

CONTENTS OF THE PROPOSAL

NO	Title	Page
CHAPTER 1:		
Orientation programme for all post graduate (PG) students belonging to all systems of medical sciences [Medical, Dental, Siddha, Ayurveda, Unani, Homeopathy and Naturopathy]		
1.1	Preamble	2
1.2	Humanities in medical education	3-4
1.3	Contents on Humanities in medical education	4- 11
1.4	Guidelines for formative assessment of postgraduate medical students: Model form 1 for assessing PG student Model form 2 for overall marks of the PG student	12 – 18
1.5	Review activities of PG (3 or 5 Years) dissertation	18
1.6	Academic programme for clinical postgraduates	19 - 21
CHAPTER 2:		
Titles and Technical procedures for M.D., General Medicine Post graduate students		
2.1	Titles for M.D., General Medicine Post graduate students - Part - II examination.	22
2.2	Technical procedures for M.D., General Medicine Post graduate students - Part - II examination.	23
2.3	Post Graduate Assessment Suggested Format	24

CHAPTER 1

1. ORIENTATION PROGRAMME FOR ALL PGS BELONGING TO ALL SYSTEMS OF MEDICAL SCIENCES [MEDICAL, DENTAL, SIDDHA, AYURVEDA, UNANI, HOMEOPATHY AND NATUROPATHY]

ORGANISER: MEDICAL EDUCATION DEPARTMENT OF RESPECTIVE MEDICAL COLLEGES

UNDER THE GUIDANCE OF THE UNIVERSITY

PERIOD: 25 DAYS (15TH JUNE TO 16TH JULY OF EVERY YEAR)

1.1. Preamble

Current medical education focuses more on knowledge and skill but teaches less on the needs and expectations of the patients, community and the administration. Also, importance of health science research and educational technologies do not receive due attention. Hence, there is a need to develop common programmes to all PG medical students of different specialities and systems affiliated to the TamilNadu Dr. M. G. R Medical University, Chennai. This is mainly to bring uniformity in thinking and delivery of health care. General guidelines are provided below. **Totally 150 hours** are allotted for teaching and training. **Every day, six hours will be for actual teaching and training, and two hours for interaction including lunch break.**

1.1.1. Medical education unit of each medical college of all systems of medicine, has to organize the programmes under the supervision of Dean / Principal of the respective Medical Colleges (Modern Medicine / Dental / Other systems of medicine) **under the guidance of the university**

1.1.2. All medical PGs irrespective of the specialty and the system of Medicine have to undergo all these programmes.

1.1.3. Each programme will commence with a pre test and complete with post test assessment and the answers will be evaluated and entered in PG students' log book.

1.1.4. Each PG has to score at least **70 %** marks in each programme.

1.1.5. If any PG fails to attend any of the programmes for any valid reasons, she/he has to complete it during the subsequent year programme. Successful completion of orientation programme is a must for appearing in Part I of their PG degree examination.

1.1.6. The Dean / Principal of the respective Medical College have to prepare the Teaching / Training module for their PG students and send a copy of the same to the university along with the participants' pre test and post test grades in the form of soft copy & hard copy as their grade becomes part of the formative assessment.

1.1.8. Each institution is permitted to prepare their own modules keeping in touch with current literature and development, which may be updated every year.

1.1.9. Institutions are permitted to share and work together for the orientation programme and peer review the modules and work pattern.

1.1.10. For further clarification, the academic officer of the university may be contacted.

1.2: HUMANITIES IN MEDICAL EDUCATION

No.	TITLES (Contents of each titles are given below the Table)	Duration in hrs (Actual Teaching & Training)	Cognitive	Psychomotor	Affective
01.	Professional matters	18	+	+	+
02.	Ethical aspects	6	+	+	+
03.	Patient related activities	18	+	+	+
04.	Social aspects	4	+	+	+
05.	Community work	4	+	+	+
06.	Administrative issues	12	++	+	+

