RAVARA INSTITUTE OF MEDICAL SCIENCES
(DEEMED TO BE UNIVERSITY)
Loni, Tal. Rahata, Dist. Ahmednagar 413736
NAAC Re-accrediated with 'A' Grade

SYLLABUS
PG Programme- MS (ORTHOPAEDICS)
(As per MCI Regulations Governing PG Programme 2000 Amended up to May, 2018)

I. PREAMBLE

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

A postgraduate undergoing training MS in Orthopaedics should be trained to identify and recognize various congenital, developmental, inflammatory, infective, traumatic, metabolic, neuromuscular, degenerative and oncologic disorders of the musculoskeletal systems. She/he should be able to provide competent professional services to trauma and orthopaedic patients at a primary/ secondary/tertiary healthcare centres.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by various subject-content specialists. The Reconciliation Board of Academic Committee has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of "domains of learning" under the heading "competencies".

II. SUBJECT SPECIFIC LEARNING OBJECTIVES

This will be dealt with under the following headings:

- Theoretical knowledge (Cognitive domain)
- Practical and clinical skills (psychomotor domain)
- Attitudes including communication skills (Affective domain)
- Writing thesis / Reviewing Research activities (Scholarly activity)
- Training in Research Methodology (Practice based learning, Evidence based practice)
- Professionalism
- Teaching skills

III. SUBJECT SPECIFIC COMPETENCIES

A. Cognitive domain

At the end of the M.S. Orthopaedics programme, the post graduate student should be ableto:

1. Demonstrate sufficient understanding of the basic sciences relevant to orthopaedic speciality through a problem based approach.

2. Describe the Principles of injury, its mechanism and mode, its clinical presentation, plan and interpret the appropriate investigations, and institute the management of musculoskeletally injured patient.
3. Identify and describe the surface anatomy and relationships within of the various bones, joints, ligaments, major arteries, veins and nerves of the musculoskeletal system of the spine, upper limb, lower limb and the pelvis, chest, abdomen and head & neck.
4. Define and describe the pathophysiology of shock (circulatory failure).
5. Define and describe the pathophysiology of Respiratory failure
6. Describe the principles and stages of bone and soft tissue healing
7. Understand and describe the metabolic, nutritional, endocrine, social impacts of trauma and critical illness.
8. Enumerate, classify and describe the various bony/soft tissue injuries affecting the axial and appendicular skeletal system in adults and children.
9. Describe the principles of internal and external fixation for stabilization of bone and joint injuries.
10. Describe the mechanism of homeostasis, fibrinolysis and methods to control haemorrhage
11. Describe the physiological coagulation cascade and its abnormalities
12. Describe the pharmacokinetics and dynamics of drug metabolism and excretion of analgesics, anti inflammatory, antibiotics, disease modifying agents and chemotherapeutic agents.
13. Understanding of biostatistics and research methodology
14. Describe the clinical presentation, plan and interpret investigations, institute management and prevention of the following disease conditions
    a. Nutritional deficiency diseases affecting the bones and joints
    b. Deposition arthropathies
    c. Endocrine abnormalities of the musculoskeletal system
    d. Metabolic abnormalities of the musculoskeletal system
    e. Congenital anomalies of the musculoskeletal system
    f. Developmental skeletal disorder of the musculoskeletal system

15. Describe the pathogenesis, clinical features plan and interpret investigations and institute the management in adults and children in
    a. Tubercular infections of bone and joints (musculoskeletal system)
    b. Pyogenic infections of musculoskeletal system
    c. Mycotic infections of musculoskeletal system
    d. Autoimmune disorders of the musculoskeletal system
    e. Rheumatoid arthropathy, Ankylosing spondylitis, seronegative arthropathy
    f. Osteoarthrosis and spondylosis

16. Describe the pathogenesis, clinical presentation, plan and interpret investigations and institute appropriate treatment in the following conditions:
    a. Post polio residual paralysis
    b. Cerebral palsy
    c. Muscular dystrophies and myopathies
    d. Nerve Injuries
    e. Entrapment neuropathies

17. Identify the diagnosis and describe management of musculoskeletal manifestation of AIDS and HIV infection
18. Describe the aetiopathogenesis, identify, plan and interpret investigation and institute the management of osteonecrosis of bones.
19. Identify situations requiring rehabilitation services and prescribe suitable orthotic and prosthetic appliances and act as a member of the team providing rehabilitation care
20. Identify a problem, prepare a research protocol, conduct a study, record observations, analyse data, interpret the results, discuss and disseminate the findings.
21. Identify and manage emergency situation in disorders of musculoskeletal system
22. Understanding of the basics of diagnostic imaging in orthopaedics like:
    a. Plain x-ray
    b. Ultrasonography
    c. Computerised axial tomography
    d. Magnetic resonance imaging
    e. PET scan
    f. Radio Isotope bone scan
    g. Digital Subtraction Angiography (DSA)
    h. Dual energy x-ray Absorptiometry
    i. Arthrography

23. Describe the aetiopathogenesis, clinical presentation, Identification, Plan investigation and institute treatment for oncologic problems of musculoskeletal system both benign and malignancies, primary and secondary.
24. Understand the basics, principles of biomaterials and orthopaedic metallurgy
25. Describe the principles of normal and abnormal gait and understand the biomedical principles of posture and replacement surgeries.
26. Describe social, economic, environmental, biological and emotional determinants of health in a given patient with a musculoskeletal problem.

