



SANTOSH

Deemed to be University

(Established u/s 3 of the UGC Act, 1956)

**THE MINUTES OF THE 53rd MEETING OF THE BOARD OF MANAGEMENT HELD ON
16.06.2021 AT 3.00 P.M. IN THE CONFERENCE HALL, SANTOSH DEEMED TO BE
UNIVERSITY, GHAZIABAD, NCR DELHI**

-:0:-

The Members of the Board of Management who were present in the Meeting the Attendance list is attached in this regard.

At the outset, the Vice Chancellor Dr. Tripta S Bhagat welcomed all the members of the Board of Management.

The following Agenda Items were taken up for discussion:

ITEM: 1

CONFIRMATION OF THE MINUTES OF 52nd MEETING OF THE BOARD OF MANAGEMENT HELD ON 27.02.2021 AT 11.00 A.M.

The Minutes of the 52nd meeting of the Board of Management held on 27.02.2021 at 11.00 A.M. were circulated to all Members of the Board of Management for their information and comments, if any. No comments were received; hence, the Minutes were confirmed.

ITEM: 2

ACTION TAKEN ON THE MINUTES OF 52nd MEETING OF THE BOARD OF MANAGEMENT HELD ON 27.02.2021 AT 11.00 A.M.

The Action were taken on the Minutes of 52nd meeting of the Board of Management held on 27.02.2021 at 11.00 A.M. accordingly as per decision taken by Board of Management on 27.02.2021 except some amendments in the Item No.3 of the Agenda i.e. "The Refund Policy of Tuition Fee, Return of Original Documents etc.-Santosh Deemed to be University", the changes will be circulated

12. In times of emergency if the Parent / Guardian want the students to visit them, the message must reach college / Hostel through proper channel (telegram / fax).
13. All letters for the students may be scrutinized."

5) TO CONSIDER ANY OTHER ITEM OF BOS/ACADEMIC COUNCIL

It is stated that the Dean-Academics raised the following issues before the Members of the Board of Studies for their consideration and implementation at Santosh Medical College & Hospital and Santosh Dental College & Hospital:

1. Log Books of PG-MD/MS Courses
2. Log Books of MDS Courses
3. Log Book of MBBS Course as per Competency Based Medical Education (CBME) Curriculum.
4. Adoption of CBME Curriculum /Syllabus for MD/MS Courses

The Members of the Board of Mangement considered the recommendations of the **BOS** and **Academic Council**, **approved** as under:

1. Log Books of PG-MD/MS Courses:

A Committee consisting of the following members is constituted to consider and implement "**Log Books of PG-MD/MS Courses**":

- | | | |
|-----------------------|---|-------------|
| 1. Dean, SMC &H | - | Chairperson |
| 2. Dean-Academics | - | Member |
| 3. All Concerned HODs | - | Member |

2. Log Books of MDS Courses:

A Committee consisting of the following members is constituted to consider and implement "**Log Books of MDS Courses**":

- | | | |
|-------------------|---|-------------|
| 1. Dean, SDC &H | - | Chairperson |
| 2. Dean-Academics | - | Member |



3. All Concerned HODs - Member

3. Log Book of MBBS Course as per Competency Based Medical Education (CBME) Curriculum:

A Committee consisting of the following members is constituted to consider and implement "Log Book of MBBS Course as per Competency Based Medical Education (CBME) Curriculum" as Notified by the BOG/MCI in December 2018:

- | | | |
|------------------------|---|-------------|
| 1. Dean, SMC &H | - | Chairperson |
| 2. Dean-Academics | - | Member |
| 3. Co-ordinator, MEU | - | Member |
| 4. Co-coordinator, MEU | - | Member |
| 5. All HODs of SMC &H | - | Member |

4. Adoption of CBME Curriculum /Syllabus for MD/MS Courses:

The recommendations of the Academic Council meeting held on 11.06.2021 were considered by the Members of the Board of Management and noted that the Syllabi of MD/MS PG Courses is available on the website of NMC/MCI from 2019 onwards, but the same has not yet Notified by any Regulatory Bodies for its implementation in the Medical Colleges/ Institutions in India.

