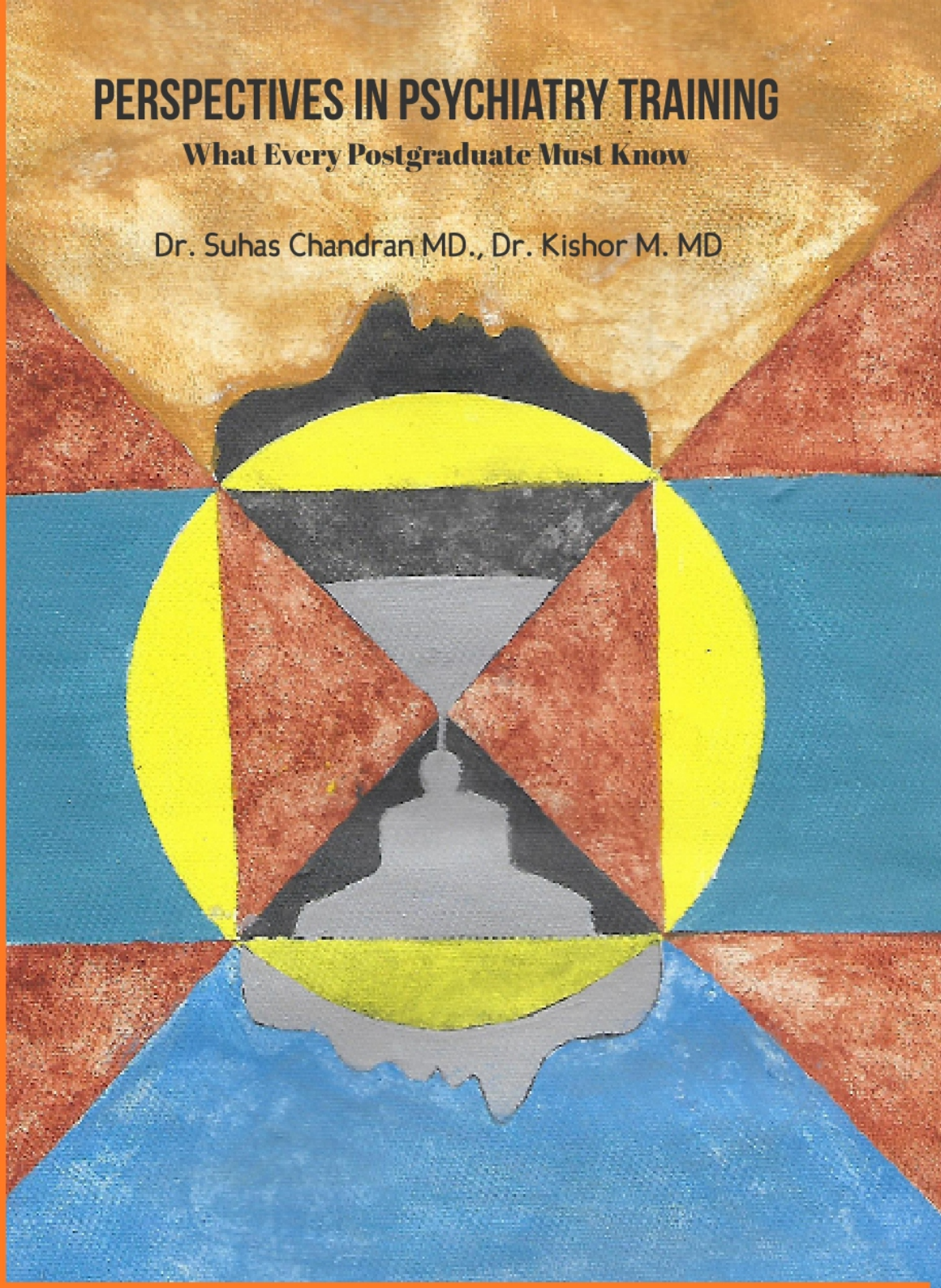
PERSPECTIVES IN PSYCHIATRY TRAINING

What Every Postgraduate Must Know

Dr. Suhas Chandran MD., Dr. Kishor M. MD



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Perspectives in Psychiatry training

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About the cover page

The Picture has two faces on either side of a sand hourglass timer which represents the reflection of our teachers on students. A teacher's training has an impact of discipline and time represented by the triangles and timer. The Timer also has a man in lotus position in meditative state representing the need for focus and consistency in the training period.

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Disclaimer

We have tried our best to ascertain the contents of this book. Kindly excuse if we have failed somewhere unknowingly. Mail us your suggestions & feedback. All the articles and the information published in this book are only those of authors. Readers are requested to refer to institutional or professional websites, books and journals to ascertain or access more information.

One day, in retrospect,
the years of struggle will strike you
as the most beautiful.

- Sigmund Freud

Special thanks

To Professor

Shamasundar.C

whose ideas on human values motivate us.

Acknowledgement

We are thankful to all the authors who have contributed to the book.

To Dr. Ajay Kumar for sharing our vision on postgraduate training and his enthusiastic support in all our ventures

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Foreword

The experiences of postgraduate medical training have profound influence on one's future life and work. Looking back at my own life, I know how much my mates, seniors, juniors and teachers as well as many of my patients and their families during my postgraduate days have contributed to shaping my professional career, my choices, my world view and my life, in general. After years of graduate medical education, internship, much discussions and deliberations about choice of a subject for specialization and perhaps tough, competitive assessments, one enters the coveted postgraduate training institution with great expectations and aspirations. But the world of postgraduate medical training, particularly in psychiatry, is vastly different from those of the undergraduate days – smaller number of trainees, greater clinical responsibilities, accountability, longer hours of work along with studies, time-bound assignments, closer scrutiny, supervision and monitoring of one's work by seniors at various levels, etc.

Most entrants to postgraduate training in psychiatry are least prepared to face the realities of their new role and the enhanced expectations from them. There are no known robust formal or informal mechanisms to acclimatize the new entrants to postgraduate training in psychiatry in most training settings in India. It has been well established that stress, depression and burnout are widely prevalent amongst trainees during their postgraduate training, all over the world. It is not so long ago, in February of 2015, that suicides by three psychiatry trainees (registrars) in three different psychiatry teaching hospitals in Melbourne, Australia (described then as a "perfect storm") resulted in an Australia wide as well as global debate about high levels of psychological distress, particularly in doctors aged 30 years and younger and what needs to be done to deal with mental health of doctors. Trainees need to be constantly supported to grow and acquire appropriate skills to deal with stress and adversities during training as well as later in their career. It is in this context that the multi-authored book "Perspectives in Psychiatry Training" edited by Suhas Chandran and Kishor is relevant.

Perspectives in Psychiatry Training provides valuable and practical information that every postgraduate trainee always wanted to know (and should know) but did not know where to get from or could not find in any textbook of psychiatry or elsewhere. It provides instructions, guidelines and strategies to not only effectively and successfully maneuver postgraduate training in psychiatry in India but also begin a professional career. It has brief, lucid chapters on clinical issues such as learning from patients, facing grand rounds, teamwork and course, curriculum and assessment related issues such as choosing a relevant topic for thesis, conducting research and publishing during the course, dealing

with and facing assessments and examinations. Several chapters provide information about crucial issues such as dealing with criticisms, dealing with burnout, "work – family" balance, benefitting from mentors, peer support and networking. What does one do after completing the postgraduate training? There are chapters on preparing for a post-MD (Psychiatry) career, planning for super-specialization and transitioning to become a teacher. Other chapters include the benefits of wider reading of non-psychiatry books and benefitting from the online world. What is most important about the book is that all the authors are passionate and experienced postgraduate teachers of varying seniority from different centers located in different parts of the country. I believe that Perspectives in Psychiatry Training is a book that every postgraduate trainee in psychiatry in India and every young medical graduate wishing to specialize in psychiatry should possess.

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Recommended Reading

- **Mata DA, Ramos MA, Bansal N, et al. Prevalence of depression and depressive symptoms among resident physicians. A systematic review and meta-analysis. *JAMA*. 2015; 314: 2373-83**
- **Kealy D, Halli P, Ogrodniczuk JS, et al. Burnout among Canadian psychiatry residents: A national survey. *CANADIAN JOURNAL OF PSYCHIATRY*. 2016; 61: 732-6**
- **Swannell C. A perfect storm. *Medical Journal of Australia*, 2015; 202 (5) C1**
- **Coverdale J, Balon R, Beresin EV, et al. What are some stressful adversities in psychiatry residency training and how should they be managed professionally? *Academic Psychiatry*. 2019; 43:145-150**

Preface

It gives us immense pleasure to put this book 'Perspectives in Psychiatry training' in the hands of the future psychiatrists. The motivation for creating this book arose from the desire we and our teachers have had to contribute to the evolution of the core principles in psychiatry training, and of course, the perceived need which we felt as post graduate students ourselves. The practice of psychiatry requires various clinical and interpersonal skills not usually taught or used in the undergraduate medical course, and psychiatry postgraduates will have a lot of new and possibly confronting experiences, and it is during these times that they might look towards a guidance book can offer insight into the common challenges faced by a young resident, especially real-life experiences from people who have transcended similar situations.

With this in mind we wanted to create a book for the future mental health professional sharing the experiences of seniors on clinical work, academics, research and other relevant issues. We were lucky to have some exemplary teachers, who guided us with our challenges and endeavours, and they have been greatly inspirational in making this book into reality. The chapters enclosed provide students with information, strategies and resources for a career in psychiatry as they adjust to the milieu of post-graduation, and is a percolation of the most useful approaches which can be used in dealing with the hurdles faced during the course It is a unique experience to stand on the shoulders of these mentors and to have a glimpse into most things that lie ahead in the psychiatry residency. Exposure to such material in these formative years can help the student develop complex thinking skills, expand their thought process, and help prepare them for their future life as a professional.

Having an idea and turning it into a book is as hard as it sounds. The experience is both internally challenging and rewarding. This is ultimately a book that we wish we had available when we started our post-graduation and our best efforts have been to ensure that there is something useful in this book for every postgraduate who reads it.

Though we have attempted the title of this book to be crisp, we like to emphasize that the processes of training and learning are inseparably bi-directional and there is no limit to learning. Even the trainers are learners and a part of the learning includes the art of training. Our deepest gratitude to all the individuals who helped make this book a reality including our well-wishers, authors and readers who have supported us from the beginning of this initiative. We look forward to your feedback and support, as always.

Dr. Suhas Chandran and Dr. Kishor M.

TRANSITIONING TO BEING A POSTGRADUATE FROM A UG

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Welcome to a career in Psychiatry! Great moment indeed, to feel you are accepted into a PG training program. Medical fraternity has a way of showcasing of granting of privileges and this new step takes you ahead by a quantal leap. To feel that a group of professionals, who have become recognised for their knowledge and acumen, have actually permitted you to enter their bastion is a goose-bump inducing moment indeed! Congratulations! Start by believing that you have been justly granted the visa into a new journey. You are not here only by chance!

Psychiatry is however not much taught in the UG program even today. It is likely that you have not had much training here. This may leave you with trepidation about what to expect, nay, even make you wonder, if you have made the right choice at all! And not all friends and families would be greatly appreciating the choice, even in the contemporary world. It is possible that some of you have worked in other specialties and then come in to psychiatry. Some of you have probably not worked at all for a few months to few years in the medical field, due to personal reasons, and therefore, feel raw as a doctor to begin with. The issues mentioned below apply to all of you. Of course, a rare few of you may have worked in the mental health field after UG training, before your formal entry into PG training. You are probably already fired-up to display your knowledge and push ahead. That is some advantage indeed and will last for quite some time. Build on it if you wish to stay ahead!

Your view of the world will also undergo some reflection. Some of you may become more aware of this than others. Those holding liberal views may experience dissonance when they see structured ways to understand case history involving human lives. This method may appear limiting. However, it is good to remember that a lot of thought has gone into getting such methods into the system. So, hold yourself back and learn. You will enjoy understanding quantitative and qualitative approaches, in due course of time. Those with a conservative view may find it hard that even the 'most obvious' of possibilities need corroboration and that validating the information from 'the unwell' person is necessary. Welcome to the world of collaborative decision making. This will take some learning and getting used to. And remember, you are here to learn and practice received professional wisdom and not what you generally understood about people and how to react to them.

A key difference from UG training can be the need for self-driven study methods. The levels of structured training may vary across PG training centres. Teachers do vary in their ability to encourage study methods. Some may be rhetorical, some pontificatory while some may be frankly living in the past, but many will guide you if you ask. It becomes necessary for you to pose your own questions, based on your observations and ongoing discussions with friends and colleagues. One needs to keep all avenues for learning open and chase them vigorously.

Learning is initiated by your own questions and a steadfast refusal to mix-up hunches for facts. Students, especially from most sub-continental schools, may not have been taught 'how to learn'. This limitation can perhaps also be side-stepped during UG days, where a few specified text books may be adequate. But, as a PG, you need to develop a style of inquiry-based learning. A few rare mentors may guide you through this process. Most teachers may not be able to. Trying to develop a method that suits your style but helps you learn the subject, the professional methods and the practices and help you communicate effectively, is a must. Trying to limit your learning to the extent of just answering the way your teacher expects (may have been possibly sufficient during UG days) would be a sad loss of opportunity to develop yourself and grow. Group studies are still possible, but get rarer. This may also get impacted by competition too. These may be new experiences.

Unlike a UG, a PG must focus on in-depth understanding of the subject. This ought to become your avowed goal. As suggested earlier, you cannot be satisfied with just knowing what to answer on rounds, although knowing that, does help maintain your peace and sleep! You must actually get used to inquiring about every decision made, in order to learn. The more you ask, the more you will learn. Even if an unhelpful senior doctor brushes aside the question (and there are well-known ways of doing this!), you must persist. Developing this gumption is your first building block. As long as you are not being antagonistic in your questioning style, it is a very valid way to learn.

And that learning should be furthered the same day, by checking out from books and discussing with others. I have seen PGs who have actually moved on to even develop protocols for easy decision making in the department, after starting out this way. All seniors will eventually appreciate such an attitude.

Unlike a UG who would be expected to know basic information, you should be making logical arguments. This impacts how you learn to formulate case histories and discuss clinical data. It should also be applied to seminars and dissertation protocols. Logical thinking is a must in all the discussions with other department colleagues, as part of joint case-sharing. It involves reflecting on what is being expected of a seminar topic and keeping a coherent thought process, throughout the presentation. It involves ensuring that information, under all headings and subheadings of history and clinical examination remain logically connected and consciously coherent to you.

You are here for training, but this is about training to work, not just answer text-book questions. Skills, rather than knowledge, will be the focus. As a UG, studies (MBBS) and work (Internship) have been largely separated. Here it goes hand in hand, but work gets primacy. And the initial feedbacks will be on your day-to-day work. Converting concepts to working procedures is what you ought to master. PG training centres vary in terms of how much shadowing and apprenticeship is allowed-for, before asking you to work and deliver. Given the need for a confident and organised approach to work (which your team would be desperately wanting out of you), it is not surprising that milder personal challenges such as shyness, fear of authority, concentration abilities, language limitations and suboptimal time management methods etc become unmasked during the early days of psychiatry (or any PG) training. And being a new student of psychiatry, even though you have done well to reach here, these might appear to be a huge problem. You may blame your parents and teachers. For e.g., you may feel your parents never trained you for independence. Or that your earlier teachers never helped you think, etc. If you are seized by such thoughts, it is not at all unnatural! It is important to discuss with designated mentors and/or senior members of the team openly, to get your working (and even learning methods) challenges resolved. Do not think that you must be approved on all counts and by all team members or that having a limitation is something to be embarrassed about.

Working with other team members is another key area of PG training. Each specialty has its own set of associates and co-workers, who help achieving the final clinical outcomes. Learning to work effectively and cheerfully with them is a must. Psychologists and Psychiatric Social workers may initially seem to be very different in their approach to clinical tasks. Being respectful and openly curious will help reduce this mystery over time. Nurses are infinitely helpful, if you will only ask them. And ward aides can teach you a thing or two every month, if you can have some cheerful banter

with them. Unlike how you were as a UG, you need to get involved with all aspects of the work eco-system. Gradually, you will learn to become an effective manager of teams.

It is not just a transition from UG to PG that is happening at this point in time, but also a transition from youth to young adult status. A number of personal events would be running in parallel, in your life. It may be hard to separate them from impacting your day-to-day work. Effective management of your own emotional resources and the supporting social networks, while continuing to focus on learning, is a wonderful introduction to life itself. Embrace it and learn, rather than becoming helpless and demoralised. Elsewhere in the book, there are pearls of wisdom on time management. I would add to this: a course on developing, maintaining and managing composure! The more you are aware of your internal workings, the more you are willing to have friends and communicate with them, the more likely you will come out happy and successful. Most do.

Wishing you a warm welcome into the profession! Cheers for a great career

ABC OF PSYCHIATRY

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Strange as it seems, there are ABCs of everything but not so much in psychiatry. The adjective "ABC of"means the basics or the most important aspects or 'the foundation of', hence we can never overlook the ABC of Psychiatry. But what could potentially constitute an ABC of Psychiatry?

A

Acknowledging the person in distress should be the first and foremost aspect of psychiatry training. An illness is that part of an issue which a person manifests or presents with. Unfortunately, training in psychiatry is moving away from the "person" to "just his/her illness", which is against principles of health sciences & humanity. A person is a part of the society that is in dynamic interplay with innumerable factors with his or her inherent unique strengths & vulnerability. Hence a postgraduate in psychiatry should constantly try to understand social, cultural, economic & biological issues that affect the individual. Acknowledgement is much more than listening to a person, it means understanding the individual as a whole. Psychiatry training should begin with humility and a validation of the person whom we intend to serve. It may be difficult to accept, but the fact is that a person with an illness can live or survive without a doctor, but there can be no doctor who can learn or earn without a person with illnesses.

B

Building upon the basics. The foundation of medical sciences is built upon interplay of physics, chemistry and biology. It is important to note that psychiatry has additional foundations of psychology, sociology & anthropology as well. It is imperative that the medical sciences learnt from MBBS course are never given up

once postgraduation begins; it would be foolish to have a skewed view of everything from the perspective of only psychiatry! A psychiatry postgraduate should never undermine his/her medical science knowledge. The other facet is in understanding psychopathology and psychopathological phenomenon in every person with an illness. A postgraduate who jumps to conclusions without eliciting them is half-baked, and need further improvement in management and communication skills to alleviate a patient's distress. Some postgraduates may start diagnosing patients with their own assumed methods, while disregarding time tested criteria such as the International Classification of Diseases. This is a matter of concern. Oversight and disregard for recognised systems and reputed bodies that have laid foundation to psychiatry is indeed a serious flaw that is seen with emerging psychiatry postgraduates.

It is important that a psychiatry postgraduate learns about psychotherapy and psychosocial management alongside pharmacotherapy, and apply these principles in formulating a management plan for every patient. Psychosocial and psychotherapeutic interventions form the foundations of psychiatry, and a flaw in the foundation would impair a psychiatrist all through professional life, as, something which is not utilised in training is usually not practiced during independent clinical work either. There is a large body of evidence about the benefits of psychological therapies and rather than being side-lined because of the advancements in pharmacotherapy, psychotherapy will continue to remain an indispensable part of mental health services.

C

Communication with compassion is essential for every psychiatry postgraduate. A training where there is no emphasis given for "communication with compassion" is detrimental for the resident's professional career & counter-productive for psychiatry services. Communication is listening and responding by appropriate verbal & non-verbal means. Compassionate communication is "being genuinely concerned" in the process of interaction. Postgraduates have to continuously make an effort to learn the art of listening and understanding the inner experiences of the patient. It can be learned and it needs persistence. It is interesting that the art of listening can be really tested in different scenarios such as; interviewing children, elderly, couples in distress, agitated individual, family in anguish etc. Listening to people from so many linguistic & sociocultural backgrounds is unique to India, and such differences are seen every hundred kilometres in this land. As teaching hospitals cater to them more often, postgraduates should be sensitive to this diversity and keep in mind the bidirectional relationship between the patients' cultural background and their illness.

Appropriate interjection, paraphrasing, clarification, reciprocal acknowledgement in the interaction with the person, both verbally and non-verbally is at the heart of communication, which a postgraduate in psychiatry has to continuously learn. In this process, if one has no heart or does it "mechanically", it is a disservice to this profession. It is important to be clear that "transference & counter-transference" issue is unrelated to being compassionate. It also needs to be clarified here of some sceptical questions such as "what if we are burdened" by the process of being compassionate to a person & family in distress. Being compassionate in communication never burdens anyone, in fact it makes every interaction gratifying and reduces medico legal issues. It ensures that the professional journey in psychiatry is far more rewarding. It's amazing that even today when people are becoming more and more self-centred, there are millions of people who seek our service and come with so many people involved in their care and it helps, so does compassionate clinician's communication skill in the emerging "dehumanising" digital world - that is getting doctors neck deep in legal issues.

ABC of psychiatry is for those postgraduates who wish to excel in services and reside in the hearts of people.

CHOOSING A THESIS TOPIC

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"Research Is to See What Everybody Else Has Seen and Think What Nobody Has Thought"

-Dr. Albert Szent-Gyorgyi, Nobel Prize winner

One of the most exciting, yet, intimidating exercises in the postgraduate residency programs is the thesis or dissertation work. In most institutions, the residents are expected to finish selecting a topic and submit the entire research protocol for approval within the first 6 months of residency. Small wonder that with none to minimal prior experience in research, most residents, struggle to select a topic that is achievable and at the same time impress experts in the field.

Rarely, the guides themselves may thrust a research idea on the resident who is all at sea and therefore, willingly accept anything given to him/her. However, many a time, the guides may ask residents to scout for potential narrow topics within a broader area which fits into the focus area of the guides. Whatever the situation, the residents would do well to remember the following few caveats while selecting a topic for the thesis:

1. Follow your interests – If you have already had some prior experience in research through studentships or are interested in a particular area, explore the possibilities of working in that area with your guide.

