



B.L.D.E. UNIVERSITY

[Declared as Deemed-to-be-University u/s 3 of UGC Act, 1956 vide Government of India Notification No. F.9-37/2007-U.3(A)]

The Constituent College

SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE

VIJAYAPURA

Department of Ophthalmology

11th BOS Meeting

Date: 27/02/2016

11th BoS meeting was held on 27/02/2016 in the University premises. Following members attended the meeting

Dr. Vallabha.k

Dr. Sunil. Biradar

Dr. Raghvendra. Ijeri

Dr. Rekha. Mudhol (External Member)

Minutes of Meeting:

Agenda:

1. Curriculum of Allied courses
2. **Review of the UG and P.G. Degree curriculum**

Review of the U.G. Degree curriculum

U.G. curriculum changes suggested by the members were considered and final draft was sent for curricular committee. (ANNEXURE I)

Review of the P.G. Degree curriculum

Inputs from External Members: Objective of the P.G. curriculum can be reduced.

The main agenda of the meeting was discussion on review of the PG degree curriculum.

The changes and additions made in the curriculum were discussed. External member felt that

Objective of the P.G. curriculum can be reduced. Chairman BOS explained in the meeting

Smt. Bangaramma Sajjan Campus, Sholapur Road, Vijayapur – 586103, Karnataka, India.

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some additions were made in the curriculum like adding new chapters like genetics in Ophthalmology, UBM & OCT.

Some essential surgical skills like Anastasia blocks no surgeons to be performed by the post graduates are increase. Post gradates posting to Anatomy, Pathology, Microbiology, Anesthesia Department. Casualty and plastic surgery was discussed.

Members opined that group discussion, Integrated teaching and lectures are to be included in the curriculum.

There was also Universal consensus on increasing practical marks to 400 from 300.

The result of U.G.(2016 exam appear) were analysed. There is slight drop in % passing compare to previous batch.


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(ANNEXURE I) MBBS Curriculum

	Examination skills		
1	2. Color vision test	Able to perform under guidance	Able to perform independently
2	15. Instillation/ ointment	Able to perform under guidance	Able to perform independently
3	16. Irrigation of conjunctiva	Able to perform under guidance	Able to perform independently
4	17. Applying an eye patching	Observe	Able to perform independently
5	18. Epilation of cilia	Observe	Able to perform independently
6	28. Tarsorrhaphy	Observe	Assist
7	30. Assessment of opacity in the media	Able to perform independently	Able to perform under guidance
	Course Content		
8	3. Pharmacology		Added - Anti-VEGF, Anti- metabolite : Mitomycin-C, 5 Fluorouracil, cyclosporine-A
	Disease of the Eye		
9	CONJUNCTIVA	<u>Desirable to know:</u> <u>Pseudomembranous</u> <u>conjunctivitis, Conjunctival</u> <u>tumours.</u>	<u>Nice to Know:</u> <u>Pseudomembranous</u> <u>conjunctivitis, Conjunctival</u> <u>tumours.</u>
10	Cornea	<u>Desirable TO KNOW :</u> Degenerations and dystrophies of cornea,	<u>NICE TO KNOW:</u> Degenerations and dystrophies of cornea,
11	Sclera		<u>Added : NICE TO KNOW :</u> <u>Staphyloma & its classification</u>
12	Uveal Tract	<u>Desirable TO KNOW</u> :Degenerative changes in the tract, Congenital anomalies- coloboma of Iris and Choroid.	<u>NICE TO KNOW</u> :Degenerative changes in the tract, Congenital anomalies- coloboma of Iris and Choroid.
13	Lens		<u>Added : NICE TO KNOW :</u> <u>New IOLs, Phakonit, LASER</u> <u>cataract surgery.</u>
14	Vitreous		<u>Added : NICE TO KNOW :</u> <u>Vitreotomy and its indication.</u>
15	Glaucoma	<u>Desirable to know :</u> Goniotomy,	<u>NICE TO KNOW: Goniotomy,</u> Trabeculectomy, Filtering

