

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, KALYANI**

**DEPARTMENT OF PSYCHIATRY**

**One Year Post-Doctoral Certificate Course in  
Addiction Psychiatry**

**ADDICTION PSYCHIATRY**

**CURRICULUM FOR ONE-YEAR Post-Doctoral Certificate Course (PDCC) IN**  
**ADDICTION PSYCHIATRY (AP) (TWO SEMESTER COURSE)**

**1. DEFINITION, GOALS, OBJECTIVES AND COMPETENCIES:**

**1.1. Definition:**

Accreditation Council for Graduate Medical Education (AGME), USA defines addiction psychiatry(AP) as which 'focuses on the prevention, evaluation and treatment of substance related disorders as well as related education and research'.

**Goals:** As per National Mental Health Survey, 2016 and Magnitude and Extent of Substance Use Disorders in India,2019 conducted by Ministry of Social Justice and Empowerment, GoI one of the main problems facing the country is treatment gap of substance use and addictive disorders is up to 90 % which is the highest amongst all mental disorders. Also often substance use disorder management training is neglected in undergraduate and post-graduate psychiatry courses. Hence it is necessary to develop and conduct certificate courses in Addiction Psychiatry so that teachers and clinicians with special interest in addiction psychiatry can be produced. The overall goal of the course is to enhance the proficiency of the psychiatrist in the field of AP with a particular focus on clinical care and skills. The specific goals are:

- 1.1.1.** Has attained the higher expertise pertaining to addiction psychiatry  
(including knowledge, clinical skills, ethical and professional standards).
- 1.1.2.** Has acquired skills in teaching and training of medical, psychiatric and  
paramedical professionals in addiction psychiatry.
- 1.1.3.** Has orientation of research related to addiction psychiatry.
- 1.1.4.** Is able to take leadership roles in establishing treatment facilities for  
addiction psychiatry.
- 1.1.5.** Is able to exhibit higher standards of professionalism at times of  
ethical dilemma while dealing with complex cases.
- 1.1.6.** Is able to effectively liaise with experts of related specialties and  
members of multidisciplinary team for comprehensive management of  
patients.

## **1.2. Objectives**

- 1.2.1.** The candidate should be aware of the basic sciences, psychological  
social and neuroscience (including latest developments) behind substance  
use and addictive disorders.
- 1.2.2.** The candidate should be aware of the basic concepts related to  
epidemiology and latest epidemiological trends of substance use and  
addictive disorders.
- 1.2.3.** The candidate should be able to translate the acumen of basic  
sciences to clinical management.
- 1.2.4.** The candidate should be able to comprehensively manage complex  
cases related to addiction psychiatry.

- 1.2.5.** The candidate should be able to handle cases related to special groups of addiction psychiatry.
- 1.2.6.** The candidate should be involved in the care of individuals with addictive disorders in the community and be prepared to offer long term care.
- 1.2.7.** The candidate should be able to guide the post-graduates and other medical practitioners in the care of patients with addictive disorders.
- 1.2.8.** The candidate should be able to liaise with different branches of medicine and surgery related to addiction.
- 1.2.9.** The candidate should be aware of the laboratory techniques related to addiction psychiatry.
- 1.2.10.** The candidate should be aware of the public health scenario, programs and how they are being run in the national and international arena.
- 1.2.11.** The candidate should identify areas with research deficiency in the field of addiction psychiatry and design relevant protocols and conduct preliminary research in that area.
- 1.2.12.** The candidate should foster an interest in research and participate in different ongoing research projects in the department.
- 1.2.13.** The candidate should be aware and have a critical appraisal of the policy and legal aspects related to addictive/substance use disorder in the national and international arena.
- 1.2.14.** The candidate should be able to show leadership skills in teaching, training and capacity building with regard to addictive / substance use disorder.

