

FACULTY OF MEDICINE AND ALLIED HEALTH SCIENCES

SPECIFIC REGULATIONS FOR THE FACULTY OF MEDICINE AND ALLIED HEALTH SCIENCES

78.0 SHORT TITLE AND COMMENCEMENT

- 78.1 These regulations shall be called "Specific Regulations for the M.B.B.S. programme and the Allied Health Sciences programmes of B.PT., M.PT., B.Sc. (Nursing) and M.Sc. (Nursing)". of the Dr.M.G.R. Educational and Research Institute, Deemed University. These regulations are applicable to the students who are admitted to the M.B.B.S., B.PT., M.PT., B.Sc. (Nursing) and M.Sc. (Nursing) programmes in this University.
- 78.2 As per the decision of the Academic Council of this university, these regulations have been prepared by adopting the regulations of the Tamil Nadu Dr.M.G.R. Medical University, the Medical Council of India and the Indian Nursing Council.

SECTION A

79.0 REGULATIONS FOR M.B.B.S. PROGRAMME

- 79.1 GENERAL CONSIDERATIONS AND TEACHING APPROACH FOR THE M.B.B.S. PROGRAMME
- 79.1.1 Graduate Medical Curriculum is oriented towards training students to the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative and rehabilitative aspects of medical care.
- 79.1.2 With a 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 educational experience of the essentials required for health care in our country
- 79.1.3 To undertake the responsibilities of various service situations, it is essential to provide adequate placement training tailored to the needs-of such services. To avail of opportunities and engage in professional activities, the graduate shall Endeavour to acquire basic training in different aspects of medical care.
- 79.1.4 The importance of the community aspects of health care and of rural health care services is to be emphasized. This aspect of education and training of graduates should be adequately recognized in the prescribed curriculum. Adequate exposure to such experiences should be available throughout in all the three Phases of graduate medical education and training. This has to be further 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 effectively under such settings.

- 79.1.5 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.
- 79.1.6 Enough experience must be provided for self learning. The methods and Techniques that would ensure this must become a Part of the teaching – learning process.
- 79.1.7 The medical graduate of modern scientific medicine shall endeavor to become capable of functioning independently in both urban and rural environment. He/She shall endeavour to master the fundamental aspects of the subjects taught and all common problems of health and disease avoiding unnecessary details of specialization.
- 79.1.8 The importance of social factors in relation to the problem of health and disease should receive proper emphasis throughout the course. To achieve this purpose the educational process should also be community based rather 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.
- 79.1.9 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 the facts.
- 79.1.10 The educational process should be placed in a historical 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 in the rest of the world should form a Part of this process.
- 79.1.11 Lectures alone are generally not adequate as a method of training and a means of transferring 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 first-hand experience. Students shall be encouraged to learn in small groups through sheer interactions so as to gain maximal experience through contact with patients and the communities in which the patients live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance with hands on experience for the students to assimilate and make this knowledge a Part of their own working skills.

- 79.1.12 The graduate medical education in clinical subjects should be based primarily on teaching in out-patient and 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.
- 79.1.13 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 improving his skill and competence in handling of patients.
- 79.1.14 Proper records of the work should be maintained which will form a basis for the student's internal assessment. They should be available to the inspectors at the time of inspection of the college by the Medical Council of India.
- 79.1.15 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 pre-clinical disciplines in both understanding and resolving a problem. Every attempt must be made to avoid compartmentalization of disciplines so as to achieve both horizontal and vertical integration in different Phases.
- 79.1.16 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 member/leader when he begins his independent career. A discussion group should not have more than 20 students.
- 79.1.17 Faculty members should avail the modern educational Technology while teaching the students. To attain this objective, Medical Education Unit/Department should be established for faculty development and for providing learning resource materials to teachers.
- 79.1.18 To derive maximum advantage out of this revised curriculum the vacation period of students in one calendar year should not exceed one month during the 4 ½ years Bachelor of Medicine cum Bachelor of Surgery (M.B.B.S.) degree course.

79.2 ELIGIBILITY FOR ADMISSION TO M.B.B.S. PROGRAMME

- 79.2.1 He/She shall complete the age of 17 years on or before 31st December of the year of Admission to the M.B.B.S. programme.
- 79.2.2 He/She has passed the qualifying examination as under:

a) The Higher Secondary Examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination after a period of 12 years of study, the last two years of study comprising of Physics, Chemistry Biology and Mathematics or any other elective subjects with English at a level not less than the core course for English as prescribed by the National Council for Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education.

Or

b) The Intermediate Examination in Science of an Indian University/Board or other recognized examining body with Physics, Chemistry, and Biology which shall include a Practical test in these subjects and also English as compulsory subject.

Or

c) The Pre-Professional/Pre-Medical Examination with Physics, Chemistry and Biology, after passing either the Higher Secondary School Examinations, or the Pre-University or an equivalent examination. The Pre-Professional/Pre-Medical examination shall include a Practical test in Physics, Chemistry and Biology and also English as a compulsory subject.

Or

d) The first year of the three years degree course of a recognized university, with Physics, Chemistry and Biology including a Practical test in three subjects, provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course.

