



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Syllabus for MBBS – (Third Year) Part II

Approved as per BOM. 04/2007, dated 14.12.2007, item 4 & amended up to BOM.

43/2015 dated 14.11.2015

Syllabus have been categorized as '**Must know**' (70%), '**Desirable to Know**' (30%) and '**Nice to Know**' (10%) topics.

Inside this booklet, '**Desirable to know**' & '**Nice to Know**' topics are stamped and remaining all unstamped topics belong to '**Must Know**' area.

Prof. Z. G. Badade
Registrar,
MGM Institute of Health Sciences
Kamothe, Navi Mumbai-401209

INDEX

Sr. No	Item	Page No.
1.	General Considerations and Teaching Approach	1 - 3
2.	Objective of Medical Graduate Training Programme	4 - 8
3.	Syllabus of General Medicine	9 - 24
4.	Syllabus of Paediatrics	25 - 70
5.	Syllabus of Psychiatry	34 - 40
6.	Syllabus of Dermatology	41 - 46
7.	Syllabus of Respiratory Medicine	47 - 51
8.	Syllabus of General Surgery	52 - 65
9.	Syllabus of Orthopaedics	66 - 73
10.	Syllabus of Radio-Diagnosis and Radiotherapy	74 - 81
11.	Syllabus of Obstetrics and Gynecology	82 - 90

GENERAL CONSIDERATIONS AND TEACHING APPROACH

- (1) Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative & rehabilitative aspect of medicine.
- (2) With wide range of career opportunities available today, a graduate has a wide choice of career opportunities. The training, though broad based and flexible should aim to provide an educational experience of the essentials required for health care in our country.

“Training should be able to meet internationally acceptable standards.”

- (3) To undertake the responsibilities of service situations which is a changing condition and of various types, it is essential to provide adequate placement training tailored to the needs of such services as to enable the graduates to become effective instruments of implementation of those requirements. To avail of opportunities and be able to conduct professional requirements, the graduate shall endeavour to have acquired basic training in different aspects of medical care.
- (4) The importance of the community aspects of health care and of rural health care services is to be recognized. This aspect of education & training of graduates should be adequately recognized in the prescribed curriculum. Its importance has been systematically upgraded over the past years and adequate exposure to such experiences should be available throughout all the three phases of education & training. This has to be further emphasized and intensified by providing exposure to field practice areas and training during the internship period. The aim of the period of rural training during internship is to enable the fresh graduates to function efficiently under such settings.
- (5) The educational experience should emphasize health and community orientation instead of only disease and hospital orientation or being concentrated – on - curative - aspects. As such all the basic concepts of modern scientific medical education are to be adequately dealt with.
- (6) There must be enough experiences to be provided for self learning. The methods and techniques that would ensure this must become a part of teaching - learning process.
- (7) The medical graduate of modern scientific medicine shall endeavour to become capable of functioning independently in both urban and rural environment. He/she shall endeavour to give emphasis on fundamental aspects of the subjects taught and on common problems of health and disease avoiding unnecessary details of specialization.
- (8) The importance of social factors in relation to the problem of health and diseases should receive proper emphasis throughout the course and to achieve this purpose, the

educational process should also be community based than only hospital based. The importance of population control and family welfare planning should be emphasized throughout the period of training with the importance of health and development duly emphasized.

- (9) Adequate emphasis is to be placed on cultivating logical and scientific habits of thought, clarity of expression and independence of judgment, ability to collect and analyze information and to correlate them.
- (10) The educational process should be placed in a historic background as an evolving process and not merely as an acquisition of a large number of disjointed facts without a proper perspective. The history of Medicine with reference to the evolution of medical knowledge both in this country and the rest of the world should form a part of this process.
- (11) Lectures alone are generally not adequate as a method of training and are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort should be made to encourage the use of active methods related to demonstration and on firsthand experience. Students will be encouraged to learn in small groups, through peer interactions so as to gain maximal experience through contacts with patients and the communities in which they live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.
- (12) The graduate medical education in clinical subjects should be based primarily on out-patient teaching, emergency departments and within the community including peripheral health care institutions. The out-patient departments should be suitably planned to provide training to graduates in small groups.
- (13) Clinics should be organized in small groups of preferably not more than 10 students so that a teacher can give personal attention to each student with a view to improve his skill and competence in handling of the patients.
- (14) Proper records of the work should be maintained which will form the basis for the students' internal assessment and should be available to the inspectors at the time of inspection of the college by the Medical Council of India.
- (15) Maximal efforts have to be made to encourage integrated teaching between traditional subject areas using a problem based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both understanding and resolution of the problem. Every attempt be made to de-emphasize compartmentalization of disciplines so as to achieve both horizontal and vertical integration in different phases.

