



BLDE **(DEEMED TO BE UNIVERSITY)**

Competency Based Medical Education **(CBME)**

PG CURRICULUM **2019-20** **MS Orthopaedics**

Published by

BLDE

(DEEMED TO BE UNIVERSITY)

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA

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BLDE(DU)/REG/PG-Curr/2019-20/268

May 06, 2019

NOTIFICATION

Sub: **Competency Based Medical Education (CBME) based Revision of Post Graduate Curriculum**

- Ref: 1. Medical Council of India Regulation on Graduate Medical Education, 1997 and subsequent amendments of the same from time to time.
2. Minutes of the 28th meeting Academic Council of the University held on April 26, 2019.
3. Minutes of the 47th meeting Board of Management held on May 04, 2019.

The Board of Management of the University is pleased to approve the CBME based Revised Curriculum for Post Graduate Degree Course at in its 47th meeting held on May 04, 2019.

The Revised Curriculum shall be effective, from the Academic Session 2020-21 onwards, for Post Graduate Degree Course in the Constituent College of the University viz. Shri B. M. Patil Medical College, Hospital and Research Centre, Vijayapura.

REGISTRAR
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BLDE (Deemed to be University)
Vijayapura-586103, Karnataka.

To,

The Dean, Faculty of Medicine and Principal
Shri B. M. Patil Medical College,
Hospital and Research Centre,
Vijayapura

Copy to:

- The Secretary, UGC, New Delhi
- The Secretary, MCI
- The Controller of Examinations
- The Vice Principal
- The Vice Principal (Academics)
- The Prof. & HODs Pre, Para and Clinical Departments
- The Co-ordinator, IQAC
- PS to the Hon'ble Chancellor
- PS to the Hon'ble Vice-Chancellor

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

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Our Vision

“To be a Leader and be recognized as an Institution striving for maintenance and enhancement of Quality Medical Education and Healthcare”

Our Mission

- To be committed to promote sustainable development of higher education including Health science education, consistent with the statutory and regulatory requirements.
- Reflect the needs of changing technology and make use of the academic autonomy to identify the academic programs that are dynamic.
- Adopt global concepts in education in the healthcare sector.

Section - I

**Goals and General Objectives of Postgraduate
Medical Education Program**

Goal

The goal of postgraduate medical education shall be to produce a competent specialist and / or a medical teacher as stated in the Post Graduate Medical Education Regulations 2000 and its amendments thereof [May2018]

- (i) Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy.
- (ii) Who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.
- (iii) Who shall be aware of the contemporary advances and developments in the discipline concerned.
- (iv) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology, and
- (v) Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

General Objectives

At the end of the postgraduate training in the discipline concerned the student shall be able to:

- (i) Recognize the importance of the concerned specialty in the context of the health need of the community and the national priorities in the health sector.
- (ii) Practice the specialty concerned ethically and in step with the principles of primary health care.
- (iii) Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- (iv) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures/strategies.
- (v) Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- (vi) Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
- (vii) Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
- (viii) Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.

- (ix) Play the assigned role in the implementation of national health programs, effectively and responsibly.
- (x) Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- (xi) Develop skills as a self-directed learner; recognize continuing educational needs, select and use appropriate learning resources.
- (xii) Demonstrate competence in basic concept of research methodology and epidemiology, and be able to critically analyse relevant published research literature.
- (xiii) Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- (xiv) Function as an effective leader of a team engaged in health care, research or training.

Statement of the Competencies

Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies, which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the program so that he or she can direct the efforts towards the attainment of these competencies.

Components of the PG Curriculum

The major components of the PG curriculum shall be:

- Theoretical knowledge
- Practical/clinical Skills
- Training in writing thesis/research articles
- Attitudes, including communication.
- Training in research methodology, medical ethics & medicolegal aspects
- Teaching skills to the undergraduates, juniors and support teams

Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2000. [amended upto May 2018]

Eligibility for Admission:

1. Post graduate degree course:

The candidate seeking admission should have passed MBBS from a college recognized by Medical Council of India.

As per requisites of statutory bodies & as laid out in Post graduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test

conducted by competent authority shall be as per MCI regulations & its amendments as applicable time to time.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

Candidates seeking admission to superspeciality [M.Ch]

The candidate seeking admission to superspeciality course should have passed MS/MD in concerned subjects (As per MCI regulations & its amendments thereof) or passed DNB in concerned broad specialities & should fulfill requirements of MCI regulations.

2. As per requisites of statutory bodies & as laid out in Post graduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test conducted by competent authority shall be as per MCI regulations & its amendments as applicable time to time.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

The MCI norms to qualify for Admissions

Candidates seeking admission to these Post Graduate Degree courses should have passed M.B.B.S. recognized by Medical Council of India or equivalent qualification and should have obtained permanent Registration from the Medical Council of India or any of the State/ Medical council or candidate should register the same within one month from the date of admission, failing which the admission of the candidate shall be cancelled. Provided that in the case of a foreign national, the MCI may on the payment of prescribed fee for the registration, grant temporary registration for the duration of post graduate training restricted to the medical college/ institute to which the applicant is admitted for the time being exclusively for post graduate studies; provided further, that temporary registration to such foreign national shall be subjected to the condition that such person is duly registered with appropriate registering authority in his /her country wherefrom he has obtained his basic medical qualification ,and is duly recognized by the corresponding Medical Council or concerned authority.

If the candidate fails to fulfill the relevant eligibility requirements as mentioned above he/she will not be considered eligible for admission for Medical Postgraduate Degree Courses even if he/she is placed in the merit list of statutory authority and BLDE (Deemed to be University).

Obtaining Eligibility Certificate by the University before making Admission

Candidate shall not be admitted for any postgraduate degree course unless he/she has obtained and produced the eligibility certificate used by the University. The candidate has to make an application to the University with the following documents along with the prescribed fee:

1. MBBS pass/degree certificate issued by the University.
2. Marks cards of all the university examinations passed MBBS course.
3. Attempt Certificate issued by the Principal
4. Certificate regarding the recognition of the Medical College by the Medical Council of India.
5. Completion of internship certificate.
6. In case internship was done in a non-teaching hospital, a certificate from the Medical Council of India that the hospital has been recognized for internship.
7. Registration by any State Medical council and
8. Proof of SC/ST or OBC or physically handicapped status, as the case may be.

