

THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI
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Dr. SARAMMA MINI JACOB, M.D.,
REGISTRAR (FAC)

Rc.No. ACADI(3)/13338/2012

Dated: 10.08.2012

To

The Deans/Principals of the
Medical Colleges affiliated to this University
(conducting P.G Clinical Courses)

Sir/Madam,

Sub: Academic – The T.N Dr. M.G.R Medical University,
Chennai-32 – Resolution of the Meeting of the
Board of Studies in PG Clinical held on
20.04.2012 - Communicated – Reg

Ref: 1) Minutes of the Standing Academic Board
under Agenda No.44(20) held on 15.06.2012.
2) Resolution no. 33, passed at the 212th GC
meeting held on 27.06.2012.

I am to inform that the Board of Studies in P.G Clinical in it's Meeting held on 20.04.2012 have recommended the following academic issues relating to P.G Clinical courses. The recommendations of the Board of Studies in P.G Clinical were approved in the 44th Meeting of the Standing Academic Board held on 15.06.2012 and recorded in the 212th GC meeting held on 27.06.2012.

I) INCLUSION OF POSTINGS FOR THE POST GRADUATES IN THE CURRICULUM OF M.D. (PAEDIATRICS) AND DCH.

All the postings should be done by the candidates in the Institution where they are undergoing the training. If the recommended Departments are not available, the Paediatric Head of the Departments should initiate action to provide required infrastructure within six months' time.

The suggested special postings viz. Haematology, Cardiology, Gastroenterology/ORT Centre, Pulmonology, Nephrology should be allocated by the Head of the Department at his/her discretion.

If the Speciality cases are handled at the General Paediatric Ward, the candidates should be trained in that ward.

MD(Paed) – Post Graduates – 3 years course (2012-13)

I Year Postings

Paediatric Medical ward	- 6 Months
General Medicine	- 2 Months
New born posting	- 1 Month
Emergency Department	1 Month
Intensive care Unit	- 1 Month
PHC	- 15 Days **
PPC / School Health	- 15 Days**
Newborn ER	15 Days

** After OP (7-10 AM PGs should attend the parent medical ward)

II Year Postings

Pediatric Emergency Department	- 1 month
<u>Nutrition OP*</u>	<u>- 15 Days</u>
Medical Newborn	- 2 Months
Paediatric Medical Ward	- 4 Months
Intensive care unit	- 1 month

Recommended Special postings

Haematology	- 1 Month
Cardiology	- 1 Month
Gastroenterology / ORT Centre	- 15 days
Pulmonology	- 15 days
Nephrology	- 1 Month

* After OP (7-10 AM PGs should attend the parent medical ward)

III Year Postings

Medical Newborn postings	- 2 Months
HIV (Weekly once)**	- 15 Days
Paediatric Surgery**	- 15 Days
Paediatric Medical Ward	- 6 Months
Pediatric Emergency Medicine	- 1 Month
Pediatric Intensive Care Unit	- 1 month

Recommended Special postings

Neurology	- 1 Month
Genetics**	- 15 Days
Child Psychiatric Clinic**	- 15 Days
Paediatric Dermatology**	- 15 Days
Paed – ENT**	- 15 Days

- *After or before OP in the above postings (7-10 AM or 10-12 Noon) PGs should attend the parent medical/ newborn ward)

DCH – Post Graduates Postings – 2 Years Course (2012-2013)

I Year Postings

Paediatric Medical Ward	- 6 Months
New born postings	- 3 Months
Emergency Medicine	- 1 Month
Intensive Medical Care Unit	- 1 Month
PPC / SHC**	- 15 Days
PHC**	- 15 Days **

* *After or before OP in the above postings (7-10 AM or 10-12 Noon)
PGs should attend the parent medical/ newborn ward)

II Year Postings

Newborn postings	- 2 Months
Paediatric Medical Ward	- 4 Months
Pediatric Emergency Medicine	- 1 month
Pediatric Intensive Care Unit	1 month
Newborn ER	15 days