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		Trabeculectomy, Filtering surgeries, Glaucoma drainage devices.	surgeries, Glaucoma drainage devices.
16	Retina	Desirable to know : Phacomatosis	<u>NICE TO KNOW : CSR, ARMD,</u> Phacomatosis.
17	Optic Nerve		Added : Nice to know : Hereditary Optic atrophy.
18	10. Intraocular Tumour	Retinoblastoma- Clinical features and treatment, differential diagnosis of leucocoria Malignant melanoma – Clinical features and treatment.	Retinoblastoma- <u>Classification and Histopathology</u> , Clinical features and treatment, differential diagnosis of leucocoria Malignant melanoma – <u>Classification and Histopathology</u> . Clinical features and treatment.
19	Squint		Added : Nice to know : Paralytic Squint
	REFRACTIVE ERRORS		Added : <u>NICE TO KNOW</u> <u>LASIK, PRK</u>
20	17. Ophthalmic Surgery		Added - Chalazion surgery, Pterygium surgeries, Entropion correction, ectropion correction, Dacrocystorhinostomy
21	18. Community Ophthalmology	Definition and types of blindness. Causes of blindness	Definition, types and causes of blindness.
22	19. Miscellaneous		Added – Adverse Drug Reaction
23	Innovative Teaching		<u>Added: Seminar (Symposium), integrated teaching, field visit demonstration will be conducted.</u> Removed : MCQ and seminars will conducted for fast learners..
	Scheme of Examination		
24	Internal Assessment: theory		<u>Added: One MCQ test will be conducted as the evaluation test.</u>
25	Internal Assessment: clinical	Clinical : 20 marks	<u>Practical : 15 marks</u> <u>Journal/Procedure/skills/Log book</u>

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			: 5 marks
26	Internal Assessment: clinical	One of the clinical examination can be OSCE.	One of the clinical examination shall be OSCE.
27	Viva Voice		<u>Added : Instruments(5 marks), optics & refraction(5 marks), Drugs(5 marks), Genral/Community ophthalmology(5 marks).</u>
	Teaching schedule and hours allotted		
28	Teaching schedule and hours allotted	Lectures (30x1 hr)	Lectures (32x1 hr)
29	Teaching schedule and hours allotted	Tutorials (20x3hrs)	Tutorials (24x2hrs)
30	Teaching schedule and hours allotted		Heading added : Integrated teaching (10 hrs)
31	16 & 17. Miscellaneous		16 & 17 points merged
32	16. Miscellaneous	c)Ocular Pharmacology	<u>c)Ocular Pharmacology & Adverse Drug Reaction</u>
33	Total	Total : 30+60+10	Total : 32+48+10+10
34	*Integrated teaching		Added : *Integrated teaching table added with topics.
	Textbook of Ophthalmology		
35	1.Parsons Disease of the eye	21 st Ed	<u>22nd Ed 2015</u>
36	2. Textbook of ophthalmology by Khurana	Textbook of ophthalmology by Khurana, 5 th ED 2012 published by new age international P.Ltd	<u>Comprehensive Ophthalmology by A K Khurana, 6thEd 2015published by Jaypee Brothers Medical Publishers</u>
37	3. Clinical ophthalmology	Clinical ophthalmology by Kanski, 7 th Ed Published by Elsevier.	<u>Clinical ophthalmology A systemic approach by Kanski, 8th Ed 2016 Published by Elsevier.</u>
38	Systemic Ophthalmology by Kanski		Removed

