



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 (2022 – 2023)

Final MBBS Part II / Phase III – Part II MBBS

Syllabus & Curriculum

Website : www.vmkvmc.edu.in



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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, Pathology, 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 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, dotards & down trodden people.
- I shall consider all men as equal and “the plurality and multiethnicity” 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 the institution's mission 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 attendance of 75% in theory and 80% in practical in each subject to appear for University Examination. Students who lack the minimum prescribed 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, Mess and College and must get a “No Due” certificate from the Deputy warden of the Hostel and Deputy Dean 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, log books and books for SDL & ECE 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.

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
- **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.,
- **DEPUTY DEAN** : Prof. Dr. Deepti Shastri, M.S., MNAMS,
- **DIRECTOR, HOSPITAL DEVELOPMENT COMMITTEE** : Prof. Dr. E.M.J.Karthikeyan, M.S.,
- **DEPUTY MEDICAL SUPERINTENDENT** : Prof. Dr. S. Senthil Priya, M.D.,
- **RMO (Residential Medical Officer)** : Dr. K. Soundararajan, M.S.,

Supporting Staff

- **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
Ms. Twinkle Sara David

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

Babasaheb Ambedkar

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VINAYAKA MISSION'S RESEARCH FOUNDATION (Deemed to be University)
ANTI-RAGGING COMMITTEE 2022 – 2023

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
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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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35.	Ms. Sree Kutty, CRMI	Representative of Students	74038 62677,8943903329 star7miracle@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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ANTI-RAGGING SQUAD (2022 – 2023)

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
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**Vinayaka Mission's
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**VINAYAKA MISSION'S RESEARCH FOUNDATION
(Deemed to be University)**

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PREVENTION OF SEXUAL HARASSMENT IN WORK PLACE 2022-23**

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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) (11 months) consisting of Foundation Course and Preclinical subjects (Human Anatomy, Physiology, Bio-Chemistry) & introduction to Community Medicine including humanities.

I.2. Phase II (II MBBS):

Phase II (II MBBS) (10 months) 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 Microbiology, Pathology, Pharmacology and part of Community Medicine.

The clinical subjects shall consist of all those detailed below in Phase III.

I.3. Phase III (III MBBS):

Part I: At the end of 11 months of study in Phase III the candidate shall be examined in four subjects namely Forensic Medicine including Toxicology, Ophthalmology, Otorhinolaryngology and Community Medicine in the Part I examination of III M.B.B.S.

Part II: At the end of 13 months of study in 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.

II . Record Note books / Log Books :

Every student must maintain a record of the Practical / Clinical work assigned to him / her in the record note books.

Students should also maintain log books for :

1. Academic activities
2. AETCOM

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 record 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 three written 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. 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 & log books shall 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 retests in theory and practical separately and the average of theory and practical 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 a minimum of 40 % 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. Advanced Learners in each subject are encouraged and trained to participate in scientific conferences, dissertation competitions and quizzes.

VI. University Examinations

1. University exam marking pattern

Phase of Course	Written – Theory Total	Practicals / Orals / Clinicals	Pass Criteria
First Professional			<p>Internal Assessment 50% combined in theory and practical (not less than 40% in each) for eligibility for appearing for University Examinations</p> <p>University Examination Mandatory 50% marks in theory and practical (practical = Practical/Clinical + Viva) (theory = theory paper(s) only)</p> <p>Internal assessment marks are not to be added to marks of the University examinations and should be shown separately in the grade card.</p>
Human Anatomy – 2 papers	200	100	
Physiology- 2 papers	200	100	
Biochemistry – 2 papers	200	100	
Second Professional			
Pharmacology- 2 papers	200	100	
Pathology – 2 papers	200	100	
Microbiology – 2 papers	200	100	
Third Professional Part -I			
Forensic Medicine & Toxicology – 1 paper	100	100	
Ophthalmology -1 paper	100	100	
Otorhinolaryngology – 1 paper	100	100	
Community Medicine – 2 papers	200	100	
Third Professional Part -II			
General Medicine – 2 papers	200	200	
General Surgery – 2 papers	200	200	
Pediatrics – 1 paper	100	100	
Obstetrics & Gynaecology -2 papers	200	200	

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. Criteria for Progression to Phase II:

1. Examination pattern will include theory examination, practical / clinical examination and viva / oral examination.
2. There shall be one main examination in an academic year and a supplementary to be held not later than 90 days, after the declaration of the results of the main examination.
3. Passing in First MBBS Professional examination is compulsory before proceeding to Phase II training.
4. A maximum number of four permissible attempts would be available to clear the first professional university examination, whereby the first professional course will have to be cleared within 4 years of admission to the said course. Partial attendance at any university examination shall be counted as an availed attempt.
5. A learner shall not be entitled to graduate after 10 years of his/her joining of the first year of the MBBS course.

1. 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.

2. 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 attendance of 75% in theory and 80% in practical 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 attendance of 75% in theory and 80% in practical during the extended period of study before appearing for the next examination. Students who fail in the supplementary examination will take up exams with next academic year batch.

