

# **GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR MD IN GENERAL MEDICINE**

## **Preamble:**

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

The competency based training programme aims to produce a post-graduate student who after undergoing the required training should be able to deal effectively with the needs of the community and should be competent to handle all problems related to his/her specialty including recent advances. The student should also acquire skill in teaching of medical/para-medical students in the subject that he/she has received his/her training. He She should be aware of his/her limitations. The student is also expected to know the principles of research methodology and modes of accessing literature.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by various subject-content specialists. The Reconciliation Board of the Academic Committee has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of “domains of learning” under the heading “competencies”.

## ***SUBJECT SPECIFIC OBJECTIVES***

The postgraduate training should enable the student to:

1. Practice efficiently internal medicine specialty, backed by scientific knowledge including basic sciences and skills
2. Diagnose and manage majority of conditions in his specialty (clinically and with the help of relevant investigations)
3. Exercise empathy and a caring attitude and maintain professional integrity, honesty and high ethical standards
4. Plan and deliver comprehensive treatment using the principles of rational drug therapy
5. Plan and advise measures for the prevention and rehabilitation of patients belonging to his specialty;
6. Manage emergencies efficiently by providing Basic Life Support (BLS) and Advanced Life Support (ALS) in emergency situations
7. Recognize conditions that may be outside the area of the specialty/competence and refer them to an appropriate specialist

8. Demonstrate skills in documentation of case details including epidemiological data
9. Play the assigned role in the implementation of National Health Programs
10. Demonstrate competence in basic concepts of research methodology and clinical epidemiology; and preventive aspects of various disease states
11. Be a motivated 'teacher' - defined as one keen to share knowledge and skills with a colleague or a junior or any learner
12. Continue to evince keen interest in continuing education irrespective of whether he/she is in a teaching institution or is practicing and use appropriate learning resources
13. Be well versed with his medico-legal responsibilities
14. Undertake audit, use information technology tools and carry out research - both basic and clinical, with the aim of publishing the work and presenting the work at scientific forums.
15. The student should be able to recognize the mental condition characterized by self absorption and reduced ability to respond to the outside world (e.g. Autism), abnormal functioning in social interaction with or without repetitive behaviour and/or poor communications, etc.

The intended outcome of a competency based program is a consultant specialist who can practice medicine at a defined level of competency in different practice settings. i.e. ambulatory (outpatient), inpatient, intensive care and emergency medicine.

No limit can be fixed and no fixed number of topics can be prescribed as course contents.

The student is expected to know his subject in depth; however, emphasis should be on the diseases/health problems most prevalent in that area. Knowledge of recent advances and basic sciences as applicable to his/her specialty should get high priority. Competence in skills commensurate with the specialty (actual hands-on training) must be ensured.

## ***SUBJECT SPECIFIC COMPETENCIES***

### **A. Cognitive domain**

**By the end of the course, the student should have acquired knowledge (cognitive domain), professionalism (affective domain) and skills (psychomotor domain) as given below:**

#### **Basic Sciences**

1. Basics of human anatomy as relevant to clinical practice e.g. surface anatomy of various viscera, neuro-anatomy, important structures/organs location in different anatomical locations in the body; common congenital anomalies.

2. Basic functioning of various organ-system, control of vital functions, patho-physiological alteration in diseased states, interpretation of symptoms and signs in relation to patho-physiology.
3. Common pathological changes in various organs associated with diseases and their correlation with clinical signs; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases.
4. Knowledge about various microorganisms, their special characteristics important for their pathogenetic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms.
5. Knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs.
6. Knowledge about various poisons with specific reference to different geographical and clinical settings, diagnosis and management.
7. Research Methodology and Studies, epidemiology and basic Biostatistics.
8. National Health Programmes.
9. Biochemical basis of various diseases including fluid and electrolyte disorders; Acid base disorders etc.
10. Recent advances in relevant basic science subjects.

### **Systemic Medicine**

1. Preventive and environmental issues, including principles of preventive health care, immunization and occupational, environmental medicine and bio-terrorism.
2. Aging and Geriatric Medicine including Biology, epidemiology and neuro-psychiatric aspects of aging.
3. Clinical Pharmacology - principles of drug therapy, biology of addiction and complementary and alternative medicine.
4. Genetics - overview of the paradigm of genetic contribution to health and disease, principles of Human Genetics, single gene and chromosomal disorders and gene therapy.
5. Immunology - The innate and adaptive immune systems, mechanisms of immune mediated cell injury and transplantation immunology.

