CHETTINAD ACADEMY OF RESEARCH AND EDUCATION
(DEEMED TO BE UNIVERSITY UNDER SECTION 3 OF THE UGC ACT, 1956)

FACULTY OF MEDICINE
M.S. GENERAL SURGERY
REGULATIONS & SYLLABUS

Rajiv Gandhi Salai, Kelambakkam, Chengalpattu Dist. 603 103. India
T +91-44-47411000 Mail: care@chettinadhealthcity.com Web: www.chettinadhealthcity.com
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CHETTINAD ACADEMY OF RESEARCH AND EDUCATION

Regulations for M.D./M.S. Clinical Courses

1. INTRODUCTION:
M.D. / M.S. Clinical course is a three year post graduate program under the Faculty of Medicine for students with an Under Graduate Degree in Medicine. This program is taught course that covers relevant topics and a research project in the area of specialization. This program shall be competence based and learning shall be essentially autonomous and self-directed and supplemented with practical and laboratory work. The curriculum shall have modular approach to learning. The research component is through original exploration and experiments culminating in the research project. This program shall impart advanced theoretical and practical aspects of subjects previously studied in a more general manner at the undergraduate level.

These courses are aimed at imparting higher-level training to qualified under graduate medical students in various branches of M.D./M.S. Clinical subjects and to involve the learning experiments to the needs of community.

In exercise of the powers conferred under sub rule (a) and (g) of Rule 8 (b) of Memorandum of Association and Clause 2.1, Chapter III of Bye-laws of Chettinad Academy of Research and Education, the Academic Council hereby makes the following regulations:

2. SHORT TITLE AND COMMENCEMENT:
These Regulations shall be called the "Regulations for M.D /M.S. Clinical Courses of Chettinad Academy of Research and Education. These regulations shall come into force from the academic year 2012-2013. These regulations are subject to modifications as may be approved by the Academic Council from time to time.

3. GOAL:
The goal of postgraduate medical education shall be to produce competent specialists and/or medical teachers:

i) who shall recognize the health needs of the community and carry out professional obligations ethically and in keeping with the objectives of the national health policy.

ii) who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.

iii) who shall be aware of the contemporary advance and developments in the discipline concerned.

iv) who shall have acquired a spirit of scientific inquiry and is oriented to the principals of research methodology and epidemiology and

v) who shall have acquired the basic skills in teaching of the medical and paramedical professionals.
4. **AIMS AND OBJECTIVES:**

At the end of the Post Graduate training in the discipline concerned the student shall be able to:

i) Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health section.

ii) Practice the speciality concerned ethically and in step to the principles of primary health care.

iii) Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality.

iv) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitating, preventive and primitive measures/strategies.

v) Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.

vi) Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the speciality.

vii) Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.

viii) Demonstrate empathy and human approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.

ix) Play the assigned role in the implementation of National Health Programme effectively and responsibly.

x) Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.

xi) Develop skills as a self-directed learner, recognize continuing education needs: select and use appropriate learning resources.

xii) Demonstrate competence in basic concepts of Research Methodology and epidemiology, and be able to critically analyze relevant published research literature.

xiii) Develop skills in using educational methods and techniques as applicable to the teaching of Medical/ Nursing students, General Physicians and Paramedical Health Workers.

xiv) Function as an effective leader of a health team engaged in health care, research or training

5. **COMPONENTS OF THE POSTGRADUATE CURRICULUM:**

The major components of the Postgraduate curriculum shall be:

- Theoretical knowledge
6. NOMENCLATURE OF POSTGRADUATE COURSES:
The nomenclature of Post Graduate Degree should be as laid down in the Post Graduate Medical Education Regulations prescribed by the Medical Council of India.

7. ELIGIBILITY FOR ADMISSION:
Every student, selected for admission to a post graduate medical course in Chettinad University on acquiring M.B.B.S degree or an equivalent qualification thereto shall have obtained permanent registration with the Medical Council of India, or any of the State Medical Council(s) or shall obtain the same within a period of one month from the date of his/her admission, failing which his/her admission shall stand cancelled.

Provided that in the case of a foreign national, the Medical Council of India may, on payment of the prescribed fee for registration, grant temporary registration, for the duration of the post graduate course limited to the medical college/institution to which the candidate is admitted for the time being exclusively for pursuing post graduate studies.

Provided further the temporary registration to such foreign national shall be subject to the condition that such person is duly registered with appropriate registering authority in his own country wherefrom he has obtained his basic medical qualification and is duly recognized by the corresponding Medical Council or concerned authority.

