



VINAYAKA MISSION'S  
RESEARCH FOUNDATION  
(Deemed to be University under section 3 of the UGC Act 1956)



VINAYAKA MISSION'S  
KIRUPANANDA VARIYAR  
MEDICAL COLLEGE & HOSPITALS

**VINAYAKA MISSION'S KIRUPANANDA VARIYAR  
MEDICAL COLLEGE & HOSPITALS,  
SALEM - 636308.**

**Constituent Unit of Vinayaka Mission's Research Foundation  
(Deemed to be University)**



**Academic Calendar 2021 - 2022**

**Phase III – Part I  
(Final MBBS Part I)**

**Syllabus, Curriculum & Teaching Schedule**

Website : [www.vmkvmc.edu.in](http://www.vmkvmc.edu.in)

## HISTORY OF THE COLLEGE

Vinayaka Mission's Kirupananda Variyar Medical College is located in Salem, Tamilnadu and strives for achieving academic excellence. It was started in the year 1995-96, and was affiliated to the Tamilnadu Dr. MGR Medical University. In 2005-06 it became a constituent unit of Vinayaka Mission's Research Foundation (Deemed to be University) (VMRF-DU), Salem, Tamilnadu. Eligible students are admitted by counseling after NEET examination.

The Institution has a limpid vision of providing service to the humanity at large, by making available, the best form of health care possible in the world to the local community.

**Vision:**

To provide service to the humanity at large by making available best form of health care.

**Mission:**

- To provide the student a highest quality of education in branches of medicine and to provide a perfect learning experience and atmosphere.
- To demonstrate appreciable skill and knowledge and to participate actively in professional growth of self of Institution and of country's knowledge base.
- To contribute to the development of medicine by active participation in scholarly in medical field.
- To develop team spirit and ability to work along with other health personnel.

## FACILITIES

The unitary campus houses a teaching hospital and hostels with adequate space for future expansion.

**INFRASTRUCTURE :** The infrastructure is adequate and is designed to create a learning atmosphere. All the departments specified under the MCI are available as per norms. They are spacious and well furnished. Information Communication Technology (ICT) enabled air-conditioned lecture halls with the necessary equipments and latest teaching aids are available. The pre and para-clinical departments have updated laboratories which periodically undertake Internal and External Quality Assurance evaluations.

The campus houses separate blocks for the college, hospitals and hostels. College blocks accommodate pre & para-clinical departments with Gallery type A/C lecture halls with audiovisual aids like LCD, Smart boards, etc., and well equipped labs, seminar halls & demonstration rooms in each department.

**PRECLINICAL DEPARTMENTS**

Anatomy  
Physiology  
Biochemistry

**PARA-CLINICAL DEPARTMENTS**

Pathology  
Microbiology  
Pharmacology

## HOSPITAL

The 630 bedded hospital with world class facilities with all innovative and sophisticated state-of-the-art equipment and technology is available. Highly qualified and experienced health personnel manage the hospital.

The student is tuned to gain indepth knowledge in medical subjects through the use of appropriate and innovative participatory teaching techniques using the latest tools and inputs.

### **CLINICAL DEPARTMENTS**

#### **Medicine & Allied Subjects**

Forensic Medicine & Toxicology  
Community Medicine  
General Medicine  
Respiratory Medicine  
Paediatrics  
Psychiatry  
Dermatology, Venereology & Leprosy  
Physical Medicine & Rehabilitation  
Emergency Medicine

#### **Surgery & Allied Subjects**

General Surgery  
Ophthalmology  
Otorhinolaryngology  
Obstetrics & Gynaecology  
Orthopaedics  
Anaesthesia  
Radiodiagnosis

### **SUPER-SPECIALTY DEPARTMENTS**

Surgical Oncology  
Cardiology  
Urology  
Nephrology

### **OTHER FACILITIES**

- A/C auditorium with a seating capacity of 750
- Separate common rooms for boys & girls.
- Printing, Scanning & Photocopying facilities are available in the library. Question bank is also available.
- The campus is wifi enabled.
- 2 cafeterias are available in the campus which provide the students with tasty & hygienic multicuisine food (Indian, Chinese etc.).
- A stationery and novelty store in the hospital and in hostel premises provide all the necessary items to students and staff.
- 2 Examination halls with 250 capacity each are available.

**LIBRARY:** Automated library with RHID is available. An upgraded library with the latest collections of books and journals in addition to internet facilities is available.

Central library with 9041 titles is open from 8 am to 12 midnight. Separate reference, journals (86 Indian & 34 Foreign) and Internet sections with 40 computers are present & easily accessible to students & faculty.

**MENTORSHIP:** Well qualified and dedicated faculty, facilitate learning and address the issues of students through a Mentorship Programme. Progress of students is monitored longitudinally by the mentors with Student Mentorship Report Card.

**RESEARCH:** The Institution provides a good research ambience for conduct of research studies and quality health surveys. National (ICMR) and International (WHO) collaborative studies are conducted by the faculty members as well as a few medical students. The faculty and students are deputed frequently to Scientific Conferences and Workshops.

**POSTGRADUATE PROGRAMMES** in Anaesthesiology, Anatomy, Biochemistry, Community Medicine, Dermatology, Venereology & Leprosy, Emergency Medicine, General Medicine, General Surgery, Microbiology, Obstetrics and Gynaecology, Ophthalmology, Orthopedics, Otorhinolaryngology, Paediatrics, Pharmacology, Physiology, Psychiatry, Radiodiagnosis and Transfusion Medicine are being conducted.

**EXTRACURRICULAR ACTIVITIES:** Play grounds for hockey, foot-ball, volley-ball, basket-ball, cricket, badminton, throw ball, tennikoit and running track, Indoor games for table tennis & carrom and Gym facilities are available for the students. Sports kits for both outdoor and indoor games are available. Intramural, intercollegiate and interuniversity competitions provide an opportunity for physical fitness.

**STUDENT SUPPORT PROGRAMMES** like Students Council, Students Grievance Redressal Cell, Seminars, Symposia, CME, Small Group Teaching, Slow and advanced learners programme, Student Mentorship Programme are available. Meritorious students get recognition in the form of awards and medals.

**ALUMNI ASSOCIATION** of the Institution is strong and helps the students to upgrade their knowledge with scientific updates. Career Guidance counseling is provided for the students.

The Vinayaka Missions group of Institutions having reached the path of academic excellence will continue to strive for global sustenance.

#### **PLEDGE**

We, the students of Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Salem [Vinayaka Mission's Research Foundation (Deemed to be University)] pledge that

- I, \_\_\_\_\_ (name), being admitted to the study of medicine – the art of healing, shall dedicate myself totally to uphold and contribute productively to the nobility of the profession.
- I shall use my education & knowledge to acquire the ability to look into the present and future health needs of our country as well as that of the world.
- I shall strengthen the core values of our national ethos, healthy living, liberty, unity in diversity; truth and common good in all my endeavours.
- I shall treat my parents, peers, teachers and elders with great respect.
- I shall show empathy and concern to the sick & patients and dotards & down trodden people.
- I shall consider all men as equal and “the plurality and multi-ethnicity” woven India's secular fabric, shall become my “preferred priority” while interacting with others.
- I shall remember the great leaders of our nation, abide by their teaching and steadfastly work hard towards our Mission's objectives to build a stronger nation through medical education.

## **THE COLLEGE ANTHEM**

Vinayaka thy name is the glory  
Vinayaka thy saga divine  
Vinayaka a star in the sky  
A ray of hope through troubled times

Vinayaka thy legacy unfathomed  
Vinayaka thy medicos shine  
Vinayakans they'll be there through turbid times  
Duty to them is blessing divine

Vinayakans have the heart of the winner  
They stand united together as one  
They are the winners under the sun  
Winners under the sun

## **RULES AND REGULATIONS OF THE COLLEGE**

### **I. GENERAL :**

- a) No meeting or demonstration should be held in the premises of College / Hospital and Hostels.
- b) Students are forbidden to take part in Political Agitations, Strikes and Demonstrations.
- c) Students are required to observe discipline and be punctual for all Theory & Practical / Clinical classes.

### **Code of Conduct for Students :**

Vinayaka Mission's Kirupananda Variyar Medical College and Hospitals, Salem has derived and drafted the following proposed Code of Conduct for the Students.

- The Student Code of Conduct sets out the standards of conduct expected of students. It holds individuals and groups responsible for the consequences of their actions. Failure to fulfill these responsibilities may result in the withdrawal of privileges or the imposition of sanctions.
- The Institution is a community of students, faculty and staff involved in learning, teaching, research and other activities.
- The student members of this community are expected to conduct themselves in a manner that contributes positively to an environment in which respect, civility, diversity, opportunity and inclusiveness are valued, so as to assure the success of both the individual and the community.
- The Student Code of Conduct reflects a concern for these values and tries to ensure that members of the Institution/University and the public can make use of and enjoy the activities, facilities and benefits of the Institution without undue interference from others.

### **When does the code apply?**

- The Student Code of Conduct applies to any student enrolled in UG/PG at the Institution/University, and including exchange students.