In addition to the above mentioned documents, candidate applying for admission to superspeciality courses has to produce degree/pass certificate of MD/MS/DNB degree with prescribed fee.

Intake of Students

The intake of students to each course shall be in accordance with the ordinance in this behalf.

Course Duration

- a. M.D. / M.S. Degree Courses:

The course of study shall be for a period of 3 completed years including examinations. (MCI PG REG 2000 10:1)

- b. D.M/M Ch Degree Courses; (MCI PG REG 2000, 10:2)

The duration of these courses shall be for a period of 3 completed years including examinations.

Training Method

The postgraduate training for degree shall be of residency pattern. The post graduate shall be trained with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational process is essential. Every candidate should take part in seminars, group discussions grand rounds, case

demonstration, clinics, journal review meetings, CPC and clinical meetings. Every candidate should be required to participate in the teaching and training program of undergraduate students. Training should include involvement in laboratory and experimental work, and research studies. Basic medical sciences students should be posted to allied and relevant clinical departments or institutions. Exposure to applied aspects of their learning should be addressed. Similarly, clinical subjects' students should be posted to basic medical sciences and allied specialty departments or institutions.

Training of superspeciality [M.Ch] should follow similar pattern. In addition, they have to be trained in advanced techniques of diagnosis and treatment pertaining to their specialty, participate actively in surgical operations as well.

Attendance, Progress and Conduct

A candidate pursuing degree course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course

Each year shall be taken as a unit for the purpose of calculating attendance. Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons. Every Candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate course. This shall include assignments, assessment of full time responsibilities and participation in all facets of educational process. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year. Leave benefits shall be as per university rules.

A post graduate student pursuing degree course in broad specialties, MD, MS and superspeciality courses DM, M.Ch would be required to present one poster presentation, read one paper in national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him/her to be eligible to appear at the university degree examinations. (MCI, PG 2000, 13.9)

Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.

Monitoring Progress of Studies

The learning process of students should be monitored through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment done by using checklists that assess various aspects.

The learning outcomes to be assessed include:

- Personal Attitudes,
- Acquisition of Knowledge,
- Clinical and operative skills, skills of performing necessary tests/experiments
- Teaching skills.
- Documentation skills

Personal Attitudes:

The essential items are:

- Caring attitude, empathy
- Initiative in work and accepting responsibilities
- Organizational ability
- Potential to cope with stressful situations and undertake graded responsibility
- Trust worthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationships with patients and colleagues
- Ability to work in team
- A critical enquiring approach to the acquisition of knowledge

The Methods used mainly consist of observation. Any appropriate methods can be used to assess these. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers. However every attempt should be made to minimize subjectivity.

Acquisition of Knowledge:

Lectures: Lectures/theory classes as necessary may be conducted. It is preferable to have one class per week if possible. They may, be employed for teaching certain topics. Lectures may be didactic or integrated.

The following selected common topics for post graduate students of all specialties to be covered are suggested here. These topics can be addressed in general with appropriate teaching-learning methods centrally or at departmental level.

- History of medicine with special reference to ancient Indian medicine
- Basics of health economics and health insurance
- Medical sociology, Doctor –Patient relationship, role of family in disease
- Professionalism & Medical code of Conduct and Medical Ethics
- Research Methods, Bio-statistics
- Use of library, literature search ,use of various software and databases

- Responsible conduct of research
- How to write an article, publication ethics and Plagiarism
- Journal review and evidence based medicine
- Use of computers & Appropriate use of AV aids
- Rational drug therapy
- National Health and Disease Control Programmes
- Roles of specialist in system based practice
- Communication skills.
- Bio medical waste management
- Patient safety, medical errors and health hazards
- Patient's rights for health information and patient charter.

These topics may preferably taken up in the first few weeks of the 1st year commonly for all new postgraduates and later in 2nd year or 3rd year as required during their progression of the programme. The specialty wise topics can be planned and conducted at departmental level.

- a) Integrated teaching: These are recommended to be taken by multidisciplinary teams for selected topics, eg. Jaundice, Diabetes mellitus, thyroid diseases etc. They should be planned well in advance and conducted.

Journal Review Meeting (Journal club):

The ability to do literature search, in depth study, presentation skills, use of audio – visual aids, understanding and applying evidence based medicine are to be focused and assessed. The assessment is made by faculty members and peers attending the meeting using a checklist

Seminars / symposia:

The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio – visual aids are to be assessed using a checklist.

Clinico-Pathological conferences:

This should be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.

Medical Audit: Periodic morbidity and mortality meeting be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

Clinical Skills: Day to Day Work: Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills

Clinical Meetings:

Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list.

Group discussions: Group discussions are one of the means to train and assess the student's ability to analyse the given problem or situation, apply the knowledge and make appropriate decisions. This method can be adopted to train and assess the competency of students in analyzing and applying knowledge.

Death review meetings/Mortality meetings: Death review meetings is important method for reflective learning. A well conducted morbidity and mortality meetings bring about significant reduction in complications, improve patient care and hospital services. They also address system related issues. Monthly meetings should be conducted with active participation of faculty and students. Combined death review meetings may be required wherever necessary.

Clinical and Procedural Skills:

The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book.

Teaching Skills:

Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students

Attitude and Communication skills:

Candidates should be trained in proper communication skills towards interaction and communication with patients, attendees and society in general. There should be appropriate training in obtaining proper written informed consent, discussion and documentation of the proceedings. Structured training in various areas like consent, briefing regarding progress and breaking bad news are essential in developing competencies.

