## MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH (Deemed To Be University U/S 3 OF UGC ACT, 1956)

12, Vembuliamman Koil Street, West K.K. Nagar, Chennai – 600 078

## MEENAKSHI MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE, ENATHUR, KANCHIPURAM



# DOCTOR OF MEDICINE (MD GENERAL MEDICINE) FACULTY OF MEDICINE REGULATIONS AND SYLLABUS (REGULATIONS – 2019)

Effective from the Academic Year 2020-2021



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## MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH MD GENERAL MEDICINE

#### **REGULATIONS -2019**

#### I. VISION AND MISSION OF MAHER

#### VISION

To be a world-class institution, transforming society through value-based diverse programs and healthcare advancements, leading to the all-around development of human resources, knowledge, innovation, entrepreneurship, and research.

#### MISSION

To become an institute of eminence by developing world-class professionals in the field of healthcare, science, liberal arts, technology and research with a focus on the societal good.

To create an enabling state-of-the-art infrastructure, intellectual capital and provide best-inclass learning experience with a freedom to innovate and invent.

To foster values and ethics so as to develop students and learners into responsible citizens of the Nation and the world.

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## II. VISION AND MISSION OF MEENAKSHI MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE

#### VISION

To provide global leadership in human development, excellence in education and quality health care.

#### **MISSION**

To train competent, compassionate and caring physicians through excellence in teaching, patient care and medical research

### III. VISION MISSION OF GENERAL MEDICINE MMCHRI

#### **VISION:**

To create front runner medical postgraduates in the field of medicine, with innovative ideas in health care and research.

#### **MISSION:**

To train our medical postgraduate as a competent, humanitarian and caring member of health provider society through Excellent, Modern teaching, Patient care and Research.

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#### IV. PROGRAM EDUCATIONAL OBJECTIVES (PEO's)

- PEO 1 To able to diagnose, perform tests, interpret and correlate routine medical conditions in OPD and emergencies.
- PEO 2 Should be able to teach General Medicine to undergraduates, postgraduates, nurses and paramedical staff including laboratory personnel.
- PEO 3 Carry out research, systematically write a paper and publish in a journal. Able to present a paper in a conference through an oral presentation and poster presentation.
- PEO 4 Should be able to function as a part of a team, provide leadership and inspire members of the team
- PEO 5 Always adopt ethical principles and develop communication skills & follow evidence based medicine

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#### V. PROGRAMAND COURSE OUTCOMES:

#### **PROGRAMOUTCOMES**

PO1: Abilitytoapplycriticalthinkinginidentificationofdiseases

PO2: Effective communication and developing rapport with the patients.

PO3: Socialinteraction and developing acceptance among the patients

PO4: The ability to formulate cost effective and patient friendly treatment plans

PO5: Ethicsofmedical practice towards patientandcolleaguesis learnt

PO6: Competency to order judicious investigations for the patients

PO7: Attitudeto sustain self-directed & lifelong learning

**PO8:**Ability to identify social,economic, environmental, biological determinants of an Adultandinstitutediagnostic,therapeutic,rehabilitative,preventive and primitive measurest oprovide holistic care.

#### **COURSE OUTCOMES**

The students during the training program will be able to acquire the following competences

**CO 1:** They acquire the art of practicing internal medicine specialty backed by scientific knowledge including basic sciences and skills.

**CO 2:**Students acquire the art of exercising empathy, and caring attitude in maintaining **Professional Integrity**, honesty, and high ethical standards.

CO 3: They acquire the knowledge and the understanding of principles of good clinical practice.

**CO 4:**Acquire the talent of managing emergencies efficiently by providing basic life support like Advanced Life Support.

CO 5:Students tend to diagnose and manage majority of conditions with the help of relevant investigations.

**CO** 6: They plan and advice measures for prevention and rehabilitation of patients.

CO 7:Be well versed with medico legal cases.

**CO 8:**Clinical assessment skills, Eliciting a detailed clinical history, perform a thorough physical examination of all the systems is acquired by them.

Also developed Procedural skills like test dosing, ECG recording, Lumbar puncture, Pleural tapping, Pericardiocentesis, intubation, liver biopsy, bone marrow aspiration & biopsy etc., is acquired by them.

CO 9: They are also trained to interpret clinical data, formulating Differential diagnosis in order of priority, planning investigations work keeping in mind the cost effective approach like. Blood, urine, CSF and Fluid Investigations-Biochemical investigations, Chest X ray, ECG, Tread mill test, ABG analysis, etc..

**CO 10:** Students are trained in such an order to get themselves updated with latest information available via Journal presentation, which is held periodically.

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## VI. PROGRAM SPECIFICOUTCOME:

**PSO1:** Competency to collect detailed history, perform full physical examination and makeproper clinical diagnosis, perform relevant investigative and the rapeutic procedures for the care of the patients interpret important imaging and laboratory results.

**PSO2:** Competency to diagnose illness based on the analysis of history, physical examination and confirm on further investigative work up. Plan and deliver comprehensive treatment using the principles of rational drug therapy.

**PSO3:** CompetencytomanageemergenciesefficientlybyprovidingBLSand ALSinemergencysituations.

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## VII. REGULATION OF THE 2019

In exercise of the powers conferred by the Board of Management, Meenakshi academy of higher education and research, deemed to be University, Kanchipuram hereby makes the following regulations:

#### 1. SHORT TITLE

These Regulations shall be called "THE REGULATIONS FOR THE MASTER OF MEDICINE (M.D General Medicine) DEGREE COURSE OF MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH" deemed to be University.

#### 2. COMMENCEMENT

They shall come into force from the academic year 2019-20 onwards.

The Regulations and the Syllabus are subject to modification by the Academic council and board of studies from time to time.

#### 3. TITLE OF THE PROGRAM

It shall be called Master of Medicine (M.D. General Medicine)

#### 4. SYLLABUS

#### **COURSE CONTENTS: BASIC SCIENCES**

- 1. Basics of human anatomy as relevant to clinical practice
  - surface anatomy of variousviscera
  - > neuro-anatomy
  - important structures/organs location in different anatomical locations in the body
  - > common congenitalanomalies
- Basic functioning of various organ-system, control of vital functions, pathophysiological alteration in diseased states, interpretation of symptoms and signs in relation topatho-physiology.
- Common pathological changes in various organs associated with diseases and their
  correlation with clinical signs; understanding various pathogenic processes and possible
  therapeutic interventions possible at various levels to reverse or arrest the progress
  ofdiseases.
- 4. Knowledge about various microorganisms, their special characteristics important for their pathogenetic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating theorganisms.
- 5. Knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases

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- kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of availabledrugs.
- 6. Knowledge about various poisons with specific reference to different geographical and clinical settings, diagnosis andmanagement.
- 7. Research Methodology and Studies, epidemiology and basicBiostatistics.
- 8. National HealthProgrammes
- 9. Biochemical basis of various diseases including fluid and electrolyte disorders; Acid base disordersetc.
- 10. Recent advances in relevant basic sciencesubjects.