It was decided though the Syllabi of MD/MS PG Courses is not yet Notified by the NMC till so far, however, it is being implemented from the Academic Year 2021-22 onwards at Santosh Medical College and Hospital, Ghaziabad. Accordingly, a Committee constituted consisting of the following members for its implementation:

- | | | |
|-----------------------------------|---|-------------|
| 1. Dean, SMC & H | - | Chairperson |
| 2. Dean, Academics | - | Member |
| 3. Coordinator, MEU | - | Member |
| 4. Co-coordinator, MEU | - | Member |
| 5. All Concerned HODs,
SMC & H | - | Member |



GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR MD IN PAEDIATRICS

Preamble

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

A post graduate student after undergoing the required training should be able to deal effectively with the needs of the community and should be competent to handle the problems related to his specialty including recent advances. S/He should also acquire skills in teaching of medical/para-medical students.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by various subject-content specialists. The Reconciliation Board of the Academic Committee has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of “domains of learning” under the heading “competencies”.

SUBJECT SPECIFIC OBJECTIVES

The objectives of MD Course in Paediatrics are to produce a competent pediatrician who:

- Recognizes the health needs of infants, children and adolescents and carries out professional obligations in keeping with principles of the National Health Policy and professional ethics
- Has acquired the competencies pertaining to Paediatrics that are required to be practiced in the community and at all levels of health system
- Has acquired skills in effectively communicating with the child, family and the community
- Is aware of contemporary advances and developments in medical sciences as related to child health
- Is oriented to principles of research methodology
- Has acquired skills in educating medical and paramedical professionals
- Is able to recognize mental conditions and collaborate with Psychiatrists/Child Psychologists for the treatment of such patients

SUBJECT SPECIFIC COMPETENCIES

A. Cognitive domain

At the end of the MD course in Paediatrics, the students should be able to:

1. Recognize the key importance of child health in the context of the health priority of country
2. Practice the specialty of Paediatrics in keeping with the principles of professional ethics
3. Identify social, economic, environmental, biological and emotional determinants of child and adolescent health, and institute diagnostic, therapeutic, rehabilitative, preventive and promotive measures to provide holistic care to children
4. Recognize the importance of growth and development as the foundation of Paediatrics and help each child realize her/his optimal potential in this regard
5. Take detailed history; perform full physical examination including neuro-development and behavioral assessment and anthropometric measurements in the child and make clinical diagnosis
6. Perform relevant investigative and therapeutic procedures for the paediatric patient
7. Interpret important imaging and laboratory results
8. Diagnose illness based on the analysis of history, physical examination and investigations
9. Plan and deliver comprehensive treatment for illness using principles of rational drug therapy
10. Plan and advice measures for the prevention of childhood disease and disability
11. Plan rehabilitation of children with chronic illness and handicap and those with special needs
12. Manage childhood emergencies efficiently
13. Provide comprehensive care to normal, 'at risk' and sick neonates
14. Demonstrate skills in documentation of case details, and of morbidity and mortality data relevant to the assigned situation
15. Recognize the emotional and behavioral characteristics of children, and keep these fundamental attributes in focus while dealing with them
16. Demonstrate empathy and humane approach towards patients and their families and keep their sensibilities in high esteem
17. Demonstrate communication skills of a high order in explaining management and prognosis, providing counseling and giving health education messages to patients, families and communities
18. Develop skills as a self-directed learner. Recognize continuing educational needs; use appropriate learning resources and critically analyze published literature in order to practice evidence-based Paediatrics
19. Demonstrate competence in basic concepts of research methodology and epidemiology
20. Facilitate learning of medical/nursing students, practicing physicians, paramedical health workers and other providers as a teacher-trainer
21. Implement National Health Programs, effectively and responsibly

22. Organize and supervise the desired managerial and leadership skills
23. Function as a productive member of a team engaged in health care, research and education.
24. Recognize mental conditions, characterized by self absorption, reduced ability to respond, abnormal functioning in social interaction with or without repetitive behavior, poor communication (autism) and collaborate with Psychiatrists/Child Psychologists for the treatment of such patients.