- (16) Every attempt is to be made to encourage students to participate in group discussions and seminars to enable them to develop personality, character, expression and other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group should not have more than 20 students.
- (17) Faculty member should avail of modern educational technology while teaching the students and to attain this objective, Medical Education Units/ Departments be established in all medical colleges for faculty development and providing learning resource material to teachers.
- (18) To derive maximum advantage out of this revised curriculum, the vacation period to students in one calendar year should not exceed one month, during the 4 ½ years Bachelor of Medicine and Bachelor of Surgery (MBBS) Course.
- (19) In order to implement the revised curriculum in Toto, State Govts. and Institution Bodies must ensure that adequate financial and technical inputs are provided.
- (20) HISTORY OF MEDICINE –The students will be given an outline on “History of Medicine”. This will be taught in an integrated manner by subject specialists and will be coordinated by the Medical Education Unit of the College.
- (21) All medical institutions should have curriculum committee which would plan curricula and instructional method which will be regularly updated.
- (22) Integration of ICT in learning process will be implemented.

OBJECTIVE OF MEDICAL GRADUATE TRAINING PROGRAMME:

- (1) **NATIONAL GOALS :** At the end of undergraduate program, the medical student should be able to :
 - (a) Recognize 'health for all' as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.
 - (b) Learn every aspect of National policies on health and devote himself / herself to its practical implementation.
 - (c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
 - (d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
 - (e) Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.
- (2) **INSTITUTIONAL GOALS:** (1) In consonance with the goals each medical institution should evolve institutional goals to define the manpower (or professionals) they intend to produce. The undergraduate students coming out of a medical institute should:
 - (a) Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
 - (b) Be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.
 - (c) Appreciate rationale for different therapeutic modalities; be familiar with the administration of the "essential drugs" and their common side effects.
 - (d) Be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.
 - (e) Possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.
 - (f) be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:-
 - (i) Family Welfare and Material and Child Health(MCH)
 - (ii) Sanitation and water supply

- (iii) Prevention and control of communicable and non-communicable diseases
 - (iv) Immunization
 - (v) Health Education
 - (vi) IPHS standard of health at various level of service delivery, medical waste disposal.
 - (vii) Organizational institutional arrangements.
-
- (g) Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling
 - (h) Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.
 - (i) Be able to work as a leading partner in health care teams and acquire proficiency in communication skills.
 - (j) Be competent to work in a variety of health care settings.
 - (k) Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

All efforts must be made to equip the medical graduate to acquire the skills as detailed as under:

A comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate:

1. Clinical Evaluation:

- (a) To be able to take a proper and detailed history.
- (b) To perform a complete and thorough physical examination and elicit clinical signs.
- (c) To be able to properly use the stethoscope, Blood Pressure, Apparatus Auroscope, Thermometer, Nasal Speculum, Tongue Depressor, Weighing Scales, Vaginal Speculum etc.:
- (d) To be able to perform internal examination-Per Rectum (PR), Per Vaginum (PV) etc.
- (e) To arrive at a proper provisional clinical diagnosis.