#### Systemic Medicine

- 11. Preventive and environmental issues, including principles of preventive health care, immunization and occupational, environmental medicine and bio-terrorism.
- 12. Aging and GeriatricMedicine:
  - ➢ Biology
  - > epidemiology
  - > neuro-psychiatric aspects ofaging
- 13. ClinicalPharmacology:
  - > principles of drugtherapy
  - > biology of addiction
  - > complementary and alternative medicine

#### 14. Genetics:

- > overview of the paradigm contribution to health and disease
- > principles of HumanGenetics
- > single gene and chromosomaldisorders
- > gene therapy

#### 15. Immunology:

- > innate and adaptive immunesystems
- > mechanisms of immune mediated cellinjury
- > transplantationimmunology

#### 16. Cardio-vasculardiseases:

> Approach to the patient with possible cardio-vasculardiseases



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- > Heartfailure
- > Arrhythmias
- > Hypertension
- Coronary arterydisease
- Valvular heartdisease
- > Infectiveendocarditis
- diseases of the myocardium andpericardium
- diseases of the aorta and peripheral vascularsystem

#### 17. Respiratorysystem:

- approach to the patient with respiratory disease
- disorders of ventilation
- asthma
- Congenital Obstructive Pulmonary Disease(COPD)
- Pneumonia
- > Pulmonaryembolism
- Cysticfibrosis
- obstructive sleep apnoea syndrome and diseases of the chest wall, pleura and mediastinum

#### 18. Nephrology:

- > approach to the patient with renaldiseases
- > acid-basedisorders
- > acute kidneyinjury
- > chronic kidneydisease
- > tubulo -interstitialdiseases
- > nephrolithiasis
- > Diabetes and thekidney
- > obstructive uropathy and treatment of irreversible renalfailure

#### 19. Gastro-intestinaldiseases:

- > approach to the patient with gastrointestinal diseases
- gastrointestinalendoscopy



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- motilitydisorders
- diseases of theoesophagus
- acid pepticdisease
- functional gastrointestinaldisorders
- diarrhea
- > irritable bowelsyndrome
- > pancreatitis and diseases of the rectum andanus

## 20. Diseases of the liver and gallbladder:

- > approach to the patient with liverdisease
- > acute viralhepatitis
- > chronic hepatitis
- alcoholic and non-alcoholicsteatohepatitis
- cirrhosis and itssequelae
- hepatic failure and livertransplantation
- diseases of the gall bladder and bileducts

#### 21. Haematologicdiseases:

- Haematopoiesis
- Anaemias
- leucopenia andleucocytosis
- > myelo-proliferative disorders
- disorders of haemostasis and haemopoietic stem celltransplantation

#### 22. Oncology:

- Epidemiology
- biology and genetics ofcancer
- > paraneoplastic syndromes and endocrine manifestations of tumours
- > leukemias andlymphomas
- > cancers of various organ systems and cancerchemotherapy
- 23. Metabolic diseases inborn errors of metabolism and disorders of metabolism.
- 24. Nutritional diseases nutritional assessment, enteral and parenteral nutrition, obesity and eating disorders.
- 25. Endocrine principles of endocrinology, diseases of various endocrine organs including



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#### 26. Rheumatic diseases:

- > approach to the patient with rheumatic diseases
- osteoarthritis
- > rheumatoidarthritis
- spondyloarthropathies
- systemic lupus erythematosus(SLE)
- polymyalgia
- rheumatic fibromyalgia andamyloidosis

#### 27. Infectious diseases:

- ➤ Basic consideration in InfectiousDiseases
- Clinical syndromes
- Community acquired clinical syndromes
- Nosocomialinfections
- ➤ Bacterial diseases General consideration, diseases caused by gram positive bacteria, diseases caused by gram negativebacteria
  - · miscellaneous bacterialinfections
  - Mycobacterialdiseases
  - Spirochetaldiseases
  - Rickettsia
  - Mycoplasma andChlamydia
  - Viraldiseases
  - DNAviruses
  - DNA and RNA respiratoryviruses
  - RNAviruses
- > fungal infections, protozoal and helminthic infections.
- 28. Neurology approach to the patient with neurologic disease, headache, seizure disorders and epilepsy, coma, disorders of sleep, cerebrovascular diseases, Parkinson's disease and other movement disorders, motor neuron disease, meningitis and encephalitis, peripheral neuropathies, muscle diseases, diseases of neuromuscular transmission and autonomic disorders and theirmanagement.



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29. The mental condition characterized by complete self-absorption with reduced ability to communicate with the outside world (Autism), abnormal functioning in social interaction with or without repetitive behavior and/or poor communication etc.

#### 30. Dermatology:

- > Structure and functions of skin
- > infections of skin
- papulo-squamous and inflammatory skinrashes
- > photo-dermatology
- > erythroderma
- > cutaneous manifestations of systematic diseases
- bullousdiseases
- > drug inducedrashes
- > disorders of hair andnails
- > principles of topicaltherapy

#### 5. ELIGIBILITY FOR ADMISSION

Candidates for admission to the first year of the Post Graduate (M.D) degree clinical courses shall be required to possess the following qualifications:

- He / She having qualified M.B.B.S degree from our University or any other University recognized by the Indian Medical Council.
- The admitting authorities will strictly follow that every candidate admitted to the Post Graduate M.D Degree Clinical courses has obtained permanent registration certificate from any of the State Medical Councils.
- The reservation of seats and relaxation in the qualifying marks for SC/ST/OBC and other categories shall be as per the rules of the Central Government/State Government, whichever isapplicable.

#### 6. CRITERIA FOR SELECTION

Students for M.D General Medicine Degree shall be admitted based on performance through NEET (National eligibility and entrance test).



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#### 7. ADMISSION PROCEDURE

Admission shall be made as per the Government and University norms.