All PG students joining the course should have an orientation session to acquaint them with the requirements and other details. A plan for orientation session has been given at Annexure 1.

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.

C. Psychomotor domain

At the end of the course, the student should have acquired following skills:

I. History and Examination

The student must gain proficiency in eliciting, processing and systemically presenting Paediatrics history and examination with due emphasis of the important and minimization of less important facts. The following skills must be achieved:

- i) Recognition and demonstration of physical findings
- ii) Recording of height, weight, head circumference and mid arm circumference and interpretation of these parameters using growth reference standard assessment of nutritional status and growth
- iii) Assessment of pubertal growth
- iv) Complete development assessment by history and physical examination, and recognizing developmental disabilities, including autism
- v) Systematic examination
- vi) Neonatal examination including gestation assessment by physical neurological criteria

- vii) Examination of the fundus and the ear-drum
- viii) Skills related to IMNCI and IYCF

II. Monitoring Skills

Non-invasive monitoring of blood pressure, pulse and respiratory rates, saturation; ECG

III. Investigative Procedures

- i) Venous, capillary and arterial blood sampling using appropriate precautions
- ii) Pleural, peritoneal, pericardial aspiration; subdural, ventricular and lumbar puncture
- iii) Tuberculin test
- iv) Biopsy of liver and kidney
- v) Urethral catheterization and suprapubic tap
- vi) Gastric content aspiration

IV. Therapeutic Skills

- i) Breast feeding assessment and counseling; management of common problems
- ii) Establishment of central and peripheral vascular access; CVP monitoring
- iii) Administration of injections using safe injection practices
- iv) Determination of volume and composition of intravenous fluids and their administration
- v) Neonatal and Pediatric basic and advanced life support
- vi) Oxygen administration, CPAP and nebulization therapy
- vii) Blood and blood component therapy
- viii) Intraosseous fluid administration
- ix) Phototherapy, umbilical artery and venous catheterization and exchange transfusion
- x) Nasogastric feeding
- xi) Common dressings and abscess drainage; intercostal tube insertion
- xii) Basic principles of rehabilitation
- xiii) Peritoneal dialysis
- xiv) Mechanical ventilation

V. Bed side investigations, including

- i) Complete blood counts, micro ESR, peripheral smear
- ii) Urinalysis
- iii) Stool microscopy and hanging drop
- iv) Examination of CSF and other body fluids
- v) Blood sugar
- vi) Shake test on gastric aspirate

- vii) Gram stain, ZN stain

VI. Patient Management Skills

- i) Proficiency in management of pediatric emergencies, including emergency triaging
- ii) Drawing and executing patient management plan and long term care
- iii) Documenting patient records on day to day basis and problem oriented medical record
- iv) Care of a normal and sick newborn, management of neonatal disorders hypothermia, sepsis, convulsions, jaundice, metabolic problems
- v) Identifying need for timely referral to appropriate departments/health facility and pre-transport stabilization of the sick child

VII. Communication Skills; Attitudes; Professionalism

- i) Communicating with parents/child about nature of illness and management plan prognostication, breaking bad news
- ii) Counseling parents on breast feeding, nutrition, immunization, disease prevention, promoting healthy life style
- iii) Genetic counseling
- iv) Communication and relationship with colleagues, nurses and paramedical workers
- v) Appropriate relation with pharmaceutical industry
- vi) Health economics
- vii) Professional and research ethics

VIII. Interpretation of Investigations

- i. Plan x-ray chest, abdomen, skeletal system
- ii. Contrast radiological studies: Barium swallow, barium meal, barium enema, MCU
- iii. Ultrasound skull and abdomen
- iv. Histopathological, biochemical and microbiological investigations
- v. CT Scan and MRI (skull, abdomen, chest)
- vi. Electrocardiogram, electroencephalogram
- vii. Arterial and venous blood gases
- viii. **Desirable:** Interpretation of radio-isotope studies, audiogram, neurophysiological studies, (BERA, VER, Electromyography [EMG], Nerve Conduction Velocity [NCV]), lung function tests

IX. Academic Skills

- i. Familiarity with basic research methodology, basic IT skills. Planning the protocol of the thesis, its execution and final report
- ii. Review of literature

- iii. Conducting clinical sessions for undergraduates medical students
- iv. Desirable: writing and presenting a paper. Teaching sessions for nurses and medical workers

Syllabus

Course contents:

Guidelines

During the training period, effort must be made that adequate time is spent in discussing child health problems of public health importance in the country or particular region.

