

MINUTES

A meeting of the Faculty of Medical Sciences was held on **Friday, 13th October, 2023 at 2.30 p.m.** in the Committee Room, Faculty of Medical Sciences, 7th Floor, VPCI Building, University of Delhi in hybrid mode.

The attendance of the members are attached at annexure – I

The following members regretted their inability to attend the meeting due to prior commitments.

1. Prof. Renu Chauhan, Professor, Deptt. of Anatomy, UCMS
2. Prof. Vandana Roy, Professor, Deptt. of Pharmacology, MAMC
3. Prof. Amita Suneja, Professor, Deptt. of Obstt. & Gyane, UCMS

Sh. Ashwani Kumar, Assistant Registrar, Faculty of Medical Sciences assisted the Faculty in its deliberations.

- Item No.1.** The minutes of the last meetings of the Faculty of Medical Sciences held on 12.04.2022, 9.6.2022 and 29.12.2022 were read out and confirmed. Further, the minutes dated 13.01.2023 were confirmed with a submission by Prof. Iqbal Singh, DU HOD, Department of Surgery, that their Department has been following the negative marking in MCQ and they will continue to do so till clarification from the NMC arrives. (Annexure
- Item No.2** The Faculty considered and approved the recommendations of the Committee of Courses and Studies of Department of Psychiatry held on 4.8.2023 regarding Course Curriculum of DM (Geriatric Mental Health) and recommended it to the Academic Council for consideration and approval. (Annexure – V)
- Item No.3** The Faculty considered and approved the recommendations of the Committee of Courses and Studies of Department of Community Medicine held on 22.9.2023 regarding the partial amendment in the Ordinance of Master of Public Health (MPH) Course and recommended it to the Academic Council for consideration and approval. (Annexure – VI)
- Item No.4** The Faculty considered the proposal received from HOD, DU, ENT and forwarded by Sh. Tirath Ram regarding change of Theory passing cut off in MBBS Course from percentage to percentile system. The matter was discussed in detail under reference to the provisions in the GMER 2019 and MBBS Ordinance 2019. The proposal was rejected by majority except by two members. Two members wanted it to be sent to NMC while one rejected it in the present format.

The meeting ended with a vote of thanks to the Chair.

Prof. Deepika Pandhi, Meml

Prof. P.N. Pandey, Member

Prof. Iqbal Singh, Member

Prof. S.K. Verma, Member

Prof. R.K. Dhamija, Member

Prof. M.S. Bhatia, Meml

Prof. Zia Chaudhuri, Member

Prof. P.K. Rathore, Member

Prof. Vijay Gupta, Member

Prof. Aditya Nath Aggarwal
Dean (Medical)
Chairperson

Faculty of Medical Sciences (University of Delhi)

DEPARTMENT OF PSYCHIATRY

CURRICULUM AND TEACHING PLAN FOR DM (GERIATRIC MENTAL HEALTH)

The primary goal of the program is to train post graduate DM students in the treatment and management of geriatric mental health patients. The following is the suggested list of topics which will be covered over the three years period by a combination of didactic teaching, seminars, journal clubs, difficult case meetings, clinical case presentations and hand-on wards and clinic case discussions and management rounds.

First Year

A: The Basic Sciences as applied to Geriatric Mental Health

I: The Myth, History, Science and Theories of aging:

- The prolongation of youth and life
- Attitudes towards aging
- Definition of aging
- Biological theories of aging:
- Psychological theories of aging
- Social theories of aging
- Length of life: the sex differential
- Stem cells and aging

II: Neuroanatomy, Neurophysiology, Neuropathology and Neuropharmacology of Aging and Behaviour:

- Neuroanatomy:
 - Brain development

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- Neuroanatomy and aging brain
 - Brain stem
 - Prosencephalon
 - Cerebral cortex and its connections
 - Association cortex
 - Organisation of sensory-motor systems
 - Limbic system
- Neurophysiology:
 - Electrophysiological studies in the psychiatric evaluation of the elderly
 - Electroencephalogram(EEG)
 - EEG changes with normal aging, dementia, delirium, depression
 - Magneto Encephalography (MEG)
- Neuropathology:
 - Normal aging
 - Alzheimer's disease
 - Dementia with Lewy bodies or vascular dementia
 - Frontotemporal dementia
- Neuropharmacology of behaviour:
 - Neural transmission of information
 - Principles of chemical neurotransmission
 - Receptors, enzymes and chemical neurotransmission as the target of drug action
 - Special properties of receptors
 - Biogenic Amines and behavioral functions:
 - Norepinephrine
 - Dopamine
 - Serotonin
 - Histamine
 - Acetylcholine and behavioral functions
 - Non-neuropeptides and behavioral functions