Recommended Special postings

Cardiology	- 15 Days
Neurology	- 15 days
Gastroenterology / ORT Centre	- 15 Days
Pulmonology	- 15 Days
Haematology	- 15 Days
Nephrology	- 15 Days
ENT**	- 15 Days
Dermatology**	- 15 Days
Nutrition**	- 15 Days
HIV / Endocrine**	- 15 Days

• *After or before OP in the above postings (7-10 AM or 10-12 Noon) PGs should attend the parent medical/ newborn ward)

MD Paediatrics 2 Years Course (Post DCH) (2012-2013)

I Year Postings

Paediatric Medical Ward	- 4 Months
General Medicine	- 2 Months
Emergency Medicine Department	- 1 Month
Intensive Care Unit	- 1 Month
Medical Newborn	- 2 Months
Pulmonology	- 15 Days
PHC	- 15 Days **
PPC / School Health	- 15 Days**
Nutrition	- 15 Days**

* *After or before OP in the above postings (7-10 AM or 10-12 Noon)

PGs should attend the parent medical/ newborn ward)

** report regarding the attendance and performance from the PHC is mandatory

II Year Postings

Medical Newborn	- 2 Months
Emergency Medicine	1 month
Pediatric Intensive Care Unit	1 month
Newborn ER	15 days
HIV Clinic (ART) Centre / Endocrine(Weekly once)**	- 15 Days
Paediatrics surgery	- 15 Days
General Paediatrics	- 3 Months

Recommended Special postings

Neurology	- 1 Month
Cardiology	- 15 Days
Haematology	- 15 Days
Gastroenteriology / ORT Centre	- 15 days
Nephrology	- 15 Days
Child Psychiatric Clinic	- 15 Days**
Dermatology	- 15 Days**
Paediatric ENT	- 15 Days**
Genetics	- 15 Days**

* *After or before OP in the above postings (7-10 AM or 10-12 Noon)
PGs should attend the parent medical/ newborn ward)

II) IMPLEMENTATION OF EXTRA SKILLS FOR ALL POST GRADUATE MEDICAL DEGREE / DIPLOMA CANDIDATES FROM THE ACADEMIC YEAR 2012-13.

The extra skills for all the Post Graduate Degree/Diploma candidates for the candidates admitted during the academic year 2012-13 onwards which is given below:

1. One publication in Med-ej is mandatory;
2. Should present minimum of one oral / poster presentation in a Conference- State / Zonal / National;
3. Orthopaedics Post Graduate Degree / Diploma students should undergo three days workshop in Biomechanical skills during their training period.
 - a) Basic fracture fixation – one day
 - b) Joint replacement – one day
 - c) Spine fixation – one day.
4. Directly Observed Procedural Skills (DOPS) for Medical / Surgical PG. Degree / Diploma students.

(DOPS for MD General Medicine – Annexure II)

5. Ten marks will be allotted for the above skills.

III) MAINTENANCE AND E-SUBMISSION OF MONTHWISE PERFORMANCE REPORT FOR ALL POST GRADUATE DEGREE / DIPLOMA CANDIDATES.

All the Post Graduate Degree/Diploma candidates the Performance Report will be maintained month-wise and submitted to the University through online at the end of every quarter which should be implemented from the January 2012 .

Ten marks shall be allotted for the monthly performance report.

➤ Ten marks allotted for the monthly performance report and ten marks allotted for the Extra Skills mentioned, will be the base for calculating the Internal Assessment of the candidates.

➤ **The candidates need to secure minimum of 50% in each to be eligible to receive the hall ticket for appearing the Examination.**

The Format is annexed in Annexure I

IV) "INTRODUCTION OF ARTHROPLASTY" FOR TRAINING THE POST GRADUATES IN ORTHOPAEDICS.

This has already been included in the extra skills to be acquired.