#### 8. ELIBILITYCERTIFICATE

No candidate shall be admitted to the M.D General Medicine unless the candidate has obtained and produced Eligibility Certificate issued by this University. The candidate has to make an application to the University with the Original and Xerox copies of the following documents along with the prescribed fee:

- 1) 10<sup>th</sup> and Higher Secondary or equivalent examination mark sheets.
- 2) Transfer Certificate
- 3) Under graduate MBBS degree certificate and marksheets.

Candidate should obtain Eligibility Certificate before the last date for admission as notified by the University.

#### 9. REGISTRATION

A candidate admitted to the M.D General Medicine of this University shall register by remitting the prescribed fees along with the application form for registration duly filled-in and forwarded to this University through the Head of the Institution within the stipulated date.

#### 10. DURATION OF COURSE

- The period of certified study and training for the Post Graduate (M.D) Degree clinical courses shall be three academic years for the award of the degree.
- No exemption shall be given from the period of study and training.

#### **11. FEES**

Candidates who have passed the M.B.B.S degree from any other university shall remit a recognition fee as prescribed along with the stipulated registration fees

## 12. COMMENCEMENT OF THE COURSE:

The academic year for Post Graduate (M.D) Degree clinical courses shall commence from May 1<sup>st</sup> of the academic year.



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#### 13. ACADEMIC TERMS

First year : 1<sup>st</sup> May2019 to 30<sup>th</sup>April 2020

Second year : 1 May 2020 to 30th April 2021

Third year : 1<sup>st</sup> May 2021 to 30<sup>th</sup> April 2022

14. CUT OFF DATES:

June 30th of the academic year

July 1<sup>st</sup> to December 31<sup>st</sup> of the academic year

January 1st to March 31st of the academic year

#### 15. WORKING DAYS IN AN ACADEMIC YEAR:

Each academic year shall consist of not less than 200 working days.

## 16. ATTENDANCE REQUIREMENTS FOR ADMISSION TO EXAMINATIONS:

No candidate shall be permitted to appear for the examination unless he/she has put in 80% attendance during his/her period of study and training in the affiliated institution recognized by this university and produces the necessary certificate of study, attendance and progress from the Head of the Institution.

Students of Post Graduate degree courses should undergo training for 9(nine) continuous calendar months in an academic year. The candidate who do not appear for the examinations due to lack of attendance he/she be permitted to appear for the examinations in subsequent examinations if the candidate has satisfied to attendance requirements.

## 17. SUBMISSION OF LOGBOOK /PROJECTWORK

At the time of practical examination each candidate shall submit to the Examiners his / her log book duly certified by the Head of the Department as a bonafide record of the work done by the candidate.

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In respect of failed candidates the marks awarded for records at previous examination will be carried over to the next examinations. If a candidate desires he / she may be permitted to improve his / her performance by submission of fresh records.

#### 18. CONDONATION OF ATTENDANCE:

There shall be no condonation of attendance in Post Graduate courses.

#### 19. COMMENCEMENT OF THE EXAMINATION:

There shall be two University examinations in an academic year - March 15<sup>th</sup> / September 15<sup>th</sup>. If the date of commencement of the examination falls on Saturdays, Sundays or declared public holidays, the examination shall begin on the next working day.

#### 20. EVALUATION

Attendance shall be taken as a component of continuous assessment. The students should have a minimum 80% attendance in each year. In addition to the continuous evaluation component, the end of program examination, which will be a written type examination of at least 3 hours duration, would also form an integral component of the evaluation. The evaluation of practical work will be at end of the program.

#### 21. REVALUATION OF ANSWER PAPERS:

There shall be no revaluation of answer papers in any Post Graduate examinations.

#### 22. NO. OF APPEARANCES IN EXAMINATION OF FAILED CANDIDATES

- a. The failed candidates would be permitted to appear for maximum of 10 attempts within 6 years from the date of completion of the course and shall be discharged from the course if he/she fails to fulfil this provision.
- b. A postgraduate student be given 3 months refresher study after five attempts by posting in the specialty Departments before appearing for examination for the sixth time.

## 23. READMISSION AFTER BREAK OF STUDY:

Candidates having a break of study of 5 years and above from the date of discontinuance and more than two spells of break will not be considered for re –admission.

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The five years period of break of study shall be calculated from the date of first discontinuance of the candidate to the course for the subsequent spell of break of studies.

If any candidate who discontinued the course, due to various reasons on the break of study of the candidate is for more than 6 months, the candidate should get prior permission from the University for continuing the course if the vacancies remain unfilled.

A candidate having a break of study shall be re admitted after satisfactory fulfilment of the regulations of the University at the commencement of an academic year only and shall undergo the full duration of the course with no exemption in the period of study and will be permitted to appear for the examinations as prescribed in the regulations.

If the candidates name is not recognized in the university within 3 months from date of his/her admission,permission for re admission for such candidate will not be issued from the University.

### 24. MIGARTION/TRANSFER OF CANDIDATES:

- a. Migration/transfer of candidates from one recognized medical college from another university shall not be granted unless a NO OBJECTION CERTIFICATE is obtained from the Medical Council Of India
- b. The provision of combination of attendance shall be granted to a transferee for admission to the examinations of this university on satisfactory fulfilment of the regulations of this University.

## 25. PATTERN OF EXAMINATION & SUBJECTS OF STUDY

	Total marks
Theory	400
Paper -1	100
Paper-2	100
Paper-3	100
Paper-4	100
Practicals	200
Viva voice	100
Grand total	700

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## 26. MINIMUM PASSING STANDARD

50% of marks in the University Theory Examination : 150/300

50% of marks in the University Clinical Examination : 100/200

50% of marks in the aggregate of the Theory/clinical/ Oral Examinations : 300/600

Maximum number of candidates to be examined per day: 8

## 27. CLASSIFICATION OF SUCCESSFUL CANDIDATES

a) A successful candidate who secures 90% and above of the marks in his / her first appearance in all the subjects within the prescribed period will be declared to have passed in honours.

- b) A successful candidate who secures 75% and above of the marks in his / her first appearance in a subject within the prescribed period will be declared to have passed in first class with Distinction in that particular subject.
- c) A successful candidate who secures 60% and above of the marks in his / her first appearance in all the subjects within the prescribed period will be declared to have passed in the First Class.
- d) All other successful candidates who secures above 50% shall be declared to have passed in Second class.

