YENEPOYA
Deemed to be University

REGULATIONS AND CURRICULUM GOVERNING

MS GENERAL SURGERY PROGRAM

(2024-25)

Name of the Constituent Unit/Centre: Yenepoya Medical College

YENEPOYA
Deemed to be University

Deralakatte, Mangalore, Karnataka.

NOTIFICATION FROM THE UNIVERSITY

YENEPOYA
(DEEMED TO BE UNIVERSITY)
Recognized under Sec 3(A) of the UGC Act 1956
Accredited by NAAC with 'A' Grade

NOTIFICATION – 34-ACM/2019 dtd. 20.02.2019

Sub:- Implementation of Competency Based Medical Education PG Curriculum

Ref. : Resolution of the Academic Council at its 34th Meeting held on 08.02.2019 vide Agenda 33

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The Academic Council at its 34th Meeting held on 08.02.2019 and subsequently the 45th meetings of Board of Management held on 09.02.2019 have accepted the proposal for implementation of Competency Based Medical Education (CBME) for the PG Curricula of the following programs as per the MCI Norms.

1. MD in Pathology
2. MD in General Medicine
3. MD in Anaesthesiology
4. MD in Paediatrics
5. MD in Respiratory Medicine
6. MD in Radio-diagnosis
7. MD in Anatomy
8. MD in Physiology
9. MD in Biochemistry
10. MD in Microbiology
11. MD in Pharmacology
12. MD in Forensic Medicine
13. MD in Psychiatry
14. MD in Dermatology
15. MD in Community Medicine
16. MS in General Surgery
17. MS in OBG
18. MS in Otorhinolaryngology
19. MS in Ophthalmology
20. MS in Orthopaedics

This revised curriculum shall come into effect from the academic year 2019-2020 onwards.

REGISTRAR

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M.S. General Surgery

PREAMBLE

The competency-based curriculum in Postgraduate education as envisaged by NMC, aims to create specialists who can understand and address the community health needs and provide appropriate and expert healthcare in their field. They require to be competent in their medical practice and surgical skills, be knowledgeable about recent advances in their speciality, and deliver their professional services with empathy and benevolence.

The postgraduates are also required to gain understanding of and ragogy to tailor teaching to student's needs, gain familiarity with teaching techniques like lectures, case-based discussions, hands-on demonstrations and small group tutorials, observe and assist experienced educators during their teaching sessions and develop communication skills to explain complex medical concepts effectively.

The postgraduates should master the principles of research methodology to systematically address questions and make evidence-based decisions. Engaging in self-directed learning, using online resources and journals, and continuing medical education will ensure continuous skill development and career growth.

This document seeks to provide teachers and learners with clear guidelines to attain defined educational goals through structured teaching, learning and assessment methods.

PROGRAM OUTCOMES

Postgraduate Teaching and Training Program:

Post graduate training is skill oriented. Learning in postgraduate program is essentially self- directed and primarily emanates from clinical and academic work. The formal training/teaching sessions are merely meant to supplement the core effort for acquisition of competencies. The department regularly conducts seminars, group discussions, case presentations, journal clubs, general clinics, simulation-based training, integrated teaching with anatomy, radiology and pathology, surgico-radio-pathology conferences and faculty lectures. Training is imparted in all routine General Surgeries to postgraduate trainees. Trainees are exposed to more complex Laparoscopic surgeries and major open surgeries and are also posted in various super specialty departments. Post graduates are encouraged to engage in research and participate in regional, zonal, national and international conferences. Evaluation of postgraduates is done on continuous basis on all aspects of the teaching and training program which includes their knowledge, bed side manner, clinical reasoning and judgement making, diagnostic and surgical skills, professionalism, communication and leadership. Monthly written tests and annual internal assessment examinations are conducted. Postgraduates are also involved in undergraduate teaching.

Post-graduate training consists of training of the students through lectures, seminars, journal clubs, group discussions, participation in laboratory and experimental work, involvement in research, clinical meetings, grand rounds, clinic pathological conferences, practical training in the diagnosis and medical and surgical treatment, training in the basic medical sciences as well as in allied clinical specialties, etc. as per the requirement of Specialty training.

Specialties where patient treatment is involved the teaching and training of the students includes graded responsibility in the management and treatment of patients entrusted to their care.

(i) All post-graduate students will work as full-time resident doctors. They will work for reasonable working hours and will be provided reasonable time for rest in a day.

(ii) All students will do thesis related research and will write thesis.

(iii) The training programs will be updated as and when required while keeping in mind the curriculum requirements and other relevant requirements prescribed by PGMEB from time to time. The structured training program shall be written and strictly followed.

(iv) Post-graduate students shall maintain a e-logbook which needs to be updated on a weekly basis about the work being carried out by them and

the training program undergone during the period of training. Provided that M.S. students shall mandatorily enter details of surgical procedures assisted or done independently.

(v) It shall be the duty of the post-graduate guide imparting the training to assess and authenticate monthly the record (e-Log) books.

(vi) The post-graduate students shall essentially be required to participate in the teaching and training program of undergraduate students and interns.

(vii) During the training, there will be training in basic medical sciences related to the disciplines concerned. During the training programs emphasis will be laid on preventive and social aspects.

(viii) A post-graduate student must do at least one of the following to make him/her eligible to appear in his/her final examination:

a. Poster presentation at a National/Zonal/State conference of his/her specialty;

b. Podium presentation at a National/Zonal/State conference of his/her specialty;

c. Have one research paper published/accepted for publication in journal of his/her specialty as first author

(ix) Course in Research Methodology

a. All post-graduate students shall complete an online course in Research Methodology.

b. The students shall have to register on the portal of the designated training institutions.

c. The students are expected to complete the course in the first year.

d. The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.

e. The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective post-graduate course.

f. This requirement shall be applicable for all post-graduate students.

(x) Course in Ethics

a. All post-graduate students shall complete course in ethics including Good Clinical Practices to be conducted by institution/University.

b. The students are expected to complete the course in the first year.

c. No post-graduate student shall be permitted to appear in the examination without the above certification.

(xi) Course in Cardiac Life Support Skills

a. All post-graduate students shall complete a course in Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) skills to be conducted by the institution.

b. The students are expected to complete the course in the first year.

c. No post-graduate student shall be permitted to appear in the examination without the above certification.

(xii) Others – Institutions may arrange training in any other courses like awareness in medical audit, medical law, exposure to human behavior studies, finance, accounts, etc., which are beneficial to the post-graduate students.

(xiii) DISTRICTRESIDENCYPROGRAMME (DRP)

I. Preamble: They will be trained in the District Health System/ the District Hospitals as stipulated by NMC and it shall be considered as training imparted in a medical institution.

II. Objectives: The main objectives of the District Residency Program (DRP) would be:

a. To expose the post-graduate student to the District Health System/ District Hospital and involve them in health care services being provided by District Health System/District Hospital for learning while serving;

b. To acquaint them with the planning, implementation, monitoring, and assessment of outcomes of the National Health programs at the district level.

c. To orient them to promotive, preventive, curative and rehabilitative services being provided by various categories of healthcare professionals under the umbrella of the National Health Mission.

In doing so, the post-graduate medical students would also be contributing towards strengthening of services of the District Health System as Specialty resident doctors working as members of the district teams.