Variety of teaching –learning methods like Role play, video based training, standardized patient scenarios, reflective learning and assisting the team leader in all these areas will improve the skills. Assessment can be done using OSCE simulated scenarios and narratives or any appropriate means. Training to work as team member, lead the team whenever situation demands is essential. Mock drills to train and assess the readiness are very helpful.

Work diary / Log Book:

Every candidate shall maintain a Work Diary/Log Book and record his/her participation in the training programs conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, conducted by the candidate. A well written and validated Log Book reflects the competencies attained by the learner and points to the gap which needs address. This Log Book shall be scrutinized by concerned teachers periodically and certified, by the Head of Department and Head of the Institution, and presented during University Practical / Clinical examination.

Periodic tests:

In case of degree courses of three years duration (MD/MS, DM, M.Ch), the concerned departments may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical and viva voce. One of these practical/clinical tests should be conducted by OSPE (objective structured practical examination or OSCE (objective structured clinical examination) method. Records and marks obtained in such tests will be maintained by the Head of Department and sent to the University, when called for,

Assessment

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

FORMATIVE ASSESSMENT, ie., assessment during the training would include:

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

General Principles

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

Quarterly assessment during the Postgraduate training course should be based on following educational activities:

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

Records: Records and marks obtained in tests will be maintained by the Head of the Departments and will be made available to the University or MCI.

Procedure for defaulter:

Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

Dissertation: Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognized post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.

The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis and comparison of results and drawing conclusions.

Every candidate shall submit to the Registrar (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.

Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation shall be written under the following headings:

1. Introduction
2. Aims or Objectives of study
3. Review of Literature
4. Material and Methods
5. Results

6. Discussion
7. Conclusion
8. Summary
9. References
10. Tables
11. Annexure

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

Adequate number of copies as per norms and a soft copy of dissertation thus prepared shall be submitted to the Controller of Examinations six months before final examination or before the dates notified by the University.

The dissertation shall be valued by examiners appointed by the university. Acceptance of dissertation work is an essential precondition for a candidate to appear in the University examination.

Guide:

The academic qualification and teaching experience required for recognition by this University as a guide for dissertation work is as per Medical Council of India Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 and its amendments thereof. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least five years teaching experience as Lecturer or Assistant Professor gained after obtaining post graduate degree shall be recognized as post graduate teachers.

A Co-guide may be included provided the work requires substantial contribution from a sister department or from another medical institution recognized for teaching/training by this University / Medical Council of India. The co-guide shall be a recognized post graduate teacher of BLDE (Deemed to be University).

Change of guide:

In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the University.

Schedule of Examination:

The examination for M.D. /M.S and DM/M.Ch courses shall be held at the end of three academic years. The university shall conduct two examinations in a year at an interval of four to six months between the two examinations. Not more than two examinations shall be conducted in an academic year.

Scheme of Examination

M.D. /M.S. Degree

M.D. / M.S. Degree examinations in any subject shall consist of dissertation, written papers (Theory), Practical/Clinical and Viva Voce.

Dissertation:

Every candidate shall carryout work and submit a Dissertation as indicated above. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

Written Examination (Theory):

Written examination shall consist of **four** question papers, each of **three** hours duration. Each paper shall carry 100 marks. Out of the **four** papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences and 4th paper on Recent advances, which may be asked in any or all the papers. In basic medical subjects and para-clinical -subjects, questions on applied clinical aspects should also be asked.

Practical / Clinical Examination:

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases minimum. However additional assessment methods can be adopted which will test the necessary competencies reasonably well.

The total marks for Practical / Clinical examination shall be 300.

Viva Voce:

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

Examiners:

There shall be at least four examiners in each subject. Out of them two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for pass & distinction: Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical/clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination and Viva Voce: vide MCI pg 2000 Reg no 14(4) (Ciii)

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

Distinction will not be awarded for candidates passing the examination in more than one attempt.

D.M/M.Ch Degree

DM/M.Ch Degree examinations in any subject shall consist of written theory papers (theory), practical/clinical and Viva voce.

Written Examination (Theory):

Written examination shall consist of **four** question papers, each of **three** hours duration. Each paper shall carry 100 marks. Out of the **four** papers, the 1st paper in clinical subjects will be on applied aspects of basic medical sciences. Recent advances may be asked in any or all the papers. In basic medical subjects and para-clinical -subjects, questions on applied clinical aspects should also be asked.

Practical / Clinical Examination:

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills, competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The total marks for Practical / clinical examination shall be 300.

Viva Voce:

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

Examiners: There shall be at least four examiners in each subject. Out of them two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for passing and distinction: Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination vide: MCI pg 2000 Reg no 144-c (iii).

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

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Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

Distinction will not be awarded for candidates passing the examination in more than one attempt.

Number of candidates per day: The maximum number of candidates for practical / clinical and viva-voce examination shall be as under:

- MD / MS Courses: Maximum of 8 per day
- DM/M.Ch Maximum of 3 per day

Additional annexure to be included in all curricula

Postgraduate Students Appraisal Form
Pre/Para/Clinical Disciplines

Name of Department/Unit :
Name of the PG Student :
Period of Training : FROM..... TO.....

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

Publications Yes/No

Remarks*
.....
.....
.....

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

SIGNATURE OF ASSESSEE

SIGNATURE OF GUIDE

SIGNATURE OF HOD

SIGNATURE OF UNIT CHIEF

SECTION II

M.S ORTHOPAEDICS

Goal:

The postgraduate course M.S. (Orthopedics) should enable a medical graduate to become a competent specialist, acquire knowledge and skills in educational technology for teaching medical, and health sciences and conduct research in bio-medical science.

GENERAL COMPETENCY STATEMENT

- i) Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- ii) Who shall have mastered most of the competencies, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- iii) Who shall be aware of the contemporary advances and developments in orthopedics;
- iv) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- v) Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.
- vi) Continue to evince keen interest in continuing surgical education irrespective of whether he is in a teaching institution or is a practicing surgeon.
- vii) Who shall have clear communication skills.

