

**THE TAMIL NADU Dr.M.G.R.MEDICAL UNIVERSITY, CHENNAI**

**RESULT OF THE Ph.D. STUDENTS - SCREENING COMMITTEE – JULY 2019 SESSION**

<b>Sl. No.</b>	<b>NAME OF THE CANDIDATE</b>	<b>SPECIALITY</b>	<b>REMARKS OF THE SCREENING COMMITTEE</b>	<b>RESULT</b>
1	Dr.D. Porkodi	Medical Specialities	1. Study size should be designed based on the Statistical Significance. 2. As an end point all the points in the study group shall be subjected to FNAC / Biopsy. Irrespective of BIRADS category.	Accepted with recommendation
2	Dr.S. Sumeena	Medical Specialities	1. Modify the Title. 2. Study result should be compared with the MR Mamogram. (E Mamography should be compared with MR Mamogram for all points included in the study)	Accepted with recommendation
3	Dr.S. Dilip Chand Raja	Surgical Specialities	-----	Accepted
4	Dr. Ramya. S	Dental Specialities	- Study design is highly inadequate. - A new version of an apparatus is to be tested. But, no details were provided on the 'proto type', who would help the candidate in designing it, etc., Without a 'control group' the effect of any intervention cannot be assessed. - No 'objective methods' to assess the effects. - No statistical methods discussed.  The candidate is encouraged to come up with a fresh proposal focusing only on the new version of the apparatus she is interested in studying	Not Accepted

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5	Dr. Johnson Raja James	Dental Specialities	<p>1. Methodology &amp; Work plan were NOT presented.</p> <p>2. Later on, the candidate handed over the written material explaining the work plan.</p> <p>3. The 'Work Plan' reveals some 15 steps – each one involving intricate laboratory work..</p> <p>Certainly the candidate does not possess the requisite expertise in 'bench work'.</p> <p>It would not be preferable to 'outsource' the research work – done for Ph.D.</p>	Not Accepted
6	Mr.G.K. Rangarajan	Bio-Medical Sciences	<p>Co-Guide needs to be a related Clinician – e.g., Pathologist, Radiologist, who is recognised by the University.</p> <p>- In view of Post – NAC complete response or near complete response, who may not contribute to the study, he can rework the sample number.</p>	Accepted with Recommendation
7	Mrs.K.Vijaya Vani	Bio-Medical Sciences	<p>Objective 3 of the proposal comprises a series of studies with no clear rationale on focus, where the candidate has no idea what she proposes to study and how. In view of this it is recommended that the focuses on objectives 1 and 2, and does those well.</p>	Accepted with recommendation

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8	Mr. Tammanna Bhajantri	Bio-Medical Sciences	<p>The expression of Macrophage Co-receptors CXCR4 during HIV-1 tropism.</p> <p><b>Observations:</b></p> <ol style="list-style-type: none"> <li>1. The research questions and implications are not clearly defined.</li> <li>2. Clarity of the sample size is lacking.</li> <li>3. The research questions do not align with the Methodology.</li> <li>4. The proposed study has less novelty.</li> <li>5. Candidate's understanding of the proposed study is poor.</li> </ol>	Not Accepted
9	Dr.S. Chithra	Siddha	<p>The Title should reflect the exact area of Research. The spelling of the test drug may be in Roman script as per literature. Repeated dose toxicity study for 180 days may be done. Suitable animal model for anti Fibroid activity may be included in the study. Instead of well established Pharmacological activities like heamantinic and diuretic other unexplored areas may be included. An updated proposal with fresh clearance from IAEC may be submitted.</p>	Accepted with recommendation
10	Dr.R.Sathish Adithya	Siddha	<ol style="list-style-type: none"> <li>1. 90 days oral repeated toxicity study may be included.</li> <li>2. Wound healing cell line studies may be added with fibrotic markers.</li> </ol>	Accepted with recommendation
11	Dr.R. Baskar	Siddha	<ol style="list-style-type: none"> <li>1. Recommended to include elaborate toxicity studies upto 180 days repeated dose toxicity in animals.</li> <li>2. Preliminary drug data from pilot clinical study may be furnished.</li> <li>3. IAEC must be submitted as per University guidelines.</li> </ol>	Accepted with recommendation

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12	Dr.A.Satheesh Kumar	Siddha	1. The individual ingredients of the formulation and the mixture may be separately screened for efficacy. 2. Toxicity profiling should be done upto 180 days repeated dose according to OECD guidelines. 3. Fresh IAEC certificate must be submitted according to University guidelines.	Accepted with recommendation
13	Dr.M. Ramani	Siddha	Recommended to include more Pharmacological models to prove the therapeutic claims of the drug.	Accepted with recommendation
14	Dr. Giftillda Selva Elsee. T	Siddha	1. 180 days repeated dose toxicity study may be included. 2. More inflammatory serological markers may be added. 3. Title may be refined.	Accepted with recommendation
15	Dr.L. Juliet	Siddha	1. Repeated 180 days oral toxicity may be included. 2. Course of trial for 48 days may be repeated after a drug holiday if necessary. 3. Clinical Trial Protocol may be elaborated wherever necessary.	Accepted
16	Dr. T. Ajayan	Homoeopathy	Too broad Non-Specific poorly written.	Not Accepted
17	Dr.S.V. Santhosh Kumar	Homoeopathy	-----	Not Accepted
18	Dr. Bhavya. M.C	Homoeopathy	Recommendation - To review the Methodology with reference to sample size, inclusion/Exclusion criteria and rewrite the proposal for consideration.	Accepted with Modification

