

Guidelines
for
Competency Based Training Programme
in
DNB- PSYCHIATRY



NATIONAL BOARD OF EXAMINATIONS

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PROGRAMME GOAL

- To equip the trainee **with basic skills** in psychiatry and scientific foundations in behavioral sciences
- Has acquired the competencies pertaining to psychiatry that are required to be practiced in the community and at all levels of health care system;
- Is aware of the contemporary advances and developments in medical sciences as related to mental health
- Is oriented to **principles of research methodology**
- Has acquired skills in educating medical and paramedical professionals

PROGRAMME OBJECTIVES

- **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.
- **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.
- **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 thought and their applications to psychiatry. The resident 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.

- **Statistics and Research Methodology:** The candidates should have basic skills in statistics and research methodology so as to **successfully interpret/conduct/guide self and others in research.**
- **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.
- **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.**
- **Marital Adjustment & Psychosexual Problems:** The candidates should know the **basic principles** of the treatment of marital and psychosexual problems.
- **Community Psychiatry & Epidemiology:** The trainee should know the principles and practices of community psychiatry and Epidemiology so that they can effectively participate in **plan, execute and supervise community mental health and other outreach programs.**
- **Forensic Psychiatry:** Trainee should be aware of the legal and ethical issues involved in the practice of psychiatry particularly in the Indian context and rights of the patients and consumers
- **Geriatric Psychiatry:** Trainee should be aware of the common problems and disorders in this age group and their management.
- **Alcohol and Drug Dependence:** The trainee should be able to assess and manage the psychological & medical problems associated with alcohol and drug dependence.
- **Psychiatry Hospital/ Psychiatry nursing home training:** The candidates should be familiar with chronic mental illnesses learn administrative and rehabilitative aspects of psychiatry.
- **Teaching:** The candidates should learn the **basic concepts and techniques of teaching** so as to able to teach medical students/mental health/community professionals & public when they assume teaching responsibilities in different psychiatric centers later. Trainee should also

participate in case conferences, seminars, psychosomatic rounds and teaching.

- **Organization and Administration:** The candidates should be familiar with the activities of social agencies (e.g. schools, homes for the mentally retarded, university health centers and rehabilitation facilities) and should learn to work in liaison with social agencies.
- **Rehabilitation:** Plan rehabilitation of psychiatric patients through chronic illness.
- Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities
- Communication Skills in explaining management and prognosis, providing counseling and giving health education messages to patients' family and community
- **Function as a competent psychiatrist:** a physician specialized in the diagnosis, treatment and rehabilitation of psychiatric disorders (mental, emotional and addictive disorders).
- Having an understanding of the biological, psychological, social, economic and emotional aspects of psychiatric illnesses including possible preventive measures, measures for mental well being and contemporary advances and developments.
- Carry out detailed assessments including appropriate investigations.
- Act as a consultant to primary care physicians and be an effective leader of a multidisciplinary mental health team comprising of other mental health professionals such as psychologists, social workers, psychiatric nursing professionals.

ELIGIBILITY CRITERIA FOR ADMISSIONS TO THE PROGRAMME

(A) DNB Psychiatry Course:

1. Any medical graduate with **MBBS** qualification from a duly recognized institution, who has qualified the **Entrance Examination** conducted by NBE and fulfill the eligibility criteria for admission to DNB **Broad Specialty** courses at various NBE accredited Medical Colleges/ institutions/Hospitals in India is eligible to participate in the Centralized counseling for allocation of DNB **Psychiatry** seats purely on merit cum choice basis.
2. Admission to 3 years post MBBS DNB **Psychiatry** course is only through **Entrance Examination** conducted by NBE and Centralized Merit Based Counseling conducted by National Board of Examination as per prescribed guidelines.

(B) DNB (Post diploma) Psychiatry Course:

1. Any medical graduate with MBBS qualification who has successfully completed **DPM** from a duly recognized institution (and fulfill the eligibility criteria for admission to DNB (Post Diploma) Broad Specialty courses at various NBE accredited Medical Colleges/ institutions/Hospitals in India is eligible to participate in the Centralized counseling for allocation of DNB (Post Diploma) **Psychiatry** seats purely on merit cum choice basis.
2. Admission to 2 years post diploma DNB **Psychiatry** course is only through PDCET Centralized Merit Based Counseling conducted by National Board of Examination as per prescribed guidelines.