SUBJECT SPECIFIC LEARNING OBJECTIVES

- This will be dealt with under the following headings:
- Theoretical knowledge (Cognitive domain)
- Practical and clinical skills (psychomotor domain)
- Attitudes including communication skills (Affective domain)
- Writing thesis / Reviewing Research activities (Scholarly activity)
- Training in Research Methodology (Practice based learning, Evidence based practice)
- Professionalism
- Teaching skills

SUBJECT SPECIFIC COMPETENCIES

A. Cognitive domain

At the end of the M.S. Orthopaedics programme, the post graduate student should be able to:

1. Demonstrate sufficient understanding of the basic sciences relevant to orthopaedic speciality through a problem based approach.

2. Describe the Principles of injury, its mechanism and mode, its clinical presentation, plan and interpret the appropriate investigations, and institute the management of musculoskeletal injuries.
3. Identify and describe the surface anatomy and relationships between the various bones, joints, ligaments, major arteries, veins and nerves of the musculoskeletal system of the spine, upper limb, lower limb and the pelvis, chest, abdomen and head & neck.
4. Define and describe the pathophysiology of shock (circulatory failure).
5. Define and describe the pathophysiology of Respiratory failure
6. Describe the principles and stages of bone and soft tissue healing
7. Understand and describe the metabolic, nutritional, endocrine, social impacts of trauma and critical illness.
8. Enumerate, classify and describe the various bony/soft tissue injuries affecting the axial and appendicular skeletal system in adults and children.
9. Describe the principles of internal and external fixation for stabilization of bone and joint injuries.
10. Describe the mechanism of homeostasis, fibrinolysis and methods to control haemorrhage
11. Describe the physiological coagulation cascade and its abnormalities
12. Describe the pharmacokinetics and dynamics of drug metabolism and excretion of analgesics, anti inflammatory drugs, antibiotics, disease modifying agents and chemotherapeutic agents.
13. Understanding of biostatistics and research methodology
14. Describe the clinical presentation, plan and interpret investigations, institute management and prevention of the following disease conditions
 - a. Nutritional deficiency diseases affecting the bones and joints
 - b. Deposition arthropathies
 - c. Endocrine abnormalities of the musculoskeletal system
 - d. Metabolic abnormalities of the musculoskeletal system
 - e. Congenital anomalies of the musculoskeletal system
 - f. Developmental skeletal disorder of the musculoskeletal system
15. Describe the pathogenesis, clinical features plan and interpret investigations and institute the management in adults and children in
 - a. Tubercular infections of bone and joints (musculoskeletal system)
 - b. Pyogenic infections of musculoskeletal system
 - c. Mycotic infections of musculoskeletal system
 - d. Autoimmune disorders of the musculoskeletal system
 - e. Rheumatoid arthritis, Ankylosing spondylitis, seronegative arthropathy
 - f. Osteoarthrosis and spondylosis

16. Describe the pathogenesis, clinical presentation, plan and interpret investigations and institute appropriate treatment in the following conditions:
 - a. Post polio residual paralysis
 - b. Cerebral palsy
 - c. Muscular dystrophies and myopathies
 - d. Nerve Injuries
 - e. Entrapment neuropathies
17. Identify the diagnosis and describe management of musculoskeletal manifestation of AIDS and HIV infection
18. Describe the aetiopathogenesis, identify, plan and interpret investigation and institute the management of osteonecrosis of bones.
19. Identify situations requiring rehabilitation services and prescribe suitable orthotic and prosthetic appliances and act as a member of the team providing rehabilitation care
20. Identify a problem, prepare a research protocol, conduct a study, record observations, analyse data, interpret the results, discuss and disseminate the findings.
21. Identify and manage emergency situation in disorders of musculoskeletal system
22. Understanding of the basics of diagnostic imaging in orthopaedics like:
 - a. Plain x-ray
 - b. Ultrasonography
 - c. Computerised axial tomography
 - d. Magnetic resonance imaging
 - e. PET scan
 - f. Radio Isotope bone scan
 - g. Digital Subtraction Angiography (DSA)
 - h. Dual energy x-ray Absorptiometry
 - i. Arthrography
23. Describe the aetiopathogenesis, clinical presentation, Identification, Plan investigation and institute treatment for oncologic problems of musculoskeletal system both benign and malignant, primary and secondary.
24. Understand the basics, principles of biomaterials and orthopaedic metallurgy
25. Describe the principles of normal and abnormal gait and understand the biomedical principles of posture and replacement surgeries.
26. Describe social, economic, environmental, biological and emotional determinants of health in a given patient with a musculoskeletal problem.

B. Affective Domain:

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.

2. Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
3. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

Attitudes including Communication skills and Professionalism

a. Communication skills:

- Exhibits participation in honest, accurate health related information sharing in a sensitive and suitable manner
 - Recognizes that being a good communicator is essential to practice effectively
 - Exhibits effective and sensitive listening skills
 - Recognises the importance and timing of breaking bad news and knows how to communicate
 - Exhibits participation in discussion of emotional issues
 - Exhibits leadership in handling complex and advanced communication
 - Recognizes the importance of patient confidentiality and the conflict between confidentiality and disclosure
 - Able to establish rapport in therapeutic bonding with patients, relatives and other stakeholders through appropriate communication
 - Able to obtain comprehensive and relevant history from patients/relatives
 - Able to counsel patients on their condition and needs
- b. **Teamwork:** Seek cooperation. Coordination and communication among treating specialties and paramedical staff
- c. **Counseling of relatives:** regarding patients condition, seriousness, bereavement and counseling for organ donation in case of brain death
- d. **Leadership:** Trauma prevention, education of the public, paramedical and medical persons.
- e. **Advocacy:** with the government and other agencies towards cause of trauma care
- f. **Ethics:** The Code of Medical Ethics as proposed by Medical Council of India will be learnt and observed.