III. District Residency Program:

All post-graduate students pursuing M.S. in broad specialties in all medical colleges/institutions under the purview of the National Medical Commission shall undergo a compulsory residential rotation of three months in District Hospitals/ District Health System

as a part of the course curriculum. Such rotation shall take place in the 3rd or 4th or 5th semester of the post-graduate program.

This rotation shall be termed as 'District Residency Program' (DRP) and the post-graduate medical student undergoing training shall be termed as a 'District Resident'.

IV. **Training and Responsibilities of District Residents:** The District Resident will work under the overall directions and supervision of the District Residency Program Coordinator (DRPC).

During this rotation, the Resident doctor will be posted with the concerned/allied Specialty team/unit/sections/services at the District Health System/ District Hospital. The clinical responsibilities assigned to the Residents would include serving in outpatient, inpatient, casualty, and other areas pertaining to their Specialty and encompass night duties.

Post-graduate students of specialties where direct patient care is not involved will be trained by District Health System/District Hospital teams within the available avenues in coordination with the District Health Officer/Chief Medical Officer. They would be trained in and contribute to the diagnostic/laboratory services, pharmacy services, forensic services, general clinical duties, managerial roles, public health programs etc., as applicable. They may also be posted in research units/ facilities, laboratories and field sites of the Indian Council of Medical Research and other national research organizations.

V. **Stipend and Leave for District Residents:** The District Residents shall continue to draw full stipend from the irrespective medical colleges for the duration of the rotation subject to the attendance record submitted by the appropriate district authorities to the parent medical college/institution, based on methods and system as prescribed. Subject to exigencies of work, the District Resident will be allowed one weekly holiday by rotation. They shall also been titled to leave benefits as per the rules/guidelines of the parent college/university.

VI. **Training during DRP and Certification thereof:**

a. Quality of training shall be monitored by logbooks, supportive supervision, and continuous assessment of performance. The attendance and performance of District Residents shall be tracked by the District Residency Program Coordinator (DRPC) of the district concerned, as well as the parent Medical College through an appropriate electronic/digital or mobile enabled system. Such monitoring systems shall also be accessible to the State/Union Territory Steering Committee and the National Coordination Cell.

b. The District Residents would remain in contact with their designated post-graduate teachers and departments at their parent Medical College / Institution by phone and e-communication for guidance, learning, and for being able to participate remotely in scheduled case

discussions, seminars, journal clubs, thesis discussion, etc. and other academic activities.

c. Satisfactory completion of the District Residency shall be an essential condition before the candidate is allowed to appear in the final examination of the respective post-graduate course.

d. The District Residency Program Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format to be decided by the PGMEB to the concerned medical college and the Govt. of the State/UT.

SUBJECT SPECIFIC LEARNING OBJECTIVES

Clinical Objectives

At the end of postgraduate training, the PG student should be able to:-

- Diagnose and appropriately manage common surgical ailments in a given situation.
- Provide adequate preoperative, post-operative and follow-up care of surgical patients.
- Identify situations calling for urgent or early surgical intervention and refer at the optimum time to the appropriate centres.
- Counsel and guide patients and relatives regarding need, implications and problems of surgery in the individual patient.
- Provide and coordinate emergency resuscitative measures in acute surgical Situations including trauma.
- Organize and conduct relief measures in situations of mass disaster including triage.
- Effectively participate in the National Health Programs especially in the Family Welfare Programs.
- Discharge effectively medico-legal and ethical responsibilities and practice his specialty ethically.
- Must learn to minimize medical errors.
- Must update knowledge in recent advances and newer techniques in the management of the patients.
- Must learn to obtain informed consent prior to performance of operative procedure.
- Perform surgical audit on a regular basis and maintain records (manual and/or electronic) for life.

- Participate regularly in departmental academic activities by presenting Seminar, Case discussion, Journal Club and Topic discussion on weekly basis and maintain Logbook.
- Demonstrate sufficient understanding of basic sciences related to his specialty.
- Plan and advise measures for the prevention and rehabilitation of patients belonging to his specialty.

Research:

The student should:

1. Know the basic concepts of research methodology, plan are search project and know how to consult library.
2. Should have basic knowledge of statistics.

Teaching:

The student should learn the basic methodology of teaching and develop competence in teaching medical/paramedical students.

Professionalism:

1. The student will show integrity, accountability, respect, compassion and dedicated patient care. The student will demonstrate a commitment to excellence and continuous professional development.
2. The student should demonstrate a commitment to ethical principles relating to providing patient care, confidentiality of patient information and informed consent.
3. The student should show sensitivity and responsiveness to patients' culture, age, gender and disabilities.

SUBJECT SPECIFIC COMPETENCIES

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

COMPETENCIES		1st YEAR POST GRADUATE	2nd YEAR POST GRADUATE	3rd YEAR POST GRADUATE
A	**Cognitive domain**			
1	Demonstrate knowledge of applied aspects of basic sciences like applied anatomy, physiology, biochemistry, pathology, microbiology and pharmacology.	✓	✓	✓
2	Demonstrate knowledge of the bedside procedures and latest diagnostics and Therapeutics available.	✓	✓	✓
3	Describe aetiology, pathophysiology, principles of diagnosis and management of common surgical problems including emergencies, in adults and children.	✓	✓	✓
4	Demonstrate the theoretical knowledge of general principles of surgery. Demonstrate the theoretical knowledge of systemic surgery including disaster management and recent advances.	✓	✓	✓
5	Demonstrate the theoretical knowledge to choose, and interpret appropriate diagnostic and therapeutic imaging including ultrasound, Mammogram, CT scan, MRI.	✓	✓	✓

6	Demonstrate the knowledge of ethics, medico-legal aspects, communication skills and leadership skills. The PG student should be able to provide professional services with empathy and humane approach.	✓	✓	✓
B	**Affective domain**			
7	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.	✓	✓	✓
8	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.	✓	✓	✓
9	Develop communication skills to word reports, obtain a proper relevant history and professional opinion as well as to interact with patients, relatives, peers and Para medical staff, and for effective teaching.	✓	✓	✓
10	Obtain informed consent for any examination/procedure and explain to the patient and attendants the disease and its prognosis with a Humane approach.	✓	✓	✓
11	Provide appropriate care that is ethical, compassionate, responsive and cost effective and in conformation with Statutory rules.	✓	✓	✓

C.	Psychomotor domain			
12	Perform a humane and thorough clinical examination including internal examinations and examinations of all organs/ systems in adults and children	✓	✓	✓
13	Write a complete case record with all necessary details.	✓	✓	✓
14	Arrive at a logical working diagnosis / differential diagnosis after clinical examination.	✓	✓	✓
15	Order appropriate investigations keeping in mind their relevance (need based).	✓	✓	✓
16	Choose, perform and interpret appropriate imaging in trauma - ultrasound FAST (Focused Abdominal Sonography in Trauma).		✓	✓
17	Perform minor operative procedures and common general surgical operations Independently and the major procedures under guidance.		✓	✓
18	Provide basic and advanced lifesaving support services in emergency situations		✓	✓
19	Provide required immediate treatment and comprehensive treatment taking the help of specialist as required.			✓
20	Perform minimally invasive surgery in appropriate clinical settings. Must have undergone basic training in operative laparoscopy			✓

	Related to general and GI Surgery.			
21	Undertake complete patient monitoring including the preoperative and post Operative care of the patient.		✓	✓
22	Write a proper discharge summary with all relevant information.	✓	✓	✓

SYLLABUS

Course Contents:

No limit can be fixed and no fixed number of topics can be prescribed as course contents. She/he is expected to know the 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.