07.	Critical analysis of medical documents	2	++	++	+
08.	Team work	6	+	++	+
09.	Duty register of PG students	2	++	+	+
10.	Legal aspects	6	++	+	+
11.	Pharmacovigilance programme	6	++	+	+
12.	Soft skill development	12	+	++	++
13.	Technical skills	6	+	++	++
14.	Medical devices	4	++	+	+
15.	Blood Bank	12	+	++	+
16.	Monitoring & supervisory capacity	2	+	++	+
17.	Training on medical education technology	12	+	++	+
18.	Health Sciences Research	12	++	+	+
19.	Non-academic / Extra curricular activities	2	+	++	+
20.	Review, feed back and any other	4	++	+	+

1.3: CONTENTS ON HUMANITIES IN MEDICAL EDUCATION

1. PROFESSIONAL MATTERS

- Professionalism
- Doctor – patient - society relationship
- Doctor - Doctor relationship
- Complementary and alternative medicine and medical practice
- Sharing of responsibilities –Acceptance of Individual Responsibility in team work
- Being a good doctor
- Appointment and waiting time
- Biomedical waste disposal

- Hand wash
- Universal Infection Control Practices (UICP)
- Monitor Cleanliness of IP and OP section
- Sanitation and water supply
- Reporting of notifiable diseases
- Participation in Hospital infection control policy
- Confidentiality
- Leadership skill
- Health policy
- Sterilization and CSSD

2. ETHICAL ASPECTS

- Ethics and ethical aspects in medical practice and research
- Medical Council Regulations and Ethics
- Ethical aspects in prescription writing
- Handling medical sales personnel / marketing
- Advertising in Medical Practice
- Ethical aspects of being a teacher / facilitator
- Maintaining good clinical practice
- Taking photography/videography of patients or using patients materials for teaching and academic purposes
- Inclusion of patients / subjects for clinical trial / research
- Respecting patients and care givers
- Doctors and strike
- Ethics in prescription

3. PATIENT RELATED ACTIVITIES

- Assessment of patients in a holistic manner
- Competency in BLS and ALS
- Establishment and implementation of standard protocol for common ailments
- Zero delay treatment
- Prompt responsiveness always
- Care of IV line / Ryle's Tube / Catheters / ET Tube, etc.,
- Care of back, eyes, skin
- Preparing patients for
 - ECG
 - EEG
 - Ultra sonogram
 - Echo cardiogram
 - Biopsy, FNAC, Endoscopy and invasive / therapeutic procedures
 - Other radiology & imaging tests

- Handling, patients without care givers
- Handling / discharging destitute cases
- Care of unconscious / comatose patients
- Care of prisoners / mentally disabled / physically challenged
- Care of mentally disturbed and violent patients
- Handling foreign nationals
- Understanding the behavior of patients
- Patient safety
- Introduction of innovative methods for patient safety
- Communicating medical information to laymen in simple language
- Patient participation in decision making
- Patient empowerment
- Patient satisfaction
- Quality of life
- Quality of health care
- Providing information on Disease / Diagnostics / Drugs / Diet / Alternatives / Follow up
- Prescribing medicines / investigations - use / misuse / overuse
- Prescription audit
- Antibiotic policy for institution
- Use of internet in patient care and decision making
- Referral and cross referral
- Second consultation
- Medical Errors
- Prevention of medical errors
- Incident reporting
- Anticipating complications and untoward incidents (related to patients, professionals, societal, technical, etc.,)
- Root cause analysis
- Sharing observations
- Understanding patient safety programme and preparation of check list
- Telemedicine

4. SOCIAL ASPECTS

- Management of clinical problems in resource poor settings
- Understanding socio-cultural issues of patients
- Handling violence in clinical practice
- Implementing national health policies / National Control Programmes
- Notifiable diseases
- Social accountability
- Meeting the Press and Media
- Health economics
- Pharmaco-economics
- Preventive aspects and promotional aspects of health

- Cost consciousness and cost containment

5. COMMUNITY WORKS

- Participation in community outreach activities
- Health education/ Creation of awareness
- Participation in community health programme
- Understanding of disease dynamics in natural surrounding
- Preventive Medicine
- Health checkup activities
- Tele-medicine
- National Health programmes: realisation of responsibilities
eg. RNTCP / HIV-AIDS / Malaria control and other communicable diseases, Non-communicable diseases (NCDs), Integrated diseases surveillance programme (IDSP) etc.,
- Disaster management in the community