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 for lunch. The teaching hours are divided between didactic lectures, practicals, demonstrations, seminars, symposia, Small Group Teaching (SGT), Self Directed Learning (SDL), Early Clinical Exposure (ECE), Integrated Learning (IGL) in various subjects and AETCOM.

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.

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.

III MBBS Part II - Teaching Hours Distribution is as follows :

Subjects	Teaching Hours	Tutorials/Seminars / Integrated Teaching (hours)	Self - Directed Learning (hours)	Total* (hours)
General Medicine	70	125	15	210
General Surgery	70	125	15	210
Obstetrics and Gynecology	70	125	15	210
Pediatrics	20	35	10	65
Orthopaedics	20	25	5	50
Clinical Postings**				792
Attitude, Ethics & Communication Module (AETCOM)***	28		16	43
Electives				200
Total	250	435	60	1780

* 25% of allotted time of third professional shall be utilized for integrated learning with pre- and para- clinical subjects and shall be assessed during the clinical subjects examination. This allotted time will be utilized as integrated teaching by para-clinical subjects with clinical subjects (as Clinical Pathology, Clinical Pharmacology and Clinical Microbiology).

** *The clinical postings in the third professional part II shall be 18 hours per week (3 hrs per day from Monday to Saturday).*

*** Hours from clinical postings can also be used for AETCOM modules.

*“Education is not preparation for life;
education is life itself.*

John Dewey

Time Table - Final MBBS Part II / Phase III – Part II MBBS

	8.00 AM - 11.30 AM	11.30 AM – 12.30 PM	12.30 PM - 1.15 PM	1.15 PM – 2.15 PM	2.15 PM – 3.15 PM	3.15 PM – 4.15 PM	
MONDAY	CLINICAL POSTINGS INCLUDING SKILLS LAB	MEDICINE (Lecture)	LUNCH BREAK	SURGERY (Tutorial/seminar/integration)	O & G (Tutorial/seminar/integration)	MEDICINE (Tutorial/seminar/integration) / SDL	
TUESDAY		SURGERY Lecture		O & G (Tutorial/seminar/integration)	MEDICINE (Tutorial/seminar/integration)	SURGERY (Tutorial/seminar/integration) / SDL / AETCOM^S	
WEDNESDAY		O & G Lecture		MEDICINE (Tutorial/seminar/integration)	SURGERY (Tutorial/seminar/integration)	O & G (Tutorial/seminar/integration) / SDL / AETCOM^S	
THURSDAY		SURGERY Lecture/ (Tutorial / seminar / integration)		O & G (Tutorial/seminar/integration)	MEDICINE (Tutorial/seminar/integration)	PEDIATRICS Lecture/ SDL / SMP*	
FRIDAY		O&G Lecture/(Tutorial/seminar/integration)		PEDIATRICS (Tutorial/seminar/Integration)	SURGERY (Tutorial/seminar/integration)	ORTHOPAEDICS Lecture/(Tutorial/seminar/integration)/SDL	
SATURDAY		MEDICINE Lecture/(Tutorial/seminar/integration)		ORTHOPAEDICS[#] Lecture / AETCOM^S	AETCOM^{SS}		
		INTERNAL ASSESSMENT[^]					

1st and 3rd Saturday - Orthopaedics (1.15 PM - 2.15 PM)

\$\$ 1st and 3rd Saturday - AETCOM (2.15 PM - 4.15 PM)

\$ Includes 8 hours of AETCOM

* Student Mentorship Program (SMP) every 3rd Thursday (July to December)

^ 2nd and 4th Saturday - Internal Assessment(1.15 PM - 4.15 PM)

Academic Plan

Vinayaka Mission's
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VINAYAKA MISSION'S RESEARCH FOUNDATION
(Deemed To Be University)

Final MBBS Part II MBBS Degree Exam pattern for Community Medicine

Theory Paper I	-	100 Marks
Theory Paper II	-	100 Marks
Practicals	-	80 Marks
Viva	-	20 Marks

300 Marks

Theory Question pattern - **100 Marks**

Type of question	Numbers X Marks	Total marks
<u>Section – A</u>		
Multiple Choice Questions	20 X 1	20
<u>Section – B</u>		
Long Answer Questions	2 X 15	30
Short Answer Questions	6 X 5	30
Brief Answer Questions	10 X 2	20
Total		100

Eligibility to appear for university exams

Internal Assessment (Theory + Practicals)	50% [Theory - minimum 40% Practicals- minimum 40%]
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INTERNAL ASSESSMENT
100 marks

Theory (50 marks)	Practicals (50 marks)
Theory (IA Marks+ Model exam marks) 40 Marks	Practicals (IA Marks+ Model exam marks) 30 Marks
Log Book – Theory	Log Book – Practicals
Seminar – 2 marks	Certifiable competencies – 8 marks
SDL – 3 marks	Research projects
AETCOM – 3 marks	(ICMR / Conferences) – 2 marks
Assignments – 2 marks	10 Marks
10 Marks	Records 10 Marks
Total = 50 marks	Total = 50 marks

Criteria for pass in University exams

Theory	50% (Each Paper minimum 40%)
Practicals + Viva	50 %

1. General Medicine

I. Goal:

The broad goal of the teaching of undergraduate students in Medicine is to have the knowledge, skills and behavioral attributes to function effectively as the first contact physician.

