

FACULTY OF MEDICAL SCIENCES  
UNIVERSITY OF DELHI  
DELHI-110007

**Amendment to MBBS ordinance 2019 for the  
students admitted in the Academic Session 2023-  
2024 onwards in the light of CBME Regulations  
2023 dated 01.08.2023**

**Applicable to all MBBS Batches (2019 onwards)**

*Smit Kaur*

*19/7/23*  
*PSD*

*Seema Jain*  
*19/7/23*

## A. CURRICULUM

### > 1<sup>st</sup> Professional Year:

#### 1. ANATOMY

##### a. Competencies:

The undergraduate must demonstrate:

- Understanding of the gross and microscopic structure and development of human body,
- Comprehension of the normal regulation and integration of the functions of the organs and systems on basis of the structure and genetic pattern,
- Understanding of the clinical correlation of the organs and structures involved and interpret the anatomical basis of the disease presentations.

##### b. Broad subject specific objectives

**Knowledge:** At the end of the course the student should be able to

- Comprehend the normal disposition, clinically relevant interrelationships, functional and cross -sectional Anatomy of the various organs and structures of the body.
- Identify the microscopic structure and correlate elementary ultrastructure of various organs and tissues with the functions as a prerequisite for understanding the altered state in various disease processes.
- Comprehend the basic structure and connections of the central nervous system to analyze the integrative and regulative functions of the organs and systems. He should be able to locate the site of gross lesions according to the deficits encountered
- Demonstrate knowledge of the basic principles and sequential development of the organs and systems; recognize the critical stages of development and the effects of common teratogens, genetic mutations and environmental hazards. He should be able to explain the developmental basis of the major variations and abnormalities.

##### c. Skills:

At the end of the course the student should be able to —

- Identify and locate all the structures of the body and mark the topography of the Living Anatomy.
- Understand clinical basis of some common clinical procedures i.e. intramuscular and intravenous injection; lumbar puncture and kidney biopsy etc.
- Identify the organs and tissues under the microscope.
- Understand the principles of karyotyping and identify the gross congenital anomalies.

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Understand principles of newer imaging techniques and interpretation of CT scan, sonogram, MRI & Angiography.

d. **Integration:**

The teaching should be aligned and integrated horizontally and vertically in organ systems with clinical correlation that will provide a context for the learner to understand the relationship between structure and function and interpret the anatomical basis of various clinical conditions and procedures.

## 2. PHYSIOLOGY

a. **Competencies: The undergraduates must demonstrate:**

- Understanding of the normal functioning of the organs and organ systems of the body,
- Comprehension of the normal structure and organization of the organs and systems on basis of the functions,
- Understanding of age-related physiological changes in the organ functions that reflect normal growth and development,
- Understand the physiological basis of diseases.

b. **Broad subject specific objectives**

**Knowledge :** At the end of the course, the student will be able to:

- Describe the normal functions of all the systems, the regulatory mechanisms and interactions of the various systems for well-coordinated total body functions.
- Understanding the relative contribution of each organ system in the maintenance of the milieu interior (homeostasis)
- Explain the physiological aspects of the normal growth and development.
- Analyze the physiological responses and adaptation to environmental stress. Comprehend the physiological principles underlying pathogenesis and treatment of disease.
- Correlate knowledge of physiology of human reproductive system in relation to National Family welfare program.

c. **Skills**

At the end of the course the student shall be able to:

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- Conduct experiments designed for study of physiological phenomenon.
- Interpret experimental /investigative data.
- Distinguish between normal and abnormal data derived as a result of clinical examination and tests, which he has performed and observed in the laboratory.
- Recognize and get familiar with newer computerized and advanced instruments like medspiror, semen quality analyzer, EMG and TMT

d. **Integration:**

The teaching should be aligned and integrated horizontally and vertically in organ systems in order to provide a context in which normal function can be correlated both with structure and with the biological basis, its clinical features, diagnosis and therapy.

### 3. BIOCHEMISTRY

a. **Competencies:**

The learner must demonstrate an understanding of:

- Biochemical and molecular processes involved in health and disease,
- Importance of nutrition in health and disease,
- Biochemical basis and rationale of clinical laboratory tests, and demonstrate ability to interpret these in the clinical context.

b. **Broad subject specific objectives:**

**Knowledge:** At the end of the course, the student shall be able to

- Enlist and describe the cell organelles with their molecular and functional organization.
- Delineate structure, function and interrelationships of various biomolecules and consequences of deviation from the normal.
- Understand basic enzymology and emphasize on its clinical applications wherein regulation of enzymatic activity is disturbed.
- Describe digestion and assimilation of nutrients and consequences of malnutrition.
- Describe and integrate metabolic pathways of various biomolecules with their regulatory mechanisms.

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- Explain the biochemical basis of inherited disorders with their associated sequel.
- Describe mechanisms involved in maintenance in water, electrolyte and acid base balance and consequences of their imbalances.
- Outline the molecular mechanisms of gene expression and regulation, basic principles of biotechnology and their applications in medicine.

#### c. Skills

At the end of the course, the student shall be able to:

- Make use of conventional techniques / instruments to perform biochemical analysis relevant to clinical screening and diagnosis;
- Analysis and interpret investigative data;
- Demonstrate the skills of solving scientific and clinical problems and decision making.

#### d. Integration:

The teaching/learning programme should be integrated horizontally and vertically, as much as possible, to enable learners to make clinical correlations and to acquire an understanding of the cellular and molecular basis of health and disease.

### ➤ 2<sup>nd</sup> Professional Year:

#### 4. PATHOLOGY

##### a. Competencies:

- The undergraduate must demonstrate: Comprehension of the causes, evolution and mechanisms of diseases,
- Knowledge of alterations in gross and cellular morphology of organs in disease states,
- Ability to correlate the natural history, structural and functional changes with the clinical manifestations of diseases, their diagnosis and therapy.

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## b. Broad subject specific objectives

**Knowledge:** At the end of the course, the student shall be able to:-

- Describe the structure and ultrastructure of a sick cell, causes and mechanisms of cell
- Injury, cell death and repair.
- Correlate structural and functional alterations in the sick cell.
- Explain the path physiological processes, which govern the maintenance of homeostasis, mechanisms of their disturbance and the morphological and clinical manifestation associated with it.
- Describe the mechanisms and patterns of tissue response to injury so as to appreciate the path physiology of disease processes and their application to clinical science.
- Correlate the gross and microscopic alterations of different organ systems in common disease to the extent needed for understanding disease processes and their clinical significance.
- Develop an understanding of steps in neoplastic changes in the body and their effects in order to need for early diagnosis and further management of neoplasia. • Understand mechanisms of common hematological disorders and develop a logical approach in their diagnosis and management.
- Develop understanding of the blood banking, blood donors & transfusion of blood & blood products, (components).
- Understand pathophysiology of infectious diseases in relation with tissue changes.
- Describe the various immunological reactions in understanding the disease process & tissue transplant.
- Develop an understanding for genetic disorders.
- Understand the vital organ function test of Kidney, liver & thyroid.

## c. Skills

At the end of the course, the student shall be able to:

- Describe the rationale and principles of routine technical procedures of the diagnostic laboratory tests & perform it.
- Interpret routine diagnostic laboratory tests and correlate with clinical, hematological and morphological changes.
- Perform the simple bed-side tests on blood, urine and other biological fluid samples:
- Draw a rational scheme of investigations aimed at diagnosing and managing the cases of common disorders.

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- Able to understand the microscopic and macroscopic features of common diseases.
- Develop different type of skills such as observation skills, communication skill and presentation skill.
- Understand biochemical/physiological disturbances that occur as a result of disease in collaboration with all concerned departments.

d. **Integration:**

The teaching should be aligned and integrated horizontally and vertically in organ systems recognizing deviations from normal structure and function and clinically correlated so as to provide an overall understanding of the etiology, mechanisms, laboratory diagnosis, and management of diseases.

## 5. MICROBIOLOGY

### a. Competencies:

The undergraduate learner demonstrates:

- Understanding of role of microbial agents in health and disease,
- Understanding of the immunological mechanisms in health and disease,
- Ability to correlate the natural history, mechanisms and clinical manifestations of infectious diseases as they relate to the properties of microbial agents,
- Knowledge of the principles and application of infection control measures,
- An understanding of the basis of choice of laboratory diagnostic tests and their interpretation, antimicrobial therapy, control and prevention of infectious diseases.
- Knowledge of outbreak investigation and its control.

### b. Broad subject specific objectives

At the end of the course the student will be able to .

- Explain how the different microorganisms can cause human infection.
- Understand commercial, opportunistic and pathogenic organisms and describe host parasite relationship.
- Describe the characteristics (morphology, cultural characteristics, resistance, virulence factors, incubation period, mode of transmission etc.) of different microorganisms.
- Explain the various defense mechanisms of the host against the microorganisms which can cause human infection.
- Describe the laboratory diagnosis of microorganisms causing human infections and disease.
- Describe the prophylaxis for the particular infecting microorganisms

### c. Skills

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At the end of the course the student shall be able to

- Plan the laboratory investigations for the diagnosis of infectious diseases.
- Perform laboratory procedures to arrive at the etiological diagnosis of infectious diseases caused by bacteria, fungi, viruses and parasites including the drug sensitivity profile.
- Perform and interpret immunological and serological tests.
- Operate routine and sophisticated instruments in the laboratory.
- Develop microteaching skills and Pedagogy
- Successfully implement the chosen research methodology

**d. Integration:**

The teaching should be aligned and integrated horizontally and vertically in organ systems with emphasis on host-microbe-environment interactions and their alterations in disease and clinical correlations so as to provide an overall understanding of the etiological agents, their laboratory diagnosis and prevention.

## **6. PHARMACOLOGY**

**a. Competencies:**

The undergraduate must demonstrate:

- Knowledge about essential and commonly used drugs and an understanding of the pharmacologic basis of therapeutics,
- Ability to select and prescribe medicines based on clinical condition and the pharmacologic properties, efficacy, safety, suitability and cost of medicines for common clinical conditions of national importance,
- Knowledge of pharmacovigilance, essential medicine concept and sources of drug information and industry-doctor relationship,
- Ability to counsel patients regarding appropriate use of prescribed drug and drug delivery systems.

**b. Broad subject specific objectives**

(A) Knowledge: At the end of the course, the student shall be able to

- Describe the Pharmacokinetics and Pharmacodynamics of essential and commonly used drugs.
- Enlist the indications, contraindications, interactions and adverse reactions of commonly used drugs.

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Tailor the use of appropriate drugs in disease with consideration of its cost, efficacy and safety for-

- a. Individual needs and
- b. Mass therapy, under National Health Programs.

- Integrate the list of drugs of addiction and recommend the management of drug addiction.
- Explain pharmacological basis of prescribing drugs in special medical situations such as pregnancy, lactation, infancy, old age, renal damage, hepatic damage and immunocompromised patients.
- Explain the concept of rational drug therapy in clinical pharmacology.
- State the principles underlying the concept of 'Essential Drugs'.
- Evaluate the ethics and modalities involved in the development and introduction of new drugs.

#### c. Skills

At the end of the course, the student shall be able to

- Prescribe drugs for common ailments.
- Identify adverse reactions and drug interactions of commonly used drugs.
- Interpret the data obtained from the experiments designed for the study of effect of drugs in various experimental and clinical studies.
- Analyze the information regarding common pharmaceutical preparations and critically evaluate drug formulations.
- Appraise the Principles of Clinical Pharmacy and Dispense the Medications giving proper instructions.

#### d. Integration:

Practical knowledge of use of drugs in Clinical Practice will be acquired through Integrated Teaching vertically with phase I subjects and horizontally with other phase 2 subjects.

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➤ **3rd Professional year**

**7. FORENSIC MEDICINE AND TOXICOLOGY**

**a. Competencies:**

The learner must demonstrate:

- Understanding of medico-legal responsibilities of physicians in primary and secondary care settings,
- Understanding of the rational approach to the investigation of crime, based on scientific and legal principles,
- Ability to manage medical and legal issues in cases of poisoning /overdose,
- Understanding the medico-legal framework of medical practice and medical negligence,
- Understanding of codes of conduct and medical ethics,
- Understanding concept of deceased donor, brain death, and Human Organ Transplantation Act.

**b. Broad subject specific objectives:**


**Knowledge:** At the end of the course, the student shall be able to

- Identify the basic Medico-legal aspects Of hospital and general practice.
- Define the Medico-legal responsibilities of a general physician while rendering community service either in a rural primary health centre or an urban health centre.
- Appreciate the physician's responsibilities in criminal matters and respect for the codes of Medical ethics.
- Diagnose, manage and identify legal aspect of common acute and chronic poisonings.
- Describe the Medico-legal aspects and findings of post-mortem examination in cases of death due to common unnatural conditions and poisonings.
- Detect occupational and environmental poisoning, prevention and epidemiology of common poisoning and their legal aspects particularly pertaining to Workmen's Compensation Act.
- Describe the general principles of analytical toxicology.


**c. Skills**

At the end of the course, the student shall be able to

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Make observations and draw logical inferences in order to initiate enquiries in criminal matters and Medico-legal problems and be able to -

Carry on proper Medico-legal examination and documentation/Reporting of Injury and Age.

Conduct examination for sexual offences and intoxication.

Preserve relevant ancillary materials for medico-legal examination.

Identify important post-mortem findings in common unnatural deaths.

Diagnose and treat common emergencies in poisoning and chronic toxicity.

Make observations and interpret findings at post-mortem examination.

Observe the principles of medical ethics in the practice of his profession.

#### **d. Integration:**

The teaching should be aligned and integrated horizontally and vertically recognizing the importance of medico-legal, ethical and toxicological issues as they relate to the practice of medicine.

### **8. COMMUNITY MEDICINE**

#### **a. Competencies:**

The undergraduate must demonstrate:

Understanding of the concept of health and disease,

Understanding of demography, population dynamics and disease burden in

National and global context,

Comprehension of principles of health economics and hospital management,

Understanding of interventions to promote health and prevent diseases as envisioned in National and State Health Programmes.

Understanding of physical, social, psychological, economic and environmental determinants of health and disease,

Ability to recognize and manage common health problems including physical, emotional and social aspects at individual family and community level in the context of National

Health Programmes,

Ability to Implement and monitor National Health

Programmes in the primary care setting,

General knowledge about Organ and Tissue donation,

Knowledge of maternal and child wellness as they apply to national health care priorities and programmes,

Ability to recognize, investigate, report, plan and manage community health problems including malnutrition and emergencies.

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**b. Broad subject specific objectives:**

Knowledge: At the end of the course the student shall be able

- Explain the principles of sociology including demographic population dynamics.
- Identify social factors related to health, disease and disability in the context of urban and rural societies.
- Appreciate the impact of urbanization on health and disease.
- Observe and interpret the dynamic Of community behaviors.
- Describe the elements of normal psychology and social psychology.
- Observe the principles of practice of medicine in hospital and community settings.
- Describe the health care delivery systems including rehabilitation of the disabled in the country.
- Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control.
- Describe the epidemiological methods and techniques.
- Outline the demographic pattern of the country and appreciate the roles of the individuals, family, community and socio-cultural milieu in health and disease.
- Describe the health information systems.
- Acquire, understand, integrate, apply and manage information in context to health care problems and health care delivery system in various communities, health care settings and hospitals.
- Describe the principles and components of primary health care, National Rural Health Mission and the national health policies to achieve the goal of "Health for all" with regards to identify the environmental, bio-waste and occupational hazards and their control.
- Describe the importance of water and sanitation in human health.
- Describe the principles of health economics, health administration, health education in relation to community.
- Critically analyze the problem (s) and apply his/her knowledge to solve the problem in holistic manner.
- Describe and apply principles of prevention, promotion and maintenance of health.

**c. Skills:**

At the end of the course, the student shall be able to —

- Use the principles and practice of medicine in hospital and community settings and familiarization with elementary practices.
- Use the Art of communication with patients including history taking and medico social work.

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Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention.

- Organize health care services for vulnerable and disadvantaged groups.
- Organize health care services in case of calamities.
- Collect, analyze, interpret and present simple community and hospital base data.
- Diagnose and manage common health problems (including communicable and noncommunicable diseases) and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-culture beliefs.
- Diagnose and manage common nutritional problems at the individual and community level.
- Plan, implement and evaluate a health education Programme with skill to use simple audio-visual aids.
- Interact with other members of the health care team and participate in the organization of health care services, health advocacy and implementation of national health programmes.
- Perform Administrative functions at health centers
- Observe the principles of medical ethics in the practice of his profession.