8. RECOGNITION FEE AND ELIGIBILITY CERTIFICATE:
Candidates who have passed the M.B.B.S Degree Examination other than that conducted by Chettinad Academy of Research and Education shall obtain Eligibility Certificate from this University at the time of admission and also remit recognition fee as prescribed.

9. REGISTRATION:
A candidate admitted to the Post Graduate Course shall register with the University by submitting the prescribed application form for registration, duly filled in along with the prescribed fee, through the Head of the Institution.

10. PERIOD OF TRAINING /DURATION OF THE COURSE:
The duration of certified study and training for the M.D. / M.S. Post Graduate Clinical Courses shall be three completed years including the period of examination.
Provided that in the case of students possessing a recognised two year postgraduate diploma course in the same subject, the period of training, including the period of examination, shall be two years.

11. COMMENCEMENT OF THE COURSE:
The course shall ordinarily commence from 2\textsuperscript{nd} May of the academic year.
12. CUT OFF DATES FOR ADMISSION:
Candidates admitted up to 31st May of the Academic year shall be registered for the same Academic Year but shall be eligible to take up the final examination along with others students admitted prior to their admission. There shall be no admission of students in respect of any academic session beyond 31st May for postgraduate courses under any circumstances. The University shall not register any student admitted beyond the said date.

13. SYLLABUS:
The Syllabus for the course shall be as specified in the annexure to these Regulations.

14. MEDIUM OF INSTRUCTION:
English shall be the medium of instruction for all the subjects of study and for examination.

15. WORKING DAYS / ATTENDANCE
All the candidates joining the Post Graduate training program shall work as “Full Time Residents” during the period of training and shall attend not less than 85% (Eighty Five percent) of the imparted training during each academic year including assignments, assessed full time responsibilities and participation in all facets of the educational process as per MCI norms. 85% attendance is compulsory for all the Post Graduate students for every academic year. The Attendance details may be submitted to the Controller of Examinations at the end of every academic year. The student should also be intimated quarterly regarding the lack of attendance.

16. CONDONATION FOR LACK OF ATTENDANCE:
The discretionary power of condonation of shortage of attendance to appear for University Examination rests with the Vice Chancellor.
Lack of attendance can be condoned up to a maximum of 5% of the minimum attendance required in the following exceptional circumstances:

(i) Any illness/ accident (for which Medical certificate from a registered medical practitioner must be produced)
(ii) Any unforeseen tragedy in the family (should produce the letter from the parent/guardian)
(iii) Participation in NCC/NSS and other co-curricular activities representing the Institution / University. (Certificate from competent authority is required)

For any of the above reasons, request shall be made by the candidate with prescribed fees to the Controller of Examination through proper channel, ten days prior to the commencement of the theory examination. Based on the recommendation of the Head of the Institution, the Controller of Examination shall obtain the approval of the Vice Chancellor for admission of the candidate to the University Examination.
Si.No.15 & 16 Amended vide XVIII meeting of Academic Council dated 15.04.2014 and to be replaced as detailed below:

In the existing regulations for M.D. Pre – Para and M.D./M.S. Clinical courses, it has been stipulated that 85% attendance is compulsory for all the Post graduate students for every academic year. This has been modified to 80% attendance in keeping with Statutory Body norms. There shall be no condonation for attendance. The attendance criteria will hence read as follow as in MCI regulations.

"All the candidates joining the Post Graduate training programme shall work as ‘Full Time Residents’ during the period of training and shall attend not less than 80% (Eighty percent) of the imparted training during each academic year including assignments, assessed full time responsibilities and participation in all facets of the educational process."

The Attendance details shall be submitted to the Controller of Examinations at the end of each academic year. The student should also be intimated quarterly regarding the lack of attendance.

16 (a) STIPEND AND GRANT OF LEAVE
The Post Graduate students undergoing Post Graduate Degree / Diploma/Super-Specialty course shall be paid stipend on par with the stipend being paid to the Post Graduate students of State Government Medical Institutions / Central Government Medical Institutions, in the State / Union Territory where the institution is located. Similarly, the matter of grant of leave to Post Graduate students shall be regulated as per the respective State Government rules.

17. MIGRATION / TRANSFER OF CANDIDATES:
Under no circumstances, Migration/transfer of student undergoing any Post Graduate degree course shall be permitted by the University/Authority

18. TRAINING PROGRAM:
The training given with due care to the Post Graduate students in the recognised institutions for the award of various Post Graduate medical degrees / super speciality degrees shall determine the expertise of the specialist and / or medical teachers produced as a result of the educational program during the period of stay in the institution.

