are fulfilled

A. Theory: 3 papers (3 hours each)

Paper 1: Basic Sciences as applied to addiction psychiatry

Paper 2: Clinical addiction psychiatry including dual diagnosis

Paper 3: Recent advances and specialty areas in addiction psychiatry B. Clinical Examination and viva voce

Clinical examinations shall consist of one long case, one inpatient case management and two short cases. The duration of clinical examination and viva-voce will last at least 1 day.

Assessment of candidate

- A candidate shall be declared to have qualified for the DM degree in Addiction Psychiatry if the candidate has satisfied the members of the board of examiners individually or collectively that he/she has adequate knowledge in the specialty. There shall be no marking or ranking. The verdict shall be successful for unsuccessful
- A candidate shall successfully complete the examination in not more than 4 attempts failing which the candidate shall be required to seek fresh admission to the course
- The candidate whose research work has not been approved, may be permitted to re-submit within not less than six months and not more than one year after rejection
- The examination shall be conducted at the end of the 2½ yrs in the third year

6. Post-Doctoral Fellowship (PDF) in Consultation Liaison (CL) Psychiatry

6.1 Objectives: To create super specialists in the field of Consultation Liaison (CL) Psychiatry, who can function as experts in the field of CL Psychiatry. The expert would be expected to have clinical acumen/skills of patient care, active teaching, research and advocacy.To achieve these goals of the PDF course in C-L psychiatry it will be ensured that the Resident Trainees develop a basic competence in working with patients in inpatient and outpatient medical-surgical settings who present with psychiatric and psychosocial comorbities/issues. At the end of the programme, the trainee should be able to: To achieve this goal, the program will ensure that the:

a) Identify and diagnose a wide range of neuropsychiatric presentations in medical and surgical patients.
b) Adopt concise interviewing skills and rapid differential diagnostic formulation.

c) Learn how to examine the impact of illness, hospitalization and medical care on the psychological functioning of patients.
d) Learn the role of psychiatric, psychological, and behavioral factors in the pathogenesis of medical disorders.
e) Proficiency in C-L psychiatry through didactics, including case conferences, seminars, teaching rounds, journal clubs and formal lectures.
f) Learn how to promote liaison relationships with medical and surgical services, and are able to increase the awareness, assessment, and management of mental disorders in medical patients.
g) Learn the various approaches to provide psychiatric consultation, with emphasis on assessment techniques unique to the consultation setting, the nature of communication with the patient, family and the primary treating team.
h) Learn how to implement various psychopharmacological interventions and psychological interventions in medically ill patients.

Core Faculty: Prof Subho Chakrabarti, Prof. Sandeep Grover, Dr. Swapnajeet Sahoo

Infrastructure

The department of Psychiatry runs round the clock, on-call services providing mental health inputs to patients admitted in various medical and surgical wards, Intensive care units and Emergency outpatient services (EMOPD, ESOPD, Trauma Centre, and Paediatric Emergency). These services are at present being provided by a team of 3 Junior Residents, one senior Resident and 3 faculty members.

Additionally, a substantial proportion of patients seen in psychiatry outpatient services are referred from outpatient services of various departments. Many of these patients have comorbid medical illnesses. Management of these patients also requires having good knowledge in CL Psychiatry.

Curriculum & Syllabus

Desired skill sets for specialists:

The PDF course is targeted to develop the candidate's proficiency in clinical acumen and skills so as to enable them to function as experts in the field of CL Psychiatry who can work in various medical surgical inpatient units, various medical surgical outpatient units, emergency setting, intensive care units and palliative care setting. This training will equip the trainee with the skills in patient care, to pursue teaching and research careers in the field of CL psychiatry. The candidate will have in-depth knowledge of the diagnoses and management of psychiatric disturbances in patients with various medico-surgical settings. In addition to this they would develop in depth knowledge in managing various psychiatric emergencies. Additionally the candidate will develop in depth knowledge about managing psychological issues in patients with various medical comorbities. The candidate will at all times work towards including preventive and promotive aspects of mental health in non-psychiatric set-ups. Candidates will also be well trained in the socio-cultural, legal and administrative issues related to CL psychiatry.

