



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
BIBINAGAR, Hyderabad Metropolitan Region, TELANGANA – 508126

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हैदराबादमेट्रोपोलिटनक्षेत्र, तेलंगाना – 508126, भारत

Post Graduation Program curriculum for M.D Internal Medicine

AIIMS – Bibinagar, HMR, Telangana

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Preamble

Post Graduation education aims to create specialists who would provide high-quality health care and advance the cause of science through research & training.

The competency-based training program aims to produce a postgraduate student who after undergoing the required training, should be able to deal effectively with the community's needs and should be competent to handle all problems related to his/her specialty, including recent advances. The student should acquire skills in teaching medical/para-medical students in general medicine. The student should know the principles of research methodology and modes of accessing literature.



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Goals of postgraduates residency training program

At All India institute of medical sciences (AIIMS) Hyderabad we envision to produce physicians with the necessary knowledge, skill and attitude to diagnose and manage in a cost effective manner, a wide range of clinical problems in internal medicine as seen in the community or in secondary/tertiary care setting. Special emphasis is placed on the relatively common and treatable disorders. We want to our physicians not only to have a training in the state of art medical wards and critical care units so as to be able to give world class care to their patients , but also be empathetic and cater to the social needs of the patients. As a result of training in General Internal Medicine, the physician should be in possession of clinical skills required for making a diagnosis and in the use of the various diagnostic tests, and interpret their results intelligently, keeping in mind their cost effectiveness.



Specific aims and objectives :

1. To provide residents with the requisite skills in the diagnosis and management of medical problems spanning the spectrum of internal medicine.
2. To foster the development of essential intellectual and personal attributes which will facilitate growth and development throughout one's career.
 - a. Essential intellectual attributes include the ability and commitment to practice medicine based upon scientific evidence rather than personal anecdote, to critically assess and utilize the medical literature, and to use a rigorous intellectual approach to differential diagnosis and patient management.
 - b. Essential personal attributes include integrity, compassion, a commitment to continuous self-directed learning, the ability to work in teams, and the recognition that the artful practice of medicine consists of the humane and empathetic application of scientific knowledge.
3. To develop the skills, knowledge, and social accountability necessary to recognize the impact of social determinants on health, to mitigate health disparities, to care for patients from vulnerable populations, and to recognize the impact of public policy on health.
4. To develop the skills, knowledge and attitudes necessary to prioritize, support, and promote quality improvement, and to deliver high-value patient care that incorporates patient safety principles.
5. To develop the skills and knowledge necessary to participate in successful scholarly activity during residency training. Residents will develop the ability to:
 - a. Assess, critique, and synthesize the medical literature and apply it to patient care;
 - b. Refine clinical questions, test hypotheses, properly design studies, and analyze and interpret data;
 - c. Share this information with colleagues and other professionals both orally and in writing.
6. To facilitate and foster the personal career development of each resident.
7. To encourage residents to maintain lifelong personal habits and self-care that will help them to maintain the optimal personal wellness necessary to provide optimal patient care.



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8. To develop the skills, knowledge and attitudes necessary to achieve competency in the six areas of Core competencies.

Core competencies :

Patient care

Medical
knowledge

Practice based
learning and
improvement

interprsonal and
communication
skills

Professionalism

Systems based
practice



Achievement of core competencies by level of training – JR 1/JR 2/JR

3

	JR1	JR 2	JR 3
<p>Patient care</p> <p><i>Patient care is the cornerstone of a resident's education and professional commitment. Patient care involves such skill sets as appropriate data collection, appropriate physical exam skills, effective patient communication and patient education, organization and efficiency skill sets, procedural skill sets and the assimilation of the collected data to form a comprehensive assessment and plan. These skill sets help one deliver care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</i></p>			
<p>Patient care</p>	<ul style="list-style-type: none"> • Demonstrate an ability to gather a complete and accurate patient history • Demonstrate an ability to perform a complete and accurate physical exam • Demonstrate an ability to synthesize the collected data and develop a reasonable differential and management plan • Demonstrate appropriate communication skills that allow for the effective collection of data and demonstrate the ability to educate patients and their families • Demonstrate effective oral presentation skills • Demonstrate effective patient 'sign-out' skills at transitions of care • Demonstrate the ability to perform essential medical procedures with supervision • Demonstrate an ability to effectively use the 	<ul style="list-style-type: none"> • Demonstrate an ability to gather a complete and accurate patient history in a precise and time efficient manner • Demonstrate an ability to perform a complete and accurate physical exam and an ability to teach the appropriate skills to peers and medical students • Demonstrate an ability to synthesize the collected data and develop an extensive differential diagnosis and a multi-layered management plan • Demonstrate appropriate communication skills that allow for the effective collection of data and demonstrate the ability to educate patients and their families • Demonstrate effective oral presentation skills which are precise, 	<ul style="list-style-type: none"> • Demonstrate an ability to gather a complete and accurate patient history in a precise and time efficient manner • Demonstrate an ability to perform a complete and accurate physical exam and an ability to teach the appropriate skills to peers and medical students • Demonstrate an ability to synthesize the collected data and develop an extensive differential diagnosis and a multi-layered management plan • Demonstrate appropriate communication skills that allow for the effective collection of data and demonstrate the ability to educate patients and their families • Demonstrate effective oral presentation skills which are precise, efficient and complete • Demonstrate skills needed for effective transitions of care between patient care