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- Prostaglandins
- Thromboxanes
- Purines

○ Neuropeptides and behavioral functions:

- Endogenous Opioids
- Gut peptides
- Hypothalamic, Pituitary and Pineal peptides

III: Genetics of Geriatric Psychopathology:

- Fundamentals of Genetics:
 - Molecular Genetics
 - Linkage analysis
 - Candidate gene
- Genetic factors in normal and accelerated aging:
 - Cognitive impairment with advancing aging
 - Cellular aging research
- Methodology in psychiatric genetics:
 - Traditional methods
 - Pedigree and family studies
 - Twin studies
 - Adaptation studies
- Interpretation of genetic results.
- Genetics of Psychiatric disorders of old age:
 - Cognitive and motor disorders:
 - Alzheimer's disease
 - Multi-infarct dementia
 - Parkinson's disease

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- Huntington's disease
- Pick's disease
- Transmissible dementias
- Creutzfeldt-Jacob disease
- Gerstmann-Straussier-Scheinker Disease

○ Non-Cognitive disorders:

- Schizophrenia and related psychosis
- Mood disorders
- Schizo-affective disorder
- Anxiety disorders
- Adjustment disorders
- Sleep disorders
- Sexual disorders
- Alcohol and substance abuse disorders

IV: Physiological and Medical considerations of Geriatric Patient Care:

- Central Nervous system
- Cardiovascular system
- Respiratory system
- Gastrointestinal system
- Endocrine system
- Musculoskeletal system
- Haematological and immune systems
- Renal system
- Considerations in geriatric prescribing
- Chronic diseases in elderly
- Geriatric syndromes
- Geriatric assessment

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V: Psychological Aspects of Normal Aging:

- Experimental and cognitive psychology
- Neuroimaging and neurosciences
- Behavioural medicine and health and behaviour relationships
- Health and disease interaction with intellectual and cognitive functioning
- Health and self-related health
- Personality and aging in the social context
- Coping in later life
- Care-giving issues in the normal psychology of aging
- Longevity and the extreme aged

VI: Social and economic factors related to Psychiatric Disorders in late life:

- Social risk factors for psychiatric disorders
- Age changes and cohort differences in social risk factors
- Social factors that affect recovery from psychiatric disorders
- Help seeking for psychiatric disorders
- Public policies and programs

VII: Demography and Epidemiology of Psychiatric disorders in late life:

- Demography
- Case identification
- Distribution of psychiatric disorders
- Historical studies
- Etiological studies
- Health service utilization

VIII: Human Development through Life Cycle:

- Infant development
- Childhood development

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- Adolescent development
- Adult development
- Normal aging - psychological, socio-cultural, physiological aspects
- Self experience across the second half of the life

IX: Contribution of Intra-psychic and phenomenological theories in Psychopathology of late life:

- Intrapsychic theories o Freudian approach
 - Jungian approach
 - Adlerian approach
 - Interpersonal and social approaches
 - Ego theories
- Phenomenological theories
 - Classical and Operant conditioning theories
 - Drive reduction and reciprocal inhibition theories
 - Social learning and other psychobiological approaches
 - Existential movement
 - Humanistic movement
 - Behavioural theories

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Principles and Practice of applied sciences (clinical) in Geriatric Mental Health**I: The History and diagnostic interview in late life:**

- The Psychiatric interview of older adults:
 - History
 - Physical examination
 - The mental status examination
 - Family assessment
 - Rating scales and standardized interviews
 - Effective communication with the older adults
- Use of the Laboratory in the diagnostic workups:
 - Complete blood count
 - Serological tests for syphilis
 - HIV testing
 - Thyroid Function Test
 - Vit-B12, Folate and homocysteine
 - Toxicology
 - Urine analysis
 - ECG, EEG, Polysomnography
 - Imaging Studies: CT Scan, MRI
 - Genetic testing, Apo-E testing
 - Ethical and psychological concerns
- Neuropsychological Assessments:
 - Neuropsychological assessment in geriatric settings
 - Neuropsychology of normal aging
 - Differentiation of Alzheimer's Dementia from normal aging
 - Neuropsychological profile of following disorders:
 - Mild cognitive impairment
 - Alzheimer's disease