6. Cardio-vascular diseases - Approach to the patient with possible cardio-vascular diseases, heart failure, arrhythmias, hypertension, coronary artery disease, valvular heart disease, infective endocarditis, diseases of the myocardium and pericardium and diseases of the aorta and peripheral vascular system.
7. Respiratory system - approach to the patient with respiratory disease, disorders of ventilation, asthma, Congenital Obstructive Pulmonary Disease (COPD), Pneumonia, pulmonary embolism, cystic fibrosis, obstructive sleep apnoea syndrome and diseases of the chest wall, pleura and mediastinum.
8. Nephrology - approach to the patient with renal diseases, acid-base disorders, acute kidney injury, chronic kidney disease, tubulo-interstitial diseases, nephrolithiasis, Diabetes and the kidney, obstructive uropathy and treatment of irreversible renal failure.
9. Gastro-intestinal diseases - approach to the patient with gastrointestinal diseases, gastrointestinal endoscopy, motility disorders, diseases of the oesophagus, acid peptic disease, functional gastrointestinal disorders, diarrhea, irritable bowel syndrome, pancreatitis and diseases of the rectum and anus.
10. Diseases of the liver and gall bladder - approach to the patient with liver disease, acute viral hepatitis, chronic hepatitis, alcoholic and non-alcoholic steatohepatitis, cirrhosis and its sequelae, hepatic failure and liver transplantation and diseases of the gall bladder and bile ducts.
11. Haematologic diseases - haematopoiesis, anaemias, leucopenia and leucocytosis, myelo-proliferative disorders, disorders of haemostasis and haemopoietic stem cell transplantation.
12. Oncology - epidemiology, biology and genetics of cancer, paraneoplastic syndromes and endocrine manifestations of tumours, leukemias and lymphomas, cancers of various organ systems and cancer chemotherapy.
13. Metabolic diseases - inborn errors of metabolism and disorders of metabolism.
14. Nutritional diseases - nutritional assessment, enteral and parenteral nutrition, obesity and eating disorders.
15. Endocrine - principles of endocrinology, diseases of various endocrine organs including diabetes mellitus.
16. Rheumatic diseases - approach to the patient with rheumatic diseases, osteoarthritis, rheumatoid arthritis, spondyloarthropathies, systemic lupus erythematosus (SLE), polymyalgia, rheumatic fibromyalgia and amyloidosis.



17. Infectious diseases - Basic consideration in Infectious Diseases, clinical syndromes, community acquired clinical syndromes. Nosocomial infections, Bacterial diseases - General consideration, diseases caused by gram - positive bacteria, diseases caused by gram - negative bacteria, miscellaneous bacterial infections, Mycobacterial diseases, Spirochetal diseases, Rickettsia, Mycoplasma and Chlamydia, viral diseases, DNA viruses, DNA and RNA respiratory viruses, RNA viruses, fungal infections, protozoal and helminthic infections .
18. Neurology - approach to the patient with neurologic disease, headache, seizure disorders and epilepsy, coma, disorders of sleep, cerebrovascular diseases, Parkinson's disease and other movement disorders, motor neuron disease, meningitis and encephalitis, peripheral neuropathies, muscle diseases, diseases of neuromuscular transmission and autonomic disorders and their management.
19. The mental condition characterized by complete self absorption with reduced ability to communicate with the outside world (Autism), abnormal functioning in social interaction with or without repetitive behaviour and/or poor communication etc.
20. Dermatology - Structure and functions of skin, infections of skin, papulo-squamous and inflammatory skin rashes, photo-dermatology, erythroderma, cutaneous manifestations of systematic diseases, bullous diseases, drug induced rashes, disorders of hair and nails, principles of topical therapy.