A student should have fair knowledge of basic sciences (Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology) as applied to his specialty. Further, the student should acquire in-depth knowledge of his subject including recent advances and should be fully conversant with the bedside procedures (diagnostic and therapeutic) and having knowledge of latest diagnostics and therapeutics available.

Competence in surgical skills commensurate with the specialty (actual hands – on training) will be ensured.

Topics	Year of training
General topics: • History of medicine with special reference to ancient Indian texts • Health economics - basic terms, health insurance • Medical sociology, doctor-patient relationship, family adjustments in disease, organizational behaviour, conflict resolution • Computers - record keeping, computer aided learning, virtual reality, robotics • Hazards in hospital and protection:	**1st, 2nd&3rdYear**

• AIDS, hepatitis B, tuberculosis, radiation, psychological • Environment protection - bio- medical waste management • Surgical audit, evidence based surgical practice, quality assurance • Concept of essential drugs and rational use of drugs • Procurement of stores and material & personal management • Research methodology - library consultation, formulating research, selection of topic, writing thesis protocol, preparation of consent form from patients • Bio-medical statistics, clinical trials • Medical ethics • Consumer protection • Newer antibiotics • Problem of resistance. • Sepsis- SIRS • Nosocomial infection • Advances in imaging technologies • Disaster management, mass casualties, Triage • O.T. design, technologies, equipment • Critical care in surgical practice • Response to trauma • Wound healing • Fluid and electrolyte balance • Nutrition • Blood transfusion • Brain death • Cadaveric organ retrieval **Systemic Surgery** • Wound healing including recent advances • A sepsis, antisepsis, sterilization and universal precaution • Surgical knots, sutures, drains, bandages and splints	

• Surgical infections, causes of infections, prevention • Common aerobic and anaerobic organisms and newer organisms Causing infection including *Helicobacter Pylori* • Tetanus, gas gangrene treatment & prevention • Chronic specific infections TB, Filariasis • Boils, cellulites, abscess, necrotising fasciitis and synergistic infection • Antibiotic therapy rationale including antibiotic prophylaxis, misuse, abuse • Hospital acquired nosocomial infection causes and prevention including MRSA etc. • HIV, AIDS and Hepatitis B & C, Universal precautions when dealing with patients suffering from these diseases • Fluid and electrolyte balance including acid – base disturbance, consequences, interpretation of blood gas analysis data and management • Rhabdomyolysis and prevention of renal failure • Shock (septicaemic, hypovolaemic, Neurogenic, anaphylactic), etiology, pathophysiology and management. • Blood and blood components, transfusion indication, contraindication, mismatch and prevention and management of complications of massive blood transfusion • Common preoperative preparation (detailed preoperative workup, risk assessment according to the disease and general condition of the patient as per ASA grade) and detailed postoperative complications following major and minor surgical	

procedures • Surgical aspects of diabetes mellitus particularly management of diabetic foot and gangrene, preoperative control of diabetes, consequences of hypo-and hyper-glycaemia in a post • Operative setting • Consequences and management of bites and stings including snake, dog, human bites • Mechanisms and management of missile, blast and gunshot injuries • Nutritional support to surgical patients • Common skin and subcutaneous condition • Sinus and fistula e, pressure sores • Cervical lymphadenitis nonspecific • And tuberculous, metastatic lymph nodes and lymphomas.	
• Acute arterial occlusion, diagnosis and initiate management • Types of gangrene, Burger's disease and atherosclerosis • Investigations in case of arterial obstruction, amputation, vascular injuries: basic principles and management • Venous disorders: Varicose veins • Diagnosis, principles of therapy, prevention of DVT: basic principles and management • Lymphatic: Diagnosis and principles of management of Lymphangitis and lymphedema • Surgical management of Filariasis • Burns: causes, prevention and management • Wounds of scalp and its management • Recognition, diagnosis and monitoring of patients with head injury, Glasgow coma scale • Recognition of acute cerebral compression, indication for	**2nd& 3rdYear**

referrals. • Cleft lip and palate • Leukoplakia, retention cysts, ulcers of tongue • Oral malignancies • Salivary gland neoplasms • Branchial cyst, cystichygroma • Diagnosis and principles of management of goitre • Thyroglossal cyst and fistula • Thyrotoxicosis • Thyroid neoplasms • Management of solitary thyroid nodule • Thoracicoutlet syndrome • Management of nipple discharge • Breast abscess • Screening and investigation of breast lump • Concept of Single Stop Breast Clinic • Cancer breast diagnosis, staging and multimodality management (common neo adjuvant and adjuvant and palliative chemotherapy protocols and indications of radiation and hormonal therapy, pathology and interpretation of Tumour Markers, breast cancer support groups and counselling) • Recognition and treatment of pneumothorax, haemothorax • Pulmonary embolism: Index of suspicion, prevention/recognition and treatment • Flailchest, stovein chest • Postoperative pulmonary complication • Empyemathoracis • Recognition of oesophgeal atresisa and principles of management • Neoplasms of the lung including its prevention by tobacco control • Cancer oesophagus: principles of management including importance of early detection and timely referral to specialist	

• Achalasiacardia • Gastro-esophageal reflux disease (GERD) • Congenital hypertrophic pyloric stenosis • Organ transplantation: Basic principles including cadaver donation, related Human Organ Transplant Acts, ethical and medico legal aspects.	
• Etiopathogenesis, diagnosis and management of peptic ulcer including role of H. Pylori and its diagnosis and eradication • Cancer stomach • Signs and tests of liver dysfunction • Amoebic liver abscess and its non-operative management • Hydatid cyst and its medical and surgical management including laparoscopic management • Portal hypertension, index of suspicion, symptoms and signs of liver failure and timely referral to a specialist centre • Obstructive jaundice with emphasis on differentiating medical vs surgical Jaundice, algorithm of investigation, diagnosis and surgical treatment options • Neoplasms of liver • Rupture spleen • Indications for splenectomy • Clinical features, diagnosis, complications and principles of management of cholelithiasis and cholecystitis including laparoscopic cholecystectomy • Management of bile duct stones including endoscopic, open and laparoscopic management • Carcinoma gall bladder, incidental cancer gall bladder, index of suspicion and its staging and principles of management Choledochal cyst • Acute pancreatitis both due to gallstones and alcohol	**3rdYear**