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19	Dr.K. Manikanda Perumal	Homoeopathy	---	Accepted
20	Mr.Subramani M.C.	Pharmacy	<ol style="list-style-type: none"> <li>1. Take the primary objective as Permeation enhancement.</li> <li>2. Detailed literature to be done related to this objective.</li> <li>3. To include in-vivo studies and if possible in-vivo, invitro correlation.</li> </ol>	Accepted with Recommendation
21	Mr.Vasanth Kumar.S	Pharmacy	To cite literature on clinical applications of pulsatile drug delivery system to support study justification.	Accepted
22	Mr.P. Thirumal	Pharmacy	<ol style="list-style-type: none"> <li>1. Proof of concept for the role of proposed interventions in multiple sclerosis from literature is not submitted.</li> <li>2. Candidate can work on the same topic after justifying proposed interventions based on literature review.</li> <li>3. Proof of concept can be taken as the primary objective if enough literature is not available.</li> </ol>	Not Accepted
23	Mr.Chandra Sekhar Thota	Pharmacy	<ol style="list-style-type: none"> <li>1. Proof of concept for the role of proposed interventions in MS from literature not submitted.</li> <li>2. Candidate can work on the same topic after justifying proposed interventions based on literature review.</li> <li>3. Proof of concept can be taken as primary objective if enough literature is not available.</li> </ol>	Not Accepted

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24	Mr. Pavan Kumar Krosuri	Pharmacy	<ol style="list-style-type: none"> <li>1. Suggested to include alternate methods and other polymers in attempts to improve dissolution and bioavailability.</li> <li>2. Suggested to compare all methods to reach a valid conclusion.</li> <li>3. Suggested to include in vivo/in vitro correlation analysis.</li> </ol>	Accepted
25	Mrs.S.Suja Venisha	Nursing	----	Not Accepted
26	Mrs. Merline Suja. T	Nursing	<ol style="list-style-type: none"> <li>1. To identify One/Few Nursing Interventions related to Maternal/Child Care and work on ways to better implementation of that intervention.</li> <li>2.The objectives, Interventions and outcomes listed now are very broad and are already proven Interventions.</li> </ol>	Not Accepted
27	Mrs.Fabha Gifty V.M	Nursing	<ol style="list-style-type: none"> <li>1. The effectiveness of this intervention is proved well as per literature there is no need to retest the proven efficacy</li> <li>2. Candidate can consider an 'implementation research ' of the same topic (PNF Performed by Trained Nurses) rather than an efficacy trial.</li> </ol>	Not Accepted

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28	Mr.Prem Belwin. K	Nursing	<p>1. Suggested to modify Design</p> <p>i) Use Randomised Sampling (Individual or Cluster Randomisation)</p> <p>ii) Define Interventional Tool Clearly</p> <p>iii) Define clearly the Primary Objective</p> <p>iv) Redo sample size estimate based on Primary Objective &amp; Relevant Literature</p> <p>2. To submit permission to carry out Research in Old Age Homes from Appropriate Authority</p>	Accepted with Recommendation
29	Mrs. Nithya Kalaivani	Nursing	Suggested to consider a study at community level to understand the Larger Problem/Dimensions of Self-Medications and plan Appropriate interventions.	Not Accepted
30	Mrs.R. Rukmani	Nursing	<p>1. Suggested to Evaluate only one Intervention per Group – i.e., Two Intervention Groups and one Control Group.</p> <p>2. Suggested to use a placebo in the Control Group to identify placebo effect.</p> <p>3. The Qualitative Tools used in measuring outcome should compliment the Quantitative Measurements.</p>	Accepted with Recommendation

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31	Ms.K.Chandramathi	Nursing	<ol style="list-style-type: none"> <li>1. Suggested to do this as a Randomised Controlled Trial (RCT), stratified for Urban/Rural residence.</li> <li>2. Primary &amp; Secondary outcome measures to be clearly defined.</li> <li>3. To Redo sample size estimation based on stratified RCT Design.</li> <li>4. To consider 'Days taken for wound Healing' as primary outcome.</li> <li>5. To modify title, objectives and Hypothesis specify the interventions in title.</li> <li>6. Compare two interventions–Based on this modify methodology.</li> </ol>	Accepted with Recommendation
32	Mrs. Anjali. P	Nursing	<ol style="list-style-type: none"> <li>1. To modify Title as 'Effect and Knowledge Retention over time of PALS Training Program in Nurses working at a Pediatric Tertiary Care Unit'.</li> <li>2. Include only nurses who have not undergone PALS training so far.</li> <li>3. To do away from Clinical teaching and do only the standard simulation based PALS training in all nurses.</li> <li>4. To design, validate and use an OSCE based evaluation tool for objective assessment of effect and knowledge retention over time.</li> </ol>	Accepted with Recommendation

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33	Mrs. Ranganathan Myvizhi	Nursing	<ol style="list-style-type: none"> <li>1. Suggested to use a Factorial Design – To Evaluate and compare Interventions Individually and as a Bundle.</li> <li>2. To Redo sample size estimation for a Factorial Design.</li> <li>3. If Sample Size based on Factorial Design is not feasible, to consider restricting Interventions to one or two.</li> </ol>	Accepted with Recommendation
34	Mrs.S. Priya	Nursing	<ol style="list-style-type: none"> <li>1. To include Identification of Domains that require specific attention amongst Nursing Teachers as one of the objectives.</li> <li>2. To consider conventional methods like Lectures in the Control Arm.</li> </ol>	Accepted with Recommendation

**ACCEPTED** : Candidates are instructed to submit the joining report along with necessary fees through the Guide within 10 working days from the date of publication of result.

**ACCEPTED WITH RECOMMENDATION** : Candidates are instructed to submit the Compliance Report through the Guide within 30 working days from the date of publication of results.

**NOT ACCEPTED** : Candidates are instructed to submit proposals (Four copies) through the Guide within three months from the date of publication of result.