#### **B. Affective Domain:**

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
2. Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
3. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

#### **C. Psychomotor domain**

##### **Clinical Assessment Skills**

- Elicit a detailed clinical history
- Perform a thorough physical examination of all the systems

##### ***Procedural skills***

Test dose administration

- Mantoux test
- Sampling of fluid for culture
- IV- Infusions
- Intravenous injections
- Intravenous cannulation
- ECG recording
- Pleural tap
- Lumbar puncture
- Cardiac
  - TMT
  - Holter Monitoring
  - Echocardiogram
  - Doppler studies
- Cardio Pulmonary Resuscitation (CPR)
- Central venous line insertion, CVP monitoring
- Blood and blood components matching and transfusions
- Arterial puncture for ABG
- Fine needle aspiration cytology (FNAC) from palpable lumps
- Bone marrow aspiration and biopsy
- Abdominal paracentesis - diagnostic
- Aspiration of liver abscess
- Pericardiocentesis
- Joint fluid aspiration
- Liver biopsy
- Nerve/ muscle/ skin/ kidney/ pleural biopsy
- Ultrasound abdomen, echocardiography
- Upper GI endoscopy, procto-sigmoidoscopy

***Respiratory management***

- Nebulization
- Inhaler therapy
- Oxygen delivery

***Critically ill person***

- Monitoring a sick person
  - Endotracheal intubation
  - CPR
  - Using a defibrillator
  - Pulse oximetry
  - Feeding tube/Ryle's tube, stomach wash
- Naso-gastric intubation
- Urinary catheterization – male and female

- Prognostication
- Haemodialysis

### **Neurology- interpret**

- **Nerve Conduction studies**
- **EEG**
- Evolved Potential interpretation
- Certification of Brain death
- Intercostal tube placement with underwater seal Thoracocentesis
- Sedation
- Analgesia

### **Laboratory-Diagnostic Abilities**

- Urine protein, sugar, microscopy
- Peripheral blood smear
- Malarial smear
- Ziehl Nielson smear-sputum, gastric aspirate
- Gram's stain smear-CSF, pus
- Stool pH, occult blood, microscopy
- KOH smear
- Cell count - CSF, pleural, peritoneal, any serous fluid

### **Observes the procedure**

- Subdural, ventricular tap
- Joint Aspiration – Injection
- Endoscopic Retrograde Cholangio- Pancreatography (ERCP)**
- Peritoneal dialysis

### **Interpretation Skills**

Clinical data (history and examination findings), formulating a differential diagnosis in order of priority, using principles of clinical decision making, plan investigative work-up, keeping in mind the cost-effective approach i.e. problem solving and clinical decision-making.

- Blood, urine, CSF and fluid investigations - hematology, biochemistry
- X-ray chest, abdomen, bone and joints
- ECG
- Treadmill testing
- ABG analysis
- Ultrasonography
- CT scan chest and abdomen

- CT scan head and spine
- MRI
- Barium studies
- IVP, VUR studies
- Pulmonary function tests
- Immunological investigations
- Echocardiographic studies

***Interpretation under supervision***

Hemodynamic monitoring

- Nuclear isotope scanning
- MRI spectroscopy/SPECT
- Ultrasound guided aspiration and biopsies

***Communication skills***

- While eliciting clinical history and performing physical examination
- Communicating health, and disease
- Communicating about a seriously ill or mentally abnormal
- Communicating death
- Informed consent
- Empathy with patient and family members
- Referral letters, and replies
- Discharge summaries
- Death certificates
- Pre-test counseling for HIV
- Post-test counseling for HIV
- Pedagogy -teaching students, other health functionaries-lectures, bedside clinics, discussions
- Health education - prevention of common medical problems, promoting healthy life-style, immunization, periodic health screening, counseling skills in risk factors for common malignancies, cardiovascular disease, AIDS
- Dietary counseling in health and disease
- Case presentation skills including recording case history/examination, preparing follow-up notes, preparing referral notes, oral presentation of new cases/follow-up cases
- Co-coordinating care - team work (with house staff, nurses, faculty etc.)