• Chronic pancreatitiss • Carcinoma pancreas • Peritonitis: causes, recognition, diagnosis, complications and principles of management with knowledge of typhoid perforation, tuberculous peritonitis, postoperative peritonitis • Abdominal pain types and causes with emphasis on diagnosing early intra- abdominal acute pathology requiring surgical intervention • Intestinal amoebiasis and other worms' manifestation (Ascariasis) and their surgical complications (Intestinal Obstruction, perforation, gastrointestinal bleeding, involvement of biliary tract) • Abdominal tuberculosis both peritoneal and intestinal • Intestinal obstruction **Appendix:** • Diagnosis and management of acute appendicitis • Appendicular lump and abscess **Colon** • Congenital disorders,Congenital mega colon • Colitis infective/non infective • Inflammatory bowel diseases • Premalignant conditions of large bowel • Ulcerative colitis • Carcinoma colon • Principles of management of types of colostomies **Rectum and Anal Canal:** • Congenital disorders, Anorectal anomalies • Prolapse of rectum • Carcinoma rectum • Anal Canal: surgical anatomy, features and management of fissures, fistula - in – Ano. • Perianal and ischiorectal abscess • Hemorrhoids – non-operative outpatient procedures for the control of bleeding (Banding,	

cryotherapy, injection) operative options - open and closed hemorrhoidectomy and stapled hemorrhoidectomy • Analcarcinoma • Clinical features, diagnosis, complication and principles of management of inguinal hernia including laparoscopic repair • Umbilical, femoral hernia and epigastric hernia • Open and Laparoscopic repair of incisional/primary ventral hernia • Urinary symptoms and investigations of urinary tract • Diagnosis and principles of management of urolithiasis • Lower Urinary tract symptoms or prostatism • Benign prostatic hyperplasia; diagnosis and management • Genital tuberculosis in male • Phimosis and paraphimosis • Carcinoma penis • Diagnosis and principles of treatment of undescended testis • Torsiontestis • Hydrocele,haematocele and pyocele Varicocele • Acute and chronic epididymo-orchitis • Testicular tumors • Principles of management of urethral injuries • Management of soft tissue sarcoma • Prosthetic materials used in surgical practice • Telemedicine, teleproctoring and e-learning • Communication skills	

At the end of the course, post graduate students should be able to perform independently (including perioperative management) the following:

Task/Procedure	Year of training
• Start IV lines and monitor infusions • Start and monitor blood transfusion • Venous cut-down • Start and manage a C.V.P. line • Conduct CPR (Cardiopulmonary resuscitation) • Insert nasogastric tube • Proctoscopy • Urethral catheterisation • Surgical management of wounds • Biopsies including image guided • Manage pneumothorax/pleural space collections • In filtration, surface and digital nerve blocks • Incise and drain superficial abscesses • Control external haemorrhage • Assessment and management of burns • Basic/advanced life support	**1st, 2nd&3rdYear**
• Endotracheal intubation • Vasectomy(Preferably non-scalpel) • Circumcision • Surgery for hydrocele • Surgery for hernia • Management of all types of shock • Excision Biopsy of Cervical Lymph node • Excision of benign breast lump • Excision of skin and subcutaneous swellings • Split thickness skin graft	**2nd& 3rdYear**
• Surgery and Injection/banding of piles • Hemithyroidectomy • Excision of thyroglossal cyst • Modified Radical mastectomy • Axillary Lymphnode Biopsy • Excision of gynaecomastia • Management of hernias • Laparoscopic and open cholecystectomy • Management of Liver abscess • Appendectomy • Management of intestinal obstruction, small bowel resection, perforation and • anastomosis • Colostomy	**3rdYear**

The students must have observed or assisted (the list is illustrative) in the following:

- Hartmann's procedure for cancer rectum
- Splenectomy(emergency)
- Stomach perforation
- Varicose Vein surgery
- Craniotomy (Head Injury)
- Superficial parotidectomy
- Submandibular gland excision
- Soft tissue tumours including sarcoma
- Pancreatic oduodenal resection
- Hydatid cyst liver
- Pancreatic surgery
- Retroperitoneal operations

TEACHING AND LEARNING METHODS

Teaching methodology

Didactic lectures included, more emphasis will be placed on small group discussion such as seminars, journal clubs, symposia, reviews and guest lectures as a priority for theoretical knowledge. Bedside teaching, grand rounds, structured interactive group discussions and clinical demonstrations will be the hallmark of clinical/practical learning with appropriate emphasis one-learning. Student will have hand-on training in performing various procedures and ability to interpret various tests/investigations. Exposure to newer specialized diagnostic/therapeutic procedures concerning her/his subject will be given. Self-learning tools like assignments and case-based learning will be promoted.

1. Clinical postings

A major portion of posting will be in General Surgery. It will include inpatients, out-patients, ICU, trauma, emergency room and speciality clinics.

Rotation of posting

Inter-unit rotation in the department will be done for a period of up to one year. Rotation in appropriate related subspecialties will be done for a total period of not exceeding 06 months.

2. Clinical meetings:

There will be intra-and inter-departmental meetings for discussing the uncommon /interesting cases involving multiple departments.

3. e-Log book: Each student will be asked to present a specified number of cases for clinical discussion every month, perform procedures/tests/operations/present seminars/review articles from various journals in inter-unit/interdepartmental teaching sessions. They should be entered in an e-

logbook. Thee-logbooks shall be checked and assessed every month and periodically as required by the faculty members imparting the training.

4. Thesis writing and research: Thesis writing is compulsory.

5. The postgraduate students will be required to participate in the teaching and training programme of undergraduate students and interns.

6. 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/her postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

7. The student should know the basic concepts of research methodology, plan a research project, be able to retrieve information from the library. The student should have a basic knowledge of statistics.

8. The department will encourage e-learning activities for the postgraduates.

During the training programme, patient safety is of paramount importance; therefore, skills will be learnt initially on the models and task trainers in the skills lab (ACTSYEN)/ wet lab (ASSEND) where ever applicable, and later be performed under supervision followed by performing independently.

ASSESSMENT

Assessment will be comprehensive & objective. It will address the stated competencies of the course. The assessment will to be spread over the duration of the course.

Assessment during the MS training will be based on following educational activities:

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

Performance in daily classes, case presentations and journal clubs will be assessed through check lists. Performance and participation in clinical work, patient care and operative procedures, external and outreach activities and CMEs will be documented in their logbook and will be checked and assessed every month and periodically as required by the faculty members imparting the training (*Annexures 1 – 6*).

The Medical college/ Institution will conduct the Formative Assessment (examination) and the University will conduct the Summative Assessment (examination) during the course as mentioned below.

There will be no more than two Summative examinations in a year, with an interval of not less than 4 and not more than 8 months between the two examinations.

Methodology

- **Broad specialties: Master of Surgery (M.S.):** M.S. examinations will consist of theory papers, and clinical/practical and viva voce examinations including OSCE.

a. **Theory:** The theory examination (both formative and summative) may be of descriptive answer of a question type. Theory examination for summative examination will consist of four theory papers.

The theory examination will be held well in advance before the clinical and practical examination.

b. **Clinical/Practical and viva voce**(*Annexures 7–8*)

i. Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a consultant/specialist/teacher, for which candidates shall be examined for one long case and two short cases.

ii. Practical examination for other subjects shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/ laboratory studies and his ability to perform such studies as are relevant to his subject.

iii. The viva voce examination shall be thorough and will aim at assessing the candidate's knowledge and competence concerning the subject, investigative procedures, therapeutic techniques and other aspects of the specialty.

iv. Clinical/practical examination will include Objective Structured Clinical Examination (OSCE) which will assess the candidates knowledge of basic sciences, clinical examination, diagnostic and analytical acumen, surgical instruments and procedures, and attitude and communication skills.