Basic Sciences

- Principles of inheritance, chromosomal disorders, single gene disorders, multifactorial / polygenic disorders, genetic diagnosis and prenatal diagnosis, pedigree drawing.
- Embryogenesis of different organ systems especially heart, genitourinary system, gastro-intestinal tract. Applied anatomy and functions of different organ systems.
- Physiology of micturition and defecation; placental physiology; fetal and neonatal circulation; regulation of temperature, blood pressure, acid base balance, fluid electrolyte balance and calcium metabolism.
- Vitamins and their functions.
- Hematopoiesis, hemostasis, bilirubin metabolism.
- Growth and development at different ages, growth charts; puberty and its regulation.
- Nutrition: requirements and sources of various nutrients.
- Pharmacokinetics of common drugs, microbial agents and their epidemiology.
- Basic immunology, biostatistics, clinical epidemiology, ethical and medico-legal issues.
- Teaching methodology and managerial skills.

Understanding the definition, epidemiology, aetiopathogenesis, presentation, complications, differential diagnosis and treatment of the following, but not limited to:

Growth and development

- | | |
|--|--|
| • principles of growth and development | • normal growth and development, |
| • normal growth and development | • sexual maturation and its disturbances |
| • failure to thrive and short stature | • Autism (as mentioned in objective 24) |

Neonatology

- | | |
|--|---------------------------------|
| • perinatal care | • low birth weight |
| • care in the labor room and resuscitation | • newborn feeding |
| • prematurity | • respiratory distress |
| • common transient phenomena | • apnea |
| • infections | • anemia and bleeding disorders |

- jaundice
- neurologic disorders
- renal disorders
- thermoregulation and its disorders

- gastrointestinal disorders
- malformations
- understanding of perinatal medicine

Nutrition

- maternal nutritional disorders; impact on fetal outcome
- infant feeding including complementary feeding
- protein energy malnutrition
- adolescent nutrition
- nutritional management of systemic illness (GI, hepatic, renal illness)
- nutrition for the low birth weight
- breast feeding
- vitamin and mineral deficiencies
- obesity
- parenteral and enteral nutrition

Cardiovascular

- congenital heart diseases (cyanotic and acyanotic)
- infective endocarditis
- disease of myocardium (cardiomyopathy, myocarditis)
- hyperlipidemia in children
- rheumatic fever and rheumatic heart disease
- arrhythmia
- diseases of pericardium
- systemic hypertension

Respiratory

- congenital and acquired disorders of nose tonsils and adenoids
- congenital anomalies of lower respiratory tract
- foreign body in larynx trachea and bronchus
- subglottic stenosis (acute, chronic)
- bronchial asthma
- acute pneumonia, bronchiolitis
- recurrent, interstitial pneumonia
- atelectasis
- pleural effusion
- infections of upper respiratory tract
- obstructive sleep apnea
- acute upper airway obstruction
- trauma to larynx
- neoplasm of larynx and trachea
- bronchiolitis
- aspiration pneumonia, GER
- suppurative lung disease
- lung cysts, mediastinal mass

Gastrointestinal and liver disease

- disease of oral cavity esophagus
- peptic ulcer disease
- intestinal obstruction disorders
- disorders of deglutition and
- congenital pyloric stenosis
- acute and chronic pancreatic

- malabsorption syndrome
- irritable bowel syndrome
- Hirschsprung disease
- hepatitis
- chronic liver disease
- metabolic diseases of liver