#### **d. Integration:**

Department shall adopt an integrated approach towards other clinical disciplines, public health services, NGOs, environmental sciences, social sciences, management, hospital administration, research, etc. to impart training to enable the graduate to work at all levels of health care. The teaching should be aligned and integrated horizontally and vertically in order to allow the learner to understand the impact of environment, society and national health priorities as they relate to the promotion of health and prevention and cure of disease.

### **9. OTO-RHINOLARYNGOLOGY (ENT)**

#### **a. Competencies:**

The learner must demonstrate:

- Knowledge Of the common Otorhinolaryngological (ENT) emergencies and problems,
- Ability to recognize, diagnose and manage common ENT emergencies and problems in primary care setting.
- Ability to perform simple ENT procedures as applicable in a primary care setting.
- Ability to recognize hearing impairment and refer to the appropriate hearing impairment rehabilitation programme.

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**b. Broad subject specific objectives:**

**Knowledge:** At the end of the course, the student shall be able to :

- Describe the basic pathophysiology of common Ear, Nose & Throat (ENT) diseases & emergencies.
- Adopt the rational use of commonly used drugs keeping in mind their adverse reactions,
- Suggest common investigative procedures & their interpretation.

**c. Skills:**

At the end of the course the student shall be able to

- Examination & Diagnose common ENT problems including pre-malignant & Malignant disorders of the Head & Neck.
- Manage ENT problems at first level of care & be able to refer whenever necessary.
- Assist / carry out minor ENT procedures like ear syringing, ear dressing, nasal packing.
- Assist in certain procedures such as tracheotomy, endoscopy & removal of foreign bodies.

**d. Integration:**

The teaching should be aligned and integrated horizontally and vertically in order to allow the learner to understand the structural basis of ENT problems, their management and correlation with function, rehabilitation and quality of life. The undergraduate training ENT will provide an integrated approach towards other disciplines especially, neurosciences, ophthalmology & general surgery.

## **10. OPHTHALMOLOGY**

**a. Competencies:**

The student must demonstrate:

- Knowledge of common eye problems in the community
- Recognize, diagnose and manage common eye problems and identify indications for referral,
- Ability to recognize visual impairment and blindness in the community and implement national programmes as applicable in the primary care setting.

**b. Broad subject specific objectives**

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**Knowledge:** At the end of the course, student shall have the knowledge of

- Common problems affecting the eye.
- Principles of management of major ophthalmic emergencies.
- Main systemic disease affecting the eye.
- Effects of local and systemic diseases on patient's vision and the necessary action required minimizing the sequelae of such diseases.
- Adverse drug reaction with special reference to ophthalmic manifestations.
- Magnitude of blindness in India and its main causes.
- National programme for control of blindness and its implementation at various levels.
- Eye care education for prevention of eye problems.
- Role of primary health center in organization of eye camps.
- Organization of primary health care and the functioning of the ophthalmic assistant.
- Integration of the national programme for control of blindness with the other national health programmes.
- Eye bank organization.

**c. Skills**

- Elicit a history pertinent to general health and ocular status.
- Assist in diagnostic procedures such as visual acuity testing, examination of eye, Schiotz tonometry, Staining of Corneal pathology, confrontation, perimetry, Subjective refraction including correction of Presbyopia and aphakia, direct ophthalmoscopy and conjunctival smear examination and Cover test.
- Diagnose and treat common problems affecting the eye.
- Interpret ophthalmic signs in relation to common systemic disorders.
- Assist/observe therapeutic procedures such as Subconjunctival injection, corneal conjunctival foreign body removal, carbolic cautery for corneal ulcers, Nasolacrimal duct syringing and tarsorrhaphy
- Provide first aid in major ophthalmic emergencies.
- Assist to organize community surveys for visual check-up.
- Assist to organize primary eye care service through primary health centers.
- Use effective means of communication with the public and individual to motivate for surgery in cataract and for eye donation.
- Establish rapport with his seniors, colleagues and paramedical workers, so as to effectively function as a member of the eye care team.

**d. Integration:**

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The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of ophthalmologic problems, their management and correlation with function, rehabilitation and quality of life.

### ➤ 3rd PROFESSIONAL YEAR (PART - II)

#### Medicine Allied Subjects:

#### 11. GENERAL MEDICINE

##### a. Competencies:

The student must demonstrate ability to do the following in relation to common medical problems of the adult in the community:

- Demonstrate understanding of the pathophysiologic basis, epidemiological profile, signs and symptoms of disease and their investigation and management,
- Competently interview and examine an adult patient and make a clinical diagnosis,
- Appropriately order and interpret laboratory tests,
- Initiate appropriate cost-effective treatment based on an understanding of the rational drug prescriptions, medical interventions required and preventive measures,
- Follow up of patients with medical problems and refer whenever required,
- Communicate effectively, educate and counsel the patient and family,
- Manage common medical emergencies and refer when required,
- Independently perform common medical procedures safely and understand patient safety issues.

##### b. Broad subject specific objectives:

**Knowledge:** At the end of the course, the student shall be able to:

- Diagnose common clinical disorders with special reference to infectious diseases, nutritional disorders, tropical and environmental diseases;
- Outline various modes of management including drug therapeutics especially dosage, side effects, toxicity, interactions, indications and contra-indications;
- Propose diagnostic and investigative procedures and ability to interpret them;
- Provide first level management of acute emergencies promptly and efficiently and decide the timing and level of referral, if required;
- Recognize geriatric disorders and their management.

##### c. Skills

At the end of the course, the student shall be able to

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- Develop clinical skills (history taking, clinical examination and other instruments of examination) to diagnose various common medical disorders and emergencies;
- Refer a patient to secondary and/or tertiary level of health care after having instituted primary care;
- Perform simple routine investigations like hemogram, stool, urine, sputum and biological fluid examinations;
- Assist the common bedside investigative procedure like pleural tap, Lumbar puncture, bone marrow aspiration/biopsy and liver biopsy.

#### d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order to provide sound biologic basis and incorporating the principles of general medicine into a holistic and comprehensive approach to the care of the patient. With other relevant academic inputs which provide scientific basis of clinical medicine e.g. anatomy, physiology, biochemistry, microbiology, pathology and pharmacology.

## 12. PEDIATRICS

### a. Competencies:

The student must demonstrate:

- Ability to assess and promote optimal growth, development and nutrition of children and adolescents and identify deviations from normal,
- Ability to recognize and provide emergency and routine ambulatory and First Level Referral Unit care for neonates, infants, children and adolescents and refer as may be appropriate,
- Ability to perform procedures as indicated for children of all ages in the primary care setting,
- Ability to recognize children with special needs and refer appropriately,
- Ability to promote health and prevent diseases in children,
- Ability to participate in National Programmes related to child health and in conformation with the Integrated Management of Neonatal and Childhood
- Illnesses (IMNCI) Strategy,
- Ability to communicate appropriately and effectively.

### b. Broad subject specific objectives:

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**Knowledge:-** At the end of the course, the students shall be able to:-

- Describe the normal Growth and Development during fetal life, Neonatal period, Childhood and Adolescence and the deviations thereof.
- Describe the common Pediatric disorders and emergencies in terms of Epidemiology, Etiopathogenesis, Clinical manifestations, Diagnosis and also describe the rational therapy and rehabilitation services.
- Workout age related requirements of calories, nutrients, fluids, dosages of drugs etc. in health and disease.
- Describe preventive strategies for common infectious disorders, Malnutrition, Genetic and Metabolic disorders, Poisonings, Accidents and Child abuse.
- Outline national programs related to child health including Immunization programs.

**c. Skills**

At the end of the course, the students shall be able to:-

- Take detailed Pediatric and Neonatal history and conduct an appropriate physical examination of children and neonates, make clinical diagnosis, conduct common bedside investigative procedures, interpret common laboratory investigations, plan and institute therapy.
- Take anthropometric measurements, resuscitate newborn, prepare oral rehydration solution, perform tuberculin test, administer vaccines available under current National programs, perform venesection, start intravenous fluids and provide nasogastric feeding.
- Conduct diagnostic procedures such as lumbar puncture, liver and kidney biopsy, bone marrow aspiration, pleural and ascitic tap.
- Distinguish between normal Newborn babies and those requiring special care and institute early care to all newborn babies including care of preterm and low birth weight babies, provide correct guidance and counseling about breastfeeding and Complementary feeding.
- Provide ambulatory care to all not so sick children, identify indications for specialized/ inpatient care and ensure timely referral to those who require hospitalization.

**d. Integration:**

The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for neonates, infants, children and adolescents based

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on a sound knowledge of growth, development, disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

### 13. DERMATOLOGY

#### a. Competencies:

The undergraduate student must demonstrate:

- Understanding of the principles of diagnosis of diseases of the skin, hair, nail and mucosa,
- Ability to recognize, diagnose, order appropriate investigations and treat common diseases of the skin including leprosy in the primary care setting and refer as appropriate,
- A syndromic approach to the recognition, diagnosis, prevention, counseling, testing and management of common sexually transmitted diseases including HIV based on national health priorities,
- Ability to recognize and treat emergencies including drug reactions and refer as appropriate.

#### b. Broad subject specific objectives:

**Knowledge:** At the end of the course of Dermatology the student shall be able to .

- Demonstrate sound knowledge of common diseases, their clinical manifestations, including emergent situations and of investigative procedures to confirm their diagnosis
- Demonstrate comprehensive knowledge of various modes of therapy used in treatment of cutaneous, sexually transmitted diseases and leprosy
- Describe the mode of action of commonly used drugs, their doses, side effects/toxicity, indications and contra-indications and interactions
- Describe commonly used modes of management including the medical and surgical procedures available for the treatment of various diseases and to offer a comprehensive plan of management for a given disorder

#### c. Skills:

At the end of the course, the student shall be able to:-

- Interview the patient, elicit relevant and correct information and describe the history in a chronological order.
- Conduct clinical examination, elicit and interpret physical findings and diagnose common disorders and emergencies.

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- Demonstrate simple, routine investigative and laboratory procedures required for making the bed-side diagnosis, especially the examination of scrapings for fungus, preparation of slit smears and staining for AFB for leprosy patients and for STD cases and take a skin biopsy for diagnostic purposes.
- Manage common diseases and recognizing the need for referral for specialized care, in case of inappropriateness of therapeutic response.

#### **d. Integration:**

The teaching should be aligned and integrated horizontally and vertically in order to emphasize the biologic basis of diseases of the skin, sexually transmitted diseases and leprosy

### **14. PSYCHIATRY**

#### **a. Competencies:**

The student must demonstrate:

- Ability to promote mental health and mental hygiene,
- Knowledge of etiology (bio-psycho-social-environmental interactions), clinical features, diagnosis and management of common psychiatric disorders across all ages,
- Ability to recognize and manage common psychological and psychiatric disorders in a primary care setting, institute preliminary treatment in disorders difficult to manage, and refer appropriately,
- Ability to recognize alcohol/ substance abuse disorders and refer them to appropriate centers,
- Ability to assess risk for suicide and refer appropriately,
- Ability to recognize temperamental difficulties and personality disorders.
- Assess mental disability and rehabilitate appropriately,
- Understanding of National and State programmes that address mental health and welfare of patients and community.

#### **b. Broad subject specific objectives:**

**Knowledge:** At the end of the course the student shall be able to:

- Understand the comprehensive nature & development of different aspects of normal human behavior like learning, memory, motivation, personality & intelligence
- Recognize differences between normal & abnormal behavior
- Classify psychiatric disorders
- Recognize clinical manifestations of the following common syndromes & plan their appropriate management of organic psychosis, functional psychosis, schizophrenia,

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affective disorders, neurotic disorders, personality disorders, psycho physiological disorders, drug & alcohol dependence, psychiatric disorders of childhood & adolescence

Describe rational use of different mode of therapy in psychiatric disorders.

**c. Skills:**

At the end of the course the student shall be able to

- Interview the patient & understand different methods of communications in patient doctor relationship
- Elicit detailed psychiatric case history & conduct clinical examination for assessment of mental status
- Define, elicit & interpret psychopathological symptoms & signs
- Diagnose & manage common psychiatric disorders
- Identify & manage common psychological reactions & psychiatric disorders in medical & surgical patients in clinical practice & in community setting

**d. Integration:**

The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand bio-psycho-social-environmental interactions that lead to diseases/ disorders for preventive, promotive, curative, rehabilitative services and medico-legal implications in the care of patients both in family and community.

**15. GENERAL SURGERY**

**a. Competencies:**

The student must demonstrate:

- Understanding of the structural and functional basis, principles of diagnosis and management of common surgical problems in adults and children
- Ability to choose, calculate and administer appropriately intravenous fluids, electrolytes, blood and blood products based on the clinical condition
- Ability to apply the principles of asepsis, sterilization, disinfection, rational use of prophylaxis, therapeutic utilities of antibiotics and universal precautions in surgical practice
- Knowledge of common malignancies in India and their prevention, early detection and therapy
- Ability to perform common diagnostic and surgical procedures at the primary care level

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- Ability to recognize, resuscitate, stabilize and provide Basic & Advanced Life
- Support to patients following trauma
- General knowledge about organ retrieval from deceased donor and living donor
- Ability to administer informed consent and counsel patient prior to surgical procedures,
- Commitment to advancement of quality and patient safety in surgical practice.

**b. Broad subject specific objectives.**

**Knowledge: At the end of course, the student should be able to:**

- Describe aetiology, pathophysiology, principles of diagnosis and management of common surgical problems including emergencies in adult and children.
- Define indications and methods for fluid and electrolytes replacement therapy including blood transfusion.
- Define asepsis, disinfection and sterilization and recommend judicious use of antibiotics.
- Describe common malignancies in the country and their management including prevention.
- Enumerate different types of anaesthetic agents, their indications, contraindications, mode of administration, and side effects.

**c. Skills**

**At the end of the course, the student should be able to:**

- Diagnose common surgical conditions both acute and chronic, in adults and children.
- Plan various laboratory tests for surgical conditions and interpret the results.
- Identify and manage patients of hemorrhagic, septicaemia and other types of shock.
- Be able to maintain patent air-way and resuscitate.
- Monitor patient of head, chest, spinal and abdominal injuries, both in adults and children.
- Provide primary care for a patient of burns.
- Acquire principles of operative surgery including preoperative, operative and post operative care and monitoring.
- Treat open wound including preventive measures against tetanus and gas gangrene.
- Diagnose neonatal and pediatric surgical emergencies and provide sound primary care before referring the patient to secondary/tertiary centres.
- Identify congenital anomalies and refer them for appropriate management.

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#### d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order to provide a sound biologic basis and a holistic approach to the care of the surgical patient.

- Apply knowledge of basic medical sciences and other relevant subjects to support understanding of various pathologies, facilitate examination of and intervention for the patients.
- To apply the principles of quality of health care, legal and ethical principles and regulations as recommended by Medical Council of India and WHO.

### 16. OBSTETRICS AND GYNAECOLOGY

#### a. Competencies:

The student must demonstrate ability to:

- Provide peri-conceptional counseling and antenatal care,
- Identify high-risk pregnancies and refer appropriately,
- Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings,
- Prescribe drugs safely and appropriately in pregnancy and lactation,
- Diagnose complications of labor, institute primary care and refer in a timely manner,
- Perform early neonatal resuscitation,
- Provide postnatal care, including education in breast-feeding,
- Counsel and support couples in the correct choice of contraception,
- Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient,
- Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MT P), Pre-conception and Prenatal Diagnostic Techniques (PC PNDT Act) and other related Acts.
- Elicit a gynecologic history, perform appropriate physical and pelvic examinations and PAP smear in the primary care setting,
- Recognize, diagnose and manage common reproductive tract infections in the primary care setting,
- Recognize and diagnose common genital cancers and refer them appropriately.