C. Psychomotor domain

I. At the end of the first year of M.S. Orthopaedics programme, the student should be able to:

1. Elicit a clinical history from a patient, do a physical examination, document in a case record, order appropriate investigations and make a clinical diagnosis
2. Impart wound care where applicable
3. Apply all types of POP casts/slabs, splints and tractions as per need

4. Identify shock and provide resuscitation
5. Perform aspiration of joints and local infiltration of appropriate drugs
6. Perform appropriate wound debridement
7. Perform arthrotomy of knee joint
8. Perform incision and drainage of abscess
9. Perform split thickness skin grafting
10. Perform fasciotomes
11. Apply external fixators
12. Apply skeletal tractions including skull tongs
13. Triage a disaster situation and multiple trauma patients in an emergency room
14. Perform on bone models, interfragmentary compression screws, external fixation, Tension band wiring and various types of plating.
15. Perform closed reduction of common dislocations like shoulder and common fractures like colles fracture, supracondylar fracture.
16. Perform on a cadaver standard surgical approaches to the musculo skeletal system

II. At the end of the second year of M.S. Orthopaedics course, the student should be able to:

1. Take an informed consent for standard orthopaedic procedures
2. Perform closed/open biopsies for lesions of bone, joints and soft tissues
3. Perform split thickness skin grafting and local flaps
4. Perform on bone models, internal fixation with k-wires, screws, plates. Dynamic hip/condylar screws/nailing.
5. Perform sequestrectomy and saucerisation
6. Perform arthrotomy of joints like hip/shoulder, ankle, elbow
7. Perform repair of open hand injuries including tendon repair
8. Perform arthodesis of small joints
9. Perform diagnostic arthroscopy on models and patients
10. Perform carpal tunnel/tarsal tunnel release
11. Apply Ilizarov external fixator
12. Perform soft tissue releases in contractures, tendon lengthening and correction of deformities
13. Perform amputations at different levels
14. Perform corrective surgeries for CTEV, DDH, perthes/ skeletal dysplasia

III. At the end of the third year of M.S. Orthopaedics programme, the student should be able to:

1. Assist in the surgical management of polytrauma patient
2. Assist in Arthroplasty surgeries of hip, knee, shoulder and the ankle
3. Assist in spinal decompressions and spinal stabilizations

4. Assist in operative arthroscopy of various joints
5. Assist /perform arthrodesis of major joints like hip, knee, shoulder, elbow
6. Assist in corrective osteotomies around the hip, pelvis, knee, elbow, finger and toes
7. Assist in surgical operations on benign and malignant musculoskeletal tumour including radical excision and custom prosthesis replacement.
8. Assist in open reduction and internal fixations of complex fractures of acetabulum, pelvis, Ipsilateral floating knee/elbow injuries, shoulder girdle and hand injuries.
9. Assist in spinal deformity corrections
10. Independently perform closed/open reduction and internal fixation with DCP, LCP, intramedullary nailing, Limb reconstruction system.
11. Assist in limb lengthening procedures
12. Assist in Revision arthroplasty.
13. Provide pre and post operative care
14. Perform all clinical skills as related to the speciality.

Syllabus

Course contents:

1. Basic Sciences

- Anatomy and function of joints
- Bone structure and function
- Growth factors and fracture healing
- Cartilage structure and function
- Structure and function of muscles and tendons
- Tendon structure and function
- Metallurgy in Orthopaedics
- Stem Cells in Orthopaedic Surgery
- Gene Therapy in Orthopaedics

2. Diagnostic Imaging in Orthopaedics

(Should know the interpretation and Clinical Correlation of the following): -

- Digital Subtraction Angiography (DSA)
- MRI and CT in Orthopaedics
- Musculoskeletal USG
- PET Scan
- Radio-isotope bone scan

3. Metabolic Bone Diseases

- Rickets and Osteomalacia
- Osteoporosis

- Scurvy
- Mucopolysaccharoidoses
- Fluorosis
- Osteopetrosis

4. Endocrine Disorders

- Hyperparathyroidism
- Gigantism, Acromegaly

5. Bone and Joint Infections

- Pyogenic Haematogenous Osteomyelitis - Acute and Chronic
- Septic arthritis
- Fungal infections
- Gonococcal arthritis, syphilitic arthritis 7
- Bone and joint brucellosis
- AIDS and the Orthopaedic Surgeon (universal precautions)
- Musculoskeletal Manifestations of AIDS
- Pott's spine
- Tubercular synovitis and arthritis of all major joints

6. Poliomyelitis

- General considerations
- Poliomyelitis of Lower limb, upper limb and spine
- Management of Post Polio Residual Palsy (PPRP)

7. Orthopaedic Neurology

- Cerebral Palsy
- Myopathies

8. Peripheral Nerve Injuries

- Traumatic
- Entrapment Neuropathies

9. Diseases of Joints

- Osteoarthritis
- Gout, Pseudo-gout, Crystal arthropathies
- Collagen diseases

10. Systemic Complications in Orthopaedics

- Shock
- Crush syndrome
- Disseminated Intravascular Coagulation (DIC)
- Acute Respiratory Distress Syndrome (ARDS)

11. Bone Tumors

- Benign bone tumors
- Malignant bone tumors
- Tumor like conditions
- Secondaries in bone

12. Miscellaneous Diseases

- Diseases of muscles
- Fibrous Dysplasia
- Unclassified diseases of bone
- Paget's disease
- Peripheral vascular disease
- Orthopaedic manifestations of bleeding disorders

13. Regional Orthopaedic Conditions of Adults and Children

- The spine
- The shoulder
- The elbow
- The hand
- The wrist
- The hip
- The knee
- The foot and ankle
- The pelvis

14. Biomaterials

- Orthopaedic metallurgy
- Bio-degradable implants in Orthopaedics
- Bone substitutes
- Bone Banking

15. Fracture and Fracture-Dislocations

- General considerations
- Definitions, types, grades, patterns and complications

