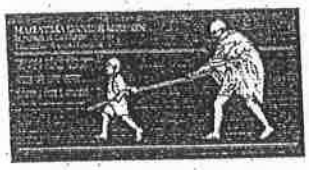
ANNEXURE - X



MGM INSTITUTE OF HEALTH SCIENCES

KAMOTHE MUMBAI -410209

CURRICULUM

FOR

POST GRADUATE DEGREE COURSE

IN EMERGENCY MEDICINE

M.D. (EM)

2015-2016

Approved as per BOM 43/2015, dated 6th November, 2015

Receipt from admin
04/02/2016

MGM Institute Of Health Sciences
INWARD NO. 6440
DATE: 10/10/15
REF: DZPA17

CURRICULUM FOR POST GRAUDATE DEGREE COURSE IN EMERGENCY MEDICINE,M.D.(EM)

The underlying philosophy of the residency is that optimal learning comes first and foremost by evaluating and treating patients. This clinical experience is strongly supplemented by formalized didactics and case-directed readings. The MGM Emergency Medicine Residency realizes these goals and philosophy through a comprehensive mixture of clinical exposure (both in and out of the ED) and instructive lectures. Training is provided in the administration of emergency departments and Emergency Medical Services systems

1. **Goal :**

- To educate the resident in the diagnosis, treatment and disposition of patients with acute illness and injury.
- To provide the residents with the skills to analyze the medical literature and perform original research.
- To incorporate the resident into the administrative, emergency medical services and legal aspects of the emergency department.
- To involve the residents in the training of medical students and emergency nursing and paramedical personnel.
- To develop leaders in the field of Emergency Medicine.

Objectives:

- Recognize, evaluate, and treat all patients with life or limb threatening conditions presenting to the ED. This includes the ability to simultaneously manage multiple patients as well as direct or supervise resuscitation efforts
- Make a timely and appropriate disposition for all patients presenting to the ED. This includes the ability to effectively interact with the patients, family members, and consulting or private physicians.
- Manage and direct mass casualty situations and participate in disaster planning.
- Develop teaching skills suitable to disseminate information to all levels of care providers, particularly prehospital personnel.
- Interact effectively with prehospital care providers and function as a Base Station physician.
- Effectively perform administrative tasks necessary to manage an emergency medicine service including scheduling, risk management, continuous quality improvement, and the handling of patient complaints.
- Develop competence in evaluating the medical literature and understanding research methodology.
- Develop a system for life-long learning to meet your professional goals after residency.

2. Course Description
Post Graduate degree course in M.D. (EM)
MD (Emergency Medicine)
Duration : 3 Yrs.
Eligibility : MBBS and completion of 1 year. Compulsory rotation housemanship /internship
: Entry after PGCET MGMIHS

3. Rotations: Intramural and extramural
MD (Emergency Medicine)
Adult Emergency Medicine 18 months and Paediatrics 1month.
Critical care (MICU, PICU, NICU, SICU) 6 months.
Rest in rotation in allied including –
General Medicine -1 months,
ED based trauma Surgery -1 month,
ED based orthopaedics-1 month,
OB/Gyn-1 month,
Anaesthesia-1 month,
Ophthalmology-2 weeks,
Skin-2 weeks
ENT-2 weeks,
ED based Psychiatry-2 weeks,
Radiology -2 weeks
Forensic Medicine-2 weeks,
Community medicine- 2 Weeks
Respiratory medicine-1 month
Elective-6 weeks

First year rotation plan : Emergency medicine 6 months, Anesthesia 1 Month, Respiratory medicine 1 Month, General medicine 1 Month, OBGY 1 month, Forensic medicine 2 Weeks, ENT 2 weeks, Radiology and Ophthalmology 2 Weeks Each.
Second year rotation plan: Emergency medicine 6 Months, Critical care (MICU,SICU,NICU,PICU) total duration of 6 months.
Third year rotation plan: Emergency medicine 6 months, ED based General Surgery 1 month, Orthopedics 1 Months, Pediatrics 1 month, Dermatology 2 weeks, Psychiatry 2 weeks and elective for 6 weeks duration.

During the month of MAY all PGs is begin their residency experience in the emergency department. At the beginning of the month there are shifts in the emergency department where the residents work with nursing staff and other ancillary personnel in their roles to learn how the ED functions as a team. Later in the month residents begin their physician roles with clinical shifts in the EMD.