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- Fronto-temporaldementia
- Lewybody dementia
- Vascular dementia
- Parkinson's disease dementia
- Huntington 's disease
- Progressive Supranuclear Palsy
- Hydrocephalus
- Creutzfeldt-Jakob disease
- Dementia of geriatric depression
- Stroke
- Motor neuron disease
- Demyelinating disorders

II: Clinical Phenomenology and Psychopathology in late Life:

- Disorders in general appearance and behaviour
- Disorders of consciousness and orientation
- Disorders of attention and concentration
- Disorders of affect
- Disorders of thinking
- Disorders of perception
- Disorders of memory
- Disorders of intelligence
- Disorders of insight and judgment

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III: Socio-cultural foundations of behavior related to late life:

- **Normality and Abnormality:**

- Concept of mental health and illness
- Attitudes towards mental illness, stigma and social identity
- Epidemiological studies and socio-demographic correlates of mental illness in India

- **Family:**

- Personality formation in the family: parent child Dyad
- Early development and communication pattern: triadic relationship, familynorm
- Self-image and self-esteem
- Impact of mental illness on the family: the attribute of responsibility, decision taking, role performance, Power Orientation, care giver burden.
- Problems due to family, society, community and generation gap in old age.

- **Disturbance in Interpersonal Processes:**

- Personal relationships in different mental disorders of old age.
- Abnormal self-attitudes, self-perceptions, self-other perceptions, social competence, interpersonal perceptions.

- **Socio-psychological Methods:**

- Clinical applications of social identity, interdependence, social skill and interaction models.

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- **Trans-cultural Aspects:**

- Socio-cultural studies of socialization: culture and mental illness, social class and mental illness, religion and mental illness, social change.
- Ancient Indian concepts of mind: cognition, emotion, motivation, stress, personality and their relevance to modern health.

- **Concepts of mental illnesses and its treatment in ancient Indian thought, and promotive aspects of mental health:**

- **Contemporary Indian concepts, theories and models used in geriatric mental health.**

IV: Neuropsychology in late life:

- **Frontal Lobe Syndrome:**

- Basic Anatomy
- Pre-frontal Cortex
- Disturbance of regulatory functions
- Disturbance of attentional processes
- Disturbances in emotion, memory and intellectual activity
- Premotor Cortex: disturbances in psychomotor functions

- **Temporal Lobes Syndrome:**

- Basic Anatomy
- Special senses, hearing, vestibular functions
- Integrative functions
- Disturbances in learning and memory functions
- Disturbances in speech
- Disturbances in emotions, time perception and consciousness

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- Partial and Occipital Lobes Syndrome:
 - Basis Anatomy
 - Disturbances in sensory functions and body scheme perception
 - Agnosias and Apraxias
 - Disturbances in visual space perception Disturbances in visual memory
 - Disturbances in emotions, time perception and consciousness
- Functional specialization of Cerebral Hemisphere:
 - Handedness and cerebral dominance
 - Split brain and reported studies on cerebral lateralization of functions.
 - Plasticity and restoration of functions.
- Psychophysiology:
 - Methodology and measurement.
 - Psychophysiology of cognition and emotional states
 - Studies in psychiatric conditions

III: Psychiatric Disorders in Late Life:

- Cognitive disorders
- Movement disorders
- Mood disorders
- Schizophrenia and paranoid disorders and other psychosis
- Anxiety and panic disorders
- Somatoform disorders
- Sexual disorders
- Bereavement and adjustment disorders

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- Sleep and circadian rhythm
- Alcohol and drugs associated problems
- Personality disorders
- Agitation and suspiciousness
- Sub-syndromal mental health problems

IV: Treatment of Psychiatric Disorders in late life:

- Principles and practice of:
 - Psychopharmacology
 - Electroconvulsive therapy
 - Diet, nutrition and exercise
 - Individual and group psychotherapy
 - Working with the family of the older adult
 - Clinical psychiatry in the nursing homes
 - The continuum of care: movement toward the community
 - Acute care inpatient and day hospital treatment

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Related allied diagnostic and research sciences in Geriatric Mental Health with recent advances**I: Special Topics:**

- Legal, ethical and policy issues
- Integrated community services and rehabilitation
- Housing for elderly
- Yoga/meditation and its applications in mental health.
- The past and future of Geriatric Psychiatry
- Generational conflicts

II: Recent Advances:

- **Basic Sciences:** Neuroanatomy, Neurophysiology, Neuropathology, and Neuropsychopharmacology
- **Applied Sciences:** Phenomenology, diagnosis, management, rehabilitation
- **Other Special Issues:** Forensic Geriatric Mental Health, Liaison Geriatric Mental Health and Community Geriatric Mental Health.