On completion of the course the candidate should be able to deliver the highest quality of patient care, act as an advocate on CL psychiatry/ psychosomatic medicine and be a competent and inspiring teacher and be able to pursue and supervise both clinical and experimental research. **The specific skill sets/learning objectives are as follows:**

1. Able to take a medical-psychiatric history
2. Able to recognize and categorize symptoms
3. Able to acquire competence in interviewing, examining patients and their family members in inpatient, emergency, outpatient, intensive care unit setting.
4. Able to assess neurological dysfunction
5. Able to assess the risk of suicide
6. Able to administer electroconvulsive therapy
7. Able to assess medication effects and drug–drug interactions
8. Able to know when to order and how to interpret psychological testing
9. Able to assess interpersonal and family issues
10. Able to recognize and manage hospital stressors
11. Able to place the course of hospitalization and treatment in proper perspective
12. Able to formulate multiaxial diagnoses
13. Able to perform psychotherapy in medico-surgical setting
14. Able to prescribe and manage psychopharmacological agents
15. Able to assess and manage agitation, catatonia, drug intoxication
16. Able to assess and manage pain
17. Able to assess psychosocial issues associated with pregnancy, pain, malignancies, chronic physical illnesses, patients undergoing organ transplantation, terminally ill patients etc
18. Able to administer drug detoxification protocols
19. Able to make medicolegal determinations
20. Able to apply ethical decisions
21. Able to apply systems theory and resolve conflicts
22. Able to initiate transfers to a psychiatry service
23. Able to assist with disposition planning
24. The trainee is aware of the contemporary advances and developments in the discipline.
25. The trainee will have competence in management of patients with special needs, various disabilities and chronic physical illnesses
26. Will learn to undertake teaching of medical postgraduates/undergraduates, as well as of para professionals and non-professionals
27. Is able to work as a member of a multidisciplinary team and contribute to the medical care of patients with various medical illnesses.

Rationale and guidelines

1. In keeping with the objectives of the course, it is proposed that candidates should be exposed to a syllabus that consists of not only the core clinical discipline of CL Psychiatry

but also that of basic medicine and clinical psychology. The candidate is expected to achieve a high degree of competence in both theoretical underpinnings and practical applications in these areas. The syllabus has also been conceived to ensure both the breadth and depth in the knowledge in terms of recent advances, state-of-art development and historical evolution of the current knowledge base.

2. In addition to core clinical issues, the course focuses on valuable exposure to issues related to intensive care units, psycho-oncology, self-harm and suicide, psychological issues related to organtransplantation and administrative CL Psychiatry.
3. During the period of study the candidate shall work under the guidance of consultants with increasing clinical and practical responsibilities. Active participation in the Seminars, Journal clubs and Case Conferences are expected. The candidate shall be required to participate in the teaching and training programme of other students in the Department.
4. The candidate shall work whole time in the CL Psychiatry services of the Department with full clinical responsibilities. During the course the candidate will attend classes on various aspects of Psychiatry like Delirium, Self-harm, Aggression/Impulsivity, Alcohol and Drug Abuse in the General Medical Setting (including withdrawal states), Depression in medical setting, Death, Dying, and Bereavement, Determination of Capacity and other Forensic Issues in C-L Psychiatry, Personality Disorders in the General Medical Setting, Psychiatric Sequelae in Burn Patients, Psychiatric Manifestations of Medical and Neurologic Illness, Psychological Factors Affecting Medical Conditions, Psycho-Oncology, Psychopharmacology of the Medically ill (including drug interactions), Psychotherapy of the Medically Ill, Somatoform Disorders, Suicide etc.
5. The training programme will also provide the trainee with knowledge and understanding of research methodology so that they are able to evaluate critically the literature relevant to CL psychiatry. In addition, the trainee will be encouraged to take up research projects with some clinical innovation.