The Post Graduate students of the institutions which are located in various States / Union Territories shall be paid remuneration at par with the remuneration being paid to the Post Graduate students of State Government medical institutions / Central Government Medical Institutions, in the State/Union Territory in which the institution is located. Similar procedure shall be followed in the matter of grant of leave to Post Graduate students.
(a) Every institution undertaking Post Graduate training programme shall set up an Academic cell or a curriculum committee, under the chairmanship of a senior faculty member, which shall work out the details of the training programme in each speciality in consultation with other department faculty staff and also coordinate and monitor the implementation of these training Programmes.

(b) The training programmes shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidates and the Medical Council of India inspectors to assess the same at the time of inspection.

During the training for PG Degree Courses to be awarded in clinical disciplines, there shall be proper training in basic medical sciences related to the disciplines concerned; during the training for the degree to be awarded in basic medical sciences, there shall be training in applied aspects of the subject; and there shall be training in allied subjects related to the disciplines concerned. In all Post Graduate training programmes, both clinical and basic medical sciences, emphasis is to be laid on preventive and social aspects and emergency care facilities for autopsies, biopsies, cytopsies, endoscopic and imaging etc. also be made available for training purposes. The Post Graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

Training in Medical Audit, Management, Health Economics, Health Information System, basics of statistics, exposure to human behaviour studies, knowledge of pharmaco – economics and introduction to non- linear mathematics shall be imparted to the Post Graduate students.

Implementation of the training programmes for the award of various Post Graduate Degree course shall include the following:

**Basic Medical Sciences**

(i) Lectures, Seminars, Journal Clubs, Group Discussions, Participation in laboratory and experimental work, and involvement in research studies in the concerned speciality and exposure to the applied aspects of the subject relevant to clinical specialities.

**Clinical disciplines**

(i) In service training, with the students being given graded responsibility in the management and treatment of patients entrusted to their care; participation in Seminars, Journal clubs, Group Discussions, Clinical Meetings, Grand rounds, and Clinico - Pathological Conferences; practical training in Diagnosis and medical and Surgical treatment; training in the Basic Medical Sciences, as well as in allied clinical specialities.

The training program shall be on the same pattern as for M.D. / M.S. in clinical disciplines; practical training including advanced Diagnostic, Therapeutic and Laboratory techniques, relevant to the subject of specialization.
The Academic Council in its XV meeting held on 08.05.2013 resolved to approve the following Curriculum Committee’s recommendations.

- The members of Post Graduate Curriculum committee recommended that M.D/M.S. specialty Post Graduates can be posted to other department, so that it may give the Post Graduate an integrated approach.

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<th>MD PG Speciality</th>
<th>Departments to which they may be posted</th>
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<tr>
<td>Anaesthesia</td>
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<td>Dermatology</td>
<td>Medicine, Pulmonology</td>
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<tr>
<td>Pulmonology</td>
<td>Medicine, Cardiology, Cardio thoracic surgery</td>
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<tr>
<td>Obstetrics and Gynaec</td>
<td>Medicine, Neonatology, Oncology</td>
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<td>General Surgery</td>
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<tr>
<td>ENT</td>
<td>General Surgery</td>
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<tr>
<td>Ophthalmology</td>
<td>General Surgery, Medicine</td>
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19. MAINTENANCE OF LOG BOOK

a) Every Post Graduate student shall maintain a record (Log) book containing skills, the candidate has acquired during the training period certified by the various heads of department where the candidate has undergone training including outside the institution.

b) The students shall maintain a Record Book (Log Book) of the work carried out by them & training program undergone during the period of training including details of procedures carried out independently or assisted by the candidate. The log book will be checked by the faculty members imparting the training.

c) At the end of the course, the candidate should summarise the contents and get the record (Log) book certified by the Head of the Department.

d) The record (Log) book should be submitted at the time of practical examination for the scrutiny of the Board of Examiners.

e) It would be the constant endeavour of the faculty to develop desirable attitudes in the PG trainees during the course by personal examples, interaction and group discussion. Constant watch will be maintained during their work in the wards to ensure that this objective is being met. Although there will be no formal evaluation of attitude, some aspects of this domain would be covered during the formative evaluation as noted below for continued internal assessment. Formative evaluation will be carried out over following activities of the P.G. resident.
   i) Ward work
   ii) Case presentation
   iii) P.G. Lecture
iv) Journal club
v) General assessment of affective function attitude by medical & paramedical staff;
vi) Internal Assessment

Candidates can appear for theory examination only after being certified on the basis of Internal assessment.