2. Begin by reviewing the literature and brainstorming on the broad topic assigned to you – If you have been assigned a topic, go back and read about it. Make use of the vast resources available on the internet. Do some free listing of ideas by writing them down or saving it on the desktop. Write an outline of what you wish to study. Although what you write may not be perfect, writing helps to crystallize your thoughts and you will be able to show it to your guide/supervisor for feedback. Saving the literature review that you have done is a must for future reference. To know the best way to search the literature requires some orientation. Fortunately, online resources such as PubMed provide free tutorials that are helpful in this regard.

3. Generate novelty by synthesizing ideas or concepts from previous papers – Do not spend time looking for that big bang research idea. It is practically nearly impossible to find out something that has NEVER been worked upon before. A better approach would be to combine ideas from different papers so that you can look at an old idea in a new way. This would be much more appealing to clinicians and experts. To cite an example, presence of inflammation in depression is a well replicated finding. Vitamin D is known to have anti-inflammatory properties and is also found to be deficient in depressed individuals. So, would vitamin D supplementation improve inflammation and consequently, depressive symptoms? This is an example of building a research hypothesis.

4. Make methodological improvements to existing work – It is a common tendency for residents to try and replicate a previous study with absolutely no changes to the methodology. This only leads to a dry recitation of previous results and is unlikely to impress professionals or find favour with reviewers. Getting hold of a prior similar work in the area is a good starting point but residents MUST strive to make improvements to the existing work. To do this, always read the limitations section of the reference paper. Even if you can correct one or two of the limitations mentioned therein, your work will be better than the earlier one and will stand a good chance of getting recognized and published.

5. Consider the resources available in your centre – Sometimes you may have hit upon a good topic but the resources at your centre in terms of patients, time and money do not make the idea feasible. An example would be when the sample size calculation for your study indicates that you need a sample of at least 100 patients with that disease condition but your hospital attendance statistics indicates that only 50-60 such patients can be recruited in the 12-18 months available for data collection. In other words, select topics that can be done within the available time-frame. To address these concerns, always pilot test your idea for a month or so to check the feasibility before finalizing your research protocol.

6. Refine the topic as you go further – It is often difficult to anticipate all the possible issues with a topic beforehand and you may need to refine research ideas on the go. Sometimes, this may involve studying an additional parameter because you chanced upon an article that you did not have access to before you submitted your research protocol. It is good to be flexible in such cases and add the parameter if you and your supervisor concur that it may add value to the study. It is now-a-days easy to keep abreast with scientific literature because PubMed allows you to create an account, save the initial literature, search and modify settings for automated e-mail updates. One thing to be kept in mind here is that you may need to go back to the ethics committee to ensure that they approve any amendments that you may make to your already approved protocol.

In summary, a thesis topic must be feasible, relevant and achievable. The results should reflect an advancement over previous works and at the same time, provide ideas for further research along the same line. Discussion with guides and peers can go a long way in allaying your anxieties and developing your thinking skills. Choose a thesis topic that fulfils the above provisos as well as piques your interests and you will do well. Happy researching!

Recommended Reading

1. Raveendran R, Gitanjali B, Manikandan S. *A Practical approach to PG dissertation, New Delhi, Jaypee Publications*, 2012.

COMPLETING THE THESIS AND MAKING IT RELEVANT

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Importance of thesis to postgraduate students:

A thesis is an essential component of postgraduation. Submission of the thesis is a mandatory requirement for awarding a postgraduate degree in Psychiatry in India. Apart from this, it allows the student to foray into the world of research providing a learning opportunity for formulating a research question, generating a hypothesis, developing study methodology, collection, analysis, and interpretation of data and further, paving the way for scientific writing and disseminating the research findings. The most important learning point from a thesis is developing a systematic thought process, with a keen eye for critical appraisal, which will aid the student to develop into an excellent clinician. With this background, this write up aims to provide insight to the budding psychiatry trainees about various aspects of completing the thesis and how to make it relevant.

Barriers for completion of the thesis:

Before we embark on a journey about the nitty-gritty of completion of the thesis, it might be prudent to have a bird's eye view of the possible barriers for completion of the thesis. "Planning fallacy," which means mis-anticipation about completion of the thesis needs to be considered. Various reasons leading to planning fallacy as well as cognitive biases for completing a thesis with examples are enumerated in the table below:

Reason	Examples
Skills of the student	Deficient writing skills, the ability for critical appraisal, poor knowledge about research methodology can hamper the progress of completion of the thesis.
Attributes/skills of guide	Not providing adequate, timely input, not able to supervise the research work properly.
Departmental issues	The difference of opinion between the faculty members - Departmental politics.
Faulty considerations while selecting the topic!	Topics which are not feasible due to financial or infrastructure reasons.
Unexpected future plans and problems	The student thinks: I will collect data from the outpatient clinic every Wednesday. However, later on, the student is posted to work at an outreach centre in the community every Wednesday.
Not learning from past experiences	I have never completed anything on time earlier- so, I will not be able to do it - I give up. Be ready to learn from negative experiences, avoid negative connotations, consult the guide.
Blindly relying on others experiences	My seniors have completed their thesis a month before the deadline. The student might be overconfident/under confident and resultantly miscalculate. Be ready to learn as you proceed. Be ready for some hard work
Personality attributes	Persons with anankastic personality might need a longer duration of time to complete the thesis. Persons who are procrastinators start work late. Be ready to personally grow by shedding unproductive habits
Miscalculated deadline/Poor time management	I need to submit the thesis by Monday 9:00 am. I will complete by Sunday night. Suddenly on Sunday evening, there is a problem with the student's laptop.

Steps for timely completion of the thesis:

1. Choose a feasible topic: All that begins well ends well! Selection of a feasible thesis topic is the first step towards the completion of this mammoth task. The topic must be selected after considering the financial and infrastructural limitations. Also, if it is an interdepartmental thesis, logistic issues need to be worked out. For example, imagine the plight of a student whose thesis is based on blood-based biomarkers - finds the lab to be locked or the refrigerator (to store samples) not working after collecting sample with difficulty! The **FINER** mnemonic (i.e. research question must be feasible, interesting, novel, ethical, and relevant) can aid the student in formulating research question.

2. Be clear with aims, objectives, methodology and statistical analysis: Understanding the background, aims, objectives of the study, and research methodology are essential for timely progress of the thesis. Without which, it is like searching for a needle in the haystack! It is advisable that the student attends a workshop on learning research methodology and statistical analysis before starting the thesis work so that he or she is primed for the better conduct of the thesis.

3. Make a timeline and set targets: Rome was not built in a day! Similarly, it is essential that the student works on the thesis consistently. Being a postgraduate trainee, one is expected to carry out clinical, academic responsibilities in addition to the thesis. Hence, it is essential that the student balances clinical and academic work with thesis work by planning time slots and preparing a time table in advance. It is also advisable to break the larger task into smaller targets for the easier accomplishment of the task. However, this also needs constant evaluation and introspection about the progress of work and making changes when necessary.

4. Discuss with guide timely: For timely completion of the thesis, constant supervision by the guide is necessary. Updating the guide regularly with thesis work and timely feedback which can be incorporated to improve the quality of work. It is essential to inform the guide about any barriers in carrying out a thesis which can be discussed and rectified in time.

5. Start writing on time: This is the last lap of the thesis race, which is extremely important! A student might become complacent by the time, data collection, and analysis has been done. Hence, it is necessary for the student to remain motivated to write the thesis regularly. For example, the student can make a time table making weekly targets by devoting appropriate time for various components of a thesis such as introduction, review of literature, methodology, results, and discussion. The student must also keep in mind to adopt the ethical practice of writing a thesis by avoiding plagiarism.

6. Most importantly, stay healthy and relax!: It is necessary for the student to be focussed yet relaxed throughout the postgraduate training period in the background of the hectic schedule. Hence, he or she needs to be healthy, physically as well as psychologically. Adequate physical and relaxation exercise, including yoga, meditation, balanced nutritional diet, sound sleep, strict no to any drug of abuse, can help the student in this regard.

7. How to make thesis relevant: A thesis might be viewed as an irrelevant exercise by some students. Besides, the mandatory requirement, the writing of thesis is a wonderful opportunity to develop various skills which are necessary for clinical practice.

These are the following ways in which the thesis is relevant to a postgraduate trainee:

a. Clinically relevant: The selection of a clinically relevant thesis topic is an essential step in bridging the gap between research and clinical practice. For example, assessing the endophenotypes of any psychiatric illness will aid in early detection of high-risk groups. Thereby, preventive and early intervention efforts can be undertaken. Another example is research carried out on predictors of response to psychotropic medication, can be utilized in determining the choice of medication in clinical practice. Hence, carefully choosing a relevant thesis topic can reduce the distance of "bench to bedside practice" as well as encourage the practice of evidence based medicine.

b. Exposure to research methodology and statistics exposure: The thesis usually provides an opportunity to have the first-hand experience in carrying out research as the research exposure is currently limited in the undergraduate curriculum. Sound knowledge of methodology and statistics is essential for critically reviewing literature as well as for planning future studies.

c. Publication: Thesis completion is actually "incomplete" if it is not published! It is crucial to disseminate the research findings to guide the clinicians as well as researchers. Publications in indexed journals are a prerequisite for senior resident or faculty positions at academic institutions. Few questions about the thesis and its publication are invariably asked in the job interviews. Hence, it is necessary not only to complete but also to publish a thesis on time.

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GRAND ROUNDS

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Grand rounds are methodology of medical education and inpatient care, consisting of presenting the medical problems and treatment of a particular patient to an audience consisting of doctors, residents, and medical students. It was first conceived by clinicians as a way for junior colleagues to learn clinical skills practically. This traditional facet of patient care is often not given enough importance. In the late 19th century, the Johns Hopkins Medical School, led by Sir William Osler, introduced bedside teaching as a new approach to clinical education.

A typical grand round means a 'chief consultant' moves from bed to bed in a hospital setting with junior colleagues, residents and trainees discussing cases, important findings, finalizing management plans and asking questions. The 'chief' is usually the most senior, experienced and esteemed member of the group. He takes the role of a chief facilitator. The signs and symptoms are keenly observed and discussed. The chief clinician shares his experiences related to individual cases with the juniors and students which is of immense value and unavailable in books to read.

Grand rounds in psychiatry usually takes a slightly different course, in that the entire treating team, consisting of the consultants of Psychiatry, Psychology and Psychiatric Social Work, along with their respective junior faculty, senior and junior residents as well as trainees sit together and discuss a given case at length, which is usually presented by the junior resident in charge. It generally happens on a weekly basis on a prefixed day of the week and continues as a tradition. Patients are called to the interview room and a detailed mental status examination is done in the presence of senior consultants, and details are clarified from the patient as well as caregivers. They are also involved in the discussion and form part of the decision-making process.

Once this is done, residents and trainees are asked questions and given feedback regarding their mistakes and suggestions as to what they can do to improve themselves. Grand rounds sometimes incorporate formal topic discussions too, where students are given certain assignments in the previous week, and are tested upon these topics after an oral presentation of the same. It would be helpful to have a separate notebook for the questions asked in rounds and to note down the feedback received. This could not only prove useful prior to exams but it would be good measure to supplement the textbook reading of the concepts with these questions.

Treatment & Teaching happens simultaneously. Dugdale coined the term *'Consultoscopy'* for this activity. The starting point of the discussion would be the patient's issues but can digress to far flung areas or even inter-disciplinary things. There will be on-lookers and lot of audience who will be interested to listen to the discussions. The resident has to present the case in front of a big audience who will go into minute details, ask for more details, clarify things, go into probabilities, ask questions and discuss management plans. Residents receive appreciations for good work but more often end up being scolded for their mistakes and lack of preparations during these rounds. As it happens in front of a crowd it is usually an anxiety provoking event.

Grand rounds in psychiatry provide students with a great opportunity to learn from direct observation of how senior faculty members interact with patients and caregivers and how certain discussions are tackled in a neutral and fruitful manner. Students also learn communication patterns among colleagues, and get a chance of learning professional etiquette through first hand observation. These are truly invaluable skills in the armoury of any psychiatrist, and if students prepare better for rounds, the quality of discussions and therefore the amount of information gained in each grand round improves manifold.

Relevance of "GRAND ROUNDS":

(I) Opportunity for the learner to learn.

(ii) Opportunity for the student to learn how to present his case in clinical examination and how to answer questions in viva-voce.

(iii) Opportunity to observe the consultant's nuances of communication with patient and caregivers. To appreciate the common concerns that they could have and structuring appropriate responses to queries.

(iv) Assurance and confidence to the patient (who is the subject of discussion) that the entire team is jointly seeking his welfare.

(v) As nobody can read everything and face all types of clinical situations, joint clinical discussions is an opportunity to widen one's clinical wisdom.

(vi) More importantly, it contributes to a 'team-spirit'

Great teachers used to make grand rounds really grand! The interesting discussions, anecdotes, clear messages, mixed with their experience, humour, and practical demonstrations are remembered by the students for their lifetime. Popularity of a teacher used to depend on the number of students following the grand rounds. Notes are taken down by students and passed on to a generation of students as they are 'pearls of wisdom'.

We should revitalize this once important approach for teaching and promoting professional development in medicine.

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PREPARING FOR EXAMINATIONS

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Exams in general are associated with an unsettling feeling, pressure of performance and anxiety. In the medical profession, the stress is further enhanced by long duty hours, night duties, high work pressure. Preparation for examination demands a distinctive approach in medical profession according to the specialty chosen and workstyle of the chosen course.

A Specialty like psychiatry demands special attention because of many reasons; the quality of training and method of examination are not uniform across the country, many centers are unable to meet the recommended standards of training as per Medical Council of India and students are not exposed to various areas in their postgraduate training periods like child and adolescent psychiatry, geriatric psychiatry, rTMS/DBS, consultation liaison psychiatry, rehabilitation psychiatry, women mental health, forensic psychiatry and psychotherapy. Non-uniform training directly affects the strategy to deal with examination, and students should assess the weaker areas of training in their institute and deal accordingly. In addition, every student is not the same, one should evaluate his or her weaknesses and work on them.

Know what is expected: The most vital part of the preparation is to know what you need to prepare and to understand the curriculum. In India, we have MD, Diploma in National Board psychiatry (DNB) and Diploma in Psychiatry (DPM) as postgraduate courses with different curriculum. The MD course is of three years duration with four theory papers with clinical or practical evaluation in the last year as per Medical Council of India. Student should consult his or her mentor to know trends, previous years questions and other important areas.

Plan your preparation: Apart from the training module of the institute, students should have a three-year plan (Table 1). Ideally the institute should have a curriculum declared and planned it in to the semester system. If this is not the case then student himself can break the whole curriculum in to several parts and set target in six months duration (Table1). It is advisable to concentrate on psychopathology, phenomenology and diagnostic guidelines during the first six months of the training. Student should hone their skill of history taking and mental status examination within six months of starting the course. It is advisable to decide your thesis topic in the first six months. Usually students undergo a rotatory posting in various areas, the purpose is to familiarize trainee to all required areas. It is recommended to utilize your postings to hone the skills and acquire knowledge as much as possible during the posting in that particular area.

Table 1. A sample plan for postgraduates can be modified as per need

First semester	History taking & mental state examination
	Psychopathology and symptomology
	Diagnostic Guidelines: ICD 10, DSM 5
	General Psychology: schools of psychology, perception, attention, learning, thinking, memory, emotion, intelligence, personality
Second semester	Clinical Psychiatry ll – schizophrenia, affective disorders
	Clinical Psychology: Intelligence test, memory and cognitive functions, Personality assessment, projective tests
	Basis Principle of Psychotherapy
Third semester	Clinical Psychiatry lll – anxiety disorders, OCD
	Research methodology: basics of statistics
	Social Psychiatry
Forth semester	Clinical Psychiatry IV – Consultation liaison psychiatry and psychosomatic disorder
	Neuroanatomy and Neurophysiology
	Psychopharmacology and Biochemistry
Fifth semester	Clinical Psychiatry V- substance use disorders, psychosocial therapies, sleep disorder, sexual dysfunctions
	Child Psychiatry
	Community Psychiatry and Epidemiology
Sixth semester	Clinical Psychiatry Vl – Electroconvulsive therapy, new advances
	Forensic Psychiatry
	Geriatric Psychiatry

The new Competency Based Curriculum (CBM) in MBBS mentions about horizontal and vertical integration, which are apt & meaningful for postgraduate learning as well. Horizontal integration means that a student will integrate different learning objectives that is spread across and is expected to be completed in one academic year, i.e., the student would integrate multiple topics and learn wherever possible at any given time rather than waiting till year end. For example, if a first year PG is expected to learn history taking and mental status examination (1-3 Months), summary & formulation (4-8 Months), assessment and management (9-12 Months), through horizontal integration,

the student would also be able to enumerate the basic principles of management by 4-5 months. Vertical integration signifies learning topics of 2nd and 3rd year of postgraduation in the 1st year itself, instead of waiting for the next phase to begin. For instance, a first year PG would not only learn Fish Psychopathology of emotion, and ICD criteria for depression, but would also touch upon etiology, course and outcome, pharmacological and non pharmacological management when he/she works up a case of depression. Such horizontal & vertical integration is expected to provide students with comprehensive learning right from beginning and sharpen the skills by end of the final year.

Students are recommended to start preparation of academic activities well before time, to prevent from getting overworked and also improve your quality of presentations. Preparation of a seminar should start at least two months before schedule. Similarly Journal club preparation should start two months before. It is recommended to avoid unnecessary leaves during your postgraduation and plan your leave in such a way that you do not lose much teaching classes and academic activities.

Mindset: It is very crucial to maintain a study oriented mindset throughout the training period. To maintain consistency one can try different methods of studying like discussion with friends, writing a note or use electronic gussets. One can keep soft copies of presentation and other audiovisual reading material in mobile, tablets and laptops - accessing information would be handy. Indiscriminate use of social media, smartphone and internet could be harming and counter-productive. One must turnoff of the email,

Keep away negative emotion: Medical students are vulnerable for stress and depression which have deleterious consequences. Students must seek professional help if they feel so. One can do several things at the individual level to combat stress and burnout (text box).

Revision and visualize taking test: Reading without revisions go waste, one must make notes which are available for easy reading during exams. For fast revisions, one must learn to make pictorial graphics and algorithms which are easy to revise and remember, and using these in written examinations will fetch more marks . One can also use audiovisual devices wisely. Visualization of taking test motivates and will reduce performance anxiety. Finally, it is preferred to be updated with the latest findings and to answer accordingly, and therefore a quick look at recent articles and incorporating them in your answers would gain you brownie points in the examinations.

Individual strategy to prevent stress and burnout

Attitude and perspective: maintaining interest, developing self-awareness and accepting personal limitations.

Building up resilience: enhance ability to bounce back from stress.

Balance and prioritization

Prefinal exams are usually based on the final examination format, and are usually held a few months before the actual ones. They aid in sensitizing the student to the kind of questions which may be expected, and also about the kind of answers which evaluators expect. It helps the student to prepare in a focused manner in the time preceding the exam, thereby increasing the efficiency of preparation. It also assists in developing time assessment, and helps students time themselves while answering, which provides a major advantage when there are multiple essay questions, which is often the case in a psychiatry MD theory paper. It also helps to reduce students' apprehension about facing the exams. Doing this on an annual basis will assist in building up examination-oriented learning alongside clinical based learning.

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THE IMPORTANCE OF MEDICINE IN PSYCHIATRY

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Psychiatry is a branch of Medicine that deals with origin, diagnosis, prevention, and treatment of mental disorders. Psychiatry is one of the disciplines in medical sciences dealing with those conditions whose causal and remedial factors involve the interface between the organic and the psycho-social. Broadly classified into a Psychodynamic Psychiatry and Biological Psychiatry, this field has overtime distinguished itself as an independent study with an increasing number of young medical trainees opting for it. Psychiatry has also experienced the emergence of multiple sub-specialities within it like Deaddiction Medicine, Child Psychiatry, Consultation Liaison Psychiatry, Geriatric Psychiatry and so forth. With such ramification of the field it becomes even more relevant that trainees even in sub-specialities stay grounded to their parent branch. A holistic knowledge imparts a trainee an ability to practice his/her speciality efficiently as well as interpolate it against a background of General medicine.

Psychiatric and physical illnesses are inextricably interlinked and a poor health status in either domain increases the risk of illness. It is worthwhile to note that physical disorders are present in atleast 50% of psychiatric patients and these are often under recognized and sub optimally treated. The reasons can range from inadequate medical skills to the blindsided perspective of an expert that may wrongly lead to premature diagnostic closure.

The unusually high concordance between medical and psychiatric illnesses can be influenced by several factors which include:

A Physical ailments occurring as consequences of Mental illness:

- Eg: Nutritional deficiencies in patients with chronic mental illness.
- Blood borne infections in subjects with intravenous drug use.
- Hepatobiliary complications with alcohol use etc.

B Side effects arising due to Psychotropics:

- Extrapyramidal symptoms seen with antipsychotic use.
- Metabolic syndrome that can appear with use of Second Generatior Antipsychotics.
- Endocrine abnormalities like hyperprolactinemia, hypothyroidism etc.
- Arrhythmias and ECG abnormalities.
- Drug eruptions and blood dyscrasias that can occur with anticonvulsants etc.

C Acute medical and surgical emergencies arising in psychiatric patients:

- Acute laryngeal dystonia that can occur as a part of drug induced EPS.
- Seizures precipitated by clozapine use.
- Ventricular tachycardia leading to cardiac arrest.
- Delirium tremens etc.

D High incidence of comorbidities

- Patients with bipolar disorder often are found comorbid for Migraine and Complex partial seizures.
- High incidence of HIV in Bipolar disorder.

E Organicity presenting as psychiatric symptoms:

- Hypothyroidism mimicking clinical depression.
  Parkinson's disease presenting with subtle behavioural and mood changes.
- Behavioural changes noted in autoimmune and infectious encephalitis etc.

Hence it becomes necessary for psychiatrists to maintain their confidence in contemporary medical knowledge and skills for a better patient care.