II. Competencies:

The student must demonstrate ability to do the following in relation to common medical problems of the adult in the community:

1. Demonstrate understanding of the patho-physiologic basis, epidemiological profile, signs and symptoms of disease and their investigation and management,
2. Competently interview and examine an adult patient and make a clinical diagnosis,
3. Appropriately order and interpret laboratory tests,
4. Initiate appropriate cost-effective treatment based on an understanding of the rational drug prescriptions, medical interventions required and preventive measures,
5. Follow up of patients with medical problems and refer whenever required,
6. Communicate effectively, educate and counsel the patient and family,
7. Manage common medical emergencies and refer when required,
8. Independently perform common medical procedures safely and understand patient safety issues.

III. Objectives:

A. Knowledge:

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

- a. Diagnose common clinical disorders with special reference to infectious diseases, nutritional disorders, tropical and environmental diseases.
- b. Outline various modes of management including drug therapeutics especially dosage, side effects, toxicity, interactions, indications and contra-indications.
- c. Propose diagnostic and investigative procedures and ability to interpret them
- d. Provide first level management of acute emergencies promptly and efficiently and decide the timing and level of referral, if required.
- e. Recognize geriatric disorders and their management

B. Skills

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

- a. Develop clinical skills (history taking, clinical examination and other instruments of examination) to diagnose various common medical disorders and emergencies.
- b. Refer a patient to secondary and/or tertiary level of health care after having instituted primary care
- c. Perform simple routine investigations like haemogram, stool, urine, sputum and biological fluid examinations
- d. Assist the common bedside investigative procedures like pleural tap, lumbar puncture, bone marrow aspiration/biopsy and liver biopsy.

C. Affective Domain:

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

- a. Communicate with patients about diagnostic and therapeutic management of the patient.
- b. Development of ability to approach critically ill patients.
- c. Development of working as a team providing patient care.
- d. Development of ability to announce critical illness / Death to the family members.
- e. Maintaining medical ethics throughout the practice of medicine.

D. Integration

1. With community medicine and physical medicine and rehabilitation to have the knowledge and be able to manage important current national health programs, also to be able to view the patient in his/ her total physical, social and economic milieu.

2. With other relevant academic inputs which provide scientific basis of clinical medicine e.g. anatomy, physiology, biochemistry, micro-biology, pathology and pharmacology

1a. Psychiatry

I. Goal :

Aim to impart such knowledge and skills that may enable to diagnose and treat common Psychiatric disorders, handle Psychiatric emergencies and to refer complications/unusual manifestations of common disorders and rare Psychiatric disorders to the specialist.

II. Competencies :

The undergraduate must demonstrate :

- a. Ability to promote mental health and mental hygiene.
- b. Knowledge of etiology (bio-psycho-social -environmental interactions), clinical features, diagnosis and management of psychiatric disorders across all ages.
- c. Ability to recognize and manage common psychological and psychiatric disorders in a primary care setting, institute preliminary treatment in disorders difficult to manage, and refer appropriately.
- d. Ability to recognize alcohol/substance abuse disorders and refer them to appropriate centers.

III. Objectives :

A. Knowledge :

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

- a. Comprehend nature and development of different aspects of normal human behavior like learning, memory, motivation, personality and intelligence.
- b. Recognize differences between normal and abnormal behavior.
- c. Classify Psychiatric disorders.
- d. Recognize clinical manifestations of following common syndromes and plan their appropriate management of organic psychosis, functional psychosis, schizophrenia, affective disorders, neurotic disorders, personality disorders, psycho-physiological disorders, drug and alcohol dependence.
- e. Describe rational use of different modes of therapy in Psychiatric disorders.

B. Skills

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

- a. Interview the patient and understand different methods of communications in patient-doctor relationship.
- b. Elicit detailed Psychiatric case history and conduct clinical examination for assessment of mental status.
- c. Define, elicit and interpret psycho-pathological symptoms and signs.
- d. Diagnose and manage common Psychiatric disorders.

- e. Identify and manage psychological reactions and psychiatric disorders in medical and surgical patients in clinical practice and in community setting.

C. Affective Domain

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

- a. Establish rapport, empathy and confidentiality in all patient encounters.
- b. Demonstrate breaking bad news in a clinical environment.
- c. Provide family education for common psychiatric disorders.
- d. Provide education to the public and patients regarding substance use and addiction.
- e. Counsel patients with migraine and headache for lifestyle changes.

D. Integration

The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand bio-psycho-social -environmental interactions that lead to diseases/disorders **for** preventive, promotive, curative, rehabilitative services and medico-legal implications in the care of patients both in family and community.