#### 28. AWARD OF DEGREE

The degree shall be awarded by the university only after the completion of thesis approval and of all four final year theory exams papers and practical examination

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## VIII. Program level CO/PO and PSO matrix:

Course outcomes	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PSO1	PSO2	PSO3
CO1	3	3	1	3	2	3	2	2	3	3	3
CO2	3	2	2	2	3	3	3	3	3	3	1
CO3	2	2	3	3	3	3	1	2	3	2	3
CO4	1	2	3	2	2	2	2	3	3	2	2
CO5	3	3	2	3	2	3	2	2	3	3	2
CO6	2	3	1	3	3	3	1	2	2	2	3
CO7	2	3	2	3	2	2	3	3	2	3	2
CO8	3	3	2	3	2	3	3	3	2	2	3
CO9	3	3	3	3	3	3	3	1	1	3	3
CO10	3	3	3	1	3	3	2	2	3	3	3
Average	2.5	2.7	2.2	2.6	2.5	2.8	2.2	2.3	2.5	2.6	2.5



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#### IX. PROGRAM AND COURSE DETAILS

## PROGRAM SPECIFIC COMPETENCIES:

By the end of the course, the student should have acquired knowledge (cognitive domain), professionalism (affective domain) and skills (psychomotor domain) as given below:

#### 1. Cognitive domain

At the end of training of 3 years of MD (General Medicine) programme, the student should have acquired following theoretical knowledge:

#### **Basic Sciences**

- 1. Basics of human anatomy as relevant to clinical practice e.g. surface anatomy of various viscera, neuro-anatomy, important structures/organs location in different anatomical locations in the body; common congenital anomalies.
- 2. Basic functioning of various organ-system, control of vital functions, pathophysiological alteration in diseased states, interpretation of symptoms and signs in relation to patho-physiology.
- Common pathological changes in various organs associated with diseases and their correlation with clinical signs; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases.
- 4. Knowledge about various microorganisms, their special characteristics important for their patho-genetic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms.
- 5. Knowledge about pharmacokinetics and pharmacy o-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs.
- 6. Knowledge about various poisons with specific reference to different geographical and clinical settings, diagnosis and management.
- 7. Research Methodology and Studies, epidemiology and basic Biostatistics.
- 8. National Health Programmes.
- 9. Biochemical basis of various diseases including fluid and electrolyte disorders; Acid base disorders etc.
- 10. Recent advances in relevant basic science subjects.

#### Systemic Medicine

1. Preventive and environmental issues, including principles of preventive health care, immunization and occupational, environmental medicine and bio-terrorism.



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- 2. Aging and Geriatric Medicine including Biology, epidemiology and neuro- psychiatric aspects of aging.
- 3. Clinical Pharmacology principles of drug therapy, biology of addiction and complementary and alternative medicine.
- 4. Genetics overview of the paradigm of genetic contribution to health and disease, principles of Human Genetics, single gene and chromosomal disorders and gene therapy.
- 5. Immunology The innate and adaptive immune systems, mechanisms of immune mediated cell injury and transplantation immunology.
- 6. Cardio-vascular diseases Approach to the patient with possible cardio- vascular diseases, heart failure, arrhythmias, hypertension, coronary artery disease, valvular heart disease, infective endocarditis, diseases of the myocardium and pericardium and diseases of the aorta and peripheral vascular system.
- 7. Respiratory system approach to the patient with respiratory disease, disorders of ventilation, asthma, Congenital Obstructive Pulmonary Disease (COPD), Pneumonia, pulmonary embolism, cystic fibrosis, obstructive sleep apnoea syndrome and diseases of the chest wall, pleura and mediastinum.
- 8. Nephrology approach to the patient with renal diseases, acid-base disorders, acute kidney injury, chronic kidney disease, tubulo-interstitial diseases, nephrolithiasis, Diabetes and the kidney, obstructive uropathy and treatment of irreversible renal failure.
- 9. Gastro-intestinal diseases approach to the patient with gastrointestinal diseases, gastrointestinal endoscopy, motility disorders, diseases of the oesophagus, acid peptic disease, functional gastrointestinal disorders, diarrhea, irritable bowel syndrome, pancreatitis and diseases of the rectum and anus.
- 10. Diseases of the liver and gall bladder approach to the patient with liver disease, acute viral hepatitis, chronic hepatitis, alcoholic and non-alcoholic steato-hepatitis, cirrhosis and its sequelae, hepatic failure and liver transplantation and diseases of the gall bladder and bileducts.
- 11. Haematologic diseases haematopoiesis, anaemias, leucopenia and leucocytosis, myelo-proliferative disorders, disorders of haemostasis and haemopoietic stem cell transplantation.
- 12. Oncology epidemiology, biology and genetics of cancer, para neoplastic syndromes and endocrine manifestations of tumours, leukemias and lymphomas, cancers of various organ systems and cancer chemotherapy.
- 13. Metabolic diseases inborn errors of metabolism and disorders of metabolism.
- 14. Nutritional diseases nutritional assessment, enteral and parenteral nutrition, obesity and eating disorders.
- 15. Endocrine principles of endocrinology, diseases of various endocrine organs including diabetes mellitus.
- 16. Rheumatic diseases approach to the patient with rheumatic diseases, osteoarthritis, rheumatoid arthritis, spondylo arthropathies, systemic lupus erythematosus (SLE),



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polymyalgia, rheumatic fibromyalgia and amyloidosis.

- 17. Infectious diseases Basic consideration in Infectious Diseases, clinical syndromes, community acquired clinical syndromes. Nosocomial infections, Bacterial diseases General consideration, diseases caused by gram positive bacteria, diseases caused by gram negative bacteria, miscellaneous bacterial infections, Mycobacterial diseases, Spirochetal diseases, Rickettsia, Mycoplasma and Chlamydia, viral diseases, DNA viruses, DNA and RNA respiratory viruses, RNA viruses, fungal infections, protozoal and helminthic infections
- 18. Neurology approach to the patient with neurologic disease, headache, seizure disorders and epilepsy, coma, disorders of sleep, cerebro vascular diseases, Parkinson's disease and other movement disorders, motor neuron disease, meningitis and encephalitis, peripheral neuropathies, muscle diseases, diseases of neuromuscular transmission and autonomic disorders and their management.
- 19. The mental condition characterized by complete self absorption with reduced ability to communicate with the outside world (Autism), abnormal functioning in social interaction with or without repetitive behaviour and/or poor communication etc.
- 20. Dermatology Structure and functions of skin, infections of skin, papulo- squamous and inflammatory skin rashes, photo-dermatology, erythroderma, cutaneous manifestations of systematic diseases, bullous diseases, drug induced rashes, disorders of hair and nails, principles of topical therapy.