Or

e) Graduate Candidates should have qualified for B.Sc. degree of Indian University recognized by the Association of Indian Universities and accepted as equivalent by the Academic Council and Board of Management of this University subject to such conditions as may be prescribed therefore with one of the following subjects as a major subject viz. Physics, Chemistry, Botany, Zoology and one other prescribed Science subject of study at least up to the ancillary level; provided that such candidates shall have passed the earlier qualifying examination (Higher Secondary Examination or an equivalent examination) with the subjects English, Physics, Chemistry, Biology/Botany and Zoology.

Or

f) Any other examination which, in scope and standard is found to be equivalent to the Intermediate Science Examination of

an Indian University/Board, taking Physics, Chemistry and Biology including Practical test in each of these subjects and English.

- 79.2.3 Wherever the State Board/Body of appropriate authority have taken into account only the Plus Two level marks to determine the class of the candidate and issue the statement of marks accordingly it alone would be taken into consideration.
- 79.2.4 Candidates who have studied abroad, the equivalency of qualification as determined by the Association of Indian Universities shall from the guidelines to determine the eligibility and should have passed in the subjects of Physics, Chemistry, Biology (Botany/Zoology) and English up to the 12th Standard level with 50 % marks aggregate.
- 79.2.5 Any criteria not covered under the above provisions, the ruling of the Eligibility Committee shall be adopted.
- 79.2.6 Improvement of marks in the Higher Secondary Examinations: Candidates belonging to all categories who have passed the qualifying examination without acquiring the stipulated minimum academic requirements prescribed in the first appearance are permitted two opportunities for improvement within one year of the first appearance in the qualifying examination for determining the eligibility for admission to the first M.B.B.S. Programme
- 79.2.7 Reappearance of failed candidates belonging to all categories, who have failed in the qualifying examination in the first appearance are permitted two opportunities within a period of one year following the first appearance in the qualifying examination, for passing of failed subjects to determine the eligibility for admission to the First M.B.B.S. Programme
- 79.2.8 Candidates who have passed any qualifying examination other than the Higher Secondary Course examination conducted by the Government of Tamil Nadu shall obtain an eligibility certificate from the University by remitting the prescribed fees along with the application form before admission

80.0 **SELECTION OF CANDIDATES FOR M.B.B.S. PROGRAMME**

Admission to the M.B.B.S. Programme will be done from candidates on All India Basis by an Entrance Examination conducted by the University. However the candidates who have appeared for other approved entrance test will also be considered. Only those candidates who fulfill the eligibility criteria as per section 79.2 alone can appear for the entrance test.

81.0 **CUT OFF DATES FOR ADMISSION**

All kinds of admissions shall be completed on or before 15th July of the academic year. The candidates admitted up to 15th July shall be registered to take up their 1st year examination during August of the next year, after completing 240 working days.

82.0 **ENROLLMENT OF CANDIDATES**

The candidates admitted provisionally shall apply to the university for Enrollment within 7 days from the date of admission in prescribed form. Enrollment will not confer any right on the candidate for registration with the university to take up the university examination, if he/she does not satisfy the eligibility criteria for admission, as per section 79.2

83.0 **REGISTRATION OF CANDIDATES**

A candidate admitted in M.B.B.S. Programme of this university shall register his/her name by submitting the prescribed application form for registration duly filled.

84.0 **COURSE OF STUDY**

84.1 The students admitted in the M.B.B.S. programme shall undergo a period of certified course of study extending over 4 ½ academic years with 240 teaching days in each academic year plus one year of compulsory rotating internship. The first year M.B.B.S. programme shall commence on the 1st August of the academic year.

84.2 The period of 4 ½ years is divided in to three Phases as follows

a) Phase I (I M.B.B.S.) One year, consisting of Pre-Clinical subjects,

- i. Human Anatomy
- ii. Physiology including Bio-Physics
- iii. Bio-Chemistry and
- iv. Introduction to Community Medicine including Humanities.

Besides 60 hours for introduction to Community Medicine including Humanities, rest of the hours shall be somewhat equally divided between Anatomy and Physiology plus Bio-Chemistry combined (Physiology 2/3 and Bio-Chemistry 1/3)

b) Phase – II (II M.B.B.S.) (1½years), consisting of Para Clinical/Clinical subjects.

During this Phase teaching of Para Clinical subjects shall be done. The Para-Clinical subjects shall consist of Pathology, Pharmacology, Microbiology, Forensic Medicine including Toxicology and Part of Community Medicine. The Clinical subjects shall consist of all those detailed below in Phase III Out of the time for Para-Clinical teaching, approximately equal time shall be allotted to Pathology, Pharmacology, Microbiology and Forensic Medicine and

Community Medicine combined. (1/3 Forensic Medicine 2/3 Community Medicine)

c) Phase – III (III M.B.B.S.) (Two Years) - continuation of study of clinical subjects from Phase II.

The clinical subjects to be taught during Phase II and III are Medicine and its allied specialties, Surgery and its allied specialties, Obstetrics and Gynaecology and Community Medicine.

