



Program MD Psychiatry

(Revised with effect from 2016-2017 onwards)

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GOAL

The goal of the MD training programme is to provide the competencies so that after the training, the candidate is able to work as Senior Resident/ Assistant Professor in the specialty of Psychiatry

OBJECTIVES

to be achieved by an individual at the end of 3 years of MD training

Basic Sciences : The candidates should be thoroughly familiar with basic and applied neuroanatomy, neurophysiology, sociology, neurochemistry, developmental and social psychology, anthropology & ethology.

General & Clinical Psychology : The candidates are expected to have a sound knowledge of general psychological principles in areas such as personality, learning, intelligence, memory, emotions, perceptions etc. They are expected to learn the theory and practical aspects of clinical psychology like psychometric assessment and psychological methods of treatment.

Statistics and Research Methodology : The candidates should have basic skills in statistics and research methodology so as to successfully interpret/conduct research.

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

Child and adolescent Psychiatry : The candidates should acquire a sound knowledge of principles and practice of child & adolescent psychiatry including learning disability, mental retardation and other emotional & behavioural disorders.

Psychopharmacology : Residents should be thoroughly familiar with basic principles of psychopharmacology and should have sound knowledge of all aspects of psychopharmacological practice.

Psychodynamics & Psychotherapies : Candidates should have a proper understanding of the various schools of psychodynamic thinking and their applications to psychiatry. They should also become familiar with theoretical framework and techniques of Psychoeducation, individual as well as group psychotherapy, behaviour therapy and should be able to conduct such therapies.

Psychosomatic Disorders & Liaison psychiatry : The candidates should develop skills in understanding and managing psychosomatic disorders and liaison psychiatry. They should also be aware of the psychosocial aspects of various medical and surgical disorders.

Emergency Psychiatry : The candidate should become familiar with psychiatric emergencies and their management.

Programme Outcomes

PO1: The candidates should be thoroughly familiar with basic and applied neuroanatomy, neurophysiology, sociology, neurochemistry, developmental and social psychology, Psychometry and Genetics

PO2: General & Clinical Psychology : The candidates are expected to have a sound knowledge of general psychological principles in areas such as personality, learning, intelligence, memory, emotions, perceptions etc.They are expected to learn the theory and practical aspects of clinicalpsychology like psychometric assessment and psychological methods of treatment

PO 3: Clinical, child and adolescent Psychiatry : The candidates should attain a high degree of clinical proficiency in history taking, conducting and reporting psychiatric examination, diagnosis and the treatment of the common psychiatric disorders.Residents should acquire sound knowledge of principles and practice of child and adolescent psychiatry including learning disability,mental retardation and other emotional and behavioral disorders.

PO 4 : Psychopharmacology,Psychodynamics,Psychotherapies,Psychosomatic disorders,liaison psychiatry and emergency psychiatry : Residents should be thoroughly familiar with basic principles and should have sound knowledge of psychopharmacology and all aspects of psychopharmacological practice.They should also be familiar with theoretical framework and technique of psychoeducation,individual as well as group psychotherapy,behaviour therapy and should be able to conduct such therapies.They should understand and manage psychosomatic disorders and liaison psychiatry.Residents should also be aware of psychosocial aspects of medical and surgical disorders and psychiatry emergencies and their management.

PO 5: Psychodynamics & Psychotherapies : Candidates should have a proper understanding of the various schools of psychodynamic thing and their applications to psychiatry. The should also become familiar with theoretical framework and techniques of Psychoeducation, individual as well as group psychotherapy, behaviour therapy and should be able to conduct such therapies.

PO 6: Psychosomatic Disorders & Liaison psychiatry : The candidates should develop skills in understanding and managing psychosomatic disorders and liaison psychiatry. They should also be aware of the psychosocial aspects of various medical and surgical disorders.

PO 7: Emergency Psychiatry : The candidate should become familiar with psychiatric emergencies and their management.