In medical institutions having superspeciality departments, the students should be uniformly rotated through various super specialties namely Cardiology, Neurology, Nephrology, Trauma Surgery, Neurosurgery, etc. for minimum of 2 weeks each. The duration of training in the above mentioned superspecialties shall be deducted out of the training period allocated for the allied broad specialties viz. General Medicine/General Surgery respectively.

4. Syllabus

i) Resuscitation, Prehospital Care & Disaster Preparedness
   - Sudden cardiac death
   - Basic cardiopulmonary Resuscitation adult / Neonates / Children / Pregnant patients
   - Acid base, disorder, blood gases, cardiac rhythm disturbances, fluid & blood resuscitation
   - Pharmacology of arrythmics & vasopressor agents
   - Approach to a patient of shock, Anaphylaxis acute allergic reaction, Angioedema
   - Emergency medical services
   - Disaster preparedness & response, Natural disaster, Bomb blast & crush casualties
   - Bioterrorism recognition and response – implication for the emergency clinicians
   - Radiation injuries

ii) Emergency wound management
   - Evaluation and wound preparation and postrepair wound care
   - Methods of wound closure
   - Laceration of face sclap, leg &I foot
   - Injuries to arm hands, fingertips & nail
   - Soft tissue foreign body
   - Puncture wounds & bites

iii) Analgesia Anaesthesia and procedural sedation

iv) Resuscitative procedures

v) Cardiovascular disease
   - Evaluation of chest pain & management
   - Acute coronary syndrome
   - Cardiogenic shock
   - Syncope, CHF
   - Valvular Emergencies
   - Cardiomyopathies and pericardical effusion
   - Systemic & pulmonary embolism
   - Dissection of aorta & aneurysms
   - Occulusive arterial disease

vi) Pulmonary Emergencies
   - Respiratory distress / URT I / Acute bronchitis
   - Hemoptysis / Tuberculosis
   - CAP aspiration pneumonia, Noninfections Pulmonary infiltrates
   - Spontaneous / iatrogenic pneumothorax
   - Empyema & lung abscess
   - Asthma / COPD

vii) Gastrointestinal emergencies
   - Pain in Abdoman, Nausea, Vomiting / Diarrhea, constipation
   - GERD, upper & lower GI bleeding, PUD & Gastritis
   - Pancreatitis, Cholecystistis, Diverticulitis, Appendicitis
   - Hepatic disorders
   - Bowel obstruction, volvulus, hernias
   - Anorectal disorders
   - Complication & general surgical procedures

viii) Renal & genitourinary disorders
- ARF, emergencies in RF & dialysis patients
- Acute urinary retention / Male genital problems, UTI hematuria
- Rhabdomyolysis : Urologic stone disease
- Complication of urologic procedures and devices

ix) OBGYN
- Vaginal bleeding – Abdominal and pelvic pain in non pregnant patient
- Normal pregnancy and co-morbid disease in pregnancy / emergency delivery
- Ectopic pregnancy and emergencies in the 1st 20 wks & post partum period.
- PID / vulvovagnitis, breast disorders
- Complications of gynecologic procedures

x) Paediatrics
- Emergencies care of children, neonatal emergencies and common Neonatal problems
- SIDS, fever and bacterial illness
- Ear, Mastoid, eye problems in infants & children.
- Nose, mouth, sinuses, Throat, neck masses in children
- Stridor, drooling, wheezing, vomiting, diarrhea dehydration in children
- Paediatric heart disease – congenital and acquired urologic & gynaecologic problems in infants & children
- Renal emergencies
- Headaches, Scizures, attered mental status, Minor head injury in infants and children
- Musculoskeletal disorder in children
- Oncology & hematology emergencies in children sick cell
- Flypoglycaemia & metabolic emergencies in infants & children
- Synocope & sudden death in children
- Fluid, Electrolyte therapy in infants & children
- Behavioral & psychiatric disorder in children & infants

xi) Infectious disease
- STDs, HIV infection & AIDS, soft tissue infections
- Toxic shock syndrome & septic shock, disseminated viral infections
- Infective endocarditis teannus, Rabbies, Malaria, Food & waterbome, zoonotic diseases
- Occupational exposures, infection control & standard precautions
- Pharmacology Antimicrobials, Antifungals & Antivirals