CRITERIA FOR EVALUATION OF M.S COURSE

	Description	M.S. General Surgery
1	**THEORY**	
	No. of Theory Papers	4
	Marks for each Theory Paper	100
	Total marks for Theory Paper	400
	Passing Minimum for Theory	200/400 (40% minimum in each paper)
2	**PRACTICAL/CLINICAL**	300
3	**VIVAVOCE**	100
	Passing minimum for Practical/Clinical including Viva voce	200/400
	The candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory–aggregate 50%(In addition, in each Theory paper a candidate has to secure minimum of 40%) (2) Practical/Clinical and Viva voce-aggregate 50% (3) If any candidate fails seven under one head, he/she has to re-appear for both Theory and Practical/Clinical and Viva voce examination. (4) Five percent of mark of total marks of Clinical/ Practical and Viva Voce marks (20marks) will be of dissertation /thesis and it will be part of clinical/ practical examination marks. External examiner outside the state will evaluate dissertation/thesis and take viva voce on it and marks will be given on quality of dissertation/thesis and performance on its viva voce. (5) No grace mark is permitted in post-graduate examination either for theory or for practical.	

Internal assessment for MS General Surgery

	I Year	II Year	III Year
Theory	**1paper x 100 = 100 Marks**	**1paper x 100= 100 Marks**	**4 papers x 100= 400Marks**
Clinicals/Practical	**1Short case x 50=50Marks** **OSCE = 40 Marks**	**1Short case x50 =50 Marks** **OSCE=40Marks**	**1Long case x 120=120Marks** **2Short cases x 60=120 Marks** **OSCE=40Marks**
VivaVoce	**5 Marks (Operative Surgery)**	**5 Marks (Operative Surgery)**	**100Marks**
Logbook/ Dissertation viva	**5 Marks**	**5 Marks**	**20 Marks**
Total	**100+100 = 200Marks**	**100+100=200 Marks**	**400+400 =800Marks**

- In addition, a weekly open book theory examination is conducted topic wise, for the final year MS students and immediate feedbacks are given.

The Final Theory Internal Assessment Examination and the University Examination will consist of four papers of 3 hours each, the syllabus of which is as given below.

Paper I: Basic Sciences

Paper II: Principles and Practice of Surgery

Paper III: Principles and practice of Operative Surgery

Paper IV: Recent Advances in Surgery

The Final Practical Internal Assessment Examination and the University Examination will consist of

1 Long case of 120marks=120 Marks

2 Short cases of 60 marks each=120Marks

List of short clinical cases 1. Ulcers 2. Gangrene 3. Swellings - Example: Sebaceous cyst, Lipoma, Neurofibroma, Ganglion, Dermoid, Lymphangioma, Soft tissue tumours, Lymph node swellings, Cold abscess 4. Hernias 5. Inguino scrotal swelling (other than Inguinal and Femoral Hernias) - Example: Hydrocele 6. Neck swelling – Example: Lymph node, Thyroid/Thyroglossal cyst, Submandibular gland, Cervical rib 7. Oral malignancies 8. Skin malignancies 9. Salivary gland tumours 10. Varicose veins	**1st, 2nd&3rdYear**
List of Long clinical cases 1. Peripheral Vascular Disease and Gangrene 2. Varicose veins 3. Parotid swelling 4. Thyroid swellings 5. Breast lump 6. Abdomen – mass / chronic abdomen / obstructive jaundice 7. Hernias	**2nd& 3rdYear**

OSCE (8 stations of 5 marks each) = 40Marks

Viva Voce will consist of the following to total 100 Marks

- Operative Surgery=25Marks
- Surgical Pathology=25Marks
- Pedagogy=25Marks
- Radiology=25Marks

Dissertation

Evaluation= 20 Marks

NOTE: Refer

Annexures 7, 8

RECOMMENDED READING

Books(latest edition)

1. Text Book of Surgery, by Christopher Davis
2. ASIT ext Book of Surgery
3. Surgery of Colon, Rectum and Anal canal, by Goligher JC
4. Schwartz Text Book of Surgery
5. Text book on Laparoscopic Surgery
6. Trauma (Mattox)
7. Recent Advances in Surgery
8. Year Book of Surgery
9. Surgical Clinics of North America
10. Short practice of Surgery by Bailey and Love
11. A manual of clinical Surgery, by S Das
12. Hamilton Bailey's demonstration of clinical signs
13. Pye's Surgical Handicraft

Journals

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

BLUE PRINT

MS GENERAL SURGERY THEORY QUESTION PAPER

All four papers will have10 questions of 10 marks **(10x10=100 Marks)** each.

Paper–I: Basic Sciences

Will include questions from all topics listed under General Surgery in the syllabus (the list being inclusive, though not exhaustive), and will also include basic sciences with respect to anatomy, physiology, biochemistry, pathology, forensic medicine and community medicine, in relation to systemic surgery.

S.No.	Topics	Weightage	Marks Allotted	No. of Questions
1.	**General topics:** • History of medicine with special reference to ancient Indian texts • Health economics - basic terms, health insurance • Medical sociology, doctor-patient relationship, family adjustments in disease, organizational behaviour, conflict resolution • Computers - record keeping, computer aided learning, virtual reality, robotics • Environment protection-bio-medical waste management • Surgical audit, evidence based surgical practice, quality assurance • Concept of essential drugs and rational use of drugs • Procurement of stores and material & personal management • Research methodology - library consultation, formulating research, selection of topic, writing thesis protocol, preparation of consent form from patients • Bio-medical statistics, clinical trials • Medical ethics • Consumer protection • Disaster management, mass casualties, Triage • O.T. design, technologies, equipment	20%	20	2
2.	• Hazards in hospital and protection:	10%	10	1

	• AIDS, hepatitis B, tuberculosis, radiation, psychological • Newer antibiotics • Problem of resistance. • Sepsis- SIRS • Nosocomial infection			
3.	• Critical care in surgical practice • Response to trauma • Wound healing • Nutrition • Nutritional support to surgical patients • Brain death • Cadaveric organ retrieval • Organ transplantation: Basic principles including cadaver donation, related Human Organ Transplant Acts, ethical and medico legal aspects.	10%	10	1
4.	**Systemic Surgery** • Wound healing including recent advances • Asepsis, antisepsis, sterilization and universal precaution • Surgical knots, sutures, drains, bandages and splints • Surgical infections, causes of infections, prevention • Common aerobic and anaerobic organisms and newer organisms causing infection including *Helicobacter Pylori* • Tetanus, gas gangrene treatment &prevention • Chronic specific infections TB, Filariasis • Boils, cellulites, abscess, necrotizing fasciitis and synergistic infection • Antibiotic therapy rationale including antibiotic prophylaxis, misuse, abuse • Hospital acquired nosocomial infection causes and prevention including MRSA etc. • HIV, AIDS and Hepatitis B & C, Universal precautions when dealing	10%	10	1

	with patients suffering from these diseases • Consequences and management of bites and stings including snake, dog, human bites • Common skin and subcutaneous condition • Sinus and fistulae, pressure sores • Cervical lymphadenitis nonspecific and tuberculous, metastatic lymph nodes and lymphomas.			
5.	• Fluid and electrolyte balance including acid – base disturbance, consequences, interpretation of blood gas analysis data and management • Rhabdomyolysis and prevention of renal failure • Shock (septicemic, hypovolemic, Neurogenic, anaphylactic), etiology, pathophysiology and management. • Burns: causes, prevention and management • Blood and blood components, transfusion indication, contraindication, mismatch and prevention and management of complications of massive blood transfusion	20%	20	2
6.	• Common preoperative preparation (detailed preoperative workup, risk assessment according to the disease and general condition of the patient as per ASA grade) and detailed postoperative complications following major and minor surgical procedures • Surgical aspects of diabetes mellitus particularly management of diabetic foot and gangrene, preoperative control of diabetes, consequences of hypo- and hyper- glycaemia in a post operative setting • Mechanisms and management of missile, blast and gunshot injuries	10%	10	1