PO 8: -Applying scientific thinking and evidence based approach

PO 9: Establishing a therapeutic Doctor-Patient relationship

Po 10: Identifying significant problem/need of patient

PO 11: Collecting relevant information including personality and psychologic issues that results in a diagnostic formulation

PO12: Formulating a comprehensive differential diagnoses including medical causes

PO 13: Appropriately documenting the decision making process and written justification for the professional judgment

Program Specific Outcomes

PSO 1: Able to apply scientific thinking and evidence based approach and to maintain critical and analytical perspective.

PSO 2 : Able to demonstrate cultural sensitivity in clinical situations and establish therapeutic patient-doctor relationship and identifying significant problem/need of patient

PSO 3: Able to collect relevant information including personality and psychologic issues that results in a diagnostic formulation and thereby to formulate comprehensive differential diagnoses including medical causes

PSO 4: To write a management plan taking into consideration safety and biophysical aspects and appropriately documenting decision making process and written justification for professional judgement.

PSO 5: To be able to communicate effectively with patients, relatives, colleagues and subordinates.

PO 6 :Statistics and Research Methodology : The candidates should have basic skills in statistics and research methodology so as to successfully interpret/conduct research.

SKILLS

-Applying scientific thinking and evidence based approach

-Maintaining a critical and analytical perspective

-Demonstrating cultural sensitivity in clinical situations

-Establishing a therapeutic Doctor-Patient relationship

-Identifying significant problem/need of patient

-Collecting relevant information including personality and psychologic issues that results in a diagnostic formulation

-Formulating a comprehensive differential diagnoses including medical causes

-Writing a management plan taking into consideration safety and biopsychosocial aspects

-Appropriately documenting the decision making process and written justification for the professional judgment

-Communicating effectively with patients, relatives, colleagues and subordinates

COURSE CONTENTS

THEORY SYLLABUS

Semester I.

Basic Sciences as applied to psychiatry, Neuroanatomy,

Neurochemistry, Neurophysiology

Neurotransmitters & Neuropeptides

Second Messenger Systems and Beyond

Basic and applied Electrophysiology

Neuroimaging and Implications for Psychiatry

Consciousness
Sleep and Dreaming
Chronobiology
Social & Transcultural Psychiatry
Ethology
Anthropology
Statistics & Research
Aggression: Psychology and Biology
Intelligence
Learning Theories
Personality, Emotions, Motivations
Information Processing: Brain Models of Mind
General psychology including abnormal psychology, social psychology and psychometry
Clinical and developmental psychology

Semester II

Clinical Psychiatry

- (a) Approach for diagnosis and classification of Psychiatric disorders.
- (b) Concept, Typology, etiology, clinical features, course, outcome & prognosis of organic mental disorders
 - Alcohol & Drug dependence
 - Schizophrenia & related psychiatric diseases
 - Mood disorders
 - Personality disorders
- (c) Experimental Diagnostic Research methodology and Implications for Mental disorders
 - Psychiatric History taking, Examinations, Psychopathology
 - Phenomenology
 - Communications and interviewing skill.

Semester III

Clinical Psychiatry Concepts, Typology, etiology, Clinical features, outcome prognosis of:

- Anxiety disorders: clinical psychiatry
- Stress induced disorders and somatoform disorders
- Non organic disorders
- Eating disorders
- Psychosexual disorders
- Habit and impulse disorders
- Psychiatry emergencies

Semester IV

Therapies

- (a) Psychopharmacology : General principles, classifications, indications, adverse effect
- (b) Psychotherapies : General principles, classifications, indications, adverse effect
- (c) Behaviour therapies : General principles, classifications, indications, adverse effect
- (d) ECT : General principles, classifications, indications, adverse effect