Certain skills that are required for a psychiatry trainee to develop include:

Eliciting medical history and a thorough clinical examination: Eg. Neurocutaneous markers can be missed out easily if clinical exam is inadequately performed, signs of Liver failure are to be looked for in every patient with alcohol use.

Knowledge of relevant investigations: These may be indicated primarily to establish a biochemical and haematological baseline prior to initiation of psychotropics, and may be tailor made depending on the need. For eg: To rule out organic causation, assessing comorbidities, monitoring for side effects, assessment for blood drug levels in Lithium, Carbamazepine, Valproate, Clozapine.

Basic training in Neuroradiology and Electrophysiology: A trainee should be able to read a normal radio imaging film and also to pick up common neuropathology findings like infarcts and bleeds, cortical atrophy, ventricular dilatation, aberrations in basal ganglia, space occupying lesions etc. A basic understanding of the EEG is also essential in differentiating normal from abnormal recordings and identification of seizure activity and discriminate artefacts.

Training that focuses on identification of medical/surgical comorbidities and complications: This becomes extremely important in the geriatric population and patients with chronic mental illnesses. The commonest medical comorbidities include Diabetes Mellitus, Hypertension and dyslipidemia. A concurrent medical management is required in a majority of psychiatry patients.

Need for management of common medical ailments and medical emergencies: Cardiopulmonary resuscitation is a vital skill for every medical trainee. Psychiatrists need to be adept with management of status epilepticus, Neuroleptic malignant syndrome, serotonin syndrome, catatonia and medical emergencies like cardiac arrest and airway obstruction etc. A psychiatry resident is expected to initiate basic management and make the appropriate referrals or shift to the emergency department depending on the need.

A high index of suspicion for Organicity: An organic disorder can very closely resemble a psychiatric disorder and a keen clinical acumen is needed to separate them. A patient with an established panic disorder can present with an acute coronary syndrome which may be misregarded as a panic attack. Similarly true seizures can also coexist with dissociative seizures.

Need for prompt consultation with other specialities: Not every medical/neurological presentation can be managed by the psychiatry resident and here arises the need to make prompt referrals to other departments with clear communication and follow up.

Pattern matching skills: One of the ways to differentiate between an acute pulmonary embolism, a myocardial infarction, and a panic attack is to see every possible variation of each of them. This visualization, observation and recognition of patterns will make your chance of making the correct diagnosis much greater than a person who has read about it in a book.

To summarise...

Psychiatry training should not lead to a tunnelling of vision at the expense of patient care and both medical and psychiatry departments should work in liaison for holistic patient care. A psychiatry training that empowers a trainee to form an effective and comprehensive management plan for patient addressing the physical comorbidities is the need of the hour.

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DOING RESEARCH AND PUBLISHING

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The truly extraordinary thing about research lies in the thrill of discovery, and the sense of achievement experienced after reading the final edit of the manuscript. The Indian Medical Education Curriculum, however, had been giving minimal importance to research work, and most of the work which was conducted still remains unpublished. Nevertheless, there has been a paradigm shift in the attitude towards research, as more institutions are making it a mandatory part of the curriculum and much importance is being given to research experience in recruitment of candidates for academic positions. A larger amount of financial support is also being provided to deserving applicants, and it is ideal for postgraduate students to begin their research careers now, when the environment is increasingly becoming more conducive.

Research is not necessarily a 'primary activity'. It is an advanced stage of a more primary or fundamental human nature, namely curiosity and enquiry. In the bargain, man acquires knowledge, which ideally, he invests back into his life to make it useful to humanity. Thus, a research activity in PGs is meant to re-kindle a spirit of curiosity and enquiry.

The importance and advantages of research:

- *Promotes research literacy and helps in learning the following aspects of research:*
    - Research methodology
    - Ability to search medical literature
    - Ability to synthesise information from raw data
    - Appraising published research
    - Computer skills like databases and spreadsheets
    - Understanding statistics
    - Future participation as research collaborators

- *Gains in clinical aspects:*
    - Understanding illness at a more complex level
    - Formulating patient oriented research questions
    - Developing area of special expertise
    - Keeping yourself abreast of recent developments

- *Personal and interpersonal skills:*
    - Writing and presentation skills
    - Time management
    - Gaining confidence in working independently
    - Working as part of a team
    - Sharing of knowledge and spreading good practice

- *Career prospects:*
    - Improving your Curriculum vitae
    - Increasing job prospects
    - Academic recognition by colleagues and institution

- The excitements of discovery, and the feeling that you came up with something which may, at some point of time, translate to actual clinical application, and therefore betterment of patients.

- Research could also nurture the mentor-mentee relationship, which provides invaluable professional support and sometimes psychological and emotional guidance during your training years.

Table 1: Common barriers to PG research and possible solutions

Barriers	How do we address these issues?
Time constraints:	▪ It is possible to work around it, by maybe allocating one evening in a week for research activities. ▪ Not all kinds of research are time intensive. Systematic reviews, meta-analysis, narrative reviews, case reports and series, are some of them which can be completed in a short while, as there is no hassle of extensive data collection. Most of these involve synthesising information from previously conducted studies. ▪ Instead of looking at research as something you would have to do over and above clinical work, it would help to conceptualise it as a respite from clinical work and an opportunity to flex other regions of the brain, and thus result in a welcome change of pace.
Mentorship and faculty support: You do not really know how to approach faculty, or even decide who to go to for guidance	▪ Approach the senior resident, and find out about areas of interest of different faculty and then approach who best matches your interests.
Poor knowledge and skill in research process: This is due to the minimal exposure you would have had as an undergraduate. ***No particular protocol or organised research module in the postgraduate curriculum:*** Makes it difficult to streamline the process, and may make you feel as if you're thrown in the deep end of the pool without being taught how to swim.	▪ Discuss with senior residents, enquire how they went about conducting their studies, what procedures were used, such as protocol preparation, feasibility of data collection, Institutional Review Board (IRB) approval, and how long each process took. Most faculty and mentors are happy to help streamline your work, and are usually receptive to new information and suggestions from students.
Research funding: Opportunities are not many, and are also not well known or advertised.	▪ Most institutions have funds earmarked for the purpose of research, and approaching seniors would help find out about institutional and other funding, grants and scholarship provisions. You can also directly approach or mail the IRB or IEC for the same.
Personal interest in research: You might not have any interest in research whatsoever, and would ask "What if I do not want to do research?".	▪ For students who are not interested in core research, there are always other options, scholarly work, such as writing review articles, book chapters, viewpoints and case reports. These can be taken up once the mandatory original research is conducted.

Table 2: Different phases and steps involved in conducting a research project

No.	Phases and steps	Comments
I	**Preparatory phase**	
1	Selecting a topic	Draw from own questions in your clinical experience. Discuss with peers and seniors
2	Formulating a question	Form a question, define population, intervention and outcome
3	Finding a mentor	Discuss research, professional and personal interests
4	Creating protocol and study design	Consult with experts in that field, and look for existing databases, think through every step of the study, anticipate problems and prepare alternatives. Meet statistician and determine statistical tools which would be needed.
5	Approval from IRB	Make sure it meets all institutional and ethical requirements before submission
II	**Investigatory phase**	
1	Creating a database	Create information documents, and master chart for data entry
2	Data collection	Collect accurate data, without fudging information
3	Data storage and management	Keep log of problems encountered and solutions devised. Perform periodic quality checks of collected data.
III	**Synthetic phase**	
1	Statistical analysis	Find out how to use the software and brainstorm with statistician about how the data can be analysed.
2	Critical evaluation of results	Understand your results. Compare with existing database and discuss why there are similar or contradictory results.
3	Presentation and publication	Present the paper in conferences. Submit the manuscript for publication.
4	Reflection	Reflect on how you could have done things better or more efficiently.

(Modified and adapted from Hamann, et al, 2006)

Remember as a postgraduate

- Conceptualize research ideas in close association with your own clinical experiences. It is perfectly alright even if your idea is a critical perspective and conflicting existing literature

- Don't bite off more than what you can chew-Don't take on too much at the same time. Ensure your primary thesis is not affected due to other project(s). Quality should not be compromised for quantity.

Tips for publishing:

Why do we write a research paper? To disseminate our knowledge to others and of course, to see our name in publication. When you submit your manuscript to a journal, the goal is to convince the editor that your paper has a lot to offer, and not publishing, or publishing it in another journal would lead to a significant loss of impact to the journal and a loss of the privilege of reading this paper to the readers. To successfully do this, the manuscript should meet certain standards:

- Learn to be precise, concise and logical in your writing. Focus on 'need to know' information more than 'nice to know'
- Ensure that all parts of the manuscript are linked in some way to the aims and findings.
- Ensure that you do not have any made up or fudged data. (exposure may lead to discredit of reputation and even permanent curtailment of career).
- Ensure comprehension. Is the paper understandable? A good litmus test would be to give it to a non-specialist in the subject and check if they understood the concepts.
- Avoid common errors such as poor grammar and punctuation, mixed tenses, not spelling out abbreviations, and incorrect table/figure labelling and referencing.

Do not get disheartened if the paper is rejected. It's an opportunity to improve the quality of the paper by assessing the reasons for rejection and rectifying the mistakes. Reviewers' comments are often the most valuable in this regard. Perseverance is imperative, revise, re-revise and submit again. Rejection is an essential learning experience.

Have you had a question you could not find a satisfactory answer to, even though you asked most of your seniors and teachers? Have you spent hours poring over textbooks and journal articles trying to find the solution? Maybe you could attempt answering the question yourself, through your own research project. Yes, research can be difficult, but finding real world answers and solutions which could have a clinical impact makes it that much worth it.

Even a failed research project can be an enlightening experience. It is important not to lose sight of the fact that the research, even if only a small project, could also benefit patients by leading to improvements in knowledge about a condition and its treatments. Particularly in an age of evidence-based practice, even the most committed clinician would have to accept that it is research that provides the theoretical base for logical clinical practice. Your research is your contribution to scientific literature, your unique signature in scientific legacy. It will outlast you; and you never really know how many people in the subsequent generations are going to benefit from your work

Recommended Reading

Research methods in Psychiatry, **Edited by Chris Freeman and Peter Tyrer.**

MENTAL HEALTH CARE IS A TEAM EFFORT

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Psychiatry is not among the most technological of medical specialties, yet changes in the techniques have expanded the knowledge and enhanced the diagnostic and therapeutic abilities of its practitioners. Modern Psychiatric diagnosis begins with Philippe Pinel in Paris who in his textbook in 1809 enumerated four Psychiatric diseases- mania, melancholia, dementia and idiotism (Intellectual Disability), what he meant by these has translated into a number of modern illnesses and newer forms of classification and novel treatment strategies. Unlike other branches of medicine, treatment of psychiatric patients requires a multidisciplinary approach.

In a consultation liaison scenario - Not all the patients who come to the psychiatrist have a psychiatric illness, and a minority of them may have a diagnosable neurological or a general medical condition. Hence it is the role of the psychiatrist to promptly identify, diagnose, treat these conditions by himself or by liaising with other specialties (e.g.- Neurology, Physician etc.). A psychiatrist is also called upon in various medical settings in order to treat some of the Common Mental disorders in the medical setup, in emergency settings to diagnose and treat delirium (e.g.- Delirium Tremens). Patients with terminal illness have high incidence and prevalence of Psychiatric morbidity and Psychiatrists are often part of the team who deliver palliative and end of life care. See as many patients as you can see in a number of training settings and talk to as many colleagues as possible from different departments. You may have seen a rare presentation of a particular disease during your training, which would allow you to pick it up when you see something similar during your independent practice.

In the emergency department - Psychiatrists often come across various clinical scenarios like examining a patient with sexual abuse or treating a homeless mentally ill person in an emergency setting. It is often in these situations, a psychiatrist may be the leader of the treating team or maybe a part of the treating team which may include Psychiatric Social worker, Physician, Obstetrician, Forensic Expert and law agencies. When working in a team it is most important to acknowledge and respect others views, values and ideas. Psychiatrist should understand the role of each individual in the team, range of skills of all other colleagues and promote practicing effective team work. It is beneficial to practice sound verbal and written communication whenever necessary and to promote interprofessional learning in the work settings.

Rehabilitation services - While treating patients with severe mental illness, during the period of recovery they require more of rehabilitation inputs than acute medical management. The rehabilitation team consists of Psychiatrist, Psychiatric Social worker, Psychologists, occupational therapists and psychiatric nurses. Inputs from each person of the team along with a holistic approach covering all aspects of patient's life with the focus on delivering recovery-oriented services is more beneficial than just prescribing medications.

Being a team player in routine patient care - On both the inpatient and outpatient side you can delude yourself into thinking that you are functioning independently and that you and your patients are in a separate parallel universe. It is not just the patient and you who are involved in the therapeutic relationship. In a developing country like India where the Mental health professionals (MHPs) to patient ratio is less than other countries, MHPs often depend on the families. There is a high need that family members need to be involved in the provision of care. This process not only protects the patient's rights but also gets the family members involved in active treatment processes such as psychoeducation, supervised medication, family therapy, to be co-therapist, and also in rehabilitation process. All these make a huge difference in continuity and outcome of the treatment. Families provide majority of care, and also help in monitoring and managing the illness, maintaining the home, encouraging, socializing, locating services and hence play a major role in the treatment of a person with mental illness.

On the inpatient side, the relationships with nursing staff are critical. The worst possible scenario is a resident who develops a combative relationship with nurses and views them as creating extra work for her or him. An important component of any psychiatrists' role on the inpatient side is to make sure that no splitting occurs and that highly problematic dynamics involving staff and patients are avoided.

Working with Mental Health NGOs - Mental Health NGOs are distributed throughout the country, although there are a greater number in urban areas, and in states where there are relatively lesser pressing problems posed by poverty and communicable diseases

(for example, southern states). Role of such NGOs, media and the general population cannot be ignored in identification and prevention of mental illness. Examples of such NGOs are the Alzheimer and Related Disorders Society of India (ARDSI), which was started in Cochin, and has now spread to more than a dozen centres in India. Similarly, the Richmond Fellowship Society has three centres. The concept of child mental health has broadened from its earlier focus on mental retardation to include the far commoner mental health problems seen in children, such as autism, hyperactivity and conduct disorders. MHNGOs such as Sangath Society (Goa) and Umeed and the Research Society (Mumbai) provide outpatient and school-based services for such problems.

Working in unison with the media - The role of media in promotion and prevention of mental illness cannot be neglected, also education of the general population about mental illness and alleviating the stigma and helping persons with mental illness in reclaiming their position in the society and leading a better quality of life. Despite the existing mental health policies in India, there is a high treatment gap and there is an urgent need for a Mental Health program that can be implemented in practice and can cater to the health needs at all levels of prevention (primary, secondary, and tertiary) while also protecting the rights of the family, professionals, and end user.

Take home message

Team dynamics can make or break your day

- Even the hardest days of residency is made easier by supportive colleagues who can laugh and cry together. However, sometimes you will have teams that just do not gel. Do what you can to be pro-social: pitch in, adapt and support each other.
- While most obvious are the co-residents and interns, ancillary staff from social workers to nursing staff can colour how any given day will go. Never underestimate the importance of establishing and maintaining these relationships. These folks will go out of their way to help you – or won't.

FACING THE FINAL EXAMINATION : WHAT THE EXAMINER EXPECTS

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The final exam is actually a strategic game plan. If approached diligently and methodically, there is little scope for much problem. We can divide the approach into theory and practical exams.

THEORY:

Keeping the above in mind the first step is the theory examination. This is usually divided into 3 or 4 papers (depending on diploma or degree courses) –covering basic neuroscience and psychology, psychiatry and recent advances. Some universities continue to have an essay question in paper 4.

As an examiner for a postgraduate course, the following are the points that an examiner keeps in mind:

1. **Be specific and relevant to the question asked.**

   For eg. Describe the management for a 35 year old woman, diagnosed as a case of depression, who has 12 weeks amenorrhea and wants to continue to term. What advice on breastfeeding will you give the mother?

   In the above case, there is absolutely no need to ramble about anti-depressants in general, the choice and algorithm for management of depression in general etc. etc. One needs to focus and highlight on depression in pregnancy and lactation.

2. **Approach the topic in depth**

   For eg. Neuro-modulation techniques in psychiatry - A simple enlisting and merely one line on the above cannot suffice. As a postgraduate, you are expected to furnish information on at least the level of clinical significance which will aid in patient care. Technicalities of techniques are also required, but the emphasis will be on clinical applicability and risks.

3 **Whenever there is a choice, a slightly unusual question is given more weightage**

For eg. Answer any one - (a) CBT for OCD OR (b) Metacognitive therapy.
Very few people may opt to answer (b) instead of (a). However, candidates who know answer (b) well and answer it, may have chances of scoring higher, by virtue of attempting an unusual answer and attempting it well.

4 **Schedule your time**

It is very easy to get carried away in a postgraduate exam and answer everything in depth; as a result one often runs out of time and does not get time to answer all the questions. This can be a fatal error, and hence allotment of time depending on the weightage of the questions is a good idea. Examiners cannot allot marks when questions are not answered at all.

5 **Use diagrams and flowcharts wherever possible**

Representation of data and thoughts using flowcharts and diagrams always give a clearer picture of what you intend to express particularly in questions pertaining to management, stages, algorithms etc. For eg. RDoc criteria for diagnosis. An examiner will give more weightage to sensible albeit short content, than pages filled with unclear concepts.

6 **Be neat**

Completely illegible handwriting, too large, too small etc. are to be avoided. Any examiner who has to strain for the assessment, automatically gives lower scores.

7 **Do not conjecture**

It is better not to attempt an answer than to fill pages with just about anything. At a postgraduate level this is absolutely not acceptable. It sends an erroneous message and may affect the examiners overall outlook toward marking the paper.

8 **Write down points as sub-headings and bullets**

Presentation matters. Use it to optimize the output and score better.

9 **Try to stick to the questions sequentially. Leave space if unanswered.**

It is very annoying as an examiner to keep going back and forth for eg Ans 1(b), Ans 3(c), Ans 2(d), Ans 1(a), Ans 1(c), Ans 3(d), Ans 2(f) etc. etc. Preferably stick to the sequence leaving anticipated space if you don't know and come back to answer the same.

10 **Essay question**

For those who have an essay question, it is easier to write an index of what you intend to cover, and then approach the answer. Most examiners will assess your depth of knowledge based on your index and presentation of the same.

PRACTICALS:

This is where even the most robust of candidates turn around and have cold feet. It has been an experience and often surprise for most internal examiners, when their so called 'good' candidates, suddenly fumble in the exam - which is why as much as the exam assesses your aptitude, it also assesses your attitude, and developing the same in very important.

What I have presented below is the MSE of the examinee, from an examiners point of view:

Mental Status Examination of the Examinee

Attitude : Confident, humble, don't fib or ramble.

Appearance : Well groomed-formal clothes, apron, roll no. tag, nails well cut, clean shaven, hair well cut/tied back.

Behaviour : Modest, don't argue though defend your diagnosis and management.

Conscious : Most important rule in the exam. **Sleep well**. Falling asleep or yawning in front of the examiners makes a bad impression.

Co-operative : Be flexible. Sway to the tune of the examiner. Don't get fixed with your ideas.

Communicative : If you don't talk, you can't score!! Practice the art of presenting cases and post-OPD's from the 1st post itself. Ask questions. Seek answers.

Eye-to-eye contact : Maintain eye contact with your examiners. Don't avoid gaze of the examiner especially when you don't know a question. Say "I don't know" looking at him/her in the eye. It makes a better impression

Rapport : It is very important that you strike a chord with your examiners. You must not appear too anxious, nor over confident and cocky. Examiners want to pass a candidate who they are confident can go out in the world and tackle patients adequately - who is not too theoretical, nor too experimental.

Attention : Pay attention to what the examiners are saying. Often, due to our anxiety we don't hear their line of questioning. Also, keep your ears open for any tips/hints. Be quick to answer, don't go round and round, especially when asked to stop with one line of thought.

Mood:

Subjective : Be amiable, don't argue, and don't go on the wrong foot. Don't believe "S/he is a terrible examiner" If that's true, it's true for everyone. Some amount of anxiety is optimal, gives a better performance.

Objective : See the mood of the examiner, and change yours accordingly. Don't antagonize him/her unnecessarily.

Affect : Maintain a balanced affect throughout. Acute change of facial expression especially if there is an error, crying, too much emotion etc. all go against you.

Thought : It is imperative that along with your patience you are also continuous, coherent and relevant. Answer what is asked, and not what you know. Don't mumble. Be clear and precise. Avoid delusions of persecution. No examiner is out to fail only you. When examiners are laughing with each other, they have just cracked a joke!! They are not laughing at you. Don't become referential. Exams are a phase. Don't become obsessed with timetables/portions etc. Don't let competition become unhealthy so that you become homicidal/suicidal. Enjoy the process of learning. The gold medal is temporary. Your patients will be the ultimate test. IF they come back to you, you've been successful in the exam called LIFE.

Concepts : If you don't read, you can't pass. Examiners know those who have depth of reading. Your concepts both simple and complex have to be very very well grounded. READ, READ, READ. This should be a habit, daily, so it doesn't pile up in the end. This is tested across the cases, examination both physical and mental, and in depth in the viva.

Perceptions : Don't imagine things that do not exist. If you hear things that are not true, and see things that don't exist, the stress levels have reached detrimental levels, and you may need to seek help. Sleep well, use less caffeine as this may cause more harm in the long run.

Orientation : Due to the long preparatory leave, you may forget the date, day etc. make sure you have a support system and reminders for the day of the exam, centre etc. Also, you should be well versed and oriented to the news-at least the basics. Your examiners have studied 15-20 years before you; they will ask questions more pertinent to contemporary issues.

Memory : What helps in the exam finally is the LTP- long term memory. So from Day 1, start preparing good histories, discuss cases, management etc. Keep reading relevant literature on a case to case basis; discuss cases with your seniors and contemporaries. Practice talking about drugs, MRI's, CT's, EEG's etc. In your daily work organize things the way they would be for the exam. That way you don't have to make an effort at the last minute - there will be no "exam history and exam management" and "normal history and normal management". As a result, it becomes a routine habit.