- The Code applies to conduct that occurs on the campuses or near the premises of Vinayaka Mission's Kirupananda Variyar Medical College and Hospitals, Salem.
- It also applies to conduct that occurs elsewhere if it is related to Institution sponsored programs or activities, (such as travelling athletic teams) or if it occurs in the context of a relationship between the student and a third party that involves the student's standing, status or academic record at the Institution/University.

It does not apply to conduct that is assigned to another disciplinary body at the Institution/University, allegations regarding a student's failure to meet standards of professional conduct, or conduct committed by a student solely in his or her capacity as an employee of the Institution/University.

#### **Prohibited conduct**

- Assaulting, harassing, intimidating, or threatening another individual or group is a crime.
- Endangering the health or safety of others.
- Stealing, misusing, destroying, defacing or damaging Institution property or property belonging to someone else.
- Disrupting Institution activities.
- Using Institution facilities, equipment, services or computers without authorization.
- Making false accusations against any member of the Institution,
- Supplying false information to the Institution / University or forging, altering or misusing any Institution document or record.
- Using, possessing or distributing illegal drugs,
- Violating government liquor laws or Institution alcohol policies,
- Ragging of any kind,
- Encouraging, aiding, or conspiring in any prohibited conduct.
- Failing to comply will be met with a disciplinary measure or disciplinary measures imposed under the procedures of this Code.

#### **Disciplinary measures**

- Disciplinary Measures that may be imposed under the Code include but are not limited to:  
Written warning or reprimand,
- Probation, during which certain conditions must be fulfilled and good behaviour must be exhibited.
- Payment of costs or compensation for any loss, damage or injury caused by the conduct
- Issuance of an apology, made publicly or privately.
- Loss of certain privileges,
- Restriction or prohibition of access to, or use of, Institution facilities, services, activities or programs,
- Fines or loss of fees,
- Relocation or exclusion from hostel,
- Suspension,
- Expulsion.

## **II. COLLEGE RULES :**

- a. **ATTENDANCE:** Students should be punctual to the hospital and college and should have a minimum of 80 % attendance in each subject to appear for University Examination. Students who lack the minimum 80 % of attendance in any one subject will not be permitted to write the examination. However, the Vice-Chancellor has the discretionary power to allow a condonation of shortage of attendance upto a maximum of 10% in the prescribed minimum attendance for admission to an examination. A candidate lacking in attendance should submit an application in the prescribed form, endorsed by the Head of the department / the Head of the Institution to the Vice Chancellor for approval for admission to the examination. Every student must have cleared all the arrears of fees in Hostel and College and must get a “No Due” Certificate from the warden and Vice-Principal before submitting the application for University Examination.
- b. **LEAVE :** Students should avail leave only with the previous sanction of the Head of the Department. When leave is availed for unforeseen causes the application must be made available soon after availing the leave. Leave letter on medical grounds should always accompany a medical certificate by a medical officer. The copy of the leave letter will be sent to the parent for endorsement if needed.
- c. **DAMAGES:** Students should pay for any breakage / loss in the laboratories.
- d. **FEES :** The Examination application of students will not be forwarded to the University in case of any dues with regard to Tuition Fees, Mess Fees and Hostel Fees or any other arrears.
- e. **EXAMS:** In each department 3 Internal Assessment examinations will be conducted out of which the best of 2 Internal Assessment exam marks will be considered for University Examinations.
- f. **RECORDS:** Practical record note books, subject log books and AETCOM Log book should be completed & submitted in time.
- g. **CELL PHONE** usage is prohibited during class hours (theory/practicals). If cell phones were to be found being used during class hours, they would be confiscated.

## **III. DRESS CODE :**

- Formal wear for both girls and boys (avoid fluorescent and flashy colored pants/ Jeans/Shorts/T-shirts).
- Girls should tie their hair up & wear cut shoes; avoid bracelets, finger rings, anklets & flowers.
- Nails should be trimmed & not painted.
- Students are expected to wear decent footwear, preferably shoes while attending class, practicals, wards, OPDs and other sections of college and hospital.
- Hair should be trimmed & boys should be clean shaven (face).
- Half sleeved white coat should be worn inside the college campus.

## **IV. ANTI RAGGING REGULATIONS :**

### **INTRODUCTION**

This Regulation has been brought forth by the University Grants Commission in consultation with the Councils to prohibit, prevent and eliminate the scourge of ragging.

UGC REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATIONAL INSTITUTIONS, 2009.

(under Section 26 (1)(g) of the University Grants Commission Act, 1956)

## **OBJECTIVES**

To eliminate the Attitude of Ragging, the following understanding of the term “Ragging” is of prime importance. Ragging is inclusive of any conduct by any student or students whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness a fresher or any other student or indulging in rowdy or indisciplined activities by any student or students which causes or is likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in any fresher or any other student or asking any student to do any act which such student will not in the ordinary course do and which has the effect of causing or generating a sense of shame or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student, with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student, in all higher education institutions in the country and thereby, to provide for the healthy development, physically and psychologically, of all students.

## **WHAT CONSTITUTES RAGGING**

Ragging constitutes one or more of any of the following acts carried out in any area inside or outside the College Campus.

- A. Any conduct by any student or students whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness a fresher or any other student;
- B. Indulging in rowdy or indiscipline activities by any student or students which causes or is likely to cause annoyance, hardship, physical or psychological harm or to raise fear or apprehension thereof in any fresher or any other student;
- C. Asking any student to do any act which such student will not in the ordinary course do and which has the effect of causing or generating a sense of shame, or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student;
- D. Any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher;
- E. Exploiting the services of a fresher or any other student for completing the academic tasks assigned to an individual or a group of students.
- F. Any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students;
- G. Any act of physical abuse including all variants of it: sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person;
- H. Any act or abuse by spoken words, emails, post, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other student;



- I. Any act that affects the mental health and self-confidence of a fresher or any other student with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student.

#### **ADMINISTRATIVE ACTION IN THE EVENT OF RAGGING**

Anyone found guilty of ragging and/or abetting ragging, whether actively or passively, or being a part of a conspiracy to promote ragging, is liable to be punished in accordance with these Regulations as well as under the provisions of any penal law for the time being in force.

The institution shall punish a student found guilty of ragging after following the procedure and in the manner prescribed herein under:

- A. The Anti-Ragging Committee of the institution shall take an appropriate decision, in regard to punishment or otherwise, depending on the facts of each incident of ragging and nature and gravity of the incident of ragging established in the recommendations of the Anti-Ragging Squad.
- B. The Anti-Ragging Committee may, depending on the nature and gravity of the guilt established by the Anti-Ragging Squad, award, to those found guilty, one or more of the following punishments :-
  - i. Suspension from attending classes and academic privileges.
  - ii. Withholding/ withdrawing scholarship/ fellowship and other benefits.
  - iii. Debarring from appearing in any test/ examination or other evaluation process.
  - iv. Withholding results.
  - v. Debarring from representing the institution in any regional, national or international meet, tournament, youth festival, etc.
  - vi. Suspension/ expulsion from the hostel.
  - vii. Cancellation of admission.
  - viii. Rustication from the institution for period ranging from one to four semesters.
  - ix. Expulsion from the institution and consequent debarring from admission to any other institution for a specified period.

**Mobile inspection squads have been formed to carry out surprise checks in hostels and transport.**

**Website: <https://antiragging.in>**

## **LIBRARY RULES & REGULATIONS**

### **1. Working Hours:**

a. The library is kept open from 8.00 a.m. to 12 midnight on all working days.

### **2. Membership:**

1. The Library is open to all students and members of the staff of the college and hospitals.

2. Outsiders and students who have left the college, dismissed or under suspension cannot have the privilege of using the library except with the special permission of the Dean.

### **3. Issue and Return of books:**

No student will be allowed to take books or journals outside the library.

### **4. Do's & Don'ts:**

1. Students must use only the allotted space for studying

2. Strict silence must be maintained inside the library

3. Students wishing to use the computer terminals should obtain permission of the librarian. Use of computers must be for academic purpose only and not for entertainment.

### **5. Photocopier Facility:**

Students can use the photocopying facility for the required academic materials after permission and payment to the Librarian. (Whole text book photocopy cannot be as per copyright Act).

### **6. Mobile phones:**

Use of mobile phones in the library is not permitted.

