



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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Curriculum for Doctor of Medicine Geriatrics

Amended upto BOM- 57/2019, Dated 26/04/2019

Amended History

1. Approved as per, Sr. No. 30 of BOM 28 / 2013 (Item No. 4.5.5), Dated 26/03/2013.
2. Approved as per BOM- 43/2015, Resolution No. 3.3(c), Dated 06/11/2015.
3. Amended as per BOM- 48/2017, [Resolution No. 5.25]; Dated 24/01/2017.
4. Amended as per BOM-51/2017, [Resolution No. 1.3.7.11], [Resolution No.1.3.23], [Resolution No.1.3.9.6]; Dated 28/08/2017.
5. Amended as per BOM-55/2018, [Resolution No. 4.13], [Resolution No. 4.5.4.2], Dated 27/11/2018.
6. Amended as per BOM-57/2019, [Resolution No. 3.1.4.2], Dated 26/04/2019.

CURRICULUM IN M.D. GERIATRIC MEDICINE

Increasing Elderly population with large burden of disease and disability, pose a tremendous challenge for the health sector as well as for the social and economic infrastructure the need for specialized training in the field of gerontology and geriatric medicine has been realized in recent years. There is an initiative in developing PG training program across the country in various medical instructions.

Aim:

The aim of this curriculum is to create a cadre of medical professionals in care of the older people who would have knowledge about the age related biological changes

- i) To provide comprehensive health care and rehabilitation of the elderly
- ii) To provide undergraduate and postgraduate training
- iii) To carry out research in geriatrics and gerontology

Objectives:

After completion of post graduation in geriatric medicine, the physician should be able to fulfill the following objectives

- i) To provide necessary care to older people in both hospital and home settings
- ii) To conduct research to improve health status of the older person and thereby improve quality of life, to reduce disability and arrest or delay age related problems.

Contents of the course

- A) **Basic Sciences:** biology of human ageing epidemiology of human aging, immunology of human ageing effect of ageing of different organs death.
- B) **Clinical geriatric medicine:** cardiology, pulmonary medicine, gastroenterology, endocrinology, nephrology, neurology, hematology and oncology.
- C) **Allied specialties:** Urology/Endocrinology/ gynecology, ophthalmology/ ENT/ dentistry rheumatology, psychiatry pre and post anesthetic evaluation and management.
- D) **Preventive geriatrics rehabilitation end of life, legal ethical and economic aspects**

Organization of contents

Educational strategies:

It should be problem oriented as well as integrated with other disciplines. Apart from that the curriculum should be both hospital and community oriented.

Teaching method:

Teaching methods should include lectures, clinical postings, symposia, seminars, care presentation filed visits.

Assessment

Assessment should done in the following heading



Continuous assessment log books, assignments
Thesis should be submitted 3 months before final examination
First MD examination
Theory 4 papers
Clinical 4 cases with different problems
Practical's X-rays, ultrasound, CT, MRI, ECG, biochemical report.
Psychiatric assessment social assessment

Duration of Course- Three years

1st year

6 months- Geriatrics
6 months-Internal Medicine

2nd year

3 months-Geriatrics
9 months- Speciality

Speciality postings

Cardiology, Neurology, Psychiatry- 1 month in each department

Rehabilitation, Physiotherapy, Nephrology, Gastroenterology,Hematology,
Dermatology, Intensive Medical care Unit, Critical Care Casualty,Thoracic
Medicine ,Rheumatology, Medical Oncology, Diabetology,.
15 days in each Department

3rd year

Geriatric Medicine 12 months

SCHEME OF EXAMINATION

CLINICAL EXAMINATION TOTAL MARKS: 200

No. of Cases marks

1. Long Case One 80 marks
 2. Short Case Three 120 marks (3 x 40marks)
- Total 200

VIVA VOCE EXAMINATIONS TOTAL MARKS: 200

1 OSCE: 100

2 Grand Oral Viva including recent advances: 100

Total 200

1. OSCE (Objective Structural Clinical Examination)

Based on Objective Structured Exam Stations:

| S.No. Stations | Marks |
|--------------------------------|-------|
| 1. Images (X-ray/CT) | 10 |
| 2. Lab Data | 10 |
| 3. Procedures | 10 |
| 4. Emergency | 10 |
| 5. Communication Skills | 10 |
| 6. Drugs | 10 |
| 7. Disability | 10 |
| 8. Nutrition | 10 |
| 9. Rehabilitation | 10 |
| 10. Geriatric Assessment Tools | 10 |
| Total: 100 | |

Note: Serial No. 1 to 10 should be common to all the candidates appearing on that day.