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	<p>Electronic Medical Record • Demonstrate an ability to use and access appropriate information resources that aid in patient care</p> <ul style="list-style-type: none"> • Demonstrate a beginning competence in the area of disease prevention and health maintenance • Demonstrate cultural competence in a wide range of patient encounters and describe the impact of social determinants on health • Demonstrate a beginning understanding of high-value care 	<p>efficient and complete</p> <ul style="list-style-type: none"> • Demonstrate skills needed for effective transitions of care between patient care settings (e.g. transition from in- to outpatient, from out- to inpatient, from one inpatient service to another, and from inpatient to other care facilities). • Demonstrate appropriate communication to other physicians when acting in a role as a consultant • Demonstrate the ability to perform essential medical procedures without supervision and the ability to supervise and teach peers and medical students • Demonstrate an ability to use the Electronic Medical Record in a precise and time efficient manner • Demonstrate an ability to use and access appropriate information resources that aid in patient care 	<p>settings (e.g. transition from in- to outpatient, from out- to inpatient, from one inpatient service to another, and from inpatient to other care facilities).</p> <ul style="list-style-type: none"> • Demonstrate appropriate communication to other physicians when acting in a role as a consultant • Demonstrate the ability to perform essential medical procedures without supervision and the ability to supervise and teach peers and medical students • Demonstrate an ability to use the Electronic Medical Record in a precise and time efficient manner • Demonstrate an ability to use and access appropriate information resources that aid in patient care • Demonstrate advanced competence in the area of disease prevention and health maintenance • Demonstrate cultural competence in a wide range of patient encounters and tailor patient care plans to the needs of the patient, including those with low health literacy or other barriers to care • Demonstrate an advanced understanding of high-value care
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Medical knowledge

An appropriate medical knowledge base is an essential component in the appropriate care of patients. An adequate knowledge base is essential for a physician to be an effective communicator



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and teacher. A resident must demonstrate knowledge about both established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) science and the application of this knowledge to patient care.

Medical knowledge	Demonstrate an introductory level of knowledge of the basic and clinical sciences that allows for appropriate patient care.	<ul style="list-style-type: none"> • Demonstrate an intermediate level of knowledge that allows the resident to • Act as a ward supervisor and effective medical consultant with emerging skills towards the delivery of independent care • Deliver outpatient care under indirect supervision with emerging skills towards the delivery of independent care. 	<ul style="list-style-type: none"> • Demonstrate an appropriate level of knowledge that to deliver independent in- and outpatient care.
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Practice based learning and improvement (PBLI)
PBLI involves learning skills that allow for lifelong learning, effective patient care and continued personal development. Resident must be able to investigate and evaluate their patient care practice, to appraise and assimilate scientific evidence and to develop practical plans that will improve their overall patient care. Primary areas involved include the principles and practices of Evidence Based Medicine, the area of Information Technology and the areas of Quality Improvement and Quality Assurance

Practice based learning and improvement	<ul style="list-style-type: none"> • Demonstrate an ability to locate, review and begin to assimilate the medical evidence from literature in relation to patient care. • Develop an understanding of issues and requirements pertaining to medical research and the use of human subjects in research. • Demonstrate an ability to use information technology to: - Manage information - Support one's own education - Access on-line medical information - Improve patient care and patient education 	<ul style="list-style-type: none"> • Demonstrate an ability to locate, review and assimilate the medical evidence from literature in relation to patient care and practice management. • Demonstrate knowledge of study designs and statistical methods in the appraisal of clinical studies and other medical literature and to provide a critique of the medical literature based on this knowledge. • Demonstrate an ability to effectively teach peers and medical students. 	<ul style="list-style-type: none"> • Demonstrate an ability to locate, review and assimilate the medical evidence from literature in relation to patient care and practice management. • Demonstrate knowledge of study designs and statistical methods in the appraisal of clinical studies and other medical literature and to provide a critique of the medical literature based on this knowledge. • Demonstrate an ability to effectively teach peers and medical students. • Demonstrate an ability to review one's own patient derived data to
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	<ul style="list-style-type: none"> • Demonstrate an ability to effectively teach medical students 	<ul style="list-style-type: none"> • Demonstrate an ability to review one’s own patient derived data to analyzed personal practice and develop a plan to improve care of one’s own patients • Effectively lead a Morbidity & Mortality Report or a Clinical Pathologic Correlation Conference; effectively design and perform a quality improvement project 	<p>analyzed personal practice and develop a plan to improve care of one’s own patients</p> <ul style="list-style-type: none"> • Complete scholarly activity requirement during residency; effectively lead a Journal Club presentation and a Grand Rounds presentation
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Interpersonal and communication skills (IC)

The development of effective IC skills is one of the factors that separate a good physician from a great one. IC are involved in all aspects of patient care on a daily basis. Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families, and other health professionals