	• Prosthetic materials used in surgical practice • Telemedicine, teleproctoring and e-learning • Communication skills			

7.	• Surgical and applied anatomy and embryological development of all organ systems
	  ○ CNS
	  ○ Head and Neck
	  ○ CVS
	  ○ Respiratory
	  ○ Gastro-intestinal
	  ○ Arterial, Venous, Lymphatic
	• Patho-physiology and associated disease arising from
	  ○ Head and Neck
	  ○ Respiratory
	  ○ Gastro-intestinal
	  ○ Arterial, Venous, Lymphatic
		20%	20	2

Paper–II: Principle and practice of Surgery.

Will include questions from all topics listed under General and Systemic Surgery in the syllabus (the list being inclusive, though not exhaustive).

S. No.	Topics	Weightage	Marks Allotted	No. of Questions
1	• Acute and chronic arterial occlusion, diagnosis, investigations and management • Types of gangrene, Burger's disease and atherosclerosis • Venous disorders: Varicose veins • Diagnosis, principles of therapy, prevention of DVT: basic principles and management • A-V fistulas • Lymphatic: Diagnosis and principles of management of lymphangitis and lymphedema	10%	10	1

	• Surgical management of Filariasis			
2.	• Wounds of scalp and its management • Carcinoma gall bladder, incidental cancer gallbladder, index of suspicion and its staging and principles of management Choledochal cyst • Acute pancreatitis both due to gallstones and alcohol • Chronic pancreatitis • Carcinoma pancreas • Peritonitis: causes, recognition, diagnosis, complications and principles of management with knowledge of typhoid perforation, tuberculous peritonitis, postoperative peritonitis • Abdominal pain types and causes with emphasis on diagnosing early intra- abdominal acute pathology requiring surgical intervention • Intra-abdominal abscess • Intestinal amoebiasis and other worms' manifestation (Ascariasis) and their surgical complications (Intestinal Obstruction, perforation, gastrointestinal bleeding, involvement of biliary tract) • Abdominal tuberculosis both peritoneal and intestinal • Intestinal obstruction • Small bowel Pathology • Retroperitoneum • Liver and Gall Bladder • Spleen	10%	10	1

9	Clinical manifestation, management and/or operative surgery of disease arising from • Genito-urinary system	20%	20	2

Paper–III: Principles and practice of Operative Surgery

Will include questions from all topics listed under General and Systemic Surgery in the syllabus with the focus being on management and operative surgery.

S. No.	Topics	Weightage	Marks Allotted	No. of Questions
1.	Clinical manifestation, management and/or operative surgery of disease arising from • Cutaneous infections and malignancies • Arterial • Venous • Lymphaticsystem	10%	10	1
2.	Clinical manifestation, management and/or operative surgery of disease arising from • CNS disorders • Head injury • Cleft lip and palate	10%	10	1
3.	Clinical manifestation, management and/or operative surgery of disease arising from • Salivary glands • Oral cavity lesions	10%	10	1
4	Clinical manifestation, management and/or operative surgery of disease arising from • Neck swellings • Thyroid and thyroglossal cyst • Oesophageal disease	10%	10	1
5	Clinical manifestation, management and/or operative surgery of disease arising from • Mediastinum • Respiratory system • Cardiovascular system • Breast and Endocrine	10%	10	1
6	Clinical manifestation, management and/or operative surgery of disease arising from • Stomach • Pancreas	10%	10	1
7	Clinical manifestation, management and/or Operative surgery of disease arising from	10%	10	1
8	Clinical manifestation, management and/or operative surgery of disease arising from • Small and Large Intestine	10%	10	1

*NOTE: The question paper may comprise 30-50% of marks from Operative surgery.

Paper IV: Recent Advances in Surgery

Will include questions from all topics listed under General and Systemic Surgery in the syllabus, with the focus being on recent advances in evaluation and management, as reflected in the knowledge gained in CMEs, journal clubs and research. It will also include questions from subspecialities.

S. No.	Topics	Weightage	Marks Allotted	No. of Questions
1.	Recent advances in evaluation and management of • Arterial • Venous • Lymphatic system • Cutaneous malignancies	10%	10	1
2.	• Neurosurgery	10%	10	1
3.	• Paediatric Surgery	10%	10	1
4.	Recent advances in evaluation and management of disease arising from • Salivary glands • Oral cavity lesions • Neck swellings • Thyroid and thyroglossal cyst • Oesophageal disease	10%	10	1
5.	Evaluation and management, and/or recent advances in disease arising from • Mediastinum • Respiratory system • Cardiovascular system	10%	10	1
6.	Evaluation and management, and/or recent advances in disease arising from • Genito-urinary system	10%	10	1
7.	Recent advances in • Minimally invasive surgery • Bariatric surgery • Robotics	10%	10	1
8.	Plastic and Reconstructive Surgery	10%	10	1
9.	Recent advances in radiological evaluation, biomedical engineering and surgical technology Eg.3Dprinting, regenerative medicine, Tissue engineering, etc.	20%	20	2

BLUE PRINT FORMS GENERAL SURGERY–OSCE Stations

There will be 8 stations of 5 marks each and 2 rest stations. Two manned stations will be assessed through validated checklists.

Station 1- Instrument station - 5 marks

Station 2- Anaesthesia/Drugs-5 marks

Station 3- Rest station

Station 4-Focussed clinical examination **(manned station)**-5 marks

Station 5-Laboratory Investigations–5 marks

Station 6-Instrumentstation-5 marks

Station 7–Rest station

Station 8-Communication skill station **(manned station)**-5 marks

Station 9-Case scenario/Problem solving –5 marks

Station 10-Surgical Anatomy–5 marks

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MODEL QUESTION PAPERS

QP Code **Reg. No…….**

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M.S- GENERAL SURGERY

PAPER I

Basic Sciences

Exam Date: Max Marks:100

Time: 3 Hrs

Your answers should specific to the questions asked.

Draw neat labelled diagrams wherever necessary.