- Linking patients with community resources
- Providing referral
- Genetic counseling

**Others**

- *Demonstrating*
  - professionalism
  - ethical behavior (humane and professional care to patients)
- *Utilization of information technology*
  - Medline search, Internet access, computer usage
- *Research methodology*
  - designing a study
  - interpretation and presentation of scientific data
- *Self-directed learning*
  - identifying key information sources
  - literature searches
  - information management
- *Therapeutic decision-making*
  - managing multiple problems simultaneously
  - assessing risks, benefits and costs of treatment options
  - involving patients in decision-making
  - selecting specific drugs within classes
  - Rational use of drugs

**Syllabus**

**Course contents:**

**Basic Sciences**

1. Basics of human anatomy as relevant to clinical practice
  - surface anatomy of various viscera
  - neuro-anatomy
  - important structures/organs location in different anatomical locations in the body
  - common congenital anomalies
2. Basic functioning of various organ-system, control of vital functions, patho-physiological alteration in diseased states, interpretation of symptoms and signs in relation to patho-physiology.
3. Common pathological changes in various organs associated with diseases and their correlation with clinical signs; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases.

4. Knowledge about various microorganisms, their special characteristics important for their pathogenetic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms.
5. Knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs.
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### **Systemic Medicine**

11. Preventive and environmental issues, including principles of preventive health care, immunization and occupational, environmental medicine and bio-terrorism.
12. Aging and Geriatric Medicine:
  - Biology
  - epidemiology
  - neuro-psychiatric aspects of aging
13. Clinical Pharmacology:
  - principles of drug therapy
  - biology of addiction
  - complementary and alternative medicine
14. Genetics:
  - overview of the paradigm of genetic contribution to health and disease
  - principles of Human Genetics
  - single gene and chromosomal disorders
  - gene therapy
15. Immunology:
  - innate and adaptive immune systems
  - mechanisms of immune mediated cell injury
  - transplantation immunology

16. Cardio-vascular diseases:

- Approach to the patient with possible cardio-vascular diseases
- heart failure
- arrhythmias
- hypertension
- coronary artery disease
- valvular heart disease
- infective endocarditis
- diseases of the myocardium and pericardium
- diseases of the aorta and peripheral vascular system

17. Respiratory system:

- approach to the patient with respiratory disease
- disorders of ventilation
- asthma
- Congenital Obstructive Pulmonary Disease (COPD)
- Pneumonia
- pulmonary embolism
- cystic fibrosis
- obstructive sleep apnoea syndrome and diseases of the chest wall, pleura and mediastinum

18. Nephrology:

- approach to the patient with renal diseases
- acid-base disorders
- acute kidney injury
- chronic kidney disease
- tubulo-interstitial diseases
- nephrolithiasis
- Diabetes and the kidney
- obstructive uropathy and treatment of irreversible renal failure

19. Gastro-intestinal diseases:

- approach to the patient with gastrointestinal diseases
- gastrointestinal endoscopy
- motility disorders
- diseases of the oesophagus
- acid peptic disease
- functional gastrointestinal disorders
- diarrhea
- irritable bowel syndrome
- pancreatitis and diseases of the rectum and anus

20. Diseases of the liver and gall bladder:

- approach to the patient with liver disease
- acute viral hepatitis
- chronic hepatitis
- alcoholic and non-alcoholic steatohepatitis
- cirrhosis and its sequelae
- hepatic failure and liver transplantation
- diseases of the gall bladder and bile ducts

21. Haematologic diseases:

- Haematopoiesis
- Anaemias
- leucopenia and leucocytosis
- myelo-proliferative disorders
- disorders of haemostasis and haemopoietic stem cell transplantation

22. Oncology:

- Epidemiology
- biology and genetics of cancer
- paraneoplastic syndromes and endocrine manifestations of tumours
- leukemias and lymphomas
- cancers of various organ systems and cancer chemotherapy

23. Metabolic diseases - inborn errors of metabolism and disorders of metabolism.

24. Nutritional diseases - nutritional assessment, enteral and parenteral nutrition, obesity and eating disorders.

25. Endocrine - principles of endocrinology, diseases of various endocrine organs including diabetes mellitus.

26. Rheumatic diseases:

- approach to the patient with rheumatic diseases
- osteoarthritis
- rheumatoid arthritis
- spondyloarthropathies
- systemic lupus erythematosus (SLE)
- polymyalgia
- rheumatic fibromyalgia and amyloidosis