III: Methods of Clinical Research:

- Descriptive Statistics:
 - Univariate: central tendency, skewness and Kurtosis
 - Bivariate: regression and correlation Coefficient
 - Special measure of association: Rank Order Correlation Coefficient, Tetrachoric Correlation Coefficient and Phi- Coefficient.
- Probability
 - Probability laws, Binominal, Poisson and normal distributions, sampling from finite population, sample size, sample spare, Student t-statistics, Chi-square statistics, F-Variate, statistical inference.
 - Estimation, point estimation, interval estimation, test of hypothesis, Type I and Type II errors, tests based on student-t, Chi-Square, V-Variate, proportion tests,

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tests of goodness of Fit: 2×2 contingency table, $2 \times r$ contingency table, $r \times c$ contingency table.

- Analysis of Variance:

- Basic models, assumptions, One way and Two-way classifications, Analysis of covariance
- Multivariate analysis: principle component analysis, Factor analysis, Cluster analysis, Discriminate function analysis, Multiple Regression, Data processing and Computer analysis.

- Non-parametric Statistics:

- Central limit theorem, One sample and Two sample problems, Analysis of variance of rank order statistics.

- Scientific Method:

- Procedures to ascertain knowledge, scientific method and its features, Courses and effect; Mill's canons.

- Theory of Measurement:

- Measurement Nominal, Ordinal, Interval and Constructing Rating scales and Attitude Scales, Validity Ratio Scales, Reliability scale.

- Epidemiological Studies:

- Prospective and retrospective studies, prevalence, incidence, age-specific disease and adjusted rates, Life Table technique.

- Survey Technique:

- Various tools, Mail Questionnaire and interview schedule
- Sampling Methods: complete enumeration, sample survey, sampling and non-sampling errors, random and non-random samples
- Sample Random, Systematic Random, Stratified Random and Cluster Random Sampling Design; methods of minimizing non-sampling errors.

- Experimental Design:

- Experiments versus Surveys, general principles in experimental design, requirements for a good design, methods of controlling experimental errors, idea

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of control, matching, local control, concomitant variation, randomization and replication.

- o Completely randomized design, randomized block design, Latin Square design, Factorial designs and Cross-Over design.

During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models / skill labs (affective / psychomotor) later to be performed under supervision followed by performing independently. For this purpose, provision of skills laboratories in medical colleges is mandatory.

PROPOSED PLAN OF TEACHING & TRAINING

A. Clinical postings: Recommended schedule for three years training:

Three years of posting as per schedule below:

- 3 years of posting primarily in the Division of Geriatric Mental Health under Department of Psychiatry- IPD & OPD
- 26 weeks of postings in related/allied subjects, as follows:
- First year: Department of Medicine 8 weeks; Department of Radio-diagnosis 3 weeks
- Second year: Neurology 6 weeks & Cardiology 4 weeks
- Third year: Clinical Epidemiology/Biostatistics and/or Community Medicine- 5 weeks

B. Attending the following OPDs and Clinics:

1. Morning OPDs twice a week- where-in new patients with neurological problems are evaluated.
2. Geriatric clinics- twice a week.

C. Teaching and Research Activities

1. DM thesis – protocol to be written and submitted by the end of the first six months. Duration of study- 2 years. Thesis to be written up and submitted 6 months before the exam.
2. Teaching activities: Includes regular case presentations, didactic lectures, seminars, journal clubs, clinical meetings, and combined conferences with allied departments. The student should be given the responsibility of managing and caring for patients in a gradual manner under supervision.

- a) Lectures are to be kept to a minimum. They may, however, be employed for teaching certain topics. Lectures may be didactic or integrated. Didactic lectures are of least importance.

- b) Encourage e-learning activities.