Duration of Course:

For Primary candidates (post MBBS) : 3 years
For Secondary Candidates (post DPM) : 2 years

Every candidate admitted to the training programme shall pursue a regular course of study (on whole time basis) in the concerned recognized institution under the guidance of recognized post graduate teacher for assigned period of the course.

TEACHING AND TRAINING ACTIVITIES

The fundamental components of the teaching programme should include:

1. Case presentations & discussion- once a week
2. Seminar – Once a week
3. Journal club- Once a week
4. Grand round presentation (by rotation departments and subspecialties)- once a week
5. Faculty lecture teaching- once a month
6. Clinical Audit-Once a Month
7. Present at least one poster and have at least one oral presentation during their training period in a recognized conference.

The rounds should include bedside sessions, file rounds & documentation of case history and examination (Medical audit), progress notes, round discussions, investigations and management plan) interesting and difficult case unit discussions.

The training program would focus on knowledge, skills and attitudes (behavior), all essential components of education. It should include all theoretical, clinical and practical aspects of delivery of rehabilitative care, and also include methodology of research and teaching.

Theoretical: The theoretical knowledge would be imparted to the candidates through discussions, journal clubs, symposia and seminars. The students should be exposed to recent advances through discussions in journal clubs. These are considered necessary in view of an inadequate exposure to the subject in the undergraduate curriculum.

Seminars: Trainees would be required to present a minimum of 20 topics based on the curriculum in a period of three years to the combined class of teachers and students. A free discussion would be encouraged in these seminars. The topics of the seminars would be given to the trainees with the dates for presentation.

Clinical: The trainee would be attached to a faculty member to be able to pick up methods of history taking, examination, prescription writing and management in rehabilitation practice.

Bedside: The trainee would work up cases, learn management of cases by discussion with faculty of the department.

Journal Clubs: This would be a weekly academic exercise. A list of suggested Journals is given towards the end of this document. The candidate would summarize and discuss the scientific article critically. A faculty member will suggest the article and moderate the discussion, with participation by other faculty members and resident doctors. The contributions made by the article in furtherance of the scientific knowledge and limitations, if any, will be highlighted.

Research: The student would carry out the research project and write a thesis/ dissertation in accordance with NBE guidelines. He/ she would also be given exposure to partake in the research projects going on in the departments to learn their planning, methodology and execution so as to learn various aspects of research.

SYLLABUS

The three-year period is divided into six semesters. These semesters cover theoretical teaching imparted by the following activities as well as clinical duties.

Basic Sciences as applied to psychiatry

- Basic and applied Electrophysiology
- Magnetic Resonance and Implications for Psychiatry
- Psychology of human behavior and mental disorders
- Consciousness
- Chronobiology
- Culture and its influence on human behavior and mental disorders
- Aggression, Violence, their influence on human behavior and disease
- Intelligence, aptitude and achievement
- Normal and abnormal psychology
- Human social behavior and implications for mental health and disorder
- Information Processing: Brain Models of Mind
- Experimental Animal Research and Implications for Mental Disorders
- Bioethics and human rights
- Biostatistics and principles of research methodology including clinical trials
- Forensic science, legal issues and mental disorders
- Classification
- Prevention of mental disorders and promotion of mental health
- Health Policy issues

Clinical Psychiatry:

- Prenatal development, infancy childhood and developmental disorders
- Disorders of adulthood due to external factors, drugs, and developmental issues including all major and common mental disorders and neurological disorders
- Disorders due to neurocognitive issues
- Personality disorders
- Disorders of human relationships and sexuality
- Sleep, appetite and daily behavioral issues which are a focus of clinical attention
- Consultation-Liaison and Psychiatry
- Neuro-psychologic Assessment and its Relevance to Psychiatric Diagnosis and Management
- Stress and Psychological Disorders

- Any other condition which may be a focus of clinical attention and management
- Principles of management
- Pharmacological management and its complications
- Psychological management
- Psychosocial management
- Other physical treatments
- Recent scientific, legal psychological and social advances in the field of mental illness and mental health
- Epidemiology and mental health
- Disability and mental disorders

Competencies

1. General topics:

A student should have fair knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to his specialty. He/she should acquire in-depth knowledge of his subject including recent advances. He/She should be fully conversant with the bedside diagnostic and therapeutic procedures and having knowledge of latest diagnostics and therapeutics procedures available.