- Pathology of fractures and fracture healing
- Clinical and Radiological features of fractures and dislocations
- General principles of fracture treatment
- Recent advances in internal fixation of fractures
- Locking plate osteosynthesis
- Less Invasive Stabilisation System (LISS)
- Ilizarov technique
- Bone grafting and bone graft substitutes
- Open fractures and soft tissue coverage in the lower extremity
- Compartment syndrome
- Fractures of the upper extremity and shoulder girdle
- Fractures of the lower extremity
- Fractures of the hip and pelvis
- Malunited fractures
- Delayed union and non union of fractures
- Fractures/dislocations and fracture/fracture-dislocations of spine

16. Dislocations and Subluxations

- Acute dislocations
- Old unreduced dislocations
- Recurrent dislocations

17. Traumatic Disorders of Joints (Sports Injuries)

- Ankle injuries
- Knee injuries
- Shoulder and elbow injuries
- Wrist and hand injuries

18. Arthrodesis

- Arthrodesis of various joints in lower extremity
- Arthrodesis of various joints in upper extremity
- Fusion of spine

19. Arthroplasty

- Biomechanics of joints and replacement of the following joints.
- Knee
- Ankle
- Shoulder
- Elbow

20. Minimally Invasive Surgery (MIS)

Arthroscopy

- General principles of Arthroscopy
- Arthroscopy of knee and ankle
- Arthroscopy of shoulder and elbow

21. Amputations and Disarticulations

- Amputations and disarticulations in the lower limb
- Amputations and disarticulations in the upper limb

22. Rehabilitation - Prosthetics and Orthotics

23. Pediatric orthopaedics:

- Fractures and dislocations in children
- Perthes' disease
- Slipped capital femoral epiphysis
- Congenital Dislocation of Hip (CDH)
- Neuromuscular disorders

24. Spine

- a) **Spinal trauma:** diagnosis and management including various types of fixations
 - i. Rehabilitation of paraplegics/quadriplegics
 - ii. Management of bladder control
 - iii. Prevention of bed sores and management of established bed sores 10
 - iv. Exercise programme and Activities of Daily Living (ADL)
 - v. Psychosexual counseling
- b) **Degenerative disorders of the spine**
 - i. Prolapsed Inter Vertebral Disc (PIVD)
 - ii. Lumbar Canal Stenosis (LCS)
 - iii. Spondylolysis/Spondylolisthesis
 - iv. Lumbar Spondylosis
 - v. Ankylosing Spondylitis
 - vi. Spinal fusion: various types and their indications.

25. Triage, Disaster Management, BTLS and ATLS

26. Recent advances in orthopaedics

- Autologous chondrocyte implantation
- Mosaicplasty
- Unicondylar Knee Replacement

- Computer assisted surgery
- Knowledge of Robotic Surgery in Orthopaedics
- Endoscopic spine surgery
- Metal on metal arthroplasty of hip
- Surface replacements of joints
- Microsurgical techniques in Orthopaedics
- Designing a modern orthopaedic operation theatre
- Sterilization
- Theatre Discipline
- Laminar air flow
- Modular OTs

27. Biomedical Waste Management

28. Medico-legal aspects of orthopaedic practice

29. Patients rights in Medical Practice

30. Emerging Demographic Changes in Orthopaedics

TEACHING AND LEARNING METHODS

- a) CASE PRESENTATION once a week in the ward, in the outpatient department and special clinics.
 - b) Seminars / Symposia – Once a week;
 - c) Journal club/ Review : Once a week
 - d) Theory Class- Once a week
 - e) Group discussion- Once a week
 - f) Academic grand ward rounds: Once a week presentation of cases by residents and clinically applicable discussions.
- **ORTHO SURGICAL RADIOLOGY PATHOLOGICAL MEET:** Once in 3 Months
 - Special emphasis on the surgical pathology radiological aspect of the case in the pathology department. Clinician (Ortho resident) presenting the clinical details of the case, radiology PG student describes the Radiological findings and its interpretation and Pathology student describes the morbid anatomy and histopathology of the same case.
 - **SKILLS LAB SESSIONS:** Once a fortnight
 - **Clinical teaching** in the OPD, Emergency room, ICU, OT as per the situation.
 - **Mortality & Morbidity meetings with SURGICAL AUDIT:** Once a month
 - Maintenance of log book: to be signed by the faculty in charge
 - The post graduate students will be required to participate in the teaching and training programme of undergraduate students and interns. Theory classes for Third year Undergraduates shall be conducted by the Final year Post graduate.

- Should have attended two conferences/CMEs/Workshops during his tenure as a postgraduate
- Department should encourage e-learning activities.

Rotations:

1. Posting to the Department of Anatomy for one hour per week in the first 6 months of the course for dissection.

2. Clinical postings

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

Rotation of posting

- Inter-unit rotation in the department will be done once in 6 months.
- Rotation in appropriate related subspecialties for a total period of 4 months.
 - a) Physical Medicine and Rehabilitation- 1 month
 - b) Radiology-1 month
 - c) Anaesthesia-1 month.
 - d) General Surgery- 1 month

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

The Log books shall be checked and assessed periodically by the faculty members imparting the training.

Assessment will be comprehensive and objective assessing the competencies stated in the course. The assessment is both formative and summative. Formative is spread over the entire duration of the programme and the summative is as per university examination pattern.

12. FORMATIVE ASSESSMENT, during the training,

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

General Principles

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

Quarterly assessment during the MS training should be based on following educational activities:

- 1. Journal based / recent advances learning**
- 2. Patient based /Laboratory or Skill based learning**
- 3. Self directed learning and teaching**
- 4. Departmental and interdepartmental learning activity**
- 5. External and Outreach Activities / CMEs**
- 6. Multiple Choice Question-25 marks**
- 7. Theory internals-50 marks (10x5)**
- 8. OSCE-25 marks**

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

SUMMATIVE ASSESSMENT, at the end of the course,

Post Graduate Examination

The summative examination will be carried out as per the Rules given by MCI in the **POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.**

The Post Graduate examination shall be in three parts:

1. Thesis

Every post graduate student will carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Thesis should be submitted six months before University Examination. The thesis will be examined by a minimum of three examiners; one internal (Guide) and two external examiners, who will not be the examiners for Theory and Clinical examination. A post graduate student will be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory:

The examinations will be organized on the basis of 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory', 'Practical' and Viva-voce separately shall be mandatory for passing examination as a whole. The examination for MS shall be held at the end of 3rd academic year.

