

**PONDICHERRY
UNIVERSITY MBBS
CURRICULUM 2019**

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CHAPTER I

GENERAL CONSIDERATIONS AND TEACHING APPROACH

1. The provisions contained in Part II of these Regulations shall apply to the MBBS course starting from academic year 2019-20 onwards
2. **Indian Medical Graduate Training Programme**

The undergraduate medical education programme is designed with a goal to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training programme are hereby prescribed:-

2.1. National Goals

At the end of undergraduate program, the Indian Medical Graduate should be able to:

- (a) Recognize "health for all" as a national goal and health right of all citizens and by undergoing training for medical profession to fulfill his/her social obligations towards realization of this goal.
- (b) Learn every aspect of National policies on health and devote her/him to its practical implementation.
- (c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
- (d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
- (e) Become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

2.2. Institutional Goals

- (1) In consonance with the national goals each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:
 - (a) be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
 - (b) be competent to practice preventive, promotive, curative, palliative and rehabilitative medicine in respect to the commonly encountered health problems.
 - (c) appreciate rationale for different therapeutic modalities; be familiar with the administration of "essential medicines" and their common adverse effects.

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- (d) be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.
 - (e) possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.
 - (f) be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:
 - (i) Family Welfare and Maternal and Child Health (MCH)
 - (ii) Sanitation and water supply
 - (iii) Prevention and control of communicable and non-communicable diseases
 - (iv) Immunization
 - (v) Health Education
 - (vi) Indian Public Health Standards (IPHS), at various levels of service delivery
 - (vii) Bio-medical waste disposal
 - (viii) Organizational and/or institutional arrangements.
 - (g) acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, hospital management, inventory skills and counseling.
 - (h) be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.
 - (i) be able to work as a leading partner in health care teams and acquire proficiency in communication skills.
 - (j) be competent to work in a variety of health care settings.
 - (k) have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.
- (2) All efforts must be made to equip the medical graduate to acquire the skills as detailed in Table 11 Certifiable procedural skills – A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate.

2.3. Goals and Roles for the Learner

In order to fulfil the goal of the IMG training programme, the medical graduate must be able to function in the following roles appropriately and effectively:-

- 2.3.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
- 2.3.2. Leader and member of the health care team and system with capabilities to collect analyze, synthesize and communicate health data appropriately.

- 2.3.3. Communicator with patients, families, colleagues and community.
- 2.3.4. Lifelong learner committed to continuous improvement of skills and knowledge.
- 2.3.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

3. Competency Based Training Programme of the Indian Medical Graduate

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfil the roles as listed in clause 2, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

- 3.1.1. Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioural and social perspective.
- 3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.
- 3.1.3. Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.
- 3.1.4. Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.
- 3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.
- 3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.
- 3.1.7. Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.
- 3.1.8. Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.
- 3.1.9. Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.
- 3.1.10. Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frame works.

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- 3.1.11. Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.
- 3.1.12. Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following:
- (i) Disease prevention,
 - (ii) Health promotion and cure,
 - (iii) Pain and distress alleviation, and
 - (iv) Rehabilitation.
- 3.1.13. Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.
- 3.1.14. Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.
- 3.1.15. Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

3.2. *Leader and member of the health care team and system*

- 3.2.1. Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.
- 3.2.2. Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.
- 3.2.3. Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.
- 3.2.4. Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.
- 3.2.5. Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.
- 3.2.6. Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases and b) cancers, in collaboration with other members of the health care team.

3.2.7. *Communicator with patients, families, colleagues and community*

Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

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Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.

Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.

Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision-making.

3.3. Lifelong learner committed to continuous improvement of skills and knowledge

- 3.3.1. Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.
- 3.3.2. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.
- 3.3.3. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.
- 3.3.4. Demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient.
- 3.3.5. Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

3.5. Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

- 3.5.1 Practice selflessness, integrity, responsibility, accountability and respect.
- 3.5.2 Respect and maintain professional boundaries between patients, colleagues and society.
- 3.5.3. Demonstrate ability to recognize and manage ethical and professional conflicts.
- 3.5.4. Abide by prescribed ethical and legal codes of conduct and practice.
- 3.5.5. Demonstrate a commitment to the growth of the medical profession as a whole.