***“The capacity to learn is a gift;  
the ability to learn is a skill;  
the willingness to learn is a choice.”***

***Brian Herbert***

## **Vinayaka Mission's Research Foundation (Deemed to be University)**

### **Administrators**

- **CHANCELLOR** : Dr. A.S. Ganesan
- **PRO-CHANCELLOR** : Dato' Seri. Dr. S. Sharavanan
- **VICE PRESIDENTS** : Mr. J. S. Sathish Kumar  
Mr. N. V. Chandrasekar
- **DIRECTORS** : Mr. K. Jaganathan  
Mr. N. Ramaswamy
- **VICE CHANCELLOR** : Prof. Dr. P.K. Sudhir
- **PRO-VICE CHANCELLOR** : Prof. Dr. P.S. Manoharan
- **REGISTRAR** : Prof. Dr. B. Jaykar
- **DIRECTOR (ACADEMICS)** : Prof. Dr. J. Sabarinathan
- **CONTROLLER OF EXAMINATIONS** : Dr. C.L. Prabhavathi
- **DIRECTOR (STUDENTS WELFARE)** : Prof. Dr. R.S. Shanmuga Sundaram
- **DIRECTOR (ADMISSIONS)** : Mrs S. Santhana Lakshmi @ Shanthi

## Hospital & College Administrators

- **DEAN** : Prof. Dr. K. Ezhil Vendhan, M.S.,
- **MEDICAL SUPERINTENDENT** : Prof. Dr. S.R. Ranga Bashyam, M.D.,
- **DIRECTOR, HOSPITAL DEVELOPMENT COMMITTEE** : Prof. Dr. E.M.J.Karthikeyan, M.S.,
- **DEPUTY DEAN** : Prof. Dr. Deepti Shastri, M.S., MNAMS,
- **DEPUTY MEDICAL SUPERINTENDENT** : Prof. Dr. S. Senthil Priya, M.D.,
- **LIBRARIAN** : Mr. R. Kathirvel, MSc., MLIS, MPhil, PhD.,
- **DEPUTY WARDEN (MALE) (Vikram Sarabhai Hostel)** : Mr. S. Syed Liyakath Ali, M.Sc.(Med. Phy)
- **DEPUTY WARDEN (MALE)** : Dr.M.Mukesh MBBS
- **DEPUTY WARDEN (FEMALE) – Kirupa Hostel** : Dr. Reena Rajan, MSc., (Med Micro), Ph.D.,
- **ASSISTANT WARDEN (FEMALE)** : Mrs Geetha

*“Cultivation of mind  
should be the  
ultimate aim of  
human existence”*

*Babasaheb Ambedkar*

**Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals,  
Seeragapadi, Salem - 636308.**

VINAYAKA MISSION'S RESEARCH FOUNDATION (Deemed to be University)

**ANTI-RAGGING COMMITTEE 2021 - 2022**

Sl. No	Name of the Member	Role in the Committee	Contact No / Mail ID
1.	Prof. Dr. K. Ezhil Vendhan, Dean	Chairperson	96552 18468 dean.vmkvmc@vmu.edu.in
2.	Mr. Rajini Kanth, Civil (Advocate)	Members	93608 38477
3.	Mr. Thayilnayagi, IPS Rural DSP	Police Administration (SP / Inspector)	74491 00717 dspriralsalem@yahoo.com
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5.	Mr. Murugasan, Sub-Inspector of Police (Attayampatti)	Police Administration	94981 03324
6.	Mr. Senthil	Local Media	94981 00980
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8.	Mrs. Devika, Bharathiyar Malaival Makkal Nalvalu Sangam	Non –Govt Organization	97870 88088 <a href="mailto:devikafaith@gmail.com">devikafaith@gmail.com</a>
9.	Dr. S. R. Ranga Bashyam, Medical Superintendent	Convenor	98941 87784 rangabashyamsr@yahoo.in
10.	Dr. Karthikeyan E.M.J. Director, Hospital Development Committee Professor, General Surgery	Representative of Faculty	98422 56564 emjkarthik@yahoo.co.in
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12.	Dr. S. Senthil Priya, Dy. Medical Superintendent Professor, Obs. & Gyn.	Representative of Faculty	83001 42244 senthilpriya2000@gmail.com
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33.	Samyuktha B.S, CRRI	Representative of Students	82206 52520 samsaro2322@gmail.com
34.	Karthik Shivanesh S, CRRI	Representative of Students	94898 87566 karthikshivanesh@gmail.com
35.	Mr. K. Arun Kumar, Chief Computer Programmer	Non-teaching Staff	94438 48613 karunhari@gmail.com
36.	Mr. P. Dhanasekaran, Office Superintendent	Non-teaching Staff	99424 06667 dhanabalaji25@gmail.com

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**VINAYAKA MISSION'S RESEARCH FOUNDATION  
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**ANTI-RAGGING SQUAD (2021 – 2022)**

Sl. No	Name of the Member	Role in the Committee	Contact No / Mail ID
1.	Prof. Dr. K. Ezhil Vendhan, Dean	Chairperson	96552 18468 dean.vmkvmc@vmu.edu.in
2.	Prof. Dr. S.R. Ranga Bashyam, Medical Superintendent	Executive Member	98941 87784 rangabashyamsr@yahoo.in
3.	Prof. Dr. E.M.J. Karthikeyan, Director, Hospital Development Committee	Executive Member	98422 56564 emjkarthik@gmail.com
4.	Prof. Dr. Deepti Shastri, Deputy Dean	Executive Member	98427 24197 deeptishastrimukherjee@gmail.com
5.	Prof. Dr. S. Senthil Priya, Dy. Medical Superintendent	Member	83001 42244 senthilpriya2000@gmail.com
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**Vinayaka Mission's**  
**Kirupananda Variyar Medical College & Hospitals,**  
**Seeragapadi, Salem - 636308.**

VINAYAKA MISSION'S RESEARCH FOUNDATION  
(Deemed to be University)

**INTERNAL COMPLAINTS COMMITTEE**  
**PREVENTION OF SEXUAL HARASSMENT IN WORK PLACE 2021-22**

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**Vinayaka Mission's  
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**VINAYAKA MISSION'S RESEARCH FOUNDATION  
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**MEDICAL EDUCATION UNIT**

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## COURSE DESCRIPTION

Every MBBS student shall undergo a period of certified study extending over 4½ academic years followed by one year of compulsory Rotatory internship.

The period of 4½ years is divided into three phases as follows:

### **I.1. Phase I (I MBBS):**

1. Phase I (I MBBS) (One year) consisting of Preclinical subjects (Human Anatomy, Physiology, Bio-Chemistry) & introduction to Community Medicine including humanities.

### **I.2. Phase II (II MBBS):**

Phase II (II MBBS) (1½ years) consisting of Para-clinical / Clinical subjects.

During this phase teaching of Para-clinical and Clinical subjects shall be done concurrently.

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.

### **I.3. Phase III (III MBBS):**

During Phase III of the M.B.B.S. course the clinical subjects of Medicine, Pediatrics, Surgery, Ophthalmology, Otorhinolaryngology and Obstetrics and Gynaecology are taught besides Community Medicine.

**Part I:** At the end of one year of study in Phase III the candidate shall be examined in three subjects namely Ophthalmology, Otorhinolaryngology and Community Medicine in the Part I examination of III M.B.B.S.

**Part II:** At the end of 3½ years of study in Phase II and Phase III the candidate shall be examined in four subjects namely Medicine, Surgery, Obstetrics and Gynaecology and Pediatrics in the Part II examination of III M.B.B.S.

Besides clinical posting the rest of the teaching hours shall 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, Pediatrics, Tuberculosis and Chest, Skin and Sexually Transmitted Diseases, Psychiatry, Radio-diagnosis, Infectious diseases etc. The training in Surgery and its allied specialties will include General Surgery, Orthopaedic Surgery including Physiotherapy and Rehabilitation, Ophthalmology, Otorhinolaryngology, Anaesthesia, Dentistry, Radio-therapy etc. The Obstetrics & Gynaecology training will include Family Medicine, Family welfare planning etc.

## **II . Record Note books:**

Every student must maintain a record of the Practical / Clinical work assigned to him in the record note books. These shall be submitted periodically to the respective Professors. At the end of the course the Practical / Clinical case record note books shall be submitted to the Heads of the departments who shall evaluate and include the marks in the Internal assessment.

At the time of Practical / Clinical examination each candidate shall submit to the Examiner his / her Clinical / Laboratory note books duly certified by the Head of the department as a bonafide record of the work done by the candidate.

In respect of failed candidates the marks awarded for records at the first attempt may be carried over to the next examination attempt. If a candidate desires he/she may be permitted to improve on the performance by submission of fresh record note books.

**Integration:** Each of the departments shall provide integrated teaching with pre-clinical, para-clinical and clinical departments to expose the students to the full range of disciplines relevant to each area of study. Problem Based Learning (PBL) shall be emphasized.

## **III. Internal Assessment:**

- a. A minimum of four written examinations shall be conducted in each subject during an academic year and the average marks of the three best performances shall be taken into consideration for the award of internal assessment marks. Assignments completed by candidates as home work or vacation work may also be considered.
- b. A minimum of three Practical / Clinical examinations shall be conducted in each subject during an academic year and the average marks of the two best performances shall be taken into consideration for the award of internal assessment marks. Mark awarded for maintenance of records should be included in the internal assessment of practical / clinical performance.
- c. A failed candidate in any subject shall 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 shall be considered for improvement.
- d. The internal assessment marks awarded both in Written and Practical / Clinical separately shall be submitted to the University endorsed by the Head of the institution atleast fifteen days prior to the commencement of the theory examinations.
- e. A candidate should obtain a Minimum of 50 % of marks in internal assessment in a subject to be permitted to appear for the University examination in that subject. For this purpose the candidate has to obtain 50 % of marks in Theory and Practical / Clinical separately.