13.7 Books Recommended :

- 1) Kaplan and Sadock's Synopsis of Psychiatry.
- 2) Oxford Textbook of Psychiatry.

1b. Dermatology Venereology and Leprosy (DVL)

I. Goal : The aim of teaching the undergraduate student is to impart such knowledge and skills that may enable them to diagnose and treat common ailments in the field of **Dermatology, Venereology, Leprology.**

II. Competencies :

The undergraduate must demonstrate:

1. Understanding of the principles of diagnosis of diseases of the skin, hair, nail and mucosa,
2. Ability to recognize, diagnose, order appropriate investigations and treat common diseases of the skin including leprosy in the primary care setting and refer as appropriate,
3. A syndromic approach to the recognition, diagnosis, prevention, counseling, testing and management of common sexually transmitted diseases including HIV based on national health priorities,
4. Ability to recognize and treat emergencies including drug reactions and refer as appropriate.

III. Objectives :

A. Knowledge :

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

- a. Demonstrate sound knowledge of common diseases in the field of **Dermatology, Venereology, Leprology**, their clinical manifestations and of investigations to confirm their diagnosis.
- b. Demonstrate comprehensive knowledge of various modes of therapy used in the treatment of Dermatological disorders
- c. Describe the mode of action of commonly used drugs in the field of **Dermatology, Venereology, Leprology**, their doses, side effects, interactions, indications and contraindications.
- d. Describe commonly used modes of management including the medical and surgical procedures available for the treatment of various dermatological diseases and to offer a comprehensive plan for management for a given disorder.

B. Skills

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

- a. Interview the patient, elicit relevant and correct information and describe the history in a chronological order
- b. Conduct clinical examination, elicit and interpret physical findings and diagnose common dermatological disorders
- c. Perform simple, routine investigative and office procedures required for making the bed – side diagnosis, especially gram stain for bacterial infection, the examination of scrapings for fungus(KOH mount), preparation of slit skin smears and staining for AFB for leprosy patients and for STD patients.
- d. Assist in taking a skin biopsy for diagnostic purposes

C. Affective Domain

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

- Should be able to maintain confidentiality with regards to history, physical examination and management of patients.
- Identify social, economic, environmental, biological and emotional determinants of patients, and institute diagnostic, therapeutic, rehabilitative, preventive and promotive measures to provide holistic care to patients at individual and community level against skin, venereal disease and leprosy.
- Recognize the emotional and behavioral characteristics of patients and keep these fundamental attributes in focus while dealing with them.
- Demonstrate empathy and humane approach towards patients and their families and respect their sensibilities.
- Demonstrate communication skills in providing counseling and giving health education messages to patients, families and communities.

D. Integration

The teaching should be aligned and integrated horizontally and vertically in order to emphasize the biologic basis of diseases of the skin, sexually transmitted diseases and leprosy and to provide an understanding that skin diseases may be a manifestation of systemic disease.

IV. Books Recommended (Latest Edition)

1. Essentials in Dermatology- D M Thappa
2. Davidson's principles and practice of medicine
3. Harrison's principles of Internal medicine.

1c. Respiratory Medicine including Tuberculosis

I. Goal :

The aim of teaching the undergraduate student in Respiratory Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common respiratory illnesses.

He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

II. Competencies:

The student must demonstrate:

1. Knowledge of common chest diseases, their clinical manifestations, diagnosis and Management.
2. Ability to recognize, diagnose and manage pulmonary tuberculosis as contemplated in National Tuberculosis Control Programme.
3. Ability to manage common respiratory emergencies in primary care setting and refer Appropriately.

III. Objectives:

A. Knowledge :

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

- a) Diagnose and manage common respiratory disorders and emergencies,
- b) Simple, routine investigative procedures required for making bed side diagnosis, especially Sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests,
- c) Interpreting and managing various blood gases and pH abnormalities in various illnesses.

B. Skills

At the end of the course the students must have observed or preferably assisted at the following operations/ procedures:

Laryngoscopy, Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumothorax, drainage aspiration, therapeutic counselling and follow up.

D. Integration

The teaching should be aligned and integrated horizontally and vertically in order to allow the student to recognize diagnose and treat TB in the context of the society, national health priorities, drug resistance and co-morbid conditions like HIV.

IV. Books Recommended

1. Pulmonary Diseases and Disorders by Fishman
2. Crofton and Douglas Respiratory Diseases
3. Tuberculosis by Surendra K Sharma
4. Light's Plural Diseases

2. General Surgery

I. Goal :

The broad goal of the teaching of undergraduate students in Surgery is to produce graduates capable of delivering efficient first contact surgical care.

II. Competencies : The student must demonstrate:

1. Understanding of the structural and functional basis, principles of diagnosis and management of common surgical problems in adults and children,
2. Ability to choose, calculate and administer appropriately intravenous fluids, electrolytes, blood and blood products based on the clinical condition,
3. Ability to apply the principles of asepsis, sterilization, disinfection, rational use of prophylaxis, therapeutic utilities of antibiotics and universal precautions in surgical practice,
4. Knowledge of common malignancies in India and their prevention, early detection and therapy,
5. Ability to perform common diagnostic and surgical procedures at the primary care level,
6. Ability to recognize, resuscitate, stabilize and provide Basic & Advanced Life Support to patients following trauma,
7. Ability to administer informed consent and counsel patient prior to surgical procedures,
8. Commitment to advancement of quality and patient safety in surgical practice.