6. ADMINISTRATIVE ISSUES

- Medical records of inpatients and outpatients
- Preparation of Discharge summary / report
- Stock Book Maintenance
- Stock Inspection & Annual Stock verification
- Issue of medical certificates and intricacies/ responsibilities (Medical leave, Fitness to return after medical leave, Driving license, Death certificate, Computation of pension, Certificate for travel, judiciary etc.,)
- Filling up the forms and declaration of death
- Issue of certificate to differently abled persons
- Preparing medical reports on demand from patients / judiciary, etc.,
- Preparing medical reports on demand from patients / judiciary, etc.,
- Taking care of the expired cases
- Welfare programmes to the sick, disabled and family of the deceased
- Medical insurance / reimbursement system
- Medicaid / Medicare system
- Quality assurance in health care
- Setting up of consultation clinic
- Health management aspects
- Contributory aspects to strengthen health care system

7. CRITICAL ANALYSIS OF DOCUMENTS

(Elicit deficiencies / lacunae and identify remedial measures)

- Medical records – IP & OP
- Medical certificates
- Discharge summary / reports
- Medical reports
- Medical audit of medical records

8. TEAM WORK

- Planning and management of cases
- Individual & Collective responsibilities
- Interaction with colleagues
- Interpretation to arrive at diagnosis towards evaluation and management
- Elicitation of strength and weakness
- Role and influence of sister specialties

9. DUTY REGISTER OF POSTGRADUATE STUDENTS (Log book writing)

- Number of cases / specimens attended
- Nature of the problems
- Number of cases attended/discussed in different wards / emergency rooms
- Lessons learnt
- Difficulties encountered
- Missed aspects
- Knowledge and skills gained
- Academic programmes as per schedule
- Dissertation /Thesis related

10. LEGAL ISSUES

- Informed consent
- Legal issues in medical Emergencies
- Patient confidentiality vs need to share patient information in society's interest
- Handling adverse drug reactions
- Medical Negligence and the law
- Professional Indemnity Insurance
- Legal aspects in medical practice
- Depositing witness / expert opinion
- Indian Medical Council regulations with latest amendments
- Professional conduct

- Advertisement
- Hippocrates oath and other related matters
- Human rights and health
- Right to Information Act – 2005(Roles and responsibilities)
- Consumer protection act and judgments related to health
- Regulations related to entry in Accident Register (AR)
- Responsibilities towards Medico Legal Cases
- Sending information to police
- Discussion on regulations of hospital / dispensary, etc., act of the respective state
- Documentation of dying declaration
- Interaction of hospital establishment act
- Violence in medical practice
- Referring cases to another hospital
- Discharge against medical advice
- Euthanasia

11. PHARMACOVIGILANCE PROGRAMME

- Adverse drug reaction – Recognition, investigations, confirmation, classification, documentation, reporting, patient / family education, sharing with colleagues and others
- Participation in drug information centre
- **Preparing Drug Requirement**
 - a) Prepare the Indent and monitor the supply of medicine to the OP, Ward and to the emergency room.
 - b) Entry into the respective stock registers in the OP/ Ward

12. SOFT SKILL DEVELOPMENT

- Attitude
- Communication skills
- Listening skills
- Behaviour of Doctors – Verbal & Physical expressions/ Body language
- Breaking bad news
- Leadership skills in health care team
- Simulating models
- Ability to work under pressure

13. TECHNICAL SKILLS

Organization	Expected from PG
<ul style="list-style-type: none"> • Clinical society meeting • Departmental meeting • Special meeting • Inter / Intra institutional meeting • Other academic programmes • Community activities • Integrated teaching • Student seminar • Problem based learning 	<ul style="list-style-type: none"> • Prepare Agenda • Discuss with participants • Confirm their participation • Inform others • Arrange for required materials • Take down notes • Edit minutes of meeting • Prepare proceedings • Circulate to others if required • Peer review system

14. MEDICAL DEVICES

- Basic lessons on electrical and electronic aspects
- Medical equipments use and risks
- Equipment –in –charge & Accountability
- Purchase and handling
- Downtime analysis and increase work efficiency
- Maintenance-AMC
- Log book of medical devices
- Recognizing deficiencies and errors
- Condemnation of Medical Equipments