xii) Toxicology and environmental injuries

xiii) Endocrine, hematologic and oncologic emergencies

xiv) Eyes, Ears, Nose, Throat and oral surgery & skin disorder

xv) Trauma & injuries to the bones and joints
- Trauma in adults, Paediatric geriatric & pregnant patients
- Trauma to face, neck, spine & spinal cord, abdominal cardiac, pulmonary, genitourinary & penetrating trauma
- Wound ballistics and forensics
- Initial evaluation and management of orthopaedics injuries
- Compartment syndromes
- Orthopaedics devices and reconstruction

xvi) Muskuloskeletal disorder

xvii) Psychosocial disorders, Abuse & assault
- Behavioural disorders – emergency assessment
- Child abuse & neglect
- Female & male sexual assault
- Intimate partner violence an abuse
- Abuse of elderly & impaired
- Violent patient

xviii) Special situations
- Infections drug users
- The transplant patient
- Grief, death and dying DNR/DNI orders. Delivering effect death notification in emergency department
- Legal issues in emergency department
- Management of prisioners attending the emergency department

xix) Principles of imaging
- Emergency ultrasonography, MRI, CT. Noninvassive mycocardical imaging

5. List of skills :
a) Elicitation of history from parents, guardians, relatives and patients regarding complaint, previous disease and therapy, development , diet, immunization, social and educational and economics background
b) Thorough physical examination with due regards to bedside manners and skin
c) Provide advice to parents and children regarding health and hygienic practices with a view to prevent disease, disorders, injuries, accidents and poisoning.
d) Develop a diagnostic approach to any problem in adult, paediatric, geriatrics patients
e) Develop communication skills between doctors & patients
   - To undertake relevant investigations for diagnostic and prognostic evaluation talking into considerations the risks, benefits & costs involved.
   - To convience patients to guardians regarding undertaking investigations and obtain their co-operation & valid informed legal consent
f) Interpretation of lab reports ECG, EEG, USG counseling relative and parents
g) Performance of diagnostics and therapeutic procedures
   - Venepuncture
   - Intranenous, intraosseous access for administration of drug and intravenous fluids
   - Lumbar puncture for cerebrospinal fluid evaluation
   - Ascitic tap for diagnostic & therapeutic purpose
   - Aterinal blood collection for analysis of blood gases
   - Obtaining central vorons access
   - Wound repair and post repair care
   - Non invasive airway management
   - Paediatrics airway management
   - Tracheal intubation and mechanical ventilation
   - Surgical airway management (perentaneous trachostomy & cricotherodotomy)
   - Hemodynamic monitoring with arterial cannulation
   - Cardiac pacing
   - Debibrillation and cardiovecsion
   - Pericardio centesis, Thoracocentesis
   - Slit lamp / nasal packing

- Arthocentesis, umbrilical vain catherisation
- Vanous cut down
- Bedside ultrasound in emergency
- Fracture reduction of splinting, jt reduction
- Nasogastric aspiration, orgastric lavage, paracentesis, oebophagela balloon tamponade, Anoscopy, Hernia reduction, transabdominal feeding tube
- Normal Delivery
- Nursemaids elbow reduction
- Suprapubic catheterisation
- Bone marrow aspiration & biopsy – Tube thoracostomy, FB removal

6. Teaching / learning activities and opportunities
   - Management of in & out patients
   - Presentation of cases on clinical rounds
   - Topic/Case presentation : once a week
   - Mortality meeting review : once a month.
   - Journal club article view : once a week.
   - Simulation excercises
   - Guest speakers form senior consultants : once in three months
   - Lectures on the modular topic of the month – classroom and online :once a week
   - Evidence based medicine
   - Grand rounds : once a week
   - Follow up cases discussion on patients admitted through the emergency department : once a week.
   - Procedure and skill seminar
   - Presentation by the residents
   - Multidisciplinary case discussions
   - Conferences
   - Tutorials : once a week
   - Seminars : once a week
   - CME session, paper presentations
   - Participation in workshops
   - Teaching undergraduate students and paramedical staff
   - Use & maintenance of biomedical equipments and gadgets
   - Group discussion
   - Assisting and performing diagnostic and therapeutic procedures

7. Research

   Student will be encourage to initiate and conduct research projects pertinent to EM to write scholarly article that is worthy of publication. They will be expected to work on research project with the faculty and they will be required to submit one paper to a journal for potential publication.