Semester V

Neuropsychiatry and Medicine as related to psychiatry

Dementia : Differential Diagnosis and Management
 Delirium : Differential Diagnosis and Management
 Psychiatric Syndromes with Epilepsy
 Neuro-psychiatric Sequel of HIV Infection
 Consultation-Liaison Psychiatry
 Psychological Aspects of Cardio-vascular Disorders
 Psychological Aspects of Gastro-intestinal Disorders
 Obesity
 Psychoendocrinology, Psychooncology, Psychodermatology,
 Psychoimmunology
 Concept and Assessment of Disability & Quality of Life
 Neuro-Psychologic Assessment and its Relevance to Psychiatric
 Diagnosis and Management
 Psychological Aspects of Organ Transplantation

Semester VI

Psychiatry specialities

- (a) Ethics and NDPSA, CPA, Indian Disability Act & other related laws Indian Mental Health Act
- (b) Geriatric psychiatry
Epidemiology and management of Geriatric Psychiatric disorders with special emphasis to India
- (c) Community psychiatry
General principles, NMHP and other community based programmes
- (d) Forensic Psychiatry
- (e) Child and adolescent psychiatry
Epidemiology, classifications, etiology, clinical features, progression, course and management

THESIS

Rules for submission of Thesis / Dissertation

Every candidate pursuing P.G degree course is required to carry out work on a selected research project under the guidance of recognized post Graduate teacher. The results of such work should be submitted in the form of a dissertation.

Dissertation is aimed to train the post graduate student in methods and Technique of research methodology. It includes identification of a problem formulation of hypothesis, search and review of literature, acquaintanace with recent advances, designing of a research study collection of data, critical analysis, comparison of results and drawing conclusion.

Every candidate shall submit to The Principal in the prescribed proforma, a synopsis containing particulars of proposed dissertation work with in three months from the date of commencement of the course. The synopsis should be sent through proper channel.

Such synopsis will be reviewed and cleared by the Ethics Committee and the registered by the University. No change in the dissertation topic or guide can be made without prior approval of the university.

The dissertation should be written under the following headings

- 1.Introduction
- 2.Aims or objectives of the study
- 3.Review of literature
- 4.Materials and Methods
- 5.Results, Tables and observations
- 6.Discussion
- 7.Coclusion
8. References
- 9.Annexures

Dissertation shall be

1.Typed in double line spacing in single side of A4 size paper
(8.27inches (width) x 11.69 inches (length))

2. Shall not be less than 50 pages and should not exceed 150 pages excluding References , tables and Annexure.

3.Spiral binding should not be done.

Four copies of the dissertation along with a soft copy on a CD shall be submitted to the Principal for evaluation three months before Final Examination.

The Examiners appointed by the University shall value the dissertation. Approval of dissertation work is essential pre- condition for a candidate to pass the University Examination.

GUIDE: The academic qualification and teaching experience require for recognition by this University as a Guide for dissertation work is as per Medical Council of India Minimum Qualification for Teachers in Medical Institutions Regulations 1998. Teachers in a Medical college having a total of eight years teaching experience as Lecturer or Assistant professor gained after obtaining Post Graduate Degree shall be recognized as post graduate Teachers.

A Co- Guide may be included provided the work requires substantial contribution from a sister department. The co-guide shall be a recognized postgraduate teacher.

CHANGE OF GUIDE: In the event of a registered guide leaving the Institution for any reason, the Guide may be changed with prior permission from the university.

Guidelines for writing Thesis / Dissertation

The thesis may be normally restricted to the size to 150 pages. To achieve this, following points may be kept in view;

- (i) Only contemporary and relevant literature may be reviewed.
- (ii) The techniques may not be described in detail unless any modification/innovations of the standard techniques are used and reference may be given.
- (iii) Illustrative material may be restricted.
- (iv) Since most of the difficulties faced by the residents relate to the work in clinical subject or clinically oriented laboratory subjects the following steps are suggested:

For prospective study, as far as possible, the number of cases should be such that adequate material, judged from the hospital attendance, will be available and the candidate will be able to collect the case material within a period of 6-12 months so that he/she is in a position to complete the work within the stipulated time.