<p>Interpersonal and communication skills</p>	<ul style="list-style-type: none"> • Demonstrate an ability to communicate effectively with patients and demonstrate an ability to provide counsel and education to a patient and their family members • Demonstrate an ability to communicate effectively with other health care professionals, especially when requesting consultations and during ‘sign-out’ at transitions of care • Demonstrate an ability to document appropriate, logical and concise information in the medical record • Demonstrate an ability to perform appropriate and complete discharge summaries • Demonstrate an ability 	<ul style="list-style-type: none"> • Demonstrate an ability to maintain therapeutically and ethically sound relationships with patients • Demonstrate an ability to provide effective communication skills in traditionally “difficult” situations with include, but are not limited to, giving bad news, the “difficult” patient, and end-of-life issues • Demonstrate an ability to give an effective educational oral presentation. • Demonstrate an ability to effectively teach peers and medical students • Demonstrate an ability to provide appropriate, effective 	<ul style="list-style-type: none"> • Demonstrate an ability to maintain therapeutically and ethically sound relationships with patients • Demonstrate an ability to provide effective communication skills in traditionally “difficult” situations with include, but are not limited to, giving bad news, the “difficult” patient, and end-of-life issues • Demonstrate an ability to give an effective educational oral presentation. • Demonstrate an ability to effectively teach peers and medical students • Demonstrate an ability to provide appropriate, effective and constructive feedback to junior peers • Demonstrate an ability
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	to communicate effectively and respectfully with all members of a patient’s care team <ul style="list-style-type: none"> • Develop an ability to effectively teach medical students • Develop an understanding of the importance of feedback 	and constructive feedback to junior peers <ul style="list-style-type: none"> • Demonstrate an ability to effectively communicate as a consultant to other care teams 	to effectively communicate as a consultant to other care teams <ul style="list-style-type: none"> • Demonstrate an ability to participate and lead inpatient family meetings to review plan of care or other issues related to patient care
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Professionalism

Professionalism involves the ability to act in a professional and ethical manner that allows for the continued respect of your patients and society toward the profession of medicine. Residents must demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

Professionalism	<ul style="list-style-type: none"> • Demonstrate a commitment to professional competence • Demonstrate a commitment to honesty with patients and members of the healthcare team • Demonstrate a commitment to patient confidentiality • Demonstrate a commitment to maintaining appropriate relations with patients • Demonstrate a commitment to scientific knowledge • Demonstrate a commitment to professional responsibilities • Develop an understanding of the principles of improving quality of care • Develop an understanding of the principle of improving access to care • Develop an 	<ul style="list-style-type: none"> • Demonstrate a commitment to professional competence • Demonstrate a commitment to honesty with patients and members of the healthcare team • Demonstrate a commitment to patient confidentiality • Demonstrate a commitment to maintaining appropriate relations with patients • Demonstrate a commitment to scientific knowledge • Demonstrate a commitment to professional responsibilities • Develop an understanding of the principles of improving quality of care • Develop an understanding of the principle of improving 	<ul style="list-style-type: none"> • Demonstrate a commitment to professional competence • Demonstrate a commitment to honesty with patients and members of the healthcare team • Demonstrate a commitment to patient confidentiality • Demonstrate a commitment to maintaining appropriate relations with patients • Demonstrate a commitment to scientific knowledge • Demonstrate a commitment to professional responsibilities • Develop an understanding of the principles of improving quality of care • Develop an understanding of the principle of improving access to care • Develop an
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	<p>understanding of the principle of a just distribution of finite resources</p> <ul style="list-style-type: none"> • Develop an understanding of the principle of maintaining trust by managing conflicts of interest 	<p>access to care</p> <ul style="list-style-type: none"> • Develop an understanding of the principle of a just distribution of finite resources • Develop an understanding of the principle of maintaining trust by managing conflicts of interest 	<p>understanding of the principle of a just distribution of finite resources</p> <ul style="list-style-type: none"> • Develop an understanding of the principle of maintaining trust by managing conflicts of interest
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Systems based practice (SBP)

SBP skill sets allow physicians to better understand their role in the complex healthcare system. A SBP skill set will allow a resident to understand system complexities, to work well within the system, to advocate for and lead system improvements and to assist patients understanding of these complex relationships. Therefore, a resident must demonstrate an awareness of and responsiveness to the larger context and system of health care and effectively call on system resources to provide optimal care.