## **IV. Competitive Prize Exams:**

Students who pass all the internal assessment examinations with more than 60% marks are eligible to appear for competitive prize exams in the subjects concerned conducted by the respective departments.

**V. High achievers** in each subject are encouraged and trained to participate in scientific conferences, dissertation competitions and quizzes.

## **VI. University Examinations**

### **1. Timing of Examinations (August and February) :**

I Professional examination: At the end of one academic year.

II Professional examination: At the end of 1½ years from the commencement of Phase II.

III Professional Part I examination: At the end of one year of Phase III.

III Professional Part II (Final Professional) examination: At the end of 2 years of Phase III.

### **2. Exemption in passed subjects:**

Candidates who fail in an examination but obtain pass mark in any subject shall be exempted from re-examination in that subject.

### **3. Carry over of failed subjects:**

1. Passing in First MBBS Professional examination is compulsory before proceeding to Phase II training.

2. A student who fails in the II MBBS Professional examination shall be permitted to carry the failed subjects to Phase III of the MBBS course but shall not be allowed to appear in III MBBS Professional Part I examination unless he/she passes all the subjects of the II MBBS Professional examination. Passing in II MBBS Professional examination is compulsory before entering Part II of Phase III (final year) of the course.

3. Passing in III MBBS Professional (Part I) examination is not compulsory before entering for Part II training; however passing of III MBBS Professional (Part I) is compulsory for being eligible to appear for III-MBBS Professional (Part II) examination.

### **4. Classification of successful candidates**

a) A successful candidate securing 75 % or above of the marks in the aggregate in any subject in the first appearance will be declared to have passed the examination in that subject with distinction.

b) First class may be awarded to such candidates who have passed all the subjects at the first appearance and obtained 60 % of marks and above in the aggregate of all the subjects he/she had appeared in the particular phase of the MBBS course.

c) Candidates who have passed all the subjects at the first appearance and obtained 75 % of marks and above in all the subjects he/she had appeared shall be awarded first class with distinction.

d) All other successful candidates shall be declared to have passed in second class.

### **5. Attendance required for Admission to Examination:**

a) No candidate shall be permitted to any one of the parts of MBBS Examinations unless he / she has attended the course in the subject for the prescribed period in an affiliated institution recognised by this University and produces the necessary certificate of study, attendance and progress from the Head of the Institution.

b) A candidate is required to put in minimum 80 % of attendance in both theory and practical / clinical separately in each subject before admission to the examination.

c) A candidate lacking in the prescribed attendance and progress in any one subject in the first appearance shall be denied admission to the entire examinations.

d) Failed candidates who are not promoted to the next phase of study are required to put in minimum 80 % attendance during the extended period of study before appearing for the next examination.

**VII. Awards:**

- a) Certificates of Merit are awarded to the students securing the overall highest marks in all the internal assessment exams.
- b) Prizes are awarded to students scoring the highest marks in the competitive prize exams conducted by various departments.
- c) Proficiency certificates are awarded to the students securing the highest marks in each subject in the University examinations.
- d) The student securing the highest overall marks throughout the course of MBBS study (regular students) in the University exams - institution as well as university ranking, is presented with the Dr. A. Shanmugasundaram - The Founder Chancellor, VMRF(DU)'s, Gold Medal for the BEST OUTGOING STUDENT award.

**VIII. Working Days:**

Each academic year consists of approximately 240 teaching days. Each day comprises of 8 working hours including an hour's interval. The clinical posting is done in the forenoon session. Rest of the teaching hours are divided between didactic lectures, practicals, demonstrations, seminars, symposia, group discussions etc. in various subjects.

**Parents-Teachers Face – To – Face and Virtual Communication :**

Parents are encouraged to communicate with the faculty regarding the progress of their wards. Parents-Teachers Meetings are arranged by the departments including Face-To –Face as well as by virtual communication.

**Clinical Society Meetings:**

These are held regularly once a month and interesting clinical cases are presented and discussed on intriguing aspects of the clinical presentation, diagnosis and management of the patients.

**Medical Audit Meetings** are held regularly as an internal quality assurance process to improve patient care and outcomes.

**Rural Health Centre:**

The VMKV Medical College & Hospitals runs a Rural Health Centre by the Community Medicine Department. In addition, two Government Primary Health Centres are also attached to the institution.

**VINAYAKA MISSION'S KIRUPANANDA VARIYAR MEDICAL COLLEGE, SALEM.**

**TIME TABLE FOR Final MBBS Part I**

Days	8 – 9 .30 A.M.	10 A.M. – 12 noon	12 – 12.45 P.M.	12.45 – 1.45 P.M.	1.45 – 2.45 P.M.	2.45 – 4.15 P.M.
Monday	O.P.D. Clinics	Wards	Lunch Break	Ophthalmology	Medicine	Com. Medicine
Tuesday				ENT	Ophthal	Derma./ Dent.
Wednesday				Com. Medicine	O & G	TB / Psy
Thursday				ENT	Surgery	Medicine
Friday				Surgery	O & G	Com. Medicine
Saturday				Com. Medicine	<b><u>Internal Assessment Exam</u></b> I Saturday – ENT & Ophthalmology III Saturday – Community Medicine <b><u>Mentor Programme</u></b> III Wednesday <b><u>Library Hour</u></b> II & IV Wednesday 03.30 to 04.30 pm	

Month Wise Allocation Of Lecture Classes For The Following Sub Specialities

January Batch:

Feb To July - Tb & Chest

Aug To Dec - Psychiatry

June Batch:

July To Nov - T.B & Chest Disease,

Dec To April – Psychiatry

January Batch:

Feb To April - Dentistry,

June To Dec - Dermatology.

June Batch:

July To Sep - Dentistry,

Oct To April - Dermatology.

**VINAYAKA MISSION'S KIRUPANANDA VARIYAR**  
**MEDICAL COLLEGE & HOSPITAL, SALEM**

**Exam pattern (Ophthalmology & ENT)**

**MBBS Degree Exam pattern for all departments:**

Theory Paper	-	80 Marks
Practicals	-	30 Marks
Viva	-	10 Marks
IA	-	30 Marks

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150 Marks  
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Theory Question pattern - 80 Marks

Type of question	Numbers X Marks	Total marks
<b><u>Section – A</u></b>		
Multiple Choice Questions	15 X 1	15
<b><u>Section – B</u></b>		
Essay	2 X 15	30
Short notes	5 X 5	25
Brief answers	5 X 2	10
<b>Total</b>		<b>80</b>

**Internal Assessment – 30 Marks**

Theory	Practical	Total
15 Marks	15 Marks	30 Marks

Pass : Theory	- 50 %
Practical	- 50 %
Internal Assessment (IA)	- 35 %
Aggregate (Theory, Practical, Viva & IA)	- 50%

VINAYAKA MISSION'S KIRUPANANDA VARIYAR  
MEDICAL COLLEGE & HOSPITAL, SALEM

Exam pattern (Community Medicine)

MBBS Degree Exam pattern for all departments:

Theory Paper I	-	80 Marks
Theory Paper II	-	80 Marks
Practicals	-	60 Marks
Viva	-	20 Marks
IA	-	60 Marks

-----  
300 Marks  
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Theory Question pattern - 80 Marks

Type of question	Numbers X Marks	Total marks
<u>Section – A</u>		
Multiple Choice Questions	15 X 1	15
<u>Section - B</u>		
Essay	2 X 15	30
Short notes	5 X 5	25
Brief answers	5 X 2	10
<b>Total</b>		<b>80</b>

**Internal Assessment - 60 Marks**

Theory	Practical	Total
30 Marks	30 Marks	60 Marks

Pass : Theory - 50 %  
Practical - 50 %  
Internal Assessment (IA) - 35 %  
Aggregate (Theory, Practical, Viva & IA) - 50%



# **Syllabus**

## Ophthalmology

### 1. GOAL

The broad goal of the teaching of students in ophthalmology is to provide such knowledge and skills to the students that shall enable him to practice as a clinical and as a primary eye care physician and also to function effectively as a community health leader to assist in the implementation of National Programme for the prevention of blindness and rehabilitation of the visually impaired.

### 2. OBJECTIVES

**2.1. Knowledge** At the end of the course, the student should have knowledge of:

1. Common problems affecting the eye.
2. Principles of management of major ophthalmic emergencies.
3. Main systemic diseases affecting the eye.
4. Effects of local and systemic diseases on patient's vision and the necessary action required to minimize the sequelae of such diseases.
5. Adverse drug reactions with special reference to ophthalmic manifestations.
6. Magnitude of blindness in India and its main causes.
7. National programme of control of blindness and its implementation at various levels.
8. Eye care education for prevention of eye problems.
9. Role of primary health centre in organization of eye camps.
10. Organization of primary health care and the functioning of the ophthalmic assistant.
11. Integration of the national programme for control of blindness with the other national health programmes.
12. Eye bank organization.

**2.2. Skills** At the end of the course, the student should be able to.

1. Elicit a history pertinent to general health and ocular status.
2. Assist in diagnostic procedures such as visual acuity testing, examination of eye, Schiottz tonometry, staining for corneal pathology, confrontation perimetry, Subjective refraction including correction of presbyopia and aphakia, direct ophthalmoscopy, conjunctival smear examination and Cover test.