Besides clinical posting the rest of the teaching hours should be divided between didactic lectures, demonstrations, seminars, group discussions etc. in various subjects. The training in Medicine and its allied specialties will include General Medicine, Paediatrics, Tuberculosis and Chest, Skin and Sexually Transmitted Diseases, Psychiatry, Radio-Diagnosis, Infectious disease etc. The training in Surgery and its allied specialties will include General Surgery, Orthopaedic Surgery including Physiotherapy and Rehabilitation, Ophthalmology, Oto-Rhino-Laryngology, Anesthesia, Dentistry, Radio-therapy, etc. The Obstetrics & Gynaecology training will include family medicine, family welfare planning etc.

The III Phase of the M.B.B.S. programme consists of two Academic years and it is divided into two Parts of one year each.

Part I At the end of One year of study in Phase III, the candidates shall be examined in three subjects namely Ophthalmology, Oto-rhino-laryngology and Community Medicine in the Part I Examination of III M.B.B.S..

Part II At the end of 3 ½ years of study in Phase II and Phase III, the candidates shall be examined in Four subjects namely, Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics in the Part II Examination of III M.B.B.S.

85.0 **ELIGIBILITY TO JOIN PHASE II (II M.B.B.S.)**

No Student shall be permitted to join the Phase II (II M.B.B.S.), (Para Clinical and Clinical) group of subjects, until he/she has passed in all the Phase I (Pre-Clinical) subjects. After passing Pre-Clinical subjects, 1½ years shall be devoted to Para-Clinical subjects. Phase II will be devoted to Para-Clinical and Clinical subjects, along with Clinical postings.

86.0 **COMMENCEMENT OF THE I M.B.B.S. PROGRAMME**

From 1st August of the academic year

87.0 **WORKING DAYS IN AN ACADEMIC YEAR**

Each academic year shall consist of not less than 240 working days.

88.0 **MEDIUM OF INSTRUCTION**

English shall be the medium of instruction for all the subjects of study and for examinations.

89.0 **CURRICULUM AND SYLLABI**

The Curriculum and Syllabi prescribed by the Tamil Nadu Dr.MGR Medical University and the Medical Council of India for the M.B.B.S. programme shall be adopted with the approval of the Academic Council. Any change introduced now and then by the Tamil Nadu Dr.MGR Medical University and the Medical Council of India, in the syllabi and curriculum of the M.B.B.S. programme shall be followed with the approval of the Academic Council of this university.

90.0 **SUBMISSION OF LABORATORY RECORD NOTE BOOKS**

At the time of Practical/clinical examination each candidate shall submit to the Examiners his/her laboratory note books duly certified by the Head of the Department as a bonafide record of the work done by the candidate.

The Practical record shall be evaluated by the concerned Head of the Department (Internal Evaluation) and the Practical record marks shall be submitted to the University 15 days prior to the commencement of the theory examinations.

The candidate may be permitted by the examiners to refer to the Practical record book during the Practical examination in the subject of Biochemistry only. No other materials, handwritten cyclostyled or printed guides are allowed for reference during the Practical examinations.

In respect of failed candidates, the marks awarded for records at previous examinations 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 and the students should be informed of the same by suitable display.

91.0 **INTERNAL ASSESSMENT**

91.1 INTERNAL ASSESSMENT FOR I M.B.B.S. PROGRAMME.

a) The Internal Assessment should be done once in three months.

At the end of 3 months – First Internal Assessment

At the end of 6 months – Second Internal Assessment

One month prior to the year-end Examination – Third Internal Assessment

The Internal Assessment consists of the following points:

- a) Theory
- b) Practical/Clinical
- c) Viva Voce

All the details regarding Internal Assessment should be sent to the Controller of Examinations at the end of January, March & May for 100 marks and the aggregate of final Internal Assessment marks at the end of June for 80 marks by the Head of the Department of the subject concerned. The aggregate of Final Internal Assessment Marks submitted at the end of June for 80 marks shall be taken by the University as Internal Assessment Marks for permitting the candidates to sit for the examinations. The average marks of the Theory, Practical/Clinical & Oral should be added and aggregate must be taken and sent to the University as Internal Assessment marks. 35 % of minimum marks is necessary to appear for the examinations. The Internal Assessment marks will be exhibited periodically on the Notice Board after completion of I.A. examination for the knowledge of the students.

- b) A failed candidate in any subject should be provided an opportunity to improve his/her internal assessment marks by conducting a minimum of two examinations in theory and Practical separately and average marks, be considered for improvement.
- c) The Internal Assessment marks (both in written and Practical taken together) should be submitted to the Controller of Examinations fifteen days prior to the commencement of the theory examinations.
- d) A candidate should obtain a minimum of 35 % of marks in Internal Assessment in a subject, to be permitted to appear for the year end examination in that subject.