### **1.3. Competencies**

#### **1.3.1. Knowledge**

1.3.1.1. The PDCC Addiction Psychiatry resident needs to gain knowledge and experience in dealing with the following substances/ behaviours:

1. Alcohol
2. Opioids
3. Tobacco
4. Cannabis
5. Hallucinogens
6. Cocaine and other stimulants
7. Benzodiazepines and other sedative/hypnotics
8. Organic solvents or inhalants
9. “Designer”, “club” drugs and new psychoactive substances
10. Over-the-counter, herbal and other “alternative” medications
11. Behavioural addictions
12. Dual diagnosis and comorbidities

1.4.1.2 The knowledge regarding the above needs to be holistic ranging from epidemiology, basic sciences, clinical features, assessment, management (both short-term and long-term) both pharmacological and non-pharmacological. The candidate should learn and have proficiency of dealing with all kind of patients having addiction related problems.

**1.3.2. Skills for patient care** – The PDCC Addiction Psychiatry resident should gain clinical skills in the assessment and management of the substance use disorders related to the above groups of substances and clinical conditions as mentioned above. The specific sub-competencies are:

1.3.2.1. The first sub-competency should be to build rapport and perform detailed history taking and clinical examination.

- 1.3.2.2. The candidate should gain proficiency in investigations, details of withdrawal management, different substance-related emergencies, acute and long-term management of patients with the above enlisted conditions earlier.
- 1.3.2.3. A core sub-competency is to take informed diagnostic and therapeutic decisions and the candidate should have the ability to use the information obtained from the patients, laboratory tests, imaging studies using clinical judgment to synthesize and evolve a comprehensive bio-psycho-social formulation and management plan.
- 1.3.2.4. The candidate should attain proficiency in conducting different psychosocial interventions like family therapy, motivation enhancement and relapse prevention therapy in the context of substance use disorders.
- 1.1.1.1. The candidate is desired to learn the ability to link up patients with different primary care, social welfare services for effective aftercare services.

**1.1.2. Interpersonal skills and communications** – The PDCC Addiction

Psychiatry senior resident should master requisite communication skills for the practice of addiction psychiatry.

- 1.1.2.1. The candidate needs to master appropriate communication skills imbuing the very ethos of non-judgmental, non-confrontation and non-argumentative motivational interviewing approach applicable for the treatment of substance use/addictive disorders.
- 1.1.2.2. The candidate should master the skills of collaborative decision-making by communicating effectively with patient and family members regarding therapeutic decision-making.
- 1.1.2.3. Communication skills valuable for advocacy, leadership skills and managerial roles should be mastered.
- 1.1.2.4. Not only verbal language but also non-verbal communication, documentation and file recording is an essential sub-domain of this core competency.

**1.1.3. Professionalism** - This standard speaks directly about the attitude and behaviour of the PDCC AP Resident while dealing with self, patients, family members, colleagues and other related professionals.

1.1.3.1. The candidate should demonstrate highest level of professional conduct and accountability. This should include punctuality, regularity, continuously accepting feed-back and working on it.

1.1.3.2. The candidate should have a grasp of the highest order about the ethical principles and standards. He/she should deal with complex situations posing ethical dilemma both in his/her own practice and also while supervising Junior Residents.

1.1.3.3. The candidate is expected to interact with colleagues, peers and other health professionals with the requisite professionalism. He/she should also show the expertise in dealing with any lapses happening within oneself or other members of the healthcare team thereby leading by example.

1.1.3.4. The candidate should demonstrate humanism while dealing with patients, honouring their privacy and confidentiality –considering them as ‘individuals’ rather than ‘cases’.

1.1.3.5. The candidate should demonstrate cultural proficiency and try to address each patient considering the uniqueness of the patients’ socio- cultural milieu.



1.1.3.6. The candidate is expected to exhibit highest level of professionalism while documentation and file maintenance.

1.1.3.7. Though the candidate is supposed to do continual professional growth – that should not come at the cost of one’s emotional, physical and mental health. For this purpose, the candidate can avail the ample opportunities for recreational activities available in the institute therebyimproving one’s own quality of life.

## **2. Continuous learning and improvement**

The candidate is expected to be involved in continuous learning and improvement:

**2.1.** Teaching, training and directly supervising undergraduate, post-graduate, medicalofficers, other professionals and associated trainees.

**2.2.** To be involved in teaching - training sessions by other institutes of repute/excellence

**2.3.** Continuous involvement in research/clinical audit and similar exercise and therebyimproving the grasp on the subject.