   A candidate registered for MD (EM) will be submitting a dissertation to the university. This will be a pre-requisite for appearing for MD examination. The dissertation will be done under the guidance and full satisfaction of the postgraduate teacher under whom the candidate is registered.

8. Fundamentals of programme

a) Lectures on the modular topic of the month
b) Evidence based medicine
c) Journal club – for discussion and review of articles
d) Grand rounds and guest speakers
e) Mortality and mobidity conferences
f) Follow up case discussions on patients admitted through the emergency department
g) Procedures and skills seminar
h) Presentations by the residents

9). Maintenance of LOG BOOK

The candidate must maintain a log book for various procedural skills and procedures,post graduate activities and patients managed in emergency and various allied departments.

10).Internal and external examiners for final examination

As in other specialties, final examination for postgraduates in EM should also have four examiners (two internal and two external). Internal examiners should be only those teachers who are working exclusively in the Department of EM. The Convener for the examination should not be below the rank of a Professor while the second examiner should not be below the rank of Associate Professor/Reader. External examiners should be appointed as per the MCI norms. Both the external examiners should not be below the rank of Professor/Additional Professor and should be only from the Departments of EM of various medical colleges running MCI-recognized postgraduate degree course in EM.

11). Theory examination

As with other specialties, the final examination should have four question papers (3 hours each) as given below

Paper 1	Basic sciences as relevant to Emergency Medicine (Applied Anatomy, Clinical Physiology, Clinical Biochemistry, Clinical Pharmacology, Clinical Microbiology, Clinical Pathology, Research Methodology, Biostatistics)
Paper 2	Emergency Medicine (Medicine, Dermatology, Psychiatry)
Paper 3	Emergency Medicine (Surgery, Trauma, Orthopedics, Obstetrics, Anesthesia, Eye, ENT, Dental, Radiology)
Paper 4	Emergency Medicine including recent advances (Pediatrics, Principles of Pre-hospital Care, Disaster Medicine, Forensic Medicine)

12).Composition of theory assessment

The theory papers should be based on as per the MGMIHS rule.

13). Practical examination

Not more than 4 candidates should be examined in one day. The practical should have following composition:

1. Case work up (cases to be taken from ED who are under observation and from those who are not seriously ill and are admitted to a department)
    - *Short cases*: Assessment should be based only on short cases. At least 10 cases should be given to each postgraduate student with distribution of cases as follows: two from medicine, one from surgery, one from trauma, one from pediatrics, and one each from dermatology, psychiatry, ophthalmology (trauma/fundus), ENT (ear, nose or throat acute problem) and obstetrics and gynecology.
2. Procedural skills: Ten procedures needs to be demonstrated on simulators or theoretically described on live persons by the candidate (if simulator is not available): (Example: Please describe the procedure for chest tube insertion.). The skills should include:
    - Ultrasound (at least two)
    - Cardiac resuscitation in adults, children and neonates
    - Trauma resuscitation
    - Other procedures
3. Spotting: Twenty spotters should be given and these should include X-rays, ECG, CT/MRI imaging, instruments, blood gas and acid-base reports, ultrasound, clinical photographs.
4. Objective Structured Clinical Examination (OSCE): Two cases (one single and one multiple patient encounters) should be given to test the candidates.
5. Viva voce: Only questions relevant to EM should be asked in viva voce

14). EMERGENCY MEDICINE CURRICULUM FOR MBBS COURSE

The rotation in EM should be for one month followed by assessment. The student should do clinical shifts in the EM department during this rotation. He/she should attend all academic activities of the department, namely journal club, clinical presentations, seminars, etc. held in the department. It is recommended that the medical students learn in detail all fundamentals of resuscitation and also do various procedures in the ED under supervision of teachers and/or senior residents. A log book needs to be maintained where in the student should record all activities he or she has done during the rotation in EM.