91.2 INTERNAL ASSESSMENT FOR II M.B.B.S. PROGRAMME

a) The Internal Assessment Marks for those students who passed the I M.B.B.S. examination in August and entering the II M.B.B.S., shall be sent at the end of January, June & December for 60 Marks (Theory – 30 Marks; Orals – 10 Marks and Practical – 20 Marks) and the aggregate of final Internal Assessment marks at the end of next January for 80 marks (Theory & Orals – 40 marks; Practical – 20 marks; Assignment – 10 marks & Record – 10 marks).

b) ARREAR BATCH ENTERING II M.B.B.S. IN APRIL

The Internal Assessment Marks for those students who passed the I M.B.B.S. examination in February and entering the II M.B.B.S. in April, shall be sent at the end of July, December & June for 60 marks (Theory – 30 Marks; Orals – 10 Marks and Practical – 20 marks) and the aggregate of final Internal assessment marks at the end of next July for 80 marks (Theory & Oral – 40 marks; Practical -20 marks; Assignment – 10 marks and Record – 10 marks). The aggregate of Final Internal Assessment marks submitted at the end of January/July for 80 marks shall be taken by the University as Internal Assessment Marks & a minimum of 35% marks is mandatory for permitting the candidates to sit for the year end Examinations.

c) INTERNAL ASSESSMENT MARKS FOR FORENSIC MEDICINE

The Internal Assessment for 30 marks (Theory – 15 + Oral – 5 + Practical 10 marks) shall be sent to the University once in six months. The final Internal Assessment including Record & Assignment (Theory & Practical 20 marks; Record & Assignment 10 marks) shall be sent to the University.

- d) A failed candidate in any subject should be provided an opportunity to improve his/her internal assessment marks by conducting a minimum of two examinations in theory and Practical separately and average be considered for improvement.
- e) The internal assessment marks (both in written and Practical taken together) should be submitted to the University fifteen days prior to the commencement of the theory examinations.
- f) A candidate should obtain a Minimum of 35 % of marks in Internal Assessment in a subject to be permitted to appear for the year end examination in that subject.

91.3 INTERNAL ASSESSMENT FOR III M.B.B.S. PROGRAMME

a) III M.B.B.S. PART I (ENT, OPHTHALMOLOGY & COMMUNITY MEDICINE):

Two tests for Part I Internal Assessment viz. one test during the period of clinical posting and another test shall be conducted before the year end examinations. The Internal Assessment Marks shall be submitted to the Controller of Examinations within 15 days after the exams. Assignments completed by candidates as home work or vacation work may also be considered. The aggregate of Final Internal Assessment Marks shall be submitted during first week of January/July.

b) III M.B.B.S. PART II (MEDICINE, SURGERY, OBSTETRICS & GYNAECOLOGY AND PAEDIATRICS)

Three tests for Part II Internal Assessment within the period of two years viz. One test shall be conducted during first year and another two tests shall be conducted during second year. The internal Assessment Marks shall be submitted to the University within 15 days after the exams. Marks awarded for maintenance of records should be included in the Internal assessment. The aggregate of Final Internal Assessment Marks shall be submitted during first week of January/July.

- c) A failed candidate in any subject should be provided an opportunity to improve his/her Internal Assessment Marks by conducting a minimum

of two examinations each in theory and Practical separately and the average be considered for improvement.

- d) The Internal Assessment Marks awarded both in written and clinical separately should be submitted to the University at least fifteen days prior to the commencement of the theory examinations.
- e) A candidate should obtain a Minimum of 35 % of marks in internal assessment in a subject, to be permitted to appear for the year end examination in that subject.

92.0 ATTENDANCE REQUIRED FOR ADMISSION TO YEAR END EXAMINATIONS.

- 92.1 No candidates shall be permitted to any one of the Parts of M.B.B.S. Examinations unless he/she has attended the course in the subject for the prescribed period.
- 92.2 A candidate is required to put in a minimum of 75% attendance in both theory and Practical/Clinical classes in each subject before admissions to the examinations.
- 92.3 A candidate lacking in the prescribed attendance in any one subject in the first appearance shall be denied admission to the entire examination.
- 92.4 Any candidate who does not appear for an examination due to lack of attendance shall be permitted to appear at the next exam session if he puts in a minimum of 75% attendance in the extended period of study.
- 92.5 Failed candidates who are not promoted to the next Phase of study are also required to put in a minimum of 75 % attendance during the extended period of study before appearing for the next examination.
- 92.6 Attendance earned by the students shall be displayed on the notice board at the end of every 3 months and a copy of the same shall be sent to the parents of the students concerned.

93.0 REGULATIONS FOR CONDONATION OF ATTENDANCE

There shall be no condoning of lack of attendance for the M.B.B.S. Programme.

94.0 RE-ADMISSION AFTER BREAK OF STUDY

A separate regulation is available for all the UG/PG courses of this university for the re-admission of candidates after a break of study (Refer section 17.0)

95.0 **MIGRATION/TRANSFER OF CANDIDATES**

Migration from this university to another university or to another Medical College is not permitted.

96.0 **DURATION FOR COMPLETION OF M.B.B.S. PROGRAMME**

The duration for completion of the M.B.B.S. programme is double the duration of the programme and the students have to pass within the said period; otherwise, they have to get fresh admission.