<p>Systems based practice</p>	<ul style="list-style-type: none"> • Demonstrate an ability to work within a complex healthcare team (residents, nurses, patient aides, techs, physical and occupational therapist, case managers and other professionals involved in the care of one’s patients) that allows for the overall best care of patients • Develop an understanding of the types of medical practice and delivery systems that are involved in Indian health care system. • Develop an understanding of high-value health care that takes into account optimizing outcomes relative to cost 	<ul style="list-style-type: none"> • Demonstrate an ability to work as a leader and supervisor within a complex healthcare system that allows for effective and efficient patient care. A JR 2 should demonstrate an ability to work independently in such a system. • Develop an understanding of the regulatory environment in which physicians and hospitals practice. • Demonstrate an ability to provide high-value health care • Demonstrate an ability to act as patient advocate and be able to assist patients manage the complexities of the Indian health care system. A JR2 should demonstrate an ability to act independently in these regards. 	<ul style="list-style-type: none"> • Demonstrate an ability to work as a leader and supervisor within a complex healthcare system that allows for effective and efficient patient care. A JR3 should demonstrate an ability to work independently in such a system. • Develop an understanding of the regulatory environment in which physicians and hospitals practice. • Demonstrate an ability to provide high-value health care • Demonstrate an ability to act as patient advocate and be able to assist patients manage the complexities of the Indian healthcare system. A JR3 should demonstrate an ability to act independently in these regards
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Educational venues and Assessment methods for different core competencies according to the level of training

	JR1	JR 2	JR 3
Patient care			
1.Educational venue	a. Inpatient, outpatient, Emergency room and consult rotations: work and teaching rounds b. Elective rotation opportunities: community-based organizations, geriatric home visits, discharge clinic, simulation labs etc. c. Conferences / Journal Club d. Standardized patients (Physical exam and patient communication during academic half day) e. Observed Mini-CEX and observed procedures	a. Inpatient, outpatient, Emergency room and consult rotations: work and teaching rounds b. Elective rotation opportunities: community-based organizations, geriatric home visits, discharge clinic, simulation labs etc. c. Conferences / Journal Club d. Standardized patients (Physical exam and patient communication during academic half day) e. Observed Mini-CEX and observed procedures	a. Inpatient, outpatient, Emergency room and consult rotations: work and teaching rounds b. Elective rotation opportunities: community-based organizations, geriatric home visits, discharge clinic, simulation labs etc. c. Conferences / Journal Club d. Standardized patients (Physical exam and patient communication during academic half day) e. Observed Mini-CEX and observed procedures
2.Assessment method	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Procedure Log d. Mini-CEX e. Documented ACLS certification	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Procedure Log d. Mini-CEX e. Documented ACLS certification	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Procedure Log d. Mini-CEX e. Documented ACLS certification
Medical knowledge			
1.Educational venue	a. Inpatient, outpatient, ER, and	a. Inpatient, outpatient, ER, and	a. Inpatient, outpatient, ER, and



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	consult rotations: work and teaching rounds b. Conferences / Board review sessions / Journal Club c. Subspecialty conferences d. Medical Grand Rounds e. Self-directed (SDL) Learning	consult rotations: work and teaching rounds b. Conferences / Board review sessions / Journal Club c. Subspecialty conferences d. Medical Grand Rounds e. Self-directed (SDL) Learning	consult rotations: work and teaching rounds b. Conferences / Board review sessions / Journal Club c. Subspecialty conferences d. Medical Grand Rounds e. Self-directed (SDL) Learning
2.Assessment	a. Ward evaluation and verbal feedback b. In-training assessments c. Assignments during select rotations	a. Ward evaluation and verbal feedback b. In-training assessments c. Assignments during select rotations	a. Ward evaluation and verbal feedback b. In-training assessments c. Assignments during select rotations
Practice based learning and improvement			
1.Educational venue	a. Journal Club b. Mortality review meetings c. Annual off-site workshops – leadership issues d. Daily rounds/grand rounds	a. Journal Club b. Mortality review meetings c. Annual off-site workshops – leadership issues d. Daily rounds/grand rounds	a. Journal Club b. Mortality review meetings c. Annual off-site workshops – leadership issues d. Daily rounds/grand rounds
2.Assessment method	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Completion of scholarly activity requirement by JR 1- case report, case series etc. d. Patient education	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Completion of scholarly activity requirement by JR 1- case report, case series, original article along with faculty, presentation in conference etc. d. Patient education	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Completion of scholarly activity requirement by JR 1- case report, case series original article along with faculty, presentation in conference etc. d. Patient education
Interpersonal and communication skills			
1.Educational	a. Inpatient,	a. Inpatient,	a. Inpatient,



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venue	outpatient, ER, and consult rotations b. Communication skills sessions with standardized patients in Academic Half Day	outpatient, ER, and consult rotations b. Communication skills sessions with standardized patients in Academic Half Day	outpatient, ER, and consult rotations b. Communication skills sessions with standardized patients in Academic Half Day
2.Assessment method	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Mini-CEX d. Oral Presentation feedback	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Mini-CEX d. Oral Presentation feedback	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Mini-CEX d. Oral Presentation feedback
Professionalism			
1.Educational venue	a. Inpatient, outpatient, ER and consult rotations b. Lecture series, seminars c. Conferences/ CME	a. Inpatient, outpatient, ER and consult rotations b. Lecture series, seminars c. Conferences/ CME	a. Inpatient, outpatient, ER and consult rotations b. Lecture series, seminars c. Conferences/ CME
2.Assessment method	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Mini-CEX	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Mini-CEX	a. Ward evaluation and verbal feedback b. 360 degree evaluations c. Mini-CEX
System based practice			
1.Educational venue	a. Conferences b. Interaction with Public health and Community Medicine c. Optional opportunities to participate hospital committees	. Conferences b. Interaction with Public health and Community Medicine c. Optional opportunities to participate hospital committees	. Conferences b. Interaction with Public health and Community Medicine c. Optional opportunities to participate hospital committees
Assessment method	a. Ward evaluation and verbal feedback b. 360 degree evaluations	a. Ward evaluation and verbal feedback b. 360 degree evaluations	a. Ward evaluation and verbal feedback b. 360 degree evaluations