**2.4.** Taking part in national and international conferences after taking approval of appropriate authority.

### 3. System-based practice

- 3.1. Be involved as an integral member of a multidisciplinary team to cater to the bio-psycho-social needs of the patient.
- 3.2. Liaison with different medical specialties and a comprehensive management of the patient.
- 3.3. Work in accordance with the different legal provisions related to substance use and addictive disorders.
- 3.4. Work in tandem with different national programs related to addictive and substance use disorders.
- 3.5. Understanding service, medication delivery, primary/secondary and tertiary care related administrative issues affecting patient care and being involved in efforts to improve the existing system.
- 3.6. The candidate should have leadership skills and managerial skills to run future de-addiction centres.
- 3.7. The candidate should have appropriate understanding of policy, public health aspects, guideline development in order to be future leaders of the subject.

### 4. Details of course

The details of the course for PDCC in AP are as follows:

1	Title of course	<b>Post-Doctoral Certificate Course in Addiction Psychiatry</b>
2	Duration of course	1 year
3	Name of department	Department of Psychiatry, AIIMS Kalyani
4	Eligibility of admission	MD psychiatry degree from recognized university from Medical Council of India Registration with Medical Council of India and / or the respective State Medical Council(s) This should be followed by two years of non-academic senior residency at AIIMS Kalyani in the department of Psychiatry or Sponsorship from Govt. organization as per rules through proper channel.

## **5. Organization of teaching and training**

It is recommended that the departmental academics should be organized in a way that there is a scope of a minimum of one monthly presentation by the PDCC AP residents.

### **5.1. Methods for the transfer of knowledge**

#### **5.1.1. Methods for imparting knowledge competence**

##### **5.1.1.1. Seminars**

There will be seminars on a regular basis where the PDCC residents will be presenting academic materials on the assigned topics. The candidate needs to do a detailed literature review of the topic and present a critical appraisal of core methodological/other issues of the topic and desist from a mere factual understanding. As far as possible, the Indian context must be taken into account during the presentations. The format may be:

- Detailed discussion of the topic (including critical appraisal) by PDCC resident.
- This should be followed by adequate discussion on the subject.

Thereafter in a one- to-one session the candidate may be given appropriate constructive feedback. The feedback may consist of the following:

- Content (comprehensiveness, and clarity)
- Critical appraisal of the content
- Approach, overall organization and future directions, etc.

#### **5.1.1.2. Journal Clubs**

A variety of articles like original articles, systematic reviews, met analysis, etc. related to the discipline from different reputed journals may be chosen for discussion in this forum. The general goals of the journal club can be (1) improvement in clinical skills of the candidate (2) gaining up to date knowledge in the field (3) development of the ability to interpret the information and translate to clinical implications, etc. Thus, the aim of the journal club can be critical analysis of complete article, methodology part, results, discussion, limitations and strengths of a given article; discussing the clinical implications, etc. The journal club of the PDCC resident should also include a note about how the presented research work would be useful for our setting. The journal clubs must also focus on the research in the field in Indian context.

#### **5.1.1.3. Case Conferences**

Clinical cases should be brought to discussion by the candidate. The cases must be selected from special population with addiction problems or special cases requiring comprehensive discussions. In this forum, PDCC resident is expected to present a comprehensive management of the case based upon a detailed bio-psycho-social formulation or formulations based upon any other specified school of thought. The candidate may be rated based upon the routine clinical skills.

#### **5.1.1.4. Psychotherapy / Psychosocial Intervention Forums**

Interesting cases where relevant psychosocial intervention has been done

will be presented by the candidate in this forum. The candidate will be assessed based upon his ability to do psychosocial assessment, formulation and if necessary, the sessions will be assessed based upon audio-visual recording or observing the candidate taking the actual sessions. The candidate should bring for discussion not only individual sessions but also group sessions as well.

#### **5.1.1.5. Guest Lectures**

From time to time, department and institute organizes guest lectures where faculty from other institutes are invited to share their knowledge and expertise. The candidate should actively participate in them whenever possible.

#### **5.1.1.6. Teaching using Online Classrooms**

Beyond the regular academics, the residents may be provided important learning materials in the form of articles, videos, illustrations, presentations related to Addiction Psychiatry and related methods, neuroscience and Research Methods on any of the available specified (online) classroom on periodic basis. Each activity may be accompanied by short questions, focused discussions, etc.