The objectives of the study should be well defined.

As far as possible, only clinical or laboratory data of investigations of patients or such other material easily accessible in the existing facilities should be used for the study.

Technical assistance, wherever necessary, may be provided by the department concerned. The resident of one speciality taking up some problem related to some other speciality should have some basic knowledge about the subject and he/she should be able to perform the investigations independently, wherever some specialised laboratory investigations are required a co-guide may be coopted from the concerned investigative department, the quantum of laboratory work to be carried out by the candidate should be decided by the guide and coguide by mutual consultation.

The Clinical residents may not ordinarily be expected to undertake experimental work or clinical work involving new techniques, not hitherto perfected or the use of chemicals or radio isotopes not readily available. They should however, be free to enlarge the scope of their studies or undertake experimental work on their own initiative but all such studies should be feasible within the existing facilities.

The residents should be able to use freely the surgical pathology/autopsy data if it is restricted to diagnosis only, if however, detailed historic data are required the resident will have to study the cases himself with the help of the guide/co-guide.

The same will apply in case of clinical data.

METHODS OF TRAINING

a. Year-wise structure of Training Programme

Each trainee will be given clinical responsibility of various areas in rotation.

The general schedule of clinical posting should bear follows:

Ward/OPD/Emergency- 18months

Neurology- 03 month

Internal Medicine- 03month

Clinical Psychology- 03 month

Drug De-addiction- 03 months

Child & Adolescent Psychiatry/Forensic Psychiatry- 04 months

Community Psychiatry- 02 months

The DPM candidates would be given full responsibility for the patient care and the record keeping under the supervision of the Senior Resident and Consultants

b. Rotation and Posting in other departments

Neurology 03 month

Internal Medicine 03 month

Clinical Psychology 03 month

Community Psychiatry 02 month

c. Teaching and Learning activities like Seminar, Symposium etc.

1. Seminars: There should be weekly seminar in which the DPM candidates should present material on assigned topics in rotation. It should be followed by discussion in which all trainees are supposed to participate. Generally the topics covered should be those that supplement the formal teaching programme.
2. Case Conference: A case conference should be held every week where a trainee prepares and presents a case of academic interest by rotation and it is attended by all the members of the Department.
3. Journal Club : There should be atleast once in a month Journal Club in which the critical evaluation of a research paper from a journal.
4. Psychosomatic Rounds. This is a presentation of a case of psychosomatic illness, or a medical illness with pronounced psychiatric problems. It should be held weekly in collaboration with various departments and attended by the faculty and the trainees and the staff from the concerned department.
5. Case presentation: All new in-patients and outpatients cases should be routinely reviewed with one of the Consultants. In addition, the candidate is required to present case material at routine rounds and other case conferences.
6. Psychotherapy tutorials: These should be held in small groups supervised by a consultant in which a case is presented by a trainee and psychotherapeutic management discussed.
7. Attendance at special clinics/unit as applicable e.g. Child and Adolescent Psychiatry Clinic, Marital and Psychosexual Clinic, Community Outreach Clinics, Drug-de-addiction unit etc.
8. Training in ECT administration.

9. Extra-mural activities : The candidates should be encouraged to attend certain academic/semi-academic activities in the allied subjects outside, e.g. seminars/lectures held at Departments of Sociology, Psychology, Neurology etc.

SCHEME OF EXAMINATION

Theory

(i) No. of Papers- 4

(ii) Maximum Marks- 400

Each theory paper will comprise of TWO ESSAYS 20 MARKS EACH & 10 SHORT NOTES 6 MARKS EACH. Maximum marks for each paper will be 100.