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	c. Mini-CEX d. Review of quality improvement project	c. Mini-CEX d. Review of quality improvement project	c. Mini-CEX d. Review of quality improvement project
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Syllabus

Course contents:

Basic Sciences

1. Basics of human anatomy as relevant to clinical practice
 - Surface anatomy of various viscera
 - Neuro-anatomy
 - Important structures/organs location in different anatomical locations in the body
 - Common congenital anomalies
2. Basic functioning of various organ-system, control of vital functions, pathophysiological alteration in diseased states, interpretation of symptoms and signs in relation to patho-physiology.
3. Common pathological changes in various organs associated with diseases and their correlation with clinical signs; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases.
4. Knowledge about various microorganisms, their special characteristics important for their pathogenetic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms.
5. Knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs.
6. Knowledge about various poisons with specific reference to different geographical and clinical settings, diagnosis and management.
7. Research Methodology and Studies, epidemiology and basic Biostatistics.
8. National Health Programmes.
9. Biochemical basis of various diseases including fluid and electrolyte disorders; Acid base disorders etc.
10. Recent advances in relevant basic science subjects



Systemic Medicine

1. Preventive and environmental issues, including principles of preventive health care, immunization and occupational, environmental medicine and bio-terrorism.
2. Aging and Geriatric Medicine:
 - Biology
 - Epidemiology
 - Neuro-psychiatric aspects of aging
3. Clinical Pharmacology:
 - Principles of drug therapy
 - Biology of addiction
 - Complementary and alternative medicine
4. Genetics:
 - Overview of the paradigm of genetic contribution to health and disease
 - Principles of Human Genetics
 - Single gene and chromosomal disorders
 - Gene therapy
5. Immunology:
 - Innate and adaptive immune systems
 - Mechanisms of immune mediated cell injury
 - Transplantation immunology
6. Cardio-vascular diseases:
 - Approach to the patient with possible cardio-vascular diseases
 - Heart failure
 - Arrhythmias
 - Hypertension
 - Coronary artery disease
 - Valvular heart disease



- Infective endocarditis
 - Diseases of the myocardium and pericardium
 - Diseases of the aorta and peripheral vascular system
7. Respiratory system:
- Approach to the patient with respiratory disease
 - Disorders of ventilation
 - Asthma
 - Congenital Obstructive Pulmonary Disease (COPD)
 - Pneumonia
 - Pulmonary embolism
 - Cystic fibrosis
 - Obstructive sleep apnea syndrome and diseases of the chest wall, pleura and mediastinum
8. Nephrology:
- Approach to the patient with renal diseases
 - Acid-base disorders
 - Acute kidney injury
 - Chronic kidney disease
 - Tubulo-interstitial diseases
 - Nephrolithiasis
 - Diabetes and the kidney
 - Obstructive uropathy and treatment of irreversible renal failure
9. Gastro-intestinal diseases:
- Approach to the patient with gastrointestinal diseases
 - Gastrointestinal endoscopy
 - Motility disorders
 - Diseases of the esophagus
 - Acid peptic disease



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- Functional gastrointestinal disorders
 - Irritable bowel syndrome
 - Pancreatitis and diseases of the rectum and anus
 - Diarrhea
10. Diseases of the liver and gall bladder:
- Approach to the patient with liver disease
 - Acute viral hepatitis
 - Chronic hepatitis
 - Alcoholic and non-alcoholic steatohepatitis
 - Cirrhosis and its sequelae
 - Hepatic failure and liver transplantation
 - Diseases of the gall bladder and bile ducts
11. Hematologic diseases:
- Haematopoiesis
 - Anemia
 - Leucopenia and Leucocytosis
 - Myelo-proliferative disorders
 - Disorders of homeostasis and haemopoietic stem cell transplantation
12. Oncology:
- Epidemiology
 - Biology and genetics of cancer
 - Paraneoplastic syndromes and endocrine manifestations of tumors
 - Leukemias and lymphomas
 - Cancers of various organ systems and cancer chemotherapy
13. Metabolic diseases - inborn errors of metabolism and disorders of metabolism.
14. Nutritional diseases - nutritional assessment, enteral and parenteral nutrition, obesity and eating disorders.