Judgment : Use your judgment and review the last 5-10 years papers to see what the expected questions are this year. Further, also find out a bit about your examiners-their areas of research, what they've worked in etc. Read up those topics in addition to the general ones. It may give you an edge.

Intelligence : World over, we now know that success is related more to EQ than merely IQ. Equip yourself with knowledge (There is no shortcut to that. Hard work pays) and combine it with the right attitude, it gives a winning formula for success.

General Fund of Information : It is imperative that you know a bit of general medicine and of course neurology, for your exam. You can't isolate knowledge or compartmentalize it. Often, psychology as a chunk is ignored or kept till the end. This is mostly because we don't really understand psychology, or discuss it. In the viva, anything can be asked. Have regular discussions in this format at your place of learning. It really helps!

Insight : Have the insight to know when you've gone wrong-backtrack and correct yourself. Be aware that unnecessary arguments can be fatal. There's a fine line between defending your point of view and arguing. Learn that. Failure is the stepping stone to success. Learn from failure, don't succumb to it. Finally, the exam is just an interim phase; the real test lies in the outside world which is waiting for you to make your mark. If not this time, then after six months, you have to go out and seize that world! No big deal. No patient asks how many attempts you have had. Once you get in, you have to get out.

REMEMBER THAT APTITUDE AND ATTITUDE BOTH MATTER! GOOD LUCK!!

Recommended Reading

- **Guidelines for competency based postgraduate training programme for MD in Psychiatry-Medical Council of India accessed from https://old mciindia.org on 15th July 2019**
- **Sharma S. Postgraduate training in psychiatry in India. *Indian J Psychiatry*. 2010;52(Suppl 1):S89–S94. doi:10.4103/0019-5545.69219**

MENTORSHIP IN PSYCHIATRY

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Introduction

The word 'mentor' has its origin in the Greek Odyssey where Mentor was a friend of Odysseus. When Odysseus left for the Trojan War, he is said to have left Mentor in charge of his son Telemachus. Mentor's name has been adopted in various languages, including English as a term meaning someone who imparts wisdom to and shares knowledge with a less experienced colleague. A mentor has been variously defined as "a wise and trusted teacher or counselor", "an experienced and trusted adviser", "a person who gives a younger or less experienced person help and advice over a period of time". Mentorship has been defined as a process whereby 'an experienced, highly regarded, empathetic individual (the mentor) guides the protégée (mentee) in the re-examination of their ideas, learning, personal and professional development'.

Mentorship has been used in a variety of educational, workplace and social settings.

Why have a mentor?

Professional and personal growth and success are generally universal aspirations. This can be nurtured by someone who can advise, who can motivate and challenge you towards greater achievement, who is vested in your interest and a person you can turn to in difficult times. "If I have seen further than others, it is by standing on the shoulders of giants." These words of Isaac Newton possibly sum up what a mentor can do.

Who is a mentor?

The attributes of a mentor are summarized below

Attributes of a mentor

Is available and gives time to mentorship

Is invested in mentee's success

Has mentee's interest at heart

Supports, motivates, guides, challenges, advises and provides critical appraisal

Serves as a good role model

Shares life experiences that are motivational

What mentorship is not

Often, mentorship is confused with teaching or supervision, or even with coaching or counselling. A mentoring relationship is informal, less structured and more intimate than a formal teacher-student relationship. Mentoring is usually a one-to-one relationship. While supervision is more task-oriented, mentorship seeks to be more reflective on larger perspectives. Mentorship is also different from counselling, which may look at the dynamics of underlying conflicts and their resolution. An analogy can perhaps be drawn from the Sanskrit terminology of various kinds of teaching, from the Shikshak, Adhyapak, Upadhyay, Acharya and Guru.

Kinds of mentorship

As the concept of mentorship has evolved in various fields, the notion has expanded to different contexts. Mentorship could be *natural,* where one person, usually a senior, reaches out to another. It could be *trainee- led*, when the trainee approaches a potential mentor. It could be peer mentoring where individuals are at the same level, with one assuming a mentorship role. Peer mentors can be important to help entrant trainees to navigate their new professional environment, build a sense of community and develop support networks.

In more recent years, in diverse fields from sports and workplaces to educational settings more structured mentoring programmes have evolved that match mentors and mentees- this is a form of *formal mentoring*.

Relevance of Mentorship in psychiatry

As in many other fields of medicine, training requires a well-structured and supervised programme. Trainees in psychiatry have unique challenges – patients are likely to be complex. In addition to knowledge, skill and understanding, emotional robustness is also an important attribute in dealing with challenging patients. Greater stress, more isolation and perhaps a mis-placed belief on exclusive self-reliance are serious challenges for a new resident. Having someone to turn to, not just for career development, but also to enhance problem-solving skills, develop professional attitudes, responsibility and integrity and to develop a good work-life balance are all very critical parts of the formative training.

Mentoring programmes in psychiatry

Several institutions in the USA, as well as the UK, Australia and Canada run formal mentorship programmes. The American Psychiatric Association offers formal mentorship experience. Many psychiatric training programmes offer residents a faculty 'point person' to whom they can turn to for advice and support throughout their training. These mentorship programmes are designed as active and dynamic processes that require the mentee to engage and invest time and energy. While the initial mentor is 'identified', it is anticipated that subsequently, residents may develop new mentorship relationships as their career progresses and aspirations and directions change.

Some of these mentorship review programmes are evaluated on a regular basis by both mentors and mentees.

What attracts mentors to mentoring?

Many professionals, particularly those who have many years of experience, like to provide the encouragement and direction to trainees in the beginning of their career. Effective mentors continue to reach out, provide encouragement, take pride in the mentee's accomplishments and continue to provide support in times of need.

Challenges to mentoring

In many settings, lack of professionals with mentoring skills, bad experiences with mentors, lack of time on the part of the mentee and mentor can pose challenges to mentoring relationships. Technology has, however made it possible and much easier for continued communication, even when regular face to face contact may be difficult.

Is mentorship relevant only for trainees?

Not really! Mentors are important, not just at the beginning of one's career, but throughout it. Mentors can also be very useful in advising for professional growth and making choices; creating work-life balance; at the time of entry into a consultant's position; at the time of discharging onerous responsibilities in senior positions; perhaps even in getting post-retirement advice from a mentor who has been through that phase as well !!

Mentorship without boundaries

Writing about mentors cannot be complete without the mention of some exemplary mentors who have made mentorship of young psychiatrists around the world a passion and a mission. Professor Norman Sartorius, along with Professor Mohan Isaac have been involved in training young mental health professionals all over the world and exemplifies the ideal mentor of young mental health professionals.

Take Home Messages

A mentor is an individual who provides professional and personal guidance to a mentee and can be invaluable both at the beginning of one's professional life and throughout it.

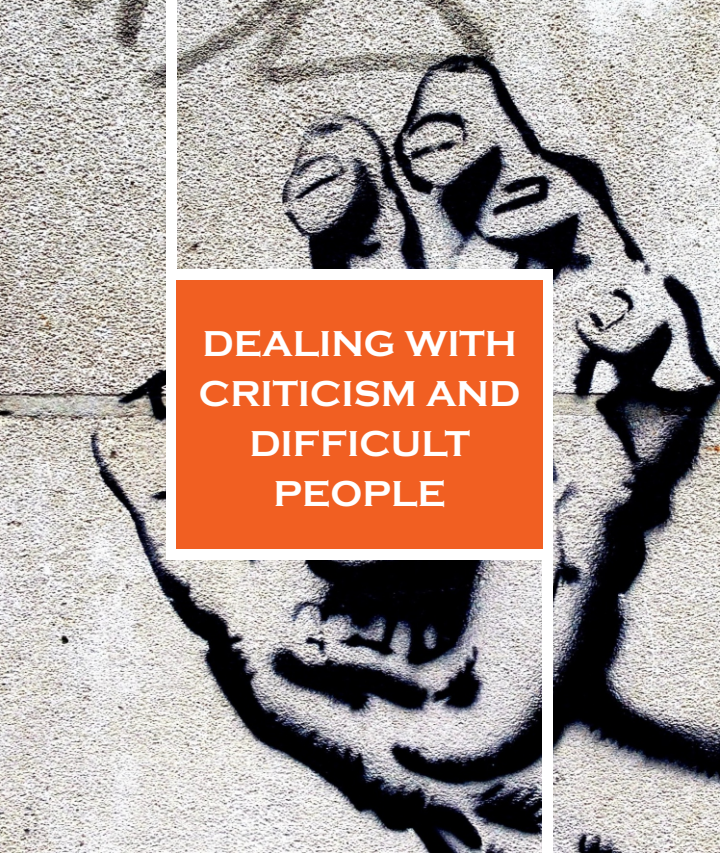
Mentorship can happen through formal programmes, or natural selection which may be mentor or mentee-led. The special challenges in psychiatry makes mentorship particularly useful.

Recommended Reading

- **Byyny RL. Mentoring and coaching in medicine. Editorial. The Pharos/Winter 2012. http://alphaomegaalpha.org/pharos/PDFs/2012-1-Editorial%20.pdf**

- **Hameed Y, De Waal H, Bosier E, Miller J, Still J, Collins D, Bennet T, Haroulis C, Hamelijnck J & Gill, N 2017. 'Using mentoring to improve the foundation placement in psychiatry: review of literature and a practical example' *British Journal of Medical Practitioners*, vol. 9, no. 4, pp. a932.**

- **Lau C, Ford J, Van Lieshout RJ, Saperson K, McConnell M, McCabe R. Enhancing mentorship in psychiatry and health sciences: a study investigating needs and preferences in the development of a mentoring program. Multidisciplinary Scientific Journal. www.mdpi.com/journal/jjournal J 2018, 1, 8–18; doi:10.3390/j1010003**



DEALING WITH CRITICISM AND DIFFICULT PEOPLE

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While working in a team, it is quite common to receive feedback or criticism from the client, colleague or the superior. Although the word 'criticism' invariably carries a negative notion to be a judgmental or a fault-finding act, it can be divided into two major types - Constructive criticism & harmful criticism. Constructive criticism - as the name suggests, is designed not only to point out one's mistakes, but also to show where and how improvements are possible. Constructive criticism can be viewed as a useful feedback that can help one introspect and improve self rather than feel insulted or humiliated. On the other hand, harmful criticism may result in reducing self-esteem, cause anxiety, depression and/or lowered work efficiency. A constant negative feedback can disengage person from the work motivation.

One should try to receive the criticism tactfully so that it doesn't damage the self-esteem. Following strategies **(LAUGH)** can help to deal with criticism:

- ***L****isten :* Be available to receive criticisms. Different people can have different attitude towards you. Respect the observations others have made about you. Try to remain calm while receiving criticisms and refrain from counter-criticism as it may result in anger and resentment. Take time-out from the situation if the criticism becomes extremely negative, personally attacking or distracted from the focus.

- ***A****ssume good intention :* Most of the time, a feedback or criticism has some fact in it. Even if it doesn't sound right to you, try not to be judgmental and think about it later in a neutral manner.

- ***U**nderstand that you are a fallible human being and can commit mistakes.* Do not let criticism influence your self-esteem and confidence. Introspection is an important key to improve. Try to get multiple perspectives for your behaviour which can help you to understand yourself better in a non-threatening manner.

- *Criticism as a **G**ift :* Remember, criticisms can be a gift to yourself. A timely, well-received criticism can make your life. Criticisms can provide opportunity to change after all.

- ***H**elp yourself :* Identify triggers of you landing up in trouble. If its related to your short-comings like punctuality, lack of skills, inability to express, poor coordinating abilities, or poor follow-up, try to improve with insights received. Refrain from becoming defensive or excusing yourself with reasons. At the same time don't be too hard on yourself. Improve self-talks. Statements like *'I'm a failure', 'its my fault only. Others are too good unlike me', 'I'm insulted in front of everyone... that's it…can't take it anymore'* can result in arbitrary, faulty evaluation of self and can lead to extreme behaviour like isolation, avoidance or self-harm.

A healthy, comfortable team relationship and coordinated efforts are the keys to success:-

Specific to the hospital setup, there are certain other situations which you would come across on a daily basis, such as being shouted at by seniors, consultants who have their own preferences of presentation styles and so on. Instead of taking it personally, correct yourself and take it as a chance to step up your game. If you have made a mistake, own up to it and rectify it immediately. This lets your superiors know that you are genuinely concerned about your patients and are learning from your mistakes. A particular criticism may not come across as constructive, and it depends on you to find out how you can benefit from it and pick out learning points so that you make it constructive to yourself.

Most of us want people to like us, and prefer not to get into conflicting situations. As a resident, you are constantly trying to meet the needs and expectations of a whole cast of characters – consultants, senior residents, nurses, medical students, patients, caregivers, even your co-residents and juniors. At times, what they want you to do will be diametrically opposed to each other. Difficult interpersonal situations and conflicts can arise in almost any circumstance.

Handling difficult people at the workplace is a challenging task and may result in workplace tension, harassments or absenteeism. Being part of a team takes effort, where you need to be part of the team and sometimes may also have to take the lead. You may need to help your peers focus, and when not possible, function past them and focus on your own goal despite setbacks. Confrontations are frequent and you need to learn to communicate effectively to resolve conflicts.

Building up mature defence mechanisms such as suppression, anticipation, humour, altruism or sublimation is necessary to practice and apply effective coping strategies. For example, someone who anticipates a difficult situation would be better able to cope with it by making a plan to solve the impending problem beforehand. Humour can also be an effective way to reduce tensions when used appropriately.

In interactions with seniors, it is important to maintain a deferential attitude and put across your views without seeming to impinge upon theirs. It is also important to know when to back off and not become argumentative. While dealing with colleagues and juniors, always communicate your ideas without being condescending, and consciously stay away from accusatory tones. The thumb rule here is to talk to them they way you would want others to talk to you. With patients and caregivers, it is always best to be respectful and address their needs adequately. If in spite of doing things right, you are still found fault with, it is better to ensure your own safety, both professional and physical. Always ensure detailed documentation, keep your superiors informed and seek help when needed to handle such situations. When it comes to issues such as ragging or sexual abuse, do not hesitate to speak to someone you trust and escalate the matter to concerned authorities such as the anti-ragging committee of your institution.

To conclude consider the following truisms:

"All learning is trial and error learning" and "To err is human"
"Truth hurts but does not harm. It is a gift",
"Whatever happens, learn something useful from it",
"Irrespective of the nature of criticism, positive or negative, learn to bear it and develop resilience "and "whatever happens, strive to maintain a cordial relationship"

Recommended Reading

- **https://www.mindtools.com/pages/article/UnfairCriticism.htm**
- **http://gmj.gallup.com/content/124214/driving-engagement-focusing-strengths.aspx**
- **https://dmh.mo.gov/dd/docs/tieredsupportsummarythesandwichmethod.pdf**
- **De Leon J, Wise TN, Balon R, Fava GA. Dealing with difficult medical colleagues. *Psychotherapy and psychosomatics*. 2018;87(1):5-11.**

THE IMPORTANCE OF ONE'S FAMILY

"Family is a life jacket in the stormy sea of life"

– J.K. Rowling

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Postgraduation happens at the stage of intimacy verses isolation of Erik Erikson's epigenetic principle. The postgraduate's role as the indulged and looked after child in the family who needs to be doing his/her obligation of studying and being "good" slowly transforms. Now the child is an adult who has to provide emotionally and financially. The skill of dealing with the responsibility of looking after others is not always innate. Many postgraduates also enter into committed relationships and marriages which means another family is added by law. Some postgraduates also become parent's themselves.

Postgraduation is a period of intense learning, with a work schedule that is daunting. Life cannot be compartmentalized with each part following the other. Everything happens in parallel. Given this situation, the student needs to learn to use family as the anchor in this not necessarily always a turbulent phase of life. You need to remember that many a time

family becomes a bane rather than a boon. So, how can the student make the best of this situation? First thing to remember is that there is no hard and fast rule and only general principles that will help understand and cope with your changing roles.

Often the PG student is the only doctor in the family as well as in the social circle. So, from treating colds to giving second opinions, of which you are very unsure off, becomes your reluctant job. Attending to sick family is also important. Here, your role as a family member being available during the rounds/feed-back session of your family, rather than being a care giver may be better use of your abilities. The skill of delegating responsibilities is important here. Routines at home involving house-keeping activities like cleaning, cooking, etc are essential, but does eat into your time to study, in being punctual at work or give your time to interact with family. Learn to gently negotiate with family, in laws and spouse so the work is shared and/or domestic help is appointed.

Visiting family, getting involved during festivals or functions along with managing your duty hours, on call work, meeting deadlines for presentations, thesis etc is always a challenge. Learning to be organized and planning in advance will help. Also, when you help a co-student, they will also help you out in exchanging duties etc.

For students who are parents, the child/children cannot be ignored, during your PG period. At the same time your career cannot be given up. Using a crèche or babysitting facility is not harmful for the child. Ask for help when you need it. Others cannot read your mind or know that you are struggling. If you feel like you may benefit from medication or therapy yourself, do not feel ashamed, do not hesitate to seek help. You are entitled to the same treatment that you offer your patients. In the end, it's you and your family who is going to lead a better life. Learn to communicate your difficulties effectively. Learn to prioritize. Have fun with family. This is also important. Be happy to have a family and give as much as you can to get all you want.

To summarize

- **Learning to communicate with family (including parents, sibs, spouse, inlaws, children and the whole extended Indian family) is an essential skill. Be diplomatic, have emotions in control and learn to say no when needed.**

- **Learn to prioritize.**

- **Learn to delegate – especially tasks which do not require your expertise. Try to be organized and plan ahead of time.**

What I have put down here is in hindsight! I wish I had used some of these skills when I was a PG.

THE THINGS THAT ONLY PATIENTS CAN TEACH YOU

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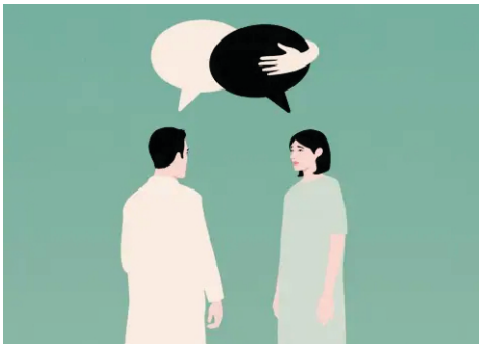

My first day in the psychiatry outpatient department:

She was my first patient; an 80-year-old, Nargis Banu, clad in a Burkha. "...तुम्हें क्या तकलीफ है ? (What is your problem ?), I asked hesitantly. She stared at me for a while and then started crying. "...डॉक्टर साहब ...आपकी उम्र के मेरे बेटे है। आज तक कीसी ने मुझे 'तुम' नहीं कहा है (Doctor, I have sons who are of your age, till now no one talked me by saying "you") I learned my first lesson of communication skills from my very first patient on the very first day of my residency; initiate communication with 'आप' (you).

Patients and their relatives don't read psychiatry books:

A couple of months down the line, I realised that patients and their relatives don't read psychiatry books prior to seeking consultation. Many symptoms mentioned by the patients are not mentioned in the books. "...मीठा-मीठा दर्द"(sweeter pain), "...ऊपर का सांस ऊपर ,नीचे का सांस नीचे (breathlessness)", "...हड्डी का बुखार (Fever in bone) ". I quickly learned the new vocabulary from my patients and the vernacular equivalents of the disease specific symptoms given in the books.

The body language:

Soon, I realised that I must pay lot of attention to non-verbal communication; what is said and how it is said; I started focusing on their body language and gestures. Had read about elated mood, flight of ideas, depersonalisation, derealization but only while interacting with the patients, I understood the real meaning of these words. I started appreciating the difference between information, knowledge and experience.

"...मेरा Sunday कहां गया " (Where is my Sunday ?)

A patient whom I had prescribed Tab clomipramine (10 mg) at bedtime on Saturday came to me on Monday morning and caught me by my collar; "...मेरा Sunday कहांगया ..."; he was very annoyed as after taking clomipramine 10 mg on Saturday night, he had slept for about 36 hours and only woke-up on Monday morning.

My seniors and teachers reassured me and explained that each patient is different; the effects and side-effects of medicines may also vary from patient to patient depending on whether they are slow or fast metabolizers; everything may not be there in the books and journals; keep your eyes, ears and mind open; do not miss any opportunity to learn from the patients. One size doesn't fit all.

There are patients who may have exaggerated reaction to anything and everything and may request a pill for each symptom while at the other end there are patients who are quite resilient and face the situation with courage and determination. There are patients who may need lifelong treatment and there are patients who may recover spontaneously without any interventions. Many such things one learns from the patients by regularly following them over a good length of time.

Accolades and brickbats:

Patients and relatives come up with many original innovative ideas in group therapy meetings, care giver's meetings and alcoholic anonymous self-help group meetings. Some examples are, How to deal with the challenging behaviours of senior citizens having dementia or intellectually disabled child, and How to control craving and stay away from drugs and alcohol, using paradigm of 'one-day-at-a-time'.

The original innovative ideas and critical observations:

It is very important to get a feedback of your treatment from the patients and their relatives. '...आप हमारे भगवान हैं..." to "...Can you please refer us to some senior and more competent and experienced doctor?". Many finer intricacies of treatment and management are learnt in this way.

Don't be an overprescriber :

When learning psychopharmacology, it is tempting to consider patients to be constellations of biologically treatable syndromes, but there are certain problems with this approach. First and foremost is the inability to recognize the problems in the context of a comprehensive formulation of the patient's temperament and personality. There may be other logistical issues due to which the patient may not be able to maintain compliance, or may have unacceptable side effects. It is important to tailor your approach

to the patient and his entire psychosocial context, and choose a combination of pharmacological and non-pharmacological treatment as required in the particular situation. In many cases there is a feasible psychotherapeutic approach that is comparable with medications and it has fewer side effects.