#### **5.1.1.7. Other Institutional Activities**

- 5.1.1.7.1. Clinical Grand Rounds
- 5.1.1.7.2. Mortality meets
- 5.1.1.7.3. Presentations from other departments
- 5.1.1.7.4. Research methodology classes.

5.1.1.7.5. Activities organized by the Department of Medical Education

5.1.1.7.6. Any other, as specified by the department and / or institute

**5.1.1.8. Activities outside the Institute**

PDCC AP residents will be encouraged to attend conferences, online classes and /or workshops outside the institute. He/she will be actively encouraged to participate in such conferences and present some paper or make some academic presentations from the field of addiction psychiatry. Important Webinars from other institutes like NDDTC AIIMS, New Delhi; NIMHANS Bengaluru, PGIMER Chandigarh or other such institutes may be broadcasted from time to time. The candidate will be encouraged to actively participate in such discussions and gain knowledge and experience from such academics.

**5.1.2. Methods for imparting clinical skills, translation of theoretical knowledge into practice, etc.**

**5.1.2.1. OPD and IPD Teaching – Training**

- The PDCC candidate is expected learn working in multidisciplinary team.
- Apart from supervisory role in guiding junior residents and interns, it is imperative to work-up cases in details and discuss with in-charge faculty for detailed assessment and long- term management and follow-up care of such patients from time to time.

- If the facility prevails, it is desired that the candidate may be involved in tele- aftercare or online follow-up of the patients.
- The candidate is also expected to perform structured psychosocial interventions sessions with patients (under supervisory alliance of faculty).
- The candidate is expected to undergo active training in opioid substitution therapy (OST) and other such relevant therapies across the addiction related specialties.
- The PDCC AP residents are expected to actively participate in the institute's / departmental outreach program from time to time.
- Apart from the clinical and teaching responsibilities, the candidate is expected to be actively involved in different departmental research related to addiction psychiatry in the OPD/IPD/outreach as directed by the HoD or Faculty in charge to expand the candidate's research-related horizons in the field.
- Additionally, the candidate is expected to learn the administrative and leadership aspects while working in the outpatient. The candidate must learn to work with patients having addiction problems in line with the prevailing mental health and or addiction related laws, rules, regulations and policies and by the end of the course, must gain the proficiency to handle various medico-legal issues.

#### **5.1.2.2. Consultation – Liaison and Emergency Psychiatry (CL/ER)**

- During the period of training, the candidate is supposed to attend to consultation liaison/emergency cases related to addictive/substance use disorders, other psychiatric illnesses, etc. and to manage them as well as follow up comprehensively.
- The candidates will be attending to the consultation-liaison/emergency cases during the emergency duties or any other postings.
- During this posting the candidate should have both supervisory role and active involvement in the form of collaborations, liaisons and joint rounds emphasizing the CL/ER psychiatry.

#### **1.1.1.1. Demonstrations / Hands-on Teaching – Training**

The PDCC AP SR should gain hands-on-training in various procedures related

to addiction psychiatry practice.

This should involve both supervisory practice and active involvement in assessment and management of cases (e.g., delirium tremens, opioid over dosage).

If some specific interventions are required like ECT, rTMS, tDCS, bio-feedback, administration of psychological testing, long term depot etc. or some psychotherapeutic intervention like CBT etc., the candidate should be actively involved in such procedures.



#### **1.1.1.2. Psychosocial Intervention Training**

Throughout the course, the candidate is expected to perform structured psychosocial interventions and discuss with respective consultants.

To foster such skills separate psychotherapy forums will be organized as well as the resident will be given a one month posting where the sole focus will be on the detailed psychosocial interventions.

#### **1.1.1.3. Opportunities for inculcation of Teaching-training skills**

**Undergraduate / Post-graduate teaching:** PDCC AP SR are required to be involved in teaching of undergraduate or/and post-graduate students/residents. These may be supervised by the faculty members from time to time. The candidate should maintain a log-book of the classes taken. They are encouraged to carry out teaching programs with innovative strategies like role-plays, case-based learning rather than traditional dyadic lecturing process, in the field of addiction psychiatry.