- c) Formal teaching sessions. In addition to bedside teaching rounds, at least 5-hr of formal teaching per week are necessary. The departments may select a mix of activities as given under formative assessment.
- d) The students should also attend:
- accredited scientific meetings (CME, symposia, and conferences).
 - additional sessions on basic sciences, biostatistics, research methodology, teaching methodology, hospital waste management, health economics, medical ethics and legal issues related to medical practice.
- e) There should be a training program on Research methodology to build capacity to guide research.
- f) A post graduate student of a postgraduate degree course in broad specialties/super specialties would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- g) **Log book:** During the training period, the post graduate student should maintain a Log Book indicating the duration of the postings/work done. This should indicate the procedures assisted and performed, and the teaching sessions attended. The Log book shall be checked and assessed periodically by the faculty members imparting the training.
- h) **Research work-Research Project & publication:** Every post graduate student shall carry out research work on assigned research project under the guidance of a Post Graduate teacher, the result of which shall be written up and submitted for publication.
- i) **Journal Club:** 1 hour duration - Paper presentation/discussion - once per week.
- j) **Seminar:** One seminar every week of one hour duration (afternoon)
- k) **Lecture/discussion:** Lectures on newer topics by faculty, in place of seminar as per need.
- l) **Case presentation** in the ward and the afternoon special clinic (both long case and short case). Post graduate students will present a clinical case for discussion before a faculty and discussion made pertaining to its management and decision to be recorded in case files.

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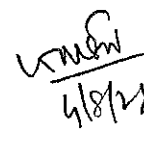
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- m) **Case conference:** Post graduate students are expected to work up one long case and three short cases and present the same to a faculty member and discuss the management.
- n) **Combined Round/Grand Round:** These exercises are to be done once a week or twice a month involving presentation of unusual or difficult cases. Presentation of cases in clinical combined / grand rounds and clinical series/research data is for the benefit of all clinicians and other related disciplines once in a week or fortnightly.
- o) **Emergency situation:** Casualty duty to be arranged by rotation among the post graduate students with a faculty cover daily by rotation.
- p) **Bedside clinical training for patient care management.** Daily for ½ to one hour during ward round with faculty and 1-2 hours in the evening by senior resident/faculty on emergency duty, bed side patient care discussions are to be made.
- q) **Clinical teaching:** In OPD, ward rounds, apart from scheduled post graduate activities.
- r) Post Graduate students shall be required to participate in the teaching and training program of Undergraduate students and interns.


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D. ASSESSMENT**❖ FORMATIVE ASSESSMENT during the training includes:**

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self-directed learning and ability to practice in the system.

Quarterly assessment during the DM training should be based on:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self-directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs

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

❖ SUMMATIVE ASSESSMENT, at the end of training:**ELIGIBILITY:**

- Attendance: as per Delhi University rules
- Satisfactory Internal Assessment
- Thesis assessment and Approval of thesis submitted

The Post Graduate examination for DM shall be in two parts: -

1. Theory Examination: There shall be four theory papers as follows:

Paper I: Basic Sciences in Geriatric Mental Health

Paper II: Principles and Practice of applied sciences (clinical) in Geriatric Mental Health

Paper III: Allied diagnostic and research sciences in Geriatric Mental Health

Paper IV: Recent advances in Geriatric Mental Health

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2. Clinical and Practical: The practical examination should consist of the following:

Clinical examination for the candidates in Geriatric Mental Health shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/teacher, for which candidates shall examine with a minimum one long case and two short cases.

The Practical examination for DM students in Geriatric Mental Health shall be conducted to test the knowledge and competence of the students for making valid and relevant observation based on the experimental/laboratory studies and his/her ability to perform such studies as are relevant to his/her subject.

The clinical examination consists of the following activities

- a) One long case (Geriatric Mental Health)
- b) Two short cases (one Psychiatry & one Neurology)
- c) Spots consisting of EEG, Neuro-imaging and psychological testing instruments
- d) Oral examination

3. Viva-voce Examination : The oral examination shall be through and shall aim at assessing the student's knowledge and competence about the subject, investigative procedures, therapeutic techniques and other aspects of the Geriatric Mental Health which form a part of examination.

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3. **Viva-voce Examination**

The oral examination shall be through and shall aim at assessing the student's knowledge and competence about the subject, investigative procedures, therapeutic techniques and other aspects of the Geriatric Mental Health which form a part of examination.