To be or not to be:

"…Doctor, is it okay if I don't tell the prospective groom and in-laws about my daughter's psychiatric disorder?"; "…Can I give disulfiram to my husband without his knowledge?"; "Please make him unfit, so that our son will get a job in his place". "…My wife is of loose moral character, has many extramarital affairs, can you arrange to pick her up forcibly in an ambulance and put her in a rehab centre?". We face number of such social, moral, legal, ethical dilemmas in our day-to-day clinical practice. The opinions and guidelines on how to deal with these situations may differ. Every time depending on the happy or sad outcome of the problem one more lesson is learnt. The lesson which only patients can teach you.

DEALING WITH BURNOUT IN PSYCHIATRY RESIDENCY

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Introduction :

Medicine as a profession is a stressful one. It has become more demanding and this can put pressure on the clinicians. One of the outcomes of this is burnout and emotional impact on the clinicians. Burnout was originally thought to happen after many years of medical career, but, is now being described even among medical students. This article looks at burnout – its causes, manifestation and tips and tricks to deal with it - with a special emphasis on psychiatry trainees.

Burnout : what is it?

The term "burnout" was first used in a clinical sense by the psychologist Herbert Freudenberger, in 1974 who described it as particularly pertinent to professionals who were in the business of caring for others. In simple terms, it can be defined as a state of chronic stress that contributes to emotional and physical exhaustion and detachment.

The world health organization (WHO) has proposed to include Burnout as a category in the International Classification of Disease, Eleventh Revision (ICD-11) which is due to be released in 2022. It conceptualizes Burn-out as a syndrome 'resulting from chronic workplace stress that has not been successfully managed.

It is characterized by three dimensions:

- Feelings of energy depletion or exhaustion.
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job.
- Reduced professional efficacy.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life. It excludes other conditions such as adjustment disorders, disorders specifically associated with stress, anxiety disorders and mood disorders' (ICD-11).

How to recognize burnout?

It is important to recognize and deal with burnout. If left unnoticed, there is a risk of it leading to fatigue, depression and ill effects in delivering clinical care. In the domains of clinical care, it can lead to increase in medical errors, reduced patient satisfaction, early retirement or discontinuation of a medical career.

The typical symptoms of burnout among medical professionals are listed here:

- Emotional exhaustion: which can also manifest in physical fatigue
- Cynicism and emotional detachment from the course and job
- Low sense of professional efficacy can lead to a feeling of being incompetent and worthless
- Stress-related health problems such as acidity, headaches, body ache, sleeplessness etc.
- Adverse impact on inter-personal relationships
- Feelings of alienation which can lead to a sense of loneliness and that no one else understands what they are experiencing
- Unhelpful coping mechanisms such as smoking, drinking excessively, engaging in substance abuse or gaming addiction
- Poor concentration and slowness in activities especially connected with clinical work

Burnout among Psychiatry trainees : what is different about it?

It is important to recognize and deal with burnout. If left unnoticed, there is a risk of it leading to fatigue, depression and ill effects in delivering clinical care. In the domains of clinical care, it can lead to increase in medical errors, reduced patient satisfaction, early retirement or discontinuation of a medical career.

Psychiatry is one of the youngest branches of medicine. While the knowledge of the human mind, its workings and the understanding of the manifestations of psychological problems are an advantage to its practitioners, they are still just like other medical professionals, and are not immune to the effects of burnout.

Jovanovic[1] and colleagues in Europe studied burnout among psychiatry residents across 22 European countries. They found out that severe burnout was found in 726 (36.7%) trainees. The key risk factors for burnout in this study were long working hours, lack of supervision, not having regular time to rest and psychiatry not being the first career choice. In some worrying findings from Japan[2] and Portugal[3], psychiatry residents were found to have higher rates of suicidal ideas. A systematic review[4] of burnout among psychiatry residents, which largely included western studies showed an overall prevalence of burnout was 33.7%. The key associated factors were connected with

training (juniors years of training, lower priority of psychiatry as career choice, lack of clinical supervision, discontinuation from training), work (high workload, long hours, insufficient rest), and learner factors (more stressors, greater anxiety, and depressive symptoms, low self-efficacy, decreased empathic capacity, poor coping, self-medication, and use of mental health services).

Training in Psychiatry itself adds several very specific stressors, such as perceived stigma of the profession, consultations that tend to be longer especially initial assessments, demanding therapeutic relationships especially with difficult patients, personal threats from violent patients and losing patients through suicide.

Dealing with burnout as a psychiatry resident:

The foremost thing is to recognize ones' threshold for stress and to know the general symptoms of burnout and symptoms specific to oneself. Trainees need to use supervision with seniors effectively and learn from their experiences. They need to use formal arrangements such as the 'Balint groups' or the 'Schwartz Rounds' if they exist in the residency programs. If not, informal support groups of residents or the department colleagues can be designed to promote resilience and discuss about dealing with stress.

Residents also need to be aware soon in their training of boundaries in clinical practice and issues arising out of them such as dealing effectively with transference and counter-transference. Personal coping mechanisms need to be recognised and implemented. These could include hobbies and interests that one already has or to learn new ones. Brief self-help strategies such as problem-solving therapy could be applied to issues that we go through.

Chan and colleagues refer to a **4S approach** to helping psychiatry residents beat burnout. These are:

1. **Selection :** There is evidence that residents choose psychiatry without knowing about the aspects of the subject are at higher risk of burnout. This may include the need for new candidates to have worked in psychiatry rotations prior to joining psychiatry residency programs.

2. **Standard keeping** of work and learning arrangements: This includes appropriate orientation of new trainees, adequate and regular clinical supervision, adherence to duty hour rules and not working beyond stipulated working hours with adequate rest, attendances of requisite learning and supervision sessions, and tracking the compliance of training programs.

3 **Skills :** Stress management techniques such as deep breathing, progressive muscle relaxation, a reminder to pace and space out the timetable of study, work, family, and leisure activities to achieve work-life balance need to be reinforced. There is data to suggest that resident-led interventions, including relaxation and resilience training can be useful.

4 **Support :** from the people involved in the training program and at work is crucial to the trainee. This includes peers, senior residents, supervisors, and clinical faculty. A stronger support network would be helpful for all learners irrespective of seniority in training and practice.

Finally, it is useful to acknowledge that stress is ubiquitous and that no one is immune from it. The key is to learn to deal with it effectively. I wish all the readers a burn-out-free residency and a long career as a psychiatrist.

Appendix:

The Warwick–Edinburgh Mental Well-being Scale (WEMWBS - which has been reproduced below with the permission of the authors of the scale), lists the common items that indicate mental well-being. This is not a test to identify any psychiatric illness. You could use it to periodically monitor your stress levels.

Please circle the number that best describes your experience of each over the last 2 weeks

	None of the time	Rarely	Some of the Time	Often	All of the Time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
II've been feeling cheerful	1	2	3	4	5

LESSONS FROM THE ONLINE WORLD FOR A BUDDING PSYCHIATRIST

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Internet and online tools have become an integral part of our lives. Our lifestyle is dictated by the internet to such a large extent that we all have a digital identity in addition to our personal offline identity. These developments impact the education in psychiatry, presentation of psychiatric disorders, patient education, assessment and treatment of psychiatric disorders. Thus, it's imperative that trainees in psychiatry have to be introduced to the ways in which new online technologies impact their training and future practice.

Digital and social media literacy : With the advent of the internet and online tools, change is inevitable for healthcare. We have to adapt to these technologies in training and practice of psychiatry to be on the cutting-edge. There are many social media platforms for doctors which deliver recent developments in the field of medicine, create a forum to discuss challenging cases seen in practice, give opportunity for continuous medical education and help create networks with doctors all over India and the world. Social networking sites like Facebook and Twitter also create opportunities to build your digital presence online.

Online technologies are also indispensable tools in creating awareness about mental health and fighting stigma surrounding psychiatry. The social media's influence on the public perception of healthcare is immense, demonstrated by the rising cases of measles in the USA due to the online anti-vaccination campaign being run by activists. If healthcare professionals don't jump ship and use social media to generate rational public perception, pseudo-science and fake marketing would damage public health to a grave extent.

Professional behaviour in the digital world : As professionals, we have to take care of the digital footprint on various online platforms. It is not uncommon to see doctors receiving flak for indiscriminate social media posts, not respecting patient confidentiality. Our opinion and activities online are open for everyone to see, and necessitates care from us to maintain a balance between our personal life and its impact on our profession.

Medical education in a digital world : There is no dearth of online resources for the present day psychiatry residents. In fact, some find it overwhelming and find it challenging to handle the information overload. Many universities and experts in the field post articles, courses, videos, forum posts and blogs which have become an integral part of training for psychiatry residents. Quick reference can be done with sites/applications such as Medscape and UpToDate which compile the latest evidence based practices for clinical application.

Recent development of digital tests : Digital tests have been used to assess specific brain functions such as memory, attention, executive functions for patients with dementia and schizophrenia. These tests have the same reliability as paper-and-pencil tests but have several advantages (such as the exploration of a wider range of ability, the minimization of floor and ceiling effects, the availability of a truly standardized format, and higher accuracy and sensitivity of recording test performance).

Collaboration for research : The internet has made collaboration with researchers easier than ever. Networking sites for researchers such as Academia.edu and Research Gate provides opportunity to showcase your research interests and connect with academicians worldwide.

Rise of the E-patients : There was a time when someone developing an health issue would seek the help of a trusted family doctor as a point of first contact. But a large section of our patients now knock the doors of Google doctor for asking health-related queries and find solutions to their health related concerns. Many a times it's as if these "e-patients" have come to the real-life psychiatrist for a second opinion, as they would have self-diagnosed their condition online. These e-patients look for health related information online and also search for doctors/clinics online. It's thus imperative that we build our online brand to reflect our qualifications and areas of expertise which increases our visibility. We also face a unique challenge as the internet is fairly unregulated and our patients run the risk of being conned by unqualified professionals who give online therapies and consultations. On the bright side, technology has helped in reducing stigma by creating awareness and has made professional care more accessible.

Telepsychiatry is an upcoming branch of psychiatry, with the trend moving towards online consultations. It is imperative that all psychiatry postgraduates familiarize themselves with this, as digitalization of medicine, and psychiatry is an inevitable outcome of technological progression. One could argue that the 'human' or the 'personal touch' gets

lost while interacting through digital screens, however high definition the display might be, but due to the ubiquity of fast internet connections and time saving nature, telepsychiatry is well on its way to become the next big thing in this field, and many institutions have already begun providing tele-follow-up services.

We also see a trend of using health and wellness applications by people in psychological distress. There are applications which use principles from Cognitive Behavioural Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy and Mindfulness to help clients in self-care. With the growth of Machine Learning and Artificial Intelligence in online tools, we see more applications in the mental health wellness domain. Although skeptics have criticized that such applications will unnecessarily delay seeking help from a mental health professional, they can be helpful for those with minor psychological distress.

Behavioural disorders in the online generation : The exponential growth in the use of online tools for communication and entertainment has seen a surge of behavioural disorders. Presentation of every psychiatric disorder is being coloured by the online interactions of the specific individual. Pathological and maladaptive behaviours surrounding the use of social media platforms like Facebook, Twitter, Instagram, Whatsapp, Snapchat etc are commonplace in our clinical practice. Problematic video streaming and watching porn excessively are increasingly being recognized as dysfunctional behaviours. Internet gaming disorder is now officially recognized by our nosological systems. Even though this has led to lot of criticism that day-to-day behaviours are being medicalized, it is undoubtable that the future psychiatrist will deal with the repercussions of the explosive growth of the internet.

Finding Medical Information online- Useful online databases

SCOPUS	It is free access and updated daily.
MEDLINE	The most commonly used database with several search options
EBSCO	Easy accessibility and mobile friendly
GOOGLE SCHOLAR	Academic materials are provided by users on a voluntary basis
OLDMEDLINE	Useful for articles published prior to 1966

- Most of these virtual libraries have a tutorial guide and FAQs to introduce the reader to the 'secrets' of using the database. Look for them
- Remember that there is no perfect, comprehensive database; all have advantages and disadvantages. Which database could be used for a literature search is a personal choice.
- Today most psychiatric journals and their scientific papers are now distributed in PDF format, and nearly all of these journals provide electronic tables of contents. (Psychiatric e-books are also freely downloadable). For researchers, statistical tools are also available online.

Take home messages:

1. *A future psychiatrist should embrace online technologies in education, research, practice, evaluation of patient and their holistic management.*
2. *Make assessment of online activities and behaviours a part of routine care of patients.*

Recommended Reading

Stone J, Sharpe M. Internet resources for psychiatry and neuropsychiatry. *J Neurol Neurosurg Psychiatry* 2003; **74**: 10–12.

Importance of Peer Support and Networking

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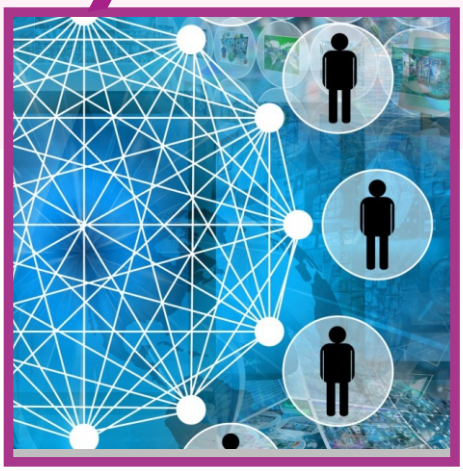

"To keep a lamp burning we have to keep putting oil in it"
- Mother Teresa

Postgraduation is an important phase of learning in real-life situation for the young students. For most of the undergraduate students gaining the coveted postgraduate seat of interest in a reputed medical college is the single most dream of their professional career. However, joining postgraduation for a fresh undergraduate is like opening the Pandora's Box!

Residency training, in particular, can cause a significant degree of burnout, leading to interference with individuals' ability to establish rapport, sort through diagnostic dilemmas, and work though complex treatment decision making. In our country, the reasons of stress & burnout among young residents are unique, unlike in the west. Factors like poor doctor-patient ratio in India, limited specialty training programs, work-life imbalance, financial constraints, poor infrastructure, unstructured evaluation of performance, cost of medical education, unrealistic expectations from society and poor self-remedial measures for coping are few variables that are inimitable in Indian setting.

Excelling in postgraduation with all the mentioned barriers requires enormous peer support and networking skills. In fact, that's what the most complex organ in the universe, our "Brain" has thought us, being able to have multiple complex connections (Neuronal Plasticity); is what makes it unique.

Research shows that peer learning provides important opportunities to help new students cope in the first year of university and beyond as well as providing an important role model for student success.

Peer learning can be defined as 'the acquisition of knowledge and skill through active helping and supporting among status equals or matched companions'. Peer learning can be understood as a *social process*, in which peer interactions are fundamental. Social interaction with peers is important for developing a sense of community, which is valuable for all students.

The world has become a 'global village' today and knowledge has become ubiquitous and easily available. But what's important is how to find the accurate knowledge from the right person at the precise time. This requires extensive networking both in the 'real' and 'virtual' world.

It boils down to the question of how to improve peer support and how to network for better outcomes during postgraduation. Here are few strategies that can be used for addressing this issue;

I **PEER GROUP :** Peer learning can occur by forming a like-minded peer group. The initiative can be taken up either at the student level or officially at the level of organizations, which is followed at some institutes. The conceptual frame work can include peer learning , collaborative learning, cooperative learning, peer assisted learning, peer tutoring, peer facilitation, and peer mentoring. These studies share a central tenet that there is educational benefit in students taking responsibility for shared, self-directed learning from each other, working in groups independent of the teacher. That is, hierarchical status differences and barriers of power between fellow students are less than those between faculty members and students.

II **PEER NETWORKS :** Peer network interventions are designed to improve peer interaction and relationships by supporting greater integration into social environments. Although specific procedures vary, peer network interventions share three core features: (a) establishing repeated interaction opportunities during shared social activities, (b) providing adult facilitation, and (c) equipping peers to be effective communication partners.

1. **Connections :** Peer support group helps to connect students to each other, to staff, to their department, and to the University as a whole. Students usually feel there are "other people out there" and feelings of isolation is lessened. Measures like having a WhatsApp group or regular announcements in college newsletters or other platforms can facilitate improving connections.

2. **Focus** : Peer support & Network groups need to have a clear focus, be it academic or social. Appointing a senior student Moderator to incorporate precise focus and to prevent dilution of the cause is very important.

3. **Leadership :** Successful communities and groups demonstrates strong leadership. Choosing a leader with virtues like open mindedness; the ability to draw on their own strengths and on the skills of others; friendliness; patience; good organisation; and the ability to talk to staff members and to ask for help when necessary is essential.

4. **Open Membership :** Successful groups are in general open to varied membership. Groups and subgroups can be formed on specific needs. It is essential to always interact with members from other specialities or sub-specialities to gain important perspectives and insight.

5. **Departmental Support** : It is very important and pertinent to have departmental and administrative support for implementation of any peer support and network program. Having a supervisor, a mentor, financial assistance when required and having some perks in the form of coffee cards etc can all be obtained at the level of the department.

6. **Safe Environment :** Successful groups always require a safe, secure and comfortable environment for everybody. Meeting in an alcohol-free, day-time situation is proved to be the most popular setting.

7. **Face-To-Face Interactions :** Successful communities and groups creates opportunities for face-to-face interaction. Meeting in neutral locations like the college club or one of the pre-designated class rooms is essential and is proven to be better than virtual interactions.

8. **Optimal Number :** Leaders report needing a “critical mass” of at least six to eight students to enable them to enjoy good discussion and vitality. Having quite relaxed entry criteria usually enables groups to easily replace departing students with new ones. This can happen through word-of-mouth connections with existing members.

9. **Networking :** Establishing networking among peers and faculty across workplace and geographical boundaries are possible today because of the internet and social media. Creating appropriate platforms (Facebook, WhatsApp, Telegram etc) is the need of the hour.

10. **Milestones :** Enjoying social, academic and personal milestones of each individual members can be satisfying to the individual and empowering to others.

To conclude, given the myriad of stressors and individual preferences that a student encounters during postgraduation, a one-sized solution is unlikely. Rather, strategies should systematically engage trainees in addressing problems, use available resources, be grounded in best available data, be customized to the local environment and include a variety of approaches to improve peer support and networking.

HOW TO BENEFIT FROM PROFESSIONAL CONFERENCES

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Awareness about current standards and research in the medical field is of paramount importance for any medical practitioner. Even more so for a postgraduate resident, as they are at the inception of their medical career. Incorporating the latest tools and practices including treatment regimens or therapies into their practice makes them better clinicians and encourages evidence based management. More often residents find it challenging to keep updated with the latest know-how, due to their work load.

Conferences in the field of medicine are gatherings of experts in the field to discuss a particular topic of interest. These include updates on latest developments like diagnosis and treatment strategies, upcoming challenges, future prospects, providing updates and revisions on a selected area of clinical interest or just sharing of experiences of the clinicians. Often they comprise of deliberations about a drug or a treatment strategy and explore and educate the attendees about its clinical role. Workshops are more interactive and centre around the active participation of the attendees and often focus on skill building and better treatment strategies and the methodologies of these. These events are sponsored by medical and allied institutions or at times also by pharmaceutical companies.

For resident doctors these events provide wonderful opportunities for learning and expansion of their skill set. Often the topics discussed in these events are those that are pertinent to clinical practice for example talks on the best available treatments or drugs for a particular illness along with the regimens, doses and evidences. Other times these discussions provide a refresher on the area of expertise, discuss clinical scenarios.

Workshops frequently include role-plays, enacting of clinical scenarios, group discussions and thus allow for Socratic dialogues between the participants. They also encourage asking questions and clearing doubts relevant to the topic. These effectively add a new

dimension to the theoretical knowledge from a resident's point of view and supplement their clinical experience. Students must participate actively to maximize learning and exploit chances of honing their skills. Students must keep in mind that group activities are aimed at emulating clinical scenarios. They must bring their clinical experience also into the discussions.

Workshops and conferences also provide residents with a wonderful platform to interact with stalwarts and eminent persons of the field. They may be senior doctors, visiting experts or dedicated researchers who maybe attending or officiating the events. These experts are often very willing to share their knowledge and experiences with the postgraduate students who should grasp such opportunities gladly to further their own prowess and attain mastery. At times such interactions may provide inspiration or guidance for a direction of work a student may want to take.

Postgraduate students do not always get the opportunity to attend workshops and conferences owing to their busy schedules. Often as they proceed through their residency they do get the chance to be a part of these events and are also presented with ample occasions for participating in various presentations and competitions. So what must a postgraduate resident do in these events? They must approach them as academic getaways. Although they must keep in mind that only with a dynamic and energetic approach, these chances can be made to full use. Listening intently is essential for this purpose and noting down important points and questions.

At times the topics being discussed may not be strong in grasp of the student. It helps if the students read the topic in brief beforehand to have some base knowledge. It also generates interest and also creates doubts and a quest for advanced facts and expert opinions. Students are encouraged to jot down doubts, questions, critical analyses etc. - that they may present later on in the event. They may approach the experts for these. Most events present with questions and answer sessions that may be exploited for this purpose.

Conferences also provide with wider opportunities for students to showcase their talents in form of presentations and conferences. Students must approach these with positivity and keen interest. Genuine effort put into these activities enhances learning and also provides experience in the academic circuit which the students can build upon later.

Award papers are often included in various conferences. These activities are aimed at improving focus on good quality research, learning strategies to organize and present research work in a time bound manner, ability to critically analyze own and other's research work and ask pertinent questions, improve their quality based on discussions and feedback from other participants. Presentation of various research papers by students provide an opportunity to witness research trends in discipline, areas of potential research and help in clarifying many doubts related to research during thesis work.

Competitive events like quiz, promote focused learning, improving objectivity in one's knowledge, improving reaction time and promoting ability to participate in friendly yet stimulating scientific knowledge events. Both participation and witnessing these events provide interesting learning situations.