II. Bed side Diagnostic Tests:

- (a) To do and interpret Haemoglobin (HB), Total Count (TC), Erythrocytic Sedimentation Rate (ESR), Blood smear for parasites, Urine examination /albumin /sugar /ketones /microscopic:
- (b) Stool exam for ova and cysts;
- (c) Gram, staining and Siehl-Nielsen staining for AFB;
- (d) To do skin smear for lepra bacilli
- (e) To do and examine a wet film vaginal smear for Trichomonas
- (f) To do a skin scraping and Potassium Hydroxide (KOH) stain for fungus infections;
- (g) To perform and read Montoux Test.

III. Ability to Carry Out Procedures:

- (a) To conduct CPR (Cardiopulmonary resuscitation) and First aid in newborns, children and adults.
- (b) To give Subcutaneous (SC) /Intramuscular (IM) /Intravenous (IV) injections and start Intravenous (IV) infusions.
- (c) To pass a Nasogastric tube and give gastric leavage.
- (d) To administer oxygen-by masic/catheter
- (e) To administer enema
- (f) To pass a ruinary catheter-male and female
- (g) To insert flatus tube
- (h) To do pleural tap, Ascitic tap & lumbar puncture
- (i) Insert intercostal tube to relieve tension pneumothorax
- (j) To control external Haemorrhage.

IV Anaesthetic Procedure

- (a) Administer local anaesthesia and nerve block

- (b) Be able to secure airway potency, administer Oxygen by Ambu bag.

V Surgical Procedures

- (a) To apply splints, bandages and Plaster of Paris (POP) slabs;
- (b) To do incision and drainage of abscesses;
- (c) To perform the management and suturing of superficial wounds;
- (d) To carry on minor surgical procedures, e.g. excision of small cysts and nodules, circumcision, reduction of paraphimosis, debridement of wounds etc
- (e) To perform vasectomy;
- (f) To manage anal fissures and give injection for piles.

VI Mechanical Procedures

- (a) To perform thorough antenatal examination and identify high risk pregnancies.
- (b) To conduct a normal delivery;
- (c) To apply low forceps and perform and suture episiotomies;
- (d) To insert and remove IUD's and to perform tubectomy

VII Paediatrics

- (a) To assess new borns and recognize abnormalities and I.U. retardation
- (b) To perform Immunization;
- (c) To teach infant feeding to mothers;
- (d) To monitor growth by the use of 'road to health chart' and to recognize development retardation;
- (e) To assess dehydration and prepare and administer Oral Rehydration Therapy (ORT)
- (f) To recognize ARI clinically;

VIII ENT Procedures:

- (a) To be able to remove foreign bodies;
- (b) To perform nasal packing for epistaxis;
- (c) To perform trachesotomy

IX Ophthalmic Procedures:

- (a) To invert eye-lids;
- (b) To give Subconjunctival injection;
- (c) To perform appellation of eye-lashes;
- (d) To measure the refractive error and advise correctional glasses;
- (e) To perform nasolacrimal duct syringing for potency

X. Dental Procedures:

- To perform dental extraction

XI Community Healthy:

- (a) To be able to supervise and motivate, community and para-professionals for corporate efforts for the health care;
- (b) To be able to carry on managerial responsibilities, e.g. Management of stores, indenting and stock keeping and accounting
- (c) Planning and management of health camps;
- (d) Implementation of national health programmes;
- (e) To effect proper sanitation measures in the community, e.g. disposal of infected garbage, chlorination of drinking water;
- (f) To identify and institute and institute control measures for epidemics including its proper data collecting and reporting.

XII Forensic Medicine Including Toxicology

- (a) To be able to carry on proper medico legal examination and documentation of injury and age reports.
- (b) To be able to conduct examination for sexual offences and intoxication;
- (c) To be able to preserve relevant ancillary material for medico legal examination;
- (d) To be able to identify important post-mortem findings in common un-natural deaths.