3. Diagnose and treat common problems affecting the eye.
4. Interpret ophthalmic signs in relation to common systemic disorders.
5. Assist/observe therapeutic procedures such as sub conjunctival injection, Corneal/ Conjunctival foreign body removal, Carbolic cautery for corneal ulcers, Nasolacrimal duct syringing and tarsorrhaphy.
6. Provide first aid in major ophthalmic emergencies.
7. Assist to organise community surveys for visual checkup.
8. Assist to organise primary eye care service through primary health centres.
9. Use effective means of communication with the public and individual to motivate for surgery in cataract and for eye donation.
10. Establish rapport with his seniors, colleagues and paramedical workers, so as to effectively function as a member of the eye care team.

### **2.3. Integration**

The undergraduate training in Ophthalmology will provide an integrated approach towards other disciplines especially neuro-sciences, Otorhino-laryngology, General Surgery and Medicine.

## **3. SYLLABUS**

### **3.1. Theory**

At the end of training in the subject of ophthalmology, an MBBS student should be able to: Identify the abnormal conditions of the eye - Diagnose various eye diseases which are most prevalent in the country – Manage various eye conditions like conjunctivitis, stye, chalazion and foreign body - Recognize and give medical treatment for anterior segment diseases - Identify the national objectives and be an active participant in the National Programme for Prevention and Control of Blindness - Recognize the ophthalmic manifestations of systemic diseases - Aetiology, clinical features and treatment of conjunctival infections, allergies, pterygium, xerosis and trachoma - Aetiology, clinical features, complications and treatment of corneal ulcers, keratomalacia and other scleral and corneal inflammations -Basic principles of keratoplasty, eye donation and corneal blindness - Aetiopathogenesis and complications of ectropion, entropion, ptosis, lagophthalmos, symblepharon and lid inflammations -Aetiology, clinical features and treatment of lacrimal sac infections and causes of epiphora - Classification, clinical features, diagnosis and treatment of various forms of cataract - Classification, aetiology, clinical features, complications and management of various forms of uveitis - Classification, aetiology, clinical features and management of various glaucomas - Differential diagnosis of 'Red eye'- Classification, clinical features and treatment of various refractive errors and presbyopia - Types of ocular trauma, clinical features,

complications and management including sympathetic ophthalmia - Aetiology, clinical features and management of optic nerve disorders including differentiation of papilloedema and optic neuritis - Aetiology, clinical features, and management of orbital diseases; common causes of proptosis - Ocular manifestation of systemic diseases including diabetes, hypertension, tuberculosis, leprosy, anemia, and pregnancy-induced hypertension - Types of blindness and their causes - Ocular side effects of systemic drugs - Objectives of National Programmes of Prevention and Control of Blindness and Trachoma Control Programme - Aetiology, clinical features and treatment of common retinal disorders including vascular occlusions, inflammation and detachment - Aetiology, clinical features and principles of treatment of vitreous diseases e.g. haemorrhage, degeneration, liquefaction, endophthalmitis - Differentiate senile cataract and Open Angle Glaucoma - Ocular manifestations of common neurological disorders - Aetiology, symptoms, diagnosis and principles of treatment of strabismus - Recent advances in ophthalmology - types and scope of lasers, intraocular lens implantation.

### **3.2. Practical**

Determine visual acuity, field of vision - Test colour vision - Take conjunctival swab - Use of ophthalmoscope - Examine anterior segment of eye - Remove extra ocular foreign body - Perform epilation of cilia - Incise and drain lid abscess - Distant direct ophthalmoscopy for diagnosis of cataract.

### **3.3. Text Book Recommended**

3.3.1. Parson's Diseases of Eye.

3.3.2. Comprehensive Ophthalmology by A.K. Khurana.

3.3.3. Text Book of Ophthalmology by Prof. Renu Jogi.

3.3.4. Ophthalmology made easy by Prof. Samuel Gnanadoss.

## **4. UNIVERSITY EXAMINATION PATTERN**

<b>Exam</b>	<b>Marks</b>
Theory Paper - I	80
Practicals	30
Viva	10
IAT	30
Total	150

### **4.1. Theory**

4.1.1. It has one paper having 3 hours duration and carrying 80 marks

4.1.2. This paper will have Section A & Section B having equal number of questions and the equal weightage.

### Type of question and its marks

S. No.	Nature of Paper	Type of Questions	No. of Questions	Marks for each Questions	Total Marks for each	Total marks for Section
1	Theory Paper	Essay	2	15	30	80
		Short Notes	5	5	25	
		Very short Notes	5	2	10	
		MCQ	15	1	15	

S. No.	Nature of Paper	Type of questions	Marks for the questions
1	Practical	1 Long case	15
		2 Short cases each carrying 7½ marks	15

### Important Dates in Ophthalmology

#### BULL'S EYE IN SNELLEN'S CHART

#### 1. INTERNAL ASSESSMENT DATES :

IA - I	29.08.2020
IA - II	31.10.2020
IA - III	28.11.2020

#### 2. MODEL EXAM

Theory	11.01.2021
Practicals	13.01.2021

### 3. UG SYMPOSIUM

<b>Retina</b>	<b>15.09.2020</b>
<b>Glaucoma</b>	<b>13.10.2020</b>
<b>Cataract</b>	<b>10.11.2020</b>

### 4. CME – (Guest Lecture speaker from outside)

<b>CME - I</b>	<b>September</b>
<b>CME - II</b>	<b>December</b>

### 5. COMMUNITY OPHTHAL OUTREACH PROGRAM

<b>July</b>	<b>Blind school visit – Volunteer work</b>
<b>November</b>	<b>Village – Cataract and Glaucoma</b>
<b>December Awareness</b>	<b>PROGRAM WITH PAEDIATRIC OPTHALMOLOY</b> <b>Awareness Program for Childhood blindness</b> <b>a. Vitamin A Deficiency</b> <b>b. Refractive Error</b> <b>c. Congenital Cataract</b>

### 6. Partnership with FAHS (VIMS) B.Sc. & D.Optomtry

**08 – October 2020 – WORLD SIGHT DAY Rally at Salem city.**

# ENT

## 1. GOAL

The broad goal of the teaching of undergraduate students in Otorhinolaryngology is that the undergraduate students have acquired adequate knowledge and skills for optimally dealing with common disorders and emergencies and principles of rehabilitation of the impaired hearing.

## 2. OBJECTIVES

### 2.1. Knowledge

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

- 2.1.1. Describe the basic pathophysiology of common ENT diseases and emergencies.
- 2.1.2. Adopt the rational use of commonly used drugs, keeping in mind their adverse reactions.
- 2.1.3. Suggest common investigative procedures and their interpretation.

### 2.2. Skills

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

- 2.2.1. Examine and diagnose common ENT problems including the pre-malignant and malignant disorders of the head and neck.
- 2.2.2. Manage ENT problems at the first level of care and be able to refer whenever necessary
- 2.2.3. Assist/carry out minor surgical procedures like ear syring-ing, ear dressings, nasal packing etc.
- 2.2.4. Assist in certain procedures such as tracheostomy, endo-scopies and removal of foreign bodies.

### 2.3. Integration

The undergraduate training in ENT will provide an integrated approach towards other disciplines especially neurosciences, oph-thalmology and general surgery

## 3. DEPARTMENTAL OBJECTIVES

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

1. Diagnose and manage the common ENT diseases and emergencies.

2. Adopt the rational use of commonly used drugs, keeping in mind their adverse reactions.

3. Suggest common investigative procedures and interpret their results.

#### **4. SYLLABUS**

##### **4.1. Theory**

###### **4.1.1. Ear**

Bacterial flora, specific antibiotic therapy of upper respiratory infection - Surgical anatomy: external, middle and inner ear - Physi-ology of hearing and vestibular function - Examination of the Ear: Tuning fork tests; hearing assessment in children; broad outline; referred pain in the ear - Congenital conditions of the ear - Dis-eases of the external ear: perichondritis; otitis externa; cerumen; foreign body - Diseases of the middle ear: acute and chronic sup-purative otitis media; Otosclerosis; Cholesteatoma - Audiometry: pure tone; functional examination of inner ear, vestibule, caloric test, positional nystagmus test - Deaf mutism - Meniere's disease -Complications of otitis media : Mastoiditis (acute and chronic) -lateral thrombosis ; labyrinthitis; otogenic brain abscess; mastoidectomy; Principles - Deafness: types and causes - Facial Nerve and its Disorders - Tumours of External Ear - Tumours of Middle Ear Cleft - Acoustic Neuroma - Rehabilitation of the Hearing impaired- Assessment of Vestibular Functions - Disorders of Vestibular System - Tinnitus

