

Draft of Indian Psychiatric Society's Competency Based Medical Education Manual for Undergraduate MBBS Psychiatry training

An initiative from IPS UG education subcommittee

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Introduction & Foreword to Draft Practical Guidelines for Competency Based Medical Education for MBBS students – Seeking Feedback from esteemed members of the IPS

The Medical Council of India released the new Competency Based Undergraduate Curriculum for the Indian Medical Graduate Program in 2018 and the Government of India placed the same in November 2019. This curriculum became applicable for all MBBS students from the academic year 2019-2020 onwards. For all Teachers of Psychiatry for MBBS students in the country, the main teaching tasks as per the new curriculum began in the first half of 2021.

All the Psychiatry Teachers in Medical College across the country have been reflecting on how to implement this curriculum. Medical Colleges have formulated Curriculum Implementation Support Programs to develop teaching learning sessions. In this background, the UG Training Committee of the Indian Psychiatry Society (2019-2020) began meetings with experts from mid-2019 onwards. After initial informal meetings, formal meetings at Rishikesh in September 2019, Mumbai in January 2020 were held, and these continued into the ANCIPS 2020 at Kolkata. The UG committee co-opted several new members who all immensely helped with the preparations. The UG subcommittee announced by the new IPS Executive Council recently has invited members who worked on these plans in 2019 too. The UG subcommittee hopes to work with the PG subcommittee and other like-minded committees in a coordinated manner to implement the CBME.

We are pleased to bring out practical guidelines for implementing the new curriculum in all the medical colleges in the country. This includes Specific Learning Objectives (SLOs) for each of the 117 competencies targeted under Psychiatry. We have indicated a potential list of lectures to cover most of the theoretical aspects along with sample lesson plans. We have included a broad schedule for using the 22 days of Psychiatry clinical postings (10 in Part I of the Clinical postings and 12 days in Part II of the Clinical postings) for exposure to needed skills. There is also a list of sessions suggested for integrated teaching as necessitated by the curriculum.

We seek feedback from all members of the Society on these suggestions. We hope to discuss the list of suggestions and finalize the practical guidelines at the earliest.

This guideline is neither seen as exhaustive nor binding. We are sure that many enlightened teachers around the country would come out with innovative and impactful teaching programs around this new curriculum. We hope to learn from these efforts and seek their

help in framing training programs for teachers. We believe this guideline is the minimum teaching required as per the new curriculum which has Psychiatry as one of three subjects (together totaling 50 marks) in Part II Medicine paper in the Final year MBBS examinations. This guideline is particularly expected to help colleges with small number of teachers faced with planning teaching programs for many students.

We thank Dr Vinay Kumar, President, Dr Lakshmikanth Rathj, Vice-president, Dr M.Aleem Siddiqui, Treasurer, Dr.Arabinda Bhadra, Hon. Gen. Secretary of Indian Psychiatric Society and all members of the current EC for helping us take this forward. We also thank the past presidents Dr. NN Raju, Dr Gautham Saha, Dr Mrugesh Vaishnav & Dr P K Dalal and past general secretaries Dr. TSS Rao, Dr Vinay Kumar and the entire team of EC of 2019-2020 & 2020-2021 & 2022-2023 for initiating and sustaining this process. A special word of thanks to Dr. O P Singh, Editor, Indian Psychiatric Society who has been of direct help in developing these guidelines throughout. Professor Mohan Isaac has been a guiding light throughout and was with us at Rishikesh and Mumbai. We express our sincere appreciation for his longstanding support for this endeavor.

We are grateful to the work done by previous IPS UG sub-committee members: 2018-2019 committee (Chairperson: Dr M V Ashok, co-chair: Dr Anil Nischal, convenor: Dr Malay Dave, co-opted member: Dr Henal Shah), 2019-2020 committee (Chairperson: Dr Anil Nischal, Co-chair-person : Dr Ravi Gupta, convenor: Dr Vinay HR and member: Dr Priya Sreedaran), 2020-2021 committee (Chairperson: Dr Ravi Gupta, Co-chair: Dr Vinay H R, Convenor: Dr Priya Sreedaran, advisor Dr Anil Nischal & EC Co-ordinator: Dr Adarsh Tripathi) & 2021-2022 committee (Advisor: Dr Rashmin M Cholera, Chairperson: Dr Manoj Kumar Sahu, Convenor: Dr Imon Paul, EC co-ordinator: Dr Adarsh Tripathi).

We are aware of the changing guidelines from NMC with respect to CBME implementation including the expansion of clinical schedule to 6 weeks which will be applicable for 2023 MBBS batch and will update the manual prior to the same.

Once again, thanking IPS for this opportunity,

Ashok Mysore

Chairperson, Task force for UG Training in Psychiatry Indian Psychiatric Society (2018-2019)

Anil Nischal

Chairperson, UG Training Committee, Indian psychiatric Society 2019-2020

IPS members who also attended the meeting in Mumbai in January 2020 organized by Dr **Henal Shah** at TNMC (Nair hospital) Mumbai:

Kishor M Malay Dave Henal Shah Ravi Gupta Vinay HR & Priya Sreedaran

In addition to the above, the following members also attended the meeting in Rishikesh in September 2019 organized by **Ravi Gupta's** team at AIIMS, Rishikesh. We have also included below the names of other members who have been involved in this process.

Anindya Das Aniruddha Basu Arghya Pal Jitendra Rohilla Mohan Dhyani

Mukesh Swami Naresh Nebhinani Om Prakash Singh Pankaj Kumar PK Singh

Priyaranjan Avinash Rajat Ray Rakesh Kumar Chadda Ram Kumar Solanki

Sai Krishna Tikka Shobit Garg Sreeja Sahadevan Vijay Krishnan Vikram Singh Rawat

Vishal Dhiman Vikas Menon, Ajay Kumar and Suhas Chandran

Competency Based Medical Education
Suggested Lecture schedule plan (IIIrd MBBS, Part 1)

No	Topic	Competencies	Time	T/L method	Assessment
1	Doctor patient relationship (Linked to AETCOM MODULE 1.3, 4.4)	<ul style="list-style-type: none"> • Components of communication (Linked to AETCOM MODULE 1.4,2.1,3.3,3.3,4.1,4.4) • breaking bad news (Linked to AETCOM MODULE 2.5, 4.8) • importance of confidentiality (Linked to AETCOM MODULE 3.4) PS1.2	1 hour	Lecture/ Small Group	Viva/written/MCQs
2	Mental health	<ul style="list-style-type: none"> • Stress, components and cause • time-management, study skills, balanced diet, sleep wake cycle PS2.1, PS2.2	1 hour	Lecture/ Small Group	Viva/written/MCQs
3	Mental health	<ul style="list-style-type: none"> • Components of memory, learning and emotions • Principles of personality development and motivation • Define and distinguish between normality and abnormality. PS2.3, PS2.4, PS2.5	1 hour	Lecture/small groups	Written/Viva/MCQs

4	Introduction to psychiatry	<ul style="list-style-type: none">• Growth, history, development of psychiatry as specialty• Brain and behaviour <p>PS3.1</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
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5	Introduction to psychiatry	<ul style="list-style-type: none"> • Signs and symptoms of common mental disorders • Biological, psychological and social factors and their interactions in causation of mental disorders • Distinguish psychotic and non-psychotic disorders <p>PS3.2, PS3.6, PS3.12</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
6	Introduction to psychiatry	<ul style="list-style-type: none"> • Pharmacological basis and side-effects of drugs used in psychiatric disorders <p>PS3.10</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
7	Substance Use disorders	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS4.1, PS4.4, PS4.6, PS4.7</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
8	Psychotic disorders	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS5.1, PS5.3, PS5.5, PS5.6</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
9	Depression	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs 	1 hour	Lecture/ Small Group	Viva/written/MCQs

		<ul style="list-style-type: none"> • Conditions for specialist referral <p>PS6.1, PS6.4, PS6.6, PS6.7</p>			
10	Bipolar disorders	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS7.1, PS7.4, PS7.6, PS7.7</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
11	Assessment		1 hour		
12	Anxiety disorders	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS8.1, PS8.4, PS8.6, PS8.7</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
13	OCD	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-1-hour effects of drugs • Conditions for specialist referral <p>PS8.1, PS8.4, PS8.6, PS8.7</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs

14	Stress related disorders	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS9.1, PS9.4, PS9.6, PS9.7</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
15	Personality disorders	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS11.1, PS11.4, PS11.6, PS11.7</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
16	Psychosexual and Gender Identity disorders (Psychosexual disorders)	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS13.1, PS13.4, PS13.6, PS13.7</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
17	Psychosexual and Gender Identity disorders (Gender Identity disorders)	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS13.1, PS13.4, PS13.6, PS13.7</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs

18	Emotional & Behavioral problems in Child and Adolescence (ADHD, ODD, CD)	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS14.1, PS14.3, PS14.5, PS14.6</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
19	Other specific childhood psychiatric disorders (enuresis)	<ul style="list-style-type: none"> • Magnitude & aetiology • Treatment • Pharmacological basis and side-effects of drugs • Conditions for specialist referral <p>PS14.1, PS14.3, PS14.5, PS14.6</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
20	Psychiatric disorders in elderly	<ul style="list-style-type: none"> • Common psychiatric disorders including dementia, depression & psychosis • Magnitude & aetiology • Therapy in elderly • Conditions for specialist referral <p>PS16.1, PS16.2, PS16.3, PS16.5</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
21	Psychiatric emergencies	<ul style="list-style-type: none"> • Describe recognition of psychiatric emergencies like suicide, deliberate self-harm and aggressive <p>PS17.1, PS17.2, PS17.3</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs

22	Therapeutics	<ul style="list-style-type: none"> Describe principles of psychosocial interventions in psychiatric illness including psychotherapy, rehabilitation and behavioural therapy <p>PS18.3</p>	1 hour	Lecture/ Small Group	Viva/written/MCQs
23	Assessment	<ul style="list-style-type: none"> Second assessment 	1 hour	Lecture/ Small Group	Viva/written/MCQs
24	Review and Feedback				

Competency Based Medical Education
Suggested Integrated Lecture/Tutorials schedule plan

No	Topic	Competencies	Posting & Integration	Time	T/L method	Assessment
1	Introduction to psychiatry	<ul style="list-style-type: none"> • Enumerate, describe common psychiatric disorders, magnitude, aetiology and clinical features in patients with organic psychiatric disorders • Essential investigations in patients with organic psychiatric disorders <p>PS3.7, PS3.8</p>	3 rd year General Medicine	1 hour	Lecture/ Small Group	Viva/written/MCQs
2	Alcohol and substance use disorders	<ul style="list-style-type: none"> • Magnitude and aetiology of alcohol use disorders • Treatment of alcohol use disorders including pharmacotherapy and psychotherapy • Pharmacological basis and side-effects of drugs in alcohol use disorders • Appropriate conditions for specialist referrals in alcohol use disorders <p>PS4.1, PS4.4, PS4.6, PS4.7</p>	3 rd year General Medicine	1 hour	Lecture/ Small Group	Viva/written/MCQs

3	Psychosomatic disorders	<ul style="list-style-type: none"> • Magnitude and aetiology of psychosomatic disorders • Treatment of psychosomatic disorders • Pharmacological basis of treatment and side-effects of psychosomatic disorders • Appropriate conditions for specialist referral <p>PS12.1, PS12.4, PS12.6, PS12.7</p>	3 rd year General Medicine	1 hour	Lecture/ Small Group	Viva/written/MCQs
4	Psychosomatic disorders	<ul style="list-style-type: none"> • Magnitude and aetiology of psychosomatic disorders. Psychocutaneous disorders could be an example. • Treatment of psychosomatic disorders • Pharmacological basis of treatment and side-effects of psychosomatic disorders • Appropriate conditions for specialist referral <p>PS12.1, PS12.4, PS12.6, PS12.7</p>	3 rd year Dermatology	1 hour	Lecture/ Small Group	Viva/written/MCQs
5	Mental retardation, scholastic backwardness, neurodevelopmental disorders, autism	<ul style="list-style-type: none"> • Magnitude & aetiology • Intelligence quotient and assessment 	3 rd year Pediatrics	1 hour	Lecture/ Small Group	Viva/written/MCQs

		<ul style="list-style-type: none"> • Psychosocial treatments and interventions <p>PS15.1, PS15.3, PS15.4</p>				
6	Miscellaneous	<ul style="list-style-type: none"> • Relevance and role of community psychiatry • Objectives, strategies and contents of National Mental Health Program • Describe the concept principles of preventive mental health promotion (positive mental health); and community education. • Enumerate and describe the identifying features and the principles of participatory management of mental illness occurring during and after disasters. <p>PS19.1, PS19.2, PS19.4, PS19.5, PS19.6</p>	3 rd year Community psychiatry	1 hour	Lecture/ Small Group	Viva/written/MCQs
7	Miscellaneous	<ul style="list-style-type: none"> • Describe and discuss basic legal and ethical issues in psychiatry <p>PS19.3, PS19.4</p>	3 rd year Forensic	1 hour	Lecture/ Small Group	Viva/written/MCQs

8	Risk assessment for suicide	<ul style="list-style-type: none"> Enumerate and describe recognition of suicide risk in individuals <p>PS17.1</p>	3 rd year	1 hour	Lecture/ Small Group	Viva/written/MCQs
9	ECT and other modalities like RTMS	<ul style="list-style-type: none"> Indications of modified ECT Indications of other modalities <p>PS 18.2</p>	3 rd year	1 hour	Lecture/ Small Group	Viva/written/MCQs
10	Psychological assessments		3 rd year	1 hour	Lecture/ Small Group	Viva/written/MCQs

Competency Based Medical Education
Suggested Clinical postings' plan in II MBBS (Part A)

*1 day of clinical posting= 3 hours

No	Topic	Competencies	Time	T/L method	Assessment
1	Doctor patient relationship	<ul style="list-style-type: none"> ● Developing rapport & empathy ● breaking bad news ● importance of confidentiality <p>PS1.1, PS1.3, PS1.4, PS3.4</p>	*1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
2	Introduction to psychiatry	<ul style="list-style-type: none"> ● Eliciting, presenting & documenting psychiatric history <p>PS3.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
3	introduction to psychiatry	<ul style="list-style-type: none"> ● Performing mini mental state examination <p>PS3.5</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations,	OSCE, OSLER, DOPS, CBD

				Audio-visual aids	
4	Alcohol use disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features of alcohol use disorders Enumeration, describe and interpret laboratory investigations in such patients <p>PS4.2, PS4.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	
5	Substance use disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features of substance use disorders Enumeration, describe and interpret laboratory investigations in such patients <p>PS4.2, PS4.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	
6	Psychotic disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with psychotic disorders <p>PS5.2</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	

7	Depression	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with depression Enumeration, describe and interpret laboratory investigations in such patients Suicide risk assessment <p>PS6.2, PS6.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	
8	Bipolar disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with bipolar disorders Enumeration, describe and interpret laboratory investigations in such patients <p>PS7.2, PS7.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	
9	Anxiety disorders (excluding OCD)	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with anxiety Enumeration, describe and interpret laboratory investigations in such patients <p>PS8.2, PS8.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	
10	Assessment		1 day of clinical posting	Guided observation of consultants,	

				role-plays, demonstrations, simulations, Audio-visual aids	
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Competency Based Medical Education

Suggested Clinical postings' plan in III MBBS, Part 1 (Part B)

*1 day of clinical posting= 3 hours

No	Topic	Competencies	Time	T/L method	Assessment
11	ORGANIC PSYCHIATRY	All competencies are of cognitive (knowledge) based domains.	*1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
12	Family education	Describe and demonstrate steps of family education in a simulated environment in a patient with <ul style="list-style-type: none"> • Organic psychiatric disorder • Alcohol & substance use disorder • Schizophrenia • Depression • Bipolar disorder • Anxiety disorders • Stress related disorders • Somatoform disorders • Personality disorders • Psychosomatic disorders • Psychosexual and Gender identity disorders 	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD

		<ul style="list-style-type: none"> • Psychiatric disorders in childhood and adolescence • Elderly with psychiatric illnesses <p>PS3.9, PS4.5, PS5.4, PS6.5, PS7.5, PS8.5, PS9.5, PS10.5, PS11.5, PS12.5, PS13.5, PS14.4, PS16.5</p>			
13	Stress related/Dissociative disorders	<ul style="list-style-type: none"> • Describe, elicit & document clinical features of stress related/dissociative disorders • Enumeration, describe and interpret laboratory investigations in such patients <p>PS9.2, PS9.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
14	Somatoform disorders	<ul style="list-style-type: none"> • Describe, elicit & document clinical features of somatoform disorders • Enumeration, describe and interpret laboratory investigations in such patients <p>PS10.2, PS10.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
15	Personality disorders	<ul style="list-style-type: none"> • Describe, elicit & document clinical features of personality disorders • Enumeration, describe and interpret laboratory investigations in such patients <p>PS11.2, PS11.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD

16	Psychosomatic disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with psychosomatic disorders Enumeration, describe and interpret laboratory investigations in such patients <p>PS12.2, PS12.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
17	Psychosexual and Gender Identity disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with psychosexual and gender identity disorders Enumeration, describe and interpret laboratory investigations in such patients <p>PS13.2, PS13.3</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
18	Child and adolescent psychiatric disorders	<ul style="list-style-type: none"> Describe, elicit & document clinical features in patients with child and adolescent psychiatric disorders Enumeration, describe and interpret laboratory investigations in such patients <p>PS14.2</p>	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
19	Mental retardation	<ul style="list-style-type: none"> Describe, elicit & document clinical history in child with mental retardation Perform adequate physical examination in such children Choose appropriate investigations in child with mental retardation 	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations,	OSCE, OSLER, DOPS, CBD