2. Log Book (Evaluation)

3. THESIS (Evaluation)

Note: Thesis will be sent to two external examiners for evaluation who will be different from the examiners coming for the Clinical Examination.

UNIVERSITY EXAMINATION)

Theory Examination

The students for the university examination at the end of the 3rd year and write 4 papers followed by and viva voce examination as per regulations of the Medical Council of India.

Paper-I Basic Medical Sciences

Paper-2 Internal medicine, including Geriatric Psychiatry

Paper-3 Geriatric Medicine

Paper-4 Social Geriatrics And Rehabilitation Including Physiotherapy , Preventive Geriatrics & Recent Advances In Geriatrics

PAPER I

INTRODUCTION TO CLINICAL MEDICINE:

- Headache
- Chest pain
- Chills and Fever
- Lassitude and Asthenia
- Cough
- Dyspnea and palpitation



- Nausea and Vomiting

- Dysphagia

- Ascites

- Weakness, Tremor, Chorea, Athetosis

- Dizziness, Disorders of Sensation, Convulsions

IMMUNOLOGICAL FACTORS IN DISEASE:

- Components of immune system

- Mechanism of the immune response

- Immune deficiency and Lymphoproliferative disorders

- Types of immune reaction and their relation to disease

- Suppression of immune reactions and its effects

INFECTIONS AND DISEASE:

- Nature of Micro-organisms

- Epidemiology and Spread of Infections

- Defence of Human host

- Diagnosis of Infections

- Pyrexia of Unknown origin

- Streptococcal infections, Staphylococcal infections, Diphtheria, Typhoid, Tetanus, Brucellosis, Sexually transmitted infections, Hospital acquired infections, Gram negative bacterial infections, Anaerobic infections

CHEMOTHERAPY OF INFECTIONS:

- Antibiotics and Other Antibacterial agents

- Antivirals

- Antifungals

- Anti-retroviral therapy

DISTURBANCES IN ELECTROLYTE, WATER AND H⁺ ION

METABOLISM:

- Hyper and Hyponatremia

- Hyper and Hypokalemia

- Calcium and Magnesium metabolism

- Disturbances in H⁺ ion concentration

M.D. GERIATRIC MEDICINE

PAPER II

GENERAL MEDICINE & PSYCHO GERIATRICS

DISEASES OF THE CARDIOVASCULAR SYSTEM:

- Cardiac Arrhythmias

- Cardiac Failure

- Valvular Heart Disease

- Ischemic Heart Disease

- Pericardial Diseases

- Cardiomyopathies

- Myocarditis

- Cor Pulmonale

- Atherosclerosis

- Hypertension

- Diseases of the Aorta 'Peripheral Vascular Disease

DISEASES OF THE RESPIRATORY SYSTEM:

- Disease of the Upper Respiratory Tract

- Bronchial Asthma, COPD

- Neoplasms of Lung

- Diseases of Pleura, Mediastinum and Diaphragm

- Respiratory failure

DISEASES OF THE GASTROINTESTINAL SYSTEM:

- Diseases of the Oesophagus
- GERD
- Peptic Ulcer, Gastritis and Other diseases of the Stomach
- Malignancy of Stomach, Colon
- Diseases of the peritoneum

DISEASES OF THE LIVER AND BILIARY TRACT:

- Diagnostic procedures in Liver Disorders
- Derangement of Hepatic/ Biliary metabolism
- Acute Hepatitis
- Chronic Active hepatitis Cirrhosis of Liver
- Tumors of Liver
- Suppurative Diseases of Liver
- Infiltrative and Metabolic Diseases of Liver
- Disorders of Gall Bladder and Bile Duct
- Ascites

DISEASES OF THE PANCREAS:

- Acute pancreatitis chronic pancreatitis and pancreatic malignancy

DISEASES OF THE KIDNEY AND URINARY SYSTEM;

- Acute Renal Failure
- Chronic Kidney Disease
- Glomerulonephritis
- Nephrotic syndrome
- Vascular diseases of the Kidney
- Infections of the Urinary Tract Obstructive Uropathy
- Urinary Incontinence
- Nephrolithiasis

DISEASES OF THE ENDOCRINE SYSTEM:

- Thalamus and Pituitary Gland Diseases of the Anterior Pituitary
- Disorders of the Neurohypophysis
- Hyper and Hypothyroidism
- Hyper and Hypoparathyroidism
- Diabetes Mellitus
- Hyperinsulinism / Glucagon and its effects
- Diseases of the Adrenal Cortex and Medulla
- Diseases of the testes and Ovaries

DISEASES OF BLOOD AND BLOOD FORMING ORGANS:

- Blood formation and destruction
- Anaemia
- Bone Marrow Failure
- Blood Groups and Blood Transfusion
- Myeloproliferative disorders
- Abnormal Haemoglobins
- Disorders of platelets
 - Haemorrhagic disorders
 - Leukaemia
 - Lymphomas
 - Diseases of Spleen and Reticulo-endothelial system

DISEASES OF CONNECTIVE TISSUE, JOINTS AND BONES:

- Rheumatoid Arthritis, including LORA
- Ankylosing spondylitis



- Systematic Lupus Erythematosus
- Scleroderma
- Polymyalgia Rheumatica
- Gout
- Pseudogout
- Osteoarthritis
- Disases of bone-Metabolic and Endocrine
- Tumours of Bone

DISEASES OF THE NERVOUS SYSTEM:

- Diagnostic methods in Neurology
- Coma
- Headache
- Epilepsy
- Sleep disorders
- Diseases of Cranial Nerves
- Cerebrovascular Diseases
- Diseases of the Spinal Cord
- Diseases of the Peripheral Nervous System
- Pyogenic infections of the CNS
- Viral infections
- Multiple Sclerosis and other demyelinating diseases
- Metabolic and Nutritional diseases of CNS
- Degenerative diseases

DISEASES OF THE SKIN:

- Cutaneous manifestation of systemic illness
- Generalized Pruritus
- Pigmentation of the Skin
- Disorders of Melanin Metabolism
- Photosensitivity and other reactions to light
- Hirsutism and Alopecia
- Cutaneous manifestations of internal malignancy
- Psoriasis
- Scabies
- Fungal infections of skin

SYLLABUS FOR PSYCHO GERIATRICS

- **Epidemiology of Mental Disorders in the elderly**
- **Definition and Classification of Psychiatric Disorders**
- **Deliriums/Acute Confusional State**
- **Dementia**
- **Depression in Old Age**
- **Bipolar Disorder**
- **Functional psychiatric disorders in old age**
- **Personality and Behavioral disorders**
- **Psycho geriatric service-Principle of treatment**
- **Management of Psychiatric Illness**
- **Alcoholism and the elderly patient**
- **Care-giver problems**

PAPER III

SYLLABUS IN GERIATRIC MEDICINE

GENERAL

- Demography, World Trends
- Trends in India and Developing countries
- The Aged and Society-Past and Present
- The evolution of Geriatric Medicine

GERONTOLOGY:

- Normal and Abnormal Aging
- Theories of Aging
- Metabolic and Structural Aspects of Aging
- Biochemical changes in the Normal Aging Brain
- Aging in tissues and cells
- Atherosclerosis and Aging
- Ecology of Human Senses
- The Milieu interior and Aging

GERIATRIC MEDICINE:

- How are elderly patients different?
- Common patterns of disease in old age
- Alteration in pain and temperature responses
- Atypical presentation
- Complications of illness
- Non specific presentations
- Masking by known disease
- History taking in the elderly
- Physical Examination of the old patient

INVESTIGATIONS IN THE ELDERLY:

- Policy
- Interpretation
- Radiological, Hematological & Biochemical investigations
- ECG
- Urinalysis
- Radio isotope tests
- Bone Scan
- Imaging-Ultrasound, CT Scan, MRI
- How much to investigate?
- Concept of Normal Range

IMMUNOLOGY:

- Genetic aspects of Immunity and Immunological Disease
- Mutation
- Alternative theories of Aging
- Cancer
- Immunological Surveillance

NUTRITION:

- Nutritional requirement



- **Changes in total body mass and body composition**
- **Nutritional Assessment Nutritional deficiency in old age**
- **Osteoporosis**
- **Osteomalacia and Vitamin D**
- **Iron and Vitamins**
- **Recommended make of nutrients**
- **Prevention of Nutritional Deficiency**

CARDIOVASCULAR SYSTEM:

- **Physiology and Pathology of Cardiovascular system in old age**
- **Investigation of Heart Diseases in Old age**
- **Cardiac Arthymias**
- **Coronary artery Disease and Acute Myocardial infection**
- **Hypotension and Hyperlansive Heart Disease**
- **Postural Hypotension**
- **Valvular Heart Disease**
- **Cor Pulmonale**
- **Chronic Congestive Heart Failure**
- **Aortic Aneurysm**
- **Bacterial Endocarditis**
- **Peripheral Vascular Disease**
- **Deep Venous Thrombosis and Pulmonary Embolism**