15. Endocrine - principles of endocrinology, diseases of various endocrine organs including diabetes mellitus.

16. Rheumatic diseases:

- Approach to the patient with rheumatic diseases
- Osteoarthritis
- Rheumatoid arthritis
- Spondyloarthropathies
- Systemic lupus erythematosus (SLE)
- Polymyalgia
- Rheumatic fibromyalgia and amyloidosis

17. Infectious diseases:

- Basic consideration in Infectious Diseases
- Clinical syndromes
- Community acquired clinical syndromes
- Nosocomial infections
- Bacterial diseases - General consideration, diseases caused by gram - positive bacteria, diseases caused by gram - negative bacteria, Miscellaneous bacterial infections - Mycobacterial diseases, Spirochetal diseases, Rickettsia , Mycoplasma and Chlamydia
- Viral diseases - DNA viruses, RNA viruses, DNA and RNA respiratory viruses
- Fungal infections, protozoal and helminthic infections.

18. Neurology - approach to the patient with neurologic disease, headache, seizure disorders and epilepsy, coma, disorders of sleep, cerebrovascular diseases, Parkinson's disease and other movement disorders, motor neuron disease, meningitis and encephalitis, peripheral neuropathies, muscle diseases, diseases of neuromuscular transmission and autonomic disorders and their management

19. The mental condition characterized by complete self absorption with reduced ability to communicate with the outside world (Autism), abnormal functioning in social interaction with or without repetitive behavior and/or poor communication etc.

20. Dermatology:

- Structure and functions of skin
- Infections of skin



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- Papulo-squamous and inflammatory skin rashes
- Photo-dermatology
- Erythroderma
- Cutaneous manifestations of systematic diseases
- Bullous diseases
- Drug induced rashes
- Disorders of hair and nails
- Principles of topical therapy



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Training Program:

Schedule The Junior Residents in medicine undergo the following rotation-

S.No	Department	Duration
1	General Medicine	21 months
2	Cardiology	2 months
3	Pulmonary Medicine	1 month
4	Neurology	2 months
5	Critical care	2 months
8	Nephrology	1 month
9	Endocrinology	1 month
10	Hematooncology	1 month
11	Gastroenterology	1 month
12	Casualty	2 months
13	Dermatology	15 days
14	Psychiatry	15 days
15	Rheumatology	15 days
16	Radiology	15 days
	TOTAL	36 months

January session PG students

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
1 st year	General medicine rotation											
2 nd Year	Casualty		Pulmo Medi	Critical care	Nephro	Gastro	Neurology	Endo	Critical care	cardiology		
3 rd year	Rheumat & radio	Derm & psychiatry	Hemato oncology	General medicine rotation								



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July session PG students

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
1 st year	General medicine rotation						General medicine rotation					
2 nd Year	General medicine rotation						Casualty		Pulm. Medi	Critical care	Nephro	Gastro
3 rd year	Neurology	Endo	Critical care	cardiology		Rheumat & radio	Derm & psychiatry	Hemato oncology	General medicine rotation			
4th year	General medicine rotation						General medicine rotation					



Levels of necessary cognitive skills are best illustrated by the following:

- Basic: History taking, diagnosis/differential diagnosis, points for and against each diagnosis
- Intermediate: Detailed discussion on differential diagnoses, analysis and detailed interpretation of clinical and laboratory data;
- Advanced: Analysis of clinical information and synthesis of reasonable concepts including research ideas.

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 skills laboratories in the medical colleges is mandatory.

Time Period -	Description/Levels	Content	Responsibilities
1 st Month	Orientation	Basic cognitive skills	Combined duties - Supervised procedures
I year	Beginners	Procedural abilities OPD & ward work	- History sheet writing - Clinical abilities, - Procedural abilities (PA, PI), - Laboratory-diagnostic (All PI) - Communication skills O,A,PA - BLS & ACLS
II Year	Intermediate	Intermediate degree of cognitive abilities Specialized procedural skills Emergency	- Independent duties - All procedures - Respiratory management abilities (All PI) - Communication skills (PA, PI) - Writing thesis - Teaching UGs
III year		Special skills Intensive critical care	- Advanced levels of independent duties, - casualty calls, - ICU, NICU, - UG teaching



TEACHING AND LEARNING METHODS:

Minimum teaching schedule for Postgraduate student shall incorporate the following:

1. Seminars

- At least one per week
- Minimum of 48 in a year

2. Journal Clubs (JC)

- At least 1 per week
- Minimum of 48 in a year

3. Group discussions in the form of general clinics or bedside clinics

- At least 1 per week
- Minimum of 48 in a year

4. Clinical meetings

- Attendance in Institute common academic presentation/mortality meeting/video conferencing sessions with other institutes is a must for the PGs.

5. Clinico- pathological Conferences

- Preferably at least twice per year for the department of Medicine

6. Lectures

- At least one per fortnight
- Minimum of 24 in a year

7. Guest Lectures: As per availability

8. Thesis Evaluation:

- The student should submit the completed thesis 6 months before the final examination.
- If more than 20% plagiarism is detected, the student will be asked to rewrite and resubmit the thesis.
- The thesis will be sent to the external evaluator for approval