A) Affective Domain:

Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.

Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.

Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

Attitudes including Communication skills and Professionalism

a. Communication skills:

- Exhibits participation in honest, accurate health related information sharing in a sensitive and suitable manner
- Recognizes that being a good communicator is essential to practice effectively

- Exhibits effective and sensitive listening skills
- Recognises the importance and timing of breaking bad news and knows how to communicate
- Exhibits participation in discussion of emotional issues
- Exhibits leadership in handling complex and advanced communication
- Recognizes the importance of patient confidentiality and the conflict between confidentiality and disclosure
- Able to establish rapport in therapeutic bonding with patients, relatives and other stakeholders through appropriate communication
- Able to obtain comprehensive and relevant history from patients/relatives Able to counsel patients on their condition and needs

b. **Teamwork**: Seek cooperation. Coordination and communication among treating specialtiesand paramedical staff
c. **Counseling of relatives**: regarding patients condition, seriousness, bereavement andcounseling for organ donation in case of brain stem death
d. **Leadership**: Trauma prevention, education of the public, paramedical and medical persons.

   Advocacy: with the government and other agencies towards cause of trauma care
e. **Ethics**: The Code of Medical Ethics as proposed by Medical Council of India will be learntand observed.

C. Psychomotor domain

1. At the end of the first year of M.S. Orthopaedics programme, the student should be able to:

1. Elicit a clinical history from a patient, do a physical examination, document in a case record, order appropriate investigations and make a clinical diagnosis
2. Impart wound care where applicable
3. Apply all types of POP casts/slabs, splints and tractions as per need
4. Identify shock and provide resuscitation
5. Perform aspiration of joints and local infiltration of appropriate drugs
6. Perform appropriate wound debridement
7. Perform arthrotomy of knee joint
8. Perform incision and drainage of abscess
9. Perform split thickness skin grafting
10. Perform fasciotomes
11. Apply external fixators
12. Apply skeletal tractions including skull tongs
13. Triage a disaster situation and multiple trauma patients in an emergency room
14. Perform on bone models, interfragmentary compression screws, external fixation, Tension band wiring and Broad plating
15. Perform closed reduction of common dislocations like shoulder and common fractures like collar fracture, supracondylar fracture.
16. Perform on a cadaver standard surgical approaches to the musculo skeletal system

2. **At the end of the second year of M.S. Orthopaedics course, the student should be able to:**
    1. Take an informed consent for standard orthopaedic procedures
    2. Perform closed/open biopsies for lesions of bone, joints and soft tissues
    3. Perform split thickness skin grafting and local flaps
    4. Perform on bone models, internal fixation with k-wires, screws, plates. Dynamic hip/condylar screws/nailing.
    5. Perform sequestrectomy and saucerisation
    6. Perform arthrotomy of joints like hip/shoulder, ankle, elbow
    7. Perform repair of open hand injuries including tendon repair
    8. Perform arthodesis of small joints
    9. Perform diagnostic arthroscopy on models and their patients
    10. Perform carpal tunnel/tarsal tunnel release
    11. Apply ilizarov external fixator
    12. Perform soft tissue releases in contractures, tendon lengthening and correction of deformities
    13. Perform amputations at different levels
    14. Perform corrective surgeries for CTEV, DDH, perthes/ skeletal dysplasia

3. **At the end of the third year of M.S. Orthopaedics programme, the student should be able to:**
    1. Assist in the surgical management of polytrauma patient
    2. Assist in Arthroplasty surgeries of hip, knee, shoulder and the ankle
    3. Assist in spinal decompressions and spinal stabilizations
    4. Assist in operative arthroscopy of various joints
    5. Assist /perform arthrodesis of major joints like hip, knee, shoulder, elbow
    6. Assist in corrective osteotomes around the hip, pelvis, knee, elbow, finger and toes
    7. Assist in surgical operations on benign and malignant musculoskeletal tumour including radical excision and custom prosthesis replacement.
    8. Assist in open reduction and internal fixations of complex fractures of acetabular, pelvis, IPSI lateral floating knee/elbow injuries, shoulder girdle and hand
    9. Assist in spinal deformity corrections
    10. Independently perform closed/open reduction and internal fixation with DCP, LCP, intrameduallary nailing, LRS
    11. Assist in limb lengthening procedures
    12. Assist in Revision surgeries
    13. Provide pre and post OP care
    14. Perform all clinical skills as related to the speciality.