- History ,clinical examination , documentation and critical difference in emergency medicine
- High risk emergency medicine
- Avoiding common medical error
- Risk reduction to enhance patient safety
- Resuscitation
- ECG
- Basics of ultrasound
- Common X rays ,CT scans and MRI images
- Approach to chest pain, shortness of breath, altered sensorium
- Management of pain anywhere in the body

- Approach to bleeding from anywhere in the body
- Medico- Legal issues with respect to emergency Patient
- Dermatological manifestation in emergency medicine
- Approach to poisonings.

15). Teachers eligibility qualifications for the department of emergency medicine

As per MCI Regulations, the minimum requirement of teachers for broad specialties or superspecialties shall be three full time faculty members belonging to the concerned disciplines of whom one shall be a Professor, one Associate Professor/Reader, and one Assistant Professor/Lecturer possessing requisite qualification and teaching experience prescribed by the MCI.

Since EM is not a well-established specialty in India and only a few colleges have this specialty, it may not be possible to get EM-qualified person for the faculty job during the initial few years. As per the MCI Regulations, for the Teachers Eligibility Qualifications in the department of EM, basic qualification should be MD/MS (or equivalent) in EM, general medicine, general surgery, anesthesia, orthopedics, or pulmonary medicine. Therefore, the faculty from other departments who are interested in EM may be asked to shift full time and permanently to EM and should not be shifted back to the parent department. This arrangement of selection from other specialties should continue till adequate EM-trained physicians become available in India. MCI has made provision for this for the next 10 years. The teachers' eligibility criteria may be reviewed after 10 years of existence of EM. Such selection should be based on open competition where faculty from other hospitals can also be considered for these posts.

In the current MCI Regulations, there is a need for 2-years training in EM before one can be considered for teaching posts in the department of EM; however since EM is not a well-established specialty in India, it may not be possible to get teachers having specific experience in the field of EM, especially at Professor and Associate Professor levels during the initial few years. The ACEE-India therefore proposes that the requirement of 2-year training in EM may be deleted; however, the teachers must fulfil the requirement of length of teaching experience in the parent specialty as specified by the MCI for the posts of Professor and Associate Professor/Reader respectively. During selection procedure of faculty, the ACEE-India is of strong view that physicians with training in EM like Fellowship of Academic College of Emergency Experts in India (FACEE) should be given preference as this fellowship is given after 1-year long program in which the physician has to become well versed with the whole body of knowledge of EM as well as acquire skills in various procedures. This fellowship can be achieved while one a working in his own discipline.

If teachers qualified in EM are not available, it should be ensured that at least one teacher should be from the specialty of General Medicine and the other one from the specialty of General Surgery. The third teacher can be from any one of the remaining specialties already approved by the MCI viz. Anesthesia, Pulmonary Medicine, or Orthopedics. The posts should be widely advertised so that the department has faculty from different specialties and not from a single or two specialties.

It has been observed that in many departments currently running MD course in EM, the existing teachers continue to work in their parent departments or in the Critical Care Units (CCUs) of the hospital, thus compromising the teaching facilities and patient care in the Department of EM. ACEE-India strongly feels that MCI must ensure that various medical institutions running MD course in EM must abstain from this practice and ensure that the teachers appointed in the Department of EM must be available on full time basis and should not be involved in the teaching/patient care activities of the parent departments.

16). List of books/journals relevant to Emergency Medicine

The list of the books is given below in the table attached.

17). Equipments

All the ICU/HDU beds in department of EM should have central oxygen and suction facility, bedside vital sign monitors (one per bed), ventilators (one per two beds), infusion pumps (two per bed), defibrillator with external pacer (one), and nebulizers (one per three beds). Other beds should also have central oxygen and suction facility, bedside vital sign monitors (one per seven beds), ventilators (one per seven beds), infusion pumps (two per seven beds) and nebulizers (one per seven beds). In addition, the department should have one portable ultrasound and echocardiography machine dedicated to EM.

The hospital should have in-house computed tomography (CT) scan with at least 10 scans performed per day. Department of EM should have a point-of-care (POC) laboratory for quantitative tests [arterial blood gas (ABG), serum electrolytes, cardiac enzymes, etc]. Facilities for analysis of body fluids and cultures should be available in the hospital round-the-clock.

List of equipment which should be available in the Department of EM.is given below.Excellent simulators and mannequins should be available for training. Availability of Skills Laboratory for training is not mandated at present; however ACEE-India emphasizes its requirement for Department of EM. Establishment of Skills Laboratory should entitle the institution for higher gradation in accreditation.

