

COURSE GOAL & OBJECTIVES

Major Goal

Patient care Ability: A postgraduate in ORL-Head and Neck surgery at the end of its 3 year course should develop proper clinical acumen to interpret diagnostic results and correlate them with symptoms from history taking and become capable to diagnose the common clinical conditions/diseases in the speciality and to manage them effectively with success without making any serious complications;and sincerely to take such accurate decision, for the patient's best interest including making a referral to/ consultation with a more experienced colleague /professional friend while dealing with any patient with a difficult condition. He/ she should be able to create awareness about preventive Otolaryngology in the society.

Teaching ability: He/she also should be able to teach an MBBS student about the commonly encountered conditions in ENT pertaining to their diagnostic features basic pathophysiological aspect and the general and basic management strategies.

Research Ability: He/she should also acquire elementary knowledge about research methodology, including record-keeping methods, and be able to conduct a research enquiry including making a proper analysis and writing a report on its findings.

Team work: He/she should be capable to work as a team member. He/she should develop general humane approach to patient care with communicating ability with the patient's relatives especially in emergency situation such as in Casualty department while dealing with cancer patients and victims of accident. He/she should also maintain human values with ethical consideration.

OBJECTIVES OF THE POST-GRADUATE COURSE

A post graduate at the end of a 3 year P.G. degree course should acquire the following:

1. Congenitive knowledge: Describe embryology, applied anatomy, physiology, pathology, clinical features, diagnostic procedures and the therapeutics including preventive methods, (medical/surgical) pertaining to Otorhinolaryngology – Head & Neck Surgery.
2. Clinical decision making ability & management expertise: Diagnose conditions from history taking, clinical evaluation and investigations and develop expertise to manage medically as well as surgically the commonly encountered, disorders and diseases in different areas as follows:

Otology, Neurology & Skull-base Surgery: External, middle and internal ear diseases, deafness including the common complications associated with middle ear inner facial Nerve palsy, tinnitus, vertigo and other conditions such as acoustic neuroma, malignant tumours, glomus tumor and petrous apex cholesteatoma etc. and to be capable of doing early diagnosis of these conditions and also to acquire adequate knowledge about principles of therapy of these diseases.

Rhinology : Able to Diagnose and manage Nose and paranasal sinus conditions such as infection, polyps and allergy. Acquire some surgical skills to do septorhinoplasty, septoplasty, functional endoscopic sinus surgery (FESS). Develop capability to do oncologic diagnosis and therapy planning for proper management of such patients in collaboration with radiotherapists and medical oncologists.

Laryngology : Able to diagnose and manage benign lesions of the larynx including voice-disorders and pharyngeal and nasopharyngeal diseases, viz-adenoids and angiofibroma. Capable to do diagnosis of oncologic conditions such as laryngeal carcinoma and plan its therapy strategies.

Oral cavity/salivary glands : Learn about Oral cavity and salivary gland diseases, their diagnosis

and therapy planning with referral strategies for cancer patients to advanced cancer centres/Hospital.

Head/Neck conditions/diseases : Learn about head and neck diseases including Parotid gland and thyroid diseases, neurogenic tumours and neck space infections/and their management.

Broncho-esophageal region : Learn about broncho-esophageal diseases/disorders such as congenital disorders, diagnosis of Foreign bodies in wind/food pipes with their management policies. Capable to perform Panendoscopies for oncologic evaluation in the head-neck region, including oesophageal malignancy.

Plastic reconstruction following major head neck surgery & trauma : Acquire general principles of reconstructive surgery and its referral needs.

Advanced Surgical methods: Acquire knowledge about phonosurgery like microlaryngoscopic surgery, palatopharyngoplasty for VPI & Cleft palate, and thyroplasty for voice-disorders.

General principles of newer therapy/Surgery : Newer knowledge about ENT diseases in general, including technological (Laser) and pharmacologic advances (medicines) and newer method of therapy for certain conditions such as Obstructive sleep apnoea syndrome and asthma.

Traumatology & Facio-maxillary Injury : Acquire knowledge in the management of Traumatology in general and faciomaxillary injury in particular, including nasal fractures. Be capable of doing screening in the community, of the audiological & speech related disabilities, and also to do early identification of malignancies and create its awareness in the community/society to eventually get better cooperation from people in health management.

Radiology: Acquire knowledge about radiology/imaging and to interpret different radiological procedures and imaging in Otolaryngology – Head and Neck and skull base regions. There should be collaboration with Radiology department for such activities.