SHORT ESSAYS **(10X10= 100Marks)**

1. Describe the principle and steps of research in surgery
2. Enumerate the common hemostatic techniques used intra operatively. Describe the mechanism, applications and complications of electro surgery. (2 + 2 + 3 + 3 Marks)
3. Describe as eptic techniques. Classify and describe the agents used in sterilization (2+2+6 Marks)
4. Describe Total Parenteral Nutrition
5. Describe the post-exposure prophylaxis of tetanus prone wounds.
6. A 60year old man presents with abdomen distension and vomiting for 1 week. Vomiting is effortless and contains previous day's partially digested food. On examination, visible peristalsis is seen in the epigastrium, from left to right.
    a. Mention the most likely diagnosis/differential diagnosis. (1Mark)
    b. Describe the fluid and electrolyte changes associated with this condition. (6Marks)
    c. Describe the initial management of this patient (3Marks)
7. Enumerate and describe blood products. Describe the effects of massive blood transfusions.
8. Describe the principals of Safe Surgery
9. Describe the development of the testis. Describe the anomalies in its

development. Enumerate the complications of undescended testis. (4 + 3 + 3 Marks)

10. Describe the surgical anatomy of the inguinal canal. Classify Inguinal hernias and enumerate their complications.

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QP Code **Reg. No…….**

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M.S- GENERAL SURGERY

PAPER II

Principle and practice of General Surgery

Exam Date: Max Marks:100

Time: 3 Hrs

Your answers should specific to the questions asked.

Draw neat labelled diagrams wherever necessary.

SHORT ESSAYS **(10X10=100Marks)**

1. Describe the etiology, clinical features and management of venous ulcers (3+3+4)
2. Enumerate the premalignant lesions of the oral cavity. Describe the etiopathogenesis and management of carcinoma tongue.
3. A 45-year-old male presents with an anterior neck swelling which moves with deglutition. Investigations show Normal thyroid function. Ultrasound shows TIRADS 4 lesion with no obvious neck nodes. FNAC reveals Medullary Carcinoma thyroid.
   a. Describe further evaluation of this patient before surgery.(4 Marks)
   b. Describe the role of Genetic screening in medullary carcinoma thyroid.(2 Marks)
   c. Describe the role of prophylactic neck dissection in this patient(2 Marks)
   d. Discuss the recent (ESMO)guidelines during follow-up.(2 Marks)
4. Describe assessment and resuscitation in chest injuries. Enumerate the indications for thoracotomy.
5. A 58-year-old male complains of dysphagia. Enumerate the differential diagnosis. Discuss the management of esophageal motility disorders.
6. Discuss the etio-pathogenesis of Hydatid cyst. Describe its medical and surgical management.
7. Classify biliary strictures. Enumerate the causes, clinical features and management of biliary strictures.
8. Discuss the differential diagnosis of right iliac fossa mass. Describe the management of carcinoma caecum.
9. Describe the etiology, classification, clinical features and management of rectal prolapse.
10. Classify testicular tumors. Describe the clinical features and management of Seminomas.

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QP Code **Reg. No…….**

YENEPOYA (DEEMED TO BE UNIVERSITY)

M.S- GENERAL SURGERY

PAPER III

Principles & Practice of Surgery & Operative Surgery

Exam Date: Max Marks:100

Time:3 Hrs

Your answers should specific to the questions asked.

Draw neat labelled diagrams wherever necessary.

SHORT ESSAYS **(10X10=100Marks)**

1. 40-year-old man, a smoker, presented with a long standing calf pain on walking. Discuss the differential diagnosis and management.
2. Describe the clinical features and management of Extra dural haematoma.
3. Enumerate the causes of post-thyroidectomy respiratory distress & describe the management.
4. Describe the pre-malignant lesions of oral cavity. Describe the management of a patient with carcinoma tongue on the right lateral border of 3 x 1.5 cm size with a palpable right submandibular lymph node of size 1cm.
5. Describe the differential diagnosis of acute scrotal pain and describe the management of testicular torsion.
6. Describe in detail on Sentinel lymph node biopsy
7. Describe Urinary diversions.
8. A 38-year-old lady underwent laparoscopic splenectomy, developed abdominal distension on post-op day 3 with drain output of about 650ml. Describe the differential diagnosis and management of this patient.
9. Describe the etiology, clinical features & management of ulcerative colitis.
10. A 52-year-old male patient presented with fluctuating, painless jaundice with itching and a palpable right hypochondrial mass. Enumerate the differential diagnosis & outline the management.

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QP Code **Reg. No…….**

YENEPOYA (DEEMED TO BE UNIVERSITY)

M.S- GENERAL SURGERY

PAPER IV

Recent advances in Surgery

Exam Date: Max Marks:100

Time:3 Hrs

Your answers should specific to the questions asked.

Draw neat labelled diagrams wherever necessary.

SHORT ESSAYS **(10X10=100Marks)**

1. Describe the indications and principles of Video assisted thoracoscopic surgery (VATS).
2. Describe the recent advances in the management of Melenoma.
3. Describe the newer treatment modalities for Benign Prostatic Hyperplasia (BPH).
4. Describe minimally invasive thyroid surgery.
5. Classify brain tumours. Outline the newer modalities used in the management of brain tumours.
6. Describe the immune suppression therapy for kidney transplant.
7. Describe the recent advances in the management of lymphoedema.
8. Describe the role of Indocyanine green (ICG) in Surgery.
9. Describe skin banking in detail.
10. Outline the recent advances in robotic surgery.

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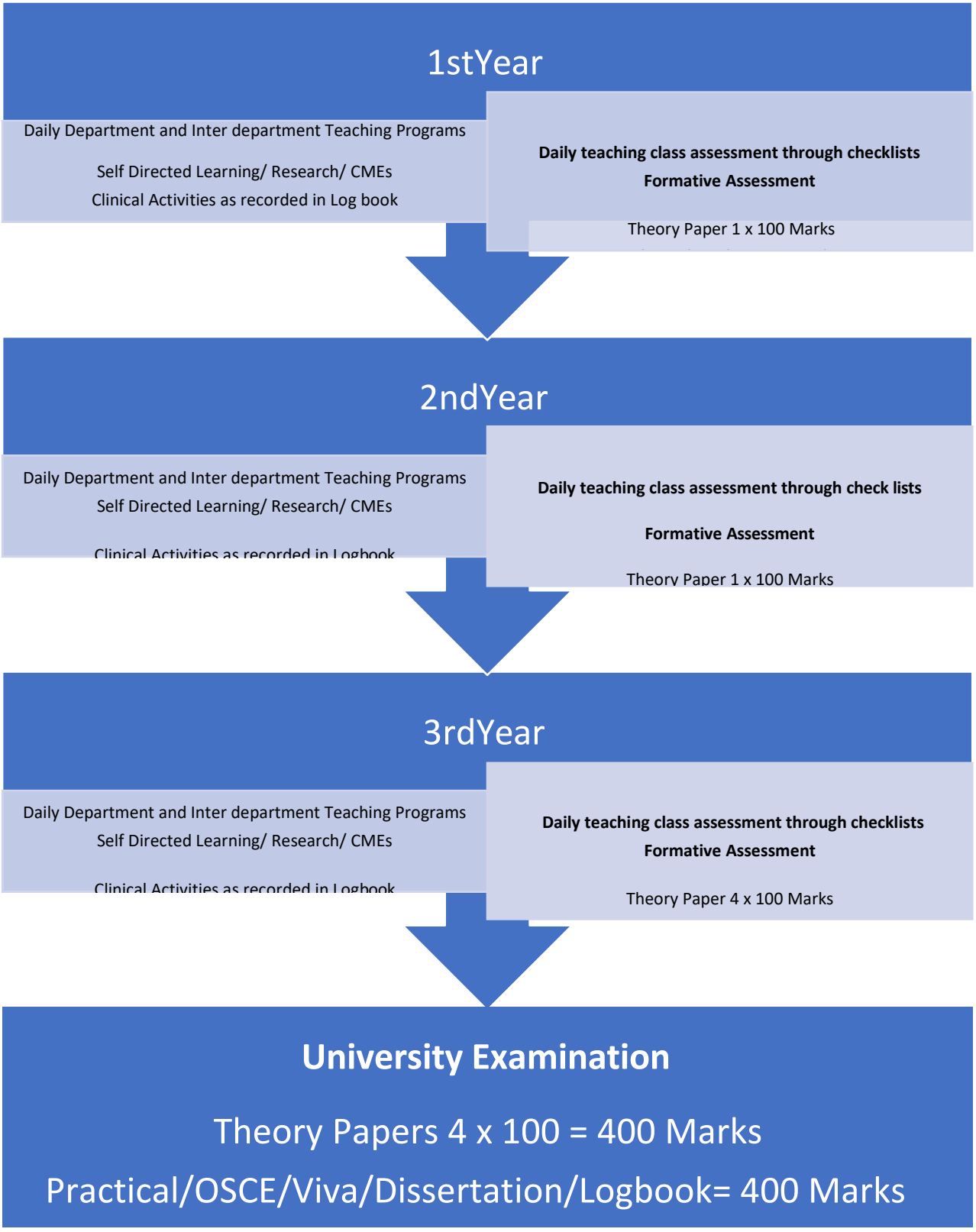
POST-GRADUATE CURRICULUM BLUE PRINT OVER 3 YEARS