A: Course content

1. **Assessment and Management of Basic Conditions Encountered in CL Psychiatry Setting:** Acute Stress Disorders, Aggression/Impulsivity, AIDS/HIV Disease, Alcohol and Drug Abuse in the General Medical Setting (including withdrawal states), Anxiety in the General Medical Setting, Determination of Capacity and other Forensic Issues in C-L Psychiatry, Coping with Illness, Death, Dying, and Bereavement, Delirium/Agitation, Dementia in the General Medical Setting, Depression in the General Medical Setting, Factitious Disorders and Malingering, Pain, Personality Disorders in the General Medical Setting, Psychiatric Sequlae in Burn Patients, Psychiatric Manifestations of Medical and Neurologic Illness, Psychological Factors Affecting Medical Conditions, Psycho-Oncology, Psychopharmacology of the Medically ill (including drug interactions), Psychotherapy of the Medically Ill, Somatoform Disorders, Suicide

2. **Special Issues in CL Psychiatry:**Behavioral Medicine, Eating Disorders, ECT on the C-L Service, History of C-L Psychiatry, Psychiatric Presentations in Intensive Care Units, Psychiatric aspects of organ transplantation, Management in Medical Settings of Sexually Abused Patients, Management in Medical Settings of Issues Related to Pregnancy, Management in Medical Settings of Post-Traumatic Stress Disorder, Pediatric C-L Psychiatry, Psychological/Neuropsychological Testing in the General Medical Setting.
3. **Communication skills relevant to CL Psychiatry:** How to respond to communications from patients and health professionals in a timely manner, proper documentation of the course of illness and its treatment, coordinating care with other members of the medical and/or multidisciplinary team, providing continuity of care, including use of appropriate consultation, transfer, or referral (if necessary), communicating on how to seek emergent and urgent care
4. **General Medicine and Surgery:**Diagnosis and management of common medical problems – infections, infestations, deficiencies, nutritional disorders and endocrine disorder, immune disorders, neurological disorders, transplant surgery, radical surgical procedures, emergency surgeries etc.
5. **Therapeutics:** Theoretical basis, principles and practice, rationale, technique, indications, contra-indications, side-effects, special considerations with regard to all the known pharmacological and non-pharmacological (psychological) treatment approaches.
6. **Research methodology and statistics:**Research methodology and statistics as applied to CL Psychiatry. To undertake and supervise research.
7. **Legal perspectives on CL Psychiatry:** Legislations, policies and programmes pertaining to CL Psychiatry including sexual abuse, elder abuse, suicide.
8. **End of Life Care:** sensitivity to end-of-life care, withdrawal and withholding of care, and issues regarding the provision of compassionate care.
9. **Ethics in C-L Psychiatry:** Consent, privacy and other issues related to medical ethics and principles of ethical practice.To determine capacity when indicated and provide expert opinion with regards to advance directives, the right to refuse treatment and withholding of medical treatment.
10. **Setting Up a C-L Service & C-L Psychiatry Administration:** How to set-up and manage CL Psychiatry services in General hospital and other medical settings.

B: Clinical Experience and Teaching

The trainee will have experience of assessing and treatment of sufficient number of patients seen in medical-surgical settings. He/She will work with patients in medical wards, surgical wards, various outpatient clinics, pain clinic, intensive care units, oncology setting, endocrinology services, neurology services, cardiology services, hepatology services, plastic surgery services, urology services etc.

There will also be exposure to range of different type of treatment setting, difficult to treat patient, family issues in CL Psychiatry setting and relationship issues between patient/family and treating teams.

The training will also include recognition and management of common psychiatric conditions encountered in emergency medical-surgical outpatients and emergency medical-surgical wards.

Experience will be obtained in use of full range of treatments: Pharmacological, behavioural and psychotherapeutic. Will be imparted training in assessing and managing psychiatric emergencies. Clinical experience will involve assessment of patients across all ages.

C: Specific Experience

1. Intensive care units: The trainee will have clinical experience in providing psychiatric inputs for patients admitted in various intensive care units.
2. Neurology: The trainee will have clinical experience in providing psychiatric inputs for patients presenting with various neurological diseases.
3. Psycho-oncology: The trainee will have clinical experience for assessment and management of psychological and psychiatric issues in patients with various malignancies.
4. Psychiatric aspects of organ Transplantation: The trainee will have experience of evaluating psychosocial issues in patients requiring organ transplant, undergoing organ transplant and have received organ transplant.
5. Endocrinology: Endocrine as a specialty is very closely associated with psychiatry. Pathogenesis of most of the psychiatric disorders also involves alteration in the levels of various hormones. The trainee with have clinical experience of evaluating psychiatric issues in patients with endocrine disturbances and vice-versa.
6. Psychotherapy: The trainee will have experience in use of full range of psychotherapies commonly used in CL psychiatry set-up. He/she should be able to use psychotherapy in a flexible way either singly or in combination with other treatments.