V) MEDICAL / CLINICAL AUDIT AND CREDIT POINTS FOR CME - MANDATORY FOR MEDICAL - POST GRADUATE DEGREE / DIPLOMA / MBBS- CRR I CANDIDATES

The credit points are made mandatory as furnished below.

It was decided that all the Medical Post Graduate students should acquire 50 credit points, and the Diploma Students 40 credit points to become eligible to appear for the Examination.

In the case of MBBS CRR I students the mandatory 25 credit points should be acquired and the report should be sent to the University along with the application for issue of provisional pass certificate-II.

All the Medical students must do one audit during the course of study and the audit report submitted by the student must have the following headings and should not exceed 6 typed pages including tables, in an A4 size paper, in Times New Roman, size 12.

1. Introduction
2. Audit scope
3. Approach and methodology
4. Audit findings
5. Recommendations
6. Conclusion

The P.G. Degree candidates should submit their audit report to the Unit Chief / Head of the Department which should be submitted to the University by the Head of the Institution along with the dissertation.

The P.G. Diploma candidates should submit their audit report to the Unit Chief / Head of the Department which should be submitted to the University by the Head of the Institution along with the Internal Assessment Marks.

The above regulations will come into effect from April 2013 Examination onwards.

VI) THE DISTRIBUTION OF VIVA MARKS, TIME AND TOPICS TO BE EXAMINED DURING PRACTICAL EXAMINATION By EACH EXAMINER FOR POST GRADUATE AND UNDER GRADUATE COURSES PASSED IN THE MEETING HELD ON 04.06.2012

The distribution of Viva marks, Time and Topics to be examined during practical examination by each examiner for Post Graduate Degree courses.

- Question bank for OSCE / OSPE will be provided by the University;
- Total No. of cases to be kept for clinical Examination / day is five;
- The time allotted for each case should be increased at least for two cases in order to facilitate the Examiners to examine the candidates' competency in depth. The extra time shall be adjusted from the Log book review and Dissertation discussion.

➤ The subject and time should be equally divided amongst the Examiners and each Examiner should evaluate the students individually.

Marks Distribution for P.G. Clinical Degree / Diploma Courses

Out of 5 cases,

3 cases x 15 min = 45 minutes	5 minutes for Examination and 10 minutes for Discussion for each case
2 cases x 30 min = 60 minutes	10 minutes for Examination and 20 minutes for Discussion for each case

Clinical Examination = 250 marks

- 1. 5 cases x 40 marks = 200 marks
- 2. Ward rounds 5 cases x10 marks = 50 marks
- Total = 250 marks

Passing minimum = 125 marks

Viva = 150 marks

- Viva-Voce = 50
- OSCE = 50
- Log Book = 50
-
- Total = 150 marks
-
- Passing minimum = 75 marks

PG Clinical Examination Pattern (M.S and M.D)

No. of candidates: 6 Time – 8.30 AM – 5.45 PM
Forenoon 8.30AM to 1.30PM – CLINICALS

1. Case examination and Discussion – 8.30AM – 1.30PM

5x40= 200 Marks

➤ No. of cases – 5 cases

-10-

- Examiner (Set A and Set B) – Three candidates for each set of examiner
– 1 hour and 40minutes x 3 = 5 hours

(15 minutes break for the examiners)

MAXIMUM MARKS = 200 Marks

PASSING MINIMUM = 100 Marks

2. OSCE – 8.30 AM to 1.30PM

Marks – 5 x 10 = 50 Marks

- 5 stations – 5 Minutes each station – 25 min for each candidate

Lunch 1.30 PM to 2.15 PM

Afternoon – 2.30 – 5.00 P.M – VIVA VOCE & DISSERTATION

3. Ward rounds* 2.15 PM to 3.15 PM

5x10 = 50 Marks

- 5 cases for each candidate
- Each case 4 mins
- 20 min for each candidate
- Three candidates for each set of examiner – 20 minx3 = 60 mins

*Wardrounds – As ward rounds is not applicable for Ophthalmology, Psychiatry, Radiodiagnosis and Radiotherapy, it is replaced with Spotters.