XIII Management of Emergency

- (a) To manage acute anaphylactic shock;
- (b) To manage peripheral vascular failure and shock;
- (c) To manage acute pulmonary oedema and LVF;
- (d) Emergency management of drowning, poisoning and seizures
- (e) Emergency management of bronchial asthma and status asthmaticus;
- (f) Emergency management of hyperpyrexia;
- (g) Emergency management of comatose patients regarding airways, positioning prevention of aspiration and injuries
- (h) Assess and administer emergency management of burns

Syllabus for PAEDIATRICS

INDEX

Sr. No	Item	Page No
1.	Broad Curriculum as per MCI Guidelines for Paediatrics	27 - 28
2.	Syllabus of Paediatrics	29 - 32
3.	Examination Pattern	33

BROAD CURRICULUM AS PER MCI GUIDELINES (PAEDIATRICS)

Pediatrics including Neonatology

The course includes systematic instructions in growth and development, nutritional needs of a child, immunization schedules and management of common diseases of infancy and childhood, scope of Social Pediatrics and counselling.

i) GOAL

The broad goal of the teaching of undergraduate students in Pediatrics is to acquire adequate knowledge and appropriate skills for optimally dealing with major health problems of children to ensure their optimal growth and development.

ii) OBJECTIVES

a. KNOWLEDGE

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

- (1) Describe the normal growth and development during foetal life neonatal period, childhood and adolescence and outline thereof.
- (2) Describe the common paediatric disorders and emergencies in terms of epidemiology, etiopathogenesis, clinical manifestations, diagnosis, rational therapy and rehabilitation.
- (3) State age related requirements of calories, nutrients, fluids, drugs etc. in health and disease.
- (4) Describe preventive strategies for common infectious disorders, malnutrition, genetic and metabolic disorders, poisonings, accidents and child abuse.
- (5) Outline national programmes relating to child health including immunisation programmes.

b. SKILLS

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

1. Take a detailed pediatric history, conduct an appropriate physical examination of children including neonates, make clinical diagnosis, conduct common bedside investigative procedures, interpret common laboratory investigation results and plan and institute therapy.
2. Take anthropometric measurements, resuscitate newborn infants at birth, prepare oral rehydration solution, perform tuberculin test administer vaccines available under current national programs, perform venesection, start an intravenous saline and provide nasogastric feeding.

3. Conduct diagnostic procedures such as lumbar puncture, liver and kidney biopsy, bone marrow aspiration, pleural tap and ascitic tap.
4. Distinguish between normal newborn babies and those requiring special care and institute early care to all new born babies including care of preterm and low birth weight babies, provide correct guidance and counseling in breast feeding.
5. Provide ambulatory care to all sick children, identify indications for specialized/inpatient care and ensure timely referral of those who require hospitalization.

(a) INTEGRATION

The training in pediatrics should prepare the student to deliver preventive, promotive, curative and rehabilitative services for care of children both in the community and at hospital as part of a team in an integrated form with other disciplines, e.g. Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Pharmacology, Forensic Medicine, Community Medicine and Physical Medicine and Rehabilitation.

Paediatrics

**MGM INSTITUTE OF HEALTH
SCIENCES,
NAVI MUMBAI**

CURRICULUM / SYLLABUS

PAEDIATRICS

main and subject

MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI
CURRICULUM / SYLLABUS – PEDIATRICS

(PEDIATRICS)

1. Introduction
2. Growth and Development
3. Breast Feeding
4. Immunization I
5. Immunization II
6. Weaning
7. Nutritional Disorders – I
8. Nutritional Disorders – II
9. Nutritional Disorders – III
10. Diarrhoeal Diseases I and Congenital anomalies of GIT
11. Diarrhoeal Diseases II and Cirrhosis of Liver and portal Hypertension
12. Dehydration I
13. Dehydration II
14. CVS – I Congestive Heart Failure – Diagnosis and Management
CVS – II Rheumatic Heart Diseases ((RHD)
CVS – III Congenital Heart Disease (CHD)
CVS – IV Hypertension in Children
15. Rs - I Acute Respiratory Infections
 II Bronchial Asthma
16. Renal System - I Nephritic Syndrome
 II Acute Glomerulonephritis and Hematuria