#### 2. Affective Domain:

At the end of training of 3 years of MD (General Medicine) programme, the student should have acquired the following attitudinal competencies:

- Should be able function as a part of a team, develop and 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.

#### 3. Psychomotor domain

A student at the end of training of 3 years of MD (General Medicine)programme must acquire the following practical skills:

#### Clinical Assessment Skills

- Elicit a detailed clinical history
- Perform a thorough physical examination of all the systems

#### Procedural skills

- Test dose administration
- Mantoux test
- Sampling of fluid for culture

DEAN 3

PROPERTY ASSISTANT.

- IV-Infusions
- Intravenousinjections
- Intravenouscanulation
- ECG recording
- Pleuraltap
- Lumbarpuncture
- Cardiac

TMT

Holter

Monitoring

Echocardiogra

m Doppler

studies

- Cardio Pulmonary Resuscitation(CPR)
- Central venous line insertion, CVPmonitoring
- Blood and blood components matching and transfusions
- Arterial puncture for ABG
- Fine needle aspiration cytology (FNAC) from palpablelumps
- Bone marrow aspiration andbiopsy
- Abdominal paracentesis -diagnostic
- Aspiration of liver abscess
- Pericardiocentesis
- Joint fluidaspiration
- Liverbiopsy
- Nerve/ muscle/ skin/ kidney/ pleuralbiopsy
- Ultrasound abdomen, echocardiography
- Upper GI endoscopy,procto-sigmoidoscopy

#### Respiratory management

- Nebulization
- Inhalertherapy
- Oxygendelivery

#### Critically ill person

- Monitoring a sickperson
- Endotrachealintubation
- CPR
- Using adefibrillator
- Pulse oximetry
- Feeding tube/Ryle's tube, stomachwash and Naso-gastric
- Intubation



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- Urinary catheterization male and female
- Prognostication
- Haemodialysis

#### Neurology- interpret

- **Nerve Conductionstudies**
- EEG
- **Evolved Potentialinterpretation**
- Certification of Braindeath
  - Intercostal tube placement with underwater sealThoracocentesis
  - Sedation
  - o Analgesia

#### Laboratory-Diagnostic Abilities

- Urine protein, sugar, microscopy
- Peripheral bloodsmear
- Malarialsmear
- Ziehl Nielson smear-sputum, gastricaspirate
- Gram's stain smear-CSF, pus
- Stool pH, occult blood, microscopy
- KOHsmear
- Cell count CSF, pleural, peritoneal, any serousfluid

#### Observes the procedure

- Subdural, ventriculartap
- Joint Aspiration –Injection
- Endoscopic Retrograde Cholangio- Pancreatography(ERCP)
- Peritonealdialysis

Interpretation Skills

Clinical data (history and examination findings), formulating a differential diagnosis in order of priority, using principles of clinical decision making, plan investigative work-up, keeping in mind the cost-effective approach i.e. problem solving and clinical decision- making.

- Blood, urine, CSF and fluid investigations hematology, biochemistry
- X-ray chest, abdomen, bone andjoints
- ECG
- Treadmilltesting
- ABG analysis
- Ultrasonography
- CT scan chest andabdomen
- CT scan head andspine
- **MRI**



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- Bariumstudies
- IVP, VURstudies
- Pulmonary functiontests
- Immunologicalinvestigations
- Echocardiographic studies

#### Interpretation under supervision

Hemodynamic monitoring

- Nuclear isotopescanning
- MRIspectroscopy/SPECT
- Ultrasound guided aspiration andbiopsies

#### Communication skills

- While eliciting clinical history and performing physical examination
- Communicating health, and disease
- Communicating about a seriously ill or mentally abnormal
- Communicatingdeath
- Informedconsent
- Empathy with patient and family members
- Referral letters, andreplies
- Discharge summaries
- Deathcertificates
- Pre-test counseling forHIV
- Post-test counseling forHIV
- Pedagogy -teaching students, other health functionaries-lectures, bedside clinics, discussions
- Health education prevention of common medical problems, promoting healthy life-style, immunization, periodic health screening, counseling skills in risk factors for common malignancies, cardiovascular disease, AIDS
- Dietary counseling in health and disease
- Case presentation skills including recording case history/examination, preparing follow-up notes, preparing referral notes, oral presentation of newcases/follow-up cases
- Co-coordinating care team work (with house staff, nurses, facultyetc.)
- Linking patients with communityresources
- Providingreferral
- Genetic counseling

#### Others

- Demonstrating
  - professionalism



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- ethical behavior (humane and professional care topatients)
- Utilization of informationtechnology
  - Medline search, Internet access, computerusage
- Researchmethodology
  - designing astudy
  - interpretation and presentation of scientific data
- Self-directedlearning
  - identifying key informationsources
  - literature searches
  - informationmanagement
- Therapeutic decision-making
  - managing multiple problems simultaneously
  - assessing risks, benefits and costs of treatmentoptions
  - involving patients indecision-making
  - selecting specific drugs withinclasses
  - Rational use ofdrugs

## **COURSE 1 (1201)- APPLIED BASIC SCIENCES**

#### COURSE OUTCOMES:

CO1: Ability to learn various applied basic sciences

CO2 :Application of basics cience knowledge in the practice of general medicine.

#### Course contents:

- 1.Genetics: Basic principles of genetics, molecular basis of cancer, genetics and geneticengineering, human genome mapping, chromosomal disorders, genetic basis of cancer, genetic and genetic cancer, genetic and genetic and genetic and genetic basis of cancer, genetics and genetic basis of cancer, genetic basis of cance
- 2.Immunology-basicsinimmunology, Autoimmunedisorders, immune deficiencydiseases, hypersensitivity reactions anaphylaxis, angio -edema, adverse drug reactions, Complement, HLAsystem. Transplantation immunology.
- 3.Fluid and electrolyte balance/Acid base metabolism The body fluid compartments, metabolism of water and electrolytes, factors maintaining homeostasis, diagnosis and management of a cidosis and alkalosis & Electrolyte imbalance
- 4.Blood transfusion: Blood grouping, cross matching, component therapy, complication ofbloodtransfusion, blood substitutes,
- 5. Shockandmulti-organ failure:-Typesofshock, diagnosis, resuscitation pharmacological support, ARDS, ventilator support and its prevention.