IV. SYLLABUS

Course contents:

1. Basic Sciences

- Anatomy and function of joints
- Bone structure and function
- Growth factors and facture healing
- Cartilage structure and function
- Structure and function of muscles and tendons
- Tendon structure and function
- Metallurgy in Orthopaedics
- Stem Cells in Orthopaedic Surgery
- Gene Therapy in Orthopaedics

2. Diagnostic Imaging in Orthopaedics
(Should know the interpretation and Clinical Correlation of the following): -

- Digital Subtraction Angiography (DSA)
- MRI and CT in Orthopaedics
- Musculoskeletal USG
- PET Scan
- Radio-isotope bone scan

3. Metabolic Bone Diseases

- Rickets and Osteomalacia
- Osteoporosis
- Scurvy
- Mucopolysaccharoidoses
- Fluorosis
- Osteopetrosis

4. Endocrine Disorders

- Hyperparathyroidism
- Gigantism, Acromegaly

5. Bone and Joint Infections

- Pyogenic Haematogenous Osteomyelitis - Acute and Chronic
- Septic arthritis
- Fungal infections
- Miscellaneous infections
- Gonococcal arthritis
- Bone and joint brucellosis
- AIDS and the Orthopaedic Surgeon (universal precautions)
- Musculoskeletal Manifestations of AIDS
- Pott's spine
- Tubercular synovitis and arthritis of all major joints

6. Poliomyelitis

- General considerations
- Polio Lower limb and spine
- Management of Post Polio Residual Palsy (PPRP)

7. Orthopaedic Neurology
- Cerebral Palsy
- Myopathies

8. Peripheral Nerve Injuries
- Traumatic
- Entrapment Neuropathies

9. Diseases of Joints
- Osteoarthrosis
- Calcium Pyrophosphate Dihydrate (CPPD), Gout
- Collagen diseases

10. Systemic Complications in Orthopaedics
- Shock
- Crush syndrome
- Disseminated Intravascular Coagulation **(**DIC)
- Acute Respiratory Distress Syndrome (ARDS)

11. Bone Tumors
- Benign bone tumors
- Malignant bone tumors
- Tumor like conditions
- Metastatic bone Tumors

12. Miscellaneous Diseases
- Diseases of muscles
- Fibrous Dysplasia
- Unclassified diseases of bone
- Paget's disease
- Peripheral vascular disease
- Orthopaedic manifestations of bleeding disorders

13. Regional Orthopaedic Conditions of Adults and Children
- The spine
- The shoulder
- The elbow
- The hand
- The wrist
- The hip
- The knee
- The foot and ankle
- The pelvis

14. Biomaterials
- Orthopaedic metallurgy
- Bio-degradable implants in Orthopaedics
- Bone substitutes
- Bone Banking

15. Fracture and Fracture-Dislocations

General considerations

- Definitions, types, grades, patterns and complications
- Pathology of fractures and fracture healing
- Clinical and Radiological features of fractures and dislocations
- General principles of fracture treatment
- Recent advances in internal fixation of fractures
- Locking plate osteosyntheses
- Less Invasive Stabilisation System (LISS)
- Ilizarov technique
- Bone grafting and bone graft substitutes
- Open fractures and soft tissue coverage in the lower extremity
- Compartment syndrome
- Fractures of the upper extremity and shoulder girdle
- Fractures of the lower extremity
- Fractures of the hip and pelvis
- Malunited fractures
- Delayed union and non union of fractures
- Fractures/dislocations and fracture - dislocations of spine

16. Dislocations and Subluxations

- Acute dislocations
- Old unreduced dislocations
- Recurrent dislocations

17. Traumatic Disorders of Joints (Sports Injuries)

- Ankle injuries
- Knee injuries
- Shoulder and elbow injuries
- Wrist and hand injuries

18. Arthrodesis

- Arthrodesis of lower extremity and hip
- Arthrodesis of upper extremity
- Arthrodesis of spine

19. Arthroplasty

- Biomechanics of joints and replacement of the following joints.
- Knee
- Ankle
- Shoulder
- Elbow

20. Minimally Invasive Surgery (MIS)

Arthroscopy

- General principles of Arthroscopy
- Arthroscopy of knee and ankle
- Arthroscopy of shoulder and elbow

21. Amputations and Disarticulations

- Amputations and disarticulations in the lower limb
- Amputations and disarticulations in the upper limb

22. Rehabilitation - Prosthetics and Orthotics

23. Pediatric orthopaedics:

- Fractures and dislocations in children
- Perthes' disease
- Slipped capital femoral epiphysis
- Congenital Dislocation of Hip (CDH)
- Neuromuscular disorders

24. Spine

a) **Spinal trauma**: diagnosis and management including various types of fixations

i. Rehabilitation of paraplegics/quadriplegics
ii. Management of a paralyzed bladder
iii. Prevention of bed sores and management of established bed sores
iv. Exercise programme and Activities of Daily Living (ADL)
v. Psychosexual counseling

b) Degenerative disorders of the spine

i. Prolapsed Inter Vertebral Disc (PIVD)
ii. Lumbar Canal Stenosis (LCS)
iii. Spondylolysis/Spondylolisthesis
iv. Lumbar Spondylosis
v. Ankylosing Spondylitis
vi. Spinal fusion: various types and their indications.