97.0 **TEACHING SCHEDULE FOR CLINICAL SUBJECTS (Phase II & III)**

A. THEORY CLASSES

Didactic lectures, demonstrations and seminars etc. in addition to clinical postings as under. The Clinical lectures should be held from 4th semester onwards. Lectures in the Community Medicine, E.N.T. and Ophthalmology shall be conducted in III M.B.B.S., Part – I

❖	General Medicine	:	300 Hours
❖	Paediatrics	:	100 Hours
❖	T.B. and Chest	:	20 Hours
❖	Psychiatry	:	20 Hours
❖	Skin and S.T.D.	:	30 Hours
❖	Community Medicine	:	50 Hours
❖	Anaesthesia	:	20 Hours
❖	General Surgery	:	300 Hours
❖	Orthopaedics (Including Physical Medicine)	:	100 Hours
❖	Ophthalmology	:	100 Hours
❖	E.N.T.	:	70 Hours
❖	Radiology	:	20 Hours
❖	Dentistry	:	10 Hours
❖	Obstetrics & Gynaecology Inclusive of Family Welfare	:	300 Hours

B. CLINICAL POSTINGS:

The Clinical posting shall be for 3 hours daily during the forenoon. At the beginning of the clinical course, i.e. on entry into Phase II, the whole batch shall be given an introductory course in clinical methods of 2 weeks each in Medicine and Surgery.

Subsequently in each of the 7 semesters (half years) of the 3-1/2 year clinical course (i.e. Semesters 3,4 and 5 in II M.B.B.S., 6 and 7 in III M.B.B.S, Part I and 8 and 9 in III M.B.B.S., Part II), the students shall be posted in small batches by rotation in various clinical Departments as per the chart below.

C. PERIOD OF CLINICAL POSTINGS IN WEEKS

SUBJECTS Semester Weeks	3rd Sem.	4th Sem.	5th Sem.	6th Sem.	7th Sem.	8th Sem.	9th Sem.	Total
General*** Medicine	6	-	2	-	4	6	6	24
Paediatrics	-	2	-	2	2	4	-	10
TB & Chest Diseases	-	2	-	-	-	-	-	02
Skin & S.T.D.	-	2	-	2	-	2	-	06
Psychiatry	-	-	4	-	-	-	-	04
Radiology*	-	-	-	-	2	-	-	02
General **** Surgery	6	-	4	-	2	6	6	24
Anaesthesiology	-	-	-	-	-	-	2	02
Orthopaedics**	-	-	4	4	-	-	2	10
Ophthalmology	-	4	-	4	2	-	-	10
Ear, Nose & Throat	-	4	-	4	-	-	-	08
Obst.&Gynae Including Family Welfare Planning	2	4	4	-	4	4	6	24
Community Medicine	4	4	-	4	-	-	-	12
Casualty	-	-	-	2	-	-	-	02
Dentistry	-	-	-	-	2	-	-	02
Total	18	22	18	22	18	22	22	142

NOTE: Clinical methods in Medicine & Surgery for whole class will be for 2 weeks each respectively at the start of 3rd Semester.

* The posting includes training in Radio Diagnosis and Radiotherapy where existent.

** This posting includes exposure to Rehabilitation & Physiotherapy

*** This posting includes exposure to Laboratory Medicine & Infectious Diseases

**** This posting includes exposure to Dressing

***** This includes Maternity Training & Family Medicine and the 3rd posting shall be in Family Welfare Planning.

98.0 YEAR END EXAMINATIONS

98.1 COMMENCEMENT OF THE EXAMINATIONS

a) August 1st/February 1st

- b) Theory Examinations shall not be held on Saturdays and Sundays. If the date of commencement of the examination falls on a Public Holiday, the next working day will be the date of commencement of examination.

98.2 TIMING OF EXAMINATION

- a) Phase – I : Professional Examination, at the end of one year from the commencement of Phase I.
- b) Phase – II : Professional Examination, at the end of 1-1/2 years from the commencement of Phase II.
- c) Phase –III : Part I Examination at the end of one year of Phase III
- d) Phase – III : Part I (Final Professional) examination at the end of 2 years of Phase III.

98.3. EXEMPTION IN PASSED SUBJECTS

Candidates who fail in an examination but obtain pass marks in one or more individual subjects shall be exempted from re-examination in the passed subjects.

98.4 CARRYOVER OF FAILED SUBJECTS

- a) Passing in I M.B.B.S. Professional examination is compulsory before proceeding to Phase II.
- b) A student who fails in the II M.B.B.S. Professional Examination shall be permitted to carry the failed subjects to Phase III of the M.B.B.S. course but shall not be allowed to appear in III M.B.B.S. Professional Part I Examination unless he/she passes all the subjects of the II M.B.B.S. Professional Examination. Passing in II M.B.B.S. professional Examination is compulsory before entering Part II of Phase III (Final Year) of the M.B.B.S. programme.
- c) Appearing for III M.B.B.S. Part I examination is compulsory before entering Part II of Phase III i. e., the final year of the M.B.B.S. programme.
- d) passing in III M.B.B.S. Professional Part I examination is not compulsory before entering for Part II training. However passing of III M.B.B.S. Professional Part I is compulsory for being eligible to appear for III M.B.B.S. Professional Part II examination.