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6.Nutrition:-RDAofnutritionalsubstances, nutritionalsubstances nutritionalsubstances, nutri

7.Other applied basic sciences related to Anatomy, Physiology, Bio-chemistry, Pathology, Pharmacology, Microbiology & community medicine.

## **COURSE 2 (1202)- MEDICINE INCLUDING PSYCHIATRY**

#### **COURSE OUTCOMES:**

CO1: Abilitytodiagnoseandmanage various systemic, endocrine illness & poisons.

CO2: Abilitytodiagnoseandmanage various systemic emergencies.

CO3:Management of lifestylediseases and diseases affecting organ systems.

CO4: Ability to diagnose and manage basic psychiatric illness.

#### Course contents:

## 1.GASTROINTESTINAL&HEPATOBILIARYSYSTEM

DiseasesofOesophagus
Pepticulcerdiseasesanditsmanagement
Upper gastrointestinal bleed
Lowergastrointestinalbleed
ApproachtoMal-absorptionandmal-digestion
Inflammatoryboweldiseases
Irritablebowelsyndrome(I.B.S).
Gastrointestinalmotilitydisorders
ChronicDiarrhoea
Disordersofperitoneum
GIfunction tests

## 2.CARDIOVASCULARDISEASES

Rheumaticfeverandheartdiseases
Congenitalheartdiseases
Atherosclerosis, coronaryarterydisease
Primary and secondary hypertension
Cardiac Failure
Cardiacarrhythmias—tachyandbradyarrhythmias,
heartblocks
Infectiveendocarditis
MyocardialandPericardialdiseases
Pregnancy and heart diseases





Diseasesofaorta DVT and pulmonary embolism Peripheralarterialandvenousdiseases Acute and Chronic cor pulmonale DiseaseofLymphaticsystem Non-cardiac surgery in cardiac patients- assessment of anaesthesia and surgery Cardiacdrug and druginteraction Guidelinespublished bystandard cardiologyjournals.

Apartfrompathophysiology, clinical features and management, the importance of primary and secondaryprevention must bestressed.

### 3.RESPIRATORYMEDICINE:

Appliedaspects of Respiratory system & Respiratory Physiology.

My cobacteriology: Diagnostic methods, pathogenesis of My cobacterial diseases their clinical manifest of the companion ofat ions. Pulmonary and extrapulmonary as well as disseminated Tuberculosis, its pathogenesis, clinical features and the contraction of the contraturesdiagnosisandmanagement, National programme on Tuberculosis including DOTS

NonTuberculosisRespiratoryinfection:

of trachea - bronchtree pneumonias, infections acquired hospital and Community including cystic, fibrosis, parasitic and fungal diseases of lungs, HIV infections andlungs.

Allergicdiseasesofrespiratorysystemincludingbronchialasthma.

Industrial,occupationallungdiseasesincluding InterstitialPulmonaryFibrosis

Suppurativelungdiseases

Granulomatous diseases of lungincluding sarcoidosis.

Pulmonarymanifestationsofsystemic diseases and druginduced lung diseases.

Tropical pulmonary eosinophilia

Diseasesofpleura, mediastinumand diaphragm.

Intra-thoracic malignancies including etiology, diagnosis, staging and management of lung cancer.

Sarcoidosis

## **4.NERVOUSSYSTEM**

Applied aspects of anatomy - Brain and spinal cord

Evaluation of CNS diseases

Glasgowcomascale(GCS)andAVPUscale

Clinical approach to:- Coma, head ache, seizure, Dementia, Aphasia, sleep disorders

Braindeath

Cerebrovascular diseases

Cranialnervedisorders

CNSinfection, Bacterial Viral, Fungal, Neurotuberculosis, parasitic Priondiseases

Motorsystemdiseases

TumorsofbrainandSpinalcord

Extrapyramidaldisorders

Cerebellardisorders

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Neuro-degenerativedisorders
Autoimmuneencephalitis
Peripheral Neuritis, polyneuritis &GuillainBarreSyndrome
Neurologicmanifestations of systemic diseases
Cervical spondylosis
Phakomatosis
Disordersofmuscle-Dystrophy, Myopathy syndrome

#### 5.RHEUMATOLOGYANDCONNECTIVETISSUEDISORDERS

Structureofconnectivetissue-collagen, elastinandprotcoglycans Immunologicalmechanismand Immunogenicity Rheumatoidarthritis SLE Osteoarthritis Vasculitis Seronegativespondyloarthropathy Crystalarthritis Inflammatory/metabolic myopathies ArthropathiesassociatedwithEndocrinediseases Haematologicdiseases malignant diseases Fibromyalgicsyndromes Lower back pain Systemic selerosis Myositis Mixed connective Tissue disorder (MCID)

## 6.ENDOCRINOLOGY&METABOLISM

Principles of Endocrinology: Mechanism of action of hormones and receptors Assessment of endocrine function

Hypothalamus & Pituitary: Approach to pituitary diseases, diseases of anterior and posterior-pituitary tumors, Acromegaly, short stature, prolactinoma, diabetes, insipidus, SIADH, Cushing's disease, Panhypopituitarism, Sheehan's syndrome, Nonsecretary adenoma.

Pancreas:Hypoglycemia, Insulinoma,

DiabetesMellitus:Prevalence,Etio-pathogenesis,ADAcriteriafordiagnosis;ADAclassification, Clinical features, investigations, complications- micro & macro –vascular,management-Diet, Exercise, oral hypoglycemics,Insulin therapy in Type 1 and type 2,Gestationaldiabetes,Diabeticketo-acidosis,HONK, Hypoglycemia



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Recombinantinsulin Principle of islet transplantation Diabetesandpediatricagegroup

**Thyroid:** Iodine metabolism, Iodine deficiency disorder, Synthesis and secretion of thyroidhormone, hypothyroidism, hyperthyroidism, Cretinism, Sickcuthyroidsyndrome, thyoiditis, e valuations of nodule, ca. thyroid.

Parathyroid: Primary hyperparathyroidism, hypoparathyroidism, Pseudohypoparathyroidism.

Adrenal: Steroid biochemistry, Addison's disease, Cushing's syndrome, Congenial adrenalhyperplasia, pheochromocytoma, Primaryaldosteronism. Gonads:-testes. Men-Hypogonadism-

PGAS, Hypogonadotropic (Kallman's Syndrome) Hypergonadotropic (klinefelter's syndrome), delay edpuberty, puberty precocious, puberty infertility.