25. Triage, Disaster Management, BTLS and ATLS

26. Recent advances in orthopaedics

- Autologous chondrocyte implantation
- Mosaicplasty
- Video assisted Thoracoscopy (VATS)
- Endoscopic spine surgery
- Metal on metal arthroplasty of hip
- Surface replacements of joints
- Microsurgical techniques in Orthopaedics
- Designing a modern orthopaedic operation theatre
    - Sterilization
    - Theatre Discipline
    - Laminar air flow
    - Modular OTs

V. TEACHING AND LEARNING METHODS

- Emphasis should be given to various small group teachings rather than didactic lectures.
- CASE PRESENTATION once a week in the ward, in the outpatient department and special clinics.
- Seminars / Symposia – Twice a month; Theme based student centered Journal club/ Review : Twice a month

- Academic grand ward rounds: Twice a month presentation of cases by residents and clinically applicable discussions.
- **ORTHO RADIOLOGY MEETS:** Twice a month discussions amongst Ortho & RadiologyResidents under facilitation of faculty on various imaging modalities used and its interpretation
- **ORTHO SURGICAL PATHOLOGICAL MEET**: Special emphasis on the surgicalpathology radiological aspect of the case in the pathology department. Clinician (Ortho resident) presenting the clinical details of the case, radiology PG student describes the Radiological findings and its interpretation and Pathology student describes the morbid anatomy and histopathology of the same case.
- **SKILLS LAB SESSIONS:** Once a fortnight for all two years.
- **Clinical teaching** in the OPD, Emergency room, ICU, OR as per the situation.
- **Mortality & Morbidity meetings with SURGICAL AUDIT:** Once a month
- Maintenance of log book: to be signed by the faculty in charge
- The post graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- A post graduate student of a postgraduate degree course in broad specialities/super specialities 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 post graduate degree examination.
- Should have attended two conferences/CMEs/Workshops during his tenure as a postgraduate Department should encourage e-learning activities.

Rotations:

1. **Clinical postings**

   A major portion of posting should be in Orthopaedics department. It should include in-patients, out-patients, ICU, trauma, emergency room and speciality clinics.

Rotation of posting

- Inter-unit rotation in the department should be done for a period of up to one year.
- Rotation in appropriate related subspecialties for a total period not exceeding 06 months.

Clinical meetings:

There should be intra- and inter- departmental meetings for discussing the uncommon /interesting cases involving multiple departments.

Log book: Each student must be asked to present a specified number of cases for clinicaldiscussion, perform procedures/tests/operations/present seminars/review articles from various journals in inter-unit/interdepartmental teaching sessions. They should be entered in a Log Book. The Log books shall be checked and assessed periodically by the faculty members imparting the training.

During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently; for this purpose, provision of surgical skills laboratories in medical colleges is mandatory.

VI. ASSESSMENT

Assessment should be comprehensive and objective assessing the competencies stated in the course. The assessment is both formative and summate. Formative is spread over the entire duration of the programme and the summative is as per university examination pattern.

FORMATIVE ASSESSMENT, during the training,

Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

General Principles

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and clinical examination.

Quarterly assessment during the MS training should be based on following educational activities:

1. **Journal based / recent advances learning**
2. **Patient based /Laboratory or Skill based learning**
3. **Self directed learning and teaching**
4. **Departmental and interdepartmental learning activity**
5. **External and Outreach Activities / CMEs**

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

SUMMATIVE ASSESSMENT, at the end of the course,

Post Graduate Examination
The summative examination would be carried out as per the Rules given in **POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.**

The Post Graduate examination shall be in three parts: -

1. **Thesis**
   Every post graduate student shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

   Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. 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 examination. A post graduate student shall be

allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. **Theory**:
   The examinations shall be organized on the basis of 'Grading'or 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. 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**.**

   There shall be four theory papers as follows:
   Paper I **:**Basic Sciences as applied to Orthopaedics
   Paper II **:**Traumatology and Rehabilitation
   Paper III **:**Orthopaedic diseases
   Paper IV **:**Recent advances in Orthopaedic surgery + General Surgery as applied toOrthopaedics

3. **Practical/Clinical**: The practical examination should consist of the following and should be spread over two days, if the number of post graduate students appearing is more than five.
   1. One long case: History taking, physical examination, interpretation of clinical findings, differential diagnosis, investigations, prognosis and management.
   2. Short cases from various sections of the speciality (three)

4. **Oral/Viva-voce Examination**
   - Surgical Anatomy including Osteology
   - Instruments
   - Radiology
   - Surgical Pathology
   - Orthotics and prosthetics

VII. MANDATORY COMPLIANCE

1	The Model Weekly Time Table for Teaching learning activities is enclosed as	**:**	**Annexure – I**
2	Mandatory compliance of a PG student in T.L. process and CIA during the three year of study are given in	**:**	**Annexure – II**
3	The units for Quarterly assessment for CIA is given in	**:**	**Annexure – III**
4	Post Graduate student Quarterly Appraisal form for CIA is enclosed as	**:**	**Annexure – IV**
5	Mandatory Requirements to be eligible to appear for the University Summative Evaluation Examination is given in	**:**	**Annexure – V**
6	The Proforma of the Certificate on Attendance, Training Completion, Publication and Presentation Research / Poster / oral submission of Dissertation and present of all theory practical fee to be duly filled in and duly signed by PG Guide HOD, Finance Officer, Dean of faculty an HOI to be submitted to university COE before the issue of Hall Ticket for final exam	**:**	**Annexure – VI**

is given us

7 The model QP pattern of paper I/II/III/IV, each of 100 marks and of 3 hours duration is enclosed as : **Annexure – VII**