- acute and chronic diarrhea
- inflammatory bowel disease
- anorectal malformations
- hepatic failure
- Budd-Chiari syndrome
- cirrhosis and portal hypertension

Nephrologic and Urologic disorders

- acute and chronic glomerulonephritis
- hemolytic uremic syndrome
- VUR and renal scarring
- renal tubular disorders
dysfunction
- congenital and hereditary renal disorders
- posterior urethral valves
- undescended testis, hernia, hydrocoele

- xanthema syndrome
- urinary tract infection
- involvement in systemic diseases
- neurogenic bladder, voiding
- renal and bladder stones
- hydronephrosis
- Wilms tumor

Neurologic disorders

- seizure and non-seizure paroxysmal events
- meningitis, encephalitis
- febrile encephalopathies
- neurocysticercosis and other neuroinfestations
- SSPE
- neurometabolic disorders
- neuromuscular disorders
- learning disabilities
- acute flaccid paralysis and AFP surveillance
- movement disorders

- epilepsy, epileptic syndromes
- brain abscess
- Guillain-Barre syndrome
- HIV encephalopathy
- cerebral palsy
- neurodegenerative disorders
- mental retardation
- muscular dystrophies
- malformations
- Tumors

Hematology and Oncology

- deficiency anemias
- aplastic anemia
- thrombocytopenia
- blood component therapy
- bone marrow transplant/stem cell transplant
- myelodysplastic syndrome
- neuroblastoma

- hemolytic anemias
- pancytopenia
- disorders of hemostasis
- transfusion related infections
- acute and chronic leukemia
- Lymphoma
- hypercoagulable states

Endocrinology

- hypopituitarism/hyperpituitarism
- pubertal disorders

- diabetes insipidus
- hypo – and hyper-thyroidism

- adrenal insufficiency
- adrenogenital syndromes
- hypoglycemia
- gonadal dysfunction and intersexuality

- Cushing's syndrome
- diabetes mellitus
- short stature
- obesity

Infections

- bacterial (including tuberculosis)
- fungal
- rickettsial
- protozoal and parasitic
- control of epidemics and infection prevention
- viral (including HIV)
- parasitic
- mycoplasma
- nosocomial infections
- safe disposal of infective material

Emergency and Critical Care

- emergency care of shock
- respiratory failure
- status epilepticus
- fluid and electrolyte disturbances
- poisoning
- scorpion and snake bites
- cardio-respiratory arrest
- acute renal failure
- acute severe asthma
- acid-base disturbances
- accidents

Immunology and Rheumatology

- arthritis (acute and chronic)
- immunodeficiency syndromes
- vasculitides
- systemic lupus erythematosus

ENT

- acute and chronic otitis media
- post-diphtheritic palatal palsy
- allergic rhinitis/sinusitis
- hearing loss
- acute/chronic tonsillitis/adenoids
- foreign body

Skin Diseases

- exanthematous illnesses
- pigment disorders
- infections
- atopic, seborrheic dermatitis
- alopecia
- vascular lesions
- vesicobullous disorders
- Steven-Johnson syndrome
- drug rash
- ichthyosis

Eye problems

- refraction and accommodation
- cataract
- strabismus
- partial/total loss of vision
- night blindness
- conjunctival and corneal disorders

- disorders of retina, including tumors

Behavioral and Developmental disorders

- rumination, pica
- sleep disorders
- breath holding spells
- mood disorders
- attention deficit hyperactivity disorders
- enuresis, encopresis
- habit disorders
- anxiety disorders
- temper tantrums
- autism (as mentioned in objective 24)

Social/Community Paediatrics

- national health programs related to child health
- Vaccines: constituents, efficacy, storage, contraindications and adverse reactions
- rationale and methodology of pulse polio immunization
- child labor, abuse, neglect
- disability and rehabilitation
- National policy of child health and population
- Principles of prevention, control of infections (food, water, soil, vector borne)
- Investigation of an epidemic
- IMNCI
- adoption
- rights of the child
- juvenile delinquency

Orthopaedics

- major congenital orthopedic deformities
- common bone tumors
- bone and joint infections