Central Library

Books

- Peter Rosen's Textbook on Emergency Medicine
- Tintinalli's Emergency Medicine
- Goldfrank's Toxicologic Emergencies

Journals

- American Journal of Emergency Medicine
- Annals of Emergency Medicine
- Clinical Toxicology
- European Journal of Emergency Medicine
- Human and Experimental Toxicology
- International Journal of Critical Illness and Injury Science
- Journal of Emergencies, Trauma and Shock
- Journal of Emergency Medicine
- Journal of Neurotrauma
- Journal of Trauma and Acute Care Surgery
- Shock

Departmental Library: Total 40 (including two computers having facilities for e-books and e-journals)

Books (latest editions)

- Tintinalli's Emergency Medicine
- Goldfrank's Toxicologic Emergencies
- Clinical Pharmacology
- Cardiology (relevant to EM)
- Nephrology (relevant to EM)
- Neurology (relevant to EM)
- Gastroenterology (relevant to EM)
- Endocrinology (relevant to EM)
- Surgery (relevant to EM)
- Pediatrics (relevant to EM)
- Orthopedics (relevant to EM)
- Obstetrics and Gynecology (relevant to EM)
- Forensic Medicine
- Internal Medicine (relevant to EM)
- Dermatology (relevant to EM)

Essential

- ICU beds – Six
- Central oxygen and suction points – Twenty
- Cardiac monitors (with $ETCO_2$ facility) – Eight
- Defibrillator with external pacer – One
- ECG machine – One
- ICU ventilators – Three
- Other ventilators – Two
- Trolleys/Fowler beds – Eighteen (including those for shifting of patients)
- Infusion pumps – Sixteen
- Portable ultrasound with multiple probes including echo probe – One
- Portable X-ray unit – One
- Resuscitation trolley – One
- Artificial breathing bag – Four
- Endotracheal tubes of all sizes
- Laryngoscope with all sized blades
- Chest tubes
- Point-of-care laboratory for quantitative estimation of cardiac enzymes, ABG and electrolytes
- Oxygen cylinders – Four
- Portable suction machines – Four
- Ultrasonic nebulizers – Four
- All essential life-saving drugs as per National Essential Drug List
- Cervical collars of all sizes
- Spine boards with slings and scotch tape all sizes – Two
- Splints for all types of fractures
- Glucometer – Two
- Central lines of all sizes – Ten

Desirable

- Simulators for teaching various emergencies
- Additional ICU ventilators – Two
- Additional cardiac monitors – Three
- Additional infusion pumps – Six

Mahatma Gandhi Mission Medical College & Hospital
Kamothe , Navi Mumbai

Department of _____

CERTIFICATE

This is to Certify that Dr _____ *has successfully completed the requirement for the degree examination for Doctor / Master of* _____ *, MD/MS at MGM institute of health Sciences (Deemed University). The procedures and academic activities recorded in the book are as per the college / hospital records and have been carried out satisfactorily.*

Signature and Name of the
PG Guide

Signature and Name of
Head of the Department

DISSERTATION / THESIS DETAILS

Title:

Date of Approval of Dissertation / Thesis from ethics committee:

Date of Submission of Dissertation / Thesis to the University :

Name of the PG Guide

Signature of the PG Guide

Approved / Not Approved

Date :

Sign and Seal of Dean

Resolution No. 3.3 (a)

ANNEXURE-VI
BOM-45/2016

Item No - 2

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)
Grade 'A' Accredited by NAAC

Distribution of Practical Marks of MD (Emergency Medicine)

1. Long Cases:	2 cases x 50 Marks each	:	100 Marks
2. Short Cases:	4 Cases x 25 Marks each	:	100 Marks
3. Table Viva		:	100 Marks
a. Instruments		:	25 Marks
b. Drugs		:	25 Marks
c. Procedures		:	25 Marks
d. Radiology		:	25 Marks
4. Grand Viva (including dissertation)		:	100 Marks
Total		:	400 Marks