20. THESIS / DISSERTATION AND EVALUATION

a) All Candidates admitted to undergo Post Graduate Degree course shall be assigned a topic for dissertation / thesis by the Head of the concerned unit and the title of the topic assigned to the candidates be intimated to the Controller of Examination of the University by the Head of the Department through the Head of the Institution before end of the First year.

b) The dissertation / thesis shall be a bound volume of minimum 50 pages and not exceeding 75 pages of typed matter (double line spacing and on one side only) excluding certification, acknowledgements, annexure and bibliography.

c) Four copies of dissertation shall be submitted six months prior to the commencement of the examination on the prescribed date to the controller of examination of the University.

d) Two copies are to be submitted as an electronic version of the entire dissertation in a standard C.D. format mentioning the details and technicalities used in the C.D. format.

e) The concerned Professors / Readers are to supervise and to see that the dissertation is done properly utilising the clinical materials of their own department / institution. The students must learn the design and interpretation of research studies, responsible use of informed consent and research methodology and interpretation of data and statistical analysis. They should seek the help of qualified staff members in the conduct of research. They must learn to use library and the computer-based research. This training will help them to develop skills in planning, designing and conduct of research studies.

f) All candidates on admission will be allotted one of the department faculties who have fulfilled the requirement to be guides for purposes of guiding Dissertation/thesis. The topic for dissertation shall be finalized and discussed in the departmental faculty meeting and allotted to the individual candidates before the completion of 3 months after admission. The purpose of dissertation is to develop in the candidate the ability to perform an independent study keeping the principles and research methodology in mind. The candidate will therefore work on the prospective problem either within the department or in collaboration with other departments. There will be continuous monitoring of the dissertation work by the guides and co-guide and by the other department staff throughout the course. The candidate will present the progress of the dissertation to the faculty on the completion of 1 ½ years for monitoring and
feedback. The completed dissertation should be submitted not later than 6 months before final examination.

g) The theory examinations shall be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the start of the Clinical/Practical and Oral examination.

h) The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical. A candidate shall be allowed to appear for Theory and Practical/Clinical examination only after the acceptance of thesis by the examiners. The thesis shall be evaluated under the following heading:

1) Approved
2) Not approved

In all cases the approval shall be given before 3 months of the date of appearing for the examination and this will be essential before the candidate is allowed to appear for the written examination.

21. SCHEDULE OF EXAMINATIONS:

The examination for M.D./MS shall be held at the end of 3rd academic year. An academic term shall mean six month's training period."

22. *SCHEME OF EXAMINATIONS:


The examinations shall be organised on the basis of” Marking system” to evaluate and to certify candidate's level of knowledge, skill and competence at the end of the training.


b. A postgraduate student of a postgraduate degree course would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

c. Theory: A Written Examination shall consist of four theory papers each of three hours duration. Each paper carries 100 marks (Total 400 marks). Out of these one shall be of Basic Medical Sciences and one shall be of Recent advances. The theory examinations shall be held well in advance than the Clinical and Practical examination,
so that the answer books can be assessed and evaluated before the commencement of the Clinical/Practical and Oral examination.

d. **Clinical Examination:** Clinical examination for the subjects in Clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall examine a minimum one long case and two short cases.

e. **Oral Examination:** The Oral examination shall be thorough and shall aim at assessing the candidate knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which form a part of the examination.

### THEORY

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<tr>
<td>No. of Theory Papers</td>
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<tr>
<td>Marks for each Theory Paper</td>
<td>*100</td>
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<tr>
<td>Total marks for Theory Paper</td>
<td>400</td>
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<tr>
<td>Passing Minimum for Theory</td>
<td>200/400</td>
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<tr>
<td>Total Marks for CLINICAL</td>
<td>300</td>
</tr>
<tr>
<td>Passing Minimum for Clinical</td>
<td>150/300</td>
</tr>
<tr>
<td>Viva voce</td>
<td>100</td>
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<tr>
<td>Passing minimum for Clinical including Viva voce</td>
<td>200/400</td>
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(i) if any candidate fails even under one head, he/she has to re-appear for entire examination.

(ii) Theory paper consist of 2 essay questions of 25 marks each (2 X 25 = 50) & 5 short notes of 10 marks each (5 X 10 = 50). Total =100 marks each.