17. CNS - I Neonatal Convulsions
 II Seizure Disorders
 III Cerebral Palsy and Mental Retardation
 IV Acute Infections of CNS
- ENDOCRINE - I Diabetes Mellitus
 II Short stature, Thyroid Disorders
- ANAEMIA I Nutritional Anaemia
 II Hemolytic Anaemia
 III Aplastic Anaemia
- HEMATOLOGY - I Bleeding and Coagulation Disorders
 II Leukaemias and other Childhood Malignancies

EXANTHEMATOUS ILLNESSES

CHILDHOOD TUBERCULOSIS

ABDOMINAL PAIN IN CHILDRENS

- NEONATOLOGY- I Birth Asphyxia
 II Low birth Weight Babies
 III Neonatal Respiratory Distress
 IV Jaundice in Newborn
 V Neonatal Infections

Paediatrics

Paediatric including Neonatology

The course includes systematic instructions in growth and development, nutritional needs of a child, immunization schedules and management of common diseases of infancy and childhood including scope for Social Paediatrics and counseling.

(i) **GOAL :**

The broad goal of the teaching of undergraduate students in Paediatrics is to acquire adequate knowledge and appropriate skills for optimally dealing with major health problems of children to ensure their optimal growth and development.

(ii) **OBJECTIVES :**

(a) **KNOWLEDGE :**

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

- (1) Describe the normal growth and development during foetal life, neonatal period, childhood and adolescence and outline deviations thereof;
- (2) Describe the common paediatric disorders and emergencies in terms of Epidemiology, aetiopathogenesis, clinical manifestations, diagnosis, rational therapy and rehabilitation;
- (3) Age related requirements of calories, nutrients, fluids, drugs etc, in health and disease;
- (4) Describe preventive strategies for common infectious disorders, malnutrition, genetic and metabolic disorders, poisonings, accidents and child abuse;
- (5) Outline national Programmes relating to child health including immunization Programmes.

(b) **SKILLS :**

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

- (2) take a detailed paediatric history, conduct an appropriate physical examination of children including neonates, make clinical diagnosis, conduct common bedside investigative procedures, interpret common laboratory investigation results and plan and institute therapy.
- (3) Take anthropometric measurements, resuscitate newborn infants at birth, prepare oral rehydration solution, perform tuberculin test, administer vaccines available under current national programmes, perform venesection, start an intravenous saline and provide nasogastric feeding :
- (4) Conduct diagnostic procedures such as a lumbar puncture, liver and kidney biopsy, bone marrow aspiration, pleural tap and ascitic tap;
- (5) Distinguish between normal newborn babies and those requiring special care and institute early care of all new born babies including care of preterm and low birth weight babies, provide correct guidance and counseling in breast feeding ;
- (6) Provide ambulatory care to all sick children, identify indications for specialized / inpatient care and ensure timely referral of those who require hospitalization :

(C) INTEGRATION :

The training in paediatrics should prepare the student to deliver preventive, promotive, curative and rehabilitative services for care of children both in the community and at hospital as part of team in an integrated form with other disciplines, e.g. Anatomy, Physiology, Forensic Medicine, Community Medicine and Physical Medicine and Rehabilitation.

LIST OF LECTURE/ SEMINARS

Lectures : 3rd / 4th Semester :

1. Introduction of Paediatrics.
2. History taking in children.
3. Examination of Children.
4. Normal Growth
5. Normal Development.
6. Introduction to newborn and normal newborn baby.
7. Temperature regulation in newborn.
8. Breast feeding and lactation management.
9. Infant and child feeding (include complimentary feeding)
10. Normal fluid and electrolyte balance in children.
11. Immunization.

Lecturers : 7th / 8th / 9th Semester :

1. Birth Asphyxia
2. Low Birth Weight Babies.
3. Neonatal Respiratory Distress. *Desirable To Know*
4. Jaundice in newborn.
5. Neonatal Infections.
6. Neonatal convulsions.
7. PEM and its management.
8. Vitamin and micronutrient deficiencies.
9. Nutritional anaemia in infancy and childhood.
10. Acute diarrhoea.
11. Hypothyroidism in children.
12. Congestive heart failure - diagnosis and management.
13. Congenital heart disease.
14. Rheumatic heart disease.
15. Hypertension in children. *Desirable To Know*
16. Acute respiratory infections.
17. Bronchial asthma.
18. Nephrotic syndrome
19. Acute glomerulonephritis and hematuria
20. Abdominal pain in children.
21. Chronic liver disease including ICC *Desirable To Know*
22. Haemolytic anaemia including thalassemia. *Desirable To Know*
23. Leukaemias.
24. Bleeding and coagulation disorders. *Desirable To Know*
25. Seizure disorders.
26. Cerebral Palsy.
27. Common exanthematous illness.
28. Childhood tuberculosis