15. BLOOD BANK

- Training
- Donor selection
- Cross matching
- Reporting adverse reactions following transfusion

16. MONITORING & SUPERVISORY CAPACITY

- Guide to prepare and check drug tray, emergency trolley / resuscitation trolley etc.,
- Verify records, register, statistics, etc.,
- Verify availability of material for Advance Life Support (ALS)
- Monitoring on facilities available in ambulance
- Monitoring and training of health care staff attached to ambulance

17. TRAINING ON MEDICAL EDUCATION TECHNOLOGY

- Exposure to teaching aids & utilization
- Basic Computer Skills- MS Word etc.,
- MEDLARS, MEDLINES & CATLINE
- Curriculum development
- Microteaching
- Objective structured clinical examination (OSCE)
- Objective structured practical examination (OSPE)
- Problem based learning
- Activity based learning
- Evidence based learning
- Preparing various forms of questions for theory / written examination
- Training on various forms of assessment
 - a) Formative
 - b) Summative
 - c) Video based assessment for skills
 - d) Simulating models
- Being an examiner – role replay
- Preparation of Question Bank
- All about MCQs
- Quality assurance in teaching
- Different forms/types of assessment
- Feedback form preparation, collection of data, analysis and review

18. HEALTH SCIENCES RESEARCH

- Formulation of research questions, aims, need and significance of the study
- Research methodology
- Choosing research designs
- Writing a research proposal / project
- Getting approval from Institution Ethics Committee (IEC)/ Animal Ethics Committee
- Sampling method / size / techniques
- Data collection
- Bio statistics
- Preparing master chart and entry into computer
- Data analysis and interpretation
- Literature collection
- Review of literature
- Reading journals and articles
- Constructive criticisms of journals, articles and reports
- Identification of lacunae
- Selection of articles
- Writing research reports / articles to medical journals

- Writing a review articles / Original articles / Case reports / Letters to the Editor etc., for regular and online journals
- Plagiarism
- Correcting articles / reports – as a peer reviewer
- Preparing abstract for conference
- Preparing power point for presentation
- Preparing poster presentation
- Learning on various databases e.g., Pub Med, Embase, Ind Med etc., online journals, free websites etc.,
- Collection of references and arranging them – Vancouver/ Harvard style etc.,
- Use of computer and internet
- Telemedicine

19. NON – ACADEMIC / EXTRA CURRICULAR ACTIVITIES

- Orientation of PG students on entertainment, fine arts, sports, tourism, National days, NCC, NSS, Social work etc.,
- Practice of yoga, meditation, stress management
- Peer pressure, ambitions, goals, achievements

20. REVIEW, FEED BACK AND ANY OTHER DESIRED BY RESPECTIVE INSTITUTION

- Feed back form for each programme from participants
- Review of feed back and presentation by PG student on rotation
- Discussion and suggestions for improvement
- Any other topics as desired by PG students

2. GUIDELINES FOR FORMATIVE ASSESSMENT OF POSTGRADUATE MEDICAL STUDENTS:

1. The Professor and HOD of Parent Speciality shall

- a. Discuss with Chiefs of other sister Departments
- b. Provide their expectations & pattern of training required and
- c. Assessment models

so that the other departments get oriented to PGs coming from different specialties.

2. The PG of the Parent speciality when posted to other sister specialties, shall be informed about the realistic goals & skills expected from him / her during the period of posting by the respective sister department /speciality.

3. The Professor of the respective sister department/ speciality to which a PG is posted for training – shall take utmost care to teach and train the PG students during the given time, on essential matters and common illnesses or / and issues as well as related emergencies. They shall see that the PG-

- a) Has acquired sufficient knowledge and skills to attend to the needs of the patients in the sister department
- b) Shall identify unusual/uncommon aspects of given cases and explain the features with literature support.
- c) Shall discharge his / her duties with human concern in an empathetic manner.
- d) Shall maintain patient safety aspects and necessary records without any lapses.
- e) Shall recognize his/her limitations and refer the cases to concerned sister specialist without delay.
- f) Shall participate in academic forum and share his/her observation in a scientific manner.
- g) Shall understand his/her deficiencies/ lacunae and requirements, and improve his knowledge & skills.
- h) Shall obtain 90% attendance in the sister speciality / department to which posted.
- i) Shall be assessed by the Chief in charge of the sister department / speciality for the knowledge gained and skills acquired by written, clinical and viva voce examination.
- j) Shall get a minimum of 70% in his/her theory and viva and other skills.