**Ovary**:delayedpuberty–Turner'ssyndrome,polycysticovariandiseases,hiruitism,precocious puberty, approach to amenorrhea, postmenopausal syndrome, current conceptsinmanagement.

#### **7.SEXUALMEDICINE:**

Appliedaspectofanatomy andphysiology ofreproductivesystem-maleandfemale. Human sexual response.

 $\label{problems-male} Etiology: Clinical features and management of common sexual problems-male and female.$ 

Effect of psychiatric illness and systemic diseases including commonly used drugs onreproductive system.

Infertility-male&female-etiology,clinicalfeatures,investigationsandphysiciansrolein management.

## 8.METABOLICBONEDISORDER(MBD)

Bone mineral, metabolism, osteoporosis, Osteomalacia &rickets Carcinoidtumors, hyperlipidemia

#### 9.NEPHROLOGY

Evaluationofpatientwithrenaldiseases
Interpretationoflaboratorytests
Acuterenal failure
Pathogenesis, pathology, clinical features, conservative management, dietinrenalfailure
Acute glomerulonephritis including idiopathic GN
Nephrotic syndrome
Urinarytract infection
Drugsand kidney
Nephrolithiasisandobstructivedisorder
Renalinvolvementinsystemicdiseases



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piabeticnephropathy
pregnancyandkidney
Basics of renal transplantation
Organdonation
Concept of brain death and cadaveric transplantation
Electrolytedisturbanceanditsmanagement
Immuno-suppressivedrugs
Slowcontinuousrenalreplacementtherapy

#### 10.HAEMATOLOGY

Haematopoiesis

Anaemias-causes, clinicalfeatures and laboratory approach and treatment Iron deficiency, megaloblastic, haemolytic and aplastic anaemias.

Various thalasemic syndromes, Hb electrophoresis,

Polycythaemias

Problemofiron overload

Auto immune blooddisorders

Transfusionmedicine

Recognitionandmanagementoftransfusiondisorders

Transfusion in patients with Haematological diseases (Component therapy)

CoagualopathyHypercoagulablestate

Leukaemias anitsmanagements

Myelodysplasticsyndromesand myeloproliferativedisorders

Plateletsdisorders-Purpuras-Primaryandsecondary.

Therapeuticplasmapheresis and cytapharesis,

ABVP, CHOPChemotherapy

#### 11.MEDICALONCOLOGY

Basics of oncology

Normalcell, Cancercell-Cellcycleandits Regulation

Molecular Biology Techniques such as Southern blot, Northern blot, western blot, Karyotyping, FISH, and the such as Southern blot, western blot, and the such as Southern blo

**PCR** 

Metastaticcascade

Angiogenesis

BasicprinciplesofChemotherapy-Drugclassification, Drugaction, sideeffects

Radiotherapy

StructureofAtom,

Radioactivityanditseffectoncell, sideeffects

Clinical oncology

Hematologicalcancers

Hematopoesis

LeukemiasandLymphomas-Classification,Diagnosis,management

Solidtumors-Br.Carcinoma.Hepatomas.MM-Principlesofmanagement

Bloodcomponent therapy

Bonemarrowtransplant



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NewerModalitiesinTherapyandSupportivecare BiologicResponseModifiers Genetherapy Stemcelltransplant Newer antibiotics Nutritional support Growthfactors

#### 12.POISONING:-

OPcompound, sedatives, alcohol, corrosives, anti-convulsants, general principles of management and specific management of poisons including snakes bites, scorpion stings.

Toxicology-Heavymetalpoisoning, Flurosis, Lathyrism Pre anesthetic and postoperative medical problems Geriatric medicines

Pregnancy medicine

Adolescentmedicine

#### **COURSE 3 (1203)- TROPICAL MEDICINE**

#### COURSE OUTCOMES:

CO1: Abilitytodiagnoseandmanagecommonbacterial infections and PUO.

CO2: Abilitytodiagnoseandmanagecommonviral infections.

CO3: Abilitytodiagnoseandmanagecommonparasitic infections.

CO4: Abilitytodiagnoseandmanagecommonfungal infections

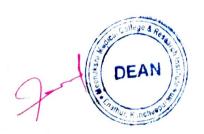
Course Contents:

#### 1.INFECTIOUSDISEASES

Basic considerations:Host – parasite interaction, Immunization principles, Lab. Diagnosisofinfectious diseases, vaccination (BCG, Typhoid, Tetanus, Hepatitis A&B), Antimicrobial agents, Mol. Mechanism of microbial pathogenesis. Clinical syndromes, (community setting): - Septic shock, Infective endocarditis, PUO, infectious diarrhoea, Bacterial food poisoning, Common STD syndromes, inf. Complications of bites and stings, infections of skin, muscle, and soft tissue, Osteomyelitis, Infra-abdominal infections and abscess, P.I.D Nosocomial Infections: Hospital acquired infection, infections in Transplant pts, Infection control in hospital.

Bacterial infections: Pneumococcal, staphylococcal, streptococcal& Enterococcal, Tetanus, Diphtheria, Anthrax, Listeria, Gasgangrene, Botulism, other clostridial infections.

Meningococcal, H.pylori, salmonella, shigella, cholera, legionella, moraxella Brucella, Pseudomonas, Mixed anaerobic infections, H. influenza, Gonococcal, Pertussis, Plague, Campylobacter, Donovanosis, Actinomycosis.



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## Angerobicinfections

Mycobacterial diseases: Tuberculosis, Leprosy, Non-tubercular mycobacterium,

Spirochaetal: Syphilis, Leptospirosis, Endemictrepanomatosis.

Rickettisiae:RMspottedfevers Mycoplasma: M. pneumonia Chlamydia: psittacosis

Fungal Infections: Candidiasis, Pcarinii, Aspergillosis, Mucor mycosis

Coccidiodomycosis, Cryptococcosis, Hostoplasmosis. Viral Infections: Antiviral chemotherapy

DNA viruses: Herpes simplex, CMV, Chicken pox vaccinia, other poxviruses. Varicellazoster, parvovirus

EbsteinBarr,HPV DNA&RNArespiratoryviruses:Influenza

RNAviruses:Rabies,ARBOviruses(Dengue,KFD,Japaneseencephalitis),Humanretrovirus,Entero mumps, Rubella.

opportunistic Epidemiology, clinical stages, complications, HIV&AIDS:infections(OI), laboratory investigations, HAART, PEP & counseling. Protozoal and Helminthic infections: - Life history, clinical manifestations, lab diagnosisand Echinococcosis, Taeniasis, Giardiasis. Malaria, T.trichiura, Ascariasis, Hookwormin fections, Filariasis, leish maniasis, other free living a moeba Toxopathan and the state of the sAmoebiasis. Trichomoniasis, Trypanosomiasis, Trichinella, lasmosis, latum, Schistosomiasis, Larva Migrans syndrome.