ENDOCRINE AND METABOLIC DISORDERS:

- **Changes with aging**
- **Diabetes mellitus**
- **Diseases of the Parathyroid and Thyroid**
- **Obesity**
- **Sexual dysfunction**
- **Disorders of Sodium, Potassium, Calcium, Magnesium and Zinc**
- **Disturbances of Fluid Metabolism**
- **Hyperpyrexia/Heat Stroke**

CENTRAL NERVOUS SYSTEM:

- **The Aging Brain**
- **Vascular lesions of the Central Nervous System**
- **Dementia**
- **Degenerative disorders including Parkinsonism**
- **Head Trauma**
- **Infections of the Nervous System**
- **Epilepsy**
- **Peripheral Neuropathy**
- **Disorders of Spinal cord & Nerve Roots**
- **Neoplasia**

GENITOURNARY SYSTEM:

- **Structural changing with aging**
- **Acute and Chronic Renal Failure**
- **Infections of the Genito Urinary Tract**
- **Disease of the Bladder and Prostate**
- **Urinary Incontinence**
- **Aging changes in the Genial tract**
- **Post Menopausal Bleeding**
- **Gynaecological disorders in the Elderly**

DISORDERS OF THE SPECIAL SENSES:

- Disorders of the Eye
- Hearing disturbances
- Disturbance of Taste and Smell
- Dental problems

INFECTIONS IN THE ELDERLY:

- Host Defences -Natural Barriers
- White Cell response, Immune mechanism
- Diagnosis of Fevers
- Urinary Infection-Diagnosis and Treatment
- Pneumonias-Cause, Diagnosis and Treatment
- Septicemia
- Bacterial Endocarditis
- Antibiotic Treatment
- Rational Use of Antibiotics

GASTRO INTESTINAL SYSTEM:

- Changes with age
- Investigations of the Gastro intestinal Tract
- Disorders of the Mouth
- GERS/Hiatus Hernia
- Acid Peptic Disease
- Disease of the Pancreas
- Diseases of the small Intestine
- Diseases of the Large Intestine
- Fecal incontinence
- GI Malignancy
- Disease of the liver and Biliary System
- Constipation-Prevention and Management

RESPIRATORY SYSTEM:

- Changes with age
- Infections of the Respiratory System
- Chronic Obstructive Airway Disease
- Bronchial Asthma
- Bronchogenic carcinoma
- Respiratory Abnormalities in Extra-polmonary conditions
- Respective Failure

MUSCULOSKELETAL SYSTEM:

- The aging joints
- Degenerative Joint Disease
- Gout, Pseudogout
- Rheumatoid Arthritis
- Infective Arthritis
- Myopathy, Myositis, Polymyalgia Rheumatica
- Temporal arthritis
- Osteoporosis
- Osteomalacia

HEMATOPOIETIC SYSTEM:

- Changes with aging
- Anaemia in the elderly
- The Leukaemias and Lymphomas
- Paraproteinaemia and Lymphomas
- Paraproteinaemia
- Myelodysplastic syndromes

- Disorders of Haemostasis
- **DERMATOLOGY:**
 - The Aging Skin
 - Pruritus
 - Cancers/Benign Lesions
 - Pemphigus & Pemphigoid
 - Senile Purpura
 - Herpes Zoster
 - Intertrigo
 - Leg Ulcer
 - Hansen's Disease

MALIGNANCY

- Incidence, Clinical Significance
- Presentation
- Investigation and Management
- Counselling

PHARMACOLOGICAL ASPECTS OF AGING:

- Pharmacokinetics in the elderly
- Pharmacodynamics
- Drug Selection and Dosage
- Drug Interactions
- Adverse Drug Reactions
- Drug Compliance
- Drug Misuse

SURGERY IN THE ELDERLY:

- Pre-operative Assessment
- Priorities for surgery
- Surgical Emergencies
- Fractures
- Pathological fractures
- Benign lesions
- Gangrene-Amputation
- Elective Surgery
- Post operative problems and Management
- Anaesthesia in old age

SPECIAL PROBLEMS:

- Pressure Sore
- Care of the Chronically ill
- Care of patients with terminal illness
- Religion and illness
- Falls
- Nursing home placement
- Syncope
- Frailty
- Palliative care