#### b. Broad subject specific objectives

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**Knowledge :** At the end of the course, the student shall be able to:

- Outline the anatomy, physiology and pathophysiology of the reproductive system and the common conditions affecting it.
- Diagnose normal pregnancy, labour, puerperium and manage the problems he is likely to encounter therein.
- List of leading causes of maternal and perinatal morbidity and mortality.
- Understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilization and their complications.
- Identify the use, abuse and side effects of drugs in pregnancy, peri- menopausal and post menopausal periods.
- Describe the national programme of maternal and child health and family welfare and their implementation at various levels.
- Identify common gynecological diseases and describe principles of their management. • State the indications, techniques and complications of surgeries like Caesarian section, laparotomy, abdominal and vaginal hysterectomy, Fothergill's operation and vacuum • Aspiration for Medical Termination of pregnancy (MTP) and minor surgeries like EB, D and C, Cervical Biopsy and Cervical encircilage.

**c. Skills**

At the end of the course, the student should be able to

- Take proper history and writing a good case sheet
- Writing a good discharge summary, proper referral letter
- Examination of patient and arrival at a diagnosis
- Planning for investigation and treatment
- Community orientation, participation in community health promoting and preventing programmes
- Examine a pregnant woman, recognize high- risk pregnancies and make appropriate referrals.
- Conduct a normal delivery, plot and interpret partogram
- recognize complications and decision of referral, provide postnatal care,
- Resuscitate the newborn and recognize the congenital anomalies.
- Advise a couple on the use of various available contraceptive devices (student should see at least 5 Cu-T insertions and 5 cases of female sterilization operations.)
- Perform pelvic examination, diagnose and manage common gynecological problems including early detection of genital malignancies.
- Make a vaginal cytological smear, perform a post coital test and wet vaginal smear examination for Trichomonas vaginalis, Moniliasis and gram stain for gonorrhea, catheterization of urinary bladder
- Interpretation of data of investigations like biochemical, histopathological, radiological ultrasound etc.

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#### d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of national health priorities. The student shall be able to integrate clinical skills with other disciplines and bring about coordination of family welfare programme for the national goal of population control.

### 17. ORTHOPAEDICS (INCLUDING TRAUMA)

#### a. Competencies:

The student must demonstrate:

- Ability to recognize and assess bone injuries, dislocation and poly-trauma and provide first contact care prior to appropriate referral,
- Knowledge of the medico-legal aspects of trauma,
- Ability to recognize and manage common infections of bone and joints in the primary care setting,
- Recognize common congenital, metabolic, neoplastic, degenerative and inflammatory bone diseases and refer appropriately,
- Ability to perform simple orthopedic techniques as applicable to a primary care setting,
- Ability to recommend rehabilitative services for common orthopaedic problems across all ages.

#### b. Broad subject specific objectives

**Knowledge:** At the end of the course the student shall be able to understand:

- The principles, diagnosis and primary management and be able to give appropriate referral for further definitive management of bones and joint injuries.
- Osteogenesis, manifestation and diagnosis, primary management and give their referral for appropriate correction or rehabilitation of common musculoskeletal disorders including infections of bones and joints; congenital skeletal anomalies, metabolic bone diseases and neoplasm affecting bones.

#### c. Skills

At the end of the course, the student shall be able to:

- Detect soft tissue injuries such as sprains and strains.

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- Detect common fractures of extremities.
- Deliver first aid measures for common fractures and sprains.
- Deliver emergency measures to poly trauma patients.
- Manage uncomplicated fractures of clavicle, forearm, phalanges etc.
- Use techniques of splinting such as application of Thomas splint, plaster slab and casts, immobilization by skin tractions etc.
- Learn indications for closed reductions, open reductions, internal fixation and external fixations of fracture.
- Manage common bone infection; learn indications for sequestration, amputation and corrective measures for bone deformities.
- Advice and counsel patient for rehabilitation for post traumatic, poliomyelitis, cerebral palsy and amputation.
- Be able to perform certain orthopedic skills, provide sound advice of skeletal and related conditions at primary or secondary health level.

#### d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of orthopedic problems, their management and correlation with function, rehabilitation and quality of life.

### 18. ANAESTHESIOLOGY

#### a. Competencies:

The student must demonstrate ability to:

- Describe and discuss the pre-operative evaluation, assessing fitness for surgery and the modifications in medications in relation to anesthesia /surgery,
- Describe and discuss the roles of Anesthesiologist as a perioperative physician including pre-medication, endotracheal intubation, general anesthesia and recovery (including variations in recovery from anesthesia and anaesthetic complications),
- Describe and discuss the management of acute and chronic pain, including labour analgesia,
- Demonstrate awareness about the maintenance of airway in children and adults in various situations,
- Demonstrate the awareness about the indications, selection of cases and execution of cardio- pulmonary
- Resuscitation in emergencies and in the intensive care and high dependency units,
- Choose cases for local / regional anesthesia and demonstrate the ability to administer the same,

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Discuss the implications and obtain informed consent for various procedures and to maintain the documents.

**b. Broad subject specific objectives:**

**Knowledge:** At the end of the course, the student shall be able to

- Know of simple nerve block and pain relief
- Awareness of the principles of administration of general, regional and local anesthesia.
- Know importance of hypoglycemia/hyperglycemia, hypotension/hypertension, II-ID, Myocardial infarction.
- Know ventilators.

**c. Skills**

At the end of the training, the students should be able to:

- Perform cardio-pulmonary resuscitation with the available resources and transfer the patients to a bigger hospital for advanced life support.
- Set up intravenous infusion and manage fluid therapy
- Clear and maintain airway in unconscious patient.
- Administer oxygen correctly
- General knowledge about diagnosis of brain death and relevance in deceased donor organ transplantation

**d. Integration:**

The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for patients undergoing various surgeries, in patients with pain, in intensive care and in cardio respiratory emergencies. Integration with the departments of Anatomy, Pharmacology and horizontal integration with any/all surgical specialties is proposed.

**19 RADIODIAGNOSIS**

**a. Competencies:**

The student must demonstrate:

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- Understanding of indications for various radiological investigations in common clinical practice,
- Awareness of the ill effects of radiation and various radiation protective measures to be employed,
- Ability to identify abnormalities in common radiological investigations.

**b. Broad subject specific objectives:**

**Knowledge:** At the end of the course, the student shall be able to

- Enlist and describe the various diagnostic modalities
- Delineate normal and abnormal radiological findings
- Understand basic radiology and emphasize on its clinical applications
- Describe radiographic, ultra sonographic, CT, MRI features of common pathologies.
- Describe and integrate radiological findings in CNS, GIT, RS, CVS, MSK, GUT

**c. Skills**

- At the end of the course, the student shall be able to:
- Make use of Imaging findings to reach to a diagnosis;
- Analysis and interpret radiological data;
- Demonstrate the skills of solving clinical problems by illustrative evidences and decision making.

**d. Integration:**

Horizontal and vertical integration to understand the fundamental principles of radiologic imaging, anatomic correlation and their application in diagnosis and therapy.

**B. PHASE WISE TRAINING AND TIME DISTRIBUTION FOR PROFESSIONAL DEVELOPMENT**

The Competency based Undergraduate Curriculum and Attitude, Ethics and Communication (AETCOM) course, as published by the Medical Council of India and also made available on the Council's website, shall be the curriculum for the batches admitted in MBBS from the academic year 2019-20 onwards.

In order to ensure that training is in alignment with the goals and competencies required for a medical graduate, there shall be a Foundation Course to orient medical learners to MBBS programme, and provide them with requisite knowledge, communication (including electronic), technical and language skills.

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## **I. Training period and time distribution:**

Universities shall organize admission timing and admission process in such a way that teaching in the first Professional year commences with induction through the Foundation Course by the 1st of August of each year from academic year 2024-25. There shall be no admission of students in respect of any academic session beyond 30th August from academic year 2024-25. The Universities shall not register any student admitted beyond the said date. The National Medical Commission may direct, that any student identified as having Obtained admission after the last date for closure of admission be discharged from the Course of study, or any medical qualification granted to such a student shall not be a recognized qualification by National Medical Commission.

The institution which grants admission to any student after the last date specified from the same shall also be liable to face such action as may be prescribed by National Medical Commission.

Every learner shall undergo a period of certified study extending over 4 1/2 academic years, divided into four professional years from the date of commencement of course to the date of completion of examination which shall be followed by one year of compulsory rotating internship.

Each academic year will have at least 39 teaching weeks with a minimum of eight hours of working on each day including one hour as lunch break.

Didactic lectures shall not exceed one third of the schedule; two third of the schedule shall include interactive sessions, practicals, clinical or/and group discussions. The learning process should include clinical experiences, problem-oriented approach, case studies and community health care activities.

Teaching and learning shall be aligned and integrated across specialties both vertically and horizontally for better learner comprehension. Learner centered learning methods should include Early Clinical Exposure, problem-oriented learning, case studies, community-oriented learning, self-directed, experiential learning & Electives

At the end of each professional year university examination will be conducted. If any student fails to clear university examination, he will appear in supplementary examination.

1. Supplementary examinations and declaration of results shall be processed within 3-6 weeks from the date of declaration of the results of the main examination for every professional year, so that the candidates, who pass, can join the main batch for progression.

If the candidate fails in the supplementary examination of first MBBS, he shall join the batch of next academic /subsequent year. There shall be no supplementary batches. Partial attendance of examination in any subject shall be counted as an attempt.

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- 1.1 A candidate, who fails in the First Professional examination, shall not be allowed to join the Second Professional.
- 1.2 A candidate, who fails in the Second Professional examination, shall be allowed to join the Third Professional Part I training, however he shall not be allowed to appear for the examination unless he has passed Second Professional examination.
- 1.3 A candidate who fails in the Third Professional (Part I) examination shall be allowed to join Third Professional part II training, however he shall not be allowed to appear for the examination unless he has passed Second Professional examination.

**II. The period of 4 ½ years is divided as follows:**

(For MBBS Batch 2023-2024 onwards)

**1.1 Phase I — Total 12 months**

**First Professional phase of 12 months** including Foundation Course of one week and University exams. It shall consist of — Anatomy, Physiology, Biochemistry, Introduction to Community Medicine, Humanities, Professional development including Attitude, Ethics & Communication (AETCOM) module, family adoption programme through village outreach where-in each student shall adopt minimum of three (03) families and preferably at least five (05) families, Pandemic module and early clinical exposure, ensuring alignment & all types of integration and simulation- based learning

**1.2 Phase II — Total 12 months**

**Second Professional (12 months)** including university exams. It will consist of Pathology, Pharmacology, Microbiology, family visit under Community Medicine, General Surgery, General Medicine & Obstetrics & Gynecology Professional development including AETCOM module, simulation-based learning and introduction to clinical subjects ensuring both alignment & all types of integration.

The clinical exposure to learners will be in the form of learner-doctor method of clinical training in all phases. The emphasis will be on primary, preventive and comprehensive health care, A part of training during clinical postings should take place at the primary level of health care. It is desirable to provide learning experiences in secondary health care, wherever possible. This will involve:

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- Experience in recognizing and managing common problems seen in outpatient, inpatient and emergency settings,
- Involvement in patient care as a team member,
- Involvement in patient management and performance of basic procedures.

### 1.3 Phase III - 30 months

#### a. Third Professional Part I (12 months, including University exams)

Forensic Medicine and Toxicology, Community Medicine, Medicine & allied, Surgery & allied, Pediatrics and Obstetrics & Gynecology including AETCOM, Pandemic module, Clinical teaching in General Medicine, General Surgery, Obstetrics & Gynecology, Pediatrics, Orthopedics, Dermatology, Community Medicine, Psychiatry, Respiratory Medicine, Radio-diagnosis (& Radiotherapy) and Anesthesiology & Professional development.

- b. Electives (1 month) shall be included here. These will be in 2 blocks of 15 days each immediately after annual exam of III MBBS part I.

#### c. Third Professional Part II (18 months, including University exam)

Subjects include:

- Medicine and allied specialties (General Medicine, Psychiatry, Dermatology, Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis)
- Surgery and allied specialties (General Surgery, Otorhinolaryngology, Ophthalmology, Orthopedics, Dentistry, Physical Medicine and Rehabilitation, Anesthesiology and Radiodiagnosis)
- Obstetrics and Gynecology (including Family Welfare)
- Pediatrics
- AETCOM Module

### III. Distribution of teaching hours phase wise

- a. First, second and third Professional (part-I) - teaching hours:

Time allotted:

12 months (approx. 52 weeks)

Time available:

Approx. 39 weeks (excluding 13 weeks) (39 hours/ week)

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Prelim / University Exam & Results: 9 weeks

Vacation: 2 weeks

Public Holidays: 2 weeks

Time distribution in weeks: 39 weeks x 39 hours = 1521 hrs. for Teaching- Learning

b. Final MBBS (Part-II)

- teaching hours:

Time allotted: 18 months (approx. 78 weeks)

Time available: Approx. 62 weeks (excluding 16 weeks) (39 hours/ week)

Prelim / University Exam & Results: 10 weeks

Vacation: 3 weeks

Public Holidays: 3 weeks

Time distribution in weeks: 62 x 39 hrs = 2418 hrs available for Teaching- Learning

(Clinical Postings: 15 hours/ week II MBBS onwards included in academic schedule)

These are attached in separate annexures with all relevant tables.

Academic calendar shall be as per Table 1.

Distribution of subjects for Professional Phase -wise training is given in Table 2.

Minimum teaching hours prescribed in various disciplines are given in Tables 3-7.

Distribution and duration of clinical postings is given in Table 8.

Time allotted excludes time reserved for internal /University examinations, and vacation.

Second professional clinical postings shall commence before / after declaration of results of the first professional phase examinations, as decided by the institution/ University. Third Professional parts I and part II clinical postings shall start no later than two weeks after the completion of the previous professional examination.

A total of 25% of allotted time of Third Professional shall be utilized for integrated learning with phase I and II subjects. This will be included in the assessment of clinical subjects.

NOTE

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- (i) The period of training is minimum suggested. Adjustments where required depending on availability of time may be made by the concerned college/ institution. This period of training does not include university examination period.
- (ii) An exposure to skills lab for at least two (02) weeks prior to clinical postings shall be made available to all student.

### C) New teaching/learning elements

#### 1) Foundation Course

**Goal:** The goal of the Foundation Course is to prepare a learner to study medicine effectively.

#### **Objectives:**

##### (a) Orient the learner to:

- The medical profession and the physician's role in society
- The MBBS programme
- Alternate health systems i.e. AYUSH in India and history of Medicine
- Medical ethics, attitudes and professionalism
- Health care system and its delivery
- National health programmes and policies
- Universal precautions and vaccinations
- Patient safety and biohazard safety
- Principles of primary care (general and community based care)
- The academic ambience

##### (b) Enable the learner to acquire enhanced skills in:

- Language
- Interpersonal relationships
- Communication

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- Learning including self-directed learning
- Time management
- Stress management
- Use of information technology, and artificial intelligence

**(c) Train the learner to provide:**

- First-aid
- Basic life support
- In addition to the above, learners may be enrolled in one of the following programmes which will be run concurrently:
  - Local language programme
  - English language programme
  - Computer skills
- These may be done in the last two hours of the day. These sessions must be as interactive as possible.
- Sports (to be used through the Foundation Course as protected 04 hours /week).
- Leisure and extracurricular activity (to be used through the Foundation Course as projected 02 hours per week).
- Institutions shall develop learning modules and identify the appropriate resource persons for their delivery.
- The time committed for the Foundation Course may not be used for any other curricular activity.
- The Foundation Course shall have a minimum of 75% attendance of all students mandatorily. This will be certified by the Dean of the college.

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The Foundation Course shall be organized by the Coordinator appointed by the Dean of the college and shall be under supervision of the Heads of MBBS phase I departments.

- Every college shall arrange for a meeting with parents/ wards of all students and records of the same shall be made available to UGMEB of NMC.

## 2). Early Clinical Exposure

**Objectives:** The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

- Recognize the relevance of basic sciences in diagnosis, patient care and management,
- Provide a context that will enhance basic science learning,
- Relate to experience of patients as a motivation to learn,
- Recognize attitude, ethics and professionalism as integral to doctorPatient relationship,
- Understand the socio-cultural context of disease through the study of humanities.