		PS15.4		simulations, Audio-visual aids	
20	Psychiatric disorders in elderly	<ul style="list-style-type: none"> Perform family education in a patient with psychiatric disorders in elderly in a simulated environment PS16.4	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
21	OCD	<ul style="list-style-type: none"> Describe, elicit & document clinical history in patient with OCD Enumeration, describe and interpret laboratory investigations in such patients PS8.2, PS8.3	1 day of clinical posting	Guided observation of consultants, role-plays, demonstrations, simulations, Audio-visual aids	OSCE, OSLER, DOPS, CBD
22	Assessment				

Specific Learning objectives

Section 1: Doctor Patient Relationship

Number of competencies: 4

Suggested number of SLOs: 11

No	Competency	Specific Learning Objective	Domain/level	Core	T/L method	Assessment
PS1.1	Establish rapport and empathy with patients	<p style="text-align: center;"><i>At the end of the training, student should be able to</i></p> <p>1. Define & describe the meaning, of terms: Rapport and empathy</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
		<p style="text-align: center;"><i>At the end of the training, student should be able to</i></p> <p>2. Demonstrate comfort in communicating with patient</p> <p>3. Use modes of communication that enable patient to feel safe and comfortable in order to facilitate participation in a dialogue with the doctor.</p>	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

PS1.2	Describe components of communication	<p><i>At the end of the training, student should be able to</i></p> <p>4. Describe verbal, non-verbal and written communication and their components</p> <p>5. Should be able to enumerate at least three ways to improve each type of communication</p> <p>6. Should describe the importance of open-ended questions and eye contact with at least one point each.</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
PS1.3	Demonstrate breaking bad news in a simulated environment	<p><i>At the end of the training, student should be able to</i></p> <p>7. Mention steps of any one standard protocol (e.g. SPIKES / BREAKS) for breaking bad news.</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
		<p><i>At the end of the training, student should be able to</i></p> <p>8. Demonstrate breaking bad news using the six steps of the SPIKES model/ or any other standard model</p>	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

PS1.4	Describe and Demonstrate importance of confidentiality in patient encounters	<p><i>At the end of the training, student should be able to</i></p> <p>9. Enumerate at least two ethical principles of confidentiality including safeguarding of information and consent to disclose information</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
		<p><i>At the end of the training, student should be able to</i></p> <p>10. Enumerate at least two conditions under which confidentiality can be breached</p>	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs
		<p><i>At the end of the training, student should be able</i></p> <p>11. Demonstrate how the doctor discusses the role of ethical principles and the need to maintain confidentiality with the patient</p>	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

Section 2: Mental health

Number of competencies: 5

Suggested number of SLOs: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS2.1	Define stress and describe its components and causes	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define stress <i>(Psychological definition, Physiological definition)</i> 2. Describe components of stress with respect to the following points: <ul style="list-style-type: none"> • <i>The General Adaptation Syndrome – The Main Stages</i> • <i>The involvement of Immune & Endocrine Systems (HPA Axis & Other systems) – Name & Role of the Systems</i> • <i>Origins of Psychiatric & Non-communicable Diseases</i> 	K/K	Y	Lecture, Small group discussion	Viva/written/MCQs

		<ol style="list-style-type: none"> 3. Describe at least two causes of stress 4. Describe assessment of stress <i>(Assessment of Stress – Holmes Rahe Scale, Perceived Stressful Life Events Scale)</i> 				
PS2.2	Describe the role of time management, study skills, balanced diet and sleep wake habits in stress avoidance	<p><i>By the end of the training, the student will be able to</i></p> <p>Mention the role of the following in stress avoidance</p> <ol style="list-style-type: none"> 1. Time management <i>(Timetables & Prioritizing)</i> 2. Study skills <i>(Importance of Breaks & Relaxation)</i> 3. Balanced diet <i>(Timing & Restrictions)</i> 4. Sleep wake habits <i>(Sleep Hygiene)</i> 	K/KH	Y	Lecture, Small group discussion	Viva/written/MCQs

PS2.3	Define and describe the principles and components of learning memory and emotions	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define and describe principles and components of learning with respect to following <i>(Definition of Learning, Classical Conditioning – 2 points, Operant Conditioning – 2 points, Social / Observational Learning – 2 points)</i> 2. Define and describe principles and components of memory <i>(Definition of Memory, Types of Memory, Brain Structures Involved, 4 tips to Improving Memory including applied aspect like exam performance)</i> 3. Define and describe principles and components of emotions 	K/K	Y	Lecture, Small group discussion	Viva/written/MCQs
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		<i>(Definition of Emotions, Brain Structures Involved)</i>				
PS2.4	Describe the principles of personality development and motivation ^[SEP]	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe principles of personality development <i>(Theories – at least 2, Assessment Instruments – at least 2)</i> 2. Describe principles of motivation <i>(Definition, Theories – at least 2, Types – at least 2)</i> 	K/K	Y	Lecture, Small group discussion	Viva/written/MCQs
PS2.5	Define and distinguish normality and abnormality	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define normality and abnormality <i>(As Ideal, Norm, Biological)</i> 2. Distinguish between normality and abnormality including example from syndromic approach 	K/K	Y	Lecture, Small group discussion	Viva/written/MCQs

		<p>3. General Clinical Features of Abnormal Personalities – at least 3</p> <p>4. Abnormal Personalities according to the modern classification systems – name at least 3</p>				
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SECTION 3. Introduction to psychiatry

Number of competencies: 12

Number of suggested SLOs: 35

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS3.1	Describe growth of psychiatry as medical specialty, its history and contribution to medicine	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe at least two important milestones that contributed to the growth of psychiatry as medical specialty 2. Describe at least two important milestones in history of psychiatry 3. Describe at least two contributions of psychiatry to medicine 	K/KH	y	<p>Recommended:</p> <p>Lecture</p> <p>Others:</p> <p>Small group discussions, tutorials</p>	Viva/written/MCQs
PS3.2	Enumerate, describe and discuss important signs & symptoms of common mental disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least three types of 	K/KH	y	<p>Recommended:</p> <p>Lecture</p> <p>Others:</p>	Viva/written/MCQs

		common psychiatric disorders			Small group discussions/ tutorials	
		<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> To describe at least four clinical features per common mental disorder 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: Small group discussions/ tutorials</p>	Viva/written/MCQs
PS3.3	Elicit, present and document a history in patients presenting with a mental disorder	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> Interview a patient to elicit onset, course, duration and progress of illness with respect to present illness Interview a patient to elicit psychiatric history, past history, medical history, family history, personal history and premorbid history relevant to present illness. Document and present a history in 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants/Grand rounds</p>	OSCEs, DOPS, Case Based discussions (Individual or group format)

		patients with mental disorder including current illness, past history, medical history, family history, personal history and premorbid history				
PS3.4	Describe the importance of establishing rapport with patients	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a dialogue 2. Make the patient comfortable to share his/her history. 	S OR A/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants/Grand rounds</p>	<p>Role-plays, OSCEs, DOPS,</p> <p>(Individual or group format)</p>
PS3.5	Perform, demonstrate and document a mini-mental examination	<p><i>By the end of the training, the student will be able to</i></p>	S/SH	Y	<p>Recommended: Demonstrations</p>	<p>Role-plays, OSCEs, DOPS, Case based discussions</p>

		<ol style="list-style-type: none"> 1. Examine a patient to elicit consciousness, orientation, attention and registration, recent and remote memory. 2. Examine a patient to assess affect and mood 3. Examine a patient to assess speech 4. Examine a patient to assess form and content of thought 5. Examine a patient to assess perception 6. Examine a patient to assess insight into mental illness 			Others: Bed-side/simulations/role play/Guided observation of consultants/Grand rounds	(Individual or group format)
PS3.6	Describe and discuss biological, psychological & social factors & their interactions in the causation of mental disorders	<i>By the end of the training, the student will be able to</i> <ol style="list-style-type: none"> 1. Describe the role of brain, biology and genetic factors in causation of mental disorder 	K/KH	Y	Recommended: Lecture Others: small group, tutorials	Written/Viva/MCQs

		<ol style="list-style-type: none"> 2. Describe at least 2 psychological factors in causation of mental disorder 3. Describe at least 2 social factors & their interactions in the causation of mental disorders 4. Describe the interactions between these factors in causation of mental illness 				
PS3.7	Enumerate and describe common organic psychiatric disorders, magnitude, aetiology and clinical features	<p><i>By the end of training the student should</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe prevalence of at least four common organic psychiatric disorders secondary to medical/neurological conditions 2. Describe and discuss at least two important aspects in relation to aetiology of common 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group, tutorials</p>	Written/Viva/MCQs

		<p>organic psychiatric disorders</p> <p>3. Describe at least five clinical features of common organic psychiatric disorders</p>				
PS3.8	Enumerate and describe the essential investigations in patients with organic psychiatric disorders	<p><i>By the end of training the student should be able to</i></p> <ol style="list-style-type: none"> Describe at least two essential investigations in patients with organic psychiatric disorders Discuss at least one reason for role of the aforementioned investigations in patients with organic disorders 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group, tutorials</p>	Written/Viva/MCQs

PS3.9	Describe the steps and demonstrate in a simulated environment family education in patients with organic psychiatric disorders	<p><i>By the end of training the student –in a simulated environment- should be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on organic psychiatric disorders 2. Inform the nature of diagnosis of organic psychiatric disorders to family members 3. Inform the possible aetiology of organic psychiatric disorders to caregivers of family members 4. Inform employing appropriate techniques of at least two key aspects of treatment and prognosis of organic psychiatric disorders to caregivers and check for understanding about the same. 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants/Grand rounds</p>	<p>Role-plays, OSCEs, DOPS, (Individual or group format)</p>
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		Of patients with organic psychiatric disorders				
PS3.10	Enumerate and describe the pharmacologic basis and side effects of drugs used psychiatric disorders	<p><i>By the end of training the student should be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least four different classes of medications used in psychiatric disorder 2. Mention pharmacologic mechanisms of at least 2 drugs used in psychiatric disorders 3. Enumerate at least three side effects of every category of drugs used in organic psychiatric disorders 	K/KH	Y	Recommended: Lecture/Small group/ tutorials	Written/Viva/MCQs
PS3.11	Enumerate the appropriate conditions for specialist referral in patients with psychiatric disorders	<p><i>By the end of training the student should be able to</i></p> <ol style="list-style-type: none"> 1. Describe at least two appropriate conditions for specialist referral in 	K/K	Y	Lecture/Small group	Written/Viva/MCQs

		patients with organic psychiatric disorders				
PS3.12	Describe, discuss and distinguish psychotic and non-psychotic disorders (mood/anxiety/stress-related) disorders	<p><i>By the end of training the student should be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least 2 features of psychotic disorders. 2. Distinguish psychotic and non-psychotic disorders on at least two points (mood/anxiety/stress-related) disorders 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: Small group</p>	Written/Viva/MCQs

SECTION 4. Substance use disorders

No of competencies: 7

No of SLOs: 26

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS4.1	Describe the magnitude and aetiology of alcohol and substance use Disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention the prevalence and incidence of alcohol use disorders in India as per National Mental Health Survey -India (NMHS) 2. Mention the prevalence and incidence of at least three other substance use disorders as per NMHS 3. Describe at least one biological, social and psychological factor implicated in aetiology of alcohol use disorder 4. Describe at least one biological, social and 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small group discussions/tutorial</p>	Viva/written/MCQs

		psychological factor implicated in aetiology of three other substance use disorders				
PS4.2	Elicit, describe and document clinical features of alcohol and other substance use disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness in individuals with alcohol use disorders with regards presenting complaints, onset of harmful use of alcohol, onset of alcohol dependence, alcohol intoxication and withdrawal, history of seizures, history of delirium tremens and history of medical complications 2. Interview a patient to elicit history of present illness in individuals with at least one other substance use disorder 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants/Grand rounds</p>	OSCEs, DOPS, (Individual or group format)

		<p>with regards to onset of harmful use of at least one other substance, onset of dependence of at least one and history of any withdrawal symptoms</p> <p>3. Interview a patient to elicit past history, family history, medical history, personal history and premorbid history in individuals with alcohol use disorders</p> <p>4. Interview a patient to elicit past history, family history, medical history, personal history and premorbid history in individuals with at least one other substance use disorder</p>				
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PS4.3	Enumerate and describe the indications and interpret laboratory and other tests used in alcohol and substance abuse disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least two indications of laboratory and other tests used in alcohol use disorders 2. Enumerate at least two indications of laboratory and other tests used in at least one other substance use disorders 	S/SH	Y	<p>Recommendation: Demonstrations</p> <p>Others: Bed-side/simulations/role play/ guided observation of consultants</p>	OSCEs, DOPS, (Individual or group format)
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PS4.4	Describe the treatment of alcohol and substance abuse disorders including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe at least two aspects of pharmacological treatment of alcohol use disorders 2. Describe at least two aspects of pharmacological treatment of at least one other substance abuse disorders 3. Describe at least two principles of any two types of psychosocial therapies in treatment of alcohol use disorders 4. Describe at least two principles of any two psychosocial therapies in treatment of at least one other substance abuse disorder 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorials</p>	Written/Viva/MCQs
PS4.5	Demonstrate family education in a patient with alcohol and	<p><i>By the end of training the student –in a simulated</i></p>	S/SH	Y	<p>Recommended: Demonstrations</p>	Role-plays, OSCEs, DOPS,

	<p>substance abuse in a simulated environment</p>	<p><i>environment- should be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on alcohol use disorders 2. Initiate a conversation with family members about need to educate them on at least one other substance use disorders 3. Inform the medical model and nature of diagnosis of alcohol use disorders to family members 4. Inform the nature of diagnosis of at least one other substance use disorders to family members 5. Inform at least two key aspects of treatment and prevention of alcohol use disorders 		<p>Others: Bed-side/simulations/role play/Guided observation of consultants/Grand rounds</p>	<p>(Individual or group format)</p>
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		6. Inform at least two key aspects of treatment and prevention of at least one other substance use disorders to family members				
PS4.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in alcohol and substance abuse	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe at least two aspects of the pharmacologic basis of any two drugs used in treatment of alcohol use disorders 2. Enumerate and describe at least two aspects of the pharmacologic basis of any two drugs used in treatment of at least one other substance use disorder 3. Enumerate and describe at least two side effects of any two drugs used in 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/tutorials</p>	Written/Viva/MCQs

		<p>treatment of alcohol use disorders</p> <p>4. Enumerate and describe at least two side effects of any two drugs used in treatment of at least one other substance use disorder</p>				
PS4.7	Enumerate the appropriate conditions for specialist referral in patients with alcohol and substance abuse disorders	<p><i>By the end of training the student should</i></p> <ol style="list-style-type: none"> 1. Mention at least two conditions for specialist referral in patients with alcohol use disorders 2. Mention at least two conditions for specialist referral in patients with substance use disorders 	K/K	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/tutorials</p>	Written/Viva/MCQs

SECTION 5. Psychotic disorders

Number of competencies: 6

Suggested number of SLOS: 16

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS5.1	Classify and describe magnitude and etiology of Schizophrenia & other psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two key criteria/features used to classify schizophrenia & other psychotic disorders in ICD 10 classificatory systems. 2. Mention incidence and prevalence of Schizophrenia & other psychotic disorders in India as per NMHS 3. Describe at least two biological or pathophysiology factors implicated in aetiology of 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/ tutorials</p>	Viva/written/MCQs

		Schizophrenia & other psychotic disorders				
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PS5.2	Enumerate, elicit, describe and document clinical features in patients with Schizophrenia & other psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Schizophrenia & other psychotic disorders 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with schizophrenia & other psychotic disorders 4. Document and present a history in patients 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/observation of consultants/ Grand rounds</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>
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		with schizophrenia and other psychotic disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination				
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PS5.3	Describe the treatment of Schizophrenia & other psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least four class of drugs used as pharmacological treatment of Schizophrenia & other psychotic disorders 2. Describe the length of treatment and modalities to ensure adherence 3. Enumerate at least two psychosocial treatments of schizophrenia and other psychotic disorders 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs
PS5.4	Demonstrate family education in a patient with Schizophrenia & other psychotic disorders in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment -will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on schizophrenia and other psychotic disorders 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/ role play /observation of consultants/ grand rounds</p>	Role-plays, OSCEs, DOPS, (Individual or group format)

		<p>2. Inform the nature of diagnosis of schizophrenia and other psychotic disorders to family members</p> <p>3. Inform at least two key aspects of treatment of schizophrenia and other psychotic disorders</p>				
PS5.5	Enumerate and describe the pharmacologic basis and side effects of drugs used in Schizophrenia & other psychotic disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Enumerate and describe the pharmacologic basis of at least two class of drugs used in treatment of schizophrenia and other psychotic disorders</p> <p>2. Describe at least two side effects of drugs used in Schizophrenia & other psychotic disorders</p>	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs

PS5.6	Enumerate the appropriate conditions for specialist referral in patients with Schizophrenia & other psychotic disorders	<p><i>By the end of training the student should</i></p> <ol style="list-style-type: none"> 1. Enumerate at least two conditions for specialist referral in patients with Schizophrenia & other psychotic disorders 	K/K	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs
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SECTION 6. Depression

Number of competencies: 7

Suggested number of SLOs: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS6.1	Classify and describe magnitude and aetiology of depression	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe criteria of features used to classify depression under the ICD -10 classificatory system 2. Mention incidence and prevalence of depression in India as per NMHS 3. Describe at least 3 salient features of the biopsychosocial model of depression 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/ tutorials</p>	Viva/written/MCQs

PS6.2	Enumerate, elicit, describe and document clinical features in patients with depression	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/duration/ progress and course of illness clinical features of Depression 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with depression 4. Document and present a history in patients with depression with 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>
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		respect to history of present illness, past history, medical +history, family history, personal history and premorbid history and mental status examination				
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PS6.3	Enumerate and describe the indications and interpret laboratory and other tests used in depression	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two indications for performing laboratory tests in depression 2. Enumerate any two investigations that are to performed while evaluating patients with depression 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants/ Grand rounds</p>	OSCEs, DOPS, (Individual or group format)
PS6.4	Describe the treatment of depression including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe any two drugs class of drugs used in pharmacological treatment of depression 2. Enumerate any two types of non-pharmacological treatments for depression 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs

PS6.5	Demonstrate family education in a patient with depression in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on depression 2. Inform the nature of diagnosis of depression to family members 3. Inform at least two key aspects of treatment of depression 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants/ Grand rounds</p>	<p>Role-plays, OSCEs, DOPS, (Individual or group format)</p>
PS6.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in depression	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis of any two drugs used in treatment of depression 2. Describe any two side effects of at least two drugs used in depression 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs

PS6.7	Enumerate the appropriate conditions for specialist referral in patients with depression	<p><i>By the end of training the student should</i></p> <ol style="list-style-type: none"> 1. Enumerate any two conditions for specialist referral in depression 	K/K	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs
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SECTION 7. Bipolar Disorder

Number of competencies: 7

Suggested number of SLOS: 18

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS7.1	Classify and describe magnitude and etiology of bipolar disorder	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention criteria of features used to classify bipolar disorder under the ICD-10 classificatory system 2. Mention incidence and prevalence of bipolar disorder in India as per NMHS 3. State at least 2 factors associated with aetiology of bipolar disorder 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/ tutorials</p>	Viva/written/MCQs

PS7.2	Enumerate, elicit, describe and document clinical features in patients with bipolar disorder	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of bipolar disorder 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with bipolar disorder 4. Document and present a history in patients with bipolar disorder with respect to history of present illness, past 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/observation of consultants/ Grand rounds</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>
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		history, medical history, family history, personal history and premorbid history and mental status examination				
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PS7.3	Enumerate and describe the indications and interpret laboratory and other tests used in bipolar disorder	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two indications for performing laboratory tests in bipolar disorder 2. Enumerate at least two investigations that are to performed while evaluating patients with bipolar disorder and their interpretation 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/observation of consultants/Grand rounds</p>	OSCEs, DOPS, (Individual or group format)
PS7.4	Describe the treatment of bipolar disorder including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe role of Lithium as pharmacological treatment of bipolar disorder 2. Mention at least two other drugs used in treatment of bipolar disorder 3. Enumerate any two non-pharmacological treatments for bipolar disorder 	K/KH	Y	<p>Recommended: Lecture/</p> <p>Others: small groups discussions/ tutorials</p>	Written/Viva/MCQs

PS7.5	Demonstrate family education in a patient with bipolar disorder in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on bipolar disorder 2. Inform the nature of diagnosis of bipolar disorder to family members 3. Inform at least two key aspects of treatment of bipolar disorder 	S/SH	Y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/observation of consultants/Grand rounds</p>	<p>Role-plays, OSCEs, DOPS, (Individual or group format)</p>
PS7.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in bipolar disorder	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis of any two drugs used in treatment of bipolar disorder 2. Mention at least two side effects of at least 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorials</p>	Written/Viva/MCQs

		two drugs used in bipolar disorder				
PS7.7	Enumerate the appropriate conditions for specialist referral in patients with bipolar disorder	<p><i>By the end of training the student should</i></p> <p>1. Enumerate at least two conditions for specialist referral in patients with bipolar disorder</p>	K/K	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorials</p>	Written/Viva/MCQs

Section 8. Anxiety disorders

Number of competencies: 7

Number of SLOs: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS8.1	Enumerate and describe magnitude and aetiology of anxiety disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention criteria of features used to classify anxiety disorders under the ICD -10 classificatory system 2. Mention incidence and prevalence of anxiety in India 3. Describe at least one factor of each biological, psychological, and social model of anxiety disorder 	K/KH	y	Lecture/ Small Group	Viva/written/MCQs
PS8.2	Enumerate, elicit, describe and document clinical features in patients with anxiety disorders	<p><i>By the end of the training, the student will be able to</i></p>	S/SH	y	Demonstrations/Bed-side/simulations/role	OSCEs, DOPS, (Individual or group format)

		<ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of anxiety disorder 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with anxiety disorder 4. Document and present a history in patients with anxiety disorders with respect to history of present illness, past history, medical history, family history, 		<p>play/observation of consultants</p>	
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		personal history and premorbid history and mental status examination				
PS8.3	Enumerate and describe the indications and interpret laboratory and other tests used in anxiety disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two indications for performing laboratory tests in anxiety disorders 2. Enumerate any two investigations that are to be performed while evaluating patients with anxiety disorders 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)
PS8.4	Describe the treatment of anxiety disorders including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe any two drugs class of drugs used in pharmacological treatment of anxiety disorders 	K/KH	Y	Lecture/small groups	Written/Viva/MCQs

		2. Enumerate any two types of non-pharmacological treatments for depression				
PS8.5	Demonstrate family education in a patient with anxiety disorders in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on anxiety disorders 2. Inform the nature of diagnosis of anxiety disorders to family members 3. Inform at least two key aspects of treatment and prevention of anxiety disorders 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/observation of consultants	Role-plays, OSCEs, DOPS, (Individual or group format)

PS8.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in anxiety disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis of any two drugs used in treatment of anxiety disorders 2. Mention any two side effects of at least two drugs used in anxiety disorders 	K/KH	Y	Lecture/small group	Written/Viva/MCQs
PS8.7	Enumerate appropriate conditions for specialist referral in anxiety disorders	<p><i>By the end of training the student should</i></p> <p>Enumerate any two conditions for specialist referral in anxiety disorders</p>	K/KH	Y	Lecture/small group	Written/Viva/MCQs

SECTION 9: Stress related disorders

Number of competencies: 7

Number of SLOs: 13

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS9.1	Enumerate and describe magnitude and aetiology of stress related disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention criteria of features used to classify stress related disorders under the ICD -10 classificatory system 2. Mention incidence and prevalence of stress related disorders in India 3. Mention at least one biological, psychological and social factor in aetiology of stress related disorder 	K/KH	y	Lecture/ Small Group	Viva/written/MCQs
PS9.2	Enumerate, elicit, describe and document clinical features in patients with stress related disorders	<i>By the end of the training, the student will be able to</i>	S/SH	y	Demonstrations/Bed-side/simulations/role	OSCEs, DOPS,

		<ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of stress related disorder 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with stress related disorder 4. Document and present a history in patients with stress related disorder with respect to history of present illness, past history, 		play/observation of consultants	(Individual or group format)
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		medical history, family history, personal history and premorbid history and mental status examination				
PS9.3	Enumerate and describe the indications and interpret laboratory and other tests used in stress related disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two indications for performing laboratory tests in stress related disorders 2. Enumerate at least two investigations that are to performed while evaluating patients with stress related disorders 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)
PS9.4	Describe the treatment of stress related disorders including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two classes of drugs used in pharmacological treatment of stress related disorders 	K/KH	Y	Lecture/small groups	Written/Viva/MCQs

		2. Enumerate at least two types of non-pharmacological treatments for stress related disorders				
PS9.5	Demonstrate family education in a patient with stress related disorders in a simulated environment	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on stress related disorders 2. Inform the nature of diagnosis of stress related disorders to family members 3. Inform at least two key aspects of treatment and prevention of stress related disorders 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/observation of consultants	Role-plays, OSCEs, DOPS, (Individual or group format)

PS9.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in stress related disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention the pharmacologic basis of at least two drugs used in treatment of stress related disorders 2. Mention any two side effects of at least two drugs used in stress related disorders 	K/KH	Y	Lecture/small group	Written/Viva/MCQs
PS9.7	Enumerate appropriate conditions for specialist referral in stress related disorders	<p><i>By the end of training the student should</i></p> <p>Mention at least two conditions for specialist referral in stress related disorders</p>	K/KH	Y	Lecture/small group	Written/Viva/MCQs

SECTION 10. Somatoform disorders

Number of competencies: 7

Suggested number of SLOS: 19

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS10.1	Enumerate and describe the magnitude and aetiology of somatoform, dissociative and conversion disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate Somatoform disorders 2. Mention incidence and prevalence of at least two somatoform disorders in India 3. Describe at least one biological, psychological, and social factor in the aetiology of somatoform disorders 	K/KH	y	Lecture/ Small Group	Viva/written/MCQs

PS10.2	Enumerate, elicit, describe and document clinical features in patients with somatoform, dissociative and conversion disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of somatoform disorder 2. Interview a patient to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history. 3. Perform a mental status examination to assess thought, perception and affect in patients with somatoform disorder 4. Document and present a history in patients with somatoform disorder with respect 	S/SH	y	Demonstrations/Bed-side/simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)
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		to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination				
		<p><i>By the end of the training, the student will be able to</i></p> <p>To document clinical features of somatoform, dissociative and conversion disorders</p>	S/SH	y	Demonstrations/Bed-side/simulations/role play/observation of consultants	OSCEs, DOPS, (Individual or group format)

PS10.3	Enumerate and describe the indications and interpret laboratory and other tests used in somatoform, dissociative and conversion disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two laboratory tests used to diagnose somatoform, dissociative and conversion disorders 2. Mention at least two indications for the laboratory used to aid diagnose of somatoform, dissociative and conversion disorders 3. Interpret above laboratory findings used to diagnose somatoform, dissociative and conversion disorders 	K/KH	Y	Lecture/ Small Group/	Viva/ Written/MCQs/
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PS10.4	Describe the treatment of somatoform, dissociative and conversion disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe at least two key aspects of overall treatment of somatoform, dissociative and conversion disorders 2. Mention at least two drugs used to treat somatoform disorders 3. Mention at least one type of therapy used for treatment of somatoform, dissociative and conversion disorders 	K/KH	Y	Lecture/small groups	Written/Viva/MCQs
PS10.5	Demonstrate family education in a patient with somatoform, dissociative and conversion disorders	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on somatoform disorders 2. Inform the nature of diagnosis of 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/observation of consultants	Role-plays, OSCEs, DOPS, (Individual or group format)

		<p>somatoform disorders to family members</p> <p>3. Inform at least two key aspects of treatment and prevention of somatoform disorders</p>				
PS10.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in somatoform, dissociative and conversion disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>1. Mention the pharmacologic basis and side effects of two drugs used in somatoform, dissociative and conversion disorders</p>	K/KH	Y	Lecture/small group	Written/Viva/MCQs
PS10.7	Enumerate the appropriate conditions for specialist referral in patients with somatoform, dissociative and conversion disorders	<p><i>By the end of training the student should</i></p> <p>Enumerate at least two conditions for specialist referral in patients with somatoform disorders</p>	K/K	Y	Lecture/small group	Written/Viva/MCQs

SECTION 11: Personality disorders

Number of competencies: 7

Number of specific learning objectives: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS 11.1	Enumerate and describe the magnitude and etiology of personality disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Name the two classification systems commonly used in psychiatry & the Personality Disorders listed in them 2. Mention the incidence and prevalence of Personality Disorders (Worldwide & Indian statistics) 3. State at least 2 factors associated with the aetiology of personality disorders 	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs

PS 11.2	Enumerate, elicit, describe and document clinical features in patients with personality disorders	<p><i>By the end of the training, the student will be able to interview & document</i></p> <ol style="list-style-type: none"> 1. History of present illness with respect to onset/duration/progress and course of illness clinical features of Personality Disorders 2. Psychiatric history with respect to past history, medical history, family history, personal history and premorbid history 3. Perform a mental status examination 4. Document and present a history in patients with 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
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		Personality Disorders				
PS 11.3	Enumerate and describe the indications and interpret laboratory and other tests used in personality disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two indications for performing laboratory tests 2. Enumerate at least two investigations that are to performed while evaluating patients 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 11.4	Describe the treatment of personality disorders including behavioural, psychosocial and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <p>Pharmacological treatment of personality disorders</p> <ol style="list-style-type: none"> 1. Name at least 2 categories of Psychotropic Medications <p>Psychosocial & Behavioral Treatments of personality disorders</p>	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs

		2. Name at least 2 modalities of non-Pharmacological techniques employed in management of personality disorders				
PS 11.5	Demonstrate family education in a patient with personality disorders in a simulated environment	<p><i>By the end of the training, the student will be able to</i></p> <p>Demonstrate Family Education</p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about the need to educate them on Personality Disorders 2. Inform the nature of diagnosis of Personality Disorders to family members 3. Inform at least two key aspects of treatment of Personality Disorders 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

PS 11.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in personality disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>Enumerate and describe the pharmacologic basis 1. At least two drugs used in treatment</p> <p>Mention side effects 1. At least 2 side effects</p>	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs
PS 11.7	Enumerate the appropriate conditions for specialist referral	<p><i>By the end of the training, the student will be able to</i></p> <p>Specialist referrals 1. Enumerate at least 2 conditions for referral to specialist</p>	K/K	Y	Lecture/ Small Group	Viva/written/MCQs

SECTION 12: Psychosomatic disorders

Number of competencies: 7

Number of SLOs:15

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS 12.1	Enumerate and describe the magnitude and etiology of psychosomatic disorders	<p style="text-align: center;"><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define a 'psychosomatic disorder' 2. Enumerate any six psychosomatic conditions 3. Enumerate any two psychosomatic conditions related to dermatology & internal medicine etc. 4. Mention prevalence of various types of psychosomatic disorders 5. Describe at least two aspects pertaining to aetiology of psychosomatic disorders 	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs

PS 12.2	Enumerate, elicit, describe and document clinical features in patients with psychosomatic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview an individual to elicit at least four clinical features of psychosomatic disorders and document the same 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 12.3	Enumerate and describe the indications and interpret laboratory and other tests used in psychosomatic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least 4 indications for laboratory investigations in psychosomatic disorders 2. Describe any two psychological assessment tools for psychosomatic disorders 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 12.4	Describe the treatment of psychosomatic disorders including behavioural, psychosocial and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two drugs in each class of drugs used to treat psychosomatic disorders 2. Mention briefly at least two psychosocial 	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs

		treatments of psychosomatic disorders with at least four steps in each treatment				
PS 12.5	Demonstrate family education in a patient with psychosomatic disorders in a simulated environment	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on Psychosomatic disorders 2. Inform the nature of diagnosis of Psychosomatic disorder to family members 3. Inform at least two key aspects of treatment of Psychosomatic Disorders 	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

PS 12.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychosomatic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis and side effects of at least two drugs per class used in psychosomatic disorders 	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs
PS 12.7	Enumerate the appropriate conditions for specialist referral in patients with psychosomatic disorders	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 2. Enumerate at least four conditions for specialist referral in patients with psychosomatic disorders 	K/K	Y	Lecture/ Small Group	Viva/written/MCQs

SECTION 13. Psychosexual and Gender Identity disorders

Number of competencies: 7

Number of SLOs: 9

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS 13.1	Enumerate and describe the magnitude and etiology of psychosexual and gender identity disorders	<i>By the end of the training, the student will be able to</i> Mention incidence and prevalence of at least three types of psychosexual and gender identity disorders according to Indian studies	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs
		<i>By the end of the training, the student will be able to</i> Describe at least one factor implicated in etiology of at least two types of psychosexual and gender identity disorders	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs
PS 13.2	Enumerate, elicit, describe and document clinical features in patients with psychosexual and gender identity disorders	<i>By the end of the training, the student will be able to</i> Interview an individual to elicit clinical features of psychosexual	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

		and gender identity disorders and document the same				
PS 13.3	Enumerate and describe the indications and interpret laboratory and other tests used in psychosexual and gender identity disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>Mention at least two indications of laboratory and other tests used in psychosexual and gender identity disorders</p>	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 13.4	Describe the treatment of psychosexual and gender identity disorders including behavioural, psychosocial and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least two pharmacological treatments of psychosexual and gender identity disorders 2. Enumerate at least two non-pharmacological treatments for psychosexual and gender identity disorders 	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs

PS 13.5	Demonstrate family education in a patient with psychosexual and gender identity disorders in a simulated environment	<p><i>By the end of the training, the student will be able to</i></p> <p>Demonstrate family education in a patient with psychosexual and gender identity disorders in a simulated environment</p>	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)
PS 13.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychosexual and gender identity disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>Enumerate and describe the pharmacologic basis and side effects of drugs used in psychosexual and gender identity disorders</p>	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs
PS 13.7	Enumerate the appropriate conditions for specialist referral in individuals with psychosexual and gender identity disorders	<p><i>By the end of the training, the student will be able to</i></p> <p>Enumerate the appropriate conditions for specialist referral in patients with psychosexual and gender identity disorders</p>	K/K	Y	Lecture/ Small Group	Viva/written/MCQs

SECTION 14. Psychiatric disorders in Childhood and Adolescence

Number of competencies: 6

Suggested number of SLOs: 17

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS14.1	Enumerate and describe magnitude and etiology of psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least four types of psychiatric disorders occurring in childhood and four in adolescence as per Indian studies 2. Mention incidence and prevalence of at least two types of psychiatric disorders occurring in childhood and adolescence in India 3. Describe at least one biological, one psychological and one social factor associated with aetiology of common psychiatric disorders occurring in 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/ tutorials</p>	Viva/written/MCQs

		childhood adolescence	and				
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PS14.2	Enumerate, elicit, describe and document clinical features in patients with psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview parent/caregiver of a child with psychiatric disorder with respect to developmental history 2. Interview parent/caregiver of a child with psychiatric disorder with respect to family background and history 3. Interview parent/caregiver of a child with psychiatric disorder with respect to onset, duration and course of behavioural disturbances 4. Perform a detailed physical examination in a child with psychiatric disorder 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants/ Grand rounds</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>
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		<p>5. Perform observation of child with psychiatric disorder</p> <p>6. Document and present the aforementioned in patients with psychiatric disorder occurring in childhood and adolescence</p>				
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PS14.3	Describe the treatment of psychiatric disorders occurring in childhood and adolescence including behavioural and pharmacologic therapy	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two drugs used in treatment of psychiatric disorders occurring in childhood and adolescence 2. Enumerate any two non-pharmacological or behaviour therapies as part of treatment of psychiatric disorders occurring in childhood and adolescence 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small groups discussion/ tutorial</p>	Written/Viva/MCQs
PS14.4	Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of the training, the student –in a simulated environment- will be able to</i></p> <ol style="list-style-type: none"> 1. Initiate a conversation with family members about need to educate them on psychiatric disorders occurring in a child or adolescent 2. Inform the nature of diagnosis to family members 	S/SH	Y	<p>Demonstrations/Bed-side/simulations/role play/Guided observation of consultants</p>	<p>Role-plays, OSCEs, DOPS, (Individual or group format)</p>