27. Infectious diseases:

- Basic consideration in Infectious Diseases



- clinical syndromes
  - community acquired clinical syndromes
  - Nosocomial infections
  - Bacterial diseases - General consideration, diseases caused by gram - positive bacteria, diseases caused by gram - negative bacteria
    - miscellaneous bacterial infections
    - Mycobacterial diseases
    - Spirochetal diseases
    - Rickettsia
    - Mycoplasma and Chlamydia
    - viral diseases
    - DNA viruses
    - DNA and RNA respiratory viruses
    - RNA viruses
  - fungal infections, protozoal and helminthic infections .
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29. The mental condition characterized by complete self absorption with reduced ability to communicate with the outside world (Autism), abnormal functioning in social interaction with or without repetitive behaviour and/or poor communication etc.
30. Dermatology:
- Structure and functions of skin
  - infections of skin
  - papulo-squamous and inflammatory skin rashes
  - photo-dermatology
  - erythroderma
  - cutaneous manifestations of systematic diseases
  - bullous diseases
  - drug induced rashes
  - disorders of hair and nails
  - principles of topical therapy

### ***TEACHING AND LEARNING METHODS***

Didactic lectures are of least importance; seminars, journal clubs, symposia, reviews, and guest lectures should get priority for acquiring theoretical knowledge. Bedside teaching, grand rounds, interactive group discussions and clinical demonstrations should be the

hallmark of clinical/practical learning. Students should have hands-on training in performing various procedures and ability to interpret results of various tests/investigations. Exposure to newer specialized diagnostic/therapeutic procedures should be given.

Importance should be attached to ward rounds especially in conjunction with emergency admissions. Supervision of work in outpatient department should cover the whole range of work in the unit. It is particularly necessary to attend sub-specialty and symptom specific clinics. The development of independent skills is an important facet of postgraduate training. Joint meetings with physician colleagues, e.g. radiologists and pathologists play a valuable part in training.

The training techniques and approach should be based on principles of adult learning. It should provide opportunities initially for practicing skills in controlled or simulated situations. Repetitions would be necessary to become competent or proficient in a particular skill. The more realistic the learning situation, the more effective will be the learning. Clinical training should include measures for assessing competence in skills being taught and providing feedback on progress towards a satisfactory standard of performance. Time must be available for academic work and audit.

The following is a rough guideline to various teaching/learning activities that may be employed:

- Intradepartmental and interdepartmental conferences related to case discussions.
- Ward rounds along with emergency admissions.
- Attendance at sub-specialty and symptom specific clinics
- external rotation postings in departments like cardiology, neurology and other subspecialties
- Skills training
- Conferences, Seminars, Continuing Medical Education (CME) Programmes.
- Journal Club
- Research Presentation and review of research work.
- A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- Participation in workshops, conferences and presentation of papers etc.
- Maintenance of records. **Log books** should be maintained to record the work done which shall be checked and assessed periodically by the faculty members imparting the training.
- Postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

- Department should encourage e-learning activities.

### Illustration of Structured Training

Time Period	Description/Levels	Content	Responsibilities
I <sup>st</sup> Month	Orientation	Basic cognitive skills	- Combined duties - Supervised procedures
I year	Beginners	Procedural abilities OPD & ward work	- History sheet writing - Clinical abilities, - Procedural abilities (PA, PI)*, - Laboratory-diagnostic (All PI) - Communication skills O,A,PA - BLS & ACLS
II <sup>nd</sup> Year	Intermediate	Intermediate degree of cognitive abilities  Specialised procedural skills  Emergency	- Independent duties - All procedures - Respiratory management abilities (All PI) - Communication skills (PA, PI) - Writing thesis - Teaching UGs
III <sup>rd</sup> year		Special skills  Intensive critical care	- Advanced levels of independent duties, - casualty calls, - ICU, NICU, - UG teaching

- Specialized skills include exchange transfusions, intercostals drainage, peritoneal dialysis, defibrillation/ cardioversion etc.

- Levels of necessary cognitive skills are best illustrated by the following:

**Basic:** history taking, diagnosis/differential diagnosis, points for and against each diagnosis

**Intermediate:** detailed discussion on differential diagnoses, analysis and detailed interpretation of clinical and laboratory data;

**Advanced:** analysis of clinical information and synthesis of reasonable concepts including research ideas.

**During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently; for this purpose, provision of skills laboratories in the medical colleges is mandatory.**

## ASSESSMENT

**FORMATIVE ASSESSMENT, during the training programme**

**Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.**

### **General Principles**

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and practical/clinical examination.