4. Accordingly the Assistant Professor and the Professor / Unit Chief / Chief in charge of the department/ sister speciality have to assess the PG on the last day of posting to their department for different skills.
5. The Chief in charge of the respective speciality shall conduct theory (written), clinical and viva voce examination along with the help of one more colleague of their Speciality or allied Speciality and award marks.
6. The Professor and HOD of the Parent Speciality has to coordinate with Chief of other specialties / departments and solve issues if any controversies/conflicts arise.
7. The Professor and HOD of the Parent Speciality shall enter the attendance and marks acquired by the PG in the PG's electronic log book maintained by the University within seven days after receiving the report from other department or Speciality and sign in the log book (hard copy) of the PG.
8. The Chief of the Parent Speciality shall assess the essential / desirable knowledge acquired by the PGs during their posting on monthly basis during the final year by conducting written, clinical and viva voce examination, and assess various skills, and award marks which shall be entered under different Title or sub-title as per the university on line records with necessary entries in the individual log book [hard copy].
9. The PG shall be informed on the deficiencies / lacunae on completion of the respective sub speciality posting / assessment in his / her primary speciality, and directed to rectify his / her deficiencies / lacunae.
10. The marks acquired by PG in different postings shall be entered in the final mark list of the candidates.
11. Every Assistant Professor, Chief of Specialties / Associate Professor / Professor & HOD shall train the PGs on all aspects required to them through **various methods such as activity based learning, problem based training and evidence based learning methods or simulating models etc.**, as the case may be .

12. Each PG shall be allowed to teach and train undergraduate students on theory, clinical aspects, laboratory investigation reports, preparing patients for various procedures including medical / surgical / rehabilitative treatment and discharge plan which shall be monitored by the Assistant Professor and rectified if any deficiency has been observed.

13. Model forms for assessing the PG students on various skills and recording of marks are provided.

14. Over all **each PG shall gain 5 A's i.e., skills to Assess, Ask, Acquire, Appraise and Apply** on all aspects of patient care.

MODEL FORM 1: FOR ASSESSING THE POSTGRADUATE STUDENT

[1] **Name of the Sister speciality Department**

assessing the candidate and the name of the College and address where PG has undergone the training:

[2] **Address for communication –**

Email ID of the speciality dept:

Telephone Number (STD):

Postal address:

[3] Name of the **Parent Speciality of the**

PG and Email ID of Parent Dept:

[4] Name of the **College to which PG belongs to**

[5] **Name of the PG with expanded initials:-**

[6] **University Number**

[7] **Period of posting :** From _____ To _____

[8] Department No...../ and Date of assessment:.....

No.	Category of Assessment of PG	Tick in the appropriate box			
		Satisfactory	Needs support	Needs improvement	Remarks
1.	Theoretical knowledge to discuss the case during clinical rounds				
2.	Writing case record [IP / OP / or medical report]				
3.	Ability to make working diagnosis				
4.	Problem solving and decision making skills				
5.	Ordering investigation and abilities to interpret the laboratory data/ investigation reports				
6.	Ability to provide management plan and substantiate with reasons				
7.	Ability to prescribe diet and drugs, and convince patients for adherence				
8.	Maintenance of records/ Note keeping				
9	Ability to plan for discharge & write discharge report				
10	Clinical and medical audit				
11	Humanistic approach: Professional & Ethical behaviour				
12	Attitude towards patients and family				
13	Communication and interpersonal skills				
14	Technical skills				
15.	Organisation and planning capacity				
16.	Counseling and guidance				

17.	Ability to work under stress				
18.	Team work and Leadership				
19	Teaching and learning abilities				
20	Academic contributions/participation				
21	Attending to the calls and making appropriate action				
22	Attendance and time keeping				
22	Any other – specify.....				
	TOTAL Maximum marks-100				

Candidates who gets “**Needs improvement**”, may be trained well in areas where they are lacking