		3. Inform at least two key aspects of treatment of psychiatric disorders occurring in a child or adolescent				
PS14.5	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate and describe the pharmacologic basis of any two drugs used in psychiatric disorders occurring in childhood and adolescence 2. Describe at least two adverse effects of at least two drugs used in psychiatric disorders occurring in childhood and adolescence 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorial</p>	Written/Viva/MCQs
PS14.6	Enumerate the appropriate conditions for specialist referral in patients with psychiatric disorders occurring in childhood and adolescence	<p><i>By the end of training the student should</i></p> <ol style="list-style-type: none"> 1. Enumerate any two conditions for specialist referral in psychiatric disorders 	K/K	Y	<p>Recommended: Lecture</p> <p>Others: small group discussion/ tutorial</p>	Written/Viva/MCQs

		occurring in childhood and adolescence				
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SECTION 15. Mental Retardation

Number of competencies: 4

Suggested number of SLOs: 12

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS15.1	Describe magnitude and etiology of mental retardation	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Classify severity of mental retardation 2. Describe incidence and prevalence of mental retardation in India according to recent findings 3. Describe at least 2 factors associated with aetiology of mental retardation 	K/KH	y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/ tutorials</p>	Viva/written/MCQs

PS15.2	Describe intelligence quotient and its measurement	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define intelligence quotient 2. Describe any two tests used in the measurement of intelligence quotient 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: Small Group discussions/ tutorials</p>	Viva/written/MCQs
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PS15.3	Elicit and document a history and clinical examination and choose appropriate investigations in a patient with mental retardation	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Interview parent/caregiver of a child with mental retardation with respect to developmental history 2. Interview parent/caregiver of a child with psychiatric disorder with respect to presence of any behavioural problems 3. Perform a detailed physical examination in a child with mental retardation 4. Perform observation of child with mental retardation 5. Document and report on the aforementioned 6. Mention at least two investigations in a 	S/SH	y	<p>Recommended: Demonstrations</p> <p>Others: Bed-side/simulations/role play/Guided observation of consultants</p>	<p>OSCEs, DOPS, Case based discussions</p> <p>(Individual or group format)</p>
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		child/adolescent with mental retardation				
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PS15.4	Describe the psychosocial interventions and treatment used in mental retardation	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Mention at least two the psychosocial interventions used in mental retardation 	K/KH	Y	<p>Recommended: Lecture</p> <p>Others: small group discussions/ tutorials</p>	Written/Viva/MCQs
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SECTION 16. Psychiatric disorders in Elderly

Number of competencies: 5

Number of SLOs: 13

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
16.1	Enumerate and describe common psychiatric disorders occurring in elderly including depression, dementia and psychosis	<p style="text-align: center;"><i>By the end of the training, the student will be able to</i></p> <p>1. Enumerate at least three common psychiatric disorders occurring in elderly including depression, dementia and psychosis</p>	K/KH	y	Lecture/ Small Group	Viva/written/MCQs

16.2	Describe etiology and magnitude of psychiatric disorders in elderly	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 2. Define dementia 3. Describe prevalence, clinical features of dementia in India 4. Describe three common causes of dementia 5. Describe one factor in aetiology of other psychiatric illnesses in elderly 6. Describe prevalence of at least three common psychiatric illnesses in elderly (besides dementia) 7. Enumerate one biological, one psychological and one social aetiological factor in common psychiatric illnesses in elderly (besides dementia) 	K/KH	Y	Lecture/ Small Group	Viva/written/MCQs
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16.3	Describe therapy of psychiatric illnesses in elderly including psychosocial and behavioural therapy	<p><i>By the end of the training, the student will be able to</i></p> <p>8. Describe at least two aspects in overall pharmacological management of dementia and two medications used in other common psychiatric illnesses in elderly</p> <p>9. Enumerate two non-pharmacological therapies for dementia and other psychiatric illnesses in elderly</p>	K/KH	y	Lectures/small group	Viva/written/MCQs
16.4	Demonstrate family education in a simulated environment in a patient with psychiatric disorders occurring in the elderly	<p><i>By the end of the training, the student – in a simulated environment- will be able to</i></p> <p>10. Initiate a conversation with family members about need to educate them on psychiatric</p>	S/SH	Y	Demonstrations/Bed-side/simulations/role play/Guided observation of consultants	OSCEs, DOPS, (Individual or group format)

		<p>disorders occurring in elderly</p> <p>11. Inform the nature of diagnosis to family members</p> <p>12. Inform at least two key aspects of treatment and prevention of psychiatric disorders occurring in elderly</p>				
16.5	Enumerate appropriate conditions for specialist referral in elderly individuals with common psychiatric illnesses	<p><i>By the end of the training, the student will be able to</i></p> <p>13. List two conditions for specialist referral in elderly individuals with common psychiatric illnesses</p>	K/KH	Y	Lecture/small groups	Written/Viva/MCQs

SECTION 17. Psychiatric emergencies

Number of competencies:3

Number of SLOs:9

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS17.1	Enumerate and describe the recognition and clinical presentation of psychiatric emergencies (Suicide, Deliberate Self Harm, Violent behaviour)	<p style="text-align: center;"><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least three types of Psychiatric Emergencies 2. Describe Clinical presentation and two features to aid diagnosis of patients with thoughts of Suicide 3. Describe Clinical presentation and two features to aid in recognizing patients of Deliberate Self harm 4. Describe Clinical presentation and two features to aid in 	K/KH	y	Lecture/ Small Group	Viva/written/MCQs

		recognizing patients with Violent behaviour				
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PS17.2	Describe the initial stabilisation and management of psychiatric emergencies	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Describe two principles of initial stabilisation and management of psychiatric emergencies 2. Describe three steps in initial stabilisation and management of Suicide Attempts 3. Describe three steps in initial stabilisation and management of Deliberate Self harm 4. Describe three steps in initial stabilisation and management of Violent behaviour 	K/KH	y	Lecture/ Small Group	Viva/written/MCQs
PS17.3	Enumerate the appropriate conditions for specialist referral in patients with psychiatric emergencies	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate two appropriate conditions for specialist referral in patients with psychiatric emergencies 	K	y	Lecture/ Small Group	Viva/written/MCQs

SECTION 18. Therapeutics

Number of competencies: 3

Number of SLOs: 7

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS18.1	Enumerate the indications and describe the pharmacology, dose and side effects of commonly use drugs in psychiatric disorders	<p style="text-align: center;"><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate the different classes of drugs used in treatment of psychiatric disorders and their mechanism of action 2. Enumerate at least two examples of each class of drug, their dose range and at least 2-3 specific side effects 	K/KH	y	Lecture/ Small Group	Viva/written/MCQs

PS18.2	Enumerate indications for modified ECT	<p><i>By the end of the training, the student will be able to</i></p> <p>Enumerate the three common indications for modified ECT</p>	K/KH	y	Lecture/ Small Group	Viva/written/MCQs
PS18.3	1. Enumerate and describe the principles and role of psychosocial interventions in psychiatric illness including psychotherapy, behavioural therapy and rehabilitation	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Enumerate at least three psychosocial interventions 2. Enumerate at least 3 common principles of psychological therapies and 	2. K	3. y	4. Lecture/ 5. Small 6. Group	7. Viva/written/MCQs

		<p>mention at least 3 techniques used.</p> <p>3. Enumerate at least 3 principles of behaviour therapy and mention at least 3 techniques used.</p> <p>4. Mention at least three techniques used in rehabilitation of patients</p>				
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SECTION 19. Topic: Miscellaneous

Number of competencies:1

Number of SLOs:11

No	Competency	Specific Learning objective	Domain/level	core	T/L method	Assessment
PS19.1	Describe relevance, role and status of community psychiatry	<p><i>By the end of the training, the student will be able to</i></p> <ol style="list-style-type: none"> 1. Define Community Psychiatry. 2. Describe the relevance of community Psychiatry in India in 6-8 points which may include Prevalence of Mental Health Disorders in India, The Age group Affected, Gender Difference, The Disability associated with mental health disorders, The co-morbidities associated with 	K/KH	y	Lecture/ Small Group	Viva/written/MCQs

		<p>Mental Health disorders, The availability of trained mental health professionals, The Preventive measures and Primary care of Mental Health Conditions etc</p> <p>3. Describe the National Mental Health Program in 6-8 Points (as provided by Government of India)</p> <p>4. Enumerate and describe salient features of MHCA 2017</p> <p>5. Describe any 2 Legal and ethical Issues in Psychiatry (each issue in 3-4 sentence)</p> <p>6. Enumerate Indian Laws in relation to</p>				
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		<p>Mental Health</p> <p>7. Describes any 4 salient features of</p>				
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		<p>Prevalent Mental Health Law (MHCB)</p> <p>7. Define Preventive Psychiatry</p> <p>8. Enumerates any 4 principles of Positive Mental Health</p> <p>9. Enumerates any 4 strategies for Community Education in relation to Mental Health Conditions</p> <p>10. Enumerates any 4 Clinical features of Mental Health During Disaster</p> <p>11. Describe any 4 Principals for Participatory Management of Mental health During Disaster.</p>				
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Lesson plans

It is essential for medical teachers to plan their lectures and demonstrations beforehand. This helps in ensuring that medical students enjoy learning medicine. While the current clinical case load and administrative responsibilities across medical colleges could act as challenges for teachers to maintain an exclusive focus on medical teaching, tools like lesson plans could help in implementation of Competency Based Medical Education Curriculum.

A lesson plan is a document that serves as guide for teachers to achieve the prescribed learning outcomes. It has details on topic, time duration, outcomes, teaching learning methods and resources required to achieve these outcomes.

The current draft manual has sample lesson plans for most of the prescribed competency topics in current CBME curriculum. These lesson plans are for theory as well as clinical postings. These lesson plans are intended to help new teachers structure and plan for their classes and demonstrations. They also have a sample feedback form.

These lesson plans are not mandatory. We would request experienced psychiatry medical teachers to provide their feedbacks on lesson plans so that we can make the necessary modifications in this manual.

References

van Diggele C, Burgess A, Mellis C. Planning, preparing and structuring a small group teaching session. BMC Medical Education. 2020 Dec;20(2):1-8.

Samuel S MedEdPublish 2014, 3: 32 <http://dx.doi.org/10.15694/mep.2014.003.0032>

Clinical posting on 'Doctor-patient-relationship'

1. General Information

Domain: Shows

Level of proficiency: Shows how

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn how to demonstrate communication with patient, essential steps for breaking bad news and the importance of confidentiality in patient encounters. This will incorporate sections of suggested CBME curriculum namely PS1.1, PS1.3 & PS1.4.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- How to demonstrate communication with a patient
- How to demonstrate modes of communication to facilitate participation of a patient in a dialogue with doctor
- How to demonstrate breaking of bad news using SPIKES or any other model
- Demonstrate how the doctor discusses the role of ethical principles and the need to maintain confidentiality with the patient.

4. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. Suggested plan of conducting the session

(Kindly note that this is a suggestion, the timings of sections could vary according to type of teaching-learning method used and nature of illness being discussed)

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	How to demonstrate communication with a patient	Demonstration		5-20 min
2	How to demonstrate modes of communication to facilitate participation of a patient in a dialogue with doctor	Demonstration		10-20 min
3	How to demonstrate breaking of bad news using SPIKES or any other model	Demonstration		10-20 min
4	Demonstrate how the doctor discusses the role of ethical principles and the need to maintain confidentiality with the patient	Using students as volunteers to demonstrate		10-20 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Doctor-patient relationship'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of how to demonstrate communication with a patient?

Poor mediocre average good very good

Do you have a greater understanding of How to demonstrate modes of communication to facilitate participation of a patient in a dialogue with doctor?

Poor mediocre average good very good

Do you have a greater understanding of how to demonstrate breaking of bad news?

Poor mediocre average goodvery good

Do you have a greater understanding of how to demonstrate use of ethical principles and maintenance of doctor-patient confidentiality?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Doctor-Patient relationship'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the about the importance of rapport and empathy in a doctor patient relationship, the various components of communication, essential steps for breaking bad news and the importance of confidentiality in patient encounters. This will incorporate sections of suggested CBME curriculum namely PS1.1, PS1.2, PS1.3, PS1.4.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Terms like 'Rapport' and 'Empathy'
- Different types of communication like verbal, non-verbal and written communication and their components like eye contact and body language
- Ways to improve each type of communication
- Steps of any standard protocol to break bad news (SPIKES/BREAKS etc.)
- Ethical principles of confidentiality include safeguarding of information, consent to disclose information and conditions under which confidentiality can be breached.

4. Assessment

Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva.

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Understanding of terms 'Rapport' and 'empathy'	Ask students about their awareness of the same and then provide information		10 min
2	Different types of communication- verbal, nonverbal and written communication and their components (Importance of eye contact, body language)	Describe and discuss the different types of communication and their components		10-15 min
3	Ways to improve each type of communication	Discuss the strategies and techniques to do so		5-10 min
4	Steps of any one standard protocol (e.g., SPIKES/ BREAKS) for breaking bad news	Describe and discuss the steps of doing so		5-10 min
5	The ethical principles of confidentiality including safeguarding of information, consent to disclose information and conditions under which confidentiality can be breached	Describe and discuss these		15 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To establish rapport with the patient and maintain confidentiality

'Doctor-Patient relationship'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of Doctor-patient relationship?

Poor mediocre average good very good

Do you have a greater understanding of terms 'Rapport' and 'Empathy'?

Poor mediocre average good very good

Do you have a greater understanding of different types of communication and their components?

Poor mediocre average good very good

Do you have a greater understanding of ways to improve communication?

Poor mediocre average good very good

Do you have a greater understanding of steps of breaking bad news?

Poor mediocre average good very good

Do you have a greater understanding of ethical principles and specific aspects related to confidentiality?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Mental Health-Stress and management'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will be able to define stress and describe its components, and causes. Students will also know the ways of stress avoidance. This will incorporate sections of suggested CBME curriculum namely PS2.1 and PS2.2.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Definitions and components of stress
- Main stages of General adaptations system and involvement of immune and endocrine systems including HPA axis
- Origins of psychiatric and non-communicable disorders- concept of vulnerability and resilience
- Causes of stress
- Assessment of stress using scales like Holmes-Rahe and PSLES
- Role of time management and other lifestyle measures to address stress

4. Assessment

Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva.

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Definition and components of stress	Ask students about their awareness of the same and then provide information		10 min
2	Main stages of General adaptations system and involvement of immune and endocrine systems including HPA axis	Describe and discuss the different types of General Adaptations system and involvement of immune and endocrine systems		10-15 min
3	Origins of psychiatric and non-communicable disorders- concept of vulnerability and resilience	Describe and discuss the same		ASUS 2023-04-24 23:24:00 Reduce time to under 3-4 mins as this concept will be dealt with in the aetiology of major psychiatric disorders
4	Causes of stress	Describe the same		5-10 min
5	Assessment of stress through rating scales like Holmes Rahe and PSLES	Demonstrate some of the items of the scale and scoring		5 min
6	Role of Time management, Study skills, Balanced diet, Sleep wake habits and other techniques that help in dealing with stress.	Discuss the possible strategies		ASUS 2023-04-24 23:21:00 Increase time to 15 -20 mins

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about the causes of stress and techniques of stress management

'Mental Health-Part I: Stress and its management'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of stress?

Poor mediocre average good very good

Do you have a greater understanding of terms of General Adaptations system?

Poor mediocre average good very good

Do you have a greater understanding of origins of psychiatric and non-communicable disorders?

Poor mediocre average good very good

Do you have a greater understanding of concepts of vulnerability and resilience?

Poor mediocre average good very good

Do you have a greater understanding of causes of stress?

Poor mediocre average good very good

Do you have a greater understanding of time management and other strategies of life style measures to address stress?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Mental Health-Learning-Memory-Emotions'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will also be able to define and describe the principles and components of learning, memory and emotions. Students will also be able to describe the principles of personality development and motivation and define and distinguish normality and abnormality. This will incorporate sections of suggested CBME curriculum namely PS 2.3, PS 2.4 and PS 2.5.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Learning and its principles
- Types of learning theories- Classical Conditioning, Operant Conditioning, and Social / Observational Learning
- Memory, its principles and components
- Different types of memory: implicit and explicit
- Brain structures involved in memory
- Brain structures involved in emotions
- Principles of personality development
- Two theories of personality development (e.g., Piaget and Freud)
- Two types of personality assessment (e.g., Rorschach, Thematic Apperception Test)
- Principles and theories of motivation
- Normality and abnormality (Ideal, norm, biological)
- Clinical features of abnormal personalities (at least three)
- Abnormal personalities according to modern classificatory systems
- Normality as a continuum with respect to socio-cultural and educational background

4. Assessment

Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching Learning techniques	Time
1	Definition of Learning and principles	Describing the same	2 min
2	Types of learning theories	Listing out the same and discussing	5 min
3	Memory, its principles and components	Describing the same and discussion	5 min
4	Different types of memory (implicit and explicit)	Describing the same and discussion	2 min
5	Brain structures involved in memory	Listing out and describing	5 min
6	Brain structures involved in emotion	Listing out and describing	5 min
7	Principles of personality development	Describing the same with discussion	5 min
8	At least two theories of personality development	Describing the same with discussion	5 min
9	At least two instruments used in assessment of personality	Listing out the same and demonstration of items	2 min
10	Principles and theories of motivation	Describing the same with discussion	5 min

11	Normality as ideal, norm and biological	Listing and describing	2 min
12	Clinical features of personality disorders	Mention and discuss at least three	5 min
13	Abnormal personalities according to the modern classification systems	Mention and discuss at least three	5 min
14	Normality as a continuum with respect to socio-cultural and educational background	Discuss	2-5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about learning, memory, emotions, motivation, personality and normality.