## Elements

- Basic science correlation: i.e. apply and correlate principles of basic sciences as they relate to patient care (this shall be part of integrated modules).
- Clinical skills: to include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training shall be imparted in the time allotted for early clinical exposure).
- Humanities: To introduce learners to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

### 3) Electives

**Objectives:** To provide the learner with opportunities:

- For diverse learning experiences,

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- It is mandatory for learners to do an elective. The elective time shall not be used to make up for missed clinical postings, shortage of attendance or other purposes.
- Institutions will pre-determine the number and nature of electives, names of the supervisors, and the number of learners in each elective based on the local conditions, available resources and faculty.
- Electives on topics in areas such as Research methodology, Use of Artificial intelligence and computers in Health and Medical Education, Health Management, Health economics, Indian system of medicine, Medical photography (clinical photography, Global health, Evidence based medicine, Art and music in medicine, Literary activities, etc. may be provided by the college/ institution.
- It shall be preferable that elective choices are made available to the learners in the beginning of the academic year.
- The learner must submit a learning log book based on both blocks of the electives.
- 75% attendance in the electives and submission of log book maintained during electives is required for eligibility to appear in the final MBBS examination/ NEXT.
- Institutions may use part of this time for strengthening basic skill certification.

4) **Professional Development including Attitude, Ethics and Communication Module (AETCOM)**

**Objectives of the programme:** At the end of the programme, the learner must demonstrate ability to:

- Understand and apply principles of bioethics and law as they apply to medical practice and research, understand and apply the principles of clinical reasoning as they apply to the care Of the patients,
- Understand and apply the principles of system-based care as they relate to the care of the patient,
- Understand and apply empathy and other human values to the care of the patient,
- Communicate effectively with patients, families, colleagues and other health care professionals,

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- Understand the strengths and limitations of alternative systems of medicine,
- Respond to events and issues in a professional, considerate and humane fashion,
- Translate learning from the humanities in order to further his professional and personal growth.

#### **Learning experiences:**

- This will be a longitudinal programme spread across the continuum of the MBBS programme including internship,
- Learning experiences shall include small group discussions, patient care scenarios, workshops, seminars, role plays, lectures etc.
- Attitude, Ethics & Communication Module (AETCOM module) developed by the erstwhile Medical Council of India should be used longitudinally for purposes of instruction.
- 75% attendance in Professional Development Programme (AETCOM Module) shall be mandatory for eligibility to appear for final examination in each professional year.

#### **4.1 Internal Assessment shall include:**

- Written tests comprising of short notes and creative writing experiences
- OSCE based clinical scenarios /viva voce.
- At least one question in each paper of each clinical specialty in the University examination shall test knowledge competencies acquired during the professional development programme.
- Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce.

#### **5) Learner-doctor method of clinical training (Clinical Clerkship)**

**a. Goal:** To provide learners with experience in:

- Longitudinal patient care,
- Being part of the health care team,

- Hands-on care of patients in outpatient and in-patient setting.

**b. Structure:**

- The first clinical posting in second professional shall orient learners to the patient, their roles and the specialty.
- The learner-doctor programme shall progress as outlined in Table 9.
- The learner shall function as a part of the health care team with the following responsibilities:
  - Be a part of the units' out-patient services on admission days
  - To remain with the admission unit until at least 6 PM except during designated class hours,
  - Be assigned patients admitted during each admission day, for whom he will undertake responsibility, under the supervision of a senior resident or faculty member,
  - Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician,
- Follow the patient's progress throughout the hospital stay until discharge,
- Participate, under supervision, in procedures, surgeries, deliveries etc.
- of assigned patients,
- Participate in unit rounds on at least one other day of the week excluding the admission day,
- Discuss ethical and other humanitarian issues during unit rounds,
- Attend all scheduled classes and educational activities,
- Document his observations in a prescribed log book /case record.

**5.1 No learner will be given independent charge of the patient in the capacity of primary physician of the concerned patient.**

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The supervising physician shall be responsible for all patient care decisions and guide the learner from time to time as required.

**6) Assessment:**

- 6.1 A designated faculty member in each unit will coordinate and facilitate the activities of the learner, monitor progress, provide feedback and review the log book/ case record.
- 6.2 The log book/ case record must include the written case record prepared by the learner including relevant investigations, treatment and its rationale, hospital course, family and patient discussions, discharge summary etc.
- 6.3 The log book shall also include records of outpatients assigned. Submission of the log book/ case record to the department is required for eligibility to appear for the final examination of the subject.

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## 6 (I).Eligibility to appear for Professional examinations

The performance in essential components of training are to be assessed, based on:

### (a) Attendance

- (i) There shall be a minimum of 75% attendance in theory and 80% in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase — the learner must have 75% attendance in theory and 80% in practical in each phase of instruction in that subject. There shall be minimum of 80% attendance in family visits under Family adoption programme. Each student shall adopt minimum 3 families and preferably five families. The details shall be as per Family Adoption Program guidelines.
- (ii) If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have a minimum of 75% attendance in each subject including its allied branches, and 80% attendance in each clinical posting.
- (iii) Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination/ NEXT

### b) Internal Assessment:

Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/ problem solving exercise, participation in project for health care in the community. Internal assessment shall not be added to summative assessment.

However, internal assessment should be displayed under a separate column in detailed marks card.

- (c) Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.
- (d) Regular periodic examinations shall be conducted throughout the course. There shall be no less than three internal assessment examinations in each subject of first and second professional year, and no less than two examinations in each subject of final professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.

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- (i) When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
- (ii) Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
- (iii) The final internal assessment in a broad clinical specialty (e.g., Surgery and allied specialties etc.) shall comprise of marks from all the constituent specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.
- (iv) Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40% marks in theory and practical separately) for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- (v) The results of internal assessment should be displayed on the notice board within one week of the test.
- (vi) Universities shall guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason.

#### 6 (II) University Examinations:

University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

- (i) Nature of questions shall include different types such as structured assays (Long-Answer Questions - LAQ), Short-Answer Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part shall be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. Practical /clinical examinations shall be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be

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common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.

- (ii) Viva/oral examination should assess approach to patient management, emergencies, and attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.

**6 (III) University Examinations shall be held as under:**

**(a) First Professional**

The first Professional examination shall be held at the end of first Professional training (in the 12th month of that training), in the subjects of Anatomy, Physiology and Biochemistry.

**(b) Second Professional**

The second Professional examination shall be held at the end of second professional training (12th month of that training), in the subjects of Pathology, Microbiology, and Pharmacology.

**(c) Third Professional**

(i) **Third Professional Part I** examination shall be held at end of third Professional part I of training (12th month of that training) in the subjects of Community Medicine, and Forensic Medicine including Toxicology

(ii) **Third Professional Part II / National Exit Test (NEXT)** as per NEXT regulations- (Final Professional) examination shall be at the end of 17th / 18th month of that training, in the subjects of General Medicine, General Surgery, Ophthalmology, Otorhinolaryngology, Obstetrics & Gynecology, and Pediatrics, and allied subjects as per NExT REGULATIONS.

**NOTE:**

- At least one question in each paper of each PHASE shall test the knowledge, and competencies acquired during the professional development programme (AETCOM module).
- Skills competencies acquired during the Professional Development Programme (AETCOM module) shall be tested during clinical, practical and viva.

- (iii) **In subjects that have two papers, the learner must secure minimum 40% of marks in aggregate (both papers together) to pass in the said subject.**

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- (iv) **Criteria for passing in a subject:** A candidate shall obtain 50% marks in aggregate and 60:40 (minimum) or 40:60 (minimum) in University conducted examination separately in Theory and in Practical (practical includes: practical/clinical and viva voce) in order to be declared as passed in that subject.

#### **6 (IV) Appointment of Examiners**

- (i) Person appointed as an examiner in the particular subject must have at least four years of total teaching experience as Assistant Professor after obtaining postgraduate degree following MBBS, in the subject in a college affiliated to a recognized medical college (by UGMEB of NMC).
- (ii) For Practical /Clinical examinations, there shall be at least four examiners for every learner, out of whom not less than 50% must be external examiners. Of the four examiners, the senior-most internal examiner shall act as the Chairperson and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained.
- (iii) A University having more than one college shall have separate sets of examiners for each college, with internal examiners from the concerned college. External examiner may be from outside the college/ university/ state/ union territory.
- (iv) There shall be a Chairperson of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.
- (v) All eligible examiners with requisite qualifications and experience can be appointed internal examiners by rotation in their subjects.
- (vi) All theory paper assessment should be done as central assessment program (CAP) of concerned university.
- (vii) Internal examiners shall be appointed from the same institution for unitary examination in the same institution. For pooled examinations at one centre, the approved internal examiners from same university may be appointed.
- (viii) The Examiners for General Surgery and allied subjects as well as for General Medicine and allied subjects, shall be from General Surgery and General Medicine respectively.
- (ix) There shall be no grace marks to be considered for passing in an examination.

**Note :** Academic Calenders issued by NMC from time to time will be followed.

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## ANNEXURE - II

### (For MBBS Batch 2022– 2023)

#### Time distribution of MBBS Programme & Examination Schedule

#### Academic Calendar for CBME 2022-23 Batch 2022

Academic Calendar for MBBS Batch 2022-2023 as per Public Notice issued by NMC vide No. U.11026/02/2022-UGMEB dated 12.10.2022

Professional Year	Time frame	Subjects	Months (Teaching + Exam + results)
Ist	15 <sup>th</sup> Nov 22 to 15 Dec 23	Anatomy, Physiology, Biochemistry	13 months
2 <sup>nd</sup>	16 <sup>th</sup> Dec 23 to 15 <sup>th</sup> Jan 25	Pathology, Microbiology, Pharmacology	13 months
3 <sup>rd</sup> (III-Part-1)	16 Jan 25 to 30 <sup>th</sup> Nov 25	Forensic Medicine & Toxicology and Community Medicine / PSM	10.5 months
4 <sup>th</sup> (III-Part - 2)	Dec 25 to May 27	Gen. Surgery, Gen. Medicine. Pediatrics, Obst. & Gyne., ENT, Ophthalmology.	17.5 months
Internship	1 <sup>st</sup> June 27 – 31 <sup>st</sup> May 28	As per CRMI 2021 Regulations	12 months
PG	1 <sup>st</sup> July 2028		

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## ANNEXURES - III

(For MBBS Batch 2023 onwards)

1. COMPETENCIES
2. TABLES RELATED TO CBME/ CURRICULUM, ASSESSMENTS
3. FAMILY ADOPTION PROGRAMME
4. GUIDELINES FOR MANPOWER REQUIREMENT FOR RESEARCH FACILITIES
5. DISABILITY CRITERIA FOR ADMISSION TO MBBS

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## AETCOM COMPETENCIES

( MBBS Batch 2023 onwards)

(a) AETCOM Competencies for First MBBS

Subject	Competency Number	Competency
Anatomy	Module 1.5	The cadaver as our first teacher Demonstrate respect and follow the correct procedure when handling cadavers and other biologic tissues
	Module 1.1	Identify, discuss Physician's role and responsibility to society and the community that she/he serves
Physiology	Module 1.2, Module 1.3	Demonstrate empathy in patient encounters
	Module 1.4	Demonstrate ability to communicate to patients in a patient, respectful, non- threatening, nonjudgmental and empathetic manner
Biochemistry	Module 1.1,	Enumerate and Describe the role of a physician in health care system
	Module 1.1	Describe and discuss the commitment to lifelong learning as an important part of physician growth

**(b) AETCOM Competencies for Second MBBS**

Subject	Competency Number	Competency
Pathology	2.6	Identify, discuss and defend medico-legal, sociocultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support.
	2.4 A	Demonstrate ability to work in a team of peers and superiors.
	2.4 B	Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers.
	2.7	Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they certain to consent for surgical procedures.
Microbiology	Module 2.2 A	Describe and discuss the role of non-maleficence as a guiding principle in patient care
	Module 2.2 B	Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care
	Module 2.2 C	Describe and discuss the role of beneficence of as a guiding principle in patient care
	Module 2.2 D	Describe and discuss the role of a physician in health care system
	Module 2.2 E	Describe and discuss the role of a physician in health care system
	Module 2.3	Describe and discuss the role of justice as a as a guiding principle in patient care
	Module 2.5	Identify, discuss and defend medico-legal, sociocultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care
Pharmacology	Module 2.1	Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner.
	Module 2.8	Demonstrate empathy in patient encounters.

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(c) AETCOM Competencies for Third Year (Part I)

Subject	Competency Number	Competency
Ophthalmology	3.1	Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner
	3.2	Demonstrate an understanding of the implications and the appropriate procedure and response to be followed in the event of medical error
ENT	3.3 A	Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner
	3.3 B	Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures
Forensic Medicine & Toxicology	3.3 C	Administer informed consent and appropriately address patient queries to a patient undergoing a surgical procedure in a simulated environment
	3.4	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to confidentiality in patient care
Community Medicine	3.5 A	Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues as it pertains to the physician - patient relationship (including fiduciary duty)
	3.5 B	Identify and discuss physician's role and responsibility to society and the community that she/ he serves

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(d) AETCOM Competencies for Third Year (Part II)

Subject	Competency Number	Competency
Medicine and Allied Subjects	4.1 A	The student should be able to: Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner
	4.1 B	The student should be able to: Communicate diagnostic and therapeutic options to patient and family in a simulated environment
	4.3	The student should be able to: Identify and discuss medico-legal, socio-economic and ethical issues as it pertains to organ donation
Surgery and Allied Subjects	4.4 A	The student should be able to: Demonstrate empathy in patient encounters
	4.4 B	The student should be able to: Communicate care options to patient and family with terminal illness in a simulated environment
	4.5	The student should be able to: Identify and discuss and defend medico-legal, socio-cultural, professional and ethical issues in physician - industry relationships
	4.6	The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts
Obstetrics and Gynecology	4.2	The student should be able to: Identify, discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / Medical Termination of Pregnancy and reproductive rights
	4.7	The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts
	4.8 A	The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts.
	4.8 B	The student should be able to: Demonstrate empathy to patient and family with a terminal illness in a simulated environment.
Pediatrics	4.9A	The student should be able to: Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to medical negligence
	4.9 B	The student should be able to: Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to malpractice

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Table 1.: Time distribution of MBBS Programme & Examination Schedule

Proposed Academic Calendar for CBME 2023-24 Batch 2023

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2023									1	2	3	4
2024	5	6	7	8	9	10	11	12-1st Prof exam, result	13-2 <sup>nd</sup> Prof exam, result	14	15	16
2025	17	18	19	20	21	22	23	24-2 <sup>nd</sup> Prof exam, result	25- Final 1st	26	27	28
2026	29	30	31	32	33	34	35	36- Final 1 <sup>st</sup> exam, result	37- Final 2 <sup>nd</sup>	38	39	40
2027	41	42	43	44	45	46	47	48	49	50	51	52
2028	53	54 NEXT-1	1- CBME	2	3	4	5-2 <sup>nd</sup>	6	7	8	9	10
2029	11	12-NEXT-2					13-NEXT					

Legends:

AETCOM: Attitude, Ethics and Communication skills

FAP: Family Adoption Programme (village outreach)

SDL: Self Directed Learning

SGL: Small Group Learning (tutorials/ Seminars/Integrated Learning)

PCT (mentioned in Assessments): Part Completion Test

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**Table2: Distribution of subjects in each Professional Phase**

Phase & year of MBBS training	Subjects & Teaching Elements	Duration (months)	University Examination
First Professional MBBS	(i) Foundation course -1 week, remaining spread over 6 months at the discretion of college (ii) Anatomy, Physiology & Biochemistry, Introduction to Community Medicine, including Family adoption programme (FAP) through village outreach (iii) Early Clinical Exposure (iv) Attitude, Ethics, and communication Module (AETCOM) including Humanities	12 months	1st professional
Second Professional MBBS	(i) Pathology, Microbiology, Pharmacology (ii) Introduction to clinical subjects (iii) Clinical postings, Family visits for FAP (iv) AETCOM	12 months	2nd professional
Third Professional part 1, MBBS, including Electives I month	(i) Community Medicine, Forensic Medicine and Toxicology, Medicine & allied, Surgery & allied, Pediatrics, Obstetrics & Gynecology (ii) Family visits for FAP (iii) Clinical postings (iv) AETCOM (v) Electives- I month, 2 blocks, 15 days each	12 months	Final professional - Part I
Professional part 2, MBBS	(i) General Medicine, Dermatology, Psychiatry, Respiratory medicine, Pediatrics, General Surgery, Orthopedics, Oto-rhinolaryngology, Ophthalmology, Radiodiagnosis, Anesthesiology, Obstetrics & Gynecology (ii) Clinical postings (iii) AETCOM	18 months	Final Professional - Part II