PAPER IV

SOCIAL GERIATRICS AND REHABILITATION INCLUDING PHYSIOTHERAPY , PREVENTIVE GERIATRICS & RECENT ADVANCES IN GERIATRICS SOCIAL GERIATRICS

- Types of Family- Joint family system-promotion of Joint Family System-Role of Elders and the younger generation.
- Isolation, loneliness and Dependency - dependency ratio – generational equality
- Social changes due to urbanization and industrialization with respect to elders.
- Financial aspects- source of income- old age pensions.
- Role of government and NGOs in the socio-economic status of the elderly.
- Geriatric services for the elderly in western countries and in India – Structure of geriatric service – Family as basic unit - Models of geriatric services
- Day hospital, Day Care Center, long stay care institution, home for the aged, Functions of the day hospital, staff and patients of the day hospital
- Nursing home in western countries – goals of geriatric care – needs of similar service in india
- Psycho geriatric services – structure and facility – domiciliary assessment and community care
- Terminal care services – social and spiritual problems in terminally ill.
- Ethical issues in geriatric medicine - self determination and decision making in treatment options – informed consent – quality of life – age limits on health care
- Life sustaining measures
- Euthanasia - Acts of Omission and Commission

PREVENTIVE GERIATRICS

- Preventing diseases and promoting health in old age – types of preventive activities - Risk factor management in elderly and screening
- Health belief model – general health practices in elderly
- Exercise in elderly – physical and mental domain- Benefits of exercise
- Development of Anticipatory care and its Rationale – methods of Anticipatory Care
- Health promotion and health education in the elderly
- Anti-Aging interventions.

REHABILITATION

- The concepts and history of Rehabilitation
- The goals of Rehabilitation
- Principles of Rehabilitation-Assessment, Goals, Priorities and Monitoring progress.
- Rehabilitation in old age-special features in relating to aging multiple pathology, policies, expectation, careers, acute illness, social and financial support.
- Clinical evaluation of rehabilitation-impairment, disability and handicap.
- Prevalence of disability, types of disability
- Rehabilitation as team work-team leadership, therapist, physiotherapy, occupational therapy, social worker, physician and nursing personnel.
- Self care evaluation and management of activities of daily living (ADL) and instrumental activities of daily living (IADL) –Self Care Assessment Tools.
- Aids and applications – tools for living
- Exercise in the elderly-physical and mental domain-benefits of exercise.
- Development of Anticipatory Care and its Rationale-methods of Anticipatory Care.
- Health promotion and health education in the Elderly
- Anti-aging interventions
- Organization and Effectiveness of Rehabilitation services- Community Services.
- Geriatric Unit, Day hospital, Day Care Centre, Long Stay Care Institution-role of rehabilitation in the above services.

ROLE OF PHYSIOTHERAPY IN THE ELDERLY

- Contractures and other deleterious effects of immobility
- Pressure Ulcer-Factors, Prevention and management
- Rehabilitation of Stroke in the Elderly
- Rehabilitation of specific Diseases-Parkinsonism, Paraplegia,
- Fracture Neck of Femur, Acute and chronic Arthritis, Lower limb amputation, low back pain.

ADVANCES IN GERIATRIC MEDICINE:

- Alzheimers Disease
- Parkinsonism
- Osteoporosis
- Urinary Incontinence
- Falls/Prevention of Fractures
- Parenteral Nutrition
- Stroke Clinic
- Memory Clinic
- Anti Aging research
- Frailty
- Inflammatory markers.

Practical Examination

(a) Critical patient

(i) One long case: The long case will be structural comprising –history taking, clinical examination, investigations, decision making, proposed treatment modalities, ethical justification and personal attributes 80 marks.

(ii) Three short cases: The short cases will also be structured in which only one particular system may be considered and therapy decision discussion made.

(b) Identification of surgical pathology, specimens & Discussion reading X-rays & CT Scan/MRI, ECGs Laboratory analysis, identification of instruments & discussion, identification of braces & ... & discussion thereon.

© Dissertation and log book Evaluation.

Model Question papers

M.D. DEGREE EXAMINATION
GERIATRICS PAPER I
(Basic Medical Sciences)

Time: 3 hours

Total:100 marks

Answer all questions

Marks

1. Discuss Malnutrition: assessment and management. 25
2. Discuss Immune system and ageing 25
3. Write short notes on any 5 of the followings : 10 each
 - i. Describe the innervations of the bladder with a neatly labeled diagram.
 - ii. Describe the coronary circulation with suitable illustration. What are the characteristic ECG changes one would expect if right coronary artery is blocked?
 - iii. Tumor markers
 - iv. Bioavailability of drugs
 - v. What are the substances which are absorbed and secreted at the renal tubular level? Explain with a diagram.
 - vi. Compartments of mediastinum with its contents. Enumerate common mediastinal masses in each compartment.