(Same duration and Mark Distribution)

IV. Viva on Recent Advances / Procedures # / Emergency Management

– 3.15 – 4.00 PM

Marks – 50 Marks

- Three candidates for each set of Examiner
- 15 Min each candidate x 3 = 45 min

Tea break – 15 mins – 4.00 – 4.15 PM

5. Log Book – 4.15 – 5.00 PM

Marks – 50 Marks

- Three candidates for each set of examiners

- 10 mins for each candidate x 3 = 30 mins

Viva = 150 marks

Viva-Voce = 50

OSCE = 50

Log Book = 50

Total = 150 marks

Passing minimum = 75 marks

6. Dissertation – 5 PM – 5.45 PM

Marks – 50 marks

- Three candidates for each set of examiner
- 10 mins for each candidate x 3 = 30 mins

Procedures for Medical Speciality and Surgical procedures for surgical speciality

VII) For all the Post Graduate Degree courses, the component pass system be implemented with effect from August 2012 Examination.

Theory

Theory papers

Practicals

**Clinical/Practical
Viva, OSCE/OSPE**

- ✓ In the first appearance, the candidates should appear for both the Theory and Practical components together;
- ✓ Candidates failed in both Theory and Practical should appear for both the components together;
- ✓ Candidates passed in theory and failed in practical Examination should repeat the practical till he/she passes [to the maximum of double the duration of the course];
- ✓ Candidates passed in practical Examination and failed in theory papers should repeat the failed theory papers till he/she passes [to the maximum of double the duration of the course];

- ✓ The viva Examination should be conducted with practical Examination and marks should be sent along with Practicals;
- ✓ For the subjects for which no University Practical Examination is prescribed, the viva can be conducted for theory and marks to be allotted;

I am to request you that the decision of the Standing Academic Board as mentioned above may be communicated to all the Professors and Heads of Departments for information and to take follow up action in this regard. I am also to request that a copy may be displayed on the Notice Board of the College/Hostel for information of the students concerned.

I request that the receipt of this letter may be acknowledged by return of post.

Yours faithfully,

Sd/-

REGISTRAR (FAC)

Annexure I

THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI - 32

NAME OF THE COLLEGE

POST GRADUATE PERFORMANCE REPORT

Sl. No.	NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	NAME OF THE POST GRADUATE
I	TIMING													
	ENTRY													
	EXIT													
II	ACADEMIC PROFILE													REGISTRATION NUMBER
	1. Seminar													
	2. Case Presentation													
	3. CME													NAME OF THE COURSE & YEAR
	4. Journal Club													
	5. Departmental meeting													
	6. Inter Departmental meeting													
	7. Dissertation progress report													REPORT FOR MONTH & YEAR
	8. Log Book Submission													
	9. Publication													
III	INTERACTION													ACADEMIC ACTIVITIES FOR THE MONTH
	1. With Professor													
	2. With Asst. Professor													
	3. Colleague Post Graduates													
	4. Subordinate													
	5. Patients													
IV	ATTENDING DUTIES													
	1. Call Duty													
	2. Stay Duty													
V	LEAVE													
	1. With prior Intimation													
	2. Without prior Intimation													
VI	Attending monthly Review meeting													A= +2, B= +1, C=0

Annexure II

**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	10	10	10	
	• Pulmonary function test				
	• 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	
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-	05	05	05	
	A Peritoneal dialysis				
	Hemodialysis	05	05	05	
	Care of catheter	05	05	05	
	Catheterization of bladder	05	05	05	
	Preparing cases for AV fistula	--	05	05	
	B 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]				
IX.	SPECIMEN COLLECTION FOR A] Microbiology Urine Stool sputum Blood Body fluids Swabs – Throat, nasal, etc., B] Pathology Body fluids Smear analysis Specimen C] Biochemistry [special investigation] Collection Transportation	10 each	05 each	05 each	
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

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 Department