'Mental Health: Learning, memory, emotions'- Feedback FormYear of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of learning, its types and principles?

Poor mediocre average good very good

Do you have a greater understanding of memory, types and brain structures involved?

Poor mediocre average good very good

Do you have a greater understanding of emotions and brain structures involved?

Poor mediocre average good very good

Do you have a greater understanding of concepts of principles, theories and methods of assessment of personality?

Poor mediocre average good very good

Do you have a greater understanding of theories of motivation?

Poor mediocre average good very good

Do you have a greater understanding of normality and its types?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Introduction to psychiatry: Part I'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

By the end of the lecture, students will be able to describe growth of psychiatry as a medical specialty, its history and contribution to medicine, common signs and symptoms of mental disorders, the role of biological, psychological and social factors in causation of mental disorders along with their interactions. The students will also be able to describe features of common mental disorders, differentiating features between psychotic and non-psychotic disorders and indications for referral to specialist psychiatrist. This will incorporate sections of suggested CBME curriculum namely PS3.1, PS3.2, PS3.6, PS3.11 and PS3.12.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Important milestones that contributed to growth of psychiatry as a specialty and its contributions to medicine
- Types of common and serious mental disorders (depression, mania, psychosis and anxiety disorders) and their common clinical features
- Role of brain, biology and genetic factors in causation of psychiatric disorders
- Psychological and social factors in causation of mental disorders
- Features of psychotic disorders
- Differences between psychotic and non-psychotic disorders
- Indications of referral to specialist psychiatrist.

4. Assessment

Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Important milestones that contributed to growth of psychiatry as a specialty and contribution of psychiatry to medicine	Listing out these milestones and their description		10-15 min
2	Types of common and serious mental disorders (depression, mania, psychosis and anxiety disorders) and their common clinical features	Describing the types, symptoms and description		15-20 min
3	Brain, biological and genetic factors in causation of mental illness	Describing these types		5-10 min
4	Features of psychotic disorders	Describing the list of psychotic disorder		5 min
5	Distinguish between psychotic and non-psychotic disorders	Describe features		5 min
6	Indications of referral to specialist psychiatrist	Enumerate the list		5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about key milestones in development of psychiatry as a specialty, common mental disorders and differences between psychotic and non-psychotic disorders.

'Introduction to psychiatry-Part I' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of contribution of psychiatry to medicine as a specialty and important milestones contributing to growth of psychiatry?

Poor mediocre average good very good

Do you have a greater understanding of types of common and severe mental disorder and their clinical features?

Poor mediocre average good very good

Do you have a greater understanding of biological factors associated with causation of psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of role of psychological and biological factors involved in causation of psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of clinical features associated with psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of differences between psychotic and non-psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of reasons for referral to specialist psychiatrists?

Poor mediocre average good very good

Any additional remarks and conditions

Clinical posting on 'Introduction-to-psychiatry-2'

1. General Information

Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn how to elicit, present and document a history in patients presenting with a mental disorder, establish a rapport with patient, perform, demonstrate and document a mini-mental examination. This will incorporate sections of suggested CBME curriculum namely PS3.3, PS3.4 & PS3.5. It is to be noted that PS3.9 which incorporates family education has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- How to elicit, present and document a history in patients presenting with a mental disorder
- How to establish a rapport with patient
- How to perform, demonstrate and document a mini-mental examination.

4. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. One suggested plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	How to elicit, present and document a history in patients presenting with a mental disorder	Demonstration		20-25 min
2	How to establish a rapport with patient	Demonstration		20-25 min
3	How to perform, demonstrate and document a mini-mental examination.	Demonstration		20-25 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Introduction to psychiatry' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of how to elicit, present and document a history of patient's mental disorder?

Poor mediocre average good very good

Do you have a greater understanding of how to establish rapport with patient?

Poor mediocre average good very good

Do you have a greater understanding of how to demonstrate perform mini-mental examination?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Introduction to psychiatry: Organic Psychiatric Disorders'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

By the end of the lecture, students will be able to describe common organic psychiatric disorders and their magnitude, etiology and clinical features. The student will be able to enumerate and describe essential investigations used in management of organic psychiatric disorders. The student will be able to enumerate and describe pharmacological basis of drugs used in treatment of organic psychiatric disorders. This will incorporate sections of suggested CBME curriculum namely PS3.7, PS3.8 & PS3.10.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Enumerate and describe magnitude, aetiology and clinical features used in management of organic psychiatric disorders.
- Enumerate and describe essential investigations used in management of organic psychiatric disorders
- Enumerate and describe pharmacological basis of at least two drugs used in treatment of organic psychiatric disorders
- Enumerate and describe at least two adverse effects of at least two drugs used in treatment of organic psychiatric disorders

4. Assessment

Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Enumerate and describe magnitude, etiology and clinical features used in management of organic psychiatric disorders.	Describing and discussion		15-20 min
2	Enumerate and describe essential investigations used in management of organic psychiatric disorders	Describing and discussion		10-15 min
3	Enumerate and describe pharmacological basis of at least two drugs used in treatment of organic psychiatric disorders	Describing and discussion		5-10 min
4	Enumerate and describe at least two adverse effects of at least two drugs used in treatment of organic psychiatric disorders	Describing and discussion		5-10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about organic psychiatric disorders with respect to etiology and treatment.

'Introduction to psychiatry- Organic psychiatry '-

Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of magnitude, etiology & clinical features of organic psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of types of essential investigations to be used in organic psychiatric disorders?

Poor mediocre average good very good,

Do you have a greater understanding of two drugs to be used in treatment of organic psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of two drugs to be used in treatment of organic psychiatric disorders?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Introduction-to-psychiatry-psychopharmacology'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

By the end of the lecture, students will know pharmacologic basis and side effects of drugs used in psychiatry. This will incorporate sections of suggested CBME curriculum namely PS 3.10.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Different types of medications used in psychiatric disorders
- Enumerate a minimum of at least two side-effects in each class of psychiatric drugs
- Pharmacological mechanism of at least two psychiatric drugs

4. Assessment

Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time

1	Different types of medications used in psychiatric disorders	Listing out the drugs with indications and contraindications	30 min
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2	At least two side-effects in each class of psychiatric drugs	Listing out the same and discussing	15 min
3	Pharmacological mechanisms of at least two drugs	Describing the same and discussion	10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about basic pharmacology of commonly used psychiatric drugs.

'Introduction to psychiatry III: Basic psychopharmacology' Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of various classes of psychiatric drugs?

Poor mediocre average good very good

Do you have a greater understanding of mechanisms of actions of at least two types of psychiatric drugs?

Poor mediocre average good very good

Do you have a greater understanding of side-effects of at least two psychiatric drugs?

Poor mediocre average good very good

Any additional remarks and conditions:

Lesson plan for theory classes on 'Alcohol and Substance Use disorders'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How'

Time: 60 minutes

Number of students: 60-250

2. Overview

By the end of the session students will know about the magnitude & aetiology of Alcohol and Substance use disorders, its treatment options including behavioral management, drugs used for management, their basis & side effects & conditions requiring referral to a specialist. This will incorporate sections of suggested CBME curriculum namely PS 4.1, PS 4.4, PS 4.6 and PS 4.7.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Magnitude of alcohol and substance use disorders
- Aetiology of alcohol and substance use disorders
- Behavioural management of alcohol and substance use disorders
- Drugs used in treatment of alcohol and substance use disorders
- Indications of referral to specialist psychiatrist.

4. Assessment

Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time

1	Magnitude of alcohol and other substance use disorders	Quote findings from NMHS and other similar surveys from India and rest of the world	5 min
2	Etiology of alcohol and other substance use disorders	Describe the aetiology	15-20 min
3	Behavioural management of alcohol and other substance use disorders	Describe the principles with examples	15 min
4	Drugs used in treatment of alcohol and other substance use disorders	List out the drugs and describe at least two of them	10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about etiology, and treatment of alcohol and other substance use disorders.

'Alcohol and substance use disorders' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of magnitude of alcohol and other substance use disorders?

Poor mediocre average good very good

Do you have a greater understanding of aetiology of alcohol and other substance use disorders?

Poor mediocre average goodvery good

Do you have a greater understanding of behavioural management of alcohol and other substance use disorders?

Poor mediocre average goodvery good

Do you have a greater understanding of role of psychological and biological factors involved in causation of psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used in treatment of alcohol and other substance use disorders?

Poor mediocre average good very good

Any additional remarks and conditions:

Lesson plan for clinical posting on 'Substance-use disorders'

1. General Information

Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with substance use disorders as part of their clinical posting. They will also learn to elicit symptoms of substance use disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS4.2 & PS4.3. It is to be noted that PS4.5 which incorporates family education in substance use disorders has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Substance-use disorders
- Interview a patient with substance use disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with substance use disorders
- Document and present a history in patients with substance use disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with substance use disorders
- Enumerate any two investigations that are to be performed while evaluating patients with substance use disorders

4. Assessment

Assessment will be done in form of OSCEs, OSLERs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. One suggested plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Substance-use disorders	Demonstration		5-10 min
2	Interview a patient with Substance-use disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with substance-use disorders	Demonstration		10-20 min

4	Document and present a history in patients with substance-use disorders with respect to history of present illness, past history, medical history, family history, personal history and	Using students as volunteers to demonstrate	10-20 min
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	premorbid history and mental status examination		
5	Describe at least two indications for performing laboratory tests for patients with substance-use disorders	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with substance-use disorders	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Substance use disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of magnitude of substance-use disorders?
Poor mediocre average good very good

Do you have a greater understanding of aetiology of substance-use disorders?
Poor mediocre average good very good

Do you have a greater understanding of treatment of substance-use disorders?
Poor mediocre average goodvery good

Do you have a greater understanding of drugs used as treatment of substance-use disorders?
Poor mediocre average goodvery good

Do you have a greater understanding of adverse effects of drugs used to treat substance-use disorders?
Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of substance-use disorders?
Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?
Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'psychotic disorders'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

By the end of the session students will know about the magnitude & etiology of psychotic disorders, its treatment options including behavioral management, drugs used for management, their basis & side effects & conditions requiring referral to a specialist. This will incorporate sections of suggested CBME curriculum namely PS 5.1, PS 5.3, PS 5.5 and PS 5.6.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Magnitude of schizophrenia and other psychotic disorders
- Criteria for schizophrenia and other psychotic disorders according to ICD-10
- At least 2 biological factors implicated in aetiology of schizophrenia and other psychotic disorders
- Describe at least four types of drugs used in treatment of schizophrenia and other psychotic disorders
- Names of at least two types of psychosocial treatments in schizophrenia
- Indications of referral to specialist psychiatrist.

4. Assessment

Assessment will be done in form of either MCQs, written examinations involving long and short answers or Viva

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Magnitude of schizophrenia and other psychotic disorders	Quote findings from NMHS and other similar surveys from India and rest of the world		5 min
	Criteria used in diagnosis of schizophrenia and other psychotic disorders	List and explain the ICD-10 guidelines needed to make a diagnosis of schizophrenia, schizoaffective, persistent delusional disorder and acute and transient psychotic disorders		10-15 min
3	Etiology of schizophrenia and other psychotic disorders	Describe at least 2 biological factors associated with aetiology of schizophrenia and other psychotic disorders		10-15 min
4	Drugs used in treatment of schizophrenia and other psychotic disorders	Describe at least 4 classes of antipsychotics, describe mechanism of action of at least 2 antipsychotics, describe side-effects of at least 2 antipsychotics		10-15 min
4	Duration of treatment and psychosocial interventions	List out the duration of treatment for schizophrenia Describe importance of adherence and strategies to ensure the same List out at least 2 psychosocial		5-10 min

	interventions	
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form. Emphasize on the take home message- To know about etiology, and treatment of schizophrenia and other psychotic disorders

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'Schizophrenia and other psychotic disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of magnitude of schizophrenia and other psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of schizophrenia and other psychotic disorders?

Poor mediocre average goodvery good

Do you have a greater understanding of diagnostic criteria of schizophrenia and other psychotic disorders?

Poor mediocre average goodvery good

Do you have a greater understanding of drugs used in treatment of schizophrenia and other psychotic disorders? *Poor mediocre average good very good*

Do you have a greater understanding of duration of treatment and type of psychosocial interventions use in schizophrenia and other psychotic disorders?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Psychotic disorders'

1. General Information

Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with psychotic disorders as part of their clinical posting. They will also learn to elicit symptoms of psychotic disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS5.2. It is to be noted that PS5.4 which incorporates family education in psychotic disorders has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Schizophrenia and psychotic disorders
- Interview a patient with schizophrenia and psychotic disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with schizophrenia and psychotic disorders
- Document and present a history in patients with schizophrenia and psychotic disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with schizophrenia and psychotic disorders
- Enumerate any two investigations that are to be performed while evaluating patients with schizophrenia and psychotic disorders

4. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. One suggested plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of schizophrenia and psychotic disorders	Demonstration		5-10 min
2	Interview a patient with Schizophrenia and psychotic disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with schizophrenia and psychotic disorders	Demonstration		10-20 min

4	Document and present a history in patients with schizophrenia	Using students as volunteers to demonstrate	10-20 min
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	and psychotic disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination		
5	Describe at least two indications for performing laboratory tests for patients with schizophrenia and psychotic disorders	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with schizophrenia and psychotic disorders	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Schizophrenia and psychotic disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of magnitude of schizophrenia and psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of aetiology of schizophrenia and psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of treatment of schizophrenia and psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of schizophrenia and psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat schizophrenia and psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of schizophrenia and psychotic disorders?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Depression'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of depression, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about various neuroanatomical correlates of depression, diagnostic guidelines and types of anti-depressants. This will incorporate sections of suggested CBME curriculum namely PS6.1, PS6.4, PS6.6, PS6.7

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of depression in India and rest of the world
- Biopsychosocial model of depression
- Guidelines and criteria used to make a diagnosis of depression
- Students will be able to describe any two drug classes used in pharmacological management of depression
- Students will be able to describe and identify any two side effects of at least two drugs used to manage depression. (As the DMHP program uses SSRIs and TCAs, these would be the suggested drugs. However individual centres can take a decision according to their patient profile.)
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of depression
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of depression in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Biopsychosocial model of depression	Describe and discuss biopsychosocial model		10 min
3	Guidelines and criteria used to make a diagnosis of depression	Discuss the criteria used to make diagnosis of depression		10 min
4	Describe any two drug classes used in pharmacological management of depression	Describe and discuss any two drugs used in pharmacological management of depression		5 min
5	Identify any two side effects of at least two drugs used to manage depression.	Name and discuss any two side-effects of at least two drugs used in management of depression		5 min
6	Enumerate any two types of non-pharmacological treatments used in management of depression	Name any two types of non-pharmacological treatments in treatment of depression and discuss them		5 min
7	Identify any two conditions which would require a referral to specialist psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist		5-10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Depression'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of magnitude of depression?

Poor mediocre average good very good

Do you have a greater understanding of aetiology of depression?

Poor mediocre average good very good

Do you have a greater understanding of treatment of depression?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of depression?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat depression? *Poor mediocre average good very good*

Do you have a greater understanding of non-pharmacological treatment of depression?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Depression'

1. General Information

Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with depression as part of their clinical posting. They will also learn to elicit symptoms of depression while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient. They will also learn to perform a suicide risk assessment in patients with depression.

This will incorporate sections of suggested CBME curriculum namely PS6.2 & PS6.3. It is to be noted that PS6.5 which incorporates family education in depression has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Depression
- Interview a patient with depression to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with depression
- Document and present a history in patients with depression with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with depression
- Enumerate any two investigations that are to be performed while evaluating patients with depression

4. Assessment

Assessment will be done in form of OSCEs, OSLERs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. One suggested plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Depression	Demonstration		5-10 min
2	Interview a patient with depression to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with depression	Demonstration		10-20 min

4	Document and present a history in patients with depression with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination	Using students as volunteers to demonstrate	10-20 min
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5	Describe at least two indications for performing laboratory tests for patients with depression	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with depression	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Depression'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall? *Poor mediocre average good very good*

How would you rate facilitators? *Poor mediocre average good very good*

Do you have a greater understanding of magnitude of depression?

Poor mediocre average good very good

Do you have a greater understanding of aetiology of depression?

Poor mediocre average good very good

Do you have a greater understanding of treatment of depression?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of depression?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat depression?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of depression?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Lesson plan for theory classes on 'Bipolar disorder'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of Bipolar disorder, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about various neuroanatomical correlates of bipolar disorder, diagnostic guidelines and drugs used in treatment like lithium and mood stabilizers. This will incorporate sections of suggested CBME curriculum namely PS7.1, PS7.4, PS7.6, PS7.7

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of Bipolar disorder in India and rest of the world
- Guidelines and criteria used to make a diagnosis of Bipolar disorder
- Students will be able to describe the role of Lithium in pharmacological management of Bipolar disorder
- Students will be able to describe any two drug classes used in pharmacological management of Bipolar disorder
- Students will be able to describe and identify any two side effects of at least two drugs used to manage Bipolar disorder.
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of Bipolar disorder
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of Bipolar disorder in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Guidelines and criteria used to make a diagnosis of Bipolar disorder	Describe guidelines and criteria of Bipolar disorder		10 min
3	Role of lithium in Bipolar disorder	Discuss the role of lithium in Bipolar disorder		10 min
4	two drugclasses used in pharmacological management of bipolar disorder	Describe and discuss any two drugs used in pharmacological management of bipolar disorder		5 min
5	Identify any two side effects of at least two drugs used to manage bipolar disorder	Name and discuss any two side-effects of at least two drugs used in management of bipolar disorder		5 min
6	Enumerate any two types of non-pharmacological treatments used in management of bipolar disorder	Name any two types of non-pharmacological treatments in treatment of bipolar disorder and discuss		5 min

		them	
7	Identify any two conditions which would require a referral to specialist psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Bipolar disorder'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of Bipolar disorder?