M.D. DEGREE EXAMINATION
GERIATRICS PAPER II
(General Medicine including Psycho-geriatrics)

Time: 3 hours

Total:100 marks

Answer all questions

Marks

1. Discuss Early management of Stroke 25
2. Discuss Evaluation and management of frequent Falls 25
3. Write short notes on any 5 of the followings : 10 each
 - i. Elder abuse and care giver burden
 - ii. Etiology and management of Delirium
 - iii. Assessment of ADL (Activities of daily living) and IADL (*Instrumental Activities of Daily Living*) in clinical practice
 - iv. Hyponatraemia in elderly –evaluation and management
 - v. Treatment of Rheumatoid Arthritis
 - vi. Recurrent episodes of wheezing in an elderly male

**M.D. DEGREE EXAMINATION
GERIATRICS PAPER III
(Geriatric Medicine)**

Time: 3 hours
Answer all questions

Total:100 marks
Marks

- | | |
|--|---------|
| 1. Discuss Urinary incontinence in elderly male –types, risk factors, diagnostic evaluation and management | 25 |
| 2. Discuss Evaluation of Acute lower Gastro-intestinal Bleeding | 25 |
| 3. Write short notes on any 5 of the followings : | 10 each |
| i. Fragility fractures and management | |
| ii. GOLD Criteria for assessment of COPD(Chronic Obstructive Lung Disease) and treatment options based on this assessment. | |
| iii. Macrocytic anemia | |
| iv. Management of Atrial fibrillation and CHADS2 Vasc score. | |
| v. Importance of Gait in clinical practice | |
| vi. DOTS and treatment of Multidrug resistant(MDR) Tuberculosis | |

**M.D. DEGREE EXAMINATION
GERIATRICS PAPER IV
(Social and Preventive Geriatrics Including
Rehabilitation and Recent Advances)**

Time: 3 hours
Answer all questions

Total:100 marks

- | | |
|--|---------|
| | Marks |
| 1. Discuss in detail various Theories of Ageing | 25 |
| 2. Risk factors and Prevention of Community Acquired Pneumonia | 25 |
| 3. Write short notes on any 5 of the followings : | 10 each |
| i. Adult vaccination | |
| ii. Lifestyle modification to reduce cardiovascular risk | |
| iii. Screening for Osteoporosis | |
| iv. NPHCE(National Programme for Health Care in Elderly) | |
| v. CARDIAC RESYNCHRONIZATION THERAPY (CRT) | |
| vi. Pressure ulcers, prevention and management | |



RECOMMENDED BOOKS FOR MD GERIATRICS

Recommended Reading

Books:

- Pathy's principles & Practice of geriatric medicine 5th edition
- Text Book of geriatric medicine by pratap sanchetee, 1st edn 2014
- Hazard's Geriatric medicine and Gerontology
- Brocklehurst's Text book of Geriatric Medicine & Gerontology 7th edition
- Acute emergencies critical care of the geriatric patient
- Harrison's principles of internal medicine 19th edition
- Oxford Textbook of Medicine
- Cecil Textbook of Medicine
- HUTHISON'S CLINICAL METHODS
- Bickerstaff – Neurological examination
- API Text book of Medicine
- Electrocardiography – Shamroth

Reference Books

- Wintrobe's Hematology
- John Patten's neurology
- Brain's neurology
- Crofton & Douglas – Respiratory medicine
- Hepatology by Sheila Sherlock
- Braunwald's Cardiology



Resolution passed in BOM – 48/2017, dated 24/01/2017

Resolution No. 5.25: Resolved to institute 6 monthly progress Report for PG Students of all Courses from the batches admitted in 2016-17. **[Annexure-XVII of BOM-48/2017]**



**Mahatma Gandhi Mission's Medical College and Hospital
Navi Mumbai**

Six monthly Progress Report for Postgraduate Students

PART A

Name of the PG student: _____

Department: _____

Admitted in (Month and Year): _____

Name of the PG guide: _____

Report for the period: _____ to _____

Attendance: _____ days (_____ %)

PART B

Grading as per performance

| Grade | Percentage |
|-------|---------------|
| A | 80% and above |
| B | 65% to 79% |
| C | 50% to 64% |
| D | Below 50% |

1. OPD work:
2. Ward work:
3. Lab work:
4. OT work:
5. ICU work:
6. Teaching assignments:

PART C

Progress of Thesis

PART D

Activities from serial No. 1 to 5 should be rated on a scale of 0 to 10.