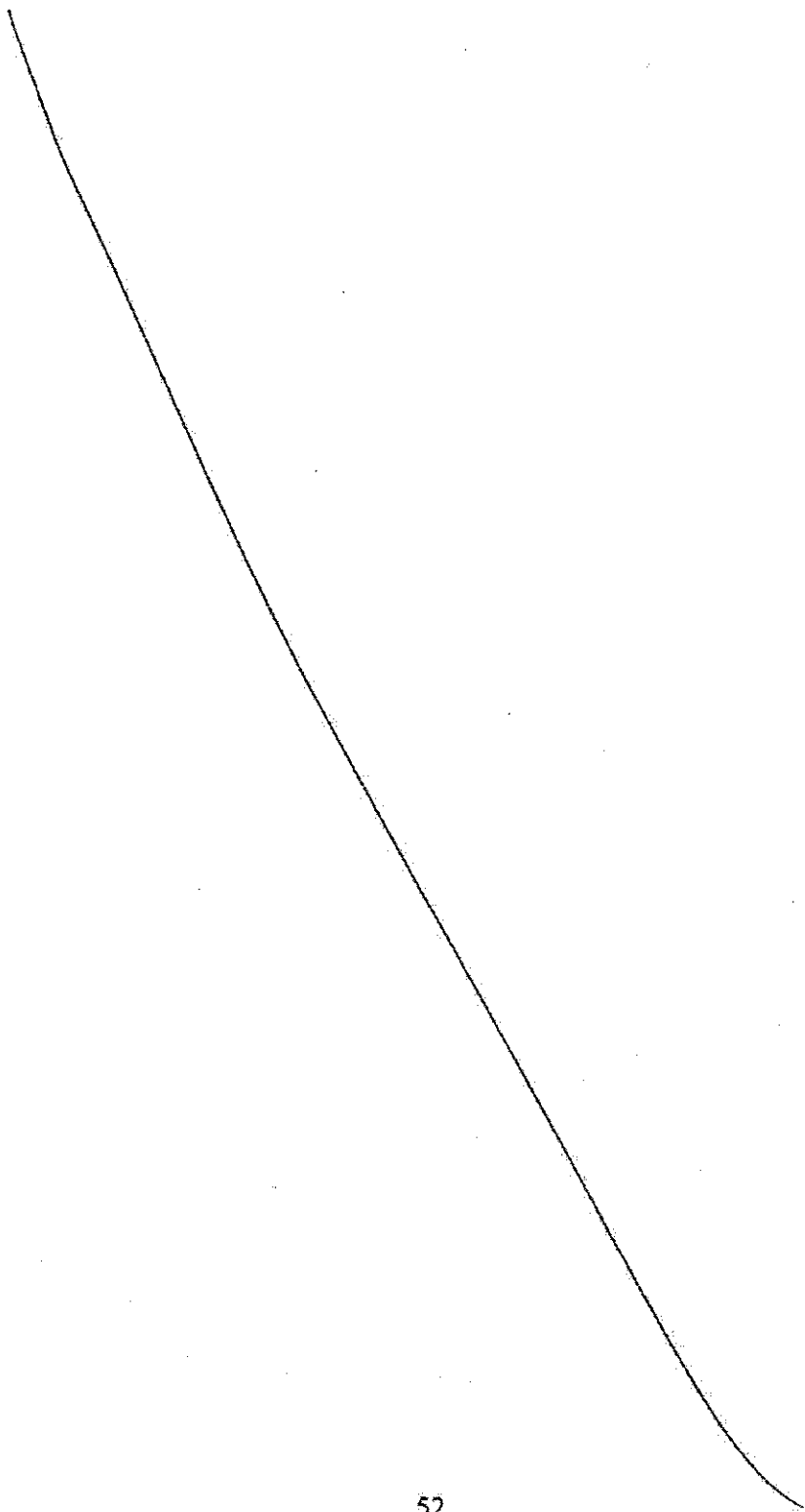
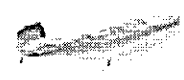
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**Table 3: Foundation Course**

(one week + spread over 6 months at the discretion of college)

Subjects/Contents	Teaching hours
Orientation	30
Skills Module	34
Field visit to Community Health Center	08
Introduction to Professional Development & AETCOM module	40
Sports, Yoga and extra-curricular activities	16
Enhancement of language/computer skills	32
Total	160

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**Table 4: Distribution of Subject Wise Teaching Hours for 1<sup>st</sup> MBBS**

Subject	Lectures	SGL	SDL	Total
Foundation Course				39
Anatomy	210	400	10	620
Physiology	130	300	10	440
Biochemistry *	78	144	10	232
Early Clinical Exposure* *	27	-	-	27
Community Medicine	20	20	0	40
FAP			27	27
(AETCOM)***	-	26	-	26
Sports and extra-curricular activities	-	-	-	10
Formative Assessment and Term examinations	-	-	-	60
<b>Total</b>				<b>1521 #</b>

\* Including Molecular Biology

\*\* Early Clinical exposure hours to be divided equally in all three subjects.

\*\*\*AETCOM module shall be a longitudinal programme.

# Includes hours for Foundation course also

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Table no. 5- Distribution of Subject Wise Teaching Hours for II MBBS

Subjects	Lectures	SGL	Clinical Postings*	SDL	Total
Pathology	80	165		10	255
Pharmacology	80	165		10	255
Microbiology	70	135		10	215
Community Medicine	15			10	25
FAP			30		30
Forensic Medicine and Toxicology	12	22		08	42
Clinical Subjects	59		540		599
AETCOM		29		8	37
Sports, Yoga and extra-curricular activities				20	35
Pandemic module				28	28
Final total					1521

Pl.note: Clinical postings shall be 3 hours per day, Monday to Friday.

There will be 15 hours per week for all clinical postings.

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**Table no. 6 - Distribution of Subject Wise Teaching Hours for Final MBBS Part 1.**

Subject	Lectures	SGL	SDL	Total
Electives		156		156
Gen. Med.	30	50	10	90
Gen Surgery	30	50	10	90
Obs. & Gyn.	30	50	10	90
Pediatrics	25	30	10	65
Orthopedics	15	20	10	45
Forensic Medicine and Toxicology	40	70	20	130
Community Medicine	55	70	20	145
FAP (Visits -Log book submission		21	10	31
Otorhinolaryngology (ENT)	15	20	10	45
Ophthalmology	15	20	10	45
Clinical posting			540	540
AETCOM		19	12	31
Pandemic module	18			18
<b>Total</b>				<b>1521</b>

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**Table 7: Distribution of Subjectwise Teaching Hours for  
Third Professional Part-2/ Final MBBS**

Subjects	Lectures	SGI.	SDL	Total
General Medicine	95	155	55	260
General Surgery	80	140	40	260
Obstetrics and Gynecology	80	140	40	260
Pediatrics	30	60	30	120
Orthopedics	25	35	25	85
AETCOM	30		22	52
Dermatology	15	10	15	40
Psychiatry	15	15	15	45
Otorhinolaryngology (ENT)	15	25	15	55
Ophthalmology	15	25	15	55
Radiodiagnosis	8	15	15	38
Anesthesiology	8	15	15	38
Pandemic module	28			28
<b>TOTAL</b>				<b>1356</b>

Extra hours may be used for preparation of NExT or SDL.

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**Table no. 8: Clinical Posting Schedules in weeks**

Subjects	Period of training in weeks			Total Weeks
	11 MBBS	111 MBBS Part I	111 MBBS Part II	
Electives	0	4	0	4
General Medicine	9	4	14	27
General Surgery	7	4	10	21
Obstetrics & Gynecology	7	4	10	21
Pediatrics	4	4	5	13
Community Medicine	4	4	0	8
Orthopaedics	2	2	4	8
Otorhinolaryngology	0	3	4	7
Ophthalmology	0	3	4	7
Psychiatry	0	2	4	6
Radio-diagnosis	0	0	2	2
Dermatology	2	2	2	6
Dentistry	1	0	0	1
Anaesthesiology	0	0	3	3
<b>Total</b>	<b>36</b>	<b>36</b>	<b>62</b>	<b>134</b>

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**Table 9: Learner- Doctor programme (Clinical Clerkship)**

Year of Curriculum	Focus of Learner-Doctor programme
Year 1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness, family adoption program
Year 2	History taking, physical examination, assessment of change in clinical status, communication and patient education, family adoption program
Year 3	All of the above and choice of investigations, basic procedures and continuity of care
Year 4	All of the above (except Family adoption programme) and decision making, management and outcomes

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**Table 10 : Marks distribution for various subjects for University Annual Examinations**

Phase of Course	Theory	Practicals	Passing criteria
1 <sup>st</sup> MBBS			
Anatomy-2 Papers	Paper 1-100	100	Mandatory to get 40% marks separately in Theory and in Practicals; and totally 50% for theory plus practicals.
	Paper 2-100		
Physiology-2 Paper	Paper 1-100	100	
	Paper 2-100		
Biochemistry – 2 Papers	Paper 1-100	100	
	Paper 2-100		
2 <sup>nd</sup> MBBS			
Pathology – 2 Papers	Paper 1-100	100	
	Paper 2-100		
Microbiology – 2 Papers	Paper 1-100	100	
	Paper 2-100		
Pharmacology – 2 papers	Paper 1-100	100	
	Paper 2-100		
Final MBBS Part I			
Forensic Med. Tox.- 1 paper	Paper 1-100	50	
Community Med. – 2 papers	Paper 1-100	100	
	Paper 2 - 100		

For NEXT, as per NExT regulations.

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## Anatomy

Theory Internal Assessment *								
Department of Anatomy								
Faculty MBBS	Year/Phase - I							
Roll No	Name of Student	1 <sup>st</sup> Term Theory	2 <sup>nd</sup> Term Theory	Prelims Theory (Paper I & II)	Home Assignment (SDL)	Written Stage Examinations	Attendance Theory	Total
		100	100	200	15	75	10	500

Practical Internal Assessment *										
Department of Anatomy										
Faculty MBBS	Year/Phase - I									
Roll No	Name of Student	1 <sup>st</sup> Term Practical	2 <sup>nd</sup> Term Practical	Prelims Practical	Certified skill based competencies/ Histology Stage**	AETCOM Competencies VIVA***	Oral Stage Examinations	Record Book/ Files #	Attendance Practical	Total
		100	100	100	60	30	60	40	10	500

\*\* Histology stage 30 spots (2 Marks each : 1 Mark each for identifications & Question), each spot 2 Minutes .

\*\*\* AETCOM Competencies Viva 30 Marks (10 Marks each during First Term, Second Term & Prelims Practical Examinations).

#Record Book / Files (15 Marks Histology Files, 15 Marks Gross Anatomy Files & 10 Marks log books ).

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## Physiology

Theory Internal Assessment									
Department of Physiology									
Faculty: MBBS	Year/Phase - I								
Roll No.	Name of Student	1 <sup>st</sup> Term Theory	2 <sup>nd</sup> Term Theory	Prelims Theory (Paper I & II)	Continuous Class Test	Self Directed Learning (SDL)			Attendance Theory
						Home Assignment (SDL)	Seminar	Library Assignment	
		100	100	200	30	15	30	15	10
		500							

Practical Internal Assessment										
Department of Physiology										
Faculty: MBBS	Year/Phase - I									
Roll No.	Name of Student	1 <sup>st</sup> Term Practical	2 <sup>nd</sup> Term Practical	Prelims Practical	Certified skill based competencies/ (Through OSPE/Sports/ Exercise/Other)	AETCOM Competencies	SAT Lab Activity/ Research	Journal/ Report Book & Portfolio	Attendance Practical	Total
		100	100	100	100	30	20	40	10	500

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## Biochemistry

Theory Internal Assessment									
Department of Biochemistry									
Faculty: MBBS	Year/ Phase-I				Home Assignment (SDL)	Continuous Class test	Seminar	Library Assignmen	Attendance Theory
Roll No.	Name of Student	1 <sup>st</sup> Term Theory	2 <sup>nd</sup> Term Theory	Prelims Theory (Paper I & II)			Self Learning	Directed	
		100	100	200	15	30	30	15	10
									500

Practical Internal Assessment									
Department of Biochemistry									
Faculty: MBBS	Year/ Phase-I				Certified skill based competencies/ (Through/ OSPE/Spont/ Exercise/Other)	AETCOM Competencies	Research/ Log Book	Journal (Research Book & Portfolio)	Attendance Practical
Roll No.	Name of Student	1 <sup>st</sup> Term Practical	2 <sup>nd</sup> Term Practical	Prelims Practical					
		100	100	100	100	30	20	40	10
									500

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## Pharmacology

Theory Internal Assessment											
Department of Pharmacology											
Faculty: MBBS	Year/ Phase - II										
Roll No	Name of Student	1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum Study	Library Assign- ment	Attendan- ce Theory	Total
		Self Directed Learning									
		100	100	200	15	30	15	15	15	10	500

Practical Internal Assessment											
Department of Pharmacology											
Faculty: MBBS	Year/ Phase - II	Formative Assessment			Continuous Internal Assessment (Practical)				Record Book, Log book	Attendance Practical	Total
Roll No	Name of Student	1 <sup>st</sup> Term Practical	2 <sup>nd</sup> Term Practical	Sent up/ Prelims Practical	Certified skill based competencies/ OSPE, CAL etc.	AETCON Competencies VIVA***	Review/ Pharmaco- therapeutics/ Clinical pharmacology	Related Pharmaco- therapeutics/Clinical Pharmacology			
		100	100	100	60	30	50	10	40	10	500

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# Pathology

Theory Internal Assessment *								
Department of Pathology								
Faculty: MBBS	Year/Phase - I							
Roll No.	Name of Student	1 <sup>st</sup> Term Theory	2 <sup>nd</sup> Term Theory	Prelims Theory (Paper I & II)	Home Assignment (SDL)	Written Stage Examinations	Attendance Theory	Total
		100	100	200	15	75	10	500

Practical Internal Assessment *										
Department of Pathology										
Faculty: MBBS	Year/Phase - I									
Roll No.	Name of Student	1 <sup>st</sup> Term Practical	2 <sup>nd</sup> Term Practical	Prelims Practical	Certified skill based competencies/	AETCOM Competencies VIVA***	OSPE	Record Book/ Files	Attendance Practical	Total
		100	100	100	60	30	60	40	10	500

\*\*\* AETCOM Competencies Viva 30 Marks (10 Marks each during First Term, Second Term & Prelims Practical Examinations).

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## Microbiology

Theory Internal Assessment										
Department of Microbiology										
					Continuous Internal Assessment Theory					
							Self Directed Learning (SDL)			
Roll no	Name of student	1st Term	2nd Term Theory	Prelims Theory (Paper I & II)	Home Assignments*	Continuous class test	Student Seminar/Pedagogy/microetching	Written test each (After system)†	Attendance Theory	Total
		100	100	200	15	30	15	30 1st Term-10 2nd Term-10 3rd Term-10	10	500

\* As per the Institutional guidelines (e.g National programs, standard hospital guidelines etc.)

† Written test (Periodic- e.g. after completion of section (general microbiology/immunology/system (CVS, Respiratory, etc.)

Practical Internal Assessment										
Department of Microbiology										
Roll no.	Name of Student	Formative Assessment						Record File/ book	Attendance Practical	Total
		1st Term Practical	2nd Term Practical	Prelims Practical	Certified Skill based competencies (Perform-Gram stain, Ziehl-Neelsen & Identification of pathogens in stool) * Serology & Virology- IIBV/ICV, HAV, HEV & ELISA & Latex agglutination test	AETCOM Composite viva	Objective Structured Practical Examination (OSPE) Case based in viva/ Interpret Antimicrobial Sensitivity Test reports			
		100	100	100	60 1st term-15 2nd term-15 Prelims Practical-30	30 1st term-10 2nd term-10 Prelims Practical-10	60# (40) 1st Term-15 2nd Term-15 Prelims Practical-30	40 1st Term-10 2nd term-10 Prelims Practical-20 (10+10+20=40)	10(+20)	500

\* Assessment can be included in form of OSPE & Test Interpretation.