**Sl.No.22 (ii) Amended vide XVIII meeting of Academic Council dated 15.04.2014 and to be replaced as detailed below:**

Resolved to approve 2 Essay Questions (2 x 20 marks) and 10 short notes (10 x 6 marks) for all post graduate medical / broad and higher speciality courses which will take effect for the students appearing for first time examination from March 2015.

**Sl.No.22(ii) Amended in XX Academic Council dated 25.03.2015.**
Resolved to approve 2 essays (2 x 20 marks) and 6 short notes (6 x 10 marks) for theory paper in all M. D/ M.S. courses by the Academic Council in its XX meeting held on 25.03.2015.

*Resolved to approve that an examinee should obtain minimum 40% marks in each theory paper and not less than 50% marks cumulatively in all the four papers in P.G. degree examination to be cleared as passed which will be
implemented prospectively. (Academic Council in its XX meeting held on 25.03.2015).

23. EXAMINERS:
All the Post Graduate Examiners shall be recognized Post Graduate Teachers holding recognized post graduate qualification in the subject concerned. For all Post Graduate Examinations, the Minimum number of examiners shall be Four, out of which at least two (50%) shall be external examiners who shall be invited from other recognized universities from outside the state / outside university. The remaining two will be internal examiners.

The qualification and teaching experience for appointment of examiner shall be as detailed below and by the guidelines of Medical Council of India issued from time to time.

No person shall be appointed as an internal examiner in any subject unless he/she has three years’ experience as recognized PG teacher in the concerned subject. For external examiners, he/she should have minimum six years of experience as recognized PG teacher in the concerned subject. “An examiner shall ordinarily be appointed for not more than two consecutive terms”

i. Under exceptional circumstances, examinations may be held with 3 (three) examiners provided two of them are external and Medical Council of India is intimated for the justification of such action prior to publication of result for approval. Under no circumstances, result shall be published in such cases without the approval of Medical Council of India.

24. MAXIMUM NUMBER OF CANDIDATES:
The maximum number of candidates to be examined in clinical/practical and oral on any day shall not exceed eight for M.D./M.S. Clinical Courses.

25. *NUMBER OF EXAMINATIONS:
The University shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations. The examination shall be conducted in March and September.

*Sl. No.25 Amended in XXI meeting of Academic Council dated 22.07.2015.
Resolved to approve the commencement of M.D. /M.S. University examination in April
(for Regular Batch) and October (for Supplementary Batch).

26. REVALUATION OF ANSWER PAPERS:
There shall be no revaluation of answer papers. However, re-totaling is allowed in the failed subjects with the payment of required fee fixed by the University within 15 days from the date of receipt of statement of marks.
POST GRADUATE M.S. DEGREE COURSE IN GENERAL SURGERY

TEACHING PROGRAMME

DURATION

The total duration will be three years, which will include training in General Surgery, including surgical gastroenterology, surgical oncology and endocrine surgery and special postings in other specialities like Traumatology & Orthopaedic Surgery, Neurosurgery, Paediatric Surgery, Cardiothoracic Surgery, Genito-Urinary Surgery, Anaesthesiology, Radiology and Radiotherapy and Plastic Surgery.

FIRST YEAR 12 Months
1. General Surgery 7 Months
2. Anaesthesia 1 Month
3. Radiology and Radio-therapy 1 Month
4. Ortho and Traumatology 3 Months
   a. Ortho 1 Month
   b. Traumatology 2 Months

SECOND YEAR 12 Months
a) General Surgery 7 Months
b) Neuro Surgery 1 Month
c) Plastic Surgery 1 Month
d) Paediatric Surgery 1 Month
e) Cardio Thoracic 1 Month
f) Urology 1 Month

THIRD YEAR 12 Months
a) General Surgery 9 Months
b) Intensive Coaching 3 Months

On completion of three-year course, Theory and Clinical Examination will be conducted.

CLINICAL POSTINGS
1. The students will be divided and posted in one of the six units
2. After having basic learning in surgical techniques, they will be posted in various specialities
3. The rotation will include Casualty and ICU posting also.

TEACHING AND LEARNING PROGRAM:
The teaching and clinical training will be by senior professors by turns.

ACTIVITIES:
There will be

a) Daily Ward rounds
b) Clinical case presentation
c) Weekly journal club
d) Weekly surgical clinics
e) CMEs
f) Seminars

The PG students will be trained in conducting special clinics for

a) Endocrinology
b) Diabetic Foot Clinic and
c) Breast Clinic

All Post Graduate students will be encouraged to attend Zonal, State and All India Surgical Conferences and also to publish Research Papers in Indian and Foreign Journals.