Audiology & Rehabilitation : Perform different audiological and neuro-otological tests for diagnosis of audiologic/vestibular disorders/diseases and become capable to interpret these findings and to incorporate their implication in diagnosis and their treatment including the rehabilitative methods in audiology and speech pathology including hearing aids and other assistive and implantable devices.

Psychologic and social aspect : Some elementary knowledge in clinical Psychology and social, work management is to be acquired for management of patients, especially those terminally ill and disable-persons and interacting with their relatives.

3. Teaching: Acquire ability to teach an MBBS student in simple and straight forward language about the common ENT ailment/disorders especially about their signs/symptoms for diagnosis with their general principles of therapy.
4. Research: Develop ability to conduct a research enquiry on clinical materials available in Hospital and in the community.
5. Patient doctor relation : Develop ability to communicate with the patient and his/her relatives pertaining to the disease condition, its severity and options available for the treatment/therapy.
6. Preventive Aspect: Acquire knowledge about prevention of some conditions especially in children such as middle ear and sinus infection, hereditary deafness and early diagnosis of head-neck malignancy. Hence he/she should know about the preventive Otorhinolaryngology (ENT).
7. Identification of a special areas within the subject: To further develop higher skills within the specialty

in a specialised area such as Otolaryngology, Neurology, Rhinology, head and neck oncology, skull base surgery and audiological medicine, Resident may identify some area of interest, during the Residency and do fellowship/Senior Residency Programme in one of such areas like Otolaryngology.

8. Presentation of Seminar/paper: Should develop public speaking ability and should be able to make presentation on disease-conditions/research topics to fellow colleagues in a Seminar/meeting/conference using audiovisual aids.
9. Research writing: Should be capable to write case-reports and research papers for publication in scientific journals.
10. Team work: Team spirit in patient management, working together in OPD, OT, ward and sharing responsibility with colleagues such as doctor, nurses and other staff are essential. Resident has to develop these attributes through different mechanism of interaction.

PRACTICAL TRAINING

A Junior Resident doctor, pursuing a P.G. Degree course is expected to perform major and minor surgical procedures independently as well as under supervision of a faculty member/a senior resident. She/he should be able to do many major operations independently such as: (Few examples only given):

- Tracheostomy,
- Tonsillectomy
- Adenoidectomy/grommet insertion,
- Nasal Polypectomy
- Incision/drainage of quinsy/other abscesses,
- S.M.R. & Septoplasty
- Cortical mastoidectomy
- Modified radical Mastoidectomy.

Be able to manage common emergencies like, fracture nasal bone, stridor requiring a tracheostomy, epistaxis, Subperiosteal abscess, and Peritonsillar abscess.

He/she should be capable to do minor operations independently viz, (Few examples only given)

- Myringotomy and myringoplasty
- Antral washout and nasal biopsy
- Sub-mandibular salivary gland removal
- Biopsy from a neck mass, such as a node
- Direct Laryngoscopy
- Nasopharyngoscopy
- Flexible Bronchoscopy and Oesophagoscopy
- Aural polypectomy

He/she should be able to do the following operations under supervision/guidance of senior colleagues/faculty member (Few examples only given):

- Fiberoptic rigid endoscopy of oesophagus
- Interanasal ethmoidectomy

- External ethmoidectomy
- External fronto ethmoidectomy
- Maxillectomy (Partial and Total)
- Excision of thyroglossal cyst
- Superficial Parotidectomy
- Radical block dissection of the neck for metastatic nodes.
- Total Laryngectomy for cancer.
- Laryngofissure
- Repair of laryngotracheal trauma.
- Ligation external carotid artery

He/she should be able to do under guidance/supervision the following specialised operative procedures (Few examples only given):

- Facial nerve decompression
- Pinna-Repair (Post-traumatic)
- Surgery of choanal atresia,
- External canal atresia-surgery,
- Functional endoscopic/sinus surgery,
- Stapedectomy
- Tympanoplasty with mastoid surgery
- Rhinoplasty for cosmetic purposes.
- Fibre-optic bronchoscopy and oesophagoscopy including foreign body removal
- Cryo/Laser surgery in ENT
- Microlaryngoscopic voice-surgery for vocal nodules, polyps/ cyst etc
- Phonosurgery for cord palsy including type I thyroplasty.
- Skull base/parapharyngeal space surgery
- Thyroid surgery,
- Laryngo-tracheal stenosis – surgical correction,
- Faciomaxillary injury etc.