Academic activity

Month / Year

Department of Medicine, AIIMS Bibinagar

S.no	Day	Date	Time	Activity	Presenter	Moderator
1	Monday		9.00-10.00 am	UG lecture (2019 batch)	Faculty	
2			10 .00 am – 1.00 pm	Bedside clinics (2019 batch)	Faculty	
3			9.00 am - 12.00 pm	Bedside clinics (2020 batch)	Senior Resident	Faculty
4			3.00pm – 4.00 pm	Journal club	JR/ SR	Faculty
5	Tuesday		8-9 am	UG lecture (2020 batch)	Faculty	
6			10 am – 1.00 pm	Bedside clinics (2019 batch)	Faculty	
7			9.00 am - 12.00 pm	Bedside clinics (2020 batch)	Senior Resident	Faculty
8			3.00 pm - 4.00 pm	Case presentation	JR	Faculty
9	Wednesday		9.00 am - 10.00 am	Mortality / Morbidity meet	JR/ SR	Faculty
10			10 am – 1.00 pm	Bedside clinics (2019 batch)	Faculty	
11			9.00 am - 12.00 pm	Bedside clinics (2020 batch)	Senior Resident	Faculty
12	Thursday		10 am – 1.00 pm	Bedside clinics (2019 batch)	Faculty	
13			9.00 am - 12.00 pm	Bedside clinics (2020 batch)	Senior Resident	Faculty
14			3.00 pm - 4.00 pm	UG lecture (2019 batch)	Faculty	
15	Friday		9.00 am - 10.00 am	Diagnostics in Medicine / Seminar	JR/ SR	Faculty
16			10 am –	Bedside clinics	Faculty	



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			1.00 pm	(2019 batch)		
17			9.00 am - 12.00 pm	Bedside clinics (2020 batch)	Senior Resident	Faculty
18	Saturday		10 am – 1.00 pm	Bedside clinics (2019 batch)	Faculty	
19			9.00 am - 12.00 pm	Bedside clinics (2020 batch)	Senior Resident	Faculty

Collaborative meetings / Interdepartmental meetings

S.No	Day	Time	Activity	Presenter	Moderator
1	Every 2 nd Wednesday of the month	3.00 pm - 4.00 pm	Med-Radiology meet Departments : Medicine and Radiology	JR/SR	Faculty from departments of Medicine and Radiology
2	Every 4 th Wednesday of the month	3.00 pm - 4.00 pm	Clinico-pathology conference Departments : Medicine and Pathology	JR/SR	Faculty from departments of Medicine and Pathology
3	First Monday every 4 th month	3.00 pm - 4.00 pm	Thesis / project update	JR/SR	Faculty



ASSESSMENT

Marks distribution for Internal Examination:

Theory = 100 marks

Practical, viva, log book = 100 marks (practical 70, viva 20, log book 10)

Marks of 4 internal examinations will be averaged to 100 each for theory & practical.

GUIDELINES for CONDUCTING SUMMATIVE EXAMINATION

SCHEME OF THEORY EXAMINATION

There will be **four theory papers**

Paper 1: Basic medical sciences applied to medicine and biomedical research

Paper 2: General Medicine and Cardiology, Pulmonary medicine, Gastroenterology, Nephrology, Rheumatology, Toxicology

Paper 3: Neurology, Endocrinology, Hematology, Oncology, Infectious disease,

Paper 4: Recent advances in Medicine

Summative Examination:

Theory Examination:

Total marks 500 (4 papers with 100 marks each & average of 4 theory internal examination 100)

PAPER – I APPLIED BASIC SCIENCES and Biomedical research

The aim of the examination is to assess the candidate's understanding of the Basic Sciences as applicable to Internal Medicine.

The six basic sciences to be assessed and weightage (marks) for each are listed below. Each Paper will have 10 short answer questions. Each question carries 10 marks.

No.	BASIC SCIENCE WEIGHTAGE	10x10= 100 marks
SECTION – I		
01	Anatomy & Genetics	20
02	Physiology & Biochemistry	20
03	Immunology	10
SECTION – II		



04	Pharmacology & Therapeutics	20
05	Pathology & Microbiology	20
06	Biomedical research -principles and statistics	10
Total		100

DESIGN OF QUESTION PAPER

Each paper will carry 100 marks and need to be answered in 3 hours.

Each paper will have the following:

1. One comprehensive essay type questions (01 x 20) =20 marks
2. Two long answer questions (02 x 10) =20 marks
3. A set of six short answer questions (06 x 10) = 60 marks

NOTE

1. Essay type should test the understanding and analytical ability of the candidate in important and relevant areas of internal medicine.

2. (i) In case a question has more than one component (e.g. etiology, clinical features and treatment), the breakup of marks should be mentioned in the paper to guide the students. (ii) A problem oriented question may be given for critical analysis.

3. Please refer to the enclosed model question paper.

4. Psychiatry, Geriatric Medicine Dermatology, Palliative Medicine questions are to cover those areas relevant to internal medicine.

SCHEME OF CLINICAL AND ORAL EXAMINATION – Practical Examination

Total Marks: 500 (practical and Viva in the final examination – 400 marks and an average of 4 internals clinical marks – 100marks.)