4. Broad Outline on training format

- 4.1. In order to ensure that training is in alignment with the goals and competencies listed in sub-clause 2 and 3 above:
 - 4.1.1. There shall be a "Foundation Course" to orient medical learners to MBBS programme, and provide them with requisite knowledge, communication (including electronic), technical and language skills.
 - 4.1.2. The curricular contents shall be vertically and horizontally aligned and integrated to the maximum extent possible in order to enhance learner's interest and eliminate redundancy and overlap.

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- 4.1.3. Teaching-learning methods shall be learner centric and shall predominantly include small group learning, interactive teaching methods and case based learning.
- 4.1.4. Clinical training shall emphasize early clinical exposure, skill acquisition, certification in essential skills; community/primary/secondary care-based learning experiences and emergencies.
- 4.1.5. Training shall primarily focus on preventive and community based approaches to health and disease, with specific emphasis on national health priorities such as family welfare, communicable and non- communicable diseases including cancer, epidemics and disaster management.
- 4.1.6.1. Acquisition and certification of skills shall be through experiences in patient care, diagnostic and skill laboratories.
- 4.1.7. The development of ethical values and overall professional growth as integral part of curriculum shall be emphasized through a structured longitudinal and dedicated programme on professional development including attitude, ethics and communication.
- 4.1.8. Progress of the medical learner shall be documented through structured periodic assessment that includes formative and summative assessments. Logs of skill-based training shall be also maintained.
- 4.1.9. Appropriate Faculty Development Programmes shall be conducted regularly by institutions to facilitate medical teachers at all levels to continuously update their professional and teaching skills, and align their teaching skills to curricular objectives.

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CHAPTER II
ADMISSION TO INDIAN MEDICAL GRADUATE PROGRAMME:
NATIONAL ELIGIBILITY-CUM- ENTRANCE TEST AND
COMMON COUNSELLING

5. Admission to the Indian Medical Graduate Programme

The provision as contained in Part I – Chapter II shall be the governing provisions.

CHAPTER III
MIGRATION

6. Migration

The provision as contained in Part I - Chapter II Clause 6 shall be the governing provisions.

CHAPTER IV
PHASE WISE TRAINING AND TIME DISTRIBUTION FOR
PROFESSIONAL DEVELOPMENT

The Competency based Undergraduate Curriculum and Attitude, Ethics and Communication (AETCOM) course, as published by the Medical Council of India and also made available on the Council's website, shall be the curriculum for the batches admitted in MBBS from the academic year 2019-20 onwards.

Provided that in respect of batches admitted prior to the academic year 2019-20, the governing provisions shall remain as contained in the Part I of these Regulations.

7. Training period and time distribution:

- 7.1. Every learner shall undergo a period of certified study extending over 4 ½ academic years, divided into nine semesters from the date of commencement of course to the date of completion of examination which shall be followed by one year of compulsory rotating internship.
- 7.2. Each academic year will have at least 240 teaching days with a minimum of eight hours of working on each day including one hour as lunch break.
- 7.3. Teaching and learning shall be aligned and integrated across specialties both vertically and horizontally for better learner comprehension. Learner centered learning methods should include problem oriented learning, case studies, community oriented learning, self- directed and experiential learning.
- 7.4. The period of 4 ½ years is divided as follows:
 - 7.4.1. Pre-Clinical Phase [(Phase I) - First Professional phase of 13 months preceded by Foundation Course of one month]: will consist of preclinical subjects – Human Anatomy, Physiology, Biochemistry, Introduction to Community

Medicine, Humanities, Professional development including Attitude, Ethics & Communication (AETCOM) module and early clinical exposure, ensuring both horizontal and vertical integration.