8 The model Blue print for setting of Question papers and proper verbs/ phrases to be used in QP setting is given in : **Annexure – VIII**

9 The model marks list for practical and Vivavoce for PG medical MD/MS/ examination is enclosed as**.** : **Annexure – IX**

VIII. RECOMMENDED READING:

Books (latest edition)

1. Campbell's Operative Orthopaedics, Vols 1,2,3 & 4
2. Mercer's Orthopaedic Surgery
3. Rockwood And Greens – Fractures In Adults, Vol 1& 2
4. Fractures In Children – Rockwood & Wilkins
5. Physiological Basis Of Medical Practice – Best And Taylor's
6. Arthroscopic Surgery Of The Knee – Johannes
7. PaediatricOrthopaedics – Tachidjian, Vol 4
8. Concise System Of Orthopaedics And Fractures – Graham Apley
9. Orthopaedics And Traumatology – Natarajan
10. Outline Of Fractures Adams, Hamblen
11. Textbook Of Orthopaedics And Trauma – Kulkarni, Vol 1
12. B.D. Chaurasia's Human Anatomy, Vol1,Vol 2, Vol 3
13. Pharmacology And Pharmacotherapeutics – Satoskar
14. Orthopaedics Anatomy And Surgical Approaches Frederick Wreckling
15. The Art Of Aesthetic Plastic Surgery – John R Levis, Vol 1
16. Current Concepts In Orthopaedics Dr. D. K. Tareja
17. Custom Mega Prosthesis & Limb Salvage Surgery Dr. Mayilvahanan
18. Advances In Operative Orthopaedics
19. Green's Operative Hand Surgery-Vol. 1&. 2, Green, David P; Hotchkiss, Robert N
20. Tachdjian's Pediatric Orthopaedics-Vol. 1, Vol 2, Vol 3, Herring, John Anthony
21. Surgical Exposures In Orthopedics:The Anatomic Approach, Hoppenfeld, Stanley; De Boer,Piet
22. Adams's Outline Of Orthopaedics, Hamblen, David L; Simpson, Hamish R
23. Text Book Of Ilizarov Surgical Techniques Bone Correction And Lengthening, Golyakhovsky, Vladimir; Frankel, Victor H
24. Current Techniques In Total Knee Arthroplasty, Sawhney G S
25. Applied Orthopaedic Biomechanics, Dutta, Santosh; Datta,Debasis
26. Essential Orthopaedics And Trauma, Dandy, David J; Edwards, Dennis J
27. Adams's Outlines Of Fractures;Including Joint Injuries, Hamblen, David L; Simpson, A Hamish R W
28. Orthopedic Physical Assessment, Magee, David J
29. Turek's Textbook Of Orthopaedics Vol 1 & 2, Turek's
30. Orthoapedics Surgical Approach, Miller

Journals

03-05 international Journals and 02 national (all indexed) journals

Annexure - I

P.G. Teaching Time Table – Model

Clinical postings (OPD – IPD Duties Ward Rounds, Casualty posting, ICU posting, posting to support Departments like Radiology, Anaesthesia CCL , Pathology, FMT, Postings to field work and PHCs Camps and other postings as per provisions of MCI, are mandatory on all week Day as per posting.

Day of the week	Time 03 to 5 PM
Monday	Journal Club
Tuesday	Case presentation / Micro Clinic- Patient based Training
Wednesday	Seminar / GD / Panel Discussion
Thursday	Lecture by Faculty on select Topics
Friday	Clinical Meet / CPC / CME
Saturday	Guest Lecture by Experts / Skill Lab or Simulation Lab
Sunday (Select ones)	Medical Camps / Blood Donation Camp / Other types of Camps

Note

1. The Dept may select suitable days for a particular task assigned. But all of 7 tasks per week are a must
2. All the PG Teachers, PG students must attend these PG TLE Activities.

3. Attendance for these activities shall be maintained at the Department and Institutions. Implementation of the MCI Regulations, Syllabus and Time Table is the responsibility of HOD / HOI.

HOD HOI DEAN OF FACULTY REGISTRAR

Annexure – II

Mandatory Compliance of a PG student in Teaching – Learning Activities
As per MCI Regulations Syllabus and Advisory