Speciality seal

Name and signature of the

Name & signature of the

Chief of sister speciality

Assistant Professor

**MODEL FORM:2: OVERALL MARKS OF THE POST-GRADUATE STUDENT
IN EXAMINATION(S) CONDUCTED BY SISTER SPECIALITY**

Number	Category	Marks obtained	Maximum
1.	Theory		25
2.	Clinical/practical		25
3.	Viva voce		25
4.	Marls for the skills		25
TOTAL			100

Signature of the HOD
of the PARENT speciality
with date

Signature
of the candidate
with date

Name and signature of
Chief of sister speciality
with date and seal

Date of entry into university online record-----

1.5.REVIEW ACTIVITIES OF PG (3 or 5 YEARS) DISSERTATION

No	ACTIVITIES	TIME FRAME for 3 or 5 years PG [from the time of admission]	Signature of the Guide/ Supervisor
I.	PLANNING & APPROVAL <ul style="list-style-type: none"> • Collection of literature • Critical review of literature • Selecting title for dissertation with alternatives • Interaction with collaborating Department[s] if required with finalization of the title. • Preparation of research protocol & Proforma • Approval from institutional ethical committee [IEC] 	3 rd month of joining PG course 4 th month 5 th month 6 th month	
II.	Data / sample collection <ul style="list-style-type: none"> • Collection of cases / data and entry into Master chart • Brief consolidation, analysis and interpretation 	Every month for 12 consecutive months	
	<ul style="list-style-type: none"> • Writing “literature review” and other aspects 	Every month for 12 consecutive months	
	<ul style="list-style-type: none"> • Preparation of brief paper / article for an index Journal / conference 	19 th & 20 th month	
III.	<ul style="list-style-type: none"> • Master chart preparation, line listing, consolidation 	21 st month	
	<ul style="list-style-type: none"> • Analysis, interpretation 	22 nd & 23 rd month	
IV.	<ul style="list-style-type: none"> • Discussion / correction / revision 	24 th & 25 th month	
V.	<ul style="list-style-type: none"> • Rewriting, finalization 	26 th month	
VI.	<ul style="list-style-type: none"> • Submission to University 	27 th month	

1.6. ACADEMIC PROGRAMME FOR CLINICAL POSTGRADUATES

Frequency	Programme	Activities	Remarks /signature of Chief / Asst. Prof
Daily	<ul style="list-style-type: none"> • Department/unit meeting with Chief & Assistant Professor(s), Senior Residents, other PGs/JR and CRRI and with unit chief <hr/> <ul style="list-style-type: none"> • Bed side clinics for UG students • Clinical rounds • Clinical demonstration 	<ul style="list-style-type: none"> • Discussion on duty Doctor's report • Discussion on cases expired on the previous day in detail and documentation of the discussion in the case record <hr/> <ul style="list-style-type: none"> • Case presentation during rounds • Demonstration of findings • Explanation for symptoms/signs • Plan for investigations • Interpretation of laboratory reports / radiology & imaging reports, and entry of the reports in the patient records • Ability to prescribe drugs, fluids and diet • Prescription audit • Medical record review • Discharge plan and verification of discharge card/report • Care of back, bladder, bowel , eye, ear, oral cavity etc., • Recognition and care of bedsores, catheter, IV access, Ryle's Tube, ET Tube and ICD Tube. • Verification of records for proper documentation of clinical history, clinical findings including recording of vitals, documentation on clinical problems and management plan including referral and cross referral with signature in full with date and time 	