All Post Graduate students will choose one Research projects (Thesis work) under the guidance of Senior Faculty and the P.G. Student has to submit this at the end of the course. The topic and Methodology of the thesis will be decided at least three months from the date of joining the course.

Apart from surgical training, all the PGs will write theory exams periodically and will be assessed.

During the first year, basic medical science classes will be taken by the concerned faculty in the afternoon session (Six days per week).

**PROCEDURES DURING THE COURSE OF STUDY (Each Year):**

**Cases that have to be individually performed:**

Elective:

<table>
<thead>
<tr>
<th>Surgeries</th>
<th>Approximate No.</th>
</tr>
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<tbody>
<tr>
<td>1. Cyst excision</td>
<td>60</td>
</tr>
<tr>
<td>2. Ganglion excision</td>
<td>30</td>
</tr>
<tr>
<td>3. Earlobe repair</td>
<td>20</td>
</tr>
<tr>
<td>4. Neurofibroma excision</td>
<td>25</td>
</tr>
<tr>
<td>5. Corn foot excision</td>
<td>50</td>
</tr>
<tr>
<td>6. Zadeck’s procedure</td>
<td>40</td>
</tr>
<tr>
<td>7. Pyogenic granuloma excision</td>
<td>25</td>
</tr>
<tr>
<td>8. Secondary suturing</td>
<td>30</td>
</tr>
<tr>
<td>9. Circumcision</td>
<td>15</td>
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Emergencies:

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<tr>
<th>Approximate No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Suturing of lacerations</td>
</tr>
<tr>
<td>2. Circumcision</td>
</tr>
<tr>
<td>3. Incision and drainage</td>
</tr>
</tbody>
</table>
4. Wound debridement 50
5. Toe amputation 20

**Cases that have to be performed under supervision:**

**Elective:**

<table>
<thead>
<tr>
<th>Surgeries</th>
<th>Approximate No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hernia repair (inguinal /epigastric)</td>
<td>15</td>
</tr>
<tr>
<td>2. Lump breast excision</td>
<td>15</td>
</tr>
<tr>
<td>3. Foreign body removal</td>
<td>10</td>
</tr>
<tr>
<td>4. Lymph node biopsy</td>
<td>30</td>
</tr>
<tr>
<td>5. Webster's procedure</td>
<td>15</td>
</tr>
<tr>
<td>6. Orchidopexy</td>
<td>8</td>
</tr>
<tr>
<td>7. Eversion of Sac</td>
<td>15</td>
</tr>
<tr>
<td>8. Split skin graft</td>
<td>20</td>
</tr>
</tbody>
</table>

**Emergency:**

<table>
<thead>
<tr>
<th>Surgeries</th>
<th>Approximate No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obstructed inguinal hernia</td>
<td>10</td>
</tr>
<tr>
<td>2. Hollow viscous perforation</td>
<td>5</td>
</tr>
<tr>
<td>3. Tendon repair</td>
<td>20</td>
</tr>
<tr>
<td>4. Orchidectomy</td>
<td>10</td>
</tr>
<tr>
<td>5. Appendicectomy</td>
<td>20</td>
</tr>
</tbody>
</table>

**Cases that have to be assisted**

**Elective:**

<table>
<thead>
<tr>
<th>Surgeries</th>
<th>Approximate No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thyroidectomy</td>
<td>8</td>
</tr>
<tr>
<td>2. Mastectomy</td>
<td>6</td>
</tr>
<tr>
<td>3. Cholecystectomy</td>
<td>6</td>
</tr>
<tr>
<td>4. Bowel resection and anastomosis</td>
<td>5-10</td>
</tr>
<tr>
<td>5. Incisional hernia repair</td>
<td>12</td>
</tr>
<tr>
<td>6. Varicose vein surgery</td>
<td>8</td>
</tr>
<tr>
<td>7. Gastrectomy</td>
<td>5</td>
</tr>
<tr>
<td>8. Laparoscopic surgeries</td>
<td>25</td>
</tr>
</tbody>
</table>

**Emergency:**

<table>
<thead>
<tr>
<th>Surgeries</th>
<th>Approximate No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Below knee and above knee amputation</td>
<td>10</td>
</tr>
<tr>
<td>2. Bowel resection and anastomosis</td>
<td>10</td>
</tr>
<tr>
<td>3. Colostomy/ileostomy</td>
<td>5-10</td>
</tr>
<tr>
<td>4. Laparotomy for abdominal trauma</td>
<td>5-10</td>
</tr>
</tbody>
</table>
GENERAL ASPECTS OF TRAINING & SYLLABUS:

Trainees should develop:

1. Clinical and operative competence in both emergency and elective general surgery. Additionally, they require knowledge and some experience across a wide range of surgery to ensure appropriate referral.
2. The competence to be responsible for both the emergency admissions in general surgery and elective referrals.
3. Appropriate skills in:
   a. Basic – Gastro – intestinal endoscopy
   b. Endoscopic surgery
4. A knowledge of the basic sciences related to general surgery including applied anatomy.
5. The ability to teach medical students
6. The ability to work as a member of clinical team, bearing in mind the needs of the service and the hospital.
7. An understanding of the particular requirements of day case surgery
8. A knowledge of palliative care.
9. A knowledge of subjects such as medical ethics, health economics, medico-legal matters, risk management, medical statistics, information technology and health service management.
10. A knowledge and experience of clinical audit
11. An understanding of research methods.

SYLLABUS

Knowledge: The Postgraduates are required to acquire sound knowledge of following topics. The list includes topics found in most standard surgical textbooks. The PG’s should also be familiar with recent advances and current controversies.

GENERAL SURGERY

All facts of General Surgery including Surgical Pathology and applied aspects and Basic Medical Sciences, Endocrine Surgery (viz., Thyroids, Adrenals etc.) breast surgery, surgical Gastroenterology and surgical oncology.

Basic General Surgical Topics include the following:

- History of Surgery
- Fluids and Electrolyte balance / Acid – Base metabolism
- Wound Healing and Wound Management
• Pathophysiology and Management of Shock
• Principles of Operative Surgery: Asepsis, Sterilization and Antiseptics
• Surgical Infections and Antibiotics
• Nutrition and Metabolism
• Principles of Burn Management
• Principles of Oncology
• Principles of Laparoscopy and Endoscopy
• Haemostasis, Blood Transfusion
• Trauma: Assessment of polytrauma, triage, basic and advanced trauma
• Basic Principles of Anaesthesia
• Informed Consent and Medico legal issues
• Organ Transplantation
• Molecular Biology and Genetics
• Hernias: Types of hernias, repair techniques
• Breast Diseases:
  o Benign breast disorders
  o Investigations
  o Screening
  o Genetics
  o Breast Cancer

• Thyroid disorders:
  o Solitary nodule
  o Investigations
  o Multinodular goiter
  o Grave’s disease
  o Thyroid malignancies

PRE-OPEATIVE MANAGEMENT

• Infection
• Investigative and Operative Procedures
• Theatre Problems
• Surgical technique and technology
• Diathermy – principles and precautions
• Lasers – principles and precautions
• Explosion hazards relating to general anesthesia and endoscopic surgery.
• Tourniquets – uses and precautions
• Prevention of nerve and other injuries in the anesthetized patient.
• Surgery in hepatitis and HIV carriers (special precautions)
• Disorders of coagulation and haemostasis (prophylaxis of thrombo embolic disease.)

Post-Operative Management

• Skin and Wounds
• Fluid Balance
• Blood
Post-operative complications
  o Prevention
  o Monitoring
  o Recognition
  o Management
  • Ventilatory support
  • Post-operative Sequeale
  • Pain control
  • Immune response to trauma, infections and tissue transplantation
  • Pathophysiology of the body’s response to trauma
  • Surgery in the immune-compromised patient.

TRAUMA
  • Initial Assessment and Resuscitation after Trauma
  • Chest, Abdomen and Pelvis Trauma
  • Central Nervous System Trauma
  • Special Problems
  • Principles of Limb Injury

INTENSIVE CARE
  • Cardiovascular
  • Respiratory
  • Multisystem Failure
  • Problems in Intensive Care
  • Principles of ICU

NEOPLASIA: TECHNIQUES AND OUTCOME OF SURGERY
  • Principles of Oncology
  • Cancer Screening and Treatment Ethics and the Law
  • Outcome of Surgery
  • Clinical audit

LOCOMOTOR SYSTEM
  • Effects of Trauma and Lower Limb Infections and Upper Limb
  • Bone Disease and Spine

VASCULAR
  • Arterial Diseases
  • Venous Diseases
  • Lymphatics and Spleen

HEAD, NECK AND ENDOCRINE

Paediatric Surgical Disorders

ABDOMEN
• Abdominal Wall
• Acute Abdominal Conditions, Abdominal Injury

SMALL BOWEL AND COLORECTAL DISORDERS

TRANSPLANTATION with special reference to RENAL AND HEPATIC DISEASE
HEPATOPANCREATIC & BILIARY SURGERY
UPPER GI TRACT

SURGICAL SKILLS
• To Assist / Observe and Perform independently / with Assistance
• Basic Ward Procedures, ICU Procedures
• Minor Surgical Procedures, Emergency Room Procedure
• Major Operative Procedures
• Endoscopic procedures
  o Routine
  o Emergency

ANAESTHESIA
1. Premedication
2. Cardio Pulmonary resuscitation
3. Various types of regional anaesthesia
4. General anaesthesia – Intubation, maintenance and extubation
5. Anaesthesia in special circumstances like emergency surgery, metabolic derangements, Trauma etc.