Sr. No.		Activities to be carried at by a PG student	Number per Ist year (Minimum)	Number Per IInd Year (Minimum)	Number per IIIrd year (Minimum)	Total Number (Minimum) For 3 years
1		Presentation of Journal Articles in Journal club	12	12	6	30
2	a	Case Presentation / Clinic	4	8	8	20
	b	Skill Lab & Simulation	4	4	4	12
3	a	Presentation of Seminars	4	4	4	12
	b	Leading a Group Discussion on a select Topic	4	4	4	12
	c	Assignment submission	4	4	4	12
4	a	Lectures / Tutorials to UG students /panel Discussion	4	4	4	12
	b	Clinical meeting CMC/ CPC	12	12	12	36
	c	BLS	1	--	--	1
	d	ACLS	1	--	--	1
5		Medical Camps Health Checkup at Villages / Schools/ Blood Donation / etc.	6	6	6	18
6	a	Orientation Programme	1	1	1	3
	b	Research Methodology Workshop	1	--	--	1
	C	Presentation of synopsis of the Thesis / Dissertation	1	--	--	1
	d	Presentation of Mid Term work of Thesis / Dissertation	--	1	--	1
	e	Presentation of final Draft of Dissertation / Thesis	--	--	1	1
	f	Presentation of Research Article	--	0 or 1	0 or 1	1
	g	Publication of an Article	--	0 or 1	0 or 1	1 or 2
7		LOG Book	1 (a)	1 (b)	1 (c)	1 a+b+c
8		CIA	4	4	4	12
9		Any other Activity Specified by Dept.				

Note :- 1. The Department may conduct periodic preparatory tests in Theory / Practical/Clinicals and Vivavoce. Quiz and MCQ test may to be adopted

2. The 12th CIA may also include a preparation examination on the model of university examination as a training cum assessment

HOD HOI DEAN OF FACULTY REGISTRAR

Annexure – III

Units of Quarterly Assessment of Every student (Internal)

Formative Assessment – Quarterly Assessment (Total 12 CIAs)

As per Annexure III.

1. **Journal Based / Recent Advances learning**
   (Bases on Journal Clubs / Select Article Presentation , Review Article preparation and presentation)
2. **Patient Based and Laboratory Based and skill Based learning**
   (Based on clinical Posting – OPD / IPD Ward Rounds/ casualty/ Case Examination/ presentation /Diagnosis / Interpretation /of Clinical Diagnostics/ Differential Diagnosis, Prognosis/ Morbidity/ Mortality/ Community Medicine/ Promotion/ prevention/ Control/ Prophylaxis/ Epidemiology/ Simulation Studies/ Skill Based Studies and so on)
3. **Self Directed Learning and Teaching**
   (Seminars Panel Discussion Group Discussion, Assignments, Case studies, Preparation of Charts and Models etc. , Role Play, Debates, Moot courts, etc)
4. **Departmental and Inter Departmental Learning Activities.**
   (Participation in UG/PG teaching / Horizontal and Vertical Integrated Lectures, Clinical meeting / CPC / CME)
5. **External and out research Activities**
   (Participation in Camps, Posting and Visit to PHCs, Satellite clinics, Mobile Clinics, Health checkup Camps, Blood Donation Camps, Immunization Camps school Visits. Crisis / Disaster Management, Celebration of Commemorative Days and soon)
6. Thesis / Dissertation Research Work related to selected Topic
7. a) Log Book maintenance/ Portfolio management - To maintain LOG Book or portfolio management of all the TL Activities
   b) Presentation / Publications of Research Article

No.		Particulars	Minimum for 3 months
1		Journal based Recent Advance Learning- Presentation of select Article in Journal clubs	3
2	a	Patient Based laboratory or Skill based learning- Case presentation / Clinic	1 (1st year) 2 (2nd& 3rd year)
	b	Skill Lab / Simulation Lab Work	1
3	a	Self Directed Learning & Teaching- Presentation of Seminar	1
	b	Leading a Group Discussion on select Topic in GD	1
	c	Assignment Submission	1
4	a	Lecture / Tutorials / Panel Discussions with UG students	1
	b	Clinical Meetings (CME's) CPC/Dept. meeting	3
5		Medical Camps	1
6		Dissertation Work Research methodology workshop	Yes / No
7		Log Book & Attendance	Yes / No
8		Any other Activity Prescribed (T/P/Viva)	Yes / No

HOD HOI DEAN OF FACULTY REGISTRAR

Annexure IV

Postgraduate Students Appraisal Form
Pre / Para /Clinical Disciplines – MD/MS Degree

Name of the Department/Unit : **Roll No.:**
Name of the PG Student :
Period of Training : FROM……TO……
Quarterly Assessment (1/2/3/4/5/6/7/8/9/10/11/12)

Sr. No.	PARTICULARS	Not Satisfactory			Satisfactory			More Than Satisfactory			Remarks
		1	2	3	4	5	6	7	8	9	
1.	Journal based / Recent advances learning										
2.	Patient based/Laboratory or Skill based learning										
3.	Self-directed learning and teaching										
4.	Departmental and interdepartmental learning activity										
5.	External and Outreach Activities / CMEs										
6.	Thesis / Research work										
7.	Log Book Maintenance										
8.	Performance in Theory/Practical/Viva voce Tests										
	Overall Assessment										

- **Publications of Research Article Yes/ No**
- **Presentation of Research Article**
- **The student has complied with mandatory requirement for quarterly assessment & presentation of Research Profile Yes/No**

Remarks*_____
_____
_____

***REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.**

SIGNATURE OF ASSESSEE **SIGNATURE OF HOD**

HEAD OF THE INSTITUTION

Annexure - V

Mandatory Requirements to be eligible to eligible to appear for university Summative Examination / Evaluation – As per MCI Regulations. (As per MCI Medical Education Regulation 2000, amended from time to time till date)