	<ul style="list-style-type: none"> • Patient safety aspects 	<ul style="list-style-type: none"> -Preparation of check list for cases -Incident reporting -Recognising medical errors -Root cause analysis -Discussion and prevention -Documentation 	
	<ul style="list-style-type: none"> • Plan for surgery (modifications as per the need of the speciality) 	<ul style="list-style-type: none"> -Preparation and assessment -Fixing the date/time for regular/emergency surgery -Instructions from surgeons for management 	
	<ul style="list-style-type: none"> • Nosocomial infection 	<ul style="list-style-type: none"> Recognition, evaluation, confirmation, documentation treatment, reporting and prevention 	
Weekly	<ul style="list-style-type: none"> • Physician / Department meeting / conference • Grand rounds with all members of unit • Statistics • Theory class for MBBS students 	<ul style="list-style-type: none"> • All the above components but with evidences from literature for discussion and interaction. • Submission of weekly statistics of each unit. • Participation & assessment of MBBS students. 	
Fort Nightly	<ul style="list-style-type: none"> • Group activities • Assessment of UG students • Participation in student seminar/ integrated teaching programmes 	<ul style="list-style-type: none"> • Analysis of daily activities/ assignments • Identify the strength and weakness of PGs • Learn to grade UG students performance • Learn to organize student seminar/ integrated teaching programmes 	

Monthly	<ul style="list-style-type: none"> • Preparation of modules on selected topics. • Dissertation review • Clinico-pathology conference [CPC] • Clinico-legal conference (CLC) based on judgments • General clinics • Speciality clinics • Department CME • Journal club meet • Collection of feed back form • Internal audit on clinical, evaluation, management, documentation, • Debates & discussion on topics such as- <ul style="list-style-type: none"> - Natural history of Illness/disease - Clinical aspects - Diagnostic areas - Therapeutic aspects - Prevention aspects • Attendance • Preparation and discussion of schedule for the next month 	<p>Peer review of-</p> <ul style="list-style-type: none"> • Morbidity and mortality of Unit / Department and compare with previous month, and with the respective period of previous year • Publication / presentation of papers • Modules prepared for teaching • Written tests • Ongoing research works. • Lecture schedule for UG students • Handouts for teaching/ pictorial modules, OSCE modules, prepared by PGs and faculty • Specific learning objectives for each topic to be discussed in the next month • Feed back form received from students, residents, staff nurse and faculty • Mentor programme of students and remedial measures • Attendance of students and faculty for the month • Documentation of all activities in the log book of the PG and duly signed by the respective teachers with name, designation and seal 	
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CHAPTER 2

TITLES AND TECHNICAL PROCEDURES FOR M.D., GENERAL MEDICINE PGs

Topics to be covered during theory / P.G. seminars and discussed in clinical teaching

2.1: Titles for M.D., General Medicine PGs - Part - II examination

No.	Titles
1.	Adolescent Medicine
2.	Geriatric medicine
3.	Travel Medicine
4.	Sexual Medicine
5.	Refugee Medicine
6.	Prison medicine
7.	Sports medicine
8.	High altitude medicine
9.	Aviation medicine
10.	Palliative and terminal care
11.	Environmental Medicine
12.	Occupational & Industrial Medicine
13.	Nanomedicine
14.	Rehabilitation Medicine
15.	Climate change on Health and illness
16.	Critical care and emergency medicine including toxicology
17.	Disaster Medicine
18.	Bioterrorism – medical aspects
19.	Emerging infections, epidemics, endemics & pandemics
20.	Legal and ethical aspects in medical care
21.	Quality assurance in health care

2.2. Technical procedures for M.D., General Medicine PG
(Proposed Number is given for each)
Can be used for evaluation of Directly Observed Practical Skills (DOPS)

No.	Technical Procedures	Carried out under supervision	Assisted	Observed	Remarks on skills & ability to interact & interpret
I.	HEMATOLOGY Peripheral smear – [preparation, staining & interpretation]	25	--	--	
	• Bone marrow aspiration preparation, collection, transport, processing and interpretation]	03	05	05	
II.	RESPIRATORY SYSTEM				
	• Pulmonary function test	10	10	10	
	• Peakflow meter	20	10	10	
	• Use of Nebulizer/spacer/rotahaler for patients	20	10	05	
	• Endotracheal Intubation	10	10	05	
	• Ventilator Management	10	10	10	
	• Pulse oximetry	25	10	10	
	• Pleural aspiration	05	05	05	
	• Insertion of intercostal tube [ICT]	02	03	05	
	• Pleural biopsy	-	02	02	
	• Pleurodesis	-	02	02	
	• Fiberoptic bronchoscopy	-	05	05	
	• Bronchial Artery Embolization	-	03	02	