D: Types of Treatments

Experience will be obtained in use of full range of treatments: pharmacological, behavioural and psychotherapeutic. There should be experience in assessing and managing psychiatric emergencies. Psychotherapy experience should include individual, family and group psychotherapy.

E: Lecture Courses:

Entire training period will be divided into 4 parts (3 months each) and following courses will be taught as weekly lectures:

1. Health psychology
2. Epidemiology of psychiatric disorders in medically ill patients
3. Emergency Psychiatry

4. Addiction Psychiatry
5. Self-harm and suicidal behaviours
6. Psychological and psychiatric effects of toxins, and medical and surgical treatments and medications
7. Catatonia
8. Psycho-oncology
9. Reproductive Psychiatry
10. Psycho-neuro-immuno-endocrinology
11. Psychiatric aspects of Organ Transplantation
12. Psychopharmacology in medically ill
13. Psychotherapy in medically ill
14. Legal and administrative CL psychiatry
15. Research methodology and Biostatistics

F: Treatment settings/positioning

The trainees will have experience of working in a variety of settings and with full range of related disciplines. These should include emergency outpatient, emergency ward setting, on call consultation-liaison services, oncology, endocrinology, pain and rheumatology services, cardiology services, paediatrics services and various intensive care units. While working in these service areas their work would be supervised by the core faculty of CL Psychiatry.

1. Emergencies: Dealing with emergencies such as delirium, agitation, violence, attempted suicide, acute psychoses, substance withdrawal and intoxication, emotional crisis etc.
2. On call Consultation Liaison Services: Trainees will be involved in providing consultative service to patients referred from various specialties. Inpatient Posting: Trainees will have experience of working in an in-patient medical and surgical unit.
3. Outpatient Department: Trainees will be involved in providing consultative service to internal medicine and general surgery services, endocrinology outpatient services, oncology outpatient services, cardiology outpatient services, neurology outpatient services.
4. Posting in general psychiatry services: Trainees will be posted in psychiatry outpatient services, especially to evaluate patients referred from other specialties and geriatric patients.
5. Others: Trainees are expected to attend CME and conferences relating to consultation-liaison psychiatry. Deficiencies in training or exposure to areas of special interest would be made up by periods of attachment to other units and courses.

G. Schedule of Positioning#:

Place of Posting	
On Call Consultation-liaison Psychiatry Services	3 months
Emergency Services (EMOPD, ESPOD& Trauma)	1 months
Psychiatry outpatient services	1 month

Internal medicine	1 month
General Surgery and allied specialties	1 month
Intensive care units (Main ICU, CCU, RICU, Hepatology ICU, Neurology and Neurosurgery ICU)	1 month
Radiotherapy and Oncology services	1 month
Endocrinology	1 month
Neurology & Neurosurgery	1 month
Cardiology and Cardiothoracic services	1 month

While working in the various service areas of the hospital their work would be supervised by the core faculty of CL Psychiatry.

H:Teaching Experience

The ultimate aim of the PDF course will be to produce super specialist in CL Psychiatry who will not only provide clinical service, but also will teach and train other professionals involved in care of CL Psychiatry. Hence, during their training the trainees will get opportunities to teach trainees in general psychiatry, junior trainees in CL psychiatry, MD/MS trainees in other medical and surgical specialities, DM trainees in other medical and surgical specialities and other professionals involved in care of medical and surgical patients. This is to prepare them for the teaching role of future consultant. The teaching should involve both clinical instruction and academic tuition.

The passed out candidate are expected to join other institutions and start CL psychiatry academic and service units at their respective places and head the department of CL psychiatry services when it is created in due course.