**Quarterly assessment during the MD training should be based on:**

- 1. Journal based / recent advances learning**
- 2. Patient based /Laboratory or Skill based learning**
- 3. Self directed learning and teaching**
- 4. Departmental and interdepartmental learning activity**
- 5. External and Outreach Activities / CMEs**

**The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).**

### **SUMMATIVE ASSESSMENT, namely, assessment at the end of training**

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

**The Post graduate examination shall be in three parts:**

#### **1. Thesis**

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory



and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

## **2. Theory:**

The examinations shall be organised on the basis of 'Grading' or 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. The examination for M.D./ MS shall be held at the end of 3<sup>rd</sup> academic year. An academic term shall mean six month's training period.

There will be four theory papers, as below:

**Paper I:** Basic Medical Sciences (at the end of first year of training)

**Paper II:** Medicine and allied specialties including pediatrics, dermatology & psychiatry

**Paper III:** Tropical Medicine and Infectious Diseases

**Paper IV:** Recent Advances in Medicine

## **3. Clinical / Practical and Oral/viva voce Examination:**

The final clinical examination should include:

- cases pertaining to major systems
- stations for clinical, procedural and communication skills
- Log Book Records and day-to-day observation during the training
- Oral/viva voce examination shall be comprehensive enough to test the post graduate student's overall knowledge of the subject

### **Recommended Reading**

#### **Text Books (latest edition)**

- API Text book of Medicine
- Davidson's Principles and Practice of Medicine
- Harrison's Principles & Practice of Medicine
- Oxford Text book of Medicine
- Kumar & Clark : Book of Clinical Medicine
- Cecil : Text Book of Medicine

#### **Reference books**

- Hurst : The Heart
- Braunwald - Heart Disease: A Textbook of Cardiovascular Medicine
- Marriot's Practical Electrocardiography
- Crofton and Douglas : Respiratory Diseases

- Brain's Diseases of the Nervous system
- Adam's Principles of Neurology
- William's Text Book of Endocrinology
- De Gruchi's Clinical Hematology in Medical Practice
- Kelly's Text Book of Rheumatology
- Slesenger&Fordtran : Gastrointestinal and Liver disease
- Manson's Tropical Diseases

### ***Clinical Methods***

- Hutchinson's Clinical Methods
- Macleod's Clinical examination
- John Patten : Neurological Differential Diagnosis
- Neurological examination in Clinical Practice by Bickerstaff

### **Journals**

03-05 international Journals and 02 national (all indexed) journals

- ~~J. Association Physicians of India~~
- ~~Indian J of Tuberculosis and Chest Diseases~~
- ~~Indian Heart Journal~~
- ~~Neurology India~~
- ~~Indian J of Gastroentology~~
- ~~British Medical Journal~~
- ~~Postgraduate Medical Journal~~
- ~~The Lancet~~
- ~~Journal of American Medical Association~~
- ~~British Heart Journal~~
- ~~Medical Clinics of North America~~
- ~~New England J Medicine~~
- ~~Annals of Internal Medicine~~
- ~~Recent Advances in Internal Medicine~~

# Medical Council Of India



**Postgraduate Students Appraisal Form  
Pre / Para /Clinical Disciplines**

Name of the Department/Unit :

Name of the PG Student :

Period of Training : FROM.....TO.....

Sr. No.	PARTICULARS	Not Satisfactory			Satisfactory			More Than Satisfactory			Remarks
		1	2	3	4	5	6	7	8	9	
1.	Journal based / recent advances learning										
2.	Patient based /Laboratory or Skill based learning										
3.	Self directed learning and teaching										
4.	Departmental and interdepartmental learning activity										
5.	External and Outreach Activities / CMEs										
6.	Thesis / Research work										
7.	Log Book Maintenance										

Publications

Yes/ No

Remarks\* \_\_\_\_\_

\*REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE

SIGNATURE OF CONSULTANT

SIGNATURE OF HOD