The activities may be organized as a common teaching program for postgraduate students of all the departments at institution/university level. A possibility of conducting the program on regional basis in collaboration with professional bodies/associations, Medical Council of India, University Grants Commission and others may also be explored.

1. History of medicine with special reference to ancient Indian texts.
2. Health economics - basic terms, health insurance.
3. Medical sociology, doctor-patient relationship, family adjustments in disease, organizational behavior, conflict resolution.
4. Computers–record keeping, computer aided learning, virtual reality, robotics.
5. Hazards in hospital and protection in terms of psychological hazard.
6. Medical audit, evidence based medicine, quality assurance of investigation and therapeutic procedures.
7. Concept of essential drugs and rational use of drugs.

8. Procurement of stores and material management.
9. Research methodology - library consultation, formulating research, selection of topic, writing protocol thesis, and ethics related to research.
10. Bio-medical statistics, clinical trials including drug trials.
11. Medical ethics.
12. Consumer protection.
13. Newer psychotropic substances.
14. Problem of treatment resistance.
15. Advances in imaging technologies.
16. Disaster management, Psychosocial effects of mass casualties.
17. Design of Psychiatric unit and drug dependence treatment unit with essential equipments.
18. Critical care in psychiatric care with co morbid medical conditions.

The candidate, at the end of the postgraduate training course is expected to have competencies in the following areas:

Theoretical knowledge

- (a) Etiology, assessment, classification, management and prognosis of various psychiatric disorders.
- (b) Adequate knowledge of adult psychiatry,
- (c) Ability to independently assess and manage any patient.
- (d) Working knowledge of various psychiatric specialties.
- (e) Basic medical knowledge to identify and manage co-existing physical and psychiatric problems.

Clinical Skills

- (a) Competence in history taking, mental state examination, physical examination, formulating diagnosis, identifying etiology, ordering further investigations, planning comprehensive management including pharmacological treatment.
- (b) Effective communication skills.

Ethical Considerations

- (a) An understanding of the general and ethical considerations as pertaining to medical and psychiatric practice.

Research and Training

- (a) Basic knowledge of research methods.
- (b) Acquisition of teaching experience.
- (c) Acquisition of skills to lead a multidisciplinary team of general physicians, nurses, psychologists, social workers and other mental health professionals.

Practical Competencies

A student should be expert in good history taking, physical examination, mental state examinations, and be able to establish rapport and counsel family members and patients on scientific basis. He/she should be able to choose the required investigations for both short and long term management.

At the end of the course, the student should be able to:

1. Obtain a proper relevant history, and perform a humane and thorough clinical examination including detail mental state examinations.
2. To achieve the first objective, student must be taught and learn communication skills, evaluation and assessment must be done at the time of final examination and be essential component to pass the examination separately in communication skills.
3. Arrive at a logical working diagnosis and differential diagnosis after clinical examination.
4. Order appropriate investigations keeping in mind their relevance and cost effectiveness and additional relevant information from family members to help in diagnosis and management.
5. It is desirable that postgraduate student in Psychiatry be able to perform quick intervention for suicide attempt and high-risk suicide patients.
6. Write a complete case record with all necessary details.
7. Write a proper discharge summary with all relevant information.
8. Obtain informed consent for any examination/procedure.
9. Must be able to administer modified ECT.

Clinical Postings

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

The recommended schedule of clinical posting should bear follows:

- Ward/OPD/Emergency 20 months
- Neurology 02 months
- Internal Medicine 02 months
- Consultation-Liaison &

Emergency Management	03 months
• Psychiatry Hospital/ Nursing Home	01 months
• Clinical Psychology	01 month
• Drug De-addiction	02 months
• Child & Adolescent Psychiatry	03 months
• Community Psychiatry	02 month

The DNB candidates should be given full responsibility for the patient care and the record keeping under the supervision of the Senior Resident and Consultants.

Teaching Methods

The following techniques/methods are followed in the department for various teaching activities:

(A) Didactic Lectures

- Didactic lectures are usually taken during the first six months for the new postgraduate resident to familiarize them with clinical methods like history taking, mental state examination, psychopathology, diagnosis and classification and some of the commonly seen clinical problems.