	• ABG	25	--	--	
	• Polysomnography	02	05	05	
III.	CARDIO VASCULAR				
	• Pericardiocentesis	02	05	10	
	Temporary pacing	02	05	10	
	Defibrillation	20	05	10	
	Cardiac Monitor	20	05	10	
	ECHO cardiogram - training and use in regular and emergency cases and for procedures	10	05	20	
	TMT testing	05	05	05	
	Holter monitoring	05	05	03	
IV.	GIT				
	Naso-gastric tube insertion	30	05	10	
	Stomach wash for poisoning	20	05	10	
	Paracentesis abdominis	10	05	10	
	Peritoneal biopsy	-	05	10	
	Liver biopsy	02	05	10	
	Liver abscess	02	05	10	
	Endoscopy (UGI &LGI)	--	05	10	
	Rectal examination	20	05	10	
	Splenic puncture	--	05	10	
	Cholangiogram	--	05	10	
	Porto-splenovenogram	02	05	10	
V.	RENAL SYSTEM				
	Renal biopsy	--	02	05	

	Insertion of catheter for- Peritoneal dialysis	05	05	05	
	Hemodialysis	05	05	05	
	Care of catheter	05	05	05	
	Catheterization of bladder	05	05	05	
	Preparing cases for AV fistula	--	05	05	
	Care of AV fistula	05	05	05	
VI	CNS				
	Fundus Examination	50	10	10	
	Lumbar puncture, EEG, EMG, Muscle Biopsy, Nerve Biopsy	05 (5 each)	05	10	
VII	Endocrine investigations	05	05	05	
VIII.	OTHERS				
	Arterial puncture for ABG	05 each	05 each	05 each	
	Central venous catheter [insertion & care]				
	FNAC				
IX.	SPECIMEN COLLECTION FOR				
	A] Microbiology	10 each	05 each	05 each	
	Urine				
	Stool				
	sputum				
	Blood				
	Body fluids				
	Swabs – Throat, nasal, etc.,				
	B] Pathology				
	Body fluids				
	Smear analysis				
	Specimen				
	C] Biochemistry				
	[special investigation]				
	Collection				
	Transportation				

X.	PREPARATION OF PATIENTS- A]. Radiology & Imaging X-rays— Contrast studies CT scan MRI B]. Radio-isotope studies C]. Radiotherapy D]. Invasive / Non invasive Procedures	05 in each	05 in each	05 in each	
XI	Ultrasonogram – training and use in regular and emergency cases and for procedures	05 each			
XI	Echocardiogram	05 each			
XII	Newer aspects as felt by the department/ speciality or recommend by Authorities (Audiogram, Evoked potential, Joint aspiration, MRCP/ERCP)	05 each			

POST GRADUATE ASSESSMENT: SUGGESTED FORMAT

The Post Graduate assessment should be continuous (formative assessment) and should end with a comprehensive final assessment (summative assessment) at the end of the course.

- Formative assessment should form 30% of the final marks.
- Summative assessment should form 70% of the marks.
- The Formative assessment should be on the following basis

S.No	Component	Marks %
1.	Humanities Formative assessment	20 %
2.	Specialities Formative assessment (marks of specialities added & reduced to maximum of 30 marks)	30 %
3.	Parent Speciality Formative assessment	50 %

TOTAL MAXIMUM MARKS	100
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Log Book Maintenance:

In the latest The TamilNadu Dr. M.G.R. Medical University guidelines for PG clinical examination pattern (M.S. & M.D.), it is found that the skill of history taking and the heart of documentation by informative case sheet writing have not been given due importance. The concept of the practical examination has been focused more on assessment of clinical skill and management related issues which are of course very important as far as the assessment of the candidate is concerned. The time allotted to assess the various components during the clinical examination is such that there is no time for history taking and case sheet writing. This may lead to defective skill development as far as the heart of history taking and documentation.

In order to overcome this inadequacy, every post graduate should write at least ten cases of different types every year for the entire post graduate period.

The main components of the log book should be

1. Detailed case sheet writing (10 cases per year x 3 years = 30 cases)
2. Documentation of important and rare cases.
3. Procedures
4. Important events, etc.,

The log books should be strictly scrutinized periodically by

1. Every week by Asst. Professor
2. Every month by Unit Professor
3. Every three months by Head of the Department