There shall be four theory papers as follows:

Each theory paper will carry 100 marks

Long questions-2x20 marks

Short questions-6x10 marks

Total 8 questions

Paper I: Basic Sciences as applied to Orthopaedics

Paper II: Traumatology and Rehabilitation

Paper III: Orthopaedic diseases

Paper IV: Recent advances in Orthopaedic surgery

3. Practical/Clinical Examination(300 marks) : The practical examination should consist of the following and should be spread over two days, if the number of post graduate students appearing is more than five.

1. One long case (120 marks): History taking, physical examination, interpretation of clinical findings, differential diagnosis, investigations, prognosis and management.
2. Three Short cases(60 marks each) from various sections of the speciality

4. Oral/Viva-voce Examination(100 marks)

- Surgical Anatomy including Osteology
- Instruments/Implants
- Radiology-CT,MRI, Radiographs
- Pathology Specimens
- Pedagogy carries 20 marks
- Orthotics and prosthetics

Maximum marks in MS Orthopaedics	Theory	Practical	Viva	Total
	400	300	100	800

Books And Journals

Book	Author	Edition
Campbell's Operative Orthopaedics	S. Terry Canale & James H. Beaty	12th
Fractures In Adult & Children	Charles A. Rockwood Jr., David Green	8th
Turek's Textbook Of Orthopaedics	Samuel Turek	6th
Mercer's Orthopaedic Surgery	Robert B Duthie & George Bentley	10th
Watson-Jones Fracture And Joint Injuries	J.N Wilson	7th
Knee Surgery	Paul M. Aichroth & W Dilworth Cannon Jr.	1st
Total Hip Joint Replacement	Eftekhar NS	1st
Total Knee Arthroplasty	James A Rand	1st
Bone Tumor	Enneking	1st
Fracture And Dislocations	Browner	1st
Fracture And Joint Injuries	Gustilo	1st
Paediatric Orthopaedics	Sharrad	1st
Paediatric Orthopaedics	Tachdjian	5th
Bone Tumor	Companacci	1st

Recommended Journals**Journal of Bone and Joint Surgery****The Bone and joint journal****Journal of pediatric Orthopaedics****International Journal of Orthopaedics****Indian Journal of Orthopaedics****Journal of Clinical Orthopaedics and Trauma**

SECTION - III**ANNEXURES****MODEL CHECK-LIST FOR EVALUATION OF JOURNAL
REVIEW PRESENTATIONS**

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl. No	Items for observation during presentation	Poor 1	Average 2	Good 3	Excellent 4
1.	Article Chosen was				
2.	Extent of understanding of scope & objectives of the paper by the candidate				
3.	Whether cross references have been consulted				
4.	Whether other relevant publications consulted				
5.	Ability to respond to questions on the paper / subject				
6.	Audio-Visual aids used				
7.	Ability to defend the paper				
8.	Clarity of presentation				
9.	Any other observation				
	Total Score				

Check List – II

**MODEL CHECK-LIST FOR EVALUATION OF SEMINAR
PRESENTATIONS**

Name of the Student:

Name of the Faculty/Observer:

Date:

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

Check List – III**MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN
WARD / OPD**

(To be completed once a month by respective Unit Heads including posting in other departments)

Name of the Student:

Name of the Unit Head:

Date:

Sl. No.	Points to be considered	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance				
2.	Punctuality				
3.	Interaction with colleagues and supportive staff				
4.	Maintenance of case records				
5.	Presentation of cases during rounds				
6.	Investigations work up				
7.	Bedside manners				
8.	Rapport with patients				
9.	Counseling patient's relatives for blood donation or Postmortem and Case follow up.				
10.	Over all quality of Ward work				
	Total Score				

Check List – IV**EVALUATION FORM FOR CLINICAL PRESENTATION**

Name of the Student:

Name of the Faculty:

Date:

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

Check List – V

MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE

Sl. No.		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequences of ideas		
5.	The use of practical examples and/or illustrations		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

Check List – VI**MODEL CHECK LIST FOR DISSERTATION SYNOPSIS PRESENTATION**

Name of the Student:

Name of the Faculty:

Date:

Sl. No.	Points to be considered	Poor	Below Average	Average	Good	Very Good
.	divine		1	2	3	4
1.	Interest shown in selecting a topic					
2.	Appropriate review of literature					
3.	Discussion with guide & Other faculty					
4.	Quality of Protocol					
5.	Preparation of proforma					
	Total Score					

Check List – VII**CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE**

Name of the Student:

Name of the Faculty:

Date:

Sl. No.	Items for observation during presentation	Below Average 1	Average 2	Good 3	Very Good 4
1.	Periodic consultation with guide/co-guide				
2.	Regular collection of case material				
3.	Depth of analysis / discussion				
4.	Departmental presentation of findings				
5.	Quality of final output				
6.	Others				
	Total Score				

Annexure: VIII
Postgraduate Students Appraisal Form
Pre/Para/Clinical Disciplines

Name of Department/Unit :
 Name of the PG Student :
 Period of Training : FROM..... TO.....

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

Publications Yes/No

Remarks*

.....

.....

.....

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

SIGNATURE OF ASSESSEE

SIGNATURE OF GUIDE

SIGNATURE OF HOD

SIGNATURE OF UNIT CHIEF

LOG BOOK

Table 1: Academic activities attended

Name:

Admission Year:

College:

Date	Type of Activity Specify Seminar, Journal Club, Presentation, UG teaching	Particulars

LOG BOOK

Table 2

Details of participation in teaching programs

Sl. No.	Date	Type/ Topic	Marks / Grade Obtained	Signature

LOG BOOK

TABLE 3

Surgical Techniques Performed

Date	Name and IP No.	Surgery Performed	Type of surgery with details

Model Overall Assessment Sheet

Name of the College:

Academic Year:

Sl. No.	Faculty Member & Others	Name of Student and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1.											
2.											
3.											
4.											
5.											
Total Score											

Note: Use separate sheet for each year.