Other Lectures to be covered :

1. Fluid and electrolyte balance -pathophysiology and principles of Management.
2. Acid-base disturbances - pathophysiology and principles of management. *Desirable To Know*
3. Adolescent growth and disorders of puberty.
4. Congenital heart disease.
5. Acute respiratory infections, Measles, Mumps, Chicken pox
6. Other childhood malignancies. *Desirable To Know*
7. Coagulation disorders - Haemophilia *Desirable To Know*
8. Mental retardation.
9. Approach to a handicapped child.
10. Acute flaccid paralysis.
11. Behaviour disorders. *Desirable To Know*
12. Meningitis.
13. Diphtheria, Pertussis and Tetanus.
14. Childhood tuberculosis.
15. HIV infection.
16. Malaria.
17. Neurocysticercosis. *Desirable To Know*
18. Enteric fever.

19. Immunization.
20. Paediatric prescribing.
21. Common childhood poisonings.

Integrated Seminar Topics :

Convulsions

Coma

PUO *Desirable To Know*

Jaundice

Portal hypertension *Desirable To Know*

Respiratory failure *Nice To Know*

Shock

Rheumatic Heart Disease

Hypertension *Desirable To Know*

Diabetes mellitus *Desirable To Know*

Hypothyroidism

Anemia

Bleeding

Renal failure *Desirable To Know*

Tuberculosis

Malaria

HIV infection

Neurocysticercosis *Desirable To Know*

Perinatal asphyxia (with obstetrics) *Nice To Know*

Intrauterine growth retardation (with obstetrics) *Nice To Know*

Introduction of " Integrated Management of Neonatal And Childhood Illness"

Topic in MBBS Syllabus

THIRD MBBS (PART-II) UNIVERSITY EXAMINATIONS PATTERN

Pediatrics

THEORY : 40 marks Duration Two and half hours (2.5) hours

MCQ section A will be given to candidates at the beginning of the examination. After 30 minutes Section A will be collected. Section B of paper will then be handed over to candidates.

Section A :30 min. duration

28 MCQs - 1/2 mark each 14 marks

Separate paper

Single based response

MCQ will cover whole syllabus

Section B : 2 hours duration

2 LAQ of 7 marks each 14 marks

3/5 SAQ of 4 marks each 12 marks

Approved in Bom - 35/2014, Dated 26/04/2014

Resolution No. B.3 (b)

Resolution No. 3.3(b) : Resolved to post Residents / Lecturers from the Department of Paediatrics and OBGY. at Rural Health Centre on rotational basis in order to strengthen the Maternal and Child Health (MCH) services at the Rural Health Centre attached with Medical College and functioning under department of Community Medicine.

Approved in Bom - 37/2014, Dated 29/07/2014

Resolution No. - B.3 (b)

Resolution No. 3.3(b)

Resolved to post residents and/or lecturers from the Departments of Paediatrics and Obstetrics & Gynaecology at Rural Health Centres on rotational basis to strengthen the Maternal and Child Health services at the Rural Health Centres attached with MGM Medical College and functioning under department of Community Medicine.

To be read as: Resolved to post residents and/or lecturers from the Departments of Paediatrics and Obstetrics & Gynaecology more frequently at Rural Health Centres on rotational basis to strengthen the Maternal and Child Health services at the Rural Health Centres attached with MGM Medical College and functioning under department of Community Medicine.

FOLLOWING ARE THE DETAILS OF RECOMMENDATIONS FROM DEPT. OF PEDIATRICS.