# Out of 60, 20 marks can be added to the attendance and remaining 30 as OSPE.

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# Forensic Medicine and Toxicology

Theory Internal Assessment												
Department of Forensic Medicine and Toxicology												
S NO.	ROLL NO.	NAME OF STUDENT	FORMATIVE ASSESSMENT THEORY			CONTINUOUS INTERNAL ASSESSMENT THEORY						TOTAL
			1 <sup>st</sup> PCT THEORY	2 <sup>nd</sup> PCT THEORY	Prelims Theory (Paper I & II)	Home Assignment	Seminar	Continuous Class Test (LMC)	Museum	Library Assignment	Attendance	
			100	100	100	10	10	25	10	10	10	375

Percentage Theory (Minimum cut off 40%)

CUMULATIVE PERCENT OF THEORY & PRACTICAL  
 THEORY + PRACTICAL  
 = 375 + 500 = 875  
 (MINIMUM CUT OFF 50%)

## Internal (Assessment Practical)

### Department Forensic Medicine and Toxicology

Faculty: Final MBBS			Year/Phase : Part-II												Date :	
S. No.	Roll No.	Name of Student	Formative Assessment					Continuous Internal Assessment (Practical)							Total	
			1 <sup>st</sup> PCT (Practical)	2 <sup>nd</sup> PCT (Practical)	3 <sup>rd</sup> PCT (Practical)	Prelims Practical	Certifiable skill based competencies (Through OSPE/O SCE/ Sports Exercise other)	AETCOM Competencies	Museum Study	Postmortem Examination	Research/ Seminar	Journal (Record Log Book/)	Attendance (Practical)			
			50	50	100	100	60	50	20	20	20	40	10	500		

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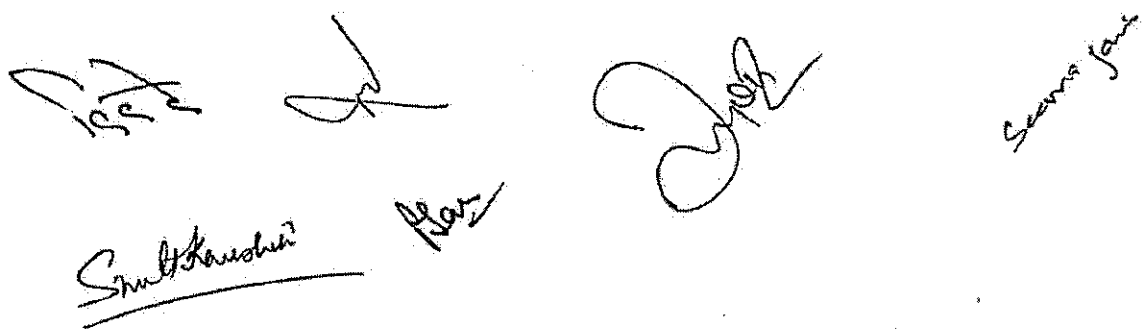
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## Ophthalmology

Theory Internal Assessment												
Department of Ophthalmology												
Faculty :Final MBBS			Year/Phase : Part- II								Date :	
S. No.	Roll No.	Name of Student	Formative Assessment _Theory			Continuous Internal Assessment _Theory						Total
			1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum Study	Library Assignment	Attendance Theory	
			100	100	100	10	25	10	10	10	10	375

Practical Internal Assessment												
Department of Ophthalmology												
Faculty :Final MBBS			Year/Phase : Part- II						Date :			
S. No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)						Total
			1 <sup>st</sup> PCT Practical/ First Ward Leaving Examination	2 <sup>nd</sup> PCT Practical/ Second Ward Leaving Examination	Prelims Practical					Journal (Record Book/ Portfolio)	Attendance (Practical)	
						Certifiable skill based competencies (Through OSPE/OSCE/ Sports Exercise other)	AETCOM Competencies	SVL Lab Activity	Research			
			100	100	100	60	30	40	20	40	10	500


  
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Theory Internal Assessment

Department of ENT

Faculty :Final MBBS			Year/Phase : Part- II									Date :	
S. No.	Roll No.	Name of Student	Formative Assessment _Theory			Continuous Internal Assessment _Theory						Total	
			1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum Study	Library Assignment	Attendance Theory		
													Self Directed Learning
			100	100	100	10	25	10	10	10	10	375	

Practical Internal Assessment

Department of ENT

Faculty : Final MBBS			Year/Phase : Part- II								Date :	
S. No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)						Total
			1 <sup>st</sup> PCT Practical/ First Ward Leaving Examination	2 <sup>nd</sup> PCT Practical/ Second Ward Leaving Examination	Prelims Practical					Journal (Record Book/ Portfolio)	Attendance (Practical)	
						Certifiable skill based competencies (Through OSPE/OSCE/ Sports Exercise other)	AETCOM Competencies	SVL Lab Activity	Research			
			100	100	100	60	30	40	20	40	10	500

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## Community Medicine

Theory Internal Assessment														
Department of Community Medicine														
S. No	Roll No	Name of Student	Formative Assessment Theory			Continues Internal Assessment Theory						Total	Percentage Theory (Minimum cut Off 40%)	Cumulative percent of Theory & practical
			1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (paper I&II)	Home Assignment	Seminar	Continues Class Test (LMS)	Muses study	Library Assign- ment	Attendance Theory			Theory+Practical : 500+500=1000 (Minimum Cut off 50%)
									Self Directed Learning					Note: Minimum 45% separately for theory and practical and 50% cumulative in IA for eligibility summative examination
			100	100	200	15	15	30	15	15	10	500	%	

Department of Community Medicine														
Internal (Assessment Practical)														
Faculty : Final MBBS			Year/Phase : Part-II									Date :		
S. No.	Roll No.	Name of Student	Formative Assessment				Continues Internal Assessment (Practical)						Total	
			1 <sup>st</sup> Phase Practical/ First Ward Leaving Examination	2 <sup>nd</sup> Phase Practical / Second Ward Leaving Examination	3 <sup>rd</sup> Phase Practical/ Second Ward Leaving Examination	Prelims Practical					Journal / Log Book (10x3 Yrs)	Attendance (Practical)		
							Certifiable skill based competencies (Through OSPE/O SCE/ Exercise other)	AETCOM Competencies	FAP (20x3 Yrs)	Research				
			50	50	100	100	50	30	60	20	30	10	500	

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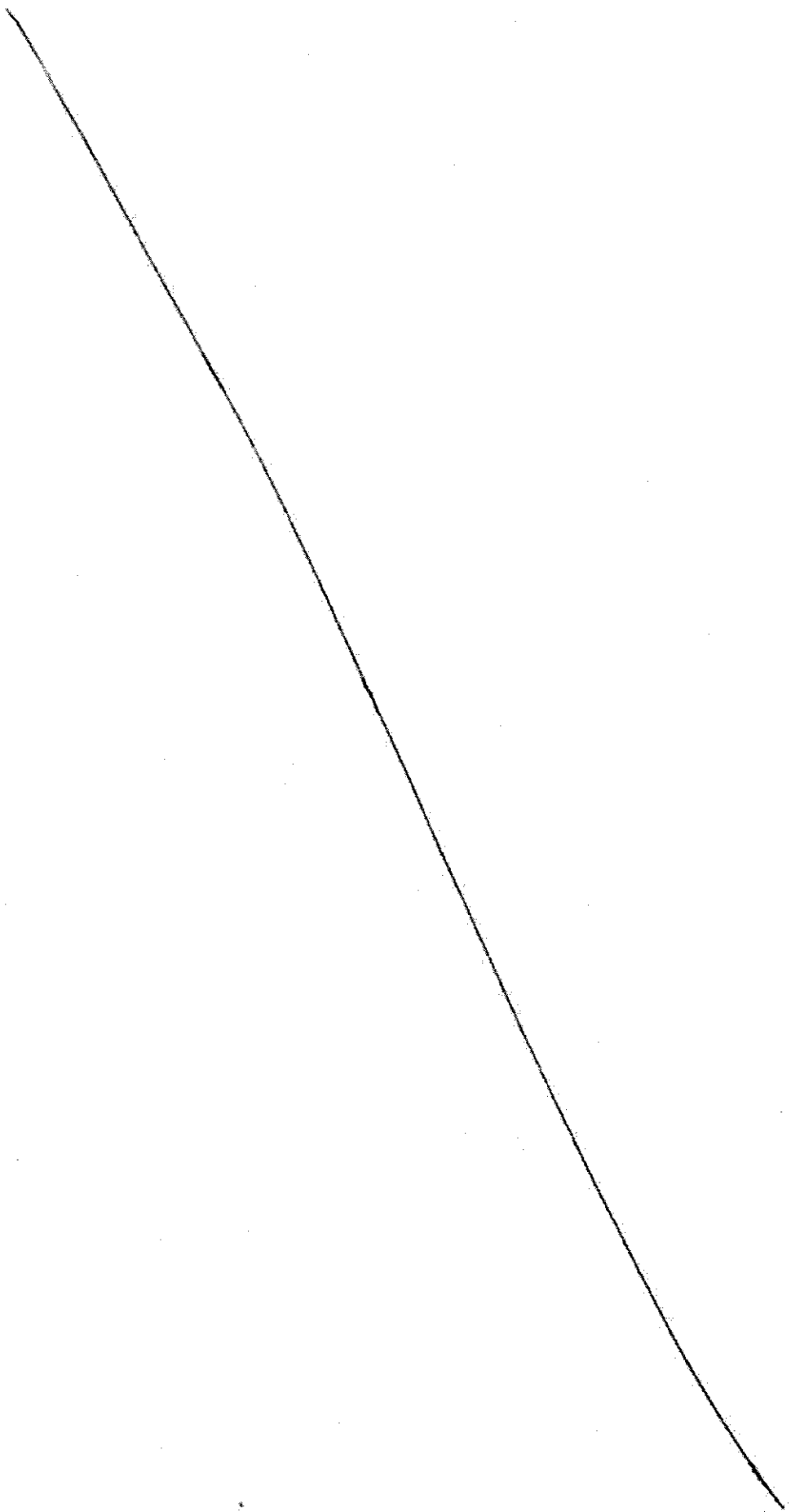
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## General Medicine

Theory Internal Assessment												
Department of General Medicine												
Faculty :Final MBBS			Year 03 Part- II								Date :	
S. No.	Roll No.	Name of Student	Formative Assessment -Theory			Continuous Internal Assessment -Theory						Total
			1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum Study	Library Assignment	Attendance Theory	
			100	100	200	15	30	15*	15*	15*	10	500

\*The Marks of SDL (Theory) of as marks to be given to students based on case presentations in seminars.

Practical Internal Assessment												
DEPARTMENT OF MEDICINE												
Faculty : Final MBBS			Year/Phase : Part- II								Date :	
S. No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)					Attendance (Practical)	Total
			1 <sup>st</sup> PCT Practical/ First Ward Leaving Examination	2 <sup>nd</sup> PCT Practical/ Second Ward Leaving Examination	Prelims Practical					Journal (Record Book/ Portfolio)		
						Certifiable skill based competencies (Through OSPE/OSCE/ Sports Exercise other)	AETCOM Competencies	SVL Lab Activity	Research			
			100	100	200	100	40	40	20	40	10	650

1. The weightage for Dermatology, Psychiatry and Respiratory Medicine will be 10% for each subject in Theory and Practical for Internal Assessment for Batch-2023.
2. One case of Dermatology and Psychiatry will be included as an OSCE in 3<sup>rd</sup> MBBS part 2 Practical Exam.



# General Surgery

Theory Internal Assessment												
Department of General Surgery												
Faculty :Final MBBS			Year- 03 : Part- II								Date :	
S. No.	Roll No.	Name of Student	Formative Assessment _Theory			Continuous Internal Assessment _Theory						Total
			1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum Study	Library Assignment	Attendance Theory	
			100	100	200	15	30	15	15	15	10	500
Note : 490 Marks will be calculated from 600 marks as per the Annexure 39 for the MBBS III <sup>rd</sup> Prof. (Part – II), approved in the CCS on 03.09.2022.												

Note : 490 Marks will be calculated from 600 marks as per the Annexure 39 for the MBBS III<sup>rd</sup> Prof. (Part - II), approved in the CCS on 03.09.2022.

## Practical Internal Assessment

### Department of General Surgery

Faculty :Final MBBS			Year/Phase : Part- II									Date :	
S. No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)						Total	
			1 <sup>st</sup> PCT Practical/ First Ward Leaving Examination	2 <sup>nd</sup> PCT Practical/ Second Ward Leaving Examination	Prelims Practical					Journal (Record Book/ Portfolio)	Attendance (Practical)		
						Certifiable skill based competencies (Through OSPE/OSCE/ Sports Exercise other)	AETCOM Competencies	SVL Lab Activity	Research				
			100	100	200	100	40	40	20	40	10	650	
Note : 640 marks will be calculated from the 400 marks as per the Annexure – 39 for the MBBS IIIrd Prof. (Part- II) approved in CCS meeting on 03.09.2022													

Note : 640 marks will be calculated from the 400 marks as per the Annexure - 39 for the MBBS III<sup>rd</sup> Prof. (Part- II) approved in CCS meeting on 03.09.2022

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## Obstetrics & Gynaecology

Theory Internal Assessment												
Department of Obstetrics & Gynaecology												
Faculty :Final MBBS			Year- 03 : Part- II								Date :	
S. No.	Roll No.	Name of Student	Formative Assessment _Theory			Continuous Internal Assessment _Theory						Total
			1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum Study	Library Assignment	Attendance Theory	
			100	100	200	15	30	15	15	15	10	500

Practical Internal Assessment												
Department of Obstetrics & Gynecology												
Faculty :Final MBBS			Year/Phase : Part- II								Date :	
S. No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)					Attendance (Practical)	Total
			1 <sup>st</sup> PCT Practical/ First Ward Leaving Examination	2 <sup>nd</sup> PCT Practical/ Second Ward Leaving Examination	Prelims Practical					Journal (Record Book/ Portfolio)		
						Certifiable skill based competencies (Through OSPE/OSCE/ Sports Exercise other)	AETCOM Competencies	SVL Lab Activity	Research			
			100	100	200	100	40	40	20	40	10	650

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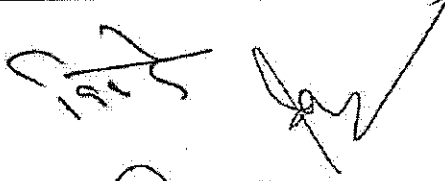
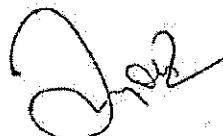
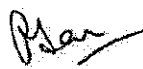
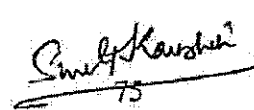
*Seema Jain*

*Smriti Kanchan*

# Paediatrics

Theory Internal Assessment											
Department of Paediatrics											
Faculty : Final MBBS			Year/Phase : Part- II						Date :		
S. No.	Roll No.	Name of Student	Formative Assessment _Theory			Continuous Internal Assessment _Theory					Total
			1 <sup>st</sup> PCT Theory	2 <sup>nd</sup> PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum Study	Library Assignment	Attendance Theory
			100	100	100	10	25	10	10	10	375

Practical Internal Assessment											
Department of Paediatrics											
Faculty : Final MBBS			Year/Phase : Part- II						Date :		
S. No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)					Total
			1 <sup>st</sup> PCT Practical/ First Ward Leaving Examination	2 <sup>nd</sup> PCT Practical/ Second Ward Leaving Examination	Prelims Practical	Certifiable skill based competencies (Through OSPE/OSCE/ Sports Exercise other)	AETCOM Competencies	SVL Lab Activity	Research	Journal (Record Book/ Portfolio)	Attendance (Practical)
			100	100	100	60	30	50	20	40	500


  

  
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## CHAPTER-IX

### National Medical Commission (Undergraduate Medical Education) Guidelines, 2023

#### CURRICULUM FOR FAMILY ADOPTION PROGRAMME

#### **FAMILY ADOPTION PROGRAM:**

This is being introduced with the aim of village outreach program for MBBS students. Every student shall ideally adopt 5(five) families. However, minimum 3(three) families are mandatorily to be adopted by every MBBS students. Every college may arrange one diagnostic medical camp in the village wherein identification of:

- a) anaemia, malnutrition in children, hypertension, diabetes mellitus, ischemic heart diseases, kidney diseases, any other local problems may be addressed.
- b) If required, patients shall be admitted in the hospital for acute illness under care of student. charges may be waived off or provide concession or govt. schemes.
- c) For chronic illness, students shall be involved.
- d) Subsidized treatment charges may be provided under govt. schemes or welfare schemes.
- e) Medical student may be allocated about 5 families and introduced in the first visit.
- f) Camps may be arranged by Dean and Community Medicine/ P.S.M. department with active involvement of Associate/ Asst. Professors, social worker and supporting staff. Local population may be involved with village leaders.
- g) Visit by students be made to the visit as mentioned in table below. Annual follow up diagnostic camp can be continued by the PSM department.