#### **1.1.1.4. Methods for developing soft skills, managerial and leadership**

**skills:** PDCC AP SR should learn, by assuming the role of in-charge of the individual cases and must supervise the junior residents. He /she must be able to play appropriate roles in a multidisciplinary team.

Case conferences, seminars will help in improving the communication and oratory skills. Besides this, they are advised to speak in different public lectures and public forums to improve their speaking skills, communication skills and oration techniques.

The PDCCF AP residents can help in development of any particular arena (e.g. development of community clinics or tobacco cessation services in a medical/surgical specialty) under the supervision of faculty and this would in turn will lead to instillation of the leadership and managerial skills among the candidate. To add more, this will help the candidate in future advocacy and policy decisions.

### **1.2. External Postings**

The candidate might be posted in different departments inside (inter-departmental) or outside institutes (AIIMS Kalyani), if desired, for the teaching training and betterment of the candidate during his PDCC AP course.

The goal of such postings will be to enhance the level of knowledge and practical skills in a particular area of expertise directly or indirectly related to addiction psychiatry and is deficient at the parent institute or is much more advanced in a particular department or institute in India.

Outside the institute, the candidate may be posted in different specialty departments/institutes and the posting(s) will be meaningful for his/her development as an addiction psychiatrist in future. In such postings, the candidate is supposed to be actively involved in patient care and other learning modalities as specified by the said department. After the completion of such posting, the candidate is required to submit to the parent department a duly verified log of activities conducted or learned during such a posting.

Following types of postings are proposed with details as:

S. No.	Name / Type of Posting	Details
1.	OPD and IPD Postings	Throughout the course; No time specified
2.	Psychotherapy Sessions	At least 60 hours of psychosocial interventions is required
3.	Consultation Liaison Addiction Psychiatry including Emergency	Throughout the course; No time specified
4.	Gastroenterology/General Medicine posting	2 weeks in late 2 <sup>nd</sup> semester
5.	Pulmonology posting	2 weeks in late 2 <sup>nd</sup> semester
6.	NIMHANS Centre of Addiction Medicine Posting	1 week in late 2 <sup>nd</sup> semester
7.	NDDTC, AIIMS New Delhi Posting	1 week in late 2 <sup>nd</sup> semester
8	Outside visits (NGO/therapeutic community, NACO, brewery industry visits, toxicology laboratory)	Late 2 <sup>nd</sup> semester

The outside postings will be subject to proper approvals/availability through appropriate channels

Also the candidate will be exposed to general psychiatry and other specialties running in the department for holistic patient development.

**1.3. Expected outcomes from inter-departmental postings at AIIMS Kalyani:** Such

postings, if happens during the PDCC course, the candidate is expected to revisit the following skills and gain further knowledge and proficiency in:

**1.3.1.** History taking in General Medicine / Pulmonology / Gastroenterology, etc.

in conditions directly or indirectly related to substance use

**1.3.2.** General Physical and systemic examinations of patients with various

medical conditions directly or indirectly related to substance use (like heart failure, COPD, cirrhosis, etc.)

**1.3.3.** Ability to synthesize information in a meaningful manner from history and physical examination.

**1.3.4.** Recognize and provide primary care to patients with common medical conditions.

**1.3.5.** Ability to interpret different investigation in such population like: ECG, hematological, biochemical, radio investigations, Arterial Blood Gas Analysis, Pulmonary Function Tests, etc.

**1.3.6.** The resident will should maintain a log book of cases seen. These documents will be signed by consultant in concerned department and will be submitted to parent department on re-joining.

#### **1.4. Outside Institute Postings/visits**

The candidate must get exposure to any specialized management care facility if available in other institute and is expected to receive adequate knowledge and skill in those treatment care techniques. During the training period the candidate is supposed to take part in route academics of that institute and other such activities as desired or specified.

The candidate should prepare a presentation in the department about his learning with relation to clinical practice after the outside postings/ visits.