Teaching and learning methods

1. Clinical training: The trainee will be exposed to the clinical cases and their work will be supervised by the faculty members.
2. Clinical Teaching: There will be regular clinical teaching on cases worked up by the trainee along with discussions of conceptual issues and clinical diagnosis, differential diagnosis and management.
3. Academic presentations and discussions: regular academic meetings geared to keep the trainee abreast with contemporary advances and developments in the field of CL Psychiatry would be held. These would consist of seminars, conferences, journal clubs and psychosomatic rounds under supervision of a consultant.
4. Lecture Courses: Lectures will be held providing a broad and full coverage of CL psychiatry and related areas.

Seats and Eligibility for admission:

- The course will be started with 2 seats, i.e., 1 general seat per year out of the sanctioned strength of Senior Residents and 1 seat for in-service/sponsored candidates. One foreign national seat may also be considered every alternate year.
- To be eligible for the course a candidates must possess MD in Psychiatry and 2 years of Senior Residency in Psychiatry (General Adult Psychiatry) or equivalent teaching experience from an Institute recognised by the Medical Council of India.

Age limit

- The upper age limit for the said course will be 35 years; relaxable by 5 years for sponsored candidates.

Reservation

- There will be no reservation for this postdoctoral course.

Duration of course

- The duration of course will be 1 year.

Selection procedure

- All India Entrance examination of 100 marks (60 for theory and 40 for interview) will be conducted. Three candidates in the merit list will be called for each seat to be screened by the departmental committee.

Assessment (Formative i.e. internal assessment and End assessment)

To be admitted to the examination the candidate should have satisfied the following conditions:

1. Has produced a certificate from the Head of the Department for having satisfactorily completed the training programme and put in attendance as per PGI rules.

Internal Assessment: Periodic Assessment will be done during the course. Three monthly assessment of the trainee including performance in theory exams in courses taught, clinical/practical exam, and assessment of day to day clinical and academic work as well as of discipline and responsibility by the faculty of the department will be done and sent to the Dean of the Institute for information and record. This will constitute the internal assessment and will be shown to the external examiners at the time of final exams.

Scheme of examination (final exam):

The general scheme of examinations for PDF shall be: Theory, practical and viva-voce. The candidate shall be permitted to take the examination only after all the conditions are fulfilled.

A. Theory: 2 papers (3 hours each)

a. Paper I – **Clinical CL Psychiatry-I**(Delirium, Depression in medical-surgical setting, Alcohol and Drug Abuse in the General Medical Setting (including withdrawal states), Anxiety in the General Medical Setting, Death, Dying, and Bereavement, Dementia in

the General Medical Setting, Factitious Disorders and Malingering, Pain, Personality Disorders in the General Medical Setting, Psychiatric Sequelae in Burn Patients,

b. Paper 2 – **Clinical CL Psychiatry-II** (Psycho-oncology, Psychiatric Aspects of Organ Transplant Psychiatry, Psychiatric Issues in patients admitted to intensive care units, Psychopharmacology of the Medically ill (including drug interactions), Psychotherapy of the Medically Ill,Recent advances in CL Psychiatry, Ethical and Legal Issues, Determination of Capacity and other Forensic Issues in C-L Psychiatry, Administrative CL Psychiatry

B. Clinical Examination and viva voce

Clinical examinations shall consist of at least one long and 2 short cases.

Assessment of candidate

A candidate shall be declared to have qualified for the PDF degree in CL Psychiatry if the candidate has satisfied the members of the board of examiners individually or collectively that he/she has adequate knowledge in the specialty. There shall be no marking or ranking. The verdict shall be successful or unsuccessful.

A candidate shall successfully complete the examination in not more than 4 attempts failing which the candidate shall be required to seek fresh admission to the course

The final examination shall be conducted at the end of the 10-11 months of the course.

Board of examiners

The board of examiners shall consist of 3 members of whom 1will be Head of the Department and one will be an external examiner. All examiners will be psychiatrists.

Procedure for selecting the theory question paper: the chairperson of the board of examiners shall obtain the question paper from other examiners and moderate these.