#### **TARGETS TO BE ACHIEVED BY STUDENTS:**

##### **First Professional Year:**


- a) Learning communication skills and inspire confidence amongst families
- b) Understand the dynamics of rural set-up of that region
- c) Screening programs and education about ongoing government sponsored health related programs
- d) Learn to analyse the data collected from their families
- e) Identify diseases/ ill-health/ malnutrition of allotted families and try to improve the standards

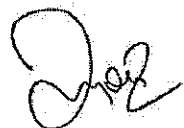
##### **Second Professional Year**

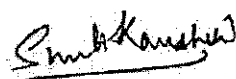
- a) Inspire active participation of community through families allotted
- b) Continue active involvement to become the first doctor /reference point of the family by continued active interaction
- c) Start compiling the outcome targets achieved

##### **Third Professional Year**


Analysis of their involvement and impact on existing socio-politico-economic dynamics in addition to improvement in health conditions

  
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Dr. K. K. Singh





- Final visit to have last round of active interaction with families
- prepare a report to be submitted to department addressing:

- 1) Improvement in general health
- 2) Immunization
- 3) Sanitation,
- 4) De-addiction
- 5) Whether healthy lifestyles like reading good books, sports, yoga activities have been inculcated in the house-holds.
- 6) Improvement in anaemia, tuberculosis control
- 7) Sanitation awareness
- 8) Any other issues
- 9) Role of the student in supporting family during illness medical emergency
- 10) Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants trees), cleanliness and sanitation drives with the initiative of the medical student

#### Curriculum for Family Adoption Programme

Professional Year	Competency The student should be able to	Objectives	Suggested Teaching Learning methods	Suggested Assessment methods	Teaching Hours
1 <sup>st</sup> Professional	<ul style="list-style-type: none"> <li>Collect demographic profile of allotted families, take history and conduct clinical examination of all family members</li> </ul>	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members	Family survey, Community clinics	Community case presentation, OSPE, logbook, journal of visit	6 hrs
	<ul style="list-style-type: none"> <li>Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	By the end of this visit, students should be able to report the basic health profile and treatment history of allocated family members	Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	9 hrs
	<ul style="list-style-type: none"> <li>Maintain communication &amp; follow up of remedial measures</li> </ul>	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment and	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community	Community case presentation, OSPE, logbook, certification competency, journal of visit	6 hrs

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		suggested remedial measures	clinics		
	<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities.</li> </ul>	<p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation, herbal plantation activities conducted in the village</p>	<p>Participation in and Process documentation of activities (SSS activities) along with reporting of photographic evidences</p>	<p>logbook certification competency, journal of visit</p>	<p>based of 6hrs</p>
					( Total 27 hrs, 9 visits)
2 <sup>nd</sup> Professional	<ul style="list-style-type: none"> <li>Take history and conduct clinical examination of all family members</li> </ul>	<p>By the end of this visit, students should be able to compile the updated medical history of family members and report their vitals and anthropometry.</p>	<p>Family survey, Community clinics</p>	<p>Community case presentation, OSPE, logbook, journal of visit</p>	<p>6 hrs</p>
	<ul style="list-style-type: none"> <li>Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	<p>By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine routine and blood sugar along with treatment history of affected family members</p>	<p>Community clinics, Multispecialty camps</p>	<p>Community case presentation, OSPE, logbook, journal of visit</p>	<p>9 hrs</p>

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	<ul style="list-style-type: none"> <li>Maintain communication &amp; follow up of remedial measures</li> </ul>	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics.	Community case presentation, OSPE, logbook based certification of competency, journal of visit	9 hrs
	<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities.</li> </ul>	By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation, herbal plantation activities conducted in the village	Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences.	logbook based certification of competency, journal of visit	6 hrs
					(Total 30 hrs, 10 visits)
3 <sup>rd</sup> Professional	<ul style="list-style-type: none"> <li>Take history and conduct clinical examination of all family members</li> </ul>	By the end of this visit, students should be able to update the medical history of family members and their vitals and anthropometry	Family survey, Community clinics	Community case presentation, OSPE, logbook, journal of visit	3hrs
	<ul style="list-style-type: none"> <li>Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor</li> </ul>	By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine	Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	3hrs

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Dr. P. K. Singh

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		routine and blood sugar along with treatment history of allocated family members			
<ul style="list-style-type: none"> <li>Maintain communication &amp; follow up of remedial measures</li> </ul>		By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics.	Community case presentation, OSPE, logbook based certification of competency, journal of visit	Mrs
<ul style="list-style-type: none"> <li>Take part in environment protection and sustenance activities</li> <li>Counsel the family members of allotted families and analyze the health trajectory of adopted family under overall guidance of mentor</li> </ul>		<p>By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation, herbal plantation activities conducted in the village.</p> <p>By the end of this visit, students should be able to analyze and report the health trajectory of adopted family along with remedial measures adopted at individual, family and community level</p>	<p>Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences, Small group discussion (report of the health trajectory of adopted family)</p>	logbook based certification of competency, journal of visit	Mrs

(total 21 hrs, 7 visits)

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LOG BOOK FOR FAMILY ADOPTION

COLLEGE NAME :

UNIVERSITY :

ADDRESS DETAILS :

NAME OF THE STUDENT :

ROLL NO

VILLAGE NAME :

TEHSIL DISTRICT

STATE UNION TERRITORY

NAME OF THE MENTOR :

MENTOR STATUS :

Asst Prof S R And Details  
(If changed details of subsequent  
mentors)

NAME OF ASHA WORKER :

ADDRESS OF ASHA WORKER :

EXPERIENCE

(SINCE HOW MANY YEARS IS HE / SHE EMPLOYED)

(SEPARATE PAGE FOR EACH FAMILY BE MAINTAINED)

- Family name and address
- Approximate size of living space of house-hold
- Malaria / flu etc pertinent to the region

- 1) If there is any illness or medical emergency required by the house-hold, the student should take initiative in being the primary contact for the family.
- 2) The student in turn should consult his/her mentor for further management of the patient.
- 3) The hospital to which the college is attached must provide treatment facilities to the patient.
- 4) Government schemes may be utilized for optimal management.
- 5) Follow-up records must be maintained by the student. These must be periodically evaluated by mentors with the help of senior residents.
- 6) The entire data sheet may be prepared by every student and submitted by the end of 6<sup>th</sup> semester for evaluation.
- 7) Progress notes must include every demographic point and history recorded.

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**GUIDELINES FOR MANPOWER REQUIREMENT FOR RESEARCH FACILITIES  
IN A MEDICAL COLLEGE**

Research labs can be under following categories:

1. Molecular lab
2. Stem cell research lab
3. Cytogenetics
4. HLA and tissue typing research lab

Applied Clinical research for organ perfusion, cancer research, in vitro fertilization, etc. can be under any of the above research facilities.

**MAN POWER**

**(1) Lab Director post-1**

Minimum Qualifications required :	MD Path/MD Microbiology/MD Transfusion Medicine/MD Biochemistry. Faculty with PhD ( Medical subject will be preferred)
Lab work :	10 years experience
Lab research related publications :	Minimum 10 in last 10 years

**(2) Lab Supervisor post-1 (per research facility)**

Minimum Qualifications required :	MD Path/ MD Microbiology/ MD Transfusion Medicine/ MD Biochemistry Faculty with PhD (Medical subject) will be preferred or MSc in life sciences with Ph.D. from Medical college
Lab work :	7 years experience
Lab research related publications :	Minimum 5 in last 5 years

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(3) Senior Scientific Research Officer posts- 1 or more (per research facility)

Minimum Qualifications required : PhD with MD Path/ MD Microbiology/  
MD Transfusion Medicine/ MD  
Biochemistry/PhD in medical college or  
MSc in life sciences with PhD from  
medical college  
Lab work : 4 years experience  
Lab research related publications : Minimum 3 in last 3 years

(4) Junior Research Officer-posts- 1 or more (per research facility)

Minimum Qualifications required : MD Path/ MD Microbiology/ MD  
Transfusion Medicine/ MD Biochemistry  
or Diploma in Clinical Pathology/ MSc  
in life sciences, PhD scholar/ Postdoc  
fellow  
Diploma holder in any branch may  
pursue PhD if experience / research  
inclinations proved for minimum of 1  
year. They can be enrolled for integrated  
Master's PhD course.  
Lab work : 1 year experience  
Lab research related publications : Preferably 1 in last 2 years

(5) Laboratory Technicians- Posts- 2 (minimum)

Minimum Qualifications required : B.Sc/ M.Sc, in life sciences including  
Biotechnology.

DMLT

(6) Data entry operator/ Clerk (As per requirement)

(7) Store keeper - post 1 (minimum)

*Smita Kaur*

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*Seema Jais*

(8) Biostatistician- post 1(minimum)

(9) Lab attendant (As per requirement)

(10) Peon/ Multi-task worker (As per requirement)

(11) Clinical Monitors (As per requirement)

Minimum Qualifications required : A medical professional having MBBS degree or above with research inclination

(12) Social worker/ MSW with applied research inclinations (As per requirement)

Sanjay Kaushik

Peon

Shyams

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TSR

Dr

Seema Jain

**Guidelines regarding admission of students with "Specified Disabilities" under the Rights of Persons with Disabilities Act, 2016 with respect to admission in MBBS Course.**

- Note : 1. The "Certificate of Disability" shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017 notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (Divyangam)] on 15th June 2017.
2. The extent of "specified disability" in a person shall be assessed in accordance with the "Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)" notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (Divyangam)] on 4th January, 2018.
3. The minimum degree of disability should be 10% (Benchmark Disability) in order to be eligible for availing reservation for persons with specified disability.
4. The term 'Persons with Disabilities' (PwD) is to be used instead of the term 'Physically Handicapped' (PH).

Disability Type	Type of Disabilities	Specified Disability	Disability Range		
			Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
Physical Disability	A. Locomotor Disability, including Specified Disabilities (a to f)	a. Leprosy cured person* b. Cerebral Palsy** c. Dwarfism d. Muscular Dystrophy e. Acid attack victims f. Others*** such as Amputation, Poliomyelitis, etc	Less than 40% disability	40-80% disability Persons with more than 80% disability may also be allowed on case to case basis and their functional competency will be determined with the aid of assistive devices, if it is being used, to see if it is brought below 80% and whether they possess sufficient motor ability as required to pursue and complete the course satisfactorily	More than 80%
	B. Visual Impairment (*)	a. Blindness b. Low vision	Less than 40% disability	-	Equal to or More than 40% Disability
	C. Hearing impairment	a. Deaf b. Hard of hearing	Less than 40% Disability	-	Equal to or more than 40% Disability
<p>* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at</p> <p>** Attention should be paid to impairment of vision, hearing, cognitive function etc and corresponding recommendations be looked at</p> <p>*** (i) Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for medical course</p> <p>(ii) Movement of the upper limb with respect to all the joints (shoulder, elbow, forearm, wrist and all fingers) to be considered - full power intact in the dominant upper limb is necessary</p> <p>(iii) In non-dominant upper limb power of 15 or above is recommended</p> <p>(*) Persons with Visual impairment - visual disability of equal to or more than 10% may be made eligible to pursue MBBS Course and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes, magnifier etc</p> <p>(ii) Person with hearing disability of more than 40% may be made eligible to pursue MBBS Course and may be given reservation subject to condition that the hearing disability is brought to a level of less than the bench mark of 40% with the aid of assistive devices/cochlear implants (CI)</p> <p>In addition to this, the individual should have speech discrimination score of more than 60%</p>					

*Smt. Kausi*

*1993*

*Dr. J. K. Singh*

*seems fair*

	Type of Disabilities	Disability Range			
		Specified Disability	Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
	D Speech & language disability	Organic/neurological causes	Less than 40% Disability	*	Equal to or more than 40% Disability
	<p>S Persons with Speech Intelligibility Affected (SIA) shall be eligible to pursue MBBS Courses, provided Speech Intelligibility Affected (SIA) score shall not exceed 3 (three), which is 40% or below.</p> <p>Persons with Aphasia shall be eligible to pursue MBBS Courses, provided Aphasia Quotient (AQ) is 40% or below.</p>				
2.	Intellectual disability	a Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia)	* currently there is no Quantification scale available to assess the severity of SpLD, therefore the cut-off of 40% is arbitrary and more evidence is needed.	Less than 40% Disability	Equal to or more than 40% disability and equal to or less than 80% But selection will be based on the learning competency evaluated with the help of the remediation/assisted technology/aids/intrastructural changes by the Expert Panel.
		b Autism spectrum disorders	Absence or Mild Disability, Asperger syndrome (disability of upto 60% as per ISAA) where the individual is fit for MBBS course by an expert panel	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation quota may be considered in future after developing better methods of disability assessment.	More than 80% or severe nature or significant cognitive/intellectual disability.  More than 40% disability or presence of cognitive intellectual disability and/or if the person is unfit for pursuing MBBS course by an expert panel.
3.	Mental illness		Absence or mild Disability, less than 40% under IDLASI	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation quota may be considered in future after developing better methods of disability assessment.  According to the Notification dated 09.12.2020 by the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice, a diagnosis of SLD using NIMHANS SLD Battery should be equated to more than 40% disability. Any person with SLD and more than 40% disability should be allowed to complete or put with other PwDs under the reservation quota for PwDs.	Equal to or more than 40% disability or if the person is unfit to perform his/her duties. Standards may be drafted for the definition of "Fitness to practice Medicine" as are used by several institutions of countries other than India.

Santhosh

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July 2

Seema Jain

1	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
2	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis	Less than 40% Disability	40-80% disability	More than 80%
			ii. Parkinsonism	Less than 40% Disability	40-80% disability	More than 80%
		b. Blood Disorders	i. Haemophilia	Less than 40% Disability	40-80% disability	More than 80%
			ii. Thalassemia	Less than 40% Disability	40-80% disability	More than 80%
			iii. Sickle cell disease	Less than 40% Disability	40-80% disability	More than 80%
3	Multiple disabilities including deaf		More than one of the above specified disabilities	<p>Must consider all above while deciding in individual cases recommendations with respect to presence any of the above namely, Visual, Hearing, Speech &amp; Language disability, Intellectual Disability, and Mental Illness as a component of Multiple Disability.</p> <p>Combining Formula as notified by the related Gazette Notification issued by the Govt. of India:</p> $a + \frac{b(100-a)}{90}$ <p>(where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities)</p> <p>is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual.</p>		

Smriti Kaur

Seema Jari

Dr. B. S. Jari

Plan

Seema Jari

# Annexure - I

Faculty of Medical Sciences  
University of Delhi

Existing	Proposed changes
<p>MBES Ordinance 2019 (Clause no. 2.3)</p> <p>xxx</p>	<p>Goals and Roles for the learner</p> <p>To be added</p> <p>f. Critical thinker who demonstrates problem solving skills in professional practice</p> <p>g. Researcher who generates and interprets evidence</p> <p>(As per Clause 5 (f, g) of CBME 2023 )</p>

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*Signature*

*Signature*



दूरभाष/Phone : 25367033, 25367035, 25367036  
फैक्स/Fax : 0091-11-25367024  
ई-मेल/E-mail : [ug@nmc.org.in](mailto:ug@nmc.org.in),

पॉकेट - 14, सेक्टर-8, द्वारका, फेस-1, नई दिल्ली-77  
Pocket- 14, Sector- 8, Dwarka,  
Phase - 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग  
**National Medical Commission**  
**(Undergraduate Medical Education Board)**

**No. U.11026/1/2022-UGMEB**

**Dated the 31<sup>st</sup> March, 2022**

**Circular**

**Subject : Implementation of new Competency Based Medical Education for Undergraduate Course Curriculum.**

The new Competency Based Medical Education for Undergraduate Course Curriculum was discussed in detail in the 6<sup>th</sup> meeting of National Medical Commission, which was held on 24<sup>th</sup> March, 2022 at New Delhi.