## **2. Syllabus for PDCC in Addiction Psychiatry**

### **2.1. Basic sciences in relation to addiction psychiatry (1<sup>st</sup> Semester)**

**2.1.1.** Neuroanatomy#

**2.1.2.** Neurophysiology#

**2.1.3.** Neurochemistry#





- 2.1.4. Genetics#**
- 2.1.5. Molecular biology#**
- 2.1.6. Neuroradiology of addiction#**
- 2.1.7. Psychoneuroimmunology (PNI)#**
- 2.1.8. Brain reward system and beyond#**
- 2.1.9. Brain learning and memory system#**
- 2.1.10. Brain stress system#**
- 2.1.11. Personality and temperament#**
- 2.1.12. Statistics and Research methodology#**
- 2.1.13. Principles of epidemiology/public health and preventive medicine#**
- 2.1.14. Concept of nosology in relation to substance use/addictive disorders. \***
- 2.1.15. Classification of substance use and addictive disorders\***
- 2.1.16. Models/Theories of addiction\***

**2.1.17.** Clinical features related to individual classes of substances/addictive behaviours (intoxication, withdrawal, specific complications, course, outcome) \*

**2.1.18.** Persons with injecting drug use\*

**2.1.19.** Detection and diagnosis\*

**2.1.20.** Assessment – clinical\*

**2.1.21.** Assessment – biological\*

**2.1.22.** Assessment – psychological\*

**2.1.23.** Assessment – socio-environmental, cultural and religious influences\*

**2.1.24.** Clinical & Research Instruments#

**2.1.25.** Treatment approaches and methods – motivational counselling and brief interventions\*

**2.1.26.** Treatment approaches and methods – short term and long term\*

**2.1.27.** Treatment approaches and methods – relapse prevention\*

**2.1.28.** Treatment approaches and methods – cognitive behaviour therapy and other psychotherapies (Psychological and social therapies, family therapies, group therapies, self-help groups etc.) \*

**2.1.29.** Long-term management of substance use disorders: community versus residential care\*

**2.1.30.** Behavioural addictions: concept, controversies and epidemiology\*

**2.1.31.** Behavioural addictions – assessment\*

**2.1.32.** Behavioural addictions - management aspects\*

**2.1.33.** Dual diagnosis – concept and epidemiology\*

**2.1.34.** Dual diagnosis – assessment (including medical comorbidities, complications or issues)\*



**2.1.35.** Dual diagnosis – management aspects\*

**2.1.36.** Application of neurostimulation (rTMS, tDCS in addiction psychiatry) #

**2.2. specialty and miscellaneous areas (2<sup>nd</sup> semester):**

**2.2.1.** Addiction in special populations – children & adolescents\*

**2.2.2.** Addiction in special populations – women\*

**2.2.3.** Addiction in special populations – elderly\*

**2.2.4.** Addiction and chronic pain\*

**2.2.5.** Addiction in special populations - others (captive populations like prisons, delinquency homes, correctional places etc.; military, doctors and paramedical staff, transgenders, disaster and substance use/addictive behaviours) #

**2.2.6.** Legal provisions\*

**2.2.7.** Forensic aspects\*

**2.2.8.** Policy aspects: Supply reduction, demand reduction and harm reduction\*

**2.2.9.** Advocacy and contribution of non-governmental sector\*

**2.2.10.** Education and training in addiction psychiatry\*

**2.2.11.** Digital Interventions - any other new developments#

\*These are the topics where depth of knowledge is expected at the level of post-doctoral

#These are topics where in-depth knowledge is expected

### **3. Short dissertation**

The candidate needs to follow the latest and prevailing guidelines and recommendations of Academic Council of All India Institute of Medical Sciences, Kalyani. Since one-year course is a very short-time to do a full-fledged thesis and dissertation with conceptualization, data collection, analysis and report writing – hence they are encouraged to conduct research from

- already existing departmental HMIS
- ongoing research activities in the department and institute level
- conduct any meta-analysis in any relevant field of addiction psychiatry
- conduct research in any other relevant field.

The research work needs to be done under the supervision of a faculty member as designated by the department and to be completed before the final examination.