III. Objectives :

A. Knowledge :

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

- a. Describe aetiology, pathophysiology, principles of diagnosis and management of common surgical problems including emergencies, in adults and children.
- b. Define indications and methods for fluid and electrolyte replacement therapy including blood transfusion
- c. Define asepsis, disinfection and sterilization and recommended judicious use of antibiotics.
- d. Describe common malignancies in the country and their management including prevention.
- e. Enumerate different types of anaesthetic agents, their indications, mode of administration, contraindications and side effects.

B. Skills

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

- a. Diagnose common surgical conditions both acute and chronic, in adult and children.
- b. Plan various laboratory tests for surgical conditions and interpret the results.

- c. Identify and manage patients of hemorrhagic, septicaemic and other types of shock.
- d. be able to maintain patent air-way and resuscitate
- e. Monitor patients of head, chest, spinal and abdominal injuries, both in adults and children.
- f. . Provide primary care for a patient of burns
- g. Acquire principles of operative surgery, including pre-operative, operative and post-operative care and monitoring
- h. Treat open wounds including preventive measures against tetanus and gas gangrene.
- i. Identify congenital anomalies and refer them for appropriate management.
- j. Diagnose neonatal and pediatric surgical emergencies and provide sound primary care before referring the patient to secondary/tertiary centres.

C. Affective Domain

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

- a. Communicate effectively.
- b. Work as a member of a team.
- e. Complete and submit assignments in time.
- d. To make clinical diagnosis with surgical knowledge.
- e. Follow work ethics.

D. Integration

The teaching should be aligned and integrated horizontally and vertically in order to provide a sound biologic basis and a holistic approach to the care of the surgical patient.

IV. Books Recommended

1. Bailey & Love's- Short Practice of Surgery
2. S. Das Manual on Clinical Surgery
3. S. Das Text Book on Surgical Short Cases
4. Pye's Surgical Handicraft
5. Text book of Surgery by DAS
6. Hamilton Bailey Demonstration of Clinical signs & Symptoms in Surgery

2b. Orthopaedics

I. Goals

The aim of the program is to impart knowledge and skills that may enable his/her to diagnose and suspect Fracture, Sprain, Congenital anomalies, Developmental anomalies and other common orthopaedic ailments.

II. Competencies;

The student must demonstrate

- Ability to recognize and assess bone injuries, dislocation and polytrauma and provide first aid prior to appropriate referral.
- Knowledge of Medicolegal aspects of trauma.
- Ability to recognize and manage common infection, congenital, metabolic, neoplastic, degenerative and inflammatory bone problems and refer approximation
- Ability to perform minor procedure like Plaster Of Paris application, suturing and splint application

III. Objectives;

A. Knowledge

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

- a) Explain the principle of recognition of bone injuries and dislocation
- b) Apply suitable methods to detect and manage common infection of bones and joints, to known indication for sequestrectomy & amputation.
- c) Identify congenital and skeletal anomalies and referral for appropriate correction and rehabilitation.
- d) Recognize Metabolic & Neoplastic diseases affecting the bones.
- e) Enumerate few recent advances in orthopaedics.

B. Skills;

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

- a) Detect sprain and provide first aid measures for common fracture and dislocation
- b) Use techniques of splinting, plaster and immobilization of fracture
- c) To detect and plan treatment for common orthopaedic problem and appropriate referral.
- d) Advice aspects of rehabilitation for polio, cerebral palsy and amputation.
- e) Should be trained in basic life support and providing first aid in casualty.

C. Integration

Teaching should be aligned and integrated horizontally and vertically

In orthopaedics – anatomy, pathology, microbiology and forensic medicine are vertically integrated and General medicine and physical medicine and rehabilitation are horizontally integrated.

IV. Books Recommended

1. Vetrivel chezian textbook of orthopaedics.
2. Natrajan textbook of orthopaedics.
3. Maheshwari textbook of orthopaedics.
4. A manual on clinical surgery- Das (Relevant chapter on orthopaedics).
5. Appley system of orthopaedics and traumatology.
6. Clinical examination of MacRae.

2c. Anaesthesiology

I. Goal :

To provide knowledge about the role of anaesthesiologist in perioperative medicine, critical care & pain medicine and about the different types of anaesthesia.