(B) Seminars & Journal Club

- Seminars are held once a week for the entire department and are attended by the residents as well as the faculty. The seminars are prepared by the residents under the supervision of a faculty member. During the seminar, the presenting resident distributes a brief summary of his presentation as well as a complete bibliography on the subject.
- Journal club is held every week. Important journal articles from the peer reviewed journals are selected before the semester begins and a resident in consultation with the consultant presents a detailed critique of the article.

(C) Case Conference

Case conference is held once a week and is attended by the entire department, i.e., junior residents, senior residents, faculty, psychologists and social workers, etc. Interesting/unusual/difficult case from the inpatient or outpatient services who has been under the care of the presenting resident is discussed in detail regarding psycho-pathology, diagnosis, differential diagnosis and management

(D) Outpatient Teaching Activities

Residents are required to work up new cases in detail and then discuss with the consultant for the purpose of a psycho-pathology, diagnosis and differential diagnosis and management. During the follow-up clinics also residents are encouraged to bring their follow-up patients to the consultant for presentation and discussion.

(E) Ward Teaching

Ward rounds are taken by the consultants as well as senior residents besides service and management activities the emphasis of the ward round is teaching of postgraduate residents in the art of history taking, eliciting psychopathology arriving at diagnosis, discussing differential diagnosis, management and estimating the premises and outcome of a particular case.

(F) Tutorials

Tutorials are specially held in the De-Addiction Centre on assigned topics.

(G) Practical Demonstrations

Practical demonstrations are done specially for the teaching of EEG, neuro-imaging and psycho diagnostic tools. Residents also learnt by demonstrating various psychological tests like tests of intelligence, memory, personality, etc. to the patients.

(H) Clinical Posting

Psychiatry OPD and Ward Each resident is posted to Psychiatry OPD and ward for duration of 27 months out of a total of three years. The aim of the clinical postings in the OPD and ward is acquisition of Clinical skills. These clinical skills are:

- Comprehensive history taking and physical examination.
- Working knowledge of major psychiatric diagnoses as per the ICD and the ability to present a reasoned differential diagnosis.
- Psychiatric formulation
- Ability to develop a comprehensive treatment plan.
- Knowledge of psychopharmacological agents, including indications and significant adverse effects.
- ECT administration
- Understanding of and basic competence in identifying psychiatric emergencies and their management.

- Ability to write clear and thorough histories, consultation notes and follow-up notes.
- Demonstrate appropriate professional demeanor and ethics including respect for patient's confidentiality.

2. De-Addiction Centre

De-Addiction Centre is dedicated to the drug dependence and its treatment. The aims of posting of a postgraduate resident are to impart him clinical skills in various kinds of drug dependence. The specific skills expected are comprehensive history taking and physical examination, knowledge of major tobacco, alcohol and drug dependence, follow up to develop a comprehensive treatment plan and knowledge of various techniques of detoxification, long term management and rehabilitation. The duration of this posting is for six months and it usually follows once a resident has put in a minimum of one year in the main psychiatry OPD and ward.

3. Neurology

The resident is posted in the neurology for a period of three months during the second or third year course residency program. The aim of the posting is to make the resident competent in:

- Clinical history taking, neurological examination, diagnosis, localization.
- Common neurological disorders encountered in general practice.
- Neurobehavioral disorders
- Special methods of investigation in neurology (including reporting and interpreting EEGs, reading CT scans/MRI).
- Treatment approaches including recent advances.

4. Child Guidance Clinic

During the posting in Psychiatry OPD and Psychiatry Ward the resident attends the weekly child guidance clinic with the objectives of:

- Normative child development
- Interview in children
- Classification, epidemiology, etiology and presentation of child and adolescent psychiatric disorders.
- Conduct, emotional and behavioral problems in children.
- Mental retardation etiology, manifestation, assessment, management and prevention.
- Specific learning disabilities
- Psychopharmacology in children
- Psychosocial management issues with children.
- Adult outcome of child psychiatric disorders.

- Liaison with teachers, schools, child care institutions.
- Recognition of Disability and its alleviation among children and adolescents

(I) 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, and Neurology etc.

(J) Psychotherapy tutorials:

These should be held in small groups supervised by a consultant, in which a case is presented by a Resident and psychotherapeutic management discussed.