❖ **INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES
UNDERGRADUATE --**

During their routine 10 day posting, a course will be taught.

- Assessment at end of posting
- Out of two short cases in final exam, one should be based on IMNCI.

❖ **PALLIATIVE CARE : UNDERGRADUATE - one lecture of one hour in programme**

- POST GRADUATE - ORIENTATION in Department,
- To start Speciality OPD

❖ **PEDIATRIC ADVANCED LIFE SUPPORT : ONLY FOR PG**

- A 2 day course compulsory.
- A special leave to be given by Department with due arrangement.

❖ **NEONATAL CARE : ONLY FOR PG**

- 2 DAY COURSE on neonatal care and ventilation
- Special leave arrangement

❖ **ANTIBIOTIC - RATIONAL USE :**

- UNDERGRADUATE : A 1 HOUR LECTURE IN LECTURE SERIES
- POST GRADUATE : A WRITTEN ANTIBIOTIC POLICY IN OPD, WARD AND ICU

SENT BY:

DR. VIJAY KAMALE, Special Invitee (Board of Studies, Medicine & Allied)
DEPT. OF PEDIATRICS, MGM KAMOTHE

Approved in Bom-38/2014, Dated 28/11/2014

Resolution No. 3.3(a)

Resolution No. 3.3(a): Resolved to include "Integrated Management of Neonatal & Childhood Illnesses (WHO program)" topic (Annexure-7) in Theory as "Desirable to know" in the UG Paediatrics curriculum from batch entering Third year Part II MBBS in February, 2015.

INTEGRATED MANAGEMENT OF NEONATAL & CHILDHOOD ILLNESS

(Annexure-1) A-7

DEPT OF PAEDIATRICS SUGGESTS CONSIDERING INCLUSION OF THIS PORTION IN THEORY AS WELL AS PRACTICAL UG SYLLABUS.

The Integrated Management of Neonatal and Childhood Illness (IMNCI) is the Indian adaptation of the WHO-UNICEF generic Integrated Management of Childhood Illness (IMCI) strategy and is the centerpiece of newborn and child health strategy under Reproductive Child Health II and National Rural Health Mission.

The strategy provides an integrated approach for standard management of major causes of childhood morbidity and mortality like Pneumonia, Diarrhoea, Malnutrition, Neonatal problems, Measles, Malaria in the out-patient settings. With the implementation of IMNCI strategy in the country, more and more newborns and children are being referred to health facilities for inpatient care.

Such referred cases need to be appropriately managed at the referral facility. To respond to this need, Government of India with support from UNICEF & WHO has developed F-IMNCI package that is the integration of the Facility based Care package (inpatient care) and the IMNCI package (outpatient care). This training would empower the Doctors and Staff nurses with knowledge and skills to manage newborn and childhood illness both at the community level as well as the facility level (First Referral Units).

The 11 day training package being launched by the Government of India integrates normal IMNCI training and then establishes linkages with facility based care focusing on Emergency Triage, Assessment and Treatment, Care at Birth, Management of sick neonates, Management of ARI, Diarrhea, Fever and Severe acute malnutrition. Such conditions are responsible for over 70 per cent of all deaths in children under the age of 5 years in resource poor settings.

Curriculum: Incorporation of IMNCI is essential part in learning Paediatrics.

At present, we have started teaching IMNCI modules for 10 days when they are posted in Paediatrics during 6th semester.

Importance: the module covers important and validated clinical signs with emphasis on rational

Approved in BOM - 38/2014, Dated 28/11/2014

Resolution No. 3.3(b)

Resolution No. 3.3(b): Resolved to include "Palliative Care" topic (Annexure-8) in Theory as "Desirable to know" in the UG Paediatrics curriculum from batch entering Third year Part II MBBS in February, 2015.

WHO Definition of Palliative Care for Children (Annexure-2) **A-8**

DEPT OF PAEDIATRICS SUGGESTS INCLUDING THE ABOVE IN BOTH UG AND PG THEORY CURRICULUM.