Duration of Training and Rotation Programmes (ward/OT/OPD) First Year

- Spends 6 (six) months in orientation programme including exposure to Audiology Section and Vestibular Laboratory;
- Learn bedside history taking in ward, OT exposures, casualty, ICU requirement and their visit to related disciplines such as Neurosurgery/Anaesthesia.
- Care of indoor (Medical; preoperative and postoperative) patients for a minimum period of 6 months.
- Attends operation theatre and emergency operations for acclimatization.
- Assists ward rounds and visit other wards with senior colleagues to attend call/consultations from other deptt.

- Participates in the teaching sessions in ward for bedside clinical aspect in the weekly afternoon Seminar/Journal Club.

After 6 months of orientation during 2 ½ yrs:

- Attends ENT OPD 3 days a week
- Discusses problematic cases with the consultant(s) in OPD/ward
- Attends Operation Room/theatre 3 days a week
- Attends 3 morning rounds/ week
- Looks after minor O.T. once a week by rotation in the OPD area for minor procedures.
- Care of the indoor patients on beds allotted to him/her.
- Attends the weekly Journal Club and seminar and presents the same by rotation.
- Attends Vertigo Clinic, Otology Clinic, Rhinology Clinic and Tumour Clinic and presents cases participates in discussions including therapy planning etc.
- During the 2 ½ years, the resident must attend the combined Teaching
- Programme of the Department of Surgery, Neurosurgery and Medicine i.e. Clinical meetings, CPC's of students and staff of the whole hospital.
- Surgicopathological conference in Pathology Department, with surgeons.
- All kinds of specially prepared lectures by deptt faculty or from R.T/Plastic or Neurosurgery deptts.
- Visits by rotation the Rural Clinic for community exposures/work experience
- Does 12 hours emergency duty twice a week/ as per Roster of the deptt.
- Attends lectures by Visiting Faculty to the deptt/college from India/abroad,
- Attends/participate/present papers in State/Zonal/National conferences.
- Actively participate/help in organization of Departmental Workshop, Courses in specialised areas like FESS/Otology, Rhinoplasty, Neurotology and Head-Neck Oncology from time to time.

Research methodology/ Reporting on research

Learns the basics in research methodology and make the thesis protocol with the 4 months of admission.

- Problem oriented record keeping including use of computer.
- Use of Medical literature search including through Internet use, in the Library.
- Attends biostatistics classes by arrangement.

Research Report

- writing including preparation of Protocol for Research/Thesis.
- Writing an abstract/short paper/presentation style (Slide- making & audiovisual aids).
- Preparation of a report on a research project/Thesis.

Humanity/ Ethics:

- Lectures on humanity including personality development, team spirit and ethical issues in patient

care and human relationship including, public relations, by Psychologist and public relation officers are to be arranged by the deptt./college.

Presentation for the Thesis work

a. Selection of thesis Topic

Subject of thesis will be selected by the candidate under guidance of Faculty which will be approved by the departmental guide and other faculty. The Candidate will be asked to submit the protocol within 4 (Four) month of admission after it is scrutinized by departmental Faculty. It is to be approved by the Central thesis committee of the Institute/College if such committee does exist, and the ethical considerations are also discussed in such Research Programme committee.

Once the thesis protocol is approved the candidate starts his research work under direct supervision of guide and coguides.

Three/six monthly progress of the thesis will be checked to know the outcomes/or difficulties faced by the Candidate. Candidate will be asked to submit the thesis 6 months before the final exams. At the discretion of director/rector/thesis committee one month extension may be given to a candidate for submission of the protocol and the final thesis for any valid reason for the delay.

TEACHING METHODS

The following learning methods are to be used for the teaching of the postgraduate students:

1. Journal club: 2 hrs duration - Paper presentation/discussion - once per week (Afternoon).
2. Seminar : One seminar every week of one hour duration (morning).
3. Lecture/discussion : Lectures on newer topics by Faculty, in place of seminar/as per need.
4. Case presentation in the ward and the afternoon Special clinics (such as vertigo / otology Tumour clinics).

Resident will present a clinical case for discussion before a faculty and discussion made pertaining to its management and decision to be recorded in case files.