II. Competencies :

The student must demonstrate ability to:

1. Describe and discuss the pre-operative evaluation, assessing fitness for surgery and the modifications in medications in relation to anaesthesia / surgery,
2. Describe and discuss the roles of Anaesthesiologist as a peri-operative physician including pre-medication, endotracheal intubation, general anaesthesia and recovery (including variations in recovery from anaesthesia and anaesthetic complications),
3. Describe and discuss the management of acute and chronic pain, including labour analgesia,
4. Demonstrate awareness about the maintenance of airway in children and adults in various situations,
5. Demonstrate the awareness about the indications, selection of cases and execution of cardiopulmonary resuscitation in emergencies and in the intensive care and high dependency units,
6. Choose cases for local / regional anaesthesia and demonstrate the ability to administer the Same,
7. Discuss the implications and obtain informed consent for various procedures and to maintain the documents.

III. Objectives :

A. Knowledge :

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

- a. Know the role of anesthesiologist in perioperative medicine, critical care and pain management
- b. Know clinical pharmacology and techniques involved in general anesthesia, neuraxial anesthesia and peripheral nerve blocks
- c. Know functions of ICU, patient monitoring, fluid management and postoperative recovery
- d. Know principles of pain management

B. Skills

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

- a. provide basic life support
- b. play a role in advanced cardiac life support
- c. perform preoperative assessment – history taking, clinical examination and ordering laboratory investigations
- d. write a prescription for premedication

C. Affective Domain

The students should actively engage in advocacy for

- Ensuring patient safety
- Improving quality of care
- Professionalism

D. Integration

The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for patients undergoing various surgeries, in patients with pain, in intensive care and in cardio respiratory emergencies. Integration with the preclinical department of

Anatomy, para- clinical department of Pharmacology and horizontal integration with any/all surgical specialities is proposed.

IV. Books Recommended

1. Morgan & Mikhail's Clinical Anesthesiology
2. Oxford Handbook of Anaesthesia
3. The Washington Manual of Critical Care
4. Stoelting's Pharmacology & Physiology in Anesthetic Practice
5. Basics of pain management by Gautam Das
6. Marino's The ICU Book
7. Short Textbook Of Anesthesia By Ajay Yadav

2c. Radiodiagnosis

I. Goal :

Aims at imparting training in conventional and modern radiology and imaging techniques to diagnose or treat patients by recording images of the internal structure of the body to assess the presence or absence of disease, foreign bodies, and structural damage or anomaly

II. Competencies :

The student must demonstrate:

1. Understanding of indications for various radiological investigations in common clinical practice,
2. Awareness of the ill effects of radiation and various radiation protective measures to be employed,
3. Ability to identify abnormalities in common radiological investigations.

III. Objectives :

A. Knowledge

The student should be able to:

- a. Understand basics of X-ray production, its uses and hazards.
- b. Appreciate and diagnose changes in bones - like fractures, infections, tumours and metabolic bone diseases.
- c. Identify and diagnose various radiological changes in disease conditions of chest and mediastinum, skeletal system, G.I. Tract, Hepatobiliary system and G.U. system.
- d. Learn about various imaging techniques, including isotopes C.T., Ultrasound, M.R.I. and D.S.A.

B. Skill

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

- a. Use basic protective techniques during various imaging procedures.
- b. Interpret common X-ray, radio-diagnostic techniques in various community situations.
- c. Advise appropriate diagnostic procedures in specialized circumstances to appropriate specialists.

C. Affective Domain

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
2. Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
3. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

D. Integration

Horizontal and vertical integration to understand the fundamental principles of radiologic imaging, anatomic correlation and their application in diagnosis and therapy.

IV. Books Recommended

1. Grainger & Allison's Text book of Diagnostic Radiology (Churchill Livingstone)
2. Textbook of Gastrointestinal Radiology- Gore and Levine (Saunders)
3. MRI of Brain and Spine - Scott Atlas (LWW)
4. Diagnosis of Diseases of the Chest -Fraser
5. Diagnostic Imaging Series: (Amirsys, Elsevier)
Abdominal Imaging, Orthopedics, Head and Neck, Neuroradiology, Pediatric Radiology
Chest, Obstetrics, Breast
6. MRI in Orthopedics and Sport Injuries – Stoller
7. Skeletal Radiology - Greenspan
8. Abdominal-Pelvic MRI - Semelka (IWW)
9. Caffey's Pediatric Radiology
10. CTI and MRI of the whole body- John R. Haaga

2d.. Radiotherapy

I. Goal :

The broad goal of teaching the undergraduate medical students in the field of Radiotherapy is to make the students understand the magnitude of the ever-increasing cancer problem in the country. The students must be made aware about steps required for the prevention and possible cure of this dreaded condition.

II. Competencies :

The student must demonstrate understanding of:

1. Clinical presentations of various cancers,
2. Appropriate treatment modalities for various types of malignancies,
3. Principles of radiotherapy and techniques.

III. Objectives :

A. Knowledge

The students should be able to:

1. Identify symptoms and signs of various cancers and their steps of investigations and management.
2. Explain the effect of radiation therapy on human beings and the basic principles involved in it.
3. Know about radio-active isotopes and their physical properties
4. Be aware of the advances made in radiotherapy in cancer management and knowledge of various radio therapeutic equipment while treating a patient

B. Skill

At the completion of the training programme, the student should be able to:

1. Take a detailed clinical history of the case suspected of having a malignant disease.
2. Assist various specialists in administration of anticancer drugs and in application and use of various radio-therapeutic equipment, while treating a patient.