SECTION - IV**MEDICAL ETHICS & MEDICAL EDUCATION****Sensitization and Practice****Introduction**

There is now a shift from the traditional individual patient, doctor relationship, and medical care. With the advances in science and technology and the needs of patient, their families and the community, there is an increased concern with the health of society. There is a shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems. To accomplish the Goal (i), General Objectives (ii) stated in Chapter II (pages 2.1 to 2.3), and develop human values it is urged that **ethical sensitization** be achieved by lectures or discussion on ethical issues, clinical case discussion of cases with an important ethical component and by including ethical aspects in discussion in all case presentations, bedside rounds and academic postgraduate programs.

Course Contents

1. Introduction to Medical Ethics

What is Ethics?

What are values and norms?

Relationship between being ethical and human fulfillment

How to form a value system in one's personal and professional life

Heteronomous Ethics and Autonomous Ethics

Freedom and personal Responsibility

2. Definition of Medical Ethics

Difference between medical ethics and bio-ethics

Major Principles of Medical Ethics 0

Beneficence = fraternity

Justice = equality

Self determination (autonomy) = liberty

3. Perspective of Medical Ethics

The Hippocratic Oath

The Declaration of Helsinki

The WHO Declaration of Geneva

International code of Medical Ethics (1993)

Medical Council of India Code of Ethics

4. Ethics of the Individual
 - The patient as a person
 - The Right to be respected
 - Truth and confidentiality
 - The autonomy of decision
 - The concept of disease, health and healing
 - The Right to health
 - Ethics of Behavior modification
 - The Physician – Patient relationship
 - Organ donation

5. The Ethics of Human life
 - What is human life?
 - Criteria for distinguishing the human and the non-human
 - Reasons for respecting human life
 - The beginning of human life
 - Conception, contraception
 - Abortion
 - Prenatal sex-determination
 - In vitro fertilization (IVF), Artificial Insemination by Husband (AIH)
 - Artificial Insemination by Donor (AID)
 - Surrogate motherhood, Semen Intra fallopian Transfer (SIFT),
 - Gamete Intra fallopian Transfer (GIFT), Zygote Intra fallopian Transfer (ZIFT),
 - Genetic Engineering

6. The family and society in Medical Ethics
 - The Ethics of human sexuality
 - Family Planning perspectives
 - Prolongation of life
 - Advanced life directives – The Living Will
 - Euthanasia
 - Cancer and Terminal Care

7. Profession Ethics
 - Code of conduct
 - Contract and confidentiality
 - Charging of fees, Fee-splitting
 - Prescription of drugs
 - Over-investigating the patient
 - Low – Cost drugs, vitamins and tonics
 - Allocation of resources in health cares
 - Malpractice and Negligence

8. Research Ethics
 - Animal and experimental research / humanness
 - Human experimentation
 - Human volunteer research – Informed Consent
 - Drug trials\
 - ICMR Guidelines for Ethical Conduct of Research – Human and Animal
 - ICH / GCP Guidelines
 - Schedule Y of the Drugs and Cosmetics Act.

9. Ethical work -up of cases
 - Gathering all scientific factors
 - Gathering all human factors
 - Gathering value factors
 - Identifying areas of value – conflict, setting of priorities,
 - Working our criteria towards decisions

Recommended Reading

1. Francis C. M., **Medical Ethics**, 2nd Ed, 2004 Jaypee Brothers, Bangalore/-
2. Ethical guidelines for biomedical research on human participants, ICMR publication 2017
3. Santosh Kumar: the elements of research, writing and editing 1994, Dept of Urology, JIPMER, Pondicherry
4. Srinivas D.K et al, Medical Education Principles and Practice, 1995, National Teacher Training Centre, JIPMER, Pondicherry
5. Indian National Science Academy, Guidelines for care and use of animals in scientific Research, New Delhi, 1994
6. International committee of Medical Journal Editors, Uniform requirements for manuscripts submitted to biomedical journals, N Engl J Med 1991
7. Kirkwood B.R, Essentials of Medical Statistics, 1st Ed., Oxford: Blackwell Scientific Publications 1998
8. Mahajan B.K. Methods in bio statistics for medical students, 5th Ed, New Delhi, Jaypee, Brothers Medical Publishers, 1989
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12. Dr. K.Lakshman, A Hand Book on Patient Safety, RGUHS & Association of Medical Consultants, 2012

13. Bernard Mogs, Communication skills in health & social care, 3rd Edition, (S) SAGE, 2015
14. Manoj Sharma, R. Lingyak Petosa, Measurement and Evaluation for Health Educators, Jones & Bartlett Learning.
15. David E. Kern, Patricia A, Thomas Mark T, Hughes, Curriculum Development for Medical Education. A six-step approach, The Johns Hopkins University press/Baltimore.
16. Tejinder Singh Piyush Gupta Daljit Singh, Principles of Medical Education (Indian Academy of Paediatrics), 4th Edition, Jaypee Brothers, 2013.
17. Robert Reid, Torri Ortiz Linenemann, Jessica L.Hagaman, Strategy Instruction for Students with learning disabilities, 2nd Edition, The Guilford Press London.
18. Lucinda Becker Pan Demicolo, Teaching in higher education, (S) SAGE, 2013.
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20. Tejinder Singh Piyush Gupta, Principles of Evaluation & Research for health care programmes, 4th Edition, IAP National Publication House (Jaypee Brothers).
21. R.L.Bijlani, Medical Research, Jaypee Brothers, 2008
22. Stephen Polgar Shane A Thomas, Introduction to Research in the Health Sciences, Churchill Livingstone Elsevier, 2013.
23. Amar A,Sholapurkar. Publish & Flourish -A practical guide for effective scientific writing, Jaypee Brothers, 2011
24. Charles R.K.Hind, Communication Skills in Medicine, BMJ, 1997.



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