Many conferences provide opportunities to young colleagues in the form of fellowship, economic advantages, grants for traveling and accommodation as well as focused sessions for young trainees and professionals. Such opportunities should be sought for and utilized as much as possible. It provides wide exposure and learning opportunities in early career.

Various training and teaching institutions have different strengths and weaknesses in different sub-specialties of psychiatry. It can therefore be an opportunity for trainees to be exposed to seminars, lectures and workshops of different sub-specialties like child and adolescent psychiatry, addiction psychiatry, geriatric psychiatry, consultation-liaison psychiatry, forensic psychiatry, different types of psychotherapies, neuroimaging, electroconvulsive therapy (ECT) and brain modulation treatments, psychopharmacology, rehabilitation psychiatry, research methodology and statistics, ethical principles of research and clinical practice.

Table 1:

Conferences Lectures/symposium	Gathering of experts in the field to discuss a particular topic of interest. Often focused on delivering focused information. May provide opportunities for residents to present their work.
Workshops	More interactive and centred around the active participation of the attendees. Often focus on skill building and practical tips.
Award papers	Unique opportunity to present research work in front of colleagues from different institutions and or countries. Discussion, questions, critical analysis and feedback provide learning prospects.
Quiz	Objective knowledge. Improve reaction time, learning in intense yet enjoyable environment.

Take home message

- Postgraduates should prepare for conferences by reading beforehand, participating energetically, asking questions, listening actively and taking quick notes for taking full advantage.
- Use the opportunity to network and interact with other faculty, delegates and even experts in your field of interests. This could also foster career advancement at a later stage.
- Remember to share your learning experiences with your peers when you return

Recommended Reading

- Singh MK. Preparing and presenting effective abstracts and posters in psychiatry. *Acad Psychiatry*. 2014;38(6):709–715.

- Thomas C Erren, Philip E Bourne. Ten Simple Rules for a Good Poster Presentation. *PLoS Comput Biol.* 2007 May; 3(5): e102

- Bourne PE. Ten simple rules for making good oral presentations. *PLoS Comput Biol*. 2007 Apr 27;3(4):e77.

STUDENT BE MY TEACHER!

Teaching: A means to become a better psychiatrist

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A postgraduate residency in psychiatry is an exciting phase in the life of a medical student wanting to train in psychiatry. It is an opportunity to tread into the world of understanding psychopathology, abnormal psychology and skills of interviewing techniques and empathy. These are skills that are 'learnt by doing' by way of role plays and by observation.

A resident has to don many hats. She/he is a doctor, a trainee psychiatrist, a student and a budding researcher. In addition to this, she/he may also be called upon many a times to don the hat of a teacher to take classes for undergraduate students and paramedical courses. This may sometimes be seen as an additional responsibility on the already overburdened shoulders of a postgraduate resident. But let me argue that this is not an additional responsibility but an integral part of training to be a better psychiatrist.

What are the advantages?

An old Chinese proverb says "I hear and I forget, I see and I remember, I do and I understand". Let me add to this a phrase "I teach and I master!". The process of teaching is not just a passive process of imparting knowledge, but to be able to convey information you need to first master it yourself. This act can induce a new level of understanding of the subject and also see the transformation into a new level of confidence when you discover a new-found mastery over the knowledge or skill. As Aristotle has said that "teaching is the highest form of understanding."

Being on the other side of the table helps to see things from the teachers' perspective. This actually helps you to understand what are the expectations of an examiner in an exam and what mistakes to avoid.

What are the benefits?

This concept of student led teaching is also called as 'peer teaching' and has been widely experimented in various teaching institutes across the world. Studies have also been conducted to analyze the efficacy of these teaching methods. It has been consistently found that peer teachers have larger gains in learning the content that they have taught and the knowledge is retained for longer periods of time. The mechanisms by which peer teachers benefit with improved learning are – 1) Better motivation to learn the content 2) Deeper processing of learned information (conceptual learning) 3) Better self-monitoring of their own comprehension of learned knowledge. Added advantages of 'peer teaching' include better communication and leadership skills. It has been found that students initially may be apprehensive to take up this role of teaching due to their anxieties and lack of confidence in their own teaching abilities. However, it has also been demonstrated that learning outcomes in the students by 'peer teaching' methods are equivalent to that of conventional faculty led teaching.

Advantages of student led teaching:

- Better understanding and learning
- Developing better leadership and communication skills
- Gaining teaching experience which may be mandated by regulatory authorities for future appointments as faculty

Some recommendations:

In the current scenario, this happens informally. A final year postgraduate resident who monitors work of a first year junior resident, may be asked to fill in for class (theory or clinics) for an absent faculty member. This could be formalized by incorporation into a residency program, activities such as:

- Demonstration of psychopathology and interview techniques for first year residents by senior residents.
- Final year PG's could chair academic programs such as case conference and seminars presented by junior residents.
- Formal lectures for MBBS graduates and paramedical professionals.
- Involvement of postgraduate residents in mental health awareness programs for other medical professionals and general public on occasions such as mental health week.

Teaching is an important activity for a resident as part of their training especially considering that most of them are going to be associated with medical institutions and teaching hospitals in the future. Hence residents need not see it as an additional responsibility but as a means to become a better psychiatrist!

Some teaching tips for postgraduates to use (when they teach MBBS students or interns or Junior PGs)

- **Think of the teachers you have had who have been influential in your residency or even as a MBBS student**. Reflect on the things they did well and techniques you could emulate

- **Set specific objectives**. Begin a teaching session by telling the students what you want them to learn. It is easier for students to learn better when they know what they are expected to learn

- **Active learning is better than passive learning**. Ask students a question, ask them to show you a few steps in a procedure, or ask them to teach you or another student. Try to get one student to talk every 5 minutes

- **End a teaching session by asking them to summarize** the concept you have just taught them and to demonstrate/perform the skill discussed.

- **Give students feedback**. Tell them what they did well, what could be improved on and how to implement these improvements next time.

- Try to ensure that every contact you have with a student includes a teaching moment be it is even for only a few minutes.

Importance of Ethics

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If there is anything a professional should know, it is Ethics. A postgraduate who learns and applies ethics in everyday life upholds a supreme order and is revered by all. Ethics (Greek word 'ethos' meaning "custom, habit, character or disposition") refers to the principles dictating rights and wrongs with regard to the conduct of human behaviour in the society. Some ethics differ from place to place and from time to time, while on the other hand there are some which are Universal and persists in all the regions and at all times.

Ethics in the medical profession is guided by Hippocratic Oath (460 BC) and The International Code of Medical Ethics (1949). Medical code of ethics in India follows Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002 amended 2016. Physician on entering into the profession signs a declaration which includes the code of conduct. In general, a physician shall uphold the dignity and honor of his profession, with a prime object of rendering service to humanity; reward or financial gain being a subordinate consideration. The physician shall observe the laws of the country in regulating the practice of medicine and shall also not assist others to evade such laws.

Ethics pertaining to postgraduates (Pgs): PGs face many ethical issues during their training. These could be patients/caregivers related, interaction with teachers/seniors/ colleagues, research related and many other situations.

Patients/caregivers related:

The Patient must not be neglected. Skills and knowledge should be used appropriately in treating the patient. Prognosis of the patient's condition should be neither exaggerated nor minimized. Patient/relatives/responsible friends should be given knowledge of the patient's condition so as to serve the best interests of the patient/family. As far as possible, prescribe drugs with generic names and legibly. Prescription and use of drugs should be rational. Physician should respond to treatment request during emergencies.

1 the rules based on the Section 20A read with Section 33(m) of the Indian Medical Council Act, 1956
2 Doctors with qualification of MBBS or MBBS with postgraduate degree/ diploma or with equivalent qualification in any medical discipline – defined in Chapter I Code of Medical Ethics
3 i) in a court of law under orders of the Presiding Judge; ii) in circumstances where there is a serious and identified risk to a specific person and /or community; and iii) notifiable diseases. In case of communicable / notifiable diseases, concerned public health authorities

Another important issue during PG training is maintaining confidentiality. Confidences concerning individual/domestic life entrusted by patients to a physician and defects in the disposition/character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the State . Here is an important ethical issue for PGs, wherein they are expected to reveal the details to their senior/consultants, which some patients may object. This possibly can be resolved by explaining to the patient the importance of discussing their problems with the teachers and other colleagues and their role in treatment. The same also applies during Case presentations where-in prior information to the patient and an informed consent from the patient would be desirable to avoid ethical issues. No information should be revealed to those not concerned/not involved in treatment of the patient without the patients' consent. It is expected that the Postgraduate shall seek a senior from the same or a different profession whenever there is a dilemma. Learning evolves over period of time and ethics are simple to apply as it greatly enhances righteousness and profession happiness.

Keep in mind the confidentiality issue in daily practice, especially in certain high-risk scenarios like waiting rooms, telephone conversations and emails. Avoid casual discussion about patients with family or friends even if they are colleagues. Also remember to use caution in recording medical information. Keep medical records and all written information concerning patients in a safe place.

Psychiatry training consists of long and frequent contact with patients which can increase the risk for boundary violations. Boundary violations are aberrations from clinical practice that could be harmful and exploit the patient's emotional, physical or financial needs. This includes the psychiatrist or trainee engaging in a business or social relationship outside of the therapeutic context. It is therefore necessary to set boundaries beforehand and prevent such situations altogether, which can be achieved through open and clear communication between the patient and the psychiatric trainee.

Research related:

Research is mandatory part of the PG training and this is a period during which many young doctors participate in research for the first time in their lives. Research Ethics is guided by international and national guidelines. The Nuremberg Code (1947) highlighted the essentiality of voluntary consent. In 1964, Declaration of Helsinki was formulated (amended 2013). Belmont report (1979) gave three basic ethical principles: respect persons, beneficence and justice. The revised Indian Council of Medical Research ethical .

guidelines (National Ethical Guidelines for Biomedical and Health Research involving human participants, 2017) have adopted from International guidelines keeping in mind the diverse Indian socio-cultural milieu[4].

Dealing with teachers and other colleagues:

Respecting teacher (needs no emphasis/discussion) is a code of conduct from time immemorial. The code of ethics tells us the role of a doctor working as a substitute or as a cross-consultant. It points out that no insincerity, rivalry or envy should be indulged in such situations.

4 UNESCOs Universal Declaration on Bioethics & Human Rights (2005) and other International instruments on Human Rights

All due respect should be observed towards the physician-in-charge of the case and no statement/remark be made, which would impair the confidence reposed in him. For this purpose no discussion should be carried on in the presence of the patient / his representatives. However, one should expose, without fear/favour, incompetent/corrupt, dishonest/unethical conduct on the part of members of the profession to appropriate authorities.

Dealing with Medical errors

Medical errors often lead to severe punishment of the concerned doctor, which could range from suspension of right to practice medicine, to revocation of licence, to even arrest. The inevitable consequence of this is that doctors are trained to conceal errors, as it may lead to the loss of livelihood. These are a few tips to prevent errors, and therefore negative outcomes.

- Timely, authentic and sensitive communication with patients, nursing staff, caregivers, and other peers and professionals will in most cases prevent any avoidable complaints and litigations.
- Good record keeping and documentation-Writing down rationale for treatment decisions
- Encourage nursing staff to have appropriate records of all clinical events
- In case of any negative events, talk to the patient, family and caregivers. Apologize for any distress. Be honest about things that went wrong (This does not imply that you admit liability for treatment decisions. It is vital for the resident to discuss with the senior consultant at all times before having such conversations with patients)

Dealing with pharmaceutical companies:

Another important field where ethical practice is at risk is interactions with pharmaceutical companies. Code of conduct for doctors & professional associations of doctors in their relationship with pharmaceutical and allied health sector industry

prohibits them from accepting any gifts, travel facility, hospitality or cash or monitory grant, from any of pharmaceutical company or the health care industry. Apart from the sanctions imposed as mentioned in the regulations for such acts, at a personal level, one should introspect about the obligations the Physician will have with companies, on such gains from them. This situation is detrimental to ones' ethical practice with respect to prescriptions, having its adverse influence in treating patients. An Unholy nexus with pharma companies can jeopardise the joy of becoming a doctor.

The other aspect is research project funded by the pharmaceutical companies, a medical practitioner may carry out, participate in or work in such projects after ensuring that the particular project has due permission from the competent authorities. The practitioner also has to ensure that the research project gets clearance from an institutional ethics body.

Take home message

- Golden Rule: Do unto others as you would have them do unto you.
- It is important for a PG to build knowledge about fundamental medical ethical principles, as many may breach ethical codes simply because they are unaware of them.

Ethical Knowledge and practice checklist

Knowledge: **yes/no/not sure**

1. Know about Hippocrates Oath
2. Know about International code of Medical ethics
3. Know about Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002 & recent amendments
4. Know about state laws related to your speciality
5. Know about institutional ethical committee
6. Know about Nuremberg Code
7. Know about Declaration of Helsinki
8. Know about Universal Declaration on Bioethics & Human Rights
9. Know about National Ethical Guidelines for Biomedical and Health Research involving human participants, 2017

Should I improve on my knowledge on any of the above topic (yes/no)
If yes, specify and read about it

Practice: **yes/no/not always**

1. Respond to request during emergencies
2. Talk with respect to patients/relatives
3. Give correct information to the patient/relative about the clinical condition
4. Give correct information about the short/long term prognosis to the patient /relatives
5. Prescribe drugs with generic names
6. Prescribe drugs legibly
7. Take informed consent (written) in clinical practice
8. Do not discuss about patient with those not concerned
9. Take informed consent (written) for research related subjects
10. Give correct information to the patient about the research project
11. Talk with respect about your teachers
12. Talk with respect about other Doctors in front of the patient/relatives
13. Accept any gifts/travel facilities/hospitality/cash or monetary grant from pharmaceutical company
14. Involved in pharmaceutical company funded research project (yes/no)
    If yes,

- Is the project approved by competent authorities
- Has clearance been obtained from Institutional Ethical Committee

Should I introspect to change some of the above ethical practice issues (yes/no)
If yes, specify and go ahead for the change

Beyond Textbooks: Literature as an effective tool for students of psychiatry

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"But will I always love her? Does my love for her reside in my head or my heart? The scientist in her believed that emotion resulted from complex limbic brain circuitry that was for her, at this very moment, trapped in the trenches of a battle in which there would be no survivors. The mother in her believed that the love she had for her daughter was safe from the mayhem in her mind, because it lived in her heart." Lisa Genova- Still Alice.

The above passage demonstrates the inner turmoil of a Linguistic Professor as she comes to terms with her diagnosis of Dementia. The difficulties experienced by patients faced with such a diagnosis can often be explained better through literature. While it is important to understand mental illness from a clinical perspective and be well versed in the symptoms, aetiology, treatment, prognosis, etc, students can get a better grasp of the complexities of the same from literary fiction. Mental illness is a culmination of biological, psychological and social factors, dynamically shifting and changing over time as patients move through different life stages and interact with people around them. Books that tell a story or narrative of a persons struggle with mental illness can tie in all the factors in a way that can engage a reader and enhance learning.

Another aspect that is explored better through literature, is co-morbidity and the interplay of factors which can lead to multiple mental health issues. In "Perks of being a Wallflower" Stephen Chbosky highlights issues of substance misuse, PTSD and Depression and their interconnected relationship.

Books can also help postgraduate residents understand narratives of those unfamiliar to them, such as from different age groups or from different cultural backgrounds. “Persopolis” by Marjane Satrapi is an autobiographical graphic novel that shows issues faced by women in Iran and the impact of shifting political systems on the public. Although this is a book for adults, there are many picture books for children that explore difficult themes through simple narratives. “Ruby’s Worry” by Tom Percival tells a story of a little girl whose worry follows her around, gradually increasing until she talks about it with someone. Such picture books can also be used in clinical practice to help young children better understand mental illness.

Lighter narratives can use humour to break the monotony of reading grim details from standard textbooks and fill the students with hope. “Finding Audrey” by Sophie Kinsella is a funny and heartwarming story of a girl struggling with social anxiety and bullying. “A Man Called Ove” by Fredrik Beckman is a poignant, humorous account of a lonely widower’s failed attempts at suicide, while his new neighbours make him realise he’s still valuable to the community.

Apart from fiction, non-fiction books, autobiographies and case summaries also have much to offer students of mental health. Irvin Yalom’s “Love’s Executioner and Other Tales of Psychotherapy” is a great collection of cases that follows patients through their progress in therapy and resolution of symptoms. Yalom’s humility and ability to understand and accept his own shortcomings, sets a good example for future practitioners of therapy. Books that increase the reflective capacity of students can also help them overcome their own difficulties and become better clinicians in the future.

One of the most important clinical tool for any doctor is empathy and ability to engage with the patient. While this is true for most specialties, it is especially applicable to psychiatrists. There is good evidence to demonstrate that reading mental health depicted in literature increases empathy and helps the reader to understand the human behind the illness. (Djikic et al, 2013).

“But it seemed as if all psychiatric medicine was aimed only at the symptoms. Mute the paranoia. Calm the rage. Raise the endorphins. Underneath, the mysteries continued, unchanged. Underneath, somewhere in the chemistry of her brain, there was something that could not be reached.” Jerry Pinto- Em & the Big Hoom.

Recommended Reading

Djikic, M., Oatley, K., & Moldoveanu, M.C. (2013). Reading other minds: *effects of literature on empathy. Scientific Study of Literature*, 3 (1), 28-47

A few recommended books

- ***What Patients Say, What Doctors Hear*** **by Danielle Ofri**
- ***The Man Who Mistook His Wife for a Hat*** **by Oliver Sacks**
- ***How Doctors Think*** **by Jerome Groopman**
- ***The Center Cannot Hold*** **by Ellyn Saks**
- ***An Unquiet Mind*** **by Kay Redfield Jamison**
- ***The Curious Incident of the Dog in the Nighttime*** **by Mark Haddon**
- ***It's Kind of a Funny Story*** **By Ned Vizzini**
- ***The course of love*** **- Alain De Botton**
- ***Mad, bad and sad*** **- Lisa Appignanesi**
- ***Musicophilia*** **- Oliver Sacks**
- ***Chicken with plums*** **- Marjane Satrapi**
- ***Counting by 7's :*** **Holly Goldberg Sloan**
- ***Eleanor oliphant is completely fine*** **by Gail Honeyman**
- ***Quiet*** **by Susan Cain**

DNB TRAINING AND EXAMINATIONS

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DNB Training

Unlike MD psychiatry exams, DNB examinations are perceived to be more difficult to pass due to absence of internal examiners. However, DNB training has several strengths. DNB psychiatry training institutes often have very good patient caseloads with senior consultants who actively treat patients and thus have immense clinical experience. Hence DNB students have the opportunity to observe these consultants at work and see 'real world' clinical practice of psychiatry.

DNB candidates should work at making sure that they get the right amount of academic training and rigor. The National Board of examinations (NBE) as well as the Medical council of India (MCI) has prescribed a clear academic schedule comprising of a minimum of 12 case conferences, journal clubs and seminars for candidates during their period of residency. Candidates should aspire to meet this target and take the critical feedback about these presentations seriously.

DNB candidates should attend all research methodology workshops arranged by NBE and aim to establish good contacts with their fellow participants and faculty. These networks will help them with respect to any doubts about their dissertation as DNB training can -at times- be a lonely affair for the resident.

A key concern for DNB primary and secondary candidates is training in psychotherapy. Candidates should check with their institutions about the nature of training they can expect.

Since there is a shortage of clinical psychologists across the country, it is possible that training institutes might not be able to provide adequate clinical psychology exposure. In such cases, candidates should regularly check websites of institutions like NIMHANS where there are periodic workshops on psychotherapies. The internet is a very useful resource for simulated demonstrations of psychotherapies. Candidates can check out www.beckinstitute.org and www.behavioraltech.org for online training courses on Cognitive Behavior and Dialectical Behavior therapy. These online courses are very expensive. Candidates should read the theory pertaining to these psychotherapies simultaneously.

Candidates should attend their external postings in departments like neurology diligently and strive to present cases and improve their patient examination and diagnostic skills. Candidates should painstakingly maintain their logbook which will serve as a huge help in the future for them.

Studying for examinations

Periodic reading is necessary for candidates to improve their clinical skills. Candidates should scan all the standard textbooks of psychiatry over a period of 1-2 months after joining the course. All psychiatry textbooks are excellent. Candidates should finally select any one or two textbooks that they find easy to read rather than trying to opt for a very difficult book that has been recommended by others. This will help candidates develop a regular reading habit.

In the first year, candidates should focus on developing skills in taking a psychiatric history, performing a mental status examination and arriving at psychiatric differential diagnoses. Candidates should read according to the diagnoses of the patients that they are currently managing. For e.g. if you are seeing a case of schizophrenia, it would be good to read about the phenomenology, course, outcome and management of schizophrenia. Candidates should brush up on psychotropic drugs on a constant basis. Candidates should aim to complete a thorough reading of phenomenology, classification and psychopharmacology in their first year of residency.

From their second year of residency, candidates should read the relevant theory chapters during their postings in various psychiatry subspecialties like forensics, community and child psychiatry and avoid postponing reading of theory of these till last minute. In the last six months of their residency, in addition to revision of the aforementioned, candidates should periodically check Indian Journal of Psychiatry, Indian Journal of Psychological Medicine and other Indian journals for practice guidelines as well as review articles.

Candidates should try to attend all zonal and national continuing medical education programs in psychiatry.

These are excellent avenues for training vis-à-vis all aspects of training for examinations. Candidates could also check out the NIMHANS virtual knowledge network website for various case discussions. As per Medical council of India requirements, candidates are expected to complete one oral and one poster presentation along with a publication. Around 6 months before theory examinations, candidates should invest 2-3 days in making a question bank. Candidates should collect questions over the last 5 years from various universities and list these under a broad heading. This will make the candidate aware of the various ways in which theory questions are derived from a particular topic. For e.g. over the years, questions of circadian rhythms have been listed as 'circadian rhythms', 'endogenous zeitgebers' 'diurnal variations in human body' etc. Candidates should aim to revise at least 4-5 such questions daily. This type of studying is useful in breaking monotony during reading for theory. For e.g. if you are tired of reading about learning theories, you can always switch to a clinical topic like course of bipolar disorder.