5. Surgicopathological Conference: Special emphasis is made on the surgical pathology and the radiological aspect of the case in the pathology deptt. such exercises help the ENT/Pathology/Radiology Residents.
6. Combined Round/Grand Round: These exercises are to be done for the hospital once/wk or twice/month involving presentation of unusual or difficult patients. Presentations of cases in clinical combined Round and a clinical series/research data on clinical materials for benefit of all clinicians/Pathologists/other related disciplines once in week or forthrightly in the Grand round.
7. Community camps: For rural exposure and also for experiences in preventive aspect in Rural situation/hospital/school, Patient care camps are to be arranged 2-3/year, involving Residents/junior faculty.
8. Emergency situation: Casualty duty to be arranged by rotation among the PGs with a Faculty cover daily by rotation.
9. Afternoon Clinics:
 - (i) Vertigo Clinic :

Once a week. All the patients of vertigo attending ENT OPD/referred cases are worked up in details by the Junior Residents and are discussed with one/two Faculty and treatment, decided upon.

- (ii) Tumour clinic/head-neck Cancer Clinic: Once or twice a week. In collaboration with the Radiotherapy Department, the patients with head and neck cancer in the field of ENT and Head and Neck are worked up by the Junior Residents and discussed about for their management by the ENT as well as Radiotherapy Consultants and treatment decision, made.
 - (iii) Rhinology Clinic: Once/week for patients with sinus diseases and nasal deformity for rhinoplasty-presented and discussed. Decision for FESS/Rhinoplasty or only other treatment taken.
 - (iv) Otology Clinic: Once a week. The ear cases are thoroughly investigated and are discussed by the Junior Residents with the faculty for their management/discussions are made after each case is presented. Audiologist also participated in this clinic.
10. Bedside clinical training for patient care management and for bedside manners: Daily for ½ to one hour's duration during ward round with faculty and 1-2 hours in the evening by senior resident/ Faculty on emergency duty, bedside patient care discussions are to be made.
- Once a week one Faculty should take a one hour Teaching Round by Rotation of Faculty (4/5 such rounds per semester of 6 months).
- 11. Death Cases: Once a month/ once in 3 months the records of such cases are presented by the Senior Residents. The Junior Residents are encouraged to participate actively in the discussion in the presence of Faculty of ENT and hospital administration. This programme helps to take corrective measures as well as to maintain accountability in patient management.
 - 12. Clinical teaching: In OPD, Ward rounds, Emergency, ICU and the Operation Theatres: Residents/ Senior Residents and Faculty on duty in Respective places – make discussion on clinical diagnosis/ surgical procedures/ treatment modalities, including post operative care and preparation discharge slip.
 - 13. Clinical interaction with audiologists/speech therapist: Clinical interaction with audiologist/ speech therapist pertaining to management of the patients with laudiological/speech problems are to be made/discussion arranged. Audiologic methods and therapy strategies are to be made known to Resident doctors.
 - 14. Research Methodology : Courses and Lectures are to be arranged for the residents for language proficiency by humanity teachers besides few lectures on human values and ethical issues in patient care.
 - 15. Writing Thesis: Thesis progress is presented once in 3 months and discussion made in the dept. Guides/co-guides are to hear the problems of the candidate; can provide assistance to the student. Progress made or any failure of the candidate may be brought to the notice of college Dean/ Principal.
 - 16. Cadaveric dissection Lab: Cadaveric temporal bone, Nose & Paranasal Sinuses and head & neck dissections must be arranged in the Departmental Lab and/or in the anatomy department for learning surgical anatomy by dissection as well as for learning different operative procedures under faculty supervision and independently (for middle ear operations using operating microscope and for other head and neck surgical procedures including endoscopic (FESS) sinus surgery using endoscopes during 2nd & 3rd year of Residency on a regular basis before/during exposure of particular batch of students to real operative procedures in patients.

Final Examination & Examiners

The Oral, Clinical and Practical Examination: One or 2 centres depending on local university rules. Not

more than 4 P.G. students should be subjected to practical exam in a day during the examination.

Results of the examination will be declared as pass/failed/pass with distinction (Grades/marks may also be given if necessary as per University Rules). While doing so, both, formative and summative assessment will be taken into consideration.

Assessment

Formative: 25% (6 monthly, each with 5% weightage) Based on day to day/semester Tests, jointly or individually assessed by different faculty members & computed and a final aggregate will be considered together and that will considerate a 2.5% weightage:

Summative: Final Examination - will have a 75% weightage: Basis Theory/practical examination. Both Formative assessment and Summative assessment will be added together at the time of final examination, and results prepared accordingly.