C. Affective Domain

The student:

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
2. Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
3. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

D. Integration

Horizontal and vertical integration to enable basic understanding of fundamental principles of radio-therapeutic procedures.

3. Obstetrics and Gynaecology (including Family Welfare)

I. Goal : The broad goal of the teaching of undergraduate students in Obstetrics and Gynaecology is that he/she should acquire understanding of anatomy, physiology and pathophysiology of the re-productive system and gain the ability to optimally manage common conditions affecting it.

II. Competencies :

a) Competencies in Obstetrics: The student must demonstrate ability to:

1. Provide peri-conceptional counseling and antenatal care,
2. Identify high-risk pregnancies and refer appropriately,
3. Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings,
4. Prescribe drugs safely and appropriately in pregnancy and lactation,
5. Diagnose complications of labor, institute primary care and refer in a timely manner,
6. Perform early neonatal resuscitation,
7. Provide postnatal care, including education in breast-feeding,
8. Counsel and support couples in the correct choice of contraception,
9. Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient,
10. Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MTP), Pre-conception and Prenatal Diagnostic Techniques (PC PNDT Act) and other related Acts.

b) Competencies in Gynecology: The student must demonstrate ability to:

1. Elicit a gynecologic history, perform appropriate physical and pelvic examinations and PAP smear in the primary care setting,
2. Recognize, diagnose and manage common reproductive tract infections in the primary care setting,
3. Recognize and diagnose common genital cancers and refer them appropriately.

III. Objectives :

A. Knowledge :

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

- a. Outline the anatomy, physiology and pathophysiology of the reproductive system and the common conditions affecting it.
- b. Detect normal pregnancy, labour puerperium and manage the problems he/she is likely to encounter therein.
- c. List the leading causes of maternal and perinatal morbidity and mortality.
- d. Understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilisation and their complications.
- e. Identify the use, abuse and side effects of drugs in pregnancy, premenopausal and post-menopausal periods.
- f. Describe the national programme of maternal and child health and family welfare and their implementation at various levels.
- g. Identify common gynaecological diseases and describe principles of their management.
- h. State the indications, techniques and complications of surgeries like Caesarian section, laparotomy, abdominal and vaginal hyster-ectomy, Fothergill's operation and vacuum aspiration for M.T.P.

B. Skills

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

- a. Examine a pregnant woman; recognize high risk pregnancies and make appropriate referrals.
- b. Conduct a normal delivery, recognize complications and provide postnatal care.
- c. Resuscitate the newborn and recognize congenital anomalies.
- d. Advise a couple on the use of various available contraceptive devices and assist in insertion in and removal of intra-uterine con-traceptive devices.
- e. Perform pelvic examination, diagnose and manage common gynaecological problems including early detection of genital malignancies.
- f. Make a vaginal cytological smear, perform a post coital test and wet vaginal smear examination for Trichomonas vaginalis, moniliasis and gram stain for gonorrhoea.
- g. Interpretation of data of investigations like biochemical, histo-pathological, radiological, ultrasound etc.

C. Affective Domain

- a) Understand and apply principles of bioethics and law as they apply to medical practice and research understand and apply the principles of clinical reasoning as they apply to the care of the patients,
- b) Understand and apply the principles of system based care as they relate to the care of the patient,
- c) Understand and apply empathy and other human values to the care of the patient,
- d) Communicate effectively with patients, families, colleagues and other health care professionals,
- e) Understand the strengths and limitations of alternative systems of medicine,
- f) Respond to events and issues in a professional, considerate and humane fashion,
- g) Translate learning from the humanities in order to further his / her professional and personal growth.

D. Integration : The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

IV. Books Recommended

1. Text Book of Obstetrics-Mudaliar Menon
2. Text Book of Obstetrics-Dutta
3. Text Book of Gynaecology-Shaw
4. Text Book of Gynaecology -Dutta

Reference Books:

1. Jeffcoate's - Gynaecology
2. Shaw's Operative Gynaecology
3. William's - Obstetrics

24. Pediatrics

24.1 Goal :

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

24.2 Competencies :

The student must demonstrate:

1. Ability to assess and promote optimal growth, development and nutrition of children and adolescents and identify deviations from normal,
2. Ability to recognize and provide emergency and routine ambulatory and First Level Referral Unit care for neonates, infants, children and adolescents and refer as may be appropriate,
3. Ability to perform procedures as indicated for children of all ages in the primary care setting,
4. Ability to recognize children with special needs and refer appropriately,
5. Ability to promote health and prevent diseases in children,
6. Ability to participate in National Programmes related to child health and in conformation with the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Strategy,
7. Ability to communicate appropriately and effectively.