Poor mediocre average good very good

Do you have a greater understanding of treatment of Bipolar disorder?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of Bipolar disorder?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat Bipolar disorder?

Poor mediocre average good verygood

Do you have a greater understanding of non-pharmacological treatment of Bipolar disorder?

Poor mediocre average good verygood

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Anxiety disorder'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of Anxiety disorders, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about various neuroanatomical aspects of anxiety disorder, psychosocial contributors to anxiety disorders, diagnostic guidelines and drugs used in treatment. This will incorporate sections of suggested CBME curriculum namely PS8.1, PS8.4, PS8.6, PS8.7

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of Anxiety disorders in India and rest of the world
- Guidelines and criteria used to make a diagnosis of Anxiety disorder
- Students will be able to describe any two drug classes used in pharmacological management of Anxiety disorder
- Students will be able to describe and identify any two side effects of at least two drugs used to manage Anxiety disorder.
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of Anxiety disorder
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of anxiety in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Biopsychosocial model of anxiety	Describe and discuss biopsychosocial model		10 min
3	Guidelines and criteria used to make a diagnosis of anxiety	Discuss the criteria used to make diagnosis of anxiety disorders		10 min
4	Describe any two drug classes used in pharmacological management of anxiety	Describe and discuss any two drugs used in pharmacological management of anxiety		5 min
5	Identify any two side effects of at least two drugs used to manage anxiety.	Name and discuss any two side-effects of at least two drugs used in management of anxiety		5 min
6	Enumerate any two types of non-pharmacological treatments used in management of anxiety	Name any two types of non-pharmacological treatments in treatment of anxiety and discuss them		5 min

7	Identify any two conditions which would require a referral to specialist psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Anxiety disorder'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of Anxiety disorder?

Poor mediocre average good very good

Do you have a greater understanding of treatment of Anxiety disorder?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of Anxiety disorder?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat Anxiety disorder?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of Anxiety disorder?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Anxiety disorder'

1. General Information

Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with Anxiety disorder as part of their clinical posting. They will also learn to elicit symptoms of Anxiety disorder while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS8.2 & PS8.3. It is to be noted that PS8.5 which incorporates family education in anxiety disorder has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of anxiety disorder
- Interview a patient with anxiety disorder to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with anxiety disorder
- Document and present a history in patients with anxiety disorder with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with anxiety disorder
- Enumerate any two investigations that are to be performed while evaluating patients with anxiety disorder

4. Assessment

Assessment will be done in form of OSCEs, OSLERs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Anxiety disorder	Demonstration		5-10 min
2	Interview a patient with Anxiety disorder to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with Anxiety disorder	Demonstration		10-20 min

4	Document and present a history in patients with Anxiety disorder with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination	Using students as volunteers to demonstrate	10-20 min
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5	Describe at least two indications for performing laboratory tests for patients with Anxiety disorder	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with Anxiety disorder	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Anxiety disorder'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of how to elicit present history in anxiety disorder?

Poor mediocre average good very good

Do you have a greater understanding of how to elicit past and family history in anxiety disorder?

Poor mediocre average goodvery good

Do you have a greater understanding of how to document history in anxiety disorder?

Poor mediocre average goodvery good

Do you have a greater understanding of type of investigations to be used in anxiety disorder?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Stress related disorder'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of stress related disorders, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about various neuroanatomical aspects of stress related disorder, psychosocial contributors to stress related disorders, diagnostic guidelines and drugs used in treatment. This will incorporate sections of suggested CBME curriculum namely PS9.1, PS9.4, PS9.6, PS9.7

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of Stress related disorders in India and rest of the world
- Guidelines and criteria used to make a diagnosis of Stress related disorders
- Students will be able to describe any two drug classes used in pharmacological management of Stress related disorders
- Students will be able to describe and identify any two side effects of at least two drugs used to manage Stress related disorder
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of Stress related disorder
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of stress related disorders in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Biopsychosocial model of stress related disorders	Describe and discuss biopsychosocial model		10 min
3	Guidelines and criteria used to make a diagnosis of stress related disorder	Discuss the criteria used to make diagnosis		10 min
4	Describe any two drug classes used in pharmacological management of stress related disorders	Describe and discuss any two drugs used in pharmacological management		5 min
5	Identify any two side effects of at least two drugs used to manage stress related disorder.	Name and discuss any two side-effects of at least two drugs used in management of stress related disorder		5 min
6	Enumerate any two types of non-pharmacological treatments used in management of stress related disorders	Name any two types of non-pharmacological treatments in treatment of stress related disorders and discuss them		5 min

7	Identify any two conditions which would require a referral to specialist psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Stress related disorder'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of Stress related disorder?

Poor mediocre average good very good

Do you have a greater understanding of treatment of Stress related disorder?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of Stress related disorder?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat Stress related disorder?

Poor mediocre average goodvery good

Do you have a greater understanding of non-pharmacological treatment of Stress related disorder?

Poor mediocre average good verygood

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Stress related disorder'

1. General Information

Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with stress related disorder as part of their clinical posting. They will also learn to elicit symptoms of stress related disorder while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS9.2 & PS9.3. It is to be noted that PS9.5 which incorporates family education in stress related disorder has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of stress related disorder
- Interview a patient with stress related disorder to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with stress related disorder
- Document and present a history in patients with stress related disorder with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with stress related disorder
- Enumerate any two investigations that are to be performed while evaluating patients with stress related disorder

4. Assessment

Assessment will be done in form of OSCEs, OSLERs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of stressrelated disorder	Demonstration		5-10 min
2	Interview a patient with stress related disorder to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with stress related disorder	Demonstration		10-20 min

4	Document and present a history in patients with stress related disorder with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination	Using students as volunteers to demonstrate	10-20 min
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5	Describe at least two indications for performing laboratory tests for patients with stress related disorder	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with stress related disorder	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Stress related disorder'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of stress related disorder?

Poor mediocre average good very good

Do you have a greater understanding of treatment of stress related disorder?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of stress related disorder?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat stress related disorder?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of stress related disorder?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Somatoform disorders'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of somatoform disorders, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about biopsychosocial contributors to somatoform disorders, diagnostic guidelines and drugs used in treatment. This will incorporate sections of suggested CBME curriculum namely PS10.1, PS10.4, PS10.6, PS10.7

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of Somatoform disorders in India and rest of the world
- Guidelines and criteria used to make a diagnosis of Somatoform disorders
- Students will be able to describe any two drug classes in pharmacological management of Somatoform disorder
- Students will be able to describe and identify any two side effects of at least two drugs used to manage Somatoform disorder.
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of Somatoform disorder
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of somatoform disorders in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Biopsychosocial model of somatoform disorders	Describe and discuss biopsychosocial model		10 min
3	Guidelines and criteria used to make a diagnosis of somatoform disorders	Discuss the criteria used to make diagnosis		10 min
4	Describe any two drug classes used in pharmacological management of somatoform disorders	Describe and discuss any two drugs used in pharmacological management		5 min
5	Identify any two side effects of at least two drugs used to manage somatoform disorder.	Name and discuss any two side-effects of at least two drugs used in management of somatoform disorder		5 min
6	Enumerate any two types of non-pharmacological treatments used in management of somatoform disorder	Name any two types of non-pharmacological treatments in treatment of somatoform disorder and discuss them		5 min

7	Identify any two conditions which would require a referral to specialist-psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Somatoform disorder' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of Somatoform disorder?

Poor mediocre average good very good

Do you have a greater understanding of treatment of Somatoform disorder?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of Somatoform disorder?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat somatoform disorder?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of Somatoform disorder?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Somatoform disorders'

1. General Information

Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with somatoform disorders as part of their clinical posting. They will also learn to elicit symptoms of personality disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS11.2 & PS11.3. It is to be noted that PS11.5 which incorporates family education in somatoform disorder has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of somatoform disorders
- Interview a patient with somatoform disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with somatoform disorders
- Document and present a history in patients with somatoform disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with somatoform disorders
- Enumerate any two investigations that are to be performed while evaluating patients with somatoform disorders

4. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of somatoform disorders	Demonstration		5-10 min
2	Interview a patient with somatoform disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with somatoform disorders	Demonstration		10-20 min

4	Document and present a history in patients with somatoform disorders with respect to history of present illness, past history, medical history, family history, personal history and	Using students as volunteers to demonstrate	10-20 min
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	premorbid history and mental status examination		
5	Describe at least two indications for performing laboratory tests for patients with somatoform disorders	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with somatoform disorders	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'somatoform disorders' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of Somatoform disorders?

Poor mediocre average good very good

Do you have a greater understanding of treatment of Somatoform disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of Somatoform disorder?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat Somatoform disorders?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of Somatoform disorders?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Personality disorders'

1. General Information

Domain: Knowledge

Level of proficiency: Knows

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of personality disorders, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about biopsychosocial contributors to personality disorders, diagnostic guidelines and drugs used in treatment. This will incorporate sections of suggested CBME curriculum namely PS11.1, PS11.4, PS11.6, PS11.7

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of personality disorders in India and rest of the world
- Guidelines and criteria used to make a diagnosis of personality disorders
- Students will be able to describe any two drug classes in pharmacological management of personality disorders
- Students will be able to describe and identify any two side effects of at least two drugs used to manage personality disorders.
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of personality disorders
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of personality disorders in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Biopsychosocial model of personality disorders	Describe and discuss biopsychosocial model		10 min
3	Guidelines and criteria used to make a diagnosis of personality disorders	Discuss the criteria used to make diagnosis		10 min
4	Describe any two drug classes used in pharmacological management of personality disorders	Describe and discuss any two drugs used in pharmacological management		5 min
5	Identify any two side effects of at least two drugs used to manage personality disorders.	Name and discuss any two side-effects of at least two drugs used in management		5 min
6	Enumerate any two types of non-pharmacological treatments used in management of personality disorder	Name any two types of non-pharmacological treatments in treatment of personality disorder and discuss them		5 min

7	Identify any two conditions which would require a referral to specialist-psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Personality disorder'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of Personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of treatment of Personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of Personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat Personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of Personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Personality disorders'

1. General Information

Domain: Shows

Level of proficiency: Shows

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with personality disorders as part of their clinical posting. They will also learn to elicit symptoms of personality disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS11.2 & PS11.3. It is to be noted that PS11.5 which incorporates family education in stress related disorder has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of personality disorders
- Interview a patient with personality disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with personality disorders
- Document and present a history in patients with personality disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with personality disorders
- Enumerate any two investigations that are to be performed while evaluating patients with personality disorders

4. Assessment

Assessment will be done in form of OSCEs, OSLERs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of personality disorders	Demonstration		5-10 min
2	Interview a patient with personality disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with personality disorders	Demonstration		10-20 min

4	Document and present a history in patients with personality disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination	Using students as volunteers to demonstrate	10-20 min
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5	Describe at least two indications for performing laboratory tests for patients with personality disorders	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with personality disorders	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Personality disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of treatment of personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of personality disorder?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of personality disorders?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Lesson plan for theory classes on 'Psychosomatic disorders'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of psychosomatic disorders, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about biopsychosocial contributors to psychosomatic disorders, diagnostic guidelines and drugs used in treatment. This will incorporate sections of suggested CBME curriculum namely PS12.1, PS12.4, PS12.6, PS12.7

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of psychosomatic disorders in India and rest of the world
- Guidelines and criteria used to make a diagnosis of psychosomatic disorders
- Students will be able to describe any two drug classes in pharmacological management of psychosomatic disorders
- Students will be able to describe and identify any two side effects of at least two drugs used to manage psychosomatic disorders.
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of psychosomatic disorders
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of psychosomatic disorders in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Biopsychosocial model of psychosomatic disorders	Describe and discuss biopsychosocial model		10 min
3	Guidelines and criteria used to make a diagnosis of psychosomatic disorders	Discuss the criteria used to make diagnosis		10 min
4	Describe any two drug classes used in pharmacological management of psychosomatic disorders	Describe and discuss any two drugs used in pharmacological management		5 min
5	Identify any two side effects of at least two drugs used to manage psychosomatic disorders.	Name and discuss any two side-effects of at least two drugs used in management		5 min
6	Enumerate any two types of non-pharmacological treatments used in management of psychosomatic disorders	Name any two types of non-pharmacological treatments in treatment of psychosomatic disorders and discuss them		5 min

7	Identify any two conditions which would require a referral to specialist-psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Psychosomatic disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of the magnitude of Psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of the treatment of Psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of Psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat Psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of Psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Lesson plan for clinical posting on 'Psychosomatic disorders'

1. General Information

Domain: Shows

Level of proficiency: Shows how

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with psychosomatic disorders as part of their clinical posting. They will also learn to elicit symptoms of psychosomatic disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS12.2 & PS12.3. It is to be noted that PS12.5 which incorporates family education in psychosomatic disorders has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of psychosomatic disorders
- Interview a patient with psychosomatic disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with psychosomatic disorders
- Document and present a history in patients with psychosomatic disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with psychosomatic disorders
- Enumerate any two investigations that are to be performed while evaluating patients with psychosomatic disorders

4. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of psychosomatic disorders	Demonstration		5-10 min
2	Interview a patient with psychosomatic disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with psychosomatic disorders	Demonstration		10-20 min

4	Document and present a history in patients with psychosomatic disorders with respect to history of present illness, past history, medical history, family history, personal history and	Using students as volunteers to demonstrate	10-20 min
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	premorbid history and mental status examination		
5	Describe at least two indications for performing laboratory tests for patients with psychosomatic disorders	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with psychosomatic disorders	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Psychosomatic disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of treatment of psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of psychosomatic disorder?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of psychosomatic disorders?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Psychosexual and Gender identity disorders'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of psychosexual and gender identity disorders, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about biopsychosocial contributors to psychosexual and gender identity disorders, diagnostic guidelines and drugs used in treatment. This will incorporate sections of suggested CBME curriculum namely PS13.1, PS12.4, PS12.6, PS12.7

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of psychosexual and gender identity disorders in India and rest of the world
- Guidelines and criteria used to make a diagnosis of psychosexual and gender identity disorders
- Students will be able to describe any two drug classes in pharmacological management of psychosexual and gender identity disorders
- Students will be able to describe and identify any two side effects of at least two drugs used to manage psychosexual and gender identity disorders.
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of psychosexual and gender identity disorders
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of gender identity and psychosexual disorders in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Biopsychosocial model of gender identity and psychosexual disorders	Describe and discuss biopsychosocial model		10 min
3	Guidelines and criteria used to make a diagnosis of gender identity and psychosexual disorders	Discuss the criteria used to make diagnosis		10 min
4	Describe any two drug classes used in pharmacological management of gender identity and psychosexual disorders	Describe and discuss any two drugs used in pharmacological management		5 min
5	Identify any two side effects of at least two drugs used to manage gender identity and psychosexual disorders.	Name and discuss any two side-effects of at least two drugs used in management		5 min

6	Enumerate any two types of non-pharmacological treatments used in management of gender identity and psychosexual disorders	Name any two types of non-pharmacological treatments in treatment of gender identity and psychosexual disorders and discuss them	5 min
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7	Identify any two conditions which would require a referral to specialist-psychiatrist	Discuss any two conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Gender identity and psychosexual disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good....very good

How would you rate facilitators?

Poor mediocre average good.. very good

Do you have a greater understanding of magnitude of Gender identity and psychosexual disorders?

Poor mediocre average good.....very good

Do you have a greater understanding of treatment of Gender identity and psychosexual disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of Gender identity and psychosexual disorders?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat Gender identity and psychosexual disorders?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of Gender identity and psychosexual disorders?

Poor mediocre average good....very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Gender identity and psychosexual disorders'

1. General Information

Domain: Shows

Level of proficiency: Shows how

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with gender identity and psychosexual disorders as part of their clinical posting. They will also learn to elicit symptoms of psychosomatic disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS13.2 & PS13.3. It is to be noted that PS13.5 which incorporates family education in psychosomatic disorders has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of gender identity and psychosexual disorders
- Interview a patient with gender identity and psychosexual disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with gender identity and psychosexual disorders
- Document and present a history in patients with gender identity and psychosexual disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with gender identity and psychosexual disorders
- Enumerate any two investigations that are to be performed while evaluating patients with gender identity and psychosexual disorders

4. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of gender identity and psychosexual disorders	Demonstration		5-10 min
2	Interview a patient with gender identity and psychosexual disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with gender identity and psychosexual disorders	Demonstration		10-20 min

4	Document and present a history in patients with gender identity and psychosexual disorders with respect to history of	Using students as volunteers to demonstrate	10-20 min
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	present illness, past history, medical history, family history, personal history and premorbid history and mental status examination		
5	Describe at least two indications for performing laboratory tests for patients with gender identity and psychosexual disorders	Demonstration	5 min
6	Enumerate any two investigations that are to be performed while evaluating patients with gender identity and psychosexual disorders	Demonstration	5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Gender identity and psychosexual disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good...very good

How would you rate facilitators?

Poor mediocre average good....very good

Do you have a greater understanding of magnitude of gender identity and psychosexual disorders?

Poor mediocre average good...very good

Do you have a greater understanding of treatment of gender identity and psychosexual disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of gender identity and psychosexual disorders?

Poor mediocre average good dsavery good

Do you have a greater understanding of adverse effects of drugs used to treat gender identity and psychosexual disorders?