###### **4.1.2. Nose and Paranasal Sinuses**

Surgical anatomy and physiology of the nose and paranasal sinuses - Symptoms of nasal diseases - Methods of examination of the nose and paranasal sinuses - Congenital Anomalies of Nose -Diseases of the nasal septum : deviation of nasal septum and principles of management; polyp of the septum - Epistaxis and foreign bodies in nose - Nasal allergy: nasal polyposis - Inflammation of the nose : furunculosis of vestibule of the nose, acute rhinitis - In-flammatory diseases of paranasal sinuses : acute and chronic max-illary sinusitis, frontal sinusitis - Atrophic rhinitis, rhinosporidiosis, rhinoscleroma - Outline of management of benign and malignant tumors or nose and paranasal sinuses

###### **4.1.3. Pharynx**

Anatomy of the pharynx: methods of examination - Diseases of the pharynx : adenoids ; acute and chronic pharyngitis; diphtheric pharyngitis; acute follicular tonsillitis and differential diagnosis; chronic tonsillitis; tonsillectomy; indication; peritonsillar abscess; retropharyngeal abscess - Broad outline of management of juvenile angiofibroma, and malignant tumors of oropharynx - Tumours of Nasopharynx - Acute and Chronic Pharyngitis - Head and Neck Space Infections - Tumours of Hypopharynx and Pharyngeal Pouch



#### **4.1.4. Larynx**

Anatomy and functions of the larynx and methods of examination - Hoarseness of voice ; stridor; differential diagnosis of respiratory obstruction and its management - Inflammatory lesions of the larynx: acute laryngitis - Vocal cord nodules; laryngeal diphtheria; tuberculosis of the larynx and differential diagnosis - Benign and malignant tumors of larynx : classification - Be able to use auroscope, nasal speculum, tongue depressor; tuning fork and head mirror - Conduct CPR (Cardiopulmonary resuscitation) and first aid in newborns, children and adults including endotracheal intubation - Maintain airway (endotracheal intubation / tracheostomy / cricothyroidostomy)- Perform syringing of ear - Do nasal packing for epistaxis - Congenital Lesions of Larynx and Stridor - Laryngo-tracheal Trauma; Acute and Chronic Inflammations of Larynx - Laryngeal Paralysis - Voice and speech Disorders - Tracheostomy and Other Procedures for Airway Management - Foreign Bodies of Air Passages

#### **4.1.5. Diseases of Oesophagus**

Anatomy and Physiology of Oesophagus - Disorders of Oesophagus - Dysphagia -Foreign Bodies of Food Passage

#### **4.1.6. Recent Advances**

Sleep Apnoea Syndrome - Skull base Surgery - Laser Surgery- Cryo Surgery - Radiology in ENT - Radiotherapy in Head and Neck Cancer - Chemotherapy for Head and Neck Cancer - Cleft Lip and Palate - Acquired Immuno Deficiency Syndrome (AIDS ) in ENT - Neck Masses

### **4.2. Practical**

#### **4.2.1. Clinical Methods in ENT**

#### **4.2.2. Operative Surgery**

Myringotomy - Mastoid Surgery - Radical Mastoidectomy -Modified Radical Mastoidectomy - Myringoplasty - Proof Puncture (Syn. Antral Irrigation) - Intranasal Inferior Meatal Antrostomy - Caidwell-Luc Operation - Submucous Resection of Nasal Septum (SMR Operation) - Septoplasty - Diagnostic Nasal Endoscopy - Endoscopic Sinus Surgery - Direct Laryngoscopy -Brochoscopy - Oesophagoscopy - Tonsillectomy - Adenoidectomy

#### **4.2.3. Miscellaneous**

Instruments in ENT - Syndromes in ENT - Implantation otology- Radiofrequency surgery in ENT - Hyperbaric Oxygen Therapy in ENT

## 5. UNIVERSITY EXAMINATION PATTERN

Exam	Marks
Theory Paper - I	80
Practicals	30
Viva	10
IAT	30
Total	150

### 5.1. Theory

5.1.1. It has one paper having 3 hours duration and carrying 50 marks

5.1.2. This paper will have four Sections from section A to Section D.

### 5.2. Type of question and its marks

#### Type of question and its marks

S. No.	Nature of Paper	Type of Questions	No. of Questions	Marks for each Questions	Total Marks for each	Total marks for Section
1	Theory Paper	Essay	2	15	30	80
		Short Notes	5	5	25	
		Very short Notes	5	2	10	
		MCQ	15	1	15	

S. No.	Nature of Paper	Type of questions	Marks for the questions
1	Practical	1 Long case	15
		2 Short cases each carrying 7½ marks	15

# Community Medicine

## 1. GOAL

The broad goal of the teaching of undergraduate students in Community Medicine is to prepare them to function as community and first level physicians in accordance with the institutional goals.

## 2. OBJECTIVES

### 2.1. Knowledge

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

2.1.1. Describe the health care delivery system including rehabilitation of the disabled in the country;

2.1.2. Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control.

2.1.3. List epidemiological methods and describe their application to communicable and non-communicable diseases in the community or hospital situation.

2.1.4. Apply bio statistical methods and techniques;

2.1.5. Outline the demographic pattern of the country and appreciate the roles of the individual, family, community and socio-cultural milieu in health and disease.

2.1.6. Describe the health information systems.

2.1.7. Enunciate the principles and components of primary health care and the national health policies to achieve the goal of 'Health for All'.

2.1.8. Identify the environmental and occupational hazards and their control.

2.1.9. Describe the importance of water and sanitation in human health.

2.1.10. To understand the principles of health economics, health administration, health education in relation to community.

### 2.2. Skills

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

2.2.1. Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention.

2.2.2. Collect, analyze, interpret and present simple community and hospital based data.  
2.2.3. Diagnose and manage common health problems and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-cultural beliefs.

2.2.4. Diagnose and manage maternal and child health problems and advise a couple and the community on the family planning methods available in the context of the national priorities.

2.2.5. Diagnose and manage common nutritional problems at the individual and community level.

2.2.6. Plan, implement and evaluate a health education programme with the skill to use simple audio-visual aids.

2.2.7. Interact with other members of the health care team and participate in the organization of health care services and implementations of national health programmes.

**2.3. Integration** Develop capabilities of synthesis between cause of illness in the environment or community and individual health and respond with leadership qualities to institute remedial measures for this.

### **3. DEPARTMENT OBJECTIVES**

Aim of teaching by the department is directed towards achievement of the goal of "Health for All" and millennium development towards this end, by the completion of his training, the M.B.B.S. student should be:

1. Aware of the physical, social, psychological, economic and environment aspect of health and disease.

2. Able to apply the clinical skills to recognize and manage common health problems including their physical, emotional and social aspects at the individual and family levels and deal with medical emergencies at the community level.

3. Able to define and manage the health problems of the community he / she serves. To achieve this, he / she shall learn to:

3.1. Organize elementary epidemiological studies to assess the health problems in the area. For this he should be able to design a study, collect data, analyze it with statistical tests, make a report and be able to participate in a health information system.

3.2. Prioritize the most important problems and help formulate a plan of action to manage them under National Health Programme guidelines including population control and

family welfare programme. He should be able to assess and allocate resources, implement and evaluate the programmes.

3.3. Demonstrate knowledge of principles of organising prevention and control of communicable and non-communicable diseases.

3.4. Organize health care services for special groups like mothers, infants, under-five children and school children.

3.5. Organize health care in case of calamities.

4. Able to work as an effective member of the health team.

5. Able to coordinate with and supervise other members of the health team and maintain liaison with other agencies.

6. Able to plan and implement health education programmes.

7. Able to perform administrative functions of health centres.

8. Able to promote community participation especially in areas of disease control, health education and implementation of national programmes.

9. Aware of the national priorities and the goals to be achieved to implement comprehensive health care.

## **4. SYLLABUS**

### **4.1. Theory**

#### **4.1.1. Concepts in Health**

Definition of health; appreciation of health as a relative concept; determinants of health - Characteristics of agent, host and environmental factors in health and disease and the multifactorial aetiology of disease - Various levels of prevention with appropriate examples - Indices used in measurement of health - Health situation in India: demography, mortality and morbidity profile and the existing facilities in health services - Difficulties in measurement of health - Millennium development Goals - Concept of rural and urban health care.

#### **4.1.2. Epidemiology**

Use of basic epidemiological tools to make a community diagnosis of the health situation in order to formulate appropriate intervention measures - Epidemiology : definition, concept and role in health and disease - Definition of the terms used in describing disease, transmission and control - Natural history of disease and its application in planning

intervention - Modes of transmission and measures for prevention and control of communicable and non-communicable disease - Principal sources of epidemiological data- Definition, calculation and interpretation of the measures of frequency of diseases and mortality - Need and uses of screening tests - Accuracy and clinical value of diagnostic and screening tests (sensitivity, specificity, predictive values) - Planning, collecting, analyzing and interpreting data to reach a community diagnosis. Planning an intervention programme with community participation based on the community diagnosis - Epidemiology of communicable and non-communicable diseases of public health importance and their control - Epidemiological basis of national health programmes - Awareness of programmes for control of non-communicable diseases : Planning and investigation of an epidemic of a communicable disease in a community setting; Institution of control measures and evaluation of the effectiveness of these measures - Various types of epidemiological study designs - Application of computers and internet in epidemiology

#### **4.1.3. Biostatistics**

The scope and uses of biostatistics; Collection, classification and presentation of statistical data; Analysis and interpretation of data - Obtaining information, computing indices (rates and ratio) and making comparisons - Apply statistical methods in designing of studies: Measures of central tendency and measures of deviations ; Applying test of significance normal distribution for means and proportional; Interpretation of statistical tables - Common sampling techniques, simple statistical methods for the analysis, interpretation and presentation of data, frequency distribution, measures of central tendency, measures of variability.