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MODEL CHECK-LIST

FOR EVALUATION OF JOURNAL REVIEW PRESENTATION.

Name of the Student: **Name of the Faculty/Observer:** **Date:**

Sl. No.	Items for Observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Article chosen was					
2	Extent of understanding of scope & objective of the paper by the candidate					
3	Whether cross references have been consulted					
4	Whether other relevant publications consulted					
5	Ability to respond to Questions on the paper / subject					
6	Audio–visualaids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	Total Score					

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MODEL CHECK- LIST FOR EVALUATION OF SEMINAR PRESENTATION.

Name of the Student: **Name of the Faculty/Observer:** **Date:**

Sl. No.	Items for Observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Whether other relevant publications consulted					
2	Whether cross References have been consulted					
3	Completeness of Preparation					
4	Clarity of Presentation					
5	Understanding of subject					
6	Ability to answer questions					
7	Time scheduling					
8	Appropriate use of Audio – Visual aids					
9	Overall Performance					
10	Any other observation					
	Total Score					

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EVALUATION FORM FOR CLINICAL PRESENTATION.

Name of the Student: **Name of the Faculty:** **Date:**

Sl. No.	Points to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Completeness of history					
2	Whether all relevant Points elicited					
3	Clarity of Presentation					
4	Logical order					
5	Mentioned all positive And negative points of importance					
6	Accuracy of general physical examination					
7	Whether all physical signs Elicited correctly					
8	Whether any major signs Missed or misinterpreted					
9	Diagnosis: Whether it follows logically from history and findings					
10	Investigations required 11.Complete list					
	12.Relevantorder					
	13. Interpretation of investigations					
11	Ability to react to questioning whether it follows logically from History and findings					
12	Ability to defend diagnosis					
13	Ability to justify Differential diagnosis					
14	Others					
	Grand Total					

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EVALUATION FORM FOR CLINICAL LONG CASE PRESENTATION.

Name of the Student: **Name of the Faculty:** **Date:**

Sl. No.	Points to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of Presentation					
4	Logical order					
5	Mentioned all positive and Negative points of importance					
6	Accuracy of general physical examination					
7	Whether all physical signs elicited correctly					
8	Whether any major signs missed or misinterpreted					
9	Diagnosis: Whether it follows logically from history and findings					
10	Investigations required 14.Complete list					
	15.Relevantorder					
	16. Interpretation of investigations					
11	Ability to react to questioning Whether it follows logically from history and findings					
12	Ability to defend diagnosis					
13	Ability to justify differential diagnosis					
14	Others					
	Grand Total					

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EVALUATION FORM FOR CLINICAL SHORT CASE PRESENTATION.

Name of the Student: **Name of the Faculty:** **Date:**

Sl. No.	Points to be considered	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Completeness of history					
2	Whether all relevant Points elicited					
3	Clarity of Presentation					
4	Logical order					
5	Mentioned all positive and negative points of importance					
6	Accuracy of general Physical examination					
7	Whether all physical Signs elicited correctly					
8	Whether any major signs missed or misinterpreted					
9	Diagnosis: Whether it follows logically from history and findings					
10	Investigations required • Complete list					
	• Relevant order					
	• Interpretation of investigations					
11	Ability to react to questioning whether it Follows logically from history and findings					
12	Ability to defend diagnosis					
13	Ability to justify Differential diagnosis					
14	Others					
	Grand Total					

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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

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University exam consolidated Mark sheet MS-…..batch Date-

Reg. No.	Long Case 120 marks	Short Case 1 60 marks	Short Case 2 60 marks	Dissertation Evaluation 20 marks	Viva 100 marks				OSCE 40 marks	Total 400 marks
					Operative Surgery 25 marks	Surgical Pathology 25 marks	Pedagogy 25 marks	Radiology 25 marks		

Examiners Name & Signature:

1. **2.**

3. **4.**

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University exam Mark sheet breakup of assessment–clinics-MS-…..batch Date-

REG. No.	Long Case 120 marks					Short Case 1 60 marks				Short Case 2 60 marks			
	History Marks 35	Examination Marks 35	Clinical Reasoning, diagnosis & management Marks 35	Documentation Marks 15	Total	History Marks 20	Examination Marks 20	Clinical Reasoning, diagnosis & management Marks 20	Total	History Marks 20	Examination Marks 20	Clinical Reasoning, diagnosis & management Marks 20	Total

Examiners Name & Signature:

1. **2.** **3.**

4.

REFERRENCES: https://www.nmc.org.in/wp-content/uploads/2019/09/MS-Surgery.pdf

Final PG University Examination MD/ MS/ DM/ M.Ch. courses

For all Clinical and Pre para subjects

Distribution of marks for Theory examination

Item	Marks
No. of Theory Papers	4
Marks for each Theory Paper	100
Total marks for Theory Paper	**400**
Passing Minimum for Theory	200/400 (40% minimum in each paper) Theory – aggregate 50% (In addition, in each Theory paper a candidate has to secure minimum of 40%)

Distribution of marks for Practical examination-Clinical departments

Item	Marks	Total Marks
Long case	1*120	120
Short case	2*60	120
OSCE(Minimum 4 stations and two Should be manned stations)	40	40
Dissertation viva	20	20
Subtotal of clinical/practical	300	**300**
Viva voce	100	100
Grand total	400	**400**

Practical/Clinical and Viva voce- aggregate 50%