99.0 REVALUATION OF ANSWER PAPERS

There is no provision for revaluation of answer papers. However, re-totalling is allowed in the failed subjects.

100.0 SCHEME OF EVALUATION

100.1 M.B.B.S. PROGRAMME I PHASE

a) Internal Assessment Pattern

Theory	- 40 marks
Practical	- 30 marks
Records	- <u>10 marks</u>
Total	<u>80 marks</u>

b) Year end Examination Pattern

Theory Examination

Each subject has two theory papers of 3 hours duration for 100 marks each.

Paper I	- 100 marks
Paper II	- 100 marks

c) Pattern of Question Paper

10 SAQ	-	10×2 =	20 marks
2 Essays	-	2×15 =	30 marks
10 short notes	-	10×5 =	<u>50 marks</u>
Total			<u>100 marks</u>

d) Practical Examination

Each subject has two Practical Examinations for 40 marks each

Practical I	-	40 marks
Practical II	-	<u>40 marks</u>
Total		<u>80 marks</u>

e) Viva Examination- Each subject has a Viva Voce Examination for 40 marks.

f) Marks Qualifying for a pass in each subject:

50% in Theory	=	100/200
50 % in Theory including viva	=	120/240
50% in Practical	=	40/80
35% in Internal Assessment	=	28/80
Total 50% aggregate	=	<u>200/400</u>

100.2 II PHASE M.B.B.S. PROGRAMME

a) Internal Assessment

- (i) Each of the subjects Pathology Microbiology and Pharmacology have the internal assessment for 80 marks.

Theory	-	40 marks
Practical	-	30 marks
Records	-	10 marks
Total		<u>80 marks</u>

- (ii) The subject Forensic medicine has the internal assessment for 30 marks

Theory and Practical	-	20 marks
Record and Assignment	-	10 marks
Total		<u>30 marks</u>

b) Year end Examination Pattern

- (i) The subjects Pathology, Micro-Biology and Pharmacology have two theory papers each. Each paper is for 100 marks and 3 hours duration.

Paper I	-	100 marks
Paper II	-	100 marks

- (ii) The subject forensic medicine has one theory paper for 100 marks and 3 hours duration.

c) Pattern of Question paper

Pattern of Question paper for the theory papers of the subjects Pathology, Microbiology, Pharmacology and Forensic Medicine.

20 MCQ	20×01 =	20 marks
1 Long Essay Question	01×20 =	20 marks
2 Essay Questions	02×15 =	30 marks
6 Short Notes	06×05 =	<u>30 marks</u>
		<u>100 marks</u>

d) Pattern of Practical Examination

- (i) The subjects Pathology, Microbiology and Pharmacology have two Practical each. Each Practical is for 40 marks.
- (ii) The subject Forensic Medicine has Practical I for 15 marks and Practical II for 35 marks.

e) Pattern of Viva-Examination

- i. The subjects Pathology, Microbiology and Pharmacology have Viva - Voce Examination for 40 marks each.
- ii. The subject Forensic Medicine has Viva - Voce Examination for 20 marks.

- f) Marks Qualifying for a Pass
- (i) For the subjects Pathology, Microbiology and Pharmacology.
- | | | |
|----------------------------------|---|-----------------------|
| 50% in Theory | = | 100/200 |
| 50% Theory including Viva - Voce | = | 120/240 |
| 50% in Practical | = | 40 / 80 |
| 35% in Internal Assessment | = | <u>28 / 80</u> |
| Total 50 % aggregate | = | <u>200/400</u> |
- (ii) For the subject Forensic Medicine
- | | | |
|---------------------------------|---|-----------------------|
| 50% in Theory | = | 50 / 100 |
| 50% Theory including Viva -Voce | = | 60 / 120 |
| 50% in Practical | = | 25 / 50 |
| 35% in Internal Assessment | = | <u>11 / 30</u> |
| Total 50 % aggregate | = | <u>100/200</u> |

100.3 III M.B.B.S. – Part I

- a) Internal assessment
- (i) The subjects Ophthalmology and Oto-rhino-laryngology have internal assessment marks of 40 each
- | | |
|--------------|-----------------|
| Theory | 20 marks |
| Clinical | <u>20 marks</u> |
| Total | 40 marks |
- ii) The subject Community medicine has internal assessment marks of 80.
- | | |
|-----------|-----------------|
| Theory | 40 marks |
| Practical | <u>40 marks</u> |
| | 80 marks |
- b) Pattern of Year end Examination - Theory Paper
- (i) The subjects Ophthalmology and Oto-rhino-laryngology have one theory paper each for 80 marks and 3 hours duration.
- (ii) The subject Community Medicine has two theory papers of 120 marks each and 3 hours duration.
- c) PATTERN OF QUESTION PAPER
- (i) The pattern of Question paper for the subjects Ophthalmology and Otorhinolaryngology.