Candidates should practice writing answer papers in the last 2-3 months as this will improve their speed. Most candidates usually struggle to complete the first few model papers and their speed improves over time. In DNB exams, there is usually a 3-4 month gap between theory and practical exams. Hence it is definitely worth the while to try to take leave before the theory exams. Once theory exams are over, candidates should try to rejoin clinical work as soon as possible. It is quite difficult to clear practical exams if the candidate is out of touch.

Candidates should try to work up and present as many cases as possible during their residency. Candidates should aim to work up their cases thoroughly avoiding any short-cuts like skipping fundus examination etc. Bad examination practices have a knack of getting exposed during the final practical examination. A candidate who does not check deep tendon reflexes during a routine case work up is very likely to make the same mistake in the final examination. Candidates should persist with reading of journals as potential examiners' areas of interest and expertise can be made out through their publications.

During DNB practical examinations, candidates should dress formally and attend to their hygiene and grooming. Candidates should not get anxious if they are unable to speak the language of their patients. Examiners are very cognizant of this and examination centers usually make excellent arrangements for interpreters. It is noteworthy that primary DNB candidates have obtained the psychiatry gold medal on multiple occasions.

To conclude, systematic planning, regular reading and sincere efforts during clinical residency have the potential to make DNB training for most candidates a very rewarding experience.

Key message:

1. A committed and diligent psychiatry DNB student can definitely pass the DNB examinations.
2. The key to a successful completion of DNB course is smart planning and perseverance.

Year 1
Perform clinical work diligently

Read as per cases seen

Diagnostic guidelines

Psychopharmacology

Phenomenology

Basic psychology

Read as per academic schedule

Year 2
Perform clinical work diligently

Read as per cases seen

Read as per external posting

Periodic reading of forensic & community

Consolidate on year 1

Read as per academic schedule

Year 3
Perform clinical work diligently

Read as per cases seen

Read as per academic schedule

Consolidate on years 1 & 2

Read from CME topics

Read journals

Practice theory papers

PLANNING FOR SUB-SPECIALISATION IN PSYCHIATRY AFTER RESIDENCY

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After completing Postgraduation in Psychiatry, for many doctors, it is not over yet, they get stuck in the next set of cross-roads. Generally, many doctors wish to complete MD or DNB in Psychiatry. After MD, whether to take up Senior Residency or do a super-specialisation as recently there have been upsurge of DM seats in Psychiatry in India is a big challenge.

Child Psychiatry : Initially it all began as Child Guidance clinics in Mumbai and later on different institutes in India including at NIMHANS from 1959. NIMHANS started Post-Doctoral Fellow (PDF) in 2008 and DM course in Child Psychiatry in 2012. PGIMER in Chandigarh also started this course in 2014.A two year PDF course is also available in CMC Vellore. More doctors opt to apply to get into DM course in child psychiatry in India than any other super-specialty. Curriculum is focussed on training doctors to make them super-specialists in Child and Adolescent Psychiatry. The Departments have evolved into Multi-disciplinary Team and are offering holistic assessment and management of childhood psychiatric disorders.

Addiction Medicine : DM courses in Addiction Medicine is offered in NIMHANS, AIIMS – New Delhi and PGIMER - Chandigarh. Curriculum is developed around the aspects of addictions and holistic assessment and management is provided for the patients with substance use disorders.

Geriatric Psychiatry : A separate department of Geriatric Psychiatry was first developed in KGMC – Lucknow, which helped them to start DM course. NIMHANS Geriatric Psychiatry unit followed and started their first DM course in Geriatric Psychiatry from July 2017.

Other Super-specialties : NIMHANS has approved Forensic Psychiatry DM course and the course is yet to start. Apart from all the above mentioned super-specialties, other super-specialties such as Community Psychiatry, Emergency Psychiatry, Perinatal Psychiatry, Non Invasive Brain Stimulation, Schizophrenia, Neuro-psychiatry have started Post-Doctoral Fellow Course each for a period of one year.

How they Choose : First of all one has to be clear with the reason for wanting to do DM course. Some of the doctors say that they feel secure, having a Doctor of Medicine Degree from an Institute which has structured formal training and feel they may get recognition from that. Some doctors having done their dissertation in a particular area for example, in Addictions or Child or Geriatric Psychiatry, may become fascinated by that particular super-specialty that helps them to choose. The choice may also be determined by the perceived demand in the area of super-specialisation. Interest in Dementia, will become a good reason to take up Geriatric Psychiatry. Another reason is to try to secure a faculty position in a particular institute in that specialty which forces them to decide to write DM entrance examination. This is due to the fear that if they apply to Faculty position in any of the Departments in Psychiatry, doctors having DM degrees may get preference, which may be true in the coming days.

How to go about : First and foremost, set goals for self. Find out if a particular super-specialty is something you are passionate about. Next thing is to know the curriculum for the course you are thinking to go in and know what training would help them. One has to decide before applying, because once you take up a course, you do not want to feel that it's not for you. You may need to plan based on experiences during speciality and periphery postings during PG, and plan preparation for the DM and PDF entrance exams during PG itself, which would give you an extra edge in these exams. Also, one must know that while practicing as post MD you can still choose to have special interest in a particular area and develop yourself clinically.

Academics : If the post MD doctor has a passion to be a full time researcher in a particular area in Psychiatry, PhD course may be an option. This may be pursued while working as well as while doing Senior Residency. DM course can also help in settling in one of the super- specialty and pursue a research career in that area that one is interested in.

Personal/Family life : By the time, one completes MD, the person may be nearing marital life. One has to bear in mind, preferences may change. For some, career may still be a priority, and they may decide to pursue a particular course. But for others, they become flexible. The choice of pre-decided place of settling, whether abroad or India or a particular place in India, may also be a major factor in deciding a particular super-speciality. It is important that you may have dialogue with your kin and if there is a need, buy time and not to rush.

Talking to Mentors/Teachers : Sometimes, you know a particular supervisor so well, that you may become influenced and so discussing with the mentors, thesis guides or other family friends about your choices may help. The idea is to get as much information as possible as it is still going to be your best guess of the future, how the future is going to be once you have done a particular super-specialty. Therefore, collect information, take time and choose wisely. The decision taken based on the information you have gathered from various sources, given due consideration to your personal life and your strengths and passion, would be best possible thing you can do.

Questions which may help you choose a sub-speciality: (we suggest you take this exercise after a reasonable amount of time spent working in psychiatry, so that there is exposure to various branches)

1. Firstly, do I want to continue further with studies or start working after completion of MD?
2. If yes, how long do I want to study for? Do I want to do a fellowship or a full three-year DM course?
3. The subjects I was originally interested in during my undergraduate course were_____
4. Would I want to work in a primary health care setting and focus on community mental health?
5. Would I want to work on cases with associated legal issues?
6. Am I interested in working in an emergency medical setting?
7. Would I be comfortable working in areas strongly related to core physics and neurobiology?
8. Do I want to work exclusively with children and adolescents?
9. Do I envision my career working as a psychiatrist at a school or college, working on students' mental health?
10. Do I want to work exclusively with the elderly and geriatric mental health?
11. Am I interested in women's mental health? Would I want to work with obstetricians and paediatricians and focus on perinatal psychiatry?
12. What is my strength? Core medical management or psychological intervention?

Once you have a fair idea of what to choose, answer these:

1. Do I know enough about this area of study?
2. What would the requirements be, in terms of academic, research and clinical responsibilities expected from me?
3. Which institution offers the best course in this area?
4. What are my future career prospects after specialisation?
5. Is this a good fit for me? Do I have the necessary skillset for this particular branch?

PREPARING FOR A CAREER IN PSYCHIATRY AFTER POSTGRADUATION

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Confucius is credited with the saying – *'Choose a job you love and you will never have to work a day in your life.'* This is very true when it comes to preparing for a career in psychiatry after postgraduation. The word 'choose' in the saying above is particularly relevant - in most of medicine, and even more so in psychiatry, one's career is all about making choices – hopefully the right one at the right time. But then, some would argue that luck plays a key role in shaping one's career, but I believe that you can 'create' your own luck by working very hard. Career choices a psychiatrist (post-MD) makes should primarily be determined by what he/she is capable of or is good at. No one knows your strengths and weaknesses as well as you do – so choose smartly. If one spends time doing what one is good at, what one loves, and with all his/her heart, then work truly becomes and remains enjoyable.

Before we explore the various career options open to psychiatrists, a crucial question that needs to be asked is 'WHEN does one start this process?' And the answer is – 'AS SOON AS----------'. As soon as you settle into your postgraduate training, start planning your future. Because it often takes time to translate plans into action, and if you start early it gives you time to switch options, if things don't work out as planned.

Although somewhat arbitrary, a key distinction in terms of a career in psychiatry, is clinical vs.academic. It has to be said that the various types of post-MD career options are not mutually exclusive. In practice, there is often an overlap; but if there is too much of an overlap, where one ends up doing a bit of everything and not a lot of any one thing, there creeps in the danger of one ending up becoming a 'jack of all and master of none.'

Clinical vs. Academic : If one is choosing a predominantly clinical career option, then the possibilities include working exclusively privately (in your own clinic or in a group practice/poly-clinic), in a corporate hospital or privately-run medical colleges. It is generally said that it is best to 'learn the trade' first by working in a team or group setting before 'flying solo'. If one were to be 'tempted' by the generous 'deals' offered by corporates or other similar private institutions, bear in mind what they 'expect' from you in return – 'there is no such thing as a free lunch.'

Government vs. Private : If for whatever reason, exclusively or predominantly private practice is not for you, then consider working in the Government sector – which includes institutions such as NIMHANS, CIP, JIPMER, etc or medical colleges (Government). Often these jobs, which are hard to get, offer a good mix of clinical and non-clinical responsibilities including some opportunities for teaching and research.

Further studies : Academic career options include further higher specialist studies/training such as DM (in child psychiatry, addiction psychiatry, etc), a post-doctoral fellowship (PDF) or a PhD. These are fewer in number and higher in demand. Or there might be opportunities for purely research jobs/careers in India or abroad. As noted, some academic jobs involve teaching, research and some clinical work. On occasions, the relative proportion of each of these aspects can be negotiated with your potential employer.

To emigrate or not : Yet another crucial choice for post-MD psychiatrist is between working in India and going abroad. 'Attractive' countries, at the moment, for further psychiatric training and work include UK, USA, Australia, New Zealand and Canada. One has to remember that none of these countries formally recognise Indian MD degrees and so one will have to virtually re-train in psychiatry - this takes considerable time and effort. If further studies/training is not your objective and if working is, then try countries such as Singapore, Brunei, Middle East and so on. Some of the advantages of working abroad are a better quality of life for you and your family, enhanced work-life balance, financially more rewarding, opportunities for sub-specialization, chances to pursue management and leadership roles, reduced volume of clinical work and greater job security. It has to be said that very few of those who emigrate to foreign countries ever return to India for good. Therefore, if one has a family or other important reasons to stay in India, it is best not to consider a career abroad.

Although the discussion so far has been about these apparently distinct career options, this need not always be the case. Some careers (if one were to thoroughly explore) offer just the right mix of what you want. Finally, don't be afraid to experiment and do not dread change. If something isn't fulfilling anymore, at whatever stage of the career you are in, try something different – take another route. Be flexible enough to try different things. Life circumstances can change and one's or the family's priorities can also change, and this can require you to adapt.

There is something to be said about being business minded. You need to develop basic knowledge about handling finances as well as tricks of running a business, as even the law now subsumes the doctor-patient interaction under a consumer-service provider umbrella. It is important to know how to reap benefits of profit and investment so that you can take yourself farther in the profession, and this is especially important if you are planning private practice.

Be ready – *'Believe you can and you are halfway there.'* (Theodore Roosevelt).

Tips on how to plan your career in psychiatry after postgraduation:

- Understand what you are good at and what you find intellectually satisfying.
- Find out about various career options by talking to colleagues, seniors, friends and through networking (in India and abroad).
- Decide whether you are primarily academically - oriented or clinically - oriented.
- Make a choice, stay focussed and work towards your goals.
- Plan for around five years at a time, and re-visit your goals and career progression at regular intervals.
- Don't be afraid of change.

As much as the above sections have been about the importance of a career, it is not meant to convey the impression that the only thing important in life is one's career.

'A career is wonderful but you cannot curl up with it on a cold night' (Marilyn Monroe) – The message is – one needs to maintain a healthy work-life balance.

A workbook exercise

Consider an honest introspection on the following before choosing a career

- ***Why did you choose psychiatry in the first place?***
- ***Can you think of the aspects of psychiatry that you like the most?***
- ***Can you think of the aspects of psychiatry that you do not like very much?***
- ***Do you like working individually or as a team?***
- ***Do you want to be involved in teaching medical students and postgraduates?***
- ***Do you want to be involved in a setup that allows for consultation liaison service?***
- ***Do you want to be involved in a setup that is conducive for research and writing?***
- ***Is there a specific patient population you would like to see (child, geriatric etc)?***
- ***Do you want to see many patients on a given OPD day or see less patients but in depth for longer?***
- ***Which aspect of psychiatry training made you the happiest and felt most meaningful?***
- ***Where would you like to practice -Urban vs semi urban vs rural setting?***

BECOMING A PSYCHIATRIST

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Meaning of becoming a psychiatrist. Becoming a psychiatrist is a continued evolution of one's personality, a component of which happens to be professional knowledge. Here, the word knowledge means a resultant of personalization of what one has learnt through a process of critical verification by reflection and application to real life situations. This constitutes as one's evolving world-view, which in turn keeps re-shaping one's personality. In addition, as the nature of stresses and strains in life as well as the process of their management are approximately similar across people, the professional has an enviable opportunity to evolve one's own status of well-being to the extent that one learns to integrate the 'objective' (application in clinical work) and the 'subjective' (introspective application). Acquiring knowledge involves continuous trial and error learning.

A most important element of knowledge, not generally acknowledged in training and learning is the process of harmonious integration of sets and domains of knowledge into a meaningful 'whole'. Though perfect integration is seldom achieved, the ideal should always be strived for. Such an integration results in what is conventionally understood as wisdom. Description of a crude example of 'integration': (i) Education begins with learning the alphabets one by one. Then, words are learnt by reading letter by letter. (ii) Next, sentences are read word by word. Later, by reading sentence by sentence, the meaning of a paragraph is understood. (iii) Many years later, meaning is continually and automatically grasped as one 'glides' through the lines of text, only occasionally stopping to read a difficult sentence in detail. This ability is the result of having learnt to integrate hundreds of linguistic components into one holistic process.

The above example shows that initial stages of effective learning is always by mastering the parts. But, the learning progresses by successively integrating the learnt parts into a harmonious whole. This in turn is automatically integrated into one's personality along with other components like values, attitudes and behavior. Such a holistic personal growth ought to be the objectives of postgraduate training and learning in psychiatry, wherein professional wisdom is integrated with other components of personality.

Holistic phenomena in mental health and the logical corollaries of this 'Holism' are generally neglected in postgraduate training and learning. Almost all areas of mental health knowledge are spread on a holistic continuum. Four areas of holism are briefly described below as examples so that the profession actively and thoroughly explores all other areas for the purpose of training, learning and research.

Psycho-somatic holism: This holism begins at the beginning, the 'common ancestor' called zygote.

(a) The zygote undergoes successive divisions and differentiations, eventually resulting in various fully developed dynamic systems like, alimentary, cardio-vascular, respiratory, CNS, genito-urinary, etc. These numerous systems are all inter-connectedly, inter-dependently and dynamically integrated into a functional human being. This is 'Holism'.

(b) Psychological states are known to influence immune mechanisms and autonomic responses and even genetic expressions. Genetic expressions are influenced by environmental variables. Neuroplasticity is influenced by needs and efforts; and 'efforts' are obviously psychologically intentioned actions like 'Will', etc.

(c) The famous population survey in Mid-town Manhattan in the mid-twentieth century demonstrated a close time-correlation between stressors on the one hand and physical and psychological morbidity on the other. In addition, severity of the morbidity correlated with the severity of the stress. As the evidences are accumulating to show that the state of psychological health contributes to functional recovery and a state of wellbeing irrespective of the nature of physical illness, the time is not far off when the whole medicine becomes synonymous with 'psycho-somatic medicine', based on 'psycho-socio-genetico-bio-neuro-immunology'.

The Holism of Resilience is based on homeo-dynamic quality of all living beings.. Resilience is the quality of facing and managing the routine tribulations of life, irrespective of the severity of the stressors. Thus, resilience is a product of and contributor to continued trial and error learning of one's coping-skills (or life-skills).

(a) In humans, homeo-dynamic processes occur at three levels. (i) Immune and related systems at the physical level. (ii) Attitudinal and behavioural components of coping-skills at the Psycho-social level. (iii) Neuroplasticity at the level of central nervous system.

(b) Homeo-dynamics at all three levels require feed-back loops. More complex the organism, more complex the feed-back system. Even artificial intelligence ('machine-learning') is dependent on extensive and complex feed-back circuitry. The behavioural equivalent of feed-back loops is the process of trial and error learning with continuous self-monitoring (or self-audit).

(c) Just as the immune system learns to manage infections only after being exposed to them, coping-skills are learnt only by being exposed to routine stresses and strains of life. Similarly, neuroplasticity is dependent on functional needs and intentional effort.

(d) It means that an individual who has not been exposed to germs, injuries, pain, anxieties, depression or life's challenges, etc. will not have learnt physical, psycho-social or neurological resilience. In other words, development of resilience needs opportunities from birth onwards to face challenges and manage them by trial and error learning in a caring environment. Thus, one can visualize a continuum of a healthy individual being a product of a healthy family, which in turn is a product of healthy social-culture.

(e) A corollary of the above description of coping is that the conventional concepts of 'pathology', 'psychopathology' or 'neuropathology' are not abnormalities. They are 'normal' coping responses, the final effect being either reversible or irreversible. Thus, any illness, either physical, psychological or neurological is essentially a result of inadequate resilience (coping) or extreme stress. Therefore, the ideal objective of any mode of clinical management or intervention is to restore and strengthen the individual's coping (resilience).

(f) Some of the personality qualities required for a robust coping are fairness, trust worthiness, personal discipline and courage, etc. They happen to be components of human values.

Holism of Human Values. This holism is related to the fact of the initial 'One' becoming the later 'many' of existence, irrespective of cause, either Divine or Naturally cosmological. In terms of attitudes and behavior, this holism has a few corollaries.

(a) The individual is accountable to the eco-system at large and to humanity in particular. For example: (i) 'Righteousness' in Indian scriptures means those attitudes and behavior which contribute to welfare of all creation. (ii) One of the five principles of Ayurveda's concept of total health is the individual's positive contribution to human welfare. (iii) One of the highest of human virtues is to help a fellow human in distress. This happens to be the objective of medical profession.

(b) Almost all interpersonal conflicts result from violation of human values. For example, there is no human who likes to be cheated, insulted or violated upon, etc. Even criminals do not like their own personal welfare violated upon. How strong should the mental health professional's own personality be in respect of these values?

(c) In addition, many of these human values also happen to be 'desirable therapist qualities' that positively correlate with therapeutic outcome. Besides, psycho-social modes of managements are the most required forms of management for the following reasons: (i) Pharmacological modes of management are effective only in approximately 33% of instances. (ii) Almost all psycho-pharmacological agents are CNS-depressants, interfering with trial and error learning necessary to learn coping-skills. (iii) Thus, injudicious use of pharmacological agents and their overuse leads the patients and their families to suffer dis-use atrophy of their coping-skills or resilience.

Holism of learning

(a) We are all very familiar with methodologies of 'objective' learning about phenomena 'outside of ourselves'. What is the instrument of the above 'objective' learning? That instrument is the mind, irrespective of its definition.

(b) We all know that the natural scientists always strive to narrow down the error ('bias') of their instruments to the barest minimum possible, by regularly calibrating their instruments.

(c) To what extent are we the mental health professionals preoccupied with regularly or continuously calibrating our own instrument of knowledge, learning and experience? How to calibrate this instrument, except by application of our knowledge to our own minds, attitudes and behavior?

(d) Therefore, all mental health professionals are to be taught to introspect and apply the learnt psychological and sociological concepts to their own life and verify their validity in real life setting. Such a learning should run parallel to what they keep learning through their patients in the clinical settings. That is, the learning has to be both objective and subjective, both requiring corroboration with each other

(e) If and when such an introspective learning becomes a part of standardized postgraduate teaching and learning, hopefully, such neglected components of wellbeing as 'Willed' effort (intentional effort), etc. would become more important components of clinical management.

Concluding remarks

The foregoing text briefly describes few examples of holism. I believe that, integration of knowledge of all areas of mental health will eventually turn out to be holistic. Another area of holism, the diagnostic range, is crudely represented in the two figures below.