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PG Curriculum changes

Sl.no	Content	Existing	Changes made
1	Goals	-	-
2	Objective		2 points added - No 4 & 5
	iv. Be aware of his or her own limitations to the application of the specialty in situations which warrant referral to major centre's or individuals more qualified to treat v. Contribute as an individual/or in a group of institution towards the fulfillment of national objectives with regard to prevention of blindness		
3	Course Content		
	1) Basic Sciences		No.6 Genetics, added
	2) Essential Diagnostic skills		
	Dry eye evaluation		Lisamine green staining, added
	Use and evaluation of Ophthalmic ultrasound		UBM, added
			OCT : usage and interpretation added in essential diagnostic skills, added
	3) Essential Surgical skills		
	- Operation theatre: Anaesthesia		
	Retrobulbar anaesthesia	PA : 20 , PI : 40	PA : 10 , PI : 10
	Peribulbar anaesthesia	PI : 20	PI : 50
	Facial Block	* O 'Brein (PA : - , PI : 5), Atkinson, Van lint and modification	* O 'Brein (PA : 5 , PI : 5), Atkinson and Van Lint Deleted
			General anaeshtesia (O : 5) added
	Operation theatre: sac surgery		Endonasal DCR (O : 5) added
	-First Year		
	Theoretical Knowledge		d. Student should be posted in basic department (Anatomy, Pathology & Microbiology) for 10 days each, added
	Surgery :		
		iv. Assisting for squint surgery v. assisting for lid surgery. Tarsoraphy	iv & v, Shifted to 2 nd year curriculum

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		should be performed independently as also the simpler oculoplastic procedures.	
	Cataract surgery	ii. At the end of first year, the student should be able to do standard extracapsular cataract extraction at least under guidance	ii., shifted to 2 nd year curriculum
			Points added : a. Wet lab: Practice steps of cataract surgery on Kitaro set and on goat eyes. viii. Skills Lab: practicing procedure on mannequin. ix. Suturing Technique
	Second year		
	Surgical skill	a. At the end of the second year, the student should capable of operating without assistance, but under supervision, all varieties of cataract except congenital cataract. He / She should also know the management of cataract induced complications and cataract surgical complications (management of vitreous loss)	a. At the end of the second year, the student should capable of operating without assistance, but under supervision, all varieties of cataract (standard ECCE & SICS) except congenital cataract. He / She should also know the management of cataract induced complications and cataract surgical complications (management of vitreous loss)
			Points added: f. Assisting for squint surgery g. Assisting for lid surgery. Tarsorrhaphy should be performed independently and

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			also the simpler oculoplastic procedures.
	Rotation and sub-speciality training	Rotation and sub speciality training - Student could be deputed for a month or two in sub speciality training like oculo plasty, VR surgery etc. where these facilities are existing.	Rotation and sub speciality training - Student could be deputed for a month or two in sub speciality training like <u>Plastic surgery, Anaeshtesia (10 days), Casualty and trauma care centre (10 days)</u> , where these facilities are existing.
	Third year		
	Surgical skill		Point added : e. Student should be able to do Phacoemulsification steps.
4	Teaching-Learning Methods		
	5. Group Discussion: (Point added)		Group discussion should be held once a week.
	10. Lectures		a. Lectures to be conducted once a week. (point added)
5	Formative Assesment		
			1) OSCE to be conducted anually 2) Theory exam to be conducted annually 3) Log book assessment twice yearly
6	Suggested changes in summative assesment		
		Title of the Theory Paper with Content	Title of the Theory Paper with Content (<u>Each Paper 10 Questions 10 marks each</u>)
	Paper 1		Genetics (added)
	Clinical examination		
	Total marks	200 marks	300 marks
	Long case	75 x 1 = 75	100 x 1 = 100
	-Duration	45 minutes – 1 hour	1 hour

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	-Marks	75	100
	Short cases	25 x 2 = 50 a. Two short cases of 25 marks each	40 x 2 = 80 a. Two short cases of 40 marks each
	Fundus cases	2 x 25 = 50 b. Duration: 10 minutes – 15 minutes each c. Marks: 25 marks each	40 x 2 = 80 b. Duration: 15 minutes each c. Marks: 40 marks each
	Refraction	25 x 1 = 25 a. One refraction case of 25 marks	40 x 1 = 40 a. One refraction case of 40 marks
	Maximum Marks		
	Practical	200	300
	Grand Total	700	800

Professor & H O D
Department of Ophthalmology
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Shri B.M. Patil Medical College
Hospital & Research Centre,
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