PART	COMPONENT	MARKS ALLOTTED
Part A (200 marks)	Long case (1 no.)	100
	Short cases (2 no's)	50
	OSCE/OSPE (5stations)	50
Part B (200 marks)	Operative procedure/ Pedagogy/ Department specific activity	50
	Critical appraisal of a scientific paper	25
	Thesis presentation and evaluation	50
	Viva	75

***Students should pass separately (secure 50% marks) in PART A**



FORMAT AND ASSESSMENT

LONG CASE: Need not be from nervous system or multiorgan involvement. A case with meaningful history and multi-system findings are equally acceptable and perhaps a better choice.

- Time for examination and write-up: 60 minutes.
- Time for presentation and viva-voce: 20 minutes.

Clinical viva will include discussions on relevant laboratory investigations, images and management plan. It will cover an analysis of the case including diagnostic and therapeutic approaches. It is recommended that essential investigation reports are given to the candidate to test competency as a consultant physician.

SHORT CASES:

- Number of cases per candidate: 02
- Time for examination: 30 minutes for each case
- Time for presentation and viva-voce 10 minutes for each case
- Essential history may be briefly elicited whenever necessary.
- To improve relevance and validity, the candidate may be asked to make a brief write up on the case as a note to the referring doctor.
- To improve validity, the candidate can be given laboratory reports relevant to the case during viva-voce. The competence in clinical skills as well as approach to solving the problem should be taken into account for assessment.

OSCE/ OSPE:

1. Clinical spotters: Fundus examination of eye, Diabetic foot, Myotonia, Myxedema, Rheumatoid deformity, Leprosy, etc.
2. Investigative findings (ECG/CT/MRI/EMG/NCV/PFT/ABG/Echo)
3. Investigative findings (ECG/CT/MRI/EMG/NCV/PFT/ABG/Echo)
4. Communication skills (Prognosis for therapeutics, informed consent etc.)
5. Interpretation of biostatistics.

ORAL EXAMINATION FORMAT: The following areas are to be assessed:

1. Thesis
2. General viva including recent advances, therapeutics, etc.
3. Discussion on ECG/X-ray and other lab reports including 2-D Echocardiography and CT scan reports.



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TOTAL MARKING SCHEME:

	1 IA	2 IA	3 IA	4 IA	TOTAL INTERNAL MARKS (average of 4 Marks)	FINAL EXAMINATION	TOTAL MARKS
TIME FRAME	End of 3 rd sem	End of 4 th sem	End of 5 th sem	2 months before final exam			
THEORY	100	100	100	100	100	400	500
PRACTICAL*	100	100	100	100	100	400	500

***(practical 70 marks, viva 20 marks, log book 10 marks)**



Recommended Reading Text Books (latest edition)

- API Text book of Medicine
- Davidson's Principles and Practice of Medicine
- Harrison's Principles & Practice of Internal Medicine
- Oxford Text book of Medicine
- Kumar & Clark: Clinical Medicine
- Goldman-Cecil Medicine: Text Book of Medicine
- The Washington manual of medical therapeutics
- Paul Marino ICU book
- Washington manual of critical care
- Leo schamrath- ECG
- Balthazar - ECG

Reference books

- Hurst: The Heart
- Braunwald's - Heart Disease: A Textbook of Cardiovascular Medicine
- Marriot's Practical Electrocardiography
- Crofton and Douglas's: Respiratory Diseases
- Brain's Diseases of the Nervous system
- Adam and Victor's Principles of Neurology
- William's Text Book of Endocrinology
- De Gruchi's Clinical Hematology in Medical Practice
- Kelly's Text Book of Rheumatology
- Sleisenger & Fordtrans Gastrointestinal and Liver disease
- Manson's Tropical Diseases
- Sheila sherlock- liver
- Jagit S Chopras textbook of neurology
- APICON update
- Critcare update
- Perloff comgenital heart disease

Books on Clinical Methods

- Hutchinson's Clinical Methods
- Macleod's Clinical examination
- Chamberlains Symptoms and signs in Clinical Medicine
- John Patten : Neurological Differential Diagnosis
- Neurological examination in Clinical Practice by Bickerstaff
- Dejong's Neurological examination
- Perloff – clinical examination of cardiology



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

NEJM

LANCET

BMJ- Heart

PLOS

International Journal of endocrinology

JAPI,

Postgraduate journal of Medicine

Indian Journal of Medical research

Indian Journal of gastroenterology

International journal of diabetes in developing countries



Postgraduate Students monthly Appraisal Form

Pre / Para / Clinical Disciplines

Name of the Department/Unit:

Name of the PG Student:

Period of Training: FROM.....TO.....

Sr. No.	PARTICULARS	Not satisfactory	satisfactory	More than satisfactory	Remarks
1.	Patient care	1,2,3	4,5,6	7,8,9	
2.	Medical knowledge and skills				
3.	Professional				
4.	Patient based /Laboratory or Skill based learning				
5.	System based practice				
6.	Ability to work as health care team				
7.	Journal based / recent advances learning				
8.	medical record and documentation				
9.	Monthly attendance				
10.	Departmental and interdepartmental learning activity				
11.	External and Outreach Activities / CMEs				
12.	Thesis / Research work				
13.	Log book maintenance				
14.	Feedback discussed with students				
15.	Achievements during the period under review				