Approach to clinical problems

Growth and development

- precocious and delayed puberty
- impaired learning
- developmental delay

Neonatology

- low birth weight newborn
- sick newborn

Nutrition

- lactation management and complementary feeding
- failure to thrive
- protein energy malnutrition (underweight, wasting, stunting) and micronutrient deficiencies

Cardiovascular

- Murmur
- cyanosis

- congestive heart failure
- arrhythmia

GIT and Liver

- Acute diarrhea
- abdominal pain and distension
- vomiting
- gastrointestinal bleeding
- hepatosplenomegaly

Respiratory

- Cough/chronic cough
- wheezy child

Infections

- acute onset pyrexia
- recurrent infections
- nosocomial infections

Renal

- Hematuria/dysuria
- voiding dysfunctions
- hypertension

Hematology and Oncology

- anemia

Neurology

- limping child
- paraplegia, quadriplegia
- macrocephaly and microcephaly
- acute flaccid paralysis

Endocrine

- thyroid swelling
- obesity

Miscellaneous

- skin rash
- epistaxis
- arthralgia, arthritis

- systemic hypertension
- shock

- persistent and chronic diarrhea
- ascites
- constipation
- jaundice
- hepatic failure and encephalopathy

- hemoptysis
- respiratory distress

- prolonged pyrexia with and without localizing signs
- fever with xanthema

- bladder/bowel incontinence
- renal failure (acute and chronic)

- bleeding

- convulsions
- cerebral palsy
- floppy infant
- headache

- ambiguous genitalia
- short stature

- lymphadenopathy
- proptosis

TEACHING AND LEARNING METHODS

Postgraduate teaching programme

General principles

Acquisition of practical competencies being the keystone of PG medical education, PG training should be skills oriented. Learning in PG program should be essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

Teaching methodology

This should include regular bedside case presentations and demonstrations, didactic lectures, seminars, journal clubs, clinical meetings, and combined conferences with allied departments. The post graduate student should be given the responsibility of managing and caring for patients in a gradual manner under supervision. Department should encourage e-learning activities.

Formal teaching sessions

In addition to bedside teaching rounds, at least 5-hr of formal teaching per week are necessary. The departments may select a mix of the following sessions:

- Journal club t Once a week
 - Seminar Once a fortnight
 - Case discussions once a month
 - Interdepartmental case or seminar Once a month
- [Cardiology, Pediatric Surgery]
- Attend accredited scientific meetings (CME, symposia, and conferences).
 - Additional sessions on resuscitation, basic sciences, biostatistics, research methodology, teaching methodology, hospital waste management, health economics, medical ethics and legal issues related to pediatric practice are suggested.
 - There should be a training program on Research methodology for existing faculty to build capacity to guide research.
 - The postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
 - A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a 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 eligible to appear at the postgraduate degree examination.

- **Log book:** During the training period, the post graduate student should maintain a Log Book indicating the duration of the postings/work done in Pediatric Wards, OPDs and Casualty. This should indicate the procedures assisted and performed, and the teaching sessions attended. The purpose of the Log Book is to:
 - a) Help maintain a record of the work done during training,
 - b) Enable Consultants to have direct information about the work; intervene if necessary,
 - c) Use it to assess the experience gained periodically.

The log book shall be used to aid the internal evaluation of the student. The Log books shall be checked and assessed periodically by the faculty members imparting the training.

Rotations

The postgraduate student should rotate through all the clinical units in the department. In addition, following special rotations should be undertaken:

Mandatory

Neonatology, perinatology

Intensive care, emergency

Desirable

Posting in Out Patient Services of the following specialties is recommended

Skin

Pediatric Surgery

Physical Medicine and Rehabilitation

Community

Note: Additionally, the PG students may be sent to allied specialties (Cardiology, Neurology, nephrology *etc.*) depending on facilities available. It should be ensured that the training conforms to the curriculum.