20 MCQs	20×1 =	20 marks
1 Long Essay	1×15 =	15 marks
2 Essays	2×10 =	20 marks
5 Short Notes	5×05 =	<u>25 marks</u>
		80 marks

- ii) The pattern of Question paper for the subject Community Medicine

20 MCQs	20×1 =	20 marks
1 Long Essay	1×20 =	20 marks
2 Essay	2×15 =	30 marks
10 Short Notes	10×5 =	<u>50 marks</u>
		<u>120 marks</u>

d) PATTERN OF PRACTICAL EXAMINATION

- (i) The subjects Ophthalmology and Oto-rhino-laryngology have the clinical examinations for 60 marks each.
- (ii) The subject Community Medicine has two Practical examinations for 30 marks each.

Practical I	30 marks
Practical II	<u>30 marks</u>
Total	60 marks

e) Pattern of Viva – Voce Examination

The subjects Ophthalmology Oto-rhino-laryngology and Community Medicine have the Viva – Voce Examinations for 20 marks each.

f) Marks Qualifying for a pass

- (i) Minimum marks required for a pass in the subjects Ophthalmology and Oto-rhino-laryngology
- | | | |
|-----------------------------|---|----------------|
| 50% in Theory | - | 40 / 80 |
| 50% Clinical | | |
| Including VivaVoce | - | 40 / 80 |
| 35% Internal Assessment | - | <u>14 / 40</u> |
| Total 50 % aggregate | | 100/200 |

- (ii) Minimum marks required for a pass in the subjects Community Medicine

50 % in Theory	-	120/240
50% in Practical		
including Viva-Voce	-	40/80
35% in Internal Assessment-		<u>28/80</u>

Total 50% aggregate **200/400**

100.4 III Phase M.B.B.S. – Part II

a) Internal Assessment

- (i) The subjects Medicine, Surgery and Obstetrics and Gynaecology have Internal Assessment marks of 160 each.

Theory	-	60 marks
Record	-	20 marks
Clinical	-	80 marks
Total		160 marks

- (ii) The subject Paediatrics (including Nano-Technology) has Internal Assessment marks of 50.

b) Pattern of Year end examination, Theory papers.

- (i) The subjects Medicine, Surgery, and Obstetrics and Gynaecology have two papers each. Each paper is for 100 marks and 3 hours duration
- (ii) The subject Pediatrics has one paper for 100 marks and 3 hours duration.

c) Pattern of Question Paper

All the above four subjects have the following pattern of Question paper.

20 MCQs	=	20×1 = 20 marks
1 Long Essay	=	1×20 = 20 marks
2 Essays	=	2×15 = 30 marks
6 Short Notes	=	6×5 = <u>30 marks</u>
Total		100 marks

d) Pattern of Practical Examination

- i) The subjects Medicine and Surgery have the Practical examinations for 120 marks each.
 - ii) The subject Obstetrics and Gynaecology has two Practical examinations for 50 marks each.
 - iii) The subject Paediatrics has Practical examination for 80 marks.
- e) Pattern of Viva Examination
- i) The subjects Medicine and Surgery have Viva-Voce examinations for 20 marks each
 - ii) The subject Obstetrics and Gynaecology has the Viva – Voce Examination for 40 marks
 - iii) The subject Paediatrics has the Viva-Voce Examination for 20 marks
- f) Marks Qualifying for a pass
- i) For the subjects Medicine and Surgery

50% in Theory	=	100 / 200
50% in Clinical	=	60 / 120
Viva - Voce	=	/ 20
35% Internal Assessment	=	<u>56 / 160</u>
Total		<u>250/500</u>
 - ii) For the subject obstetrics and Gynaecology

50% in Theory	=	100/200
50 % in Clinical	=	50/100
Viva-Voce	=	/ 40
35% in Internal Assessment	=	<u>56/160</u>
Total 50% aggregate		<u>250/500</u>
 - iii) For the subjects Paediatrics

50 % in Theory	=	50 / 100
35% in Internal Assessment	=	18 / 50
50 % Practical	=	40 / 80
Viva-Voce	=	/ 20
Total 50 % aggregate		<u>125/250</u>

Distinction will be awarded to successful candidates who secure 75% marks or more as a course aggregate in the first appearance taking theory, Practical and Viva –Voce alone.

102.0 **COMPULSORY ROTATING RESIDENT INTERNSHIP (CRR)**

102.1 Every student who passed the 4½ years M.B.B.S. programme shall undergo Compulsory Rotating Resident Internship for a period of One Year. M.B.B.S. degree shall be awarded, only after the completion of CRR.

102.2 GENERAL OBJECTIVE

Internship is a phase of training wherein a graduate is expected to learn actual practice of medical and health care and acquire skills under supervision, so that he/she may become capable of functioning independently.

102.3 SPECIFIC OBJECTIVES

At the end of the internship training, the student shall be able to

- (i) Diagnose clinically common disease conditions encountered in practice and make timely decision for referral to higher level.
- (ii) Use appropriately the essential drugs, infusions, blood or its substitutes and laboratory services.
- (iii) Manage all types of emergencies – medical, surgical, obstetric, neonatal and paediatric by rendering primary level care
- (iv) Demonstrate skills in monitoring of the National Health Programmes and Schemes, oriented to provide preventive and promotive health care services to the community.
- (v) Develop leadership qualities to function effectively as a leader of the health team organized to deliver the health and family welfare service in existing socio-economic, political and cultural environment.
- (vi) Render services to the chronically sick and disabled (both physical and mental) and to communicate effectively with the patient and the community.