THESIS PROTOCOL & THESIS

The candidates are required to submit a thesis at the end of three years of training as per the rules and regulations of NBE.

Guidelines for Submission of Thesis Protocol & Thesis by candidates

Research shall form an integral part of the education programme of all candidates registered for DNB degrees of NBE. The Basic aim of requiring the candidates to write a thesis protocol & thesis/dissertation is to familiarize him/her with research methodology. The members of the faculty guiding the thesis/dissertation work for the candidate shall ensure that the subject matter selected for the thesis/dissertation is **feasible, economical** and **original**.

Guidelines for Thesis Protocol

The protocol for a research proposal (including thesis) is a study plan, designed to describe the background, research question, aim and objectives, and detailed methodology of the study. In other words, the protocol is the 'operating manual' to refer to while conducting a particular study.

The candidate should refer to the NBE Guidelines for preparation and submission of Thesis Protocol before the writing phase commences. The minimum writing requirements are that the language should be clear, concise, precise and consistent without excessive adjectives or adverbs and long sentences. There should not be any redundancy in the presentation.

The development or preparation of the Thesis Protocol by the candidate will help her/him in understanding the ongoing activities in the proposed area of research. Further it helps in creating practical exposure to research and hence it bridges the connectivity between clinical practice and biomedical research. Such research exposure will be helpful in improving problem solving capacity, getting updated with ongoing research and implementing these findings in clinical practice.

Research Ethics: Ethical conduct during the conduct and publication of research is an essential requirement for all candidates and guides, with the primary responsibility of ensuring such conduct being on the thesis guide. Issues like Plagiarism, not maintaining the confidentiality of data, or any other distortion of the research process will be viewed seriously. The readers may refer to standard documents for the purpose.

The NBE reserves the right to check the submitted protocol for plagiarism, and will reject those having substantial duplication with published literature.

PROTOCOL REQUIREMENTS

1. All of the following will have to be entered in the online template. The thesis protocol should be restricted to the following word limits.
 - Title : 120 characters (with spacing) page
 - Synopsis [structured] : 250-300
 - Introduction : 300-500
 - Review of literature : 800-1000
 - Aim and Objectives : Up to 200
 - Material and Methods : 1200-1600
 - 10-25 References [ICMJE style]
2. It is mandatory to have ethics committee approval before initiation of the research work. The researcher should submit an appropriate application to the ethics committee in the prescribed format of the ethics committee concerned.

Guidelines for Thesis

1. The proposed study must be approved by the institutional ethics committee and the protocol of thesis should have been approved by NBE.

2. The thesis should be restricted to the size of 80 pages (maximum). This includes the text, figures, references, annexures, and certificates etc. It should be printed on both sides of the paper; and every page has to be numbered. Do not leave any page blank. To achieve this, following points may be kept in view:
 - a. The thesis should be typed in 1.5 space using Times New Roman/Arial/ Garamond size 12 font, 1" margins should be left on all four sides. Major sections viz., Introduction, Review of Literature, Aim & Objectives, Material and Methods, Results, Discussion, References, and Appendices should start from a new page. Study proforma (Case record form), informed consent form, and patient information sheet may be printed in single space.
 - b. Only contemporary and relevant literature may be reviewed. Restrict the introduction to 2 pages, Review of literature to 10-12 pages, and Discussion to 8-10 pages.
 - c. The techniques may not be described in detail unless any modification/innovations of the standard techniques are used and reference(s) may be given.
 - d. Illustrative material may be restricted. It should be printed on paper only. There is no need to paste photographs separately.

3. 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:
 - a. The number of cases should be such that adequate material, judged from the hospital attendance/records, will be available and the candidate will be able to collect case material within the period of data collection, i.e., around 6-12 months so that he/she is in a position to complete the work within the stipulated time.
 - b. The aim and objectives of the study should be well defined.
 - c. As far as possible, only clinical/laboratory data of investigations of patients or such other material easily accessible in the existing facilities should be used for the study.
 - d. Technical assistance, wherever necessary, may be provided by the department concerned. The resident of one specialty taking up some problem related to some other specialty should have some basic knowledge about the subject and he/she should be able to perform the investigations independently, wherever some specialized laboratory investigations are required a co-guide may be co-opted from the concerned investigative department, the quantum of laboratory work to be carried out by the candidate should be decided by the guide & co-guide by mutual consultation.