RADIOLOGY AND RADIO THERAPY

Technique of commonly done investigations in the Radiology department like plain x-ray both for bone and soft tissue.

1. Technique of contrast x-rays in various systems in the body and their interpretation.
2. Ultrasonogram
3. C.T. Scan
4. Practical knowledge of RadioTherapy
5. Practical knowledge of telecobalt and other Linear accelerator and other types of irradiation.

ORTHO AND TRAUMA

(One month in Ortho and two months in Trauma Ward under Orthopaedic Surgery)

1. Principles and management of common fractures
2. Immobilization and plaster Technique
3. Correction of deformities of limbs
4. Diseases of bone and joints including tumours
5. Management of nerve, tendon and vascular injuries
6. Management of Polytrauma

**CARRDIO THORACIC**

1. Thoraco abdominal injuries
2. Intercostal drain
3. Thoracotomy and closure
4. Surgery of oesophagus, lung and pericardium
5. Management of empyema
6. Fundamentals of open-heart surgery and Bypass surgery

**NEURO SURGERY**

1. Management of head injury
2. Diagnosis and management of raised intracranial tension
3. Practical experience in burrhole and craniotomy

**UROLOGY**

1. Basic knowledge of endourology
2. Trauma related to Urology
3. Basic investigative aspects of uro-dynamic

**PLASTIC SURGERY**

1. Facio Maxillary injuries
2. Various methods of Raw area coverage including Myocutaneous flap
3. Reconstructive surgery for Breast and head and neck cancer
4. Cosmetic reconstructive surgery
5. Management of Burns

**PAEDIATRIC SURGERY**

1. Congenital anomalies – gastro intestinal, ano-rectal, genitourinary tract etc.
2. Management of intestinal obstruction in new born
3. Childhood malignancies

**THEORY EXAMINATION PATTERN**

Paper – I  - Applied Basic Sciences in General Surgery
Paper – II - Surgery
Paper – III - Surgery including Traumatology
Paper – IV - Recent Advances

**Clinical Exam pattern:**

**CLINICALS :**

LONG CASE one - 150 marks
SHORT CASE three - 150 marks (3 x 50 = 150)
Total - 300 marks
VIVA:

STATION 1: X-RAYS - 20 Marks
STATION 2: INSTRUMENTS - 20 Marks
STATION 3: OPERATIVE SURGERY - 20 Marks
STATION 4: PATHOLOGICAL SPECIMEN - 20 Marks
STATION 5: DISSERTATION and RESEARCH METHODOLOGY - 20 Marks

SUGGESTED LIST OF TEXT BOOKS & JOURNALS

TEXT BOOKS

1. Bailey and Love’s practices of surgery
2. Book of Surgery (SABISTON) Volume I and II
3. Principles of Surgery by SCHWARTZ
4. Abdominal Surgery by MAINGOT
5. Operative Surgery – Charles rob
6. Farquharson’s Text Book of Operative Surgery
7. New Aids Companion to Surgical Studies
8. Master of Surgery – NYHUS
10. Shackelford’s Surgery of alimentary tract
11. Devitta – Surgical oncology
12. Last’s Anatomy
13. Clinical Pharmacology by Laurence
14. Clinical Pharmacology by Satoskar
15. Ackerman’s Surgical Pathology
16. Wilson & Watson-Jones Fractures and joint injuries
17. Surgical Pathology – By Illing Worth and Dick
18. General Pathology by Waltair Isreal
19. Jamieson and Key’s Text Book of Surgical Physiology
20. Surgical Pathology by Boyd
21. Cuschieri’s Text Book of Surgery
22. Paediatric Surgery – By George Holcomb

JOURNALS

1. British Journal of Surgery
2. Annals of Surgery
3. American Journal of Surgery
4. Surgical Clinics of North America
5. Diseases of Colon and Rectum
6. Annals of Royal College of Surgeons
7. Indian Journal of Surgery