- 7.4.2. Para-clinical phase [(Phase II) - Second Professional (12 months)]: will consist of Para-clinical subjects namely Pathology, Pharmacology, Microbiology, Community Medicine, Forensic Medicine and Toxicology, Professional development including Attitude, Ethics & Communication (AETCOM) module and introduction to clinical subjects ensuring both horizontal and vertical integration.

The clinical exposure to learners will be in the form of learner-doctor method of clinical training in all phases. The emphasis will be on primary, preventive and comprehensive health care. A part of training during clinical postings should take place at the *primary level* of health care. It is desirable to provide learning experiences in secondary health care, wherever possible. This will involve:

- (a) Experience in recognizing and managing common problems seen in outpatient, inpatient and emergency settings,
- (b) Involvement in patient care as a team member,
- (c) Involvement in patient management and performance of basic procedures.

- 7.4.3. Clinical Phase – [(Phase III) Third Professional (28 months)]

- (a) Part I (13 months) - The clinical subjects include General Medicine, General Surgery, Obstetrics & Gynaecology, Pediatrics, Orthopaedics, Dermatology, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Psychiatry, Respiratory Medicine, Radiodiagnosis & Radiotherapy and Anaesthesiology & Professional development including AETCOM module.
- (b) Electives (2 months) - To provide learners with opportunity for diverse learning experiences, to do research/community projects that will stimulate enquiry, self directed experimental learning and lateral thinking [9.3].
- (c) Part II (13 months) - Clinical subjects include:
 - i. Medicine and allied specialties (General Medicine, Psychiatry, Dermatology Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis)
 - ii. Surgery and allied specialties (General Surgery, Orthopedics [including trauma]), Dentistry, Physical Medicine and rehabilitation, Anaesthesiology and Radiodiagnosis)
 - iii. Obstetrics and Gynecology (including Family Welfare)
 - iv. Pediatrics

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AETCOM module

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- 7.4. Didactic lectures shall not exceed one third of the schedule; two third of the schedule shall include interactive sessions, practicals, clinical or/and group discussions. The learning process should include clinical experiences, problem oriented approach, case studies and community health care activities.

The admission shall be made strictly in accordance with the statutory notified time schedule towards the same.

- 7.5. Universities shall organize admission timing and admission process in such a way that teaching in the first Professional year commences with induction through the Foundation Course by the 1st of August of each year.
- (i) Supplementary examinations shall not be conducted later than 90 days from the date of declaration of the results of the main examination, so that the learners who pass can join the main batch for progression and the remainder would appear for the examination in the subsequent year.
- (ii) A learner shall not be entitled to graduate later than ten (10) years of her/his joining the first MBBS course.
- 7.6. No more than four attempts shall be allowed for a candidate to pass the first Professional examination. The total period for successful completion of first Professional course shall not exceed four (4) years. Partial attendance of examination in any subject shall be counted as an attempt.
- 7.7. A learner, who fails in the second Professional examination, shall not be allowed to appear in third Professional Part I examination unless she/he passes all subjects of second Professional examination.
- 7.8. Passing in third Professional (Part I) examination is not compulsory before starting part II training; however, passing of third Professional (Part I) is compulsory for being eligible for third Professional (Part II) examination.
- 7.9. During para-clinical and clinical phases, including prescribed 2 months of electives, clinical postings of three hours duration daily as specified in Tables 5, 6, 7 and 8 would apply for various departments.
- 7.10. Passing in first Professional is compulsory before proceeding to phase II training

8. Phase distribution and timing of examination

- 8.1. Time distribution of the MBBS programme is given in Table 1.
- 8.2. Distribution of subjects by Professional Phase-wise is given in Table 2.
- 8.3. Minimum teaching hours prescribed in various disciplines are as under Tables 3-7.
- 8.4. Distribution of clinical postings is given in Table 8.
- 8.5. Duration of clinical postings will be:
- 8.5.1. Second Professional : 36 weeks of clinical posting (Three hours per day - five days per week : Total 540 hours)
- 8.5.2. Third Professional part I: 42 weeks of clinical posting (Three hours per day - six days per week : Total 756 hours)