2. After detailed discussion and deliberation, it has been unanimously decided in the said meeting of the Commission to implement new Competency Based Medical Education for Undergraduate Course Curriculum from the current batch of MBBS students i.e. 2021-22, admitted in the month Feb-March 2022.

3. The new Competency Based Medical Education for Undergraduate Course Curriculum would be implemented with the objective of covering all three domains of learning (Cognitive, Affective & Psychomotor). The new course curriculum introduced in August 2019 enriches the medical student with a sound base and balanced approach to overall aspect with the introduction of foundation course which includes Family Adoption Programme, Yoga, meditation, Local Language adaptation and skills.

4. All State Governments/UTs, universities and medical colleges/institutes are requested to take immediate necessary steps to implement the new Competency Based Medical Education for Undergraduate Course Curriculum from the current batch of MBBS students i.e. 2021-22, admitted in the month Feb-March 2022.

*Aruna V. Vanikar*  
**(Dr. Aruna V. Vanikar)**  
**President**

**Encl:**

- (i) Guidelines for implementation of new CBME Course curriculum.
- (ii) Academic Calendar for MBBS Batch
- (iii) Month-wise schedule of new CBME Course
- (iv) Curriculum for Family Adoption Programme
- (v) Brief modified transliteration of Maharshi Charak Shapth

## ACADEMIC CALENDER FOR MBBS BATCH(2021-22) ADMITTED IN FEB-MAR 2022

Professional year	Time frame	Months available (Teaching + Exam)	Comparison with GMER 2019
1 <sup>st</sup>	14 <sup>th</sup> Feb '22 to 31 <sup>st</sup> Jan '23, Exam - Feb.	11.5 months (Incl. F.C.) Exam, Result = 1 month	14 months (incl. one month FC)
2 <sup>nd</sup>	1 <sup>st</sup> March, '23 to 29 <sup>th</sup> Feb, '24 Exam- March, '24	12 months Exam, Result = 1 month	12 months
3 <sup>rd</sup> (III-part-1)	1 <sup>st</sup> April, '24 to 15 <sup>th</sup> Jan, '25, Exam - till 31 <sup>st</sup> Jan, '25	9.5 months Exam - 15 days (FMT, Community Med)	13 months
Electives + results	Block A-(first half) Feb, '25 Block B-(second half) Feb, '25	1 month	2 months
4 <sup>th</sup> (III-part-2)	1 <sup>st</sup> March, '25 to 31 <sup>st</sup> March, '26	13 months NeXT (theory) - April, '26 Univ. (practical) - April, '26	13 months
Internship	1 <sup>st</sup> May, '26 to 30 <sup>th</sup> April '27,	12 months	12 months
NeXT & Counselling	May, June, '27	Counselling before 15 <sup>th</sup> June	1 month
PG	July, '27		

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# GENERAL SURGERY

## MBBS THIRD PROF. PART-2: PRACTICAL EXAMINATION IN GENERAL SURGERY FOR SUMMATIVE ASSESSMENT\*

Plan for Summative Assessment as per NMC recommendation, 2019\*

Phase of Course	Practical / Oral / Clinical Examination in General Surgery	Pass Criteria*
Third Professional Part-2	200 Skills/competencies acquired during the Professional Development Program (AETCOM module) must be tested during clinical, practical and viva.	Mandatory 50% marks separately in theory and practical (practical / clinical + viva) *
Components of Practical Exam	Distribution of marks (Total Marks: 200)	Assessment to include (Cognitive, Psychomotor & communication skills)
Two Surgery Clinical Case present + One Ortho Case present + Spots + Viva	<ul style="list-style-type: none"> <li>Surgery cases [2x50=100 Mks] + Viva<sup>o</sup> [3x10=30Mks] + Spots** [2x10=20Mks] = 150Mks</li> <li>Ortho Case [1x30=30] + Viva [1x20=20] = 50Mks</li> </ul>	Assessment of case to include: <ul style="list-style-type: none"> <li>History taking, Gen &amp; Local Surgical clinical examination/skills testing, demonstrates physical signs, write case record, Analysis, Problem Oriented Clinical</li> <li>Diagnosis/Differential Diagnosis, Interpretation of findings, Discuss investigations relevant to case &amp; develop management plan.</li> <li>Assess Communication skills(AETCOM): Advise pertinent to the allotted case etc.</li> </ul>
Spots**	(2x10)=20 Marks	<ul style="list-style-type: none"> <li>10 Spots of 2 marks each</li> </ul>
Viva <sup>o</sup>	<ul style="list-style-type: none"> <li>Specimens + X-rays = 10Mks</li> <li>Instruments + Operative = 10Mks</li> <li>Interpret Common Investigation Data + Aetcom Viva = 10Mks</li> </ul>	<ul style="list-style-type: none"> <li>1 Specimen</li> <li>1 X-Ray</li> <li>1 Op Procedure, &amp; Instruments</li> <li>Interpret Common Investig Data</li> <li>Aetcom Viva</li> </ul>

### Reference:

\*Board of governors in super-session of medical council of India, Amendment notification: The Gazette of India (Extraordinary), Part III, Section 4, No. 390, November 6, 2019.

Excerpts from the above document are as follows:

NMC Recommendation: Practical / Clinical Examination to be conducted in the laboratories and for hospital wards (field practice areas) \*  
Objectives: To assess proficiency and skills to conduct experiments, interpret data and form logical conclusions. Practical/clinical examinations will be conducted in the laboratories and for hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.

Viva / Oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens is to be also assessed.

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### III PROF. M.B.B.S. PART II-GENERAL SURGERY (MBBS) TEMPLATE OF THEORY EXAMINATION PAPERS

#### Background

In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Board of Governors in super-session of Medical Council of India with the previous sanction of the Central Government, have amended the "Regulations on Graduate Medical Education, 1997", by the Regulations which may be called the "Regulations on Graduate Medical Education (Amendment), 2019". Competency based curriculum of the Indian Medical Graduate programme has been implemented for MBBS course starting from academic year 2019-20 onwards. The Regulations have come into force since their publication in the Official Gazette on 4<sup>th</sup> November 2019.

Salient features of the sub-section on University Examinations of the Regulations on Graduate Medical Education (Amendment), 2019 regarding Theory examination (Reference: Gazette of India, BOARD OF GOVERNORS IN SUPER-SESSION OF MEDICAL COUNCIL OF INDIA AMENDMENT NOTIFICATION dated the 4<sup>th</sup> November, 2019, Chapter VI, sub-section 11.2)

Chapter VI of the Regulations on Graduate Medical Education (Amendment), 2019 deals with the Assessment under the Competency based curriculum, and the sub-section 11.2 deals with the University Examinations. It is mentioned that University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts in the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on a comprehensive basis to the extent possible.

Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answer Questions (SAQ) and objective type questions (e.g., Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the candidate must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.

The Third Professional Part II (Final Professional) examination in Gen Surgery shall be at the end of training (14 months including 2 months of electives). There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main exam. In Gen Surgery, there will be 2 theory papers of 100 marks each - total 200 marks. At least one question in each paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module). The disciplines of Allied Surgery (Orthopaedics, Anaesthesiology, Dentistry and Radiodiagnosis) will constitute 25% of the total theory marks incorporated as a separate section in paper II of General Surgery.

**Template for Theory examination paper**

There shall be Two theory papers with topic-wise distribution as per the syllabus approved by FMS, University of Delhi. Each paper of 100 marks to be as per the following template:

**Table-I: Template of Theory Paper-I of 100 marks**

Part	Type of question	Number of questions	Marks per question	Total marks	Total Time 180 [min]
A	MCQ	20 [Surgery]	1	20	20
B	LA	2 [Surgery]	10	20	40
C	SA	4 [Surgery]	5	20	40
D	SAQ*	4 [Surgery 3; AETCOM 1]	5	20	40
E	SAQ	4 [Surgery]	5	20	40
			<b>Total Mks</b>	<b>100</b>	

\* One SAQ of the Part D will be from AETCOM module

**Table-II: Template of theory paper-II of 100 marks**

Part	Type of question	Number of questions	Marks per question	Total marks	Time [min]
A	MCQ	20 [Dental 4; Rad. 6; Anes. 6; Ortho. 4]	1	20	20
B	LAQ	2 [Surgery]	10	20	30
C	SAQ	3 [Surgery]	5	15	30
D	SAQ*	3 [Surgery 2; AETCOM 1]	5	15	30
E	SAQ	3 [Ortho]	5	15	30
F	SAQ	3 [Ortho]	5	15	30
			<b>Total Mks</b>	<b>100</b>	

\* One SAQ of the Part D will be from AETCOM module

**Notes regarding the template for Theory examination paper**

- Each of the two theory papers will be of 100 marks each
- Duration of paper will be 3 hours (including maximum 20 minutes for the MCQs paper)
- Part A (MCQs) is to be attempted on the provided question paper itself.
- All the other parts are to be answered in separate answer-sheets.
- Part A question paper is to be detached and returned back after 20 minutes of the start of the examination.
- Learner is to write his/her roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.
- Only blue/black ink is to be used for attempting the paper including the MCQ section. Use of pencil is only allowed for diagram/graphs.

**MCQs:**

- Each of the 20 questions will be of single best answer type, where the learner is to indicate the single correct or best answer among the four given options.

- The MCQs can include questions on 'match-the-correct-options', 'correct sequence', clinical scenarios etc. but options to be worded as choosing single correct/best answer.
- Each question will have a stem of the question followed by four choices labelled as A, B, C and D.
- At the end of each MCQ, a square box will be provided where the learner is to indicate his/her answer by writing a single option (among A, B, C or D) within the square box.
- An option choice once indicated within the box is not allowed to be changed. Any scratching, scribbling, overwriting or change of the indicated choice within the box, will be considered as a wrong response.
- There shall be 1/4 negative marking for the incorrect answers for MCQs, and one mark will be awarded for each correctly answered MCQ.

#### Note on Long Answer Questions (LAQ)

- Each LAQ is to be framed with objective smaller sub-parts, indicating clearly marks for each sub-part.
- Each LAQ to preferably be divided into 2-4 sub-parts.
- All the sub-parts within one LAQ to preferably be linked by theme or topic, they should not be unrelated to each other.

#### Note on Short Answer Questions (SAQ)

- The SAQ can comprise of questions on writing short notes on specific topics, differences between two terms, drawing a schematic diagram etc.
- One SAQ within part D of each of the two theory papers will be from AETCOM topics.

#### Justification: Note on Distribution of marks in the Surgery Allied Subjects (Orthopaedics, Anaesthesia, Radiology, Dentistry):

- Ortho earlier 6[MCQ] + 2[SAQ] = 27/40; Now 4[MCQ] + 30[SAQ] = 34/50
- Anaesthesia earlier 10[MCQ] = 5/40; Now 6[MCQ] = 6/50
- Radiology earlier 10[MCQ] = 5/40; Now 6[MCQ] = 6/50
- Dental earlier 6[MCQ] = 3/40; Now 4[MCQ] = 4/50

#### Note on: Evaluation of Answer sheets (UCMS) :

- Examiner 1 Part A of Paper I & II
- Examiner 2 Paper I Part B + Paper II Part C
- Examiner 3 Paper I Part C + Paper II Part D
- Examiner 4 Paper I Part D
- Examiner 5 Paper I Part E
- Examiner 6 Paper II Part B
- Orthopaedics examiners Paper II Part E & F
- Subject to total 08 examiners (06 Surg+02 Ortho) Internal & External ratio: 1:1

DEPARTMENT OF SURGERY  
UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTB HOSPITAL  
LOGBOOK

Page No:

To be filled by the student		To be filled by the Teacher		
Sr.No &Date	Activity	Competency Number	Domain:K/S/A/C Level:K/KH/SH/P	Signature with date & Seal of the facilitator/ teacher

- If space is required, the student may continue to write into the next Row/Page.  
• Domain: K- Knowledge, S - Skill, A - Attitude - Professionalism, C- Communication, Level: K - Knows, KH - Knows How, SHH - Shows How, P- Performs Independently. Competency/No: Check from the list of General Surgery Competencies

INSTRUCTIONS: Students will be solely responsible for properly maintaining their Surgery Logbook by logging in their daily record as per NMC GRF 2019 requirements (as larger and from 1st June), on real time daily basis & get it verified/counter signed by the responsible faculty of the respective Surgery Unit without exception. In case of loss of the Logbook or other significant lapse will be accepted. Ward Working assessment/attendance will be deemed incomplete without Logbook Record.

## TIME ALLOTMENT FOR GENERAL SURGERY AND ALLIED

	From	To	Lectures (40 hours)	Clinical Posting (32 weeks)
Phase 2nd	October	August	General Surgery 25	General Surgery 4
				Orthopedics 2
				Radiodiagnosis 2
Phase 3rd	October	September	General Surgery 65	General Surgery 4
			Orthopedics 40	Orthopedics 4
			Radiodiagnosis 20	Dentistry 1
			Anesthesiology 20	Anesthesiology 1
Phase 4th	November	December	Electives 200	Electives 4
	January	December		
			General Surgery 210	General Surgery 8
			Orthopedics 50	General Surgery 4
				Orthopedics 2

## THEORY INTERNAL ASSESSMENT

	From	To	Theory Assessment	Theory Assessment	Weightage in IA (Theory) [80%]	Logbook (Theory) [20%]
Phase 2nd	October	August	Term Test 1 [100]	Term Test 2 [100]	25/430x80=6%	25/430x20=1%
			General Surgery [100]	General Surgery [100]		General Surgery [100]
Phase 3rd	October	September	Term Test 3 [100]	Term Test 4 [100]	145/430x80=27%	145/430x20=7%
			General Surgery [70]	General Surgery [21]		General Surgery [44]
			Orthopedics [30]	Orthopedics [25]		Orthopedics [28]
				Radiodiagnosis [27]		Radiodiagnosis [14]
				Anesthesiology [27]		Anesthesiology [14]
Phase 4th	November	December				
	January	December	Term Test 5 [100]	Term Test 6 [Sent Up] [100]	260/430x80=47%	260/430x20=12%
			General Surgery [81]	General Surgery [81]		General Surgery [81]



Orthopedics [19]

Orthopedics [19]

Orthopedics [19]

## CLINICAL POSTING INTERNAL ASSESSMENT

	From	To	Clinical Posting Assessment	Sent Up	Weightage in IA [Practical] [80%]	Logbook [Clinical Posting] [20%]
Phase 2nd	2nd Prof	October	CP1 [100]		8/32x80=20%	8/32x20=5%
			General Surgery [50]			General Surgery [50]
			Orthopedics [25]			Orthopedics [25]
			Radiodiagnosis [25]			Radiodiagnosis [25]
Phase 3rd	3rd Prof Part I	October	CP2 [100]		10/32x80=25%	10/32x20=6.25%
			General Surgery [40]			General Surgery [40]
			Orthopedics [40]			Orthopedics [40]
			Dentistry [10]			Dentistry [10]
			Anesthesiology [10]			Anesthesiology [10]
Phase 4th	Electives	November				
	3rd Prof Part II	January	CP3 [100]	CP4 [Sent Up] [100]	14/32x80=35%	14/32x20=8.75%
		December	General Surgery [60]	General Surgery [65]		General Surgery [65]
			General Surgery [25]	Orthopedics [14]		Orthopedics [14]
			Orthopedics [15]			

## CALCULATION OF INTERNAL ASSESSMENT

1. Internal Assessment Theory [Maximum 80] = Term Test [3+4]x27/100 Plus Term Test [5+6]x47/100
2. Logbook Theory [Maximum 20] = Logbook Phase 3 [Theory]x7/100 Plus Logbook Phase 4 [Theory]x12/100
3. Internal Assessment Practical [Maximum 80] = CP1x30/100 Plus CP2x25/100 Plus CP3+CP4x35/100
4. Logbook CP [Maximum 20] = Logbook Phase 2 [CP]x5/100 Plus Logbook Phase 3 [CP]x6.25/100 Plus Logbook Phase 4 [CP]x8.75/100

Note:

- (i) The weight age to be given to electives to be decided later, depending on the department where the elective posting is done.
- (ii) There is no prescribed time for Dentistry Theory.