Poor mediocre average good ...very good

Do you have a greater understanding of non-pharmacological treatment of gender identity and psychosexual disorders?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Child and adolescent psychiatric disorders'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of Child and adolescent psychiatric disorders, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about biopsychosocial contributors to Child and adolescent psychiatric disorders, diagnostic guidelines and drugs used in treatment. This will incorporate sections of suggested CBME curriculum namely PS14.1, PS14.3, PS14.5 & PS14.6.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of Child and adolescent psychiatric disorders in India and rest of the world
- Guidelines and criteria used to make a diagnosis of Child and adolescent psychiatric disorders
- Students will be able to describe any two drug classes in pharmacological management of Child and adolescent psychiatric disorders
- Students will be able to describe and identify any two side effects of at least two drugs used to manage Child and adolescent psychiatric disorders.
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of Child and adolescent psychiatric disorders
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of Child and adolescent psychiatric disorders in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Biopsychosocial model of Child and adolescent psychiatric disorders	Describe and discuss biopsychosocial model		10 min
3	Guidelines and criteria used to make a diagnosis of Child and adolescent psychiatric disorders	Discuss the criteria used to make diagnosis		10 min
4	Describe any two drug classes used in pharmacological management of Child and adolescent psychiatric disorders	Describe and discuss any two drugs used in pharmacological management		5 min
5	Identify any two side effects of at least two drugs used to manage Child and adolescent psychiatric disorders	Name and discuss any two side-effects of at least two drugs used in management		5 min

6	Enumerate any two types of non-pharmacological treatments used in management of Child and adolescent psychiatric disorders	Name any two types of non-pharmacological treatments in treatment of Child and adolescent psychiatric disorders and discuss them	5 min
7	Identify any two conditions which would require a	Discuss any two conditions encountered in primary health care which	5-10 min

	referral to specialist-psychiatrist	would require a referral to specialist psychiatrist	
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Child and adolescent psychiatric disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good....very good

How would you rate facilitators?

Poor mediocre average good...very good

Do you have a greater understanding of magnitude of Child and adolescent psychiatric disorders?

Poor mediocre average good...very good

Do you have a greater understanding of treatment of Child and adolescent psychiatric disorders?

Poor mediocre average goodvery good

Do you have a greater understanding of drugs used as treatment of Child and adolescent psychiatric disorders?

Poor mediocre average goodvery good

Do you have a greater understanding of adverse effects of drugs used to treat Child and adolescent psychiatric disorders?

Poor mediocre average good...very good

Do you have a greater understanding of non-pharmacological treatment of Child and adolescent psychiatric disorders?

Poor mediocre average good...very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Child and adolescent psychiatric disorders'

1. General Information

Domain: Shows

Level of proficiency: Shows how

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with Child and adolescent psychiatric disorders as part of their clinical posting. They will also learn to elicit symptoms of Child and adolescent psychiatric disorders while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS14.2. It is to be noted that PS14.5 which incorporates family education in Child and adolescent psychiatric disorders has been covered in a separate posting which will require a separate lesson plan.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness clinical features of Child and adolescent psychiatric disorders
- Interview a patient with Child and adolescent psychiatric disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with gender identity and psychosexual disorders
- Document and present a history in patients with Child and adolescent psychiatric disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination
- Describe at least two indications for performing laboratory tests for patients with Child and adolescent psychiatric disorders
- Enumerate any two investigations that are to be performed while evaluating patients with Child and adolescent psychiatric disorders

4. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

5. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient with Child and adolescent psychiatric disorders to elicit history of present illness with respect to onset/ duration/ progress and course of illness and clinical features	Demonstration		5-10 min
2	Interview a patient with Child and adolescent psychiatric disorders to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min

3	Perform a mental status examination to assess thought, perception and affect in patients with Child and adolescent psychiatric disorders	Demonstration	10-20 min
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4	Document and present a history in patients with Child and adolescent psychiatric disorders with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination	Using students as volunteers to demonstrate	10-20 min
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7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Child and adolescent psychiatric disorders'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good....very good

How would you rate facilitators?

Poor mediocre average good...very good

Do you have a greater understanding of magnitude of child and adolescent psychiatric disorders?

Poor mediocre average good....very good

Do you have a greater understanding of treatment of child and adolescent psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of child and adolescent psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of adverse effects of drugs used to treat child and adolescent psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of child and adolescent psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Mental Retardation'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the magnitude and aetiology of Mental retardation, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. Additional activities include learning about biopsychosocial contributors to Mental retardation, diagnostic guidelines and drugs used in treatment. This will incorporate sections of suggested CBME curriculum namely PS15.1, PS15.2 & PS15.4.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Prevalence and incidence of Mental Retardation in India and rest of the world
- Criteria for severity of mental retardation
- Factors associated with development of mental retardation
- Define intelligence quotient
- Describe tests used to measure intelligence quotient
- Mention psychosocial interventions used in management of mental retardation

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Prevalence and incidence of Mental retardation in India and rest of the world	Ask students about their awareness of the same and then provide information		5 min
2	Criteria for assessing severity of mental retardation	Describe and discuss same		10 min
3	Factors associated with development of mental retardation	Discuss the same		10 min
4	Define intelligence quotient	Discuss intelligence quotient		5 min
5	Describe tests to measure intelligence quotient	Name and discuss any two tests to measure intelligence quotient		5 min
6	Enumerate any two types of psychosocial interventions used in management of mental retardation	Name any two types of psychosocial interventions in treatment of Mental retardation and discuss them		5 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Mental retardation' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude of Mental retardation?

Poor mediocre average good.....very good

Do you have a greater understanding of assessment of severity of Mental retardation?

Poor mediocre average good very good

Do you have a greater understanding of definition of intelligence quotient?

Poor mediocre average good very good

Do you have a greater understanding of measurement of intelligence quotient?

Poor mediocre average good very good

Do you have a greater understanding of psychosocial interventions used in management of mental retardation?

Poor mediocre average good.....very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Mental Retardation'

1. General Information

Domain: Shows

Level of proficiency: Shows how

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn about the techniques to interview patients with mental retardation as part of their clinical posting. They will also learn to elicit history of features suggestive of mental retardation while taking a psychiatric history along with documenting and describing these symptoms. They will learn to interpret necessary laboratory investigations in such a patient.

This will incorporate sections of suggested CBME curriculum namely PS15.3.

Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Interview a patient to elicit history of present illness with respect to onset/ duration/ progress and course of illness and clinical features of Mental retardation
- Interview a patient with mental retardation to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.
- Perform a mental status examination to assess thought, perception and affect in patients with mental retardation
- Document and present a history in patients with mental retardation with respect to history of present illness, past history, medical history, family history, personal history and premorbid history and mental status examination

3. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

4. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

5. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Interview a patient with mental retardation to elicit history of present illness with respect to onset/ duration/ progress and course of illness and clinical features	Demonstration		5-10 min
2	Interview a patient with mental retardation to elicit psychiatric history with respect to past history, medical history, family history, personal history and premorbid history.	Demonstration		10-20 min
3	Perform a mental status examination to assess thought, perception and affect in patients with mental retardation	Demonstration		10-20 min
4	Document and present a history in patients with mental retardation in respect to history of present illness, past history, medical history, family history, personal history and premorbid	Using students as volunteers to demonstrate		10-20 min

	history and mental status examination		
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6. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Mental retardation'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good.....very good

How would you rate facilitators?

Poor mediocre average good...very good

Do you have a greater understanding of magnitude of mental retardation?

Poor mediocre average good....very good

Do you have a greater understanding of treatment of mental retardation?

Poor mediocre average good....very good

Do you have a greater understanding of drugs used as treatment of mental retardation?

Poor mediocre average good...very good

Do you have a greater understanding of adverse effects of drugs used to treat mental retardation?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of mental retardation?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Psychiatric disorders in elderly'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the various types of psychiatric disorders in elderly, their magnitude and aetiology including dementia, treatment options available, pharmacological basis and side-effects of drugs used in treatment and the conditions for referral to specialist psychiatrist. This will incorporate sections of suggested CBME curriculum namely PS16.1, PS16.2, PS16.3 & PS16.5.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Various types of psychiatric disorders in elderly
- Magnitude of psychiatric disorders in elderly
- Biological, psychological and social factor implicated in aetiology of dementia
- Students will be able to describe and identify any two drugs used to manage dementia
- Students will be able to describe and identify any two drugs used to manage other psychiatric disorders in elderly
- Students will be able to enumerate any two types of non-pharmacological treatments used in management of dementia and other psychiatric illnesses in elderly
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Various types of psychiatric disorders in elderly	Ask students about their awareness of the same and then provide information		5 min
2	Magnitude of psychiatric disorders in elderly	Describe and discuss		10 min
3	Any 1 biological, psychological and social factor implicated in aetiology of dementia	Discuss the biopsychosocial model		10 min
4	Describe any two drug classes used in pharmacological management of dementia	Describe and discuss any two drugs used in pharmacological management of anxiety		5 min
5	Describe any 2 drug classes used in pharmacological management of other psychiatric disorders in elderly	Name and discuss any two drugs used in management of other psychiatric disorders		5 min
6	Enumerate any two types of non-pharmacological treatments used in management of dementia and other psychiatric	Name any two types of non-pharmacological treatments in treatment of dementia and other psychiatric disorders in		5 min

	disorders in elderly	elderly	
7	Identify any two conditions which would require a referral to specialist psychiatrist	Discuss any two - conditions encountered in primary health care which would require a referral to specialist psychiatrist	5-10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Psychiatric disorders in elderly' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of magnitude and types of Psychiatric disorders in elderly?

Poor mediocre average good very good

Do you have a greater understanding of any 1 biological, psychological and social factor implicated in dementia?

Poor mediocre average good very good

Do you have a greater understanding of drugs used as treatment of dementia?

Poor mediocre average good very good

Do you have a greater understanding of drugs used to treat other types of psychiatric disorders in elderly?

Poor mediocre average good very good

Do you have a greater understanding of non-pharmacological treatment of psychiatric disorders in elderly?

Poor mediocre average good very good

Do you have a greater understanding of conditions to referral to psychiatrist?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Psychiatric emergencies'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the various types of psychiatric emergencies, clinical features of patients with suicide attempts and clinical features indicating risk of aggression in patients' treatment options available. Students will learn about principles of initial stabilization and management of psychiatric emergencies, principles and initial steps in stabilization of suicide attempt, deliberate self-harm and principles and initial steps in management of aggression. Finally, the students will learn the conditions for referral to specialist psychiatrist. This will incorporate sections of suggested CBME curriculum namely PS17.1, PS17.2 & PS17.3.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- At least 3 types of psychiatric emergencies
- Clinical features of patients with suicide attempts
- Clinical features of patients with deliberate self-harm
- Clinical features of patients at risk of aggression
- Principles of initial stabilization in psychiatric emergencies
- Principles of initial stabilization in those with suicide attempts
- Principles of initial stabilization in those with deliberate self-harm
- Principles of initial stabilization in those with aggression
- Students will be able to identify any two conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Various types of psychiatric emergencies	Ask students about their awareness of the same and then provide information		5 min
2	Clinical features of patients with suicide attempts	Describe and discuss		10 min
3	Clinical features of patients with deliberate self-harm	Describe and discuss		10 min
4	Clinical features of patients with aggression	Describe and discuss		5 min
5	Principles of initial stabilization in psychiatric emergencies	Describe and discuss		5 min
6	Principles of initial stabilization in suicide attempts	Describe and discuss		5 min
7	Principles of initial stabilization in deliberate self-harm	Describe and discuss		5-10 min
8	Principles of initial stabilization in patients with risk of aggression	Describe and discuss		10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Psychiatric emergencies' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of types of psychiatric emergencies?

Poor mediocre average good very good

Do you have a greater understanding of clinical features suggestive of risk of suicide attempts and deliberate self-harm in individuals?

Poor mediocre average good very good

Do you have a greater understanding of risk factors for aggression in individuals?

Poor mediocre average good....very good

Do you have a greater understanding of principles of initial stabilization of psychiatric emergencies?

Poor mediocre average good very good

Do you have a greater understanding of principles of initial stabilization of persons with suicide attempt?

Poor mediocre average good very good

Do you have a greater understanding of principles of initial stabilization of persons with deliberate self-harm?

Poor mediocre average good very good

Do you have a greater understanding of principles of initial stabilization of persons with aggression?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Therapeutics'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the different classes of drugs used in psychiatry and their mechanism of action. They will be able to enumerate at least two drugs in each class and mention at least two of their adverse effects. Students will learn names of at least 3 psychosocial interventions, three principles of non-pharmacological interventions and techniques. 3 principles of behaviour therapy and techniques used along with 3 techniques used in rehabilitation of patients. Students will learn about at least 3 indications for modified ECT. Finally, the students will learn about 3 conditions for referral to specialist psychiatrist. This will incorporate sections of suggested CBME curriculum namely PS18.1, PS18.2 & PS18.3.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Different classes of drugs used in psychiatry and their mechanism of action
- 2 drugs in each class and at least 2 adverse effects
- Names of at least 3 psychosocial interventions
- 3 principles of non-pharmacological interventions and techniques
- 3 principles of behaviour therapy and techniques
- 3 techniques used in rehabilitation of patients
- 3 indications of modified ECT
- Students will be able to identify any 3 conditions which would require a referral to specialist psychiatrist

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Different classes of drugs used in psychiatry and their mechanism of action	Ask students about their awareness of the same and then provide information		5 min
2	2 drugs in each class and at least 2 adverse effects	Describe and discuss		10 min
3	Names of 3 psychosocial interventions	Describe and discuss		10 min
4	3 principles on non-pharmacological interventions and techniques	Describe and discuss		5 min
5	3 principles of behaviour therapy and techniques	Describe and discuss		5 min
6	3 techniques used in rehabilitation	Describe and discuss		5 min
7	3 indications of modified ECT	Describe and discuss		5-10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Therapeutics'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good. very good

How would you rate facilitators?

Poor mediocre average good....very good

Do you have a greater understanding of different classes of drugs used in psychiatry and their mechanism of action?

Poor mediocre average good....very good

Do you have a greater understanding of names of 2 drugs in each class and 2 adverse effects?

Poor mediocre average good very good

Do you have a greater understanding of names of at least 3 psychosocial interventions?

Poor mediocre average good very good

Do you have a greater understanding of at least principles of behavioural interventions and their techniques?

Poor mediocre average good very good

Do you have a greater understanding of indications for modified ECT?

Poor mediocre average good very good

Do you have a greater understanding of principles of initial stabilization of persons with suicide attempt?

Poor mediocre average good very good

Do you have a greater understanding of principles of initial stabilization of persons with deliberate self-harm?

Poor mediocre average good very good

Do you have a greater understanding of principles of initial stabilization of persons with aggression?

Poor mediocre average good very good

Any additional remarks and conditions:

Theory classes on 'Miscellaneous'

1. General Information

Domain: Knowledge

Level of proficiency: Knows How

Time: 60 minutes

Number of students: 60-250

2. Overview

Students will learn about the definition and relevance of community psychiatry. They will learn about prevalence of mental health Disorders in India and other epidemiological measures like age groups affected. They will learn about the National Mental Health Program, legal and ethical issues in psychiatry, laws in relation to mental health. Students will learn about preventive psychiatry, principles of positive mental health, strategies for community education in relation to mental health, clinical features of mental health during disaster and participatory management of mental health during disaster. This will incorporate sections of suggested CBME curriculum namely PS19.1.

3. Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- Definition and relevance of community psychiatry
- Prevalence of mental health disorders in India
- National Mental Health Program
- Legal and ethical issues in psychiatry
- Laws in relation to mental health
- Preventive psychiatry
- Principles of positive mental health during disaster

4. Assessment

Assessment will be done in form of MCQs or written examinations

5. Teaching Learning methods

Lecture, small group discussions, tutorials

Equipment

PowerPoint slides, LCD projector, handouts, adequate room with enough seating space

Facilitators

At least one facilitator with 2-3 to help out

6. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	Definition and relevance of community psychiatry	Ask students about their awareness of the same and then provide information		5 min
2	Prevalence of mental health disorders in India	Describe and discuss		10 min
3	National Mental Health Program	Describe and discuss		10 min
4	Legal and ethical issues in psychiatry	Describe and discuss		5 min
5	Laws in relation to psychiatry	Describe and discuss		5 min
6	Preventive psychiatry	Describe and discuss		5 min
7	Principles of positive health during disasters	Describe and discuss		5-10 min

7. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Miscellaneous' - Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of definition and relevance of community psychiatry?

Poor mediocre average good very good

Do you have a greater understanding of prevalence of mental health disorders in India?

Poor mediocre average good very good

Do you have a greater understanding of National Mental Health Program?

Poor mediocre average good very good

Do you have a greater understanding of legal and ethical issues in psychiatry?

Poor mediocre average good very good

Do you have a greater understanding of indications for modified ECT?

Poor mediocre average good very good

Do you have a greater understanding of laws in relation to psychiatry?

Poor mediocre average good very good

Do you have a greater understanding of preventive psychiatry?

Poor mediocre average good very good

Do you have a greater understanding of principles of positive health during disasters?

Poor mediocre average good very good

Any additional remarks and conditions:

Clinical posting on 'Family education of psychiatric illness'

1. General Information

Domain: Shows

Level of proficiency: Shows how

Time: 180 minutes

Number of students: 10-40

2. Overview

Students will learn how to initiate a conversation with family members about need to educate them on variety of psychiatric disorders, etiology of psychiatric disorders, two key aspects of treatment and prognosis of psychiatric disorders. This will incorporate sections of suggested CBME curriculum that deal with family education of psychiatric disorders.

Outcomes

At the end of the Teaching-Learning session, students will learn the following:

- How to initiate a conversation with family members about need to educate them about variety of psychiatric disorders
- How to communicate about aetiology of psychiatric disorders
- How to discuss key aspects of treatment and prognosis of psychiatric disorders

3. Assessment

Assessment will be done in form of OSCEs, OSLEs, DOPS or case-based discussions in individual or group formats.

4. Teaching Learning methods

Demonstrations using Bedside clinics, guided observation of consultations, simulated role plays & grand rounds.

Equipment & Resources

Adequate room with enough seating space, patients who have provided informed consent or actors for simulated role-plays

Facilitators

At least one facilitator with 2-3 to help out

5. Plan of conducting the session

SLOs	Topic to covered	Teaching techniques	Learning	Time
1	How to initiate a conversation with family members about need to educate them about variety of psychiatric disorders	Demonstration		5-10 min
2	How to communicate about aetiology of psychiatric disorders with family members	Demonstration		10-20 min
3	How to discuss key aspects of treatment and prognosis of psychiatric disorders with family members	Demonstration		10-20 min

6. Q&As and Feedback

Wrapping up the session with answers to any queries posed by the students. This is to be followed by feedback form.