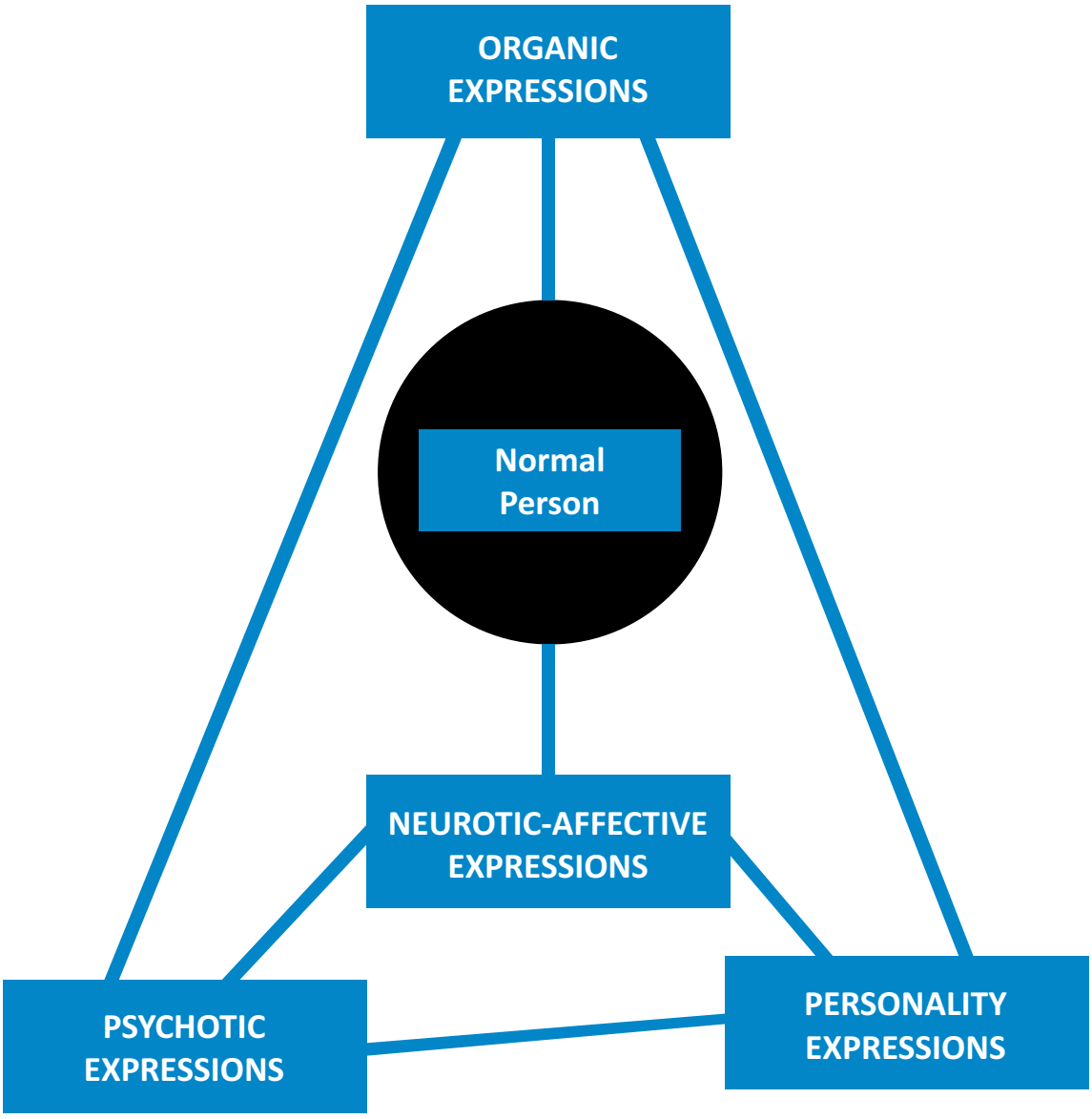

FIGURE-1: Diagramatic representation of the continuum in the diagnostic dimension as a consequence of homeo-dynamic holism. The results of optimal adjustment within one-self and with the environment by an ideally healthy individual places him at the centre of the diagnostic-space.

Notes : (1) The responses are on multiple diagnostic continua, (2) Thus, ideal diagnostic criteria are seldom met. (3) Ideal health is circle at the Centre. (4) When the homeo-dynamic adjustments fail to whatever degree, the 'position,' 'shape' and size of the individual varies as shown in FIGURE-2 on the next page.

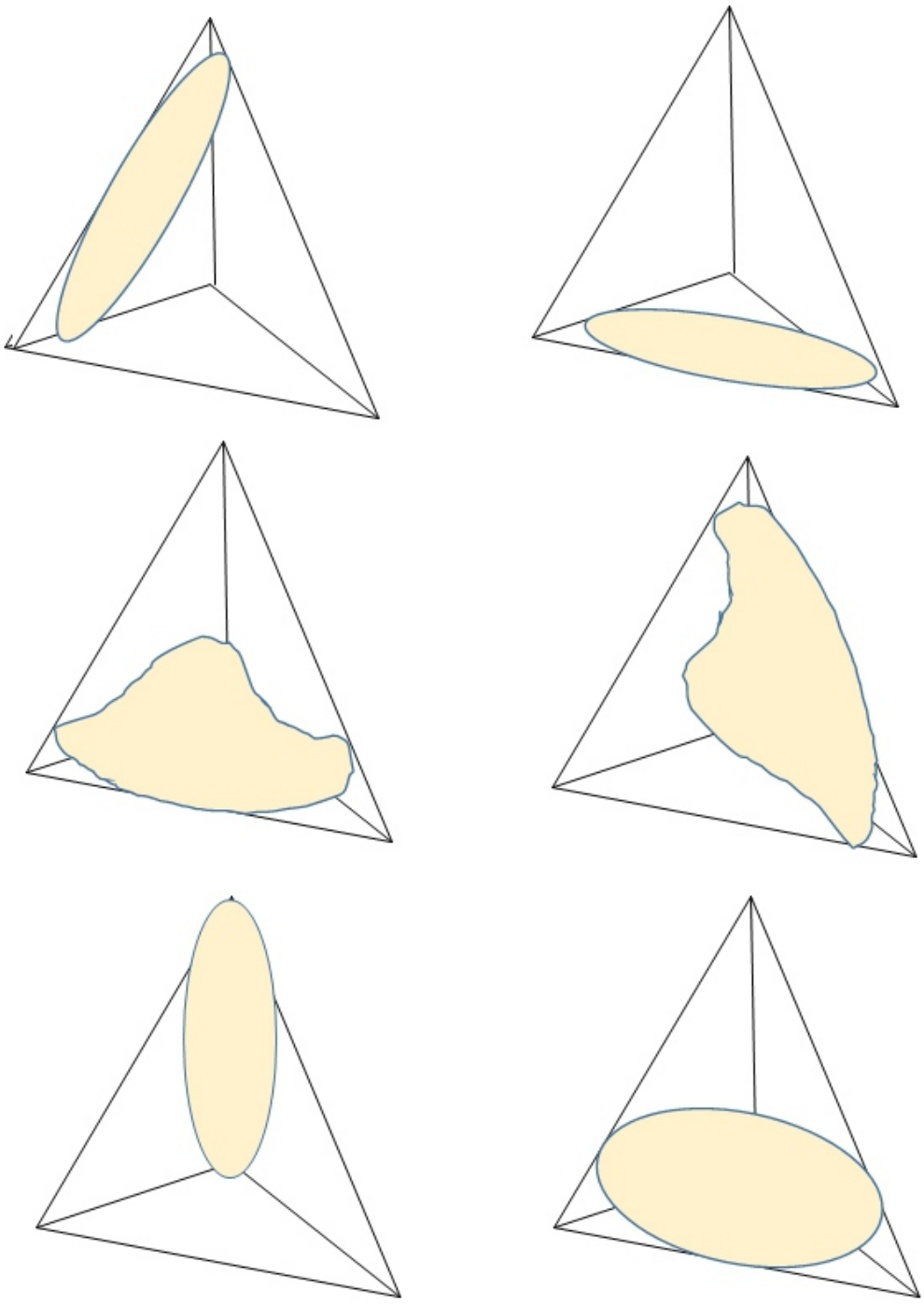

FIGURE-2 : (Ref: Figure-1) Figurative display of examples of how different mentally ill persons (shaded area) generally exhibit admixture of and overlapping of clinical features of different diagnostic categories.

PERSPECTIVE OF RESIDENTS

Senior resident

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Do's and Don'ts during postgraduate training in psychiatry

1. Do not forget your neurology and medicine. Ruling out organicity in psychiatric patients is as important as giving the right medicine to the patient. It goes a long way in drastically increasing the quality of patient care as well as enhancing the therapeutic satisfaction of the treating doctor.

2. Do not get overwhelmed by the ambiguity of the subject. The boundaries in psychiatry may seem nebulous at first, but always approach and practice psychiatry like a science. One can take the help of guidelines, algorithms, standardized texts wherever necessary.

3. Do not undermine the value of team effort. The role of a clinical psychologist and psychiatric social worker is crucial for the complete recovery of the patient. The treating psychiatrist must be a team player along with subtle leadership qualities.

4. Do not think that you are invincible to mental health issues. Being a cardiologist doesn't make a doctor immune to myocardial infarction. Similarly reading and practicing psychiatry doesn't guarantee immunity from depression, anxiety, OCD or any other psychiatric disorder for that matter. Appropriate and timely intervention must be taken wherever necessary.

5. Do not get disheartened by the patients who are difficult to cure. Certain diagnoses like substance addiction, personality disorders can be frustrating when it comes to initial treatment outcomes, but one must practice the goal of harm reduction and holistic improvement of patient's quality of life.

6. Actively avoid getting fixated on one diagnosis or one pattern of treatment. While one must be confident about one's skills, at the same time one must recognise the wide horizon of possibilities that are practised in other places, nationally and internationally.

7. Always remember that learning will and must continue. Residency is just the beginning of a lifelong learning process and many more skills are acquired after the third year of residency. One must actively keep their mind open towards clarifying the doubtful areas, as well as getting hold of the newer set of ideas and treatments.

8. Indianize your practice as much as possible. Try to find relevant Indian data in psychopharmacological as well as psychotherapeutic area. One must actively look out for the fact whether a particular research included any Indian or South Asian subjects. Do not get bewildered by our patients responding to different dosages of medication than what is given in a guideline or standard text. Also, always take the sociocultural fabric of Indian patient into consideration during psychotherapeutic interventions.

9. Start paying attention to the medicolegal aspects of psychiatric practice during residency itself. Once out of medical college, a psychiatrist is expected to know the nitty gritty of the new Mental Health Care Act, 2017. Being new in practice doesn't excuse one from the medicolegal responsibility of prescribing narcotics, involuntary admissions, and so forth. For those planning to practice psychiatry in a private setting, this becomes even more important.

10. Be tech savvy. In the era of cyberchondria and Internet addiction, a Psychiatrist must know how to use Internet for the maximum benefit of the patients. Use of various apps and online tools can assist in diagnosis as well as treatment of mental health patients. This is the unexplored area in psychiatric practice with a huge therapeutic potential. Never hesitate to propose ideas to consultants or learn from the patients about what better can be done with the mobile phone and Internet for better mental health.

Junior Resident

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Being a postgraduate in Psychiatry is the right time to inculcate and develop attributes which will go a long way in the making of a good psychiatrist. More often than not, many of us get lost in the rat race of daily rounds, running busy outpatient departments, discharge summaries and preparing presentations for academics that we don't pay attention to the qualities that form the backbone of this profession.

Patience : Patience is a virtue which will distinguish yourself as an exemplary psychiatrist compared to others. Being a postgraduate, where you are the first line of care for the patient and family members on a daily basis, it is vital to have abundance of patience to educate and explain the treatment as well as to clarify any queries that they might have. This will help you win over the confidence of the patient and the family members you deal with. It is also important to have patience with the treatment process yourself as the results in psychiatry take much longer to manifest as compared to most other medical specialities.

Silence : The moments of silence spent in active listening and observation are crucial parts of interviewing a patient. In the process of establishing rapport, the importance of letting the patient talk while ensuring they have your rapt attention cannot be undermined. This includes avoiding interruption of the interview with phone calls, texting or even wandering off in thought. Even the most guarded patients tend to open up once they know they have your undivided attention.

Yearning to learn : During the phase of postgraduation, you always have your seniors and consultants to fall back on while making treatment decisions. This should in no way deter the process of self-learning and motivation to keep yourselves abreast of the recent advances and research findings. The best way to consolidate learning is to go back and read about what you see first-hand in the patients under your care, formulate a plan of treatment and then to take part actively in the discussion with regard to the choice of treatment. The yearning and passion to learn has to be a lifelong process in order to ensure the best possible care for the patient.

Commitment and Care : Commitment to the profession will help the postgraduates to see all the hard work they put in as a 'calling'. This will help to assign a personal meaning to the work which will in turn lessen the chances of burnout. A postgraduate must be able to make the patient feel that they are being cared for and that their difficulties are being heard. Most often patients care about how much their doctor cares for them than how academically brilliant they are.

Humane : The postgraduates must not forget to add a human touch in all their dealings with their patients. The most important part is to look beyond the patient as being information on charts or a list of medical problems. It is crucial to understand each patient as a whole person with their hopes, aspirations, fears and priorities. Adopting a non-judgemental stance while maintaining respect and regard for the patient's needs and preferences is much needed.

Interest in the subject : The more interest a postgraduate has for the subject, the more efforts he will put in to expand his knowledge and competence. When a postgraduate takes active interest in learning, there will always be others especially seniors and consultants who will help facilitate the process. Attending and presenting at conferences and continuing medical education meetings will help expand the horizons of knowledge beyond the textbooks.

Awareness : Awareness about the important laws and legislations related to mental health care is necessary to safeguard the interests of the patients under your care. In this age where medical profession is being increasingly brought under litigation, the postgraduate must be aware of the legal implications and provisions related to mental healthcare. This will aid in effective communication with the patient and family members which should always be followed by thorough documentation. A postgraduate should also keep himself aware of the possible drug interactions and side effects, taking efforts to read up those which are not known, which can protect the patient from avoidable suffering due to drug reactions.

Time : A postgraduate must be able to manage time effectively in order to ensure that some time is set apart for self and family. Taking breaks in-between and spending time unwinding and relaxing is a must-do for mental well-being. Looking after self is paramount to looking after others. Some activities that help de-stress and put you back in tune with the world are a much-needed element of postgraduate life.

Risks : The postgraduate must be able to gauge and understand the risks involved in dealing with patients who are agitated, violent or suicidal. Personal safety must at all times be ensured before dealing with a vulnerable patient. The strategies to manage such circumstances must always be at the back of the postgraduate's mind since in most of these situations, other staff including security personnel turn to the psychiatrist to deal with the patient.

Yielding to empathy : A postgraduate must strive to understand what the patient and the family is going through and how much the illness is affecting every sphere of their life. When the patient and the family is grappling to come in terms with the reality of their illness which is often stigmatised by the society, an empathetic approach by their clinician can become the best starting point to restore their confidence.

The best approach to follow, to ensure that you become a good psychiatrist at the end of three years training, is to pay attention to **PSYCHIATRY**.

"Cure sometimes, treat often, and comfort always."

— Hippocrates

AWARD WINNING PSYCHIATRISTS

A brief reflection by Dr. Supriya Mathur,
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1. DR. BHARAT VATWANI

Medical Profession is undoubtedly one of the noblest of professions and most of the students who choose it as a career continue working hard day and night, despite experiencing the hardships they face in their professional career and the toll it takes on their personal lives. In spite of having an innate desire to heal and serve the society, these obstacles may sometimes cause a burnout even in the most driven of the students. In times such as these, there arises a need to look up to someone for motivation. One of the people who bestow upon us such motivation is the winner of the prestigious **Magsaysay Award 2018**, Dr. Bharat Vatwani.

A chance encounter led to the establishment of Dr Vatwani's rehabilitation foundation. He saw a man drinking out of a gutter with the help of an empty coconut shell. The man was suffering from schizophrenia. While this man remained tangible yet invisible to the busy society around him, Dr Vatwani and his wife, Dr. Smitha offered to help. They brought him to his centre, groomed him and started his treatment. When the patient improved and started to interact, he informed that he is a science graduate. He gave them his address and was then reunited with his family.

Few years later, the doctor couple formed Shraddha Rehabilitation Foundation, at Vengaon Village, Maharashtra in 1989. This foundation helps such "wandering" patients by treating them and offering them a temporary home. Once patients improve, the foundation tracks down their families and try reuniting them. With a success rate of 98%, the foundation has helped reuniting about 7000 patients till date, some of whom belonged to as far as Nepal. Dr Vatwani stresses upon the lack of awareness and empathy toward mental illness and hopes that the Magsaysay Award will reduce the stigma.

His story is inspirational in so many ways. In a world where people seek monetary gains and fame in a short span of time, Dr. Vatwani with the help of his wife and few other people, works day and night for people who have been ignored and ill-treated, people who have been shunned by their own family and relatives due to social stigma, people who need medical support, social and mental support – patients with Mental disorders. All this started with a small observation which most of us may ignore, an observation which occurred outside of his "duty hours" while he was having his "personal time". This reminds us that being doctors, we need to extend our services even outside our working hours and adhere to the Hippocratic Oath. It is not just a matter of being intelligent and prescribing medications but also being diligent and having the drive, honesty and empathy which can help people and in turn help in the betterment of the society.

2. DR. VIKRAM PATEL

Another legend who has always motivated us is the renowned Psychiatrist Dr Vikram Patel. Listed as one for the World's 100 most influential people by Time Magazine in 2015, he is a Professor of International Mental Health and the Wellcome Trust Senior Clinical Research Fellow at the London School of Hygiene and Tropical Medicine. He was awarded the Chalmers Medal by the Royal Society of Tropical Medicine and Hygiene (UK), The Sarnat Prize in mental health by the Institute of Medicine (USA), and most recently the Canada Gairdner Global Health Award. Although his major focus is on Community Mental Health, his works extend to Epidemiology, Psychology, Disability, Child development, Public Health and Substance abuse. He is the Co-Founder and former Director of the Centre for Global Mental Health at the London School of Hygiene and Tropical Medicine (LSHTM) and the Co-Director of the Centre for Control of Chronic Conditions at the Public Health Foundation of India.

In 1997, Dr. Patel and his few colleagues formed an NGO called Sangath in Goa. Sangath works with London School of Hygiene and Tropical Medicine in the area of child development and mental health. In 2008, Sangath won the MacArthur Foundation's International Prize for Creative and Effective Institutions which has helped toward the vision of the foundation which seeks to innovate solutions to improve mental and physical health across the life course along the values of Passion, Performance, Excellence, Team work, Empathy, Respect, Integrity and Innovation.

Dr. Patel has been an inspiration since the early years of his career. Understanding the lack of resources, he has strived towards empowering society to intervene at the community level, and what remains extraordinary about it is the way people are educated about mental illness in an easy to understand vernacular language. It is important because caregivers are usually not well aware about mental illnesses and are perplexed by patient's condition and behaviour. An understanding and empathetic approach towards the illness on the part of the caregivers helps in a better treatment.

The medical profession still remains one the hardest career choices. It is difficult to get into, difficult to get by and even more difficult to practice with all zeal and integrity and yet somehow people like Dr. Vikram Patel go out of their way and establish such touchstone of excellence and service to mankind which leaves the future generation of doctors thrilled and motivated.

3. Dr M. Sarada Menon

"Look at a person with mental health problems as a human being, and then everything will change"

A statement that puts everything in the right perspective for a Psychiatrist. A statement that makes you revaluate your approach towards a patient and the way she is perceived by the society. Such inspiring words ought to be said by a legend in the Psychiatric world, **Dr M. Sarada Menon**, the first female Psychiatrist of India.

Born on 5th April, 1923 in Mangalore, Karnataka, Dr Menon graduated in medicine from Madras Medical college in 1951. She completed her Diploma in Psychiatric Medicine from NIMHANS in 1959 thus becoming the first female Psychiatrist in India. Since the beginning of her career she spearheaded the drive towards helping the mentally ill. She initiated several reforms in the hospitals she worked in like opening of a Psychiatric Department, a dedicated Psychiatric OPD etc. On the personal front, not only she motivated initiation of participation of social organizations in the rehabilitation of mentally ill patients like AASHA (a community-based organization assisting the families of mentally-ill people based in Chennai) but also she converted one of the rooms in her residence into a shelter and later influenced the local chapter of YMCA to open palliative care centres.

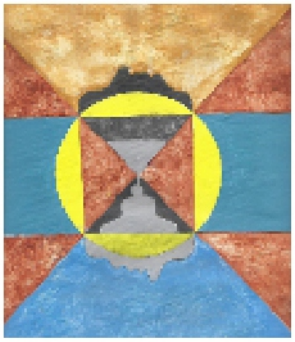
In 1984, she founded Schizophrenia Research Foundation (SCARF), a non-profit NGO, for the rehabilitation of people suffering from schizophrenia and other mental diseases. SCARF provides temporary shelters and telepsychiatry therapy. It also runs a vocational training centre aimed at the rehabilitation of patients and manages a mobile clinic. Dr Menon has also served as the vice-president of the Chennai chapter of the Red Cross Society and has been a member of the state government panel set up for proposing prison reforms. She is also associated with the World Fellowship for Schizophrenia and Allied Disorders (WFSAD).

For her exemplary work in the field on mental health, Dr Menon was awarded the Padma Bhushan in 1992, Best Doctor Award from the Government of Tamil Nadu, Best Employer Award from the Government of India, Special Award of the International Association of Psycho-Social Rehabilitation, Boston and the For the Sake of Honour Award from the Rotary Club, Chennai. And recently in 2016, the Government of Tamil Nadu honoured her again with Avvaiyyar Award.

At the age of 96 today, Dr Menon is still active and highly motivated towards the work she has been doing for the past six decades. She stands as an epitomic pillar of motivation and women empowerment, guiding and inspiring the future generation of Psychiatrists towards building a better and more empathetic society for the mentally ill.

PERSPECTIVES IN PSYCHIATRY TRAINING

WHAT EVERY POSTGRADUATE MUST KNOW



Dr. Suhas Chandran MD., Dr. Kishor M . MD

Psychiatry is a fascinating specialty and learning professional skills encompasses both science and art, at every stage. Although there are numerous textbooks for postgraduate students in psychiatry, hardly few books explore the subtle nuances of psychiatric training and skills that could help the resident approach psychiatry in a holistic manner.

Keeping this in mind, this book is for psychiatry postgraduates & those graduates who are keen to take up psychiatry, written by seniors sharing their experiences on clinical work, academics and research among others that lie ahead in the psychiatry residency. The objectives are to provide students with information,strategies and resorces in psychiatry as they adjust to the milieu of post-graduation.

Exposure to such material in these formative years can help the student to develop complex thinking skills, expand their thought process, and help prepare them for their future life as a professional. With topics ranging from ABC of Psychiatry to self-monitoring, every enthusiastic reader is likely to take away something be interesting and useful from this book