## COURSE 4 (1204) - MEDICINE INCLUDING RECENT ADVANCES & PAEDIATRICS

#### COURSE OUTCOMES:

CO1: Competency tolearn the recent advances in diagnosis & management of various medical diseases/conditions & apply it in practice

CO2:Abilitytodiagnose & manage basic paediatric diseases including congenital heart diseases Course contents:

## RECENT ADVANCES:

Recent advances in diagnosis & management of various Cardiovascular, Neurological, Respiratory, Gastro-intestinal, Endocrine & Rheumatological disorders

#### PAEDIATRICS:

Cyanotic congenital heart diseases, acyanotic congenital heart disease

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## X. TRAINING PROGRAMME

## FIRST YEAR:

Haematology	- 15 days
Endocrinology	- 15 days
Paediatrics	- 15 days
Psychiatry	- 15 days
Dermatology	- 15 days
Coronary Care unit	- 15 days
Intensive Medical Care Unit	- 15 days
Thoracic Medicine	- 15 days
Radiology including imaging	- 15 days
techniques & Nuclear medici	ine
Clinical epidemiology	- 15 days
Venereology	- 15 days
Diabetology	- 15 days
Rheumatology	- 15 days
Cancer Chemotherapy	- 15 days
Geriatrics	- 15 days
General Medical wards	- 4 ½ months
Total	: 12 months

#### **SECOND YEAR:**

Cardiology	- 1 month
Nephrology	- 1 month
Neurology	- 1 month
Medical Gastroenterology	- 1 month
General Medical Ward	- 8 months
Total	: 12 months

## THIRD YEAR:

General Medical Wards - 12 months

**Note:** The Post-Graduate student should attended the regular out patients departments of their parent medical unit and do the night duties in their parent unit on every admission days. They should make a record of medical emergencies they have attended in their log books.



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#### **EXAM PATTERN:** XI.

## THEORY EXAMINATION:

Theory	Title	Duration in hours	Maximum Marks
Paper I	Basic sciences	3	100
Paper II Medicine including Psychiatry		3	100
Paper III Tropical Medicine		3	100
Paper IV	Medicine including Paediatrics & Recent Advances	3	100

#### **CLINICAL EXAMINATION:**

	No. of Cases	Duration	Marks
Long case	One	1 Hour	80
Short cases	Three	45 mts.	120
		Total	200

**Guidelines for Long Case:** 

Long Case 1 Hour - CNS or multi system Involvement including detailed case sheet writing.

#### **Guidelines for Short Cases:**

1. General Examination& CVS

- 15 Mts.

2. General Examination& R.S

- 15 Mts.

3. General Examination& abdomen - 15 Mts.

No case sheet writing

The Candidate should be examined in each of the systems (viz) C.N.S., C.V.S., R.S. & abdomen.

#### **Oral and Practical:**

- 1. Slide
- 2. Specimen
- 3. X-Ray

4. C.T. Scans / MRI, Ultra Sound

5X5 marks - 25 Marks

5. Echo Cardiograph

E.C.G.

Orals

75 Marks

**Total** 

100 marks



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#### XII. RECOMMENDED LIST OF BOOKS AND JOURNALS

#### **TEXT BOOKS (Latest Edition)**

- 1. Harrisons Principles of Internal Medicine Volumes No. 1 & 2.
- 2. Cecil-Text Book of Medicine Volumes 1 & 2.
- 3. Oxford Text Book of Medicine Volumes 1 & 2.
- 4. Davidson's Principles & Practice of Medicine.
- 5. A.P.I. Text Book of Medicine.
- 6. Text Book of Medicine by Dr. K. V. Krishna Das.
- 7. Brain's Diseases of the Nervous System-Walton.
- 8. Crofton and Douglas's respiratory Diseases.
- 9. Heart Disease A Text Book of Cardio Vascular Medicine Eugene Braunwald.
- 10. The Kidney H.E. De Wardener.
- 11. De Grouchy's Clinical Hematology in Medical Practice.
- 12. Diseases of Liver and Biliary System Sheila Sherlock.

#### LIST OF CLINICAL TEXT BOOKS:

- 1. Hutchison's Clinical Methods Michael Swash & Stuart Mason.
- 2. Clinical Examination John Macleod.
- 3. Clinical Skills lan Bouhier & John morris.
- 4. Physical Diagnosis Vakil & Golwala.
- 5. Signs & Symptoms in Medicine Chamberlain.
- 6. Neurological Differential Diagnosis by John Pattern.
- 7. Clinical Neurology De Jong.
- 8. Neurological Examination Bicker staff.
- 9. Neurological Examination Mayo Clinic.
- 10. Bings Local Diagnosis in Neurological disease.
- 11. Localisation in Cinical Neurology paul W. Braziz Joseph & C. Masdev.

#### **JOURNALS:**

- 1. Applied Medicine.
- 2. I.J.C.P
- 3. J.A.P.I
- 4. B.M.J (Indian)
- 5. B.M.J (Original)
- 6. British Journal of Clinical Practices.
- 7. The Lancet.
- 8. Mayo Clinic Proceedings.
- 9. Post-Graduate Medicine.



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MATERIA CANCELLOS DE AMAGRACIO

- 10. Annals of Internal Medicine
- 11. Tropical Medicine
- 12. Medicine
- 13. N.E.J.M. (New England Jowral of Medicine)
- 14. Medical Clinics of North America.

#### XIII. <u>REFERENCES</u>:

- 1. Principles of Neurology by 1. Raymond Adams 2. Maurics Victor.
- 2. Text book of Respiratory Medicine Murray & Adel.
- 3. Crofton & Douglas's Respiratory Diseases.
- 4. The Heart, Arteries & Veins O.J. Willis Hurtt.
- 5. Clinical Heart Diseases Samuel Oram.
- 6. Clinical Cardiology Maurice Sololow.
- 7. The Kidney Brenner & Rector
- 8. Clinical Hematology Mazwell M. Wintrobe.
- 9. Haematology Williams J. Williams
- 10. Harrisons text book of Medicine.





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