**Paper I: Neuro anatomy and Neurophysiology (including Genetics & Biochemistry)
Psychosocial Basis of Human Behaviour (including General Psychology, abnormal Psychology,
Social Psychology, Psychometry and Biostatistics)**

CO1: Knowledge of Neurotransmitters, neuropeptides, basic and applied electrophysiology, neuroimaging and implications in psychiatry

CO2: Social and transcultural psychiatry, ethology and anthropology

CO3: In depth knowledge of intelligence, learning theories, personality, emotions and Brain models of Mind

CO4: Knowledge of general psychology, Abnormal psychology, Social psychology and Psychometry

**Basic Sciences as applied to psychiatry, Neuroanatomy,
Neurochemistry, Neurophysiology**

Neurotransmitters & Neuropeptides

Second Messenger Systems and Beyond

Basic and applied Electrophysiology

Neuroimaging and Implications for Psychiatry

Consciousness

Sleep and Dreaming

Chronobiology

Social & Transcultural Psychiatry

Ethology

Anthropology

Statistics & Research

Aggression: Psychology and Biology

Intelligence

Learning Theories

Personality, Emotions, Motivations

Information Processing: Brain Models of Mind

General psychology including abnormal psychology, social psychology and psychometry

Clinical and developmental psychology

Paper II: Clinical Psychiatry including recent advances

CO1: Approach for diagnosis and classification of Psychiatric disorders

CO2: Concept,typology,etiology,clinical features,course,outcome and prognosis of organic mental disorders

CO3: Experimental Diagnostic Research methodology and implications for mental disorders

CO4: Communications and interviewing skill

Clinical Psychiatry

(a) **Approach for diagnosis and classification of Psychiatric disorders.**

(b) **Concept, Typology, etiology, clinical features, course, outcome & prognosis of organic mental disorders**

Alcohol & Drug dependence

Drug abuse

Schizophrenia & related psychiatric diseases

Mood disorders and its long term prognosis with regard to the quality of life

Personality disorders

(c) **Experimental Diagnostic Research methodology and Implications for Mental disorders**

Role of neuroimaging in clinical psychiatry

Psychiatric History taking, Examinations, Psychopathology

Phenomenology

Communications and interviewing skill.

Paper III: Psychiatric Specialties

CO1: Ethics and NDPSA,CPA,Indian Disability Act and other related laws Indian Mental Health Act

CO2: Geriatric psychiatry

CO3: Community psychiatry

CO4: Child and adolescent psychiatry

Psychiatry specialities

(a) Ethics and NDPSA, CPA, Indian Disability Act & other related laws Indian Mental Health Act

(b) **Geriatric psychiatry**

Epidemiology and management of Geriatric Psychiatric disorders with special emphasis to India

(c) **Community psychiatry**

General principles, NMHP and other community based programmes

(d) **Forensic Psychiatry**

(e) **Child and adolescent psychiatry**

Epidemiology, classifications, etiology, clinical features, progression, course and management

Paper IV: Neurology & general medicine related to psychiatry

CO1: Dementia ,delirium,epilepsy,neuro psychiatric sequel of HIV infection

CO2: Psychoimmunology - assessment of disability and quality of life,neuro-psychologic assessment and its relevance to psychiatric diagnosis and management.

CO3: Diagnosis and management - psychological aspects of Organ transplantation

Neuropsychiatry and Medicine as related to psychiatry

Dementia : Differential Diagnosis and Management
 Delirium : Differential Diagnosis and Management
 Post partum psychosis and post partum depression
Psychiatric Syndromes with Epilepsy
 Neuro-psychiatric Sequel of HIV Infection
 Neuro-psychiatric Sequel of autoimmune disorders
 Consultation-Liaison Psychiatry
 Psychological Aspects of Cardio-vascular Disorders
 Psychological Aspects of Gastro-intestinal Disorders
 Obesity
 Eating disorders
Psychoendocrinology,Psychooncology,Psychodermatology,
 Psychoimmunology
 Concept and Assessment of Disability & Quality of Life
Neuro-Psychologic Assessment and its Relevance to Psychiatric
 Diagnosis and Management
Psychological Aspects of Organ Transplantation

Soft Skills – Elective Course

- CO1: Competency to conduct a clinical research and knowledge about statistical methods.
- CO2: Competency to work as a team leader.
- CO3: Knowledge of medical ethics and etiquette.
- CO4: Ability to interact with the patients and their relatives in an effective manner.
- CO5: Attitude to be a lifelong learner.
- CO6: Ability to be an effective teacher/communicator.