7. RESEARCH

In addition to the service and training functions as already highlighted, the Department is involved in the multiple research projects, which can be categorized as below:

1 PGI Research Schemes supported by the Institute Research Fund

2 Funded Research supported by governmental and non-governmental organizations and the WHO

3 M.D. thesis/DM Thesis

4 Ph.D. thesis

5 Departmental Research carried out by the Faculty without any funding

The invitations to join as a Co-guide for M.D./Ph.D. thesis in another Department of PGI should be accepted by the faculty members after discussion at the monthly Faculty Meeting. As a good practice, patients and their caregivers whenever to be recruited for any research study, the consent of the consultant in charge of the case must be obtained.

7.1 GUIDELINES FOR RESEARCH AUTHORSHIP

(As approved in Faculty-I Meeting dated Nov.1, 1995)

FUNDED PROJECTS

a The authorship credit should be Chief-Investigator, Co-Investigators and all other Professional staff. However, by prior mutual agreement between the Chief-Investigator and the other team-members this order maybe changed

b. If the research depends (even partly) on the projects done in the past, the Chief and the Co-Investigators who have worked with the cases/data earlier should beconsulted before hand and authorship credit should be finalized with them by prior mutualconsent

THESIS

a. If the candidate writes the research paper based on thesis work, the authorship, credit will be: Candidate, Chief Guide and Co-Guides. By prior mutual agreement, order of credit for Chief-Guide and Co-guides may be altered, as also the names of other professional staff added, depending upon their contribution to the research/publication write-up

b. If the candidate does not write the research paper within the time period stipulated by the Institute, the guides may write the research paper giving him credit as one of the authors, not necessarily as the first author

c. If under 2b above, the signature of the candidate cannot be obtained for a publication, an acknowledgement of his name and the title of his thesis should be made in lieu of authorship credit. In such cases the failure to obtain the candidates signature should be accounted for by one email send to his last email address which was active during his training in the institute or which he has updated

NON-FUNDED RESEARCH

a. All proposals should be presented, in advance, in the Faculty-I meeting with the details of data sources, who conceived and formulated, who will collect and analyze the data, who will write the report, proposed authorship etc. for discussion and agreement on authorship. If after the approval the plan is changed, it should be brought to the Faculty-I Meeting for re-approval

b. All research proposals should have at least one faculty member associated with it, who would coordinate/supervise the study as well as determine the authorship credit as per the guidelines provided below

c. In case of special clinics (CAP, MPC, Lithium, DDTC, ECT, C-L, Geriatric, DC, any others), the research should be supervised by the concerned faculty members primarily. However, in principle, the data should be accessible to other faculty members as well, who should collaborate with faculty members in the special clinics and share the work beginning at the stage of conception and formulation

d. For prospective research the authorship credit should be determined in descending order of importance, by 1. Conception and formulation; 2. Data collection and analysis; 3. Report writing.

e. For retrospective research the authorship credit should be determined, in descending order of importance, 1. Conception and formulation; 2. Data collection and analysis; 3. Report writing; 4. First four Faculty members in order of number of cases contributed by them , provided they have been working with the Department /special clinic in the last 3 years. The Head of the department is the ultimate repository of all retrospective data. Therefore all research, based on regular retrospective data and data gathered from cases worked up under the SRs ought to offer the authorship credit to the Head of the department.

f. The authorship credit in case of case-reports should be determined by the concerned faculty member and should include concerned SRs and JRs, if they contribute to the report writing

g. In case of papers based primarily on the work of non-medical professional's e.g. Psychological tests social work etc. they will have access to socio demographic, clinical and diagnostic data for correlation purposes

h. The authorship for papers not based on departmental data e.g. reviews, letters to the editor, theoretical papers etc. will belong to the concerned person/s

i. All disagreements regarding research/authorship credit must be discussed in Faculty-I Meeting and decided by consensus and/or a majority decision. In such cases a junior member/student should be given greater benefit. However, in case of a dispute, the matter may be referred to the appropriate bodies of PGI

RESEARCH PROJETS BY THE MSc NURSING STUDENTS

Every semester MSc (Psychiatric Nursing) students have to conduct their research projects of one year duration. To carry out research in the Department of Psychiatry, each of the students must have at least one co-guide from the department. The project should be approved by the Head of the Department, Psychiatry. The concerned co-guide from the department will inform all other faculty members about the proposal and should share the proposal as well. For recruiting patients, individual faculty member should be consulted, unless a generic approval has been granted by someone.