1. Case Presentations

| Sr. No. | Topic | Date | Guide | Marks |
|---------|-------|------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Microteaching

| Sr. No. | Topic | Date | Guide | Marks |
|---------|-------|------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Recent Advances

| Sr. No. | Topic | Date | Guide | Marks |
|---------|-------|------|-------|-------|
| | | | | |
| | | | | |

4. Seminars

| Sr. No. | Topic | Date | Guide | Marks |
|---------|-------|------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. Journal Clubs

| Sr. No. | Journal | Title of Paper | Date | Guide | Marks |
|---------|---------|----------------|------|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

6. Marks obtained in tests

| Sr. No. | Date | Theory / Practical | Marks obtained |
|---------|------|--------------------|----------------|
| | | | |
| | | | |

7. Any other academic activity conducted:

PART E

1. Papers presented

| Sr. No. | Title of Paper | Authors | Event | Date |
|---------|----------------|---------|-------|------|
| | | | | |
| | | | | |

2. Posters presented

| Sr. No. | Title of Poster | Authors | Event | Date |
|---------|-----------------|---------|-------|------|
| | | | | |
| | | | | |

3. Publications

(Note: Mention only those publications that are published or are accepted for publication during the said period only)

| Sr. No. | Title of Paper | Authors | Journal | Year/Vol/ Issue | Page Nos | Indexed/ Non-Indexed | Status |
|---------|----------------|---------|---------|-----------------|----------|----------------------|--------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Certificate by the PG Guide

This is to certify that Dr. _____, has an attendance of _____% , during the period _____ to _____. His /Her performance during the said period has been **satisfactory/ average / unsatisfactory**.

Overall Grading: _____

Date: _____

Name and Signature of PG guide:

Certificate by the Head of Department

This is to certify that the performance of Dr. _____, during the period _____ to _____, has been **satisfactory/ average / unsatisfactory**.

Overall Grading: _____

Date: _____

Name and Signature of HOD:

Final Remarks

Satisfactory / Average / Unsatisfactory

Director (Academics)

Dean

Date:

Resolution No. 1.3.7.11 (i) of BOM-51/2017: Resolved that the following Bioethics topics in PG Curriculum are to be included for PG students of all specialization and a sensitization of these topics can be done during PG Induction programme:

- Concept of Autonomy
- Informed Consent
- Confidentiality
- Communication Skills
- Patient rights
- Withholding / Withdrawing life-saving treatment
- Palliative Care
- Issues related to Organ Transplantation
- Surgical Research and Surgical Innovation
- Hospital Ethics Committee
- Doctor-Patient relationship

X
All PG.
& 30 copies

Resolution No. 1.3.23 of BOM-51/2017: Resolved to implement a Structured Induction programme (07 days) for PG students. [Annexure-XIV]

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MGM INSTITUTE OF HEALTH SCIENCES
Navi Mumbai

Induction Program for newly admitted Postgraduate students

| | |
|-------|---|
| Day 1 | <ul style="list-style-type: none"> • Address by Dean, Medical Suptd, Director (Academics) • Pre-test • Communication Skills • Universal Safety Precautions • Biomedical Waste Management • Infection Control Policy |
| Day 2 | <ul style="list-style-type: none"> • Emergency services • Laboratory services • Blood Bank services • Medicolegal issues • Prescription writing • Adverse Drug Reaction • Handling surgical specimens |
| Day 3 | <ul style="list-style-type: none"> • Principles of Ethics • Professionalism • Research Ethics • Informed Consent • Confidentiality • Doctor-Patient relationship |
| Day 4 | <ul style="list-style-type: none"> • Research Methodology |
| Day 5 | <ul style="list-style-type: none"> • Synopsis writing |
| Day 6 | <ul style="list-style-type: none"> • Dissertation writing |
| Day 7 | <ul style="list-style-type: none"> • Statistics |
| Day 7 | <ul style="list-style-type: none"> • ATLS • Post-test |

The Induction Program will be conducted in the first week of June.
Timing: 9.30 am to 3.30 pm

(Prof. Dr. Siddharth P. Dubhashi)
Director (Academics)

MD, Geriatric medicine

Resolution No. 1.3.9.6 of BOM-51/2017: Resolved to include internship in geriatric medicine under existing Medicine posting itself.