Practical examination-

Long case, Short cases, Spots, Ward round, Viva voce,
 OSCE(5 minutes each station of clinical cases -regarding history, clinical findings and
 management, photographs of cases, Radiological investigations, instruments etc.)

Total Marks

Maximum marks	Theory	Practical	Viva	Grand Total
	400	200	100	700

MODEL QUESTION PAPERS

Paper I – BASIC SCIENCES AS RELATED TO PSYCHIATRY (NEURO-ANATOMY, NEUROPHYSIOLOGY, NEUROCHEMISTRY, BIOSTATISTICS, GENERAL PSYCHOLOGY, ABNORMAL PSYCHOLOGY, SOCIAL PSYCHOLOGY, PSYCHOMETRY AND GENETICS)

Time : Three hours Maximum : 100 marks
Draw suitable diagram wherever necessary.
Answer ALL questions.

I. Essay questions : (2 X 20 = 40)

1. Describe the Neurophysiology of sleep.
2. Discuss the role of GABA in CNS neurotransmission and its relevance for psychiatric disorder.

II. Write short notes on : (10 X 6 = 60)

1. Nonparametric statistics.
2. Systematic desensitization.
3. Corpus Callosum.
4. p300 Event related potential.
5. Contributions of Dr. A. Venkoba Rao.
6. Functional Magnetic Resonance Imaging.
7. Rorschach and its relevance.
8. Genetic counseling in Psychiatry.
9. Cognitive Behaviour Therapy in Depression.
10. Excitatory Neurotransmitters.

Paper II – CLINICAL PSYCHIATRY INCLUDING RECENT ADVANCES

Time : Three hours Maximum : 100 marks

Draw suitable diagram wherever necessary.

Answer ALL questions.

I. Essay questions :

(2 X 20 = 40)

1. Discuss the course and treatment of depression (including treatment resistant depression).
2. Describe the classification of male sexual dysfunctions. Discuss the approach to their evaluation and management

II. Write short notes on :

(10 X 6 = 60)

1. Cognitive Remediation in Schizophrenia.
2. Group therapy in Alcohol dependence.
3. Determinants of outcomes of severe mental disorders (DOSMED) study.
4. Psychiatric management of pain.
5. Transcranial magnetic stimulation therapy and its principle.
6. Therapeutic drug monitoring in Psychiatry.
7. Anesthetic modification in ECT.
8. Cognitive behaviour therapy for delusions
9. Behavioural therapy to obsessive compulsive disorder.
10. Soft neurological signs in schizophrenia.

Paper III – PSYCHIATRY SPECIALITIES

Time : Three hours Maximum : 100 marks

Draw suitable diagram wherever necessary.

Answer ALL questions.

Essay Questions :

(2 X 20 = 40)

1. Discuss the clinical features and management of Attention Deficit Hyperactivity Disorder (ADHD)
2. Management of psychosis in the elderly

II. Write short notes on: (10 X 6 = 60)

- b. Binet Kamat Test
- c. Early onset schizophrenia
- d. Inhalant use in adolescents
- e. Behaviour therapy in the management of Conduct disorder
- f. McNaughten's rule
- g. Testamentary capacity
- h. IPC section 377 and psychiatry
- i. Memantine
- j. Admission procedures in Mental Health Act, 1987
- k. District mental health programme

Paper IV- GENERAL MEDICINE AND NEUROLOGY RELATED TO PSYCHIATRY

Time : Three hours Maximum : 100 marks

Draw suitable diagram wherever necessary.