8. OTHER ADMINISTRATIVE DETAILS

8.1 Departmental Meetings (Administrative)

For better co-ordination and execution of Departmental activities and to seek the opinions and suggestions of the various members of the Department , a number of Departmental meetings are held. These are as follows:

Meeting	Meeting frequency	Attendance
Faculty-I	Once a month	Faculty
Faculty-II	Once a month	Faculty, Residents
Whole Department	Fifth Friday	All members/staff of the Department
OPD Administrative	Once a month	Faculty I/C & OPD staff
Ward Administrative	Once a month	Faculty I/C & Ward staff

8.2 Procedure for Leave

Good leaves are those that are pre-planned well ahead of time and where the necessary attention has been paid to arrangements for one's duties during his absence. Thus, applications for leave should be submitted well in time. It is primarily the responsibility of the applicant to make the necessary arrangements for his duties and responsibilities during the period of the leave. Arrangement for coverage by a colleague should be made on individual level on the basis of mutual agreement. Where such arrangement is not possible, it should be brought to the notice of the supervisor/head of the Department for an administrative decision.

Responsibilities of the person covering - A person can sign to cover for only one person at a time. He forfeits the right of leave during the period for which he has agreed to cover (except in case of an emergency)

The leave will be considered to have been granted with the favorable recommendation of faculty member I/C. The application should then be left in the office for record. No leave is admissible (except in dire emergencies) till it is granted as above.

Earned/Medical/Compensatory Leave

Application for earned leave must be submitted well ahead of time (at least 1 month before the date of departure). These can be granted only by the appointing authority i.e. Director PGI in case of PGI staff and Programme Director in case of Other Funded Research staff

Casual Leave

The applications should be signed by the person(s) covering for the applicant during the leave; supported by the immediate supervisors and recommended by the faculty member I/C as per the following:

		Supported by	Sanctioned by	Recommended by
1.	J.R. Psychiatry assigned to ward	SR I/C	Faculty member I/C of leaves	
2.	J.R. Psychiatry assigned to OPD			

3.	J.R. Psychiatry assigned to CL/Neurology/ other extra-mural duties			HOD
4.	J.R. in clinical Psychology	- -		
5.	S.R.	- -		
6.	Research scheme staff		Principal investigator of scheme	
7.	Faculty and administrative staff		HOD	
8.	Professional non-medical PGI staff	SR	Faculty member I/C on that day of Psychology section, ward or OPD	
9.	Residents from Internal Medicine	SR ward or OPD	Faculty I/C Medicine residents	

8.3 Miscellaneous

In addition to the academic activities the members of the Department also involve themselves in many social and recreational activities. There exists an entertainment committee that organizes various social functions each year

Annual Dinner of the Department: It is contributory dinner for the whole Department arrangedin the month of March or April each year

Annual Picnic of the Department: A contributory picnic is arranged for the whole Departmenteach year in the month of September or October

Other Social Functions: Small get together are arranged from time to time to felicitate memberson special occasions such a marriage, awards and achievements, farewell to outgoing members, welcome new entrants or Departmental guests etc.

Patients‖ Recreation: All the members of the Department contribute annually towards patientrecreation fund, which is utilized for celebrating two festivals (Lohri and Diwali) in both

the Psychiatry Ward and DDTC Ward for in-patients. For this, and the other social functions an amount is collected per year from each member of the Department in the beginning of the year ***Annual Departmental Statistical Meeting*:**Each service area compiles the patient statistics for thepreceding calendar year and follow-up data till 30th June of the following year. This exercise is usually completed between July and October and the analysis is presented in a meeting in October or November. All the professional staffs attend the meeting By continuous and seamless communication, coordination and collaboration among themselves, all members of the department are committed and determined to provide a state of the art and humane clinical and academic services

Department of Psychiatry

Postgraduate Institute of Medical Education & Research, Chandigarh-160012, INDIA