• **Thesis**

Objectives

By carrying out a research project and presenting his work in the form of thesis, the student shall be able to:

- identify a relevant research question
- conduct a critical review of literature
- formulate a hypothesis
- determine the most suitable study design
- state the objectives of the study
- prepare a study protocol
- undertake a study according to the protocol

- analyze and interpret research data, and draw conclusions
- write a research paper

Guidelines

While selecting the topic, following should be kept in mind:

- the scope of study is limited to enable its conduct within the resources and time available
- the study must be ethically appropriate
- the emphasis should be on the process of research rather than the results
- the protocol, interim progress and final presentation is made formally to the department
- only one student per teacher/thesis guide

There should be periodic department review of the thesis work, as per following schedule:

End of 6 months	Submission of protocol
During 2 nd yr	Mid-term presentation
6 months prior to examination	Final presentation; submission

During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently. For this purpose, provision of skills laboratories in medical colleges is mandatory.

ASSESSMENT

FORMATIVE ASSESSMENT, ie., assessment to improve learning

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 practical/clinical examination.

Quarterly assessment during the MD training should be based on:

- 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**

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

SUMMATIVE ASSESSMENT, ie., assessment at the end of training

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

The postgraduate examination shall be in three parts:

1. Thesis

Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory examination

The examinations shall be organized on the basis of 'Grading' or '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' as well as 'Practical' separately shall be mandatory for passing examination as a whole. The examination for M.D./ MS shall be held at the end of 3rd academic year. An academic term shall mean six month's training period.

There shall be four theory papers. Each paper should have 10 short essay questions (SEQ).

Paper I: Basic sciences as applied to Paediatrics

Paper II: Neonatology and community Paediatrics

Paper III: General Paediatrics including advances in Paediatrics relating to Cluster I specialties

Paper IV: Paediatric Medicine including advances in Paediatrics relating to Cluster II specialties

Cluster I: Nutrition, Growth and Development, Immunization, Infectious disease, Genetics, Immunology, Rheumatology, Psychiatry and Behavioral Sciences, Skin, Eye, ENT, Adolescent Health, Critical Care, Accidents and Poisoning

Cluster II: Neurology and Disabilities, Nephrology, Hematology and Oncology, Endocrinology, Gastroenterology and Hematology, Respiratory and Cardiovascular disorders

3. Practical/clinical and Oral/viva voce examination

Practical examination

Case I

Case II (Newborn)

Case III

OSCE may be used.

Oral/Viva voce examination on defined areas by each examiner separately. Oral examination shall be comprehensive enough to test the post graduate student's overall knowledge of the subject.

Recommended Reading:

Books (latest edition)

1. Nelson's Textbook of Pediatrics, Kliegman et al (Editors)
2. Manual of Neonatal care, Cloherty
3. Nada's Pediatric Cardiology, Kaene
4. PG Textbook of Pediatrics, IAP P Gupta et al (Editors)
5. Clinical Methods in Pediatrics, P Gupta
6. Care of the newborn, Meharban Singh

Journals

03-05 international Journals and 02 national (all indexed) journals

Orientation sessions for PG students joining MD in Paediatrics

This could be spread over 4-5 sessions once or twice a week depending on departmental routine and feasibility.

For all PG students

Orientation to the Hospital: Various Departments and facilities available

- Communication skills: Patients and colleagues
- Literature search
- Basic research methodology
- Protocol writing and thesis

Pediatric PGs

Introduction to Residency in Paediatrics

- Universal precautions and appropriate disposal of hospital waste
- Management of shock
- Congestive cardiac failure
- Normal fluid and electrolyte requirement and their disorders
- Interpretation and management of disorders of acid-base balance
- Evaluation of a sick newborn
- Management of seizures, hypothermia and hypoglycemia in the newborn
- Management of seizures and status epilepticus
- Management of comatose patients
- Hospital management of severe PEM
- Acute kidney injury
- Fulminant hepatic failure
- Management of respiratory distress
- Management of acute diarrhea
- Approach to a bleeding child and its management
- Rational antibiotic therapy

Postgraduate Students Appraisal Form
Pre / Para /Clinical Disciplines

Name of the 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 CONSULTANT SIGNATURE OF HOD