Palliative care for children represents a special, albeit closely related field to adult palliative care. WHO's definition of palliative care appropriate for children and their families is as follows; the principles apply to other pediatric chronic disorders (WHO; 1998a):

Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.

It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease.

Health providers must evaluate and alleviate a child's physical, psychological, and social distress.

Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited.

It can be provided in tertiary care facilities, in community health centers and even in children's homes.

IMPORTANCE: cognitive and communication skill development for undergraduate and post graduates.

Approved in Bom - 38/2014, Dated 28/11/2014

Resolution No. - 3.3(6)

Resolution No. 3.3(c): Resolved to include "Rational Antibiotic Policy" topic (Annexure-9) in Theory as "Desirable to Know" in the UG Paediatrics curriculum from batch entering Third year Part II MBBS in February 2015.

RATIONAL ANTIBIOTIC PRACTICE (Annexure-3) A-9

PAEDIATRICS DEPT SUGGESTS, INCLUDING AND EMPHASIZING THE ABOVE IN THEORY AND PRACTICALS FOR BOTH UG AND PG.

Prompt antimicrobial therapy for an infected patient can make the difference between cure and death or long-term disability. Unfortunately, the use and misuse of antimicrobials has driven the relentless expansion of resistant microbes leading to a loss of efficacy of these "miracle drugs".

Improving antimicrobial use

Because of their widespread availability and familiarity, generally low cost, and relative safety, antimicrobials are among the most misused of all medicines. Improving antimicrobial use decisions ultimately involves guiding treatment decisions made by patients and healthcare providers.

Increase appropriate use

Ensure that infected patients who need antimicrobial therapy have access to quality medicines which conform with policy recommendations and standard treatment guidelines.

Decrease inappropriate use

Discourage the indiscriminate use of antimicrobials in patients unlikely to derive any benefit.

Approved in BOM-45/2016, Dated 28/04/2016

Resolution No. 3.3 (c)

Resolution No. 3.3(c): Resolved to accept revised method to calculate internal assessment marks for following subjects:

Pediatrics: for the batch starting their VI semester in Feb 2017.

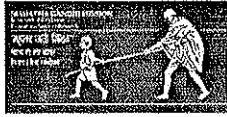
Theory:

	Pediatrics
VI th / VIII th Sem. & Prelim Exam.	07
Day to day assessment as per MCI norms	03
Total marks	10

Practical:

	Pediatrics
VI th / VIII th Sem. & Prelim Exam.	07
Day to day assessment as per MCI norms	03
Total marks	10

Resolution No. 4.3.3 of BOM-53/2018: Resolved to approve the revised question paper pattern of Pediatric (as per BOM 52/2018 resolution-MCQs weightage (Section A) shall be maximum of 20% of the total marks). It is to be applicable from MBBS Part 2 appearing in January 2019 onwards. **[Annexure-XV]**



MAHATMA GANDHI MISSION
MEDICAL COLLEGE AND HOSPITAL

N-6 Cidco, Aurangabad 431 003
Tel: 0240- 6601100, 2484693, 2483401, Fax No.2484445, 2487727,

Ref:No.MGM/MCHA/Ped/2018

Date : 14-03-2018

To
Dr. S.H. Talib,
The Chairperson, Medicine & Allied,

Sir,

Here with sending the proposed modification in the marks of UG Theory Examination in Pediatrics

**Modified/ Proposed Undergraduate III/II Theory Examination
Pattern in Pediatrics**

Section A (8 marks) : MCQs – 16 x ½ marks each = 8 marks (20% of total 40)

Section B (32 marks) :

- 1) 2 LAQ = 8 marks each = 16 marks
- 2) Short notes (Any 4 out of 5) = 4 marks each = 16 marks

Thanking you,

yours faithfully



(Dr Mrs. A. V. Kale)

Prof & Head

Department of Pediatrics

Note:- Discussed & approved by
counterpart from Navi Mumbai
Dr Bhagyashree Jain AP, BOS Member
Dept of Pediatrics, Mumbai



Dr. A. V. KALE
MBBS, MD
Prof & Head