Recommended Books and Journals

Text books (recent edition)

Psychiatry

Mallikarjuna
(Dr. M.S. Bhatia)
HOD Psychiatry,
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1. Allan I.F Scott (eds). The ECT Hand book, The Royal College of Psychiatrists
2. Gabbard, G, Beck, JS and Holmes J. Oxford textbook of Psychotherapy, Oxford, Oxford University Press.
3. Gelder M, Andreasen N, Lopez-Ibor J, and Geddes J. (eds). The new Oxford text book of Psychiatry, Oxford University Press, Oxford.
4. Johnstone EC, Freeman C, Zealley A (eds). Companion to Psychiatric studies, Edinburgh; Churchill Livingstone.
5. Lishman, W.A. Organic Psychiatry; The psychological consequences of cerebral disorder, Blackwell, Oxford.
6. Levenson, J.L. The American Psychiatric Publishing Text book of Psychosomatic medicine, American Psychiatric publishing Inc. Washington DC.
7. Lowinson JH, Ruiz p, Hillman RB, Langrod JG (eds). Substance abuse; A Comprehensive text book, Baltimore MD, Williams & Wilkins.
8. Michels R et al (eds). Psychiatry, JB Lippencott Philadelphia, 1982.
9. Ministry of Health and Family Welfare. National Mental Health Programme Booklet DGHS. New Delhi, 1982
10. Hales RE, Yudofsky SC, Talbott, JA (eds). Text book of Psychiatry, JPB Publishers New Delhi.
11. Slater E, Roth M, Mayer-Gross, Slater and Roth's Clinical Psychiatry, Bailliere - Tindall, London, UK.
12. Stoudemire A, Fogel BS (eds). Psychiatric care of the medical patient Oxford University press, New York.
13. Taylor, D, Paton C, Kerwin D. The Maudsley Prescribing Guidelines. Taylor and Francis, London.
14. Thornicroft, GandSzmukler, G. Text book of Community Psychiatry, Oxford University Press, Oxford.
15. Tasman, Kay and Lieberman (eds). Psychiatry, Wiley.
16. Vyas JN, Ahuja N. (eds). Text book of Postgraduate Psychiatry, JPB Publishes New Delhi.
17. World Health Organization. The ICD 10 classification of mental and behavioral disorders, clinical descriptions and diagnostic guidelines, World Health Organization, Geneva.
18. Yudofsky SC, Hales RD (eds). Text book of Neuropsychiatry, Washington DC, American Psychiatric Press.

M. S. Bhatia
 (Dr M.S. Bhatia)
 HOD, Psychiatry
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Neurology

1. Ropper AH and Brown RH. Adams and Victor's Principles of Neurology, McGraw - Hill.
2. Bradley, Walter G, Neurology in Clinical Practice, Elsevier.
3. John Philp Patten. Neurological differential diagnosis Springer – Verlag London Ltd.
4. Spillane J. Bickerstaff's Neurological examination in clinical practice Blackwell Science.
5. Mazzoni P, Lewis P, Rowland. Merritt's neurology Handbook. Lippencott.
6. Wadia NH. Neurological practice: An Indian Perspective, Elsevier.
7. Pincus J, Tucker GJ. Behavioural Neurology. Oxford University Press, Newyark.
8. William W Campbell. Dejong's The Neurologic Examination. Lippincott Williams & Wilkins.

Psychology

1. Clifford T Morgan, Introduction to Psychology, McGraw Hill.
2. Smith EE, Susan Nolen – Hveksenma, Fredrickson B, Akinson G & Hilgard introduction to Psychology. Wadsworth publishing.
3. Irwin G. Savason Abnormal Psychology; The problem of Mal-adaptive behavior. Prentice Hall.
4. John W. McDavid & Herbert Haravi. Social psychology individual, groups, societies Harper & Row Publishers, Inc, US 183.
5. Robert S, Feldman. Understanding psychology. McGraw Hill.
6. Baron RA. Psychology, Allyn & Bacon.
7. American Text book of geriatric psychiatry.

Journals

03-05 international Journals and 02 national (all indexed) journals

MS Shalig
(Dr M.S. Shalig)
HOD Psychiatry
DUG

Dr. Anurag

Annexure I

Postgraduate Students Appraisal Form
Pre / Para / Clinical Disciplines

Name of the Department/Unit :

Name of the PG Student :

Period of Training : FROM.....TO.....

Sr. No.	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		1 2 3	4 5 6	7 8 9	
1.	Journal based / recent advances learning				
2.	Patient based /Laboratory or Skill based learning				
3.	Self directed learning and teaching				
4.	Departmental and interdepartmental learning activity				
5.	External and Outreach Activities / CMEs				
6.	Thesis / Research work				
7.	Log Book Maintenance				

Publications

Yes/ No

Remarks*

*REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE

SIGNATURE OF CONSULTANT

SIGNATURE OF HOD

Dr. M.S. Bhatia
HOD
DLI
Dr. Anil Kumar