Dr. D.B. Bhusari

Dean forward – Dr. A.G. Shroff

To Dr. Vatib Sir for comment ... as chairperson BOS.
2/3/2016

To be kept – BOS meeting

MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI

MARKLIST FOR PRACTICAL AND VIVA-VOCE EXAMINATION

EXAM CENTRE:_____ **COURSE / EXAM: PG –**

DATE OF EXAMINATION:_____ **EXAMINATION FOR: MD (EMERGENCY MEDICINE)**

	Clinical Examination							Viva-Voce									*Grand Total Practical (1+2)*
								Table: I				Table : II					
Seat No	Long Case1	Long Case 2	Short Case 1	Short Case 2	Short Case 3	Short Case 4	**Total**	Instruments	Drugs	Procedures	Radiology	ABG & ECG	Life support /Resuscitation	Acute medical/ surgical case scenario	Dissertation	**Total**	
	50	50	25	25	25	25	**200**	25	25	25	25	25	25	25	25	**200**	**400**

NAME OF EXAMINER	COLLEGE	SIGNATURE WITH DATE
1.		
2.		
3.		
4.		

Paper wise Distribution of Topics

1.2. PG COURSES: - M.S.

Sr. No	COURSE	SUBJECT NAME	PAPER NO. & TOPICS
i)	M.S.	GENERAL SURGERY	I. Basic Sciences
			II. General Surgery Including Clinical Surgery
			III. General Surgery Including Subspecialities
			IV. Recent Advances
ii)	M.S.	OPHTHALMOLOGY	I. Anatomy, Physiology and optics of the eye.
			II. Ophthalmic Medicine and Surgery.
			III. Ophthalmology in relation to medicine
			IV. Newer Techniques and innovations in Ophthalmology.
iii)	M.S.	ORTHOPAEDICS	I. Basic and Applied Sciences as related to Orthopaedics
			II. Orthopaedics Traumatology
			III. Orthopaedic Diseases
			IV. Recent Advances
iv)	M.S.	OBSTETRICS AND GYNAECOLOGY	I. Basic Sciences in Obstetrics and Gynaecology including the diseases of the newborn.
			II. Clinical Obstetrics includes newborn.
			III. Clinical Gynaecology.
			IV. Recent Advances in Ob/Gy.

I	MD Emergency Medicine	I) Basic Sciences as relevant to Emergency Medicine (Aplied Anatomy, Clinical Physiology, Clinical Biochemistry, Clinical Pharmacology, Clinical Microbiology, Clinical Pathology, Research Methodology, Biostatistics) II) Emergency Medicine (Medicine, Dermatology, Psychiatry) III) Emergency Medicine (Surgery Trauma, Orthopedics, Obstetrics, Anesthesia, Eye, ENT, Dental, Radiology) IV) Emergency Medicine including recent advances (Pediatrics, Principles of Pre hospital Care, Disaster Medicine, Forensic Medicine)

Resolution passed in BOM – 48/2017, dated 24/01/2017

Item No. 5.9: BOS (Surgery and Allied) dated 21.09.2016

b) Structured ALS/BLS course

BOM has already adopted following resolution on this matter:

Resolution No. 3.4(d) of BOM-45/2016 dt. 28/04/2016: As ALS/BLS is already included in the syllabus of MBBS/PG courses, hence there is no need to have separate structured programme.

Resolution No. 1(v) of BOM-46/2016 dt. 11/08/2016: Resolved to include 01 additional page in the Intern's log book indicating that the Students have undergone ALS/BLS training.

After deliberations on both the above resolutions, following resolution is adopted:

Resolution No. 5.9(b): It is resolved that as ALS/BLS is already a part of the syllabus of MBBS/PG courses, it is not necessary to have a separate structured programme for ALS/BLS. However looking at its importance, it becomes essential to retrain UG and PG students, therefore, it is also resolved to certify the interns and PG students during their internship and PG training respectively by incorporating a certificate of completion in the Intern's log book/PG log book indicating that the Students have undergone ALS/BLS training. This training can be imparted by Department of Emergency Medicine/Anaesthesia. This will be effective from the batch of internship during 2017 and PG batch of academic year 2015-16.