102.4 TIME DISTRIBUTION

Time allocation to each discipline is approximate and shall be guided more specifically by the actual experience obtained. Thus a student serving in a district or taluk hospital emergency room may well accumulate skills in Surgery, Orthopaedics, Medicine, Obstetrics and Gynaecology and Paediatrics during even a single night on duty. Responsible authorities from the medical college shall adjust the experience to maximize the intern's opportunities to practice skills in patient care in rough approximation to the time allocation suggested below:-

Compulsory Posting-Community Medicine: 3 Months: Medicine: 2 months. Surgery including Orthopaedics: 2 months: Obstetrics and Gynaecology including: 2 months – Family Welfare Planning – Paediatrics:15 days: Ophthalmology: 15 days. Otorhinolaryngology: 15 days, Casualty (including CPR): 15 days; Elective Postings- One Month: Community Medicine posting shall include 15 days of Community Paediatrics. Elective postings will include two postings of 15 days each in any two of the following Departments.

- i. Dermatology and Sexually Transmitted Diseases
- ii. Psychiatry
- iii. Tuberculosis and Respiratory Diseases
- iv. Anaesthesiology
- v. Radio-Diagnosis
- vi. Physical Medicine and Rehabilitation
- vii. Forensic Medicine and Toxicology
- viii. Blood Bank and Transfusion Department

Note:- Students may be motivated in the Department of Transfusion Medicine during One month of Elective Posting.

102.5 OTHER DETAILS

All Parts of the internship shall be done as far as possible in institutions within India, recognized for this purpose by the Medical Council of India.

- i. Every Candidate will be required after passing the final M.B.B.S examination to undergo Compulsory Rotational Resident Internship to the satisfaction of the college authorities and the university for a period of 12 months, so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S) and full registration with the Medical Council.
- ii. The University shall issue a provisional M.B.B.S. pass certificate on passing the final examination.
- iii. The State Medical Council will grant provisional registration to the candidate on production of the provisional M.B.B.S. pass certificate; the provisional registration will be for a period of one year. In the event of shortage or unsatisfactory work, the period of provisional registration and the Compulsory Rotating Resident Internship may be suitably extended by the appropriate authorities.
- iv. The intern shall be entrusted with clinical responsibilities under the direct supervision of senior medical officers. They shall not be working independently.
- v. Intern will not issue a medical certificate or a death certificate or a medico legal document.

- vi. In recognition of the importance of hands-on-experience, responsibility for patient care and skill acquisition, Internship should be increasingly scheduled to utilize clinical facilities available in the District Hospital, Taluk Hospital, Community Health Centre and Primary Health Centre in addition to the Teaching Hospital.
- vii. The internee should commence the internship as per the postings given by the university immediately on the due date without any delay.
- viii. The internee should undergo the internship continuously without any break in each speciality and to avoid piece meal training. The internee should have completed not less than 50 % of the internship continuously as per the postings order by the University initially without any break. If the internee fulfills the above criteria and had a break in internship for the reasons of marriage/maternity and on genuine medical illness supported with documentary evidence for 90 days and above, necessary condonation proposal along with a processing fee of Rs. 500 /- and condensation fee of Rs. 1000/- per year or Part thereof shall be sent to this university and orders obtained therefore before permitting the internee to commence the internship from the beginning of the posting in the speciality in which he/she has not completed and discontinued,
- ix. The following criteria are being fixed for the cases for which the University shall condone the break and to order for redoing the full period of internship.
 - a. Late commencement of internship with a break for less than 90 days.
 - b. If the break is for more than two spells of three months each.
 - c. Piecemeal completion in each specialty.
 - d. Not completed the 50 % of postings before the break and the break is 90 days and above.
- xi. No internship transfer is permissible for the CRRRI and training has to be undergone in the same college/Institution or Hospital where they have undergone the course. Provided that where an intern is posted to District/Sub-Divisional Hospital for training, there shall be a committee consisting of representatives of the University, the State Government and the District administration who shall regulate the training of such trainee: provided further that for such trainee a certification of satisfactory completion of training shall be obtained from the relevant administrative authorities.
- xii. The university shall establish, links with one entire district extending out-reach activities. Similarity, Re-orientation of Medical Education (ROME) scheme may be suitably modified to assure teaching activities at each level of district health system which will be coordinated by the Dean of the Medical College. Out of one year, 6 months shall be devoted to learning tertiary care being rendered in teaching hospital/district hospital suitably staffed with well qualified personnel, 3 months of secondary care in a small District or Taluk

<3

<5

5

& above 7

above 9 to 10

An intern shall be required to have a minimum score of 5 in each of the three heads mentioned above failing which the concerned posting, shall be taken as unsatisfactory. Each area of unsatisfactory score (below 5) shall result in the repetition of one third of the total period of posting in the concerned subject.