The Examination for the degree (MS-ENT) shall consist of

Theory exams : Papers

Practical Exams : clinical, Oral, instruments/specimen/X-rays.

1. Theory : There shall be four papers: Each being of three hours duration. Each paper will have 8-10 short questions from the curriculum.

Paper I Basic Sciences related Otolaryngology

Paper II Principles and Practices of Otolaryngology

Paper III Recent advances in Otolaryngology and Head Neck surgery.

Paper IV General Surgical Principles & Head-Neck Surgery.

2. Practical Examination- (a) Identification of Surgical Pathology, excised specimens & discussion, Reading X-Rays & CT Scan/MRI/Identification of Instruments & discussion, interpretation as audiovestibular investigations such as audiogram, ABR, ENG etc.simulated surgical situation/steps of operative procedures, required instruments/discussion.

Clinical Patient presentation/discussion:

- (i) One long case: The long case will be structured, comprising history taking, clinical examination, investigations, decision making, proposed treatment modalities, ethical justification and personal attributes.
- (ii) Two short cases: The short cases will also be structured in which only one particular system may be considered and therapy decision/discussion, made.

Examiners/ Final Examinations

- a. There shall be four examiners including two external and two internal. One of the internal examiner will be the Head of the Deptt and he /she shall be Chairman/Convener. The second internal examiner shall be next senior most member of Faculty of the deptt provided he/she is eligible for such duty. The necessity of an external examiner is to maintain the standard of the examination at the National level. All examiners must be a full time teacher with requisite experience as per MCI guidelines. Hony teacher with previous full time experience (of 10 years standing) may only be made examiners if there does not exist any a full time qualified faculty under the same university/college. No Hony. Faculty shall be made a chairman/convener of the examination.
- b. The external examiners will be asked to send two sets of question papers for the theory examination.

There will be 2 external examiners from a different University so that the number of questions available, will be double the number which will be given to the student in the moderated papers. The Chief internal examiner or Chairman/Convener will moderate it and finally make two sets of question paper, – continuing 8-10 shorts questions. He/she shall send both sets of such papers to the university and university will decide to give one of the sets to the students.

- c. All examiners shall be jointly responsible for the examination. In presence of the external examiners, the Chairman and the internal examiner shall make the necessary arrangements for conducting the Final examination. Not more than 4 students will be evaluated/examined per day in any Centre. For different College/Institution, separate examination Centre/Examiners may be arranged/ appointed for convenience and proper administration of the Final examination. While preparing the Final Results, Formative assessment of the students shall be taken into consideration and the results will be sent to the university under seal cover.

Syllabus for Individual Papers

Paper –I

Physiology- Mechanism of perception of smell and taste, mechanism of breathing and voice production, lacrimation, deglutition and salivation. Functional tests of the nose and para nasal sinuses, Mechanism of cough and sneezing.

Physics of sound, theories of hearing, mechanism of perception of sound and speech Production, Physiology of equilibrium & Cerebral function . Physiology of brain in connection with hearing, speech, smell and phonation. Audiologic tests like audiometry, impedance, evoked potentials, OAE, Speech audiometry Physiology of larynx, tracheobronchial tree & oesophagus - Histology of mucous membranes, internal ear and other associated organs and structures, nose, PNS NPx, Larynx, TB tree, Lymphoepithelial system. Mechanism of immune system/immunology and genetics.

Anatomy- Embryogenesis of ear, nose and throat including palate and the larynx, Oesophagus, trachea and lungs, tongue, salivary gland Head & Neck & skull base etc.

Parapharyngeal spaces in the neck including connective tissue barriers of larynx.

Applied anatomy of the skull bones, accessory sinuses, external, middle and inner ears, nose, PNS, nasopharynx, meninges, brain, pharynx, larynx, trachea and bronchii, lungs, pleurae oesophagus and the mediastinums.

Anatomy of all cranial nerves with their functions.