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- 8.5.3. Third Professional part II: 44 weeks of clinical posting (Three hours per day - six days per week : Total 792 hours)
- 8.6. Time allotted excludes time reserved for internal / University examinations, and vacation.
- 8.7. Second professional clinical postings shall commence before/ after declaration of results of the first professional phase examinations, as decided by the institution/ University. Third Professional parts I and part II clinical postings shall start no later than two weeks after the completion of the previous professional examination.
- 8.8. 25% of allotted time of third Professional shall be utilized for integrated learning with pre- and para- clinical subjects. This will be included in the assessment of clinical subjects.

Table 1: Time distribution of MBBS Programme & Examination Schedule

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
							Foundation Course	I MBBS			
I MBBS								Exam I MBBS	II MBBS		
II MBBS								Exam II MBBS	III MBBS		
III MBBS Part I									Exam III MBBS Part I	Electives & Skills	
III MBBS Part II											
Exam III MBBS Part II	Internship										
Internship											

- One month is provided at the end of every professional year for completion of examination and declaration of results.

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Table 2: Distribution of subjects by Professional Phase

Phase & year of MBBS training	Subjects & New Teaching Elements	Duration#	University examination
First Professional MBBS	Foundation Course (1 month) Human Anatomy, Physiology & Biochemistry, introduction to Community Medicine, Humanities Early Clinical Exposure	1 + 13 months	I Professional
	Attitude, Ethics, and Communication Module (AETCOM)		
Second Professional MBBS	<ul style="list-style-type: none"> Pathology, Microbiology, Pharmacology, Forensic Medicine and Toxicology, Introduction to clinical subjects including Community Medicine Clinical postings Attitude, Ethics & Communication Module (AETCOM) 	12 months	II Professional
Third Professional MBBS Part I	<ul style="list-style-type: none"> General Medicine, General Surgery, Obstetrics & Gynecology, Pediatrics, Orthopedics, Dermatology, Psychiatry, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Respiratory medicine, Radiodiagnosis & Radiotherapy, Anesthesiology Clinical subjects /postings Attitude, Ethics & Communication Module (AETCOM) 	13 months	III Professional 1 (Part I)
Electives	<ul style="list-style-type: none"> Electives, Skills and assessment* 	2 months	
Third Professional MBBS Part II	<ul style="list-style-type: none"> General Medicine, Pediatrics, General Surgery, Orthopedics, Obstetrics and Gynecology including Family welfare and allied specialties Clinical postings/subjects Attitude, Ethics & Communication Module (AETCOM) 	13 months	III Professional (Part II)

Assessment of Electives shall be included in Internal Assessment.

Table 3: Foundation Course (one month)

Subjects/ Contents	Teaching hours	Self Directed Learning (hours)	Total hours
Orientation ¹	30	0	30
Skills Module ²	35	0	35
Field visit to Community Health Center	8	0	8
Introduction to Professional Development & AETCOM module	-	-	40
Sports and extracurricular activities	22	0	22
Enhancement of language/ computer skills ³	40	0	40
	-	-	175

1. Orientation course will be completed as single block in the first week and will contain elements outlined in 9.1.
2. Skills modules will contain elements outlined in 9.1.
3. Based on perceived need of learners, one may choose language enhancement (English or local spoken or both) and computer skills. This should be provided longitudinally through the duration of the Foundation Course.

Teaching of Foundation Course will be organized by pre-clinical departments.

Table 4: First Professional teaching hours

Subjects	Lectures (hours)	Small Group Teaching/ Tutorials/ Integrated learning/ Practical (hours)	Self directed learning (hours)	Total (hours)
Human Anatomy	220	415	40	675
Physiology*	160	310	25	495
Biochemistry	80	150	20	250
Early Clinical Exposure**	90	-	0	90
Community Medicine	20	27	5	52
Attitude, Ethics & Communication Module (AETCOM) ***	-	26	8	34
Sports and extracurricular activities	-	-	-	60

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