4. The clinical residents are not ordinarily expected to undertake experimental work or clinical work involving new techniques, not hitherto perfected OR the use of chemicals or radioisotopes 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.
5. The DNB residents should be able to freely use 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.
6. Statistical methods used for analysis should be described specifically for each objective, and name of the statistical program used mentioned.

General Layout of a DNB Thesis:

- **Title-** A good title should be brief, clear, and focus on the central theme of the topic; it should avoid abbreviations. The Title should effectively summarize the proposed research and should contain the PICO elements.
- **Introduction-** It should be focused on the research question and should be directly relevant to the objectives of your study.
- **Review of Literature** - The Review should include a description of the most relevant and recent studies published on the subject.
- **Aim and Objectives** - The 'Aim' refers to what would be broadly achieved by this study or how this study would address a bigger question / issue. The 'Objectives' of the research stem from the research question formulated and should at least include participants, intervention, evaluation, design.
- **Material and Methods-** This section should include the following 10 elements: Study setting (area), Study duration; Study design (descriptive, case-control, cohort, diagnostic accuracy, experimental (randomized/non-randomized)); Study sample (inclusion/exclusion criteria, method of selection), Intervention, if any, Data collection, Outcome measures (primary and secondary), Sample size, Data management and Statistical analysis, and Ethical issues (Ethical clearance, Informed consent, trial registration).

- **Results-** Results should be organized in readily identifiable sections having correct analysis of data and presented in appropriate charts, tables, graphs and diagram etc.
- **Discussion**—It should start by summarizing the results for primary and secondary objectives in text form (without giving data). This should be followed by a comparison of results on the outcome variables (both primary and secondary) with those of earlier research studies.
- **Summary and Conclusion-** This should be a précis of the findings of the thesis, arranged in four paragraphs: (a) background and objectives; (b) methods; (c) results; and (d) conclusions. The conclusions should strictly pertain to the findings of the thesis and not outside its domain.
- **References-** Relevant References should be cited in the text of the protocol (in superscripts).
- **Appendices** -The tools used for data collection such as questionnaire, interview schedules, observation checklists, informed consent form (ICF), and participant information sheet (PIS) should be attached as appendices. Do not attach the master chart.

Thesis Protocol Submission to NBE

1. DNB candidates are required to submit their thesis protocol within 90 days of their joining DNB training.
2. Enclosures to be submitted along with protocol submission form:
 - a) Form for Thesis Protocol Submission properly filled.
 - b) Thesis Protocol duly signed.
 - c) Approval letter of institutional Ethical committee. (*Mandatory, non receivable of any one is liable for rejection*)

Thesis Submission to NBE

1. As per NBE norms, writing a thesis is essential for all DNB candidates towards partial fulfillment of eligibility for award of DNB degree.
2. DNB candidates are required to submit the thesis before the cut-off date which shall be 30th June of the same year for candidates appearing for their scheduled December final theory examination. Similarly, candidates who are appearing in their scheduled June DNB final examination shall be required to submit their thesis by 31st December of preceding year.

3. Candidates who fail to submit their thesis by the prescribed cutoff date shall NOT be allowed to appear in DNB final examination.
4. Fee to be submitted for assessment (In INR): 3500/-
5. Fee can be deposited ONLY through pay-in-slip/challan at any of the Indian bank branches across India. The challan can be downloaded from NBE website www.natboard.edu.in
6. Thesis should be bound and the front cover page should be printed in the standard format. A bound thesis should be accompanied with:
 - a. A Synopsis of thesis.
 - b. Form for submission of thesis, duly completed
 - c. NBE copy of challan (in original) towards payment of fee as may be applicable.
 - d. Soft copy of thesis in a CD duly labeled.
 - e. Copy of letter of registration with NBE.
7. A declaration of thesis work being bona fide in nature and done by the candidate himself/herself at the institute of DNB training need to be submitted bound with thesis. It must be signed by the candidate himself/herself, the thesis guide and head of the institution, failing which thesis shall not be considered.

The detailed guidelines and forms for submission of Thesis

Protocol & Thesis are available at

www.natboard.edu.in.thesis.php

LOG BOOK

A candidate shall maintain a log book of operations (assisted / performed) during the training period, certified by the concerned post graduate teacher / Head of the department / senior consultant.