1. Minimum percent of Attence as per MCI Regulations.
2. Satisfactory performance in 12 CIA conducted and certified by HOD HOI and PG Guide.
3. Certificate from F.O. stating that all the fees due from the student are paid and credited to PIMS-DU A/.c
4. Presentation of a Research Article / Poster in a national / state level conference /Seminar / Workshop.
5. Publication of a Research Articles as first – author in (indexed in supus or web of science or as fixe by MCI Regulations and visited by UGC (ARE list).
6. a) Thesis – Finalisation of Topic and Title – submission of Synopsis following IEC clearance within 6 months of Adm. Topics
   b) After II year of a Admission or 3 terms Midterm Review .
   c) Thesis to be submitted at least 6 months before final examination.
   d)Thesis to be examined by 3 Examiners. (1 Internal and 2 External PG Examiners)
   e) Its Acceptance is a must for appearing for University T & P Exam

Note :- HOD & HOI shall ensure provisions of 1,2,3,4,5,6 a,b,c. The COE shall ensure provisions of 1,2,3,4,5,6 a,b,c ,d,e & e as per MCI Regulations

HEAD OF DEPARTMENT HEAD OF INSTITUTION DEAN OF FACULTYREGISTRAR

Annexure - VI

Ref. No. Date: _____

Complaince to MCI's Regulations Governing Post Graduate Programme in Medical Faculty

Department of _____ PG Programme: MD/ MS in _____

Name of Candidate: _____, JR-III

PRN No. _____Date of Admission _____

Certification on
Attendance and Training Completion
Publication & Presentation of Research Articles (Poster/ Oral)
Submission of Dissertation & Payment of All types of prescribed fees

It is hereby certified that the said candidate JR-III in the Dept. of _____ at Rural Medical College has completed 6 academic terms/ 3 academic years and fulfilled the prevailing provisions of the MCI Regulations governing MD/MS PG programmes and the rules of PMT, PIMS-DU. Details are as under.

1.	**Attendance Fulfillment ***	**% Attendance**	**Remark – Eligibility**
	I Academic Term		
	II Academic Term		
	III Academic Term		
	IV Academic Term		
	V Academic Term		
	VI Academic Term		
	Overall fulfillment		Fulfilled / Not Fulfilled
	* Fulfillment of a minimum of 80% of attendance/ academic term, for 6 terms/ 3 years including imparted training, assignment, fulltime responsibilities and participation in all facets of PG education process including periodic assessment and so on as per MCI Regulations.		
2.	Log Book maintained as per MCI Regulations & Fulfilled the graded responsibilities in the management and treatment of patients entrusted for their care Verified by Dr. _____ Certified by Dr. _____		Yes/ No
3.	Successful participation in teaching and training programmes organized by the department for UG and Interns		
4.	Presented and Participated in Seminars, Journal Clubs, Case Presentations, Group Discussions, Clinical Meetings, CME Ward Round, CPC, Practicals organized by the Department as per the timetable.		
5.	Participated in training sessions in diagnostics, medical/ surgical training, in basic/ applied medical and allied clinical specialties and Medical Camps as per the timetable		
6.	The Performance of the PG students in 12 CIAs (Conducted quarterly) are satisfactory as per appraisal proforma as per MCI Regulations.		

7.	Presented one research poster and one research article (oral) in a Seminar/ Symposia/ Workshop/ Conference (National/State). The certificates for presentation of paper/ poster are enclosed.	
8.	Published one research article in a scientific journal as per norms. The copy of the published research article is enclosed.	
9.	Submitted a Dissertation entitled _____ _____ _____ _____ under the guidance of Dr._____	
10.	Paid all the fees (tution fees and other fees) vide receipt No._____ for all 3 years.	
11.	Produced NOC from all the sections of PMT PIMS-DU concerned about "NO DUES"	
12.	Paid Examination fees of Rs. _____ vide Challan/ Receipt No. _____ dated _____ issued by Finance Officer PIMS-DU.	

It is hereby declared that the all the duly certified and verified documents, related to the aspects mentioned above, are in the custody of department concerned and student section of Rural Medical College with due authentication and signature of concerned HOD/ Dean/ Principal/ Dean of Faculty) and will be made available for any MCI inspection as per norms and Regulations.
Accordingly He/She is eligible/ not eligible for appearing in final year PG examination as per the MCI Regulations governing PG Programmes.

PG Guide
Dr. _____

Seal

Head of the Department
Dr. _____

Verified and certified that all types of prescribed fees and fines PMT, PIMS-DU, College, Hostel & Others mentioned at sl.no. 10, 11, 12 are paid by the student and credited to the accounts of PMT & PIMS-DU.

Seal

Finance Officer
PIMS-DU

Verified the relevant documents and certify that the candidate is eligible to appear for final year PG Examination as per MCI Regulations and rules of PIMS-DU.