Resolution No. 1.3.7.11 (i) of BOM-51/2017: Resolved that the following Bioethics topics in PG Curriculum are to be included for PG students of all specialization and a sensitization of these topics can be done during PG Induction programme:

- Concept of Autonomy
- Informed Consent
- Confidentiality
- Communication Skills
- Patient rights
- Withholding / Withdrawing life-saving treatment
- Palliative Care
- Issues related to Organ Transplantation
- Surgical Research and Surgical Innovation
- Hospital Ethics Committee
- Doctor-Patient relationship

All PG.
30 copies

Resolution No. 1.3.23 of POM-51/2017: Resolved to implement a Structured Induction programme (07 days) for PG students. [Annexure-XLIV]

MGM INSTITUTE OF HEALTH SCIENCES
Navi Mumbai

Induction Program for newly admitted Postgraduate students

Day 1	• Address by Dean, Medical Suptd, Director (Academics) • Pre-test • Communication Skills • Universal Safety Precautions • Biomedical Waste Management • Infection Control Policy
Day 2	• Emergency services • Laboratory services • Blood Bank services • Medicolegal issues • Prescription writing • Adverse Drug Reaction • Handling surgical specimens
Day 3	• Principles of Ethics • Professionalism • Research Ethics • Informed Consent • Confidentiality • Doctor-Patient relationship
Day 4 Day 5 Day 6	• Research Methodology • Synopsis writing • Dissertation writing • Statistics
Day 7	• ATLS • Post-test

The Induction Program will be conducted in the first week of June.
Timing: 9.30 am to 3.30 pm

(Prof. Dr. Siddharth P. Dubhashi)
Director (Academics)

Resolution passed in BOM – 48/2017, dated 24/01/2017

Resolution No. 5.25: Resolved to institute 6 monthly progress Report for PG Students of all Courses from the batches admitted in 2016-17. **[Annexure-XVII of BOM-48/2017]**

ANNEXURE - XVII

MGM
Mahatma Gandhi Mission

Mahatma Gandhi Mission's Medical College and Hospital
Navi Mumbai

Six monthly Progress Report for Postgraduate Students

PART A

Name of the PG student: _____

Department: _____

Admitted in (Month and Year): _____

Name of the PG guide: _____

Report for the period: _____ to _____

Attendance: _____ days (____%)

PART B

Grading as per performance

Grade	Percentage
A	80% and above
B	65% to 79%
C	50% to 64%
D	Below 50%

1. OPD work:
2. Ward work:
3. Lab work:
4. OT work:
5. ICU work:
6. Teaching assignments:

PART C

Progress of Thesis

_____

_____

_____

_____

_____

PART D

Activities from serial No. 1 to 5 should be rated on a scale of 0 to 10.

1. **Case Presentations**

Sr. No.	Topic	Date	Guide	Marks

2. **Microteaching**

Sr. No.	Topic	Date	Guide	Marks

3. **Recent Advances**

Sr. No.	Topic	Date	Guide	Marks

4. Seminars

Sr. No.	Topic	Date	Guide	Marks

5. Journal Clubs

Sr. No.	Journal	Title of Paper	Date	Guide	Marks

6. Marks obtained in tests

Sr. No.	Date	Theory / Practical	Marks obtained

7. Any other academic activity conducted:

_____

_____

_____

_____

_____

PART E

1. Papers presented

Sr. No.	Title of Paper	Authors	Event	Date

2. Posters presented

Sr. No.	Title of Poster	Authors	Event	Date

3. Publications

(Note: Mention only those publications that are published or are accepted for publication during the said period only)

Sr. No.	Title of Paper	Authors	Journal	Year/Vol/ Issue	Page Nos	Indexed/ Non-Indexed	Status

Certificate by the PG Guide

This is to certify that Dr._____, has an attendance of _____% , during the period _____to_____.
His /Her performance during the said period has been **satisfactory/ average / unsatisfactory.**

Overall Grading:_____

Date:_____

Name and Signature of PG guide:

Certificate by the Head of Department

This is to certify that the performance of Dr._____, during the period _____to_____, has been **satisfactory/ average / unsatisfactory.**

Overall Grading:_____

Date:_____

Name and Signature of HOD:

Final Remarks

Satisfactory / Average / Unsatisfactory

Director (Academics) **Dean**

Date:

Resolution No. 4.5.4.2 of BOM-55/2018: Resolved to have 10 short notes out of 11 (10 marks each) in all the papers in university examination for PG courses including superspeciality. To be implemented from batch appearing in April/May 2019 examination onwards for MD/MS/Diploma and August/September 2019 examination onwards for superspeciality.