This log book shall be made available to the board of examiners for their perusal at the time of the final examination.

The log book should show evidence that the before mentioned subjects were covered (with dates and the name of teacher(s)) The candidate will maintain the record of all academic activities undertaken by him/her in log book .

1. Personal profile of the candidate
2. Educational qualification/Professional data
3. Record of case histories
4. Procedures learnt
5. Record of case Demonstration/Presentations
6. Every candidate, at the time of practical examination, will be required to produce performance record (log book) containing details of the work done by him/her during the entire period of training as per requirements of the log book. It should be duly certified by the supervisor as work done by the candidate and countersigned by the administrative Head of the Institution.
7. In the absence of production of log book, the result will not be declared.

Leave Rules

1. DNB Trainees are entitled to leave during the course of DNB training as per the Leave Rules prescribed by NBE.
2. A DNB candidate can avail a maximum of 20 days of leave in a year excluding regular duty off/ Gazetted holidays as per hospital/institute calendar/policy.
3. MATERNITYLEAVE:
 - a. A female candidate is permitted a maternity leave of 90 days once during the entire duration of DNB course.
 - b. The expected date of delivery (EDD) should fall within the duration of maternity leave.
 - c. Extension of maternity leave is permissible only for genuine medical reasons and after prior approval of NBE. The supporting medical documents have to be certified by the Head of the Institute/hospital where the candidate is undergoing DNB training. NBE reserves its rights to take a final decision in such matters.
 - d. The training of the candidate shall be extended accordingly in case of any extension of maternity leave being granted to the candidate.
 - e. Candidate shall be paid stipend during the period of maternity leave. No stipend shall be paid for the period of extension of leave.
4. Male DNB candidates are entitled for paternity leave of maximum of one week during the entire period of DNB training.
5. No kind of study leave is permissible to DNB candidates. However, candidates may be allowed an academic leave as under across the entire duration of training program to attend the conferences/CMEs/Academic programs/Examination purposes.

DNB COURSE	NO. OF ACADEMIC LEAVE
DNB 3 years Course (Broad & Super Specialty)	14 Days
DNB 2 years Course (Post Diploma)	10 Days
DNB Direct 6 years Course	28 days

6. Under normal circumstances leave of one year should not be carried forward to the next year. However, in exceptional cases such as prolonged illness the leave across the DNB training program may be clubbed together with prior approval of NBE.
7. Any other leave which is beyond the above stated leave is not permissible and shall lead to extension/cancellation of DNB course.
8. Any extension of DNB training for more than 2 months beyond the scheduled completion date of training is permissible only under extraordinary circumstances with prior approval of NBE. Such extension is neither automatic nor shall be granted as a matter of routine. NBE shall consider such requests on merit provided the seat is not carried over and compromise with training of existing trainees in the Department.
9. Unauthorized absence from DNB training for more than 7 days may lead to cancellation of registration and discontinuation of the DNB training and rejoining shall not be permitted.
10. Medical Leave
 - a. Leave on medical grounds is permissible only for genuine medical reasons and NBE should be informed by the concerned institute/hospital about the same immediately after the candidate proceeds on leave on medical grounds.
 - b. The supporting medical documents have to be certified by the Head of the Institute/hospital where the candidate is undergoing DNB training and have to be sent to NBE.
 - c. The medical treatment should be taken from the institute/ hospital where the candidate is undergoing DNB training. Any deviation from this shall be supported with valid grounds and documentation.
 - d. In case of medical treatment being sought from some other institute/hospital, the medical documents have to be certified by the

Head of the institute/hospital where the candidate is undergoing DNB training.

- e. NBE reserves its rights to verify the authenticity of the documents furnished by the candidate and the institute/hospital regarding Medical illness of the candidate and to take a final decision in such matters.

11.

- a. Total leave period which can be availed by DNB candidates is $120+28 = 148$ days for 6 years course, $60+14=74$ days for 3 years course and $40+10 = 50$ days for 2 years course. This includes all kinds of eligible leave including academic leave. Maternity / Paternity leave can be availed separately by eligible candidates. Any kind of leave including medical leave exceeding the aforementioned limit shall lead to extension of DNB training. It is clarified that prior approval of NBE is necessary for availing any such leave.
- b. The eligibility for DNB Final Examination shall be determined strictly in accordance with the criteria prescribed in the respective information bulletin.