#### **4.1.4. Entomology**

Role of vectors in the causation of diseases - Identifying features of and mode of transmission of vector borne diseases - Methods of vector control with advantages and limitations of each -Mode of action, dose and application cycle of community used insecticides - Life cycle of insects of medical importance

#### **4.1.5. Environmental Sanitation**

Concept of safe and wholesome water; Requirement of sanitary sources of water; Methods of purification of water with stress on chlorination of water-large scale and small scale purification -Physical, chemical standards; tests for assessing quality of water -Disposal of solid waste and liquid waste both in the context of urban and rural conditions in the country - Problems in the disposal of solid waste and liquid waste both in the context of urban and rural conditions in the country - Concepts of safe disposal of human and animal excreta - Sources, health hazards and control of environmental pollution; Influence of physical factors - like heat, humidity, cold, radiation and noise on the health of the individual and community; Standards of housing and the effect of poor housing on health ; Global warming

#### **4.1.6. Nutrition**

Common sources of various nutrients and special nutritional requirement according to age, sex, activity, physiological condition - Nutritional assessment of individual, family and the community by selecting and using appropriate methods such as : anthropometry, clinical, dietary, laboratory techniques - Compare recommended allowances of individuals and families with actual intake - Plan and recommend a suitable diet for the individuals and families bearing in mind local availability of foods, economic status etc. - Common nutritional disorders : Protein energy malnutrition, Vit.A.def., anaemia, iodine deficiency disease, fluorosis, food toxins diseases and their control and management - Nutritional Indices of management - National programmes in nutrition.

#### **4.1.7. Genetics and Community Health**

Basic principles of genetics - Chromosomal disorders - Genetic predisposition in common disorders - Advances in molecular genetics, briefly about stem cells therapy - Preventive and social measures - Eugenics & Euthenics, genetic counseling - Early diagnosis, treatment and rehabilitation - Principles of Nano technology and Nano medicine.

#### **4.1.8. Sociology and Community Health**

Conduction of a clinic; social evaluation of the individual in relation to social, economic and cultural aspects ; educational and residential background; attitude to health, disease and to health services; the individual's family and community - Assessment of barriers to good health, to recovery from sickness and to leading a socially and economically productive life - Development of a good doctor and patient relationship - Identification of social factors related to health and disease in the context of urban and rural societies - Impact of urbanisation on health and disease - Role of family in health and disease.

#### **4.1.9. Health Education**

Effective communication with individuals, family and community using tools and techniques of information, education and communication: Barriers to effective communication; Principles, methods and evaluation of health education ; Methods of health education and their advantages and disadvantages ; Selection and use of appropriate media (simple audio-visual aids) for effective health education - Use of opportunities for health education of the individual, family and the community.

#### **4.1.10. Epidemiology of Specific Diseases**

The specific objectives of selected communicable diseases of public health importance for which National Disease Control/Eradication Programmes have been formulated are described here. For other diseases, the individual teacher would formulate the objectives while drawing the lesson plans. The idea of formulating objectives for a few diseases is to highlight their importance and to emphasize certain learning outcomes. Poliomyelitis, Infective hepatitis, ARI, Tuberculosis, Leprosy, Malaria, Measles, Dengue,

Chickungunya, filariasis, Kala Azar, STDs & HIV - AIDS, Diarrhoeal diseases, Hypertension, coronary heart disease, Blindness, Mental Health, cancers.

1. Extent of the problem, epidemiology and natural history of the disease.
2. Relative public health importance of a particular disease in a given area.
3. Influence of social, cultural and ecological factors on the epidemiology of the disease.
4. Control of communicable and non-communicable disease.
  - 4.1. Diagnosing and treating a case and in doing so demonstrate skills in Clinical methods, Use of essential laboratory techniques, Selection of appropriate treatment regimes, Follow-up of cases.
  - 4.2. Principles of planning, implementing and evaluating control measures for the diseases at the community level bearing in mind the relative importance of the disease.
5. Emerging and Re-emerging diseases. Its epidemiology and control.
6. Institution of programmes for the education of individuals and communities.
7. Investigating a disease epidemic.
8. Principles of measures to control a disease epidemic.
9. Level of awareness of causation and prevention of disease amongst individuals and communities.
10. Control of communicable and non-communicable diseases by diagnosing and treating a case and in doing so demonstrate skills in:
  - i. Instituting measures, wherever necessary, for preventing disabilities / deformities.
  - ii. Rehabilitation of the patient.
11. Training of health workers in (i) disease surveillance, (ii) control and treatment, (iii) health education.
12. Managerial skills in the areas of (i) supervision, (ii) collection and compilation of data (iii) maintenance of records, (iv) transmission of data.

#### **4.1.11. Demography & Family Planning**

Definition of demography and family welfare programme - Stages of the demographic cycle and their impact on the population - Definition, calculation and interpretation of demographic control measures and evaluation of the effectiveness of these measures - Various types of epidemiological study designs - Application of computers and internet in epidemiology - Indices like birth rate, death rate, growth rate, fertility rates - Reasons for rapid population growth in India, high birth rate and low birth rate states - Need for population control measures and the National Population Policy 2000 - Different family planning methods and their advantages and shortcomings. Recent advances in contraception - Motivating a couple to select the appropriate family planning method - Medical Termination of Pregnancy Act. - Guidance for MTP and infertility services - National Family Welfare Programme



#### **4.1.12. Maternal and Child Health (MCH)**

Need for specialized services for these groups - Magnitude of morbidity and mortality in these groups in a given area - Local customs and practices during pregnancy, child birth and lactation - Concepts of 'high risk' and 'MCH Package', Child survival and Safe Motherhood, Integrated Child Development Scheme and other existing regional programme, NRHM - Under - 5: Morbidity, mortality, high risk and care - Monitoring of growth and development and use of Road to Health Chart - Organization, implementation and evaluation of programmes for mothers and children as per National Programme guidelines; supervising health personnel; maintaining records; performing a nutritional assessment; promoting breast feeding, exclusive breast feeding. Babies friendly hospital.

#### **4.1.13. School Health**

Objectives of the School Health Programme - Activities of the Programme like: Carrying out periodic medical examination of the children and the teachers; Immunization of the children in the school; Health education; Mid-day meals - Participation of the teachers in the school health programme including maintenance of records; defining healthful practices; early detection of abnormalities.

#### **4.1.14. Community Geriatrics**

Common diseases of the elderly - Prevention of degenerative diseases: role of exercise, nutrition, life style, etc. - Osteoporosis and arthroses: effects of immobility; prevention of contractures and bed sores - Economic and psychosocial needs of the aged - Care of elderly in organized and unorganized sectors - Role of Health Visitor and Social Worker - Social problems in the elderly - Joint family; Day care center and Day Hospital; home for the aged - Care giver.

#### **4.1.15. Urban Health**

Common health problems (Medical, Social, Environmental, Economic, Psychological ) of urban dwellers - Organization of health services for slum dwellers - Organization of health services in urban areas.

#### **4.1.16. Mental Health**

Importance of Mental Health - Types of mental illness and causes - Preventive aspects - Mental Health Services - Alcoholism, drug dependence - Epidemiological factors and prevention.

#### **4.1.17. Health Planning and Management**

Explain the terms: public health, public health administration, regionalization, comprehensive medical care, delivery of health care, planning, management, evaluation - Salient features of the National Health Policy: provision of medical care; primary health care and Health for All; health manpower development; planned development of health care facilities; encouragement of indigenous systems of medicine; recommendations of

Health committees - Process of health care delivery in India : the health systems and health infrastructure at centre, state and district levels; the inter-relationship between community development block and primary health

centre; the organisation, functions and staffing pattern of community health centres, primary health centres and sub-center; the job descriptions of health supervisor (male and female), health workers, village health guide, anganwadi workers, traditional birth attendants; the activities of the health team at the primary health centre- Management techniques : define and explain principles of management; explain the three broad functions of management (planning, implementation and evaluation) and how they relate to each other - Appreciate the need for International Health Regulations and Disease surveillance - Constitutional provisions for health in India: Enumerate the three major divisions of responsibilities and functions (concerning health) of the union and the state governments - Appreciate the role of national and international voluntary agencies in health care delivery - Explain the terms : cost; effectiveness, cost; benefit.