'Feedback to family members about psychiatric illnesses in patients'- Feedback Form

Year of study:

Term of posting:

Length of session:

How would you rate the session overall?

Poor mediocre average good very good

How would you rate facilitators?

Poor mediocre average good very good

Do you have a greater understanding of how to initiate a conversation with family members about the need to educate them about variety of psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of how to communicate with family members about aetiology of psychiatric disorders?

Poor mediocre average good very good

Do you have a greater understanding of how to discuss key aspects of treatment and prognosis of psychiatric disorders with family members?

Poor mediocre average good very good

Any additional remarks and conditions:

End of postings assessment in Psychiatry (II and II MBBS)

OSCE (Simplified format)

II MBBS

Stations

1. History taking (Specific tasks like ‘Establish rapport and elicit chief complaints, HOPI & family history’) – 10 minutes (10 marks)
2. Mental status examination (Specific tasks like ‘Demonstrate mental status examination under headings of general appearance & behaviour, thought and mood’) – 5 minutes (10 marks)
3. *Viva Voce* – 5 minutes (5 marks)

III MBBS

Stations

1. History taking (Specific tasks like ‘Establish rapport and elicit chief complaints, HOPI & family history’) – 10 minutes (10 marks)
2. Mental status examination (Specific tasks like ‘Demonstrate mental status examination under headings of general appearance & behaviour, thought and mood’) – 5 minutes (10 marks)
3. Family education (Overview of disorder, causes, clinical features, interpretation of investigations, diagnosis, treatment options, prognosis, follow up, addressing of queries, etc) – 5 minutes (5 marks)

Checklist for the OSCE stations

1. History taking (10 marks)
 - a. Greeting the patient/informant
 - b. Establishing rapport
 - c. Listening skills
 - d. Gathering information - Component 1 (e.g. chief complaints)
 - e. Gathering information - Component 2 (e.g. HOPI)
 - f. Gathering information - Component 3 (e.g. family history)
 - g. Verbal communication (tone, pace etc)
 - h. Nonverbal communication (eye contact, posture etc)
 - i. Using non-technical terms
 - j. Summarizing skills
2. Mental status examination (10 marks)
 - a. Greeting the patient/informant
 - b. Establishing rapport
 - c. Listening skills
 - d. Gathering information - Component 1 (e.g. Thought)
 - e. Gathering information - Component 2 (e.g. Mood)
 - f. Gathering information - Component 3 (e.g. Perception)

- g. Verbal communication (tone, pace etc)
- h. Nonverbal communication (eye contact, posture etc)
- i. Using non-technical terms
- j. Summarizing skills

3. Family education (5 marks)

- a. Overview of disorder & Causes
- b. Clinical features
- c. Diagnosis
- d. Treatment options
- e. Addressing the queries

Case scenario 1.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and premorbid personality. Demonstrate mental status examination under headings of general appearance & behaviour, thought and mood.

Case description:

An unmarried female aged 30 years educated up to 6th std from Nagathihalli has been brought by her parents with complaints of episodes of jerky movements of limbs and unawareness for about 30 min since 2 weeks. But there was no history of tongue bite or passing urine/stools in clothes. CT brain and EEG revealed no abnormalities. She had her marriage alliance cancelled 2 weeks back. Those episodes used to happen mostly when her family members were around. Her family members were scared and cared for her so much that they did whatever she said after those episodes. Since she was a kid, she was sensitive to setbacks.

She used to throw tantrums on refusing his demands and had food refusal till her demands were met. She is the only daughter and is unemployed, living on the earnings of her father. She appears a bit dull and is preoccupied about the cancellation of marriage alliance. She feels hopeless and wishes to die rather than face the situations.

Key: Dissociative disorder

Case scenario 2.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and personal history. Demonstrate mental status examination under the headings Thought, perception and other cognitive functions.

Case description:

A married male aged 40 years studied up to 4th STD and from Bindiganavile presents with history of irritability, abusive behaviour towards family members since 2 months. He had met with Road-Traffic Accident (RTA) 3 months back and was operated to remove the clot in the brain. Since then, he also has short term memory loss and keeps forgetting things like what he had for breakfast and whom he talked to in the morning. He has been consuming alcohol daily for 10 years. He used to drink around 360 ml of whisky per day. He had craving for alcohol throughout the day. He had vomiting of blood 1 year back. But he continued drinking and had this RTA under the influence of alcohol. He firmly believes that his family members are hatching plans to kill him and he keeps hearing their voices in their absence telling him to commit suicide. None of his family members corroborate this and they feel everything is his imagination.

Key: Organic psychosis

Case scenario 3.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and family history. Demonstrate mental status examination under the heading general appearance & behaviour, thought, and mood.

Case description:

A female aged 35 years educated up to BSc degree and clerk by occupation, from Nagamangala town experiencing low mood, loss of interest in activities since 2 months. On probing further, she reveals that since 6 months she has repetitive thoughts of being contaminated by germs and keeps washing her hands repetitively. She agrees that it is irrational and not needed but ends up doing again and again. She mentions that she has silly doubts of whether she has locked the door or not, switched off the lights or not and has repetitive checking. In spite of that she is not convinced. She looks dull, putting her head down, not making proper eye contact. Speaks in low tone. She has low self-esteem, death wishes, ideas of hopelessness and worthlessness. Family history of depression and completed suicide in her elder sister.

Key: Obsessive compulsive disorder

Case scenario 4.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and past history. Demonstrate mental status examination under the headings Speech, thought and mood.

Case description:

A recently married woman aged 28 years studied up to B.E working as software professional in Mandya brought by her mother with complaints of lack of desire and actually aversion to sexual relationship with the husband. Privately she also reveals that she had childhood sexual abuse by her relative and since then has never liked such intimacy. Though she reports that her husband cares for her but somehow develops spasm of pelvic muscles during intercourse and hence marriage is not consummated. She confesses that she has rather sexual desire towards females but hesitates to discuss with her parents due to societal mindset. She has lot of distress due to these issues and feels sad.

Key: Vaginismus

Case scenario 5.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and past history. Demonstrate mental status examination under the headings Thought, perception and mood.

Case description:

An unmarried male aged 25 years educated upto MBBS, preparing for his NEET exams has been having gastrointestinal disturbances since 2 months. He has loose stools and at times hard stools particularly with some stressors back at home. He is being indirectly pressurized to get married early which he is resisting. He has bloating sensation in abdomen after having meals and feels the urge to pass stools within few minutes of eating food. On probing further, he also says he becomes anxious about his health quite frequently since 2-3 years. On developing some symptoms like palpitations, he fears that he has heart related condition and gets ECG, ECHO. One year back he was so distressed about acquiring AIDS upon getting needle prick during internship that he got HIV tested many a times and was not ready to believe in reassurances offered by consultants. He attributed his fatigue, weight loss during that time to the feared illness and had crying spells. Currently he is preoccupied that he has stomach cancer and has become hopeless and sad.

Key: Irritable bowel syndrome / Hypochondriasis

Case scenario 6.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and premorbid personality. Demonstrate mental status examination under the headings Thought, perception and mood.

Case description:

An unmarried female aged 23 years educated up to BSc in nursing has come along with her mother. She has hurt herself by slashing the forearm with knife 2 days back. She had broken relationship with a boy 1 week back and her family members were against the relationship which had happened in short span of 1 month. She is threatening to harm herself if her demands are not met. Even as a kid she had difficulty in coping with physical separation from people she loved like elder sister going to residential hostel, uncle moving out of their house upon completing education etc. According to her mother she has always been sensitive and impulsive. She had frequent mood swings and had frequent quarrels with friends. She had extremes of emotions for same person at times liking them the most and sometimes hating the most. She is sad currently and says she never had any meaning to her life. She also says she loses control over how she behaves during those emotional moments. She has many cut scar marks over forearm.

Key: Borderline personality disorder

Case scenario 1.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and family history. Demonstrate mental status examination under headings of general appearance & behaviour, thought and mood.

Case description:

An unmarried female aged 30 years educated upto II PUC from Nagathihalli has anxiety symptoms since 1 year. She is the only daughter for her parents and they are looking for marriage alliances. She is always tensed and keeps worrying about negative things and is not able to relax for most part of the day. She worries that her parents might get COVID and she might meet with accident while going on road. She thinks that she would be subjected to tests and adverse results would come hampering his marriage prospects. She agrees that she is unnecessarily getting anxious about many things. When she is anxious, she doesn't enjoy things. Her friends have noticed her to be restless and fidgety most of the time. Family history of hypothyroidism in mother.

Key: Generalized anxiety disorder

Case scenario 2.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and personal history. Demonstrate mental status examination under the headings Thought, perception and other cognitive functions.

Case description:

A married male aged 40 years studied up to 4th STD and from Bindiganavile presents with history of consuming alcohol daily for 10 years. He is having sleep disturbance and tremors since yesterday. He has quit alcohol 2 days back. He has become disoriented to time place and person. He imagines himself to be at his field and doing agricultural activities. He doesn't remember what he ate in the morning. He has difficulty remembering things of recent past. He has loss of concentration and has to be brought back into conversation again and again. He is scared that police are behind him to arrest to torture though it's not true. Family history of alcohol and tobacco dependence in father and multiple cousins. He used to drink around 360 ml of whisky per day. He has craving for alcohol throughout the day and is not bothered much about his family (spouse and children). He had vomiting of blood 1 year back and had stopped drinking for 6 months. But has restarted following death of father. Now he has lost control over how much and how long he drinks.

Key: Alcohol dependence syndrome with delirium

Case scenario 3.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and personal history. Demonstrate mental status examination under the heading general appearance & behaviour, thought, and mood.

Case description:

A female aged 45 years educated upto BSc degree and clerk by occupation, from Nagamangala town experiencing low mood, loss of interest in activities since 2 months following death of her husband due to COVID-19. She looks dull, putting her head down, not making proper eye contact, sits quietly, speaks in low tone and slowly only on asking question. Not interested in surrounding but speaks relevantly and coherently to the questions asked. Has low self-esteem, death wishes, ideas of hopelessness and worthlessness. She has attained menopause 6 months back. She is known hypertensive on medications. Family history of depression and completed suicide in her elder sister.

Key: Major depressive disorder

Case scenario 4.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and past history. Demonstrate mental status examination under the headings Speech, thought and mood.

Case description:

A married male aged 35 years studied up to B.E working as software professional in Mandya experiencing unusual happiness, increased energy levels, decreased need for sleep, talking great about himself since 2 weeks following death of his wife in a road traffic accident. Looks hyperactive, overtalkative, overfamiliar with examiner. He reports of possessing special powers to make dead people alive again. Says his mood is superb and nothing can make him sad or tensed. Feels on top of the world and has attained ultimate state of mind in life. Similar behaviours had happened 5 years back and treatment at NIMHANS. But he continued medications only for about one month and stopped. He is known to be a smoker since 5 years and occasional consumer of cannabis.

Key: Bipolar affective disorder

Case scenario 5.

Tasks for students:

Establish rapport and elicit chief complaints, HOPI and premorbid personality. Demonstrate mental status examination under the headings Thought, perception and mood.

Case description:

An unmarried female aged 25 years educated up to MBBS, private practitioner has been hearing voices of unknown people when alone since 2 months. It all started following an incident wherein a child died at her hospital in spite of treatment. The voices are not heard by other family members. She reports of voices commenting about her activities and threatening her to kill for most part of the day when awake. Since about 1 month she has started to believe that her neighbours are trying to hatch plans to finish her. Hence, she is afraid of going out and locks herself in her house. She does not get convinced about no such happenings when reassured by her own family members. No history of any substance abuse.

Key: Schizophrenia

Structured essay

Student name:

Examiner name:

Date:

Grades:

Passed exceptionally: above 60%

Passed: 50-60%

Failed: below 50

Checklist

1. Is the essay between 250 and 500 words?
2. Is the topic clearly identified in the introduction?
3. Is there an introduction, body, and conclusion in the essay?
4. Is the opinion clear in the introduction and conclusion?
5. Is each paragraph related to the topic?
6. Are there examples, reasons and/or figures pertaining to the topic?
7. Is the grammar adequate for the essay?

Illustration

Competency: Psychiatric disorders in elderly

Specific learning objective:

1. Common psychiatric disorders including dementia, depression & psychosis
2. Magnitude & etiology
3. Therapy in elderly
4. Conditions for specialist referral

OSLER format for case vignette

Student name:

Examiner name:

Date:

Grades:

Passed exceptionally: above 60%

Passed: 50-60%

Failed: below 50

Checklist

Presentation of History

Pace/clarity

Communication process

Systematic presentation

Correct facts established.

Examination

Systematic

Technique

Correct findings established

Appropriate investigations/clarifications

Appropriate management.

Clinical acumen

Illustration of use of OSLER in clinical posting

Competency: Substance use disorders

Specific Learning objective:

1. Describe, elicit & document clinical features of alcohol use disorders
2. Enumerate, describe, and interpret laboratory investigations in such patients

Case vignette

30-year-old unemployed male individual presented to the out-patient department with history of alcohol consumption over the last 10 years and seizures 2 days ago. Take a detailed history of alcohol use and establish dependence.

Points for OSLER Checklist

Presentation of history

Pace/clarity: pace of presentation refers to rate of speech with appropriate pauses and ease with which examiner can follow.

Communication process: this refers to the whether the candidate can communicate with the examiner and communicate with the simulated/real patient to take a history and perform a mental status examination.

Systematic presentation: this refers to order of history and all subheadings. In case of substance use, whether frequency, problem drinking, last drink and amount of drinking, history regarding complicated withdrawal and relevant negative history amongst others

Correct facts established: dependence criteria, comorbid diagnoses.

Examination

Systematic: Mental status examination and its various headings

Technique: Use of appropriate questions to elicit phenomena

Correct findings established: justification for established phenomena.

Appropriate investigations/clarifications: follow-up questions for phenomena along with laboratory and radiology investigations

Clinical acumen: Diagnostic formulation with differential diagnoses

Appropriate management: clinical management

Department of Psychiatry

Elective module on “Addiction medicine”

Template for planning learning experiences in elective module of Addiction medicine

Name of Block	Block - 2
Name of Elective	Addiction medicine
Location of hospital, lab or research facility	Department of Psychiatry, AAA Institute of medical sciences
Name of internal preceptor(s)	Coordinator: Dr. XXX, Professor & Head Facilitator 1: Dr YYY, Assoc. Professor Facilitator 2: Dr. ZZZ, Asst. Professor Facilitator 3: Dr. PPP, Senior Resident
Name of external preceptor (if any)	Facilitator 4: Dr.QQQ, Additional Professor, RRR Institute of medical sciences
Learning objectives of the elective	<ul style="list-style-type: none">• To describe the pathophysiological and clinical correlates as they apply to the care of patients with various addiction disorders• To explain the biopsychosocial model of causation of addiction disorders and diagnosing the patients as per ICD-11 criteria• To provide care for patients with Addiction disorders (alcohol, tobacco, cannabis, behavioural addictions etc) in a supervised environment• To counsel patients and family members about deaddiction approach and treatment appropriately• To function effectively as a team member in a multidisciplinary team managing addiction disorders
Number of students that can be accommodated in this elective	06-08
Pre-requisites for the elective	Selection of candidates for the electives is based on the following pre-requisites <ul style="list-style-type: none">• Successful completion of clinical

	<p>postings in psychiatry with basic skills in history taking and mental status examination.</p> <ul style="list-style-type: none"> • Knowledge of common substances of abuse in terms of metabolism, harmful effects etc.
Learning resources for students	<ul style="list-style-type: none"> • Substance use disorder - Manual for physicians by The Drug Dependence Treatment Centre, AIIMS, New Delhi • Kaplan and Sadock's synopsis of Psychiatry, 12th edition • Motivational Enhancement Therapy with Drug Abusers by William R. Miller, Ph.D., The University of New Mexico
List of activities in which the student will participate	<ul style="list-style-type: none"> • Participate in OP and IP rounds • Participate in afternoon teaching sessions of the department (Seminar, journal clubs, case presentations) • Present at least five cases that are fully worked up in the teaching sessions • Participate in patient/family education and Psychosocial therapy sessions
Portfolio entries required	<ul style="list-style-type: none"> • Assignments provided • Five worked up case records that have been presented • Documentation of self-directed learning as summary and reflection
Log book entry required	<ul style="list-style-type: none"> • Daily activities record • Satisfactory completion of posting authenticated by preceptor / facilitator with a 'meets expectation (M) grade'
Assessment	<p>Formative: Participation in OP & IP rounds and team activities, Presentation of worked up cases, Pre and post- test assessment</p> <p>Documentation of required portfolio and log book entries</p>
Other comments	<ul style="list-style-type: none"> • Maintenance of a minimum of 80% attendance, • Securing at least 'M' grade & • Maintaining the portfolio / logbook of activities forms the basis of awarding the certificate of successful completion of the elective module in addiction medicine

Abbreviations

CBD: Case based discussion -This is a TL method that uses medical case-based discussions for teaching and assessment in a single person or group format.

CBME: Competency Based Medical Education -This is a new form of medical education curriculum that focuses on development of skills leading to acquisition of competencies that lead to eventual achievement of goals.

DOPS: Direct Observation of Procedure Skills -This is a method of assessment in which the candidate is evaluated during the performance of the procedure/skill (under assessment) by a supervisor using predefined criteria

K/KH: Knows/Knows how

MCQs: Multiple Choice Questions -This is a method of assessment that can also be used as a TL method. This uses a statement or a question with multiple choices as answers.

OSCE: Observed Structured Clinical Examination -This is a method of assessment that can also be used as a TL method. This uses simulated patients, scenarios or case vignettes through which a specific skill can be assessed by an examiner using a predefined check list.

OSLER: Observed Structured Long Examination Record – This is a method of assessment used to assess long cases as part of examinations using a structured format.

S/SH: Shows/Shows how

TL: Teaching Learning -These refer to teaching learning methods so that specific skills can be taught.