EXAMINATION

FORMATIVE ASSESSMENT

Formative assessment includes various formal and informal assessment procedures by which evaluation of student's learning, comprehension, and academic progress is done by the teachers/ faculty to improve student attainment. Formative assessment test (FAT) is called as "Formative "as it informs the in process teaching and learning modifications". FAT is an integral part of effective teaching .The goal of FAT is to collect information which can be used to improve the student learning process.

Formative assessment is essentially positive in intent, directed towards promoting learning; it is therefore part of teaching. Validity and usefulness are paramount in formative assessment and should take precedence over concerns for reliability. The assessment scheme consists of Three Parts which has to be essentially completed by the candidates.

The scheme includes:-

Part I:- Conduction of theory examination

Part-II :- Feedback session on the theory performance

Part-III :- Work place based clinical assessment

Scheme of Formative assessment

PART – I	CONDUCT OF THEORY EXAMINATION	Candidate has to appear for Theory Exam and it will be held for One day.
PART – II	FEEDBACK SESSION ON THE THEORY PERFORMANCE	Candidate has to appear for his/her Theory Exam Assessment Workshop.
PART – III	WORK PLACE BASED CLINICAL ASSESSMENT	After Theory Examination, Candidate has to appear for Clinical Assessment.

The performance of the resident during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student.

1. Personal attributes:

- **Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
- **Motivation and Initiative:** Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.
- **Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.
- **Interpersonal Skills and Leadership Quality:** Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.

2. Clinical Work:

- **Availability:** Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
- **Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management.
- **Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.
- **Clinical Performance:** Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.

3. Academic Activity: Performance during presentation at Journal club/ Seminar/ Case discussion/Stat meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.

FINAL EXAMINATION

The summative assessment of competence will be done in the form of DNB Final Examination leading to the award of the degree of Diplomate of National Board in Psychiatry. The DNB final is a two-stage examination comprising the theory and practical part. An eligible candidate who has qualified the theory exam is permitted to appear in the practical examination.

Theory Examination

1. The theory examination comprises of **four** papers, maximum marks 100 each.
2. There are 10 short notes of 10 marks each, in each of the papers. The number of short notes and their respective marks weightage may vary in some subjects/some papers.
3. Maximum time permitted is 3 hours.
4. Candidate must score at least 50% in the aggregate of **Four** papers to qualify the theory examination.
5. Candidates who have qualified the theory examination are permitted to take up the practical examination.
6. The paper wise distribution of the Theory Examination shall be as follows:

Paper I

Basic sciences as related to the specialty

- Basic sciences: Neuro Anatomy and Neuro Physiology
- Theories of Personality
- Basic Statistics including Research Methodology
- Classification in Psychiatry, diagnosis and assessment(Psychological)
- Research Methodology

Paper II

Clinical Psychiatry

- Organic Psychiatry
- Functional Psychiatric disorder (General)
- Treatment(Pharmacological and Non Pharmacological)

Paper III

Psychiatry specialties

- Child
- Community
- Rehabilitation
- Geriatric
- Legal

Paper IV

- Recent advances and Investigations

a) Practical Examination:

1. Maximum Marks: 300.
2. Comprises of Clinical Examination and Viva.
3. Candidate must obtain a minimum of 50% marks in the Clinical Examination (including Viva) to qualify for the Practical Examination.
4. A maximum of three attempts that can be availed by a candidate for Practical Examination.
5. First attempt is the practical examination following immediately after the declaration of theory results.
6. Second and Third attempt in practical examination shall be permitted out of the next three sessions of practical examinations placed along with the next three successive theory examination sessions; after payment of full examination fees as may be prescribed by NBE.
7. Abstention from Practical Examination is counted as an attempt.
8. Appearance in first practical examination is compulsory;
9. Requests for Change in center of examination are not entertained, as the same is not permissible.
10. Candidates are required not to canvass with NBE for above.

Declaration of DNB Final Results

1. DNB final is a qualifying examination.
2. Results of DNB final examinations (theory & practical) are declared as PASS/FAIL.
3. DNB degree is awarded to a DNB trainee in the convocation of NBE.

RECOMMENDED TEXT BOOKS AND JOURNALS

Books

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

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