#### **4.1.18. Occupational Health**

Relate the history of symptoms with the specific occupation including agriculture - Employees State insurance Scheme - Identification of the physical, chemical and biological hazards to which workers are exposed while working in a specific occupational environment - Diagnostic criteria of various occupational diseases -Preventive measures against these diseases including accident prevention - Various legislations in relation to occupational health, factories Act, 1948

#### **4.1.19. Hospital Waste Management**

Services and types of Hospital wastes - Hospital waste management, Principles and guidelines - Recent advances

### **4.2. SKILLS**

#### **4.2.1. Part - I: General Skills**

**The student should be able to:**

- 1.Elicit the clinical - social history to describe the agent, host and environmental factors that determine and influence health.
- 2.Recognize and assist in management of common health problems of the community.
- 3.Apply elementary principles of epidemiology in carrying out simple epidemiological studies in the community.
- 4.Work as a team member in rendering health care.
- 5.Carry out health education effectively for the community.

#### **4.2.2. Part - II: Skills in Relation to Specific Topics**

**1.Communication** The student should be able to communicate effectively with family members at home ; patients at clinics or at homes; individuals, family or a group for health education ; peers at scientific forums.

**2.Team activity** Work as a member of the health team in planning and carrying out field work like school health.

**3.Environmental sanitation** Collect water samples for microbiological evaluation; chlorination of water; estimate the chlorine demand of water; estimate the residual chlorine of water; insecticides; their proper storage and use in control of vectors.

#### **4. Communicable and Non-Communicable Diseases**

4.1. Eliciting clinico-social history and examining the patient for diagnosis and treatment.

4.2. Collection of appropriate material for microbiological, pathological or biochemical tests.

4.3. Fixing, staining and examining smears -peripheral blood smear for malaria and filariasis, sputum for AFB; slit skin smears for leprosy; Hb estimation; urine and stool examination.

4.4. Assessing the severity and / or classifying dehydration in diarrhoea upper respiratory tract infection, dog bite, leprosy .

4.5. Adequate and appropriate treatment and follow-up of leprosy, malaria, filariasis rabies, upper respiratory tract infections, diarrhea and dehydration

4.6. Advice on the prevention and prophylaxis of common diseases like vaccine preventable diseases, tetanus, malaria, filariasis, rabies, cholera, typhoid, intestinal parasites.

4.7. Use of proper screening methods in early diagnosis of common diseases.

4.8. Take necessary steps in / disease outbreak / epidemics / natural disasters - Investigation of epidemic, food poisoning; notification; organizing medical care following disasters.

#### **4.2.3. Maternal and Child Health**

1.Antenatal - examination of the mother; application of the risk approach in antenatal care.

2.Intranatal -conducting a normal delivery; early recognition of danger in intranatal period; referral of cases requiring special care.

3. Postnatal - assessment of the mother and new born advice on appropriate family planning method; promotion of breast feeding; advice on weaning.

4. Assessment of growth and development of the child use of the 'road to health' card ; recording important anthropometric assessments of the child; giving immunisation to the child; identifying high risk infants.

#### **4.2.4. Statistics**

Compute Mean, Median, Mode, Variance, and Standard Deviation - Make proper sample - Apply appropriate tests of significance to make correct inference - Simple analysis and presentation of data.

#### **4.2.5. Nutrition**

Conducting a diet survey - Identify nutritional dietary samples and their specific nutritional content - Community survey and clinical diagnosis of nutritional deficiencies; vitamin A deficiency, iodine deficiency, malnutrition - Making recommendations regarding diet.

#### **4.2.6. Entomology**

Identification of Disease causing vectors and insects and their differentiation of species

#### **4.2.7. Occupational Health**

Inspection of work sites - Recommendation in improving work sites - Medical examination of workers

#### **4.2.8. Health care of the community**

Ensuring community participation in health care - Arranging inter sectorial coordination where necessary - Working in liaison with other agencies involved in health care in various National Health Programmes.

#### **4.2.9. Health Management**

Be an effective team leader - Guide and train workers - Supervision of workers and programmes

#### **4.2.10. Family Planning:**

Advice on appropriate methods.

#### **4.2.11. Managerial:**

Organize antenatal and under-five clinic.

## 5. UNIVERSITY EXAMINATION PATTERN

Exam	Marks
Theory Paper - I	80
Theory Paper – II	80
Practicals	60
Viva	20
IAT	60
Total	300

### 5.1. Theory

5.1.1. It has two papers each of 3 hours duration and carrying 80 marks each

5.1.2. Each paper will have Section A & Section B having equal number of questions and the equal weightage.

### 5.2. Type of question and its marks

#### Type of question and its marks

S. No.	Nature of Paper	Type of Questions	No. of Questions	Marks for each Questions	Total Marks for each	Total marks for Section
1	Theory Paper – I	Essay	2	15	30	80
		Short Notes	5	5	25	
		Very short Notes	5	2	10	
		MCQ	15	1	15	
2.	Theory Paper - II	Essay	2	15	30	80
		Short Notes	5	5	25	
		Very short Notes	5	2	10	
		MCQ	15	1	15	

S. No.	Nature of Paper	Type of questions	Marks for the questions
1	Practical	1 Long case	15
		2 Short cases each carrying 7½ marks	15

**VINAYAKA MISSION'S KIRUPANANDA VARIYAR MEDICAL COLLEGE & HOSPITALS, SALEM – 636 308.  
ACADEMIC CALENDAR**

<b>Date</b>	<b>Events for March 2022</b>	<b>Events for April 2022</b>	<b>Events for May 2022</b>
1			Sunday – May Day
2		World Autism Awareness Day	
3		Sunday	Ramzan
4	World Obesity Day		
5			
6	Sunday		
7		World Health Day	
8			World Thalassemia Day World Youth Red Cross Day Sunday
9			Mother's Day
10		Sunday	
11	World Kidney Day	National Safe Motherhood day A day for Parkinson	
12			International Nurses Day
13	Sunday		
14		Tamil New Year's Day	
15			Sunday
16			

Date	Events for March 2022	Events for April 2022	Events for May 2022
17		Sunday World Haemophilia Day	
18			
19			
20	Sunday – World Oral Health Day World Head Injury Day		
21	International Day of Forest World Down's Syndrome Day		
22	World Water Day	Earth Day	Sunday
23			
24	World Tuberculosis Day/ National Doctor's Day	Sunday	
25		World Malaria Day	World Thyroid Day
26			
27	Sunday		
28			
29			Sunday
30			
31			World No Tobacco Day

<b>Date</b>	<b>Events for June 2022</b>	<b>Events for July 2022</b>	<b>Events for August 2022</b>
1			Breast feeding week
2			Breast feeding week
3		Sunday	Breast feeding week
4			Breast feeding week
5	World Environment Day Sunday		Breast feeding week
6			Breast feeding week
7			Breast feeding week Sunday
8			
9			
10		Sunday	
11		World Population Day	
12	Sunday		International Youth Day
13			
14	World Blood Donor Day		Sunday
15			Independence Day
16			
17		Sunday	
18			
19	Sunday National Public Health Dentistry Day		



<b>Date</b>	<b>Events for June 2022</b>	<b>Events for July 2022</b>	<b>Events for August 2022</b>
20		World Anesthesia and OTT day	
21	International Yoga day		Sunday
22			
23			
24		Sunday	
25			National Eye donation week
26	Sunday		
27	Sunday		
28			Sunday
29			
30			
31		Sunday	Vinayagar Chathurthi

<b>Date</b>	<b>Events for September 2022</b>	<b>Events for October 2022</b>	<b>Events for November 2022</b>
1	National Nutrition Week		
2		Sunday – World Wildlife week ,Gandhi Jayanthi	
3			
4	Sunday	Ayutha Pooja	
5	Teacher's Day	Vijaya Dasami	
6			Sunday
7			
8	Literacy Day		
9		World Hospice and Palliative Day Sunday	
10	World Suicide Prevention Day	World Mental Health Day	
11	Sunday		
12			
13		Gender Sensitization Programme	Sunday
14	Parents Teachers Meeting		World Diabetes Day Operation Theatre Nursing Day
15	Parents Teachers Meeting & Engineer's Day	Hand Washing Day	
16		Sunday	
17			
18	Sunday		
19			
20			Sunday
21	International day of Peace		

<b>Date</b>	<b>Events for September 2022</b>	<b>Events for October 2022</b>	<b>Events for November 2022</b>
22			
23		Sunday	
24		World Polio Day Deepavali	
25	Sunday		
26			
27			Sunday
28			
29			
30		Sunday	
31		National Unity Day	

<b>Date</b>	<b>Events for December 2022</b>	<b>Events for January 2023</b>
1	<b>World AIDS day</b>	Sunday
2		
3	United Nation's International day of Person's with disabilities	
4	Sunday	
5		
6		
7		
8		Sunday
9		
10		
11	Sunday	
12		
13		
14	Pongal	Pongal
15	Sunday	Sunday
16	Pongal	Pongal
17		
18	Sunday	
19		

Date	Events for December 2022	Events for January 2023
20		
21		
22		Sunday
23		
24		
25	Sunday	
26		Republic Day
27		
28		
29		Sunday
30		World Leprosy Eradication Day
31		

*Medicine is only for those  
who cannot imagine  
doing anything else*

*Dr. Luanda Grazette*

Medical Education is not just a program for building  
knowledge and skills in its recipients...  
it is also an experience which creates attitudes and expectations.

*--- Abraham Flexner ---*