Dean
Faculty of Medicine

Seal

Dean
Rural Medical College

Ref_____ **For Officer Use Only**Date: _____

The HOD, HOI and Dean have certified that the

a. Candidate is eligible to appear for PG Theory and Practical/ Clinical Examination as per MCI Regulations. F.O. has certified that all the fees has been credited to PMT, PIMS-DU Accounts.
b. The Dissertation submitted has been evaluated by external examiners and then have approved the same for acceptance as per MCI Regulations.
c. Hence the candidate be permitted to appear for the PG examinations (Theory & Practical/ Clinical) scheduled in the month of _____ year _____.

Controller of Examinations

Seal

Submitted for perusal and approval

Vice Chancellor

Annexure – VII

PRAVARA INSTITUTE OF MEDICAL SCIENCES
(Deemed to be University)

Post Graduate Degree in Orthopedics (MS)

Examination _____ 20__

Paper – I/ II/ II/ IV

Paper Title : _____ Date: / /20

Marks : 100 Time:

Instructions to candidate:

1) All questions are compulsory
2) Answer written in illegible handwriting will not be assessed.
3) Write answers on both sides of answer paper.
4) Neat diagrams must be drawn wherever necessary.
5) Write prescription where indicated, and in the use of drugs their doses should be given.

Que. 1		Marks 20
Que. 2		Marks 20
Que. 3		Marks 20
Que. 4	Write Short notes on	Marks 40 (10x4)
	a	
	b	
	c	
	d	

Annexure – VIII

Table 1: Showing BLUEPRINTING for theory paper setting

The number of Questions & their distribution of marks shall be as per MCI model Question Paper [only Illustration]

LAQ/ SAQ and their Marks

LEVEL	Q Mark	Q Mark	Q Mark	Q Mark	Q Mark	Q Mark	Q Mark	Total
Knowledge								
Comprehension								
Application								
Analysis								
synthesis								
Evaluation								
TOTAL								**1000**

The Questions (Whether LAQ or SAQ) Must aim at assessing all the 6 domains

Note: This is only an illustration. Actual Number of Questions and their distribution of marks shall be as per model Question Paper of MCI. (i.e. regarding the number of LAQ / SAQ and their marks distribution)

Table 2: Showing appropriate verbs suitable to level of knowledge for theory paper setting

Level	Suggested Verbs
Knowledge	Define, Describe, Draw, Find, Enumerate, Cite, Name, Identify, List, label, Match, Sequence, Write, State
Comprehension	Discuss, Conclude, Articulate, Associate, Estimate, Rearrange, Demonstrate understanding, Explain, Generalize, Identify, Illustrate, Interpret, Review, Summarize
Application	Apply, Choose, Compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer, Use
Analysis	Analyze, Characterize, Classify, Compare, Contrast, Debate, Diagram, Differentiate, Distinguish, Relate, Categorize
Synthesis	Compose, Construct, Create, Verify, Determine, Design, Develop, Integrate, Organize, Plan, Produce, Propose, rewrite
Evaluation	Appraise, Assess, Conclude, Critic, Decide, Evaluate, judge, Justify, Predict, Prioritize, Prove, Rank

Table 3: Showing examples of theory questions

Sr. No.	Type	Explanation	Examples
1	**Long essay question**	✓ Question should pose clinical problem that will require student to apply knowledge along with integration with disciplines ✓ Avoid one liner as question ✓ Question stem should be structured ✓ Marking distribution should be provided ✓ Use of proper verbs from higher domains as given in this document ✓ Avoid recall based questions	
2	**Short notes**	✓ Sample a wider content ✓ Questions should be task oriented ✓ Reasoning questions provide opportunity for testing integration, clinical reasoning and analytical ability of the student	

Table 4: Showing Objective structured clinical examination [OSCE] typical station

Sr. No.	Type of station	Time allotted	Example	Evaluation
1	Procedure			
2	Response			

Annexure – IX

University Examination
Model Marks Sheet
For Practical / Clinical Examination and Vivavoce

Duration _____ **Max Mark – 400**

Illustration only

No.	Type of Examination	Marks Allotted	Scored
1	**Long Cases**		
2	**a) Short cases (No. of small cases and Marks for each cases) 1/2/3/4--------** **b) Ward Round** **c) Any other**		
3	**Spotter / OSPE/ Oral / Vivavoce Sub Divisions** **i) iv)** **ii) v)** **iii) vi)**		
	Ground Total	**400**	

PG Examiners		**Name**	**Signature**
1	**Chairman Name**		
2	**Internal Examiner**		
3	**External Examiner**		
4	**External Examiner**		

Date:-
Place :-

Note:- 1) The Number of cases, type of cases and type of practical and orals / Viva voce and their distributions of marks shall be as per MCI Regulations / Syllabi.

2) The HOD / Chairman / Co Chairman BOS shall ensure at this proforma is prepared as per the MCI Regulations / Syllabi.

PRAVARA INSTITUTE OF MEDICAL SCIENCES * (Deemed to be University) * Loni - 413736 Tal - Rahata Dist. Ahmednagar (M.S. India)

Registrar
Pravara Institute of Medical Sciences
(Deemed to be University)
Loni - 413736,Tal. Rahata
Dist. Ahmednagar (M.S. India)