Answer ALL questions.

I. Essay questions :

(2 X 20 = 40)

1. Discuss neuropsychiatric complications of thyroid disorders.
2. Discuss the clinical approach to young onset dementia.

II. Write short notes on :

(10 X 6 = 60)

1. Metabolic syndrome with antipsychotics.
2. Neuroendocrinology of depression.
3. Genetic counseling in fragile-x syndrome.
4. Post-concussion syndrome.
5. Newer antiepileptic drugs.
6. AIDS dementia.
7. Prophylaxis of Migraine.
8. Psychosocial support to terminally ill.
9. Psychiatric presentations in Parkinson disease.
10. Monitoring seizure in ECT.

FORMAT FOR LOG BOOK

It is essential that the trainee maintains a detailed account of the work done by him. The record book will in addition remind the trainee of what he should observe, learn and perform in a programmed and phased manner during the course of training. It is hoped that this record will stimulate the trainee towards greater effort in areas where he is below par and also record his progress. It forms the basis for assessment and evaluation of the trainees progress. Some of the possible criteria on the basis of which a trainee could be evaluated are - soundness of knowledge, application & judgment, keenness to learn, punctuality and promptness, initiative, reliability, clinical skill, behavior with patients, attitudes towards patient's relatives, colleagues, seniors and other staff, ability to express etc.

Depending on the qualities and the level of attainments a candidates could be considered for appraisal, on the basis, for example, of the following 5 letter grading system.

A Excellent Above 75%, B Good 60% - 65%, C Satisfactory 50%- 60%, D Poor 30% - 50%, E Bad Below 30%

Besides the grading as indicated above, each student would also be given a formal feed back on his/her weak points and how to overcome his/her deficiencies.

RECOMMENDED BOOKS

Must Read

Kaplan HI, Saddock BJ, Comprehensive text book of Psychiatry, Williams & Williams, Baltimore, USA.

□Kaplan and Saddock, Synopsis of psychiatry

Fish's Clinical Psychopathology

Sims A, Symptoms in the Mind, Saunders, Philadelphia, Pennsylvania

□Atkinson and Hilgard, Introduction to psychology.

Kuppuswamy, Social Psychology

Morgan and King, Introduction to Psychology □ □

Must Refer

Gelder M, Gath D, Mayou R, Oxford Textbook of Psychiatry, Oxford University press, Oxford, UK.

Hales RE, Yudofsky SC, American Textbook of Neuro-psychiatric, American Psychiatry press, Washington, USA.

American Psychiatric Association, Practice guidelines for the treatment of psychiatric disorders, APA, Washington, USA.

Talbott JA, Hales RE, Yudofsky, Textbook of Psychiatry, American Psychiatric Press, Washington, USA.

Hamiltan M, Fish.s Clinical Psychiatry, John Wright, Bristol.

Sims A, Symptoms in mind, Saunders, Philadelphia, Pennsylvania.

Lishman WA, Organic Psychiatry-the Psychological consequences of cerebral

disorders, Blackwell, Oxford, UK.

Tasman A, Kay J, Liebermann JA, Psychiatry, Panther Publications Pvt. Ltd. Bangalore, India.

American Psychiatric Association, Diagnostic and statistical manual of mental disorders, APA, Washington, USA.

Indian Psychiatric society, Guidelines for treatment of Psychiatric disorders, Indian Psychiatric Society, India.

LIST OF JOURNALS

Indian Journal of psychiatry

American Journal of Psychiatry

British journal of psychiatry

Archives of general Psychiatry

Journal of clinical Psychiatry

Acta Psychiatrica Scandinavica

Biological Psychiatry

Journal of Psychiatry and Clinical Neuroscience

Psychiatric Clinics of North America