Resolution No. 4.5.4.2 of BOM-55/2018: Resolved to have 10 short notes out of 11 (10 marks each) in all the papers in university examination for PG courses including superspeciality. To be implemented from batch appearing in April/May 2019 examination onwards for MD/MS/Diploma and August/September 2019 examination onwards for superspeciality.

Resolution No. 4.13 of BOM-55/2018: Resolved as follows:-

- (i) Slow learners must be re-designated as potential learners.
- (ii) Students scoring less than 35% marks in a particular subjects/course in the 1st formative exam are to be listed as potential learners. These learners must be constantly encouraged to perform better with the help of various remedial measures.
- (iii) Students scoring more than 75% marks in a particular subjects/course in the 1st formative exam are to be listed as advanced learners. These learners must be constantly encouraged to participate in various scholarly activities.

Resolution No. 3.1.4.2 of BOM-57/2019:

- i.** Resolved to include “Gender Sensitization” into UG (from new batch 2019-2020) and PG (from existing batches) curricula. [**Annexure-21**]
- ii.** Resolved to align the module of “Gender Sensitization” with MCI CBME pattern for MBBS students.
- iii.** Resolved that Dr. Swati Shiradkar, Prof., Dept. of OBGY., MGM Medical College, Aurangabad will coordinate this activity at both campuses.

Annexure - 21

Gender sensitization for UG (2nd , 3rd , 8th semesters) and PG (3 hours)

INCLUSION OF “ GENDER SENSATIZATION” IN CURRICULUM

Introduction :

The health care provider should have a healthy gender attitude, so that discrimination, stigmatization, bias while providing health care will be avoided. The health care provider should also be aware of certain medico legal issues related with sex & gender.

Society particularly youth & adolescents need medically accurate, culturally & age wise appropriate knowledge about sex, gender & sexuality. So we can train the trainers for the same. It is need of the hour to prevent sexual harassment & abuse .

To fulfill these objectives, some suggestions are there for approval of BOS.

Outline

- 1)For undergraduates :- Three sessions of two hours each, one in 2nd term, one in 3rd term & one in 8th term.
- 2)For Faculties and postgraduates :- One session of two hrs .
- 3)For those want to be trainers or interested for their ownself, value added course, which is optional about sex, gender, sexuality & related issues.

Responsibility

ICC of MGM, MCHA , with necessary support from IQAC & respective departments.

Details of undergraduate sessions

1)First session in 2nd term

Aim – To make Students aware about the concept of sexuality & gender.

To check accuracy of knowledge they have,

To make them comfortable with their own gender identify & related issues.

To make them aware about ICC & it is functioning.

Mode – Brain storming , Interactive power point presentation experience sharing.

Duration – Around two hours

Evaluation – Feedback from participants.

2)Second session in 3rd / 4th term

Aim – To ensure healthy gender attitude in these students as now they start interacting with patients.

To ensure that the maintain dignity privacy while interacting with patients and relatives, particularly gender related.

To make them aware about importance of confidentiality related with gender issues.

To encourage them to note gender related issues affecting health care & seek solutions.

Mode – focused group discussions on case studies, Role plays & discussion.

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Duration – Around two hours.

Evaluation – Feedback from participants.

Third session in 8th term.

Aim – To understand effect of gender attitudes on health care in various subjects.

To develop healthy gender attitude while dealing with these issues.

Mode – Suggested PBL by departments individually. (In collaboration with ICC till faculty sensitization is complete)

Evaluation – Feedback

FOR POSTGRADUATES

Session of 2-3 hrs preferably in induction program.

Aim – To introduce medically accurate concept of gender, sex, gender role & sex role.

To ensure healthy gender attitude at workplace.

To understand gender associated concepts on health related issues & avoid such bias while providing health care.

To make them aware about ICC & its functioning.

Mode – Interactive PPT

Role plays & discussion

Duration – 2 to 3 hrs

Evaluation – Feedback.

FOR FACULTIES

Session of 2 hours may be during combined activities.

Aim – To ensure clarity of concept about gender & sex.

To discuss effect of these concepts on health-related issues.

To identify such gender & sex-related issues in individual subject specialties.

To discuss methodology like PBL for undergraduate students when they are in 7th-8th semester.

Mode – Role play

 Focused group discussion

 Case studies

Evaluation – Feedback.



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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