### **4. Assessments\***

#### **8.1.1. Scheme of assessment**

The assessment methods will be as per the prevailing terms and policies of the institute and may be modified from time to time. At present, formative and summative assessment are done as follows:

##### **8.1.1.1. Formative assessment**

8.1.1.1.1. It will be based on performance in different academic forums as mentioned earlier in this document.

8.1.1.1.2. The candidate will be assessed regularly based on his/her performance in departmental, interdepartmental academics, teachings during clinical service delivery / rounds in OPD, IPD, etc.

8.1.1.1.3. PDCC AP SR may also be given relevant topics for discussion by individual faculty members using specified and available online classrooms from time to time. PDCC SR is expected to read the material critically and participate in the discussion. The performance will count towards the formative assessments.

#### **8.1.1.2. Periodic assessments**

##### **8.1.1.2.1. Regular Assessment**

Formal assessment shall be done regularly by concerned Faculty.

Assessment will cover milestones pertaining to the core competency and sub-competency domains (see annexure 1). The candidate will be rated based upon the advancement of the milestones as deemed achieved by the Faculty.

##### **8.1.1.2.2. Log Book (cum) Self-Assessment**

The candidate will have to maintain and submit a log on regular basis appraising his/her own progress. This will act as a form of self-feedback and will help in self-remedial measures. (see annexure 2)

#### **8.1.1.3. Semester Assessments / Internal Assessments**

8.1.1.3.1. At the end of the first semester, examinations as part of internal assessment will be held at the end of last month of semester.

8.1.1.3.2. Syllabus will include the topics covered till date or as specified.

8.1.1.3.3. Examination shall consist of theory and/ or practical cum viva-voce.

8.1.1.3.4. Theory examination shall consist of structured short answer questions/ long answer questions/ Clinical Vignette based assessments which will be aimed at assessment of assimilation of subject's knowledge.

It will be aimed to assess objectives of the PDCC course.

8.1.1.3.5. Practical examination will also be conducted that will consist of case-presentations / OSCEs / OSPEs / OSLEs/ etc. It will be aimed at assessment of skills as mentioned in the earlier section of this document.

8.1.1.3.6. One long case and one short case shall be given and will have significant (~50%) weightage to the total marks in practical examination.

8.1.1.3.7. Critical and constructive feedback involving all stakeholders will be provided after each examination.

**8.1.1.4. Final**

8.1.1.4.1. It will include syllabus from both the semesters.

8.1.1.4.2. Examination shall consist of theory and practical cum viva voce; having 100 marks for theory and 100 for practical.

8.1.1.4.3. Theory examination shall consist of one paper only (100 marks).

8.1.1.4.4. Theory examination will consist of structured short answer questions aimed at assessment of assimilation of knowledge (critical analysis) / Long answer questions / Clinical vignettes based multiple choice questions/ etc. It will be aimed to assess objectives mentioned in section above.

8.1.1.4.5. Practical examination will be conducted that will consist of case-presentations / OSCEs / OSPEs/ OSLEs/ etc. It will be aimed at assessment of competencies mentioned in the section earlier.

8.1.1.4.6. One long case from Addiction Psychiatry (50 marks), one short case focusing on medical complications of substance use disorder (total of 30 marks) shall be given with a focus on special populations, as relevant to consultation liaison addiction psychiatry, etc. Remaining 20 in practical shall be given to OSCE/OSPE/Viva Voce / etc. as relevant to the subject. In total, the practical exam will consist of 50 plus 50m=100 marks.

- 8.1.1.4.7. Some stations during OSCE/OSPE may be directed towards examining soft skills/ attitude/ communication skills/ ethical dilemma/professional conduct/ leadership/advocacy/policy decisions, etc.

Eligibility Criteria to appear for the PDCC AP Examination\*

**4.1. Attendance**

- 4.1.1.** The candidate must have attendance as per rules laid down by the academic council.
- 4.1.2.** To have one presentation at National/International Conference.
- 4.1.3.** To submit at least one research paper, which should be published/accepted for publication/sent for publication during the period of his postgraduate studies in National/ international indexed journal.

4.1.4. Data should have been collected during the training period

**4.2. Formative assessment:**

4.2.1. The candidate must secure at least 50% marks in the formative assessment.

4.2.2. To appear in examination, submission of short dissertation is required.

**5. Recommendation from the Department\***

5.1. Department will provide in writing a certificate of good standing of the candidate for being eligible to appear in the professional examination.