Paper-II

1. Clinical methodology as applied to ORL HN disease in adult & children and the accessory sinuses, diagnosis and surgical treatment of diseases of nose, throat and ear in adult and children. Prevention and treatment, infectious diseases of Otolaryngology and Head Neck region. Circulatory and nervous disturbances of the nose, throat and ear and their effects on other organs of the body. Deformities, injuries sinus infections, polyps and the tumours of the nose, and paranasal sinuses. Examination of the ear, deafness and allied diseases, complications of diseases of the ear. Injuries, tumours, nervous and circulatory neurological disturbances of the ear. Diagnosis and treatment of tinnitus and vertigo. Diagnosis and rehabilitation of the Hearing handicapped including, dispensing of hearing aid other vibrotatile aids.
2. Surgical pathology of Otolaryngology and Head Neck region.
3. Basic knowledge of the anaesthesia as related to ENT.

4. Examination of diseases of children (Pediatric ORL) in connection with throat and larynx. Neurological and vascular disturbances. Congenital and neonatal stridor.
5. Pathology of various diseases of the larynx and throat, tracheo bronchial tree and their causative organisms.
6. Indications and various techniques of direct laryngoscopy, nasal endoscopy, bronchoscopy and oesophagoscopy, including microlaryngoscopic procedures.
7. Reading of radiograms, scans, audiograms, nystagmograms and tympanograms in connection with ENT diseases/ disorders.
8. Special apparatus for the diagnosis and treatment of the diseases of ear, nose and throat including audiometer, BERA, ENG, Speech analyser etc.

Paper- III

1. The recent developments in the diagnosis pathogenesis treatments of the ENT diseases.
2. The knowledge of the frontiers of the oto-laryngology and lateral skull base surgery.
3. Rhinoplasties, endoscopic sinus surgery, and anterior cranial fossa surgery.
4. Knowledge of LASERS and fibre optics.
5. Other methods of managing Hearing loss.
6. Implantable hearing aids.cochlear implants.
7. Phonosurgery
8. Etiology and Managements of sleep apnoea/snoring,
9. Hypophysectomies and optic nerve decompressions.
10. Immunotherapy and modalities of the gene therapy
11. Newer techniques for Radiotherapy including, use of gamma knife for treatment of intracranial tumours and other malignancy.
12. Chemotherapy of cancer.

Paper –IV

(General surgical Principles & Head Neck Surgery)

1. General surgery, Head & Neck oncology, and & Medicine as applicable to the ENT disorders/ diseases. Surgery of congenital deformities of nose, ear (Pinna) & trachea/oesophagus etc.
2. Radiology, Imaging – computed tomography and magnetic resonance imaging, (MRI) and interventional radiology and angiography as related to E.N.T.
3. General pathologic aspects such as wound healing and also Pathology and Pathogenesis of ENT diseases, Pharmacology, molecular biology, genetics, cytology, haematology, and immunology as applicable to otolaryngology.
4. General principles of faciomaxillary traumatology and also neck injury, Plastic surgery as applicable to Otolaryngology.
5. Basic computers, computer averaging of the biological signals and its applications in Otolaryngology & Otolaryngologic equipments.
6. Audiologic and speech disorders and their management strategies.
7. Principles of Jurisprudence and ethical issues and applicable to ENT surgeons.

SURGERY — M S

GOALS/OBJECTIVES

1. To practice surgery safely and effectively, backed by scientific knowledge and sound skills
2. To have a keen interest in patient –care and develop caring attitude
3. Maintain high ethical standards
4. To provide a comprehensive and structured training programme in general surgery and to enable trainees to achieve the training and experience necessary for independent practice.

DURATION

The duration of training will be 3 years to be followed by the “exit” or specialty examination in General Surgery

CLINICAL POSTINGS

1. Surgical Posting: Each postgraduate (PG) is posted in one of the four surgical units soon after joining the course
2. Rotations in Specialty Departments is for a period of one year. This is done after the PG has spent six months in learning basic ward work and surgical skills in the surgical unit. This rotation includes a three month posting in Casualty
3. ICU Posting is for a period of one month.

TEACHING AND LEARNING ACTIVITIES

Most of the teaching is conducted within the unit by the consultants and senior residents of the respective unit. Various learning activities are Journal Club presentations, case presentations, ward rounds and teaching rounds. Seminars are held every week which are attended by the whole department. Each postgraduate presents about two to three seminars every year. Interdepartmental meetings are held weekly with the radiology and pathology department. Interesting cases are discussed in these meetings. Clinico-pathological conference (CPC) is held every month and Clinical combined rounds and Clinical Grand rounds (CGR) are held weekly. All postgraduates should attend these. They are also encouraged to attend CME's, conferences.