24.3 Objectives :

24.3.1 Knowledge :

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

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

24.3.2 Skills

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

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

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

24.3.3 Affective Domain

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

- a) Demonstrate the ability to approach a child as a patient.
- b) Demonstrate the ability to empathise with sick children and their parents.
- c) Communicate effectively with parents about the diagnostic and therapeutic management in a sick child.
- d) Counsel the parents of a child with chronic disease/terminal illness/genetic disorders
- e) Demonstrate the ability to declare the death of a child to the bereaved family.
- f) Demonstrate the ability to function as a member of a team respecting diversity of roles, responsibilities and competencies of other professionals.
- g) Demonstrate the ability to follow ethical principles in dealing with child as a patient, parents and other health personnel and to respect the rights of the patient including the right to information and second opinion.

24.4 Integration

The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for neonates, infants, children and adolescents based on a sound knowledge of growth, development, disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

24.7 Books Recommended

1. O.P.Ghai Essential Pediatrics
2. IAP Text Book Of Paediatrics
2. Textbook of Pediatrics for undergraduates by Piyush Gupta
3. Clinical methods in Pediatrics by Piyush gupta
4. Pediatric clinical methods by Meharban Singh

Reference books

1. Nelson textbook of Pediatrics
2. Care of the newborn by Meharban Singh
3. Cloherty and Stark 's manual of neonatal care.
4. Nutrition and child development by KE Elizabeth
5. Illingworth's development of the infant and young child.

Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Salem – 636308.
ACADEMIC CALENDER 2022 – 2023

Date	Events for March 2023	Events for April 2023	Events for May 2023
1			Holiday – May Day
2		Sunday World Autism awareness day	
3			
4	World Obesity day		
5	Sunday		
6			
7		World Health day	Sunday
8		II Saturday	World Thalassemia day World Youth red cross day
9		Sunday	Mother's day
10			
11	II Saturday World Kidney day	National Safe Motherhood day A day for Parkinson	
12	Sunday		International Nurses day
13			II Saturday
14		Tamil New Year's Day Dr. Ambedkar Birthday	Sunday
15			
16		Sunday	
17		World Haemophilia day	
18			
19	Sunday		
20	World Oral health day World Head injury day		

21	International day of Forest World Down's syndrome day		Sunday
22	World Water day	IV Saturday Earth day Holiday - Ramzan	
23		Sunday	
24	World Tuberculosis day National Doctor's day		
25	IV Saturday	World Malaria day	World Thyroid day
26	Sunday		
27			IV Saturday
28			Sunday
29			
30		Sunday	
31		-	World No Tobacco day

Date	Events for June 2023	Events for July 2023	Events for August 2023
1			Breast feeding week
2		Sunday	Breast feeding week
3			Breast feeding week
4	Sunday		Breast feeding week
5	World Environment day		Breast feeding week
6			Sunday Breast feeding week
7			Breast feeding week
8		II Saturday	
9		Sunday	
10	II Saturday		
11	Sunday	World Population day	
12			II Saturday International Youth day
13			Sunday
14	World Blood donor day	II Parent Teacher Meeting	
15		II Parent Teacher Meeting	Holiday - Independence Day
16		Sunday	
17			
18	Sunday		
19	National Public Health Dentistry day		
20		World Anesthesia and OTT day	Sunday
21	International Yoga day		
22		IV Saturday	
23		Sunday	
24	IV Saturday		

25	Sunday		National Eye donation week
26			IV Saturday
27			Sunday
28			
29			
30		Sunday	
31	-		

Date	Events for September 2023	Events for October 2023	Events for November 2023
1	National Nutrition week	Sunday	
2		World Wildlife week Holiday - Gandhi Jayanthi	
3	Sunday		
4			
5	Teacher's day		Sunday
6			
7			
8	International Literacy day	Sunday	
9	II Saturday	World Hospice and Palliative day	
10	Sunday World Suicide prevention day	World Mental Health day	
11			II Saturday
12			Sunday
13			
14		II Saturday	
15	Engineer's day	Hand washing day Sunday	
16			
17	Sunday Holiday – Vinayagar Chaturthi		
18			
19			Sunday
20			
21	International day of Peace		
22		Sunday	
23	IV Saturday	Holiday Saraswathi & Ayuda Pooja	
24	Sunday	World Polio day	

		Holiday - Vijaya Dasami	
25			IV Saturday
26			Sunday
27			
28		IV Saturday	
29		Sunday	
30			
31		National Unity day	

Date	Events for December 2023	Events for January 2024	Events for February 2024
1		New year	
2			
3	Sunday		
4			Sunday World Cancer day International Dentist day
5			
6			
7		Sunday	
8			
9	II Saturday		
10	Sunday		II Saturday National Deworming day
11			Sunday
12			
13		II Saturday	
14		Sunday	
15		Pongal Holiday	
16		Pongal Holiday	
17	Sunday	Pongal Holiday	
18			Sunday
19			
20			
21		Sunday	
22			
23	IV Saturday		
24	Sunday		IV Saturday
25	Christmas - Holiday		Sunday
26		Republic Day	

27		IV Saturday	
28		Sunday	National Science day
29			
30			
31	Sunday		

*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 ---