6. **\*The above criteria may be modified and finalized subsequent to approval by academic council; and from time to time as per the institute policy(ies).**

**7. Criteria for passing PDCC AP examination**

7.1. Candidate has to secure at least 50% marks individually in theory and practical during final assessment.

7.2. The regular assessment, formative assessment / internal assessment, will have appropriate



weightage to the final professional examination as prescribed by the institute policy from time to time. This weightage system may be modified later as per the institute's policies.

#### **8. List of a few recommended books**

- 8.1.** The American Psychiatric Publishing Textbook of Substance Abuse Treatment. Galanter M, Kleber HD, eds. 4th Edition, 2008. American Psychiatric Publishing, Inc. Washington, D.C.: APPI Press.
- 8.2.** Substance Abuse: A Comprehensive Textbook. Lowinson JH, ed. 4th Edition, 2005. New York: Lippincott, Williams & Wilkins.
- 8.3.** Motivational Interviewing: Helping People Change. Miller WR, Rollnick S. 3rd Edition, 2012 (to be released in October 2012). New York: Guilford Press.
- 8.4.** Neurobiology of Addiction. Koob GF, Le Moal M, eds. 1st edition, 2005. London: Academic Press.
- 8.5.** The Neurobiology of Addiction (Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences). Robbins T, Everitt B, Nutt D, eds. 1st edition, 2010. London: Oxford University Press.
- 8.6.** Principles of Addiction Medicine. Ries RK, Miller SC, Fiellin DA, Saitz R, eds. 4th Edition, 2009. American Society of Addiction Medicine. New York: Lippincott, Williams & Wilkins.
- 8.7.** Clinical Textbook of Addictive Disorders. Frances RJ, Miller SI, Mack AH. Third Edition, 2011. London: Guilford Press.
- 8.8.** Addiction and Change: How Addictions Develop and Addicted People Recover. DiClemente CC, ed. 1st edition, 2006. London: Guilford Press.
- 8.9.** Treating Addictions: A Guide for Professionals. Miller WR, Forcehimes AA, Zweben A, McLellan AT, eds. 1st edition, 2011. London: Guilford Press.
- 8.10.** Drug Policy and the Public Good. Babor TF, Caulkins JP, Edwards G, et al., eds. 1st edition, 2010. Oxford: Oxford University Press.

#### **9. List of a few recommended journals**

- 9.1.** Addictive behaviours. Editor: Editor-in-Chief: Marcantonio M. Spada Elsevier Journals. ISSN: 0306-4603
- 9.2.** Alcohol. Editor-in-Chief: D.M. Lovinger. Elsevier journals. ISSN: 0741-8329
- 9.3.** Alcohol and Alcoholism. Editor: J. Chick. Official journal of Medical council of Alcohol. Oxford Academic. Print ISSN 0735-041
- 9.4.** Alcohol Research & Health. The Journal of the National Institute on Alcohol Abuse and Alcoholism. ISSN: 1535-7414
- 9.5.** Canadian Journal of Addiction. Editor-in-chief: Nady el-Guebaly. Lippincott Williams & Wilkins. ISSN: 2368-4720
- 9.6.** Drug and alcohol dependence. Editor: Eric Strain. Elsevier Journals. ISSN: 0376-8716

- 9.7.** Journal of Addiction Medicine. Editor: Editor-in-Chief: Richard Saitz. Official journal of American Society of Addiction Medicine. Lippincott Williams & Wilkins  
ISSN: 1932-0620
- 9.8.** Journal of Behavioral Addictions. Editor(s)-in-Chief: Zsolt Demetrovics. Akadémiai Kiadó. ISSN 2063-5303
- 9.9.** Journal of Substance Abuse Treatment. Editor-in-Chief: Dr. HK Knudsen. Elsevier Journals. ISSN: 0740-5472
- 9.10.** Substance Abuse Treatment, Prevention, and Policy. Editors-in-Chief: Dr Stephan Arndt, Janet Zwick. Biomed Central. Springer Nature. ISSN: 1747-597X
- 9.11.** Tobacco Control. Editor: Ruth Malone. BMJ Publishing group. ISSN: 1468-3318