SMVMCH/EXC /SOP/01	preside to the	Page 1 of 11
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016

Internal Assessment Examination Committee (IAEC)

Table of Contents

S.No	Contents	Page no.
1	Purpose	2
2	Scope	2
3	Structure and function of the committee	2
4	Role of committee members	3
5	Role of Individual departments	4
6	Role of Invigilation Team and Flying Squad	5
7	Guidelines for conducting Theory internal assessment exams	6,7
8	Guidelines for conducting Practical internal assessment exams	8
9	Guidelines for Central Evaluation Role of Custodian	9
10	Grievance Redressal System	10
11	Recommendations	10
12	References	10
13	Annexure	

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SMVMCH/EXC /SOP/01	Sei Salaman Salaman	Page 2 of 11
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016

1) Purpose

The purpose of this manual is to provide uniform guidelines to all the departments to ensure smooth and transparent conduction of all UG/PG internal assessment examinations (Theory & Practical) held in Sri Manakula Vinayagar Medical College and Hospital.

2) Scope

The scope of this manual is to upgrade, maintain, and improve the quality of medical UG/PG (Theory and Practical) internal assessment examinations conducted at Sri Manakula Vinayagar Medical College and Hospital.

3) Structure and function of the Internal Assessment Examination Committee (IAEC)

A) General rules

- a. The Committee will consist of 11 members (6 executive members & 5 members)
- b. Members will serve a term not to exceed 3 years which will be renewed based on the requirements
- c. Committee meeting happens twice in a year preferably at the start of a semester
- d. Attendance in the committee meetings is mandatory for all the members

B) Functions of the Committee

- a) The IAEC shall ensure proper performance of the various duties in conducting theory examination viz. paper setting, examination time table preparation, evaluation and declaration of results.
- b) The IAEC shall recommend reforms in internal assessment examination pattern (Theory and Practical) keeping Pondicherry University guidelines in mind and shall implement them after approval of institution curriculum committee.
- c) The IAEC shall select invigilation committee for strict vigilance during the conduct of examination.

d) The IAEC shall perform such duties and responsibilities that are assigned by curriculum committee of the institute from time to time.

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SMVMCH/EXC /SOP/01	Sri Sri	Page 3 of 11
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016

4) Role of Committee members

No	Committee member	Name of member	Role & responsibility
1	Chairperson		Will act as advisory to examination committee
2	Co- chairperson		Will act as advisory to examination committee
3/4	Secretary/ Joint-Secretary		 a. Prepare the rules & regulations of internal examination as per NMC guidelines b. Monitor the question paper pattern and practical assessment pattern as per SMVMCH and Pondicherry University guidelines c. Selection of flying squad on regular basis in concern with department HODs d. Will prepare the duty schedule for flying squad e. Receive the grievances related to examination conduction from faculty, staff or students and forward it to Grievance Redressal Committee (GRC) f. Receive the cases of misbehaviour & malpractices reported during Examination and report it to GRC g. Conduction of committee meeting twice in a year preferably at the start of a semester h. Take feedback from committee members for further improvement of conduction of internal examination i. Keep the record of all the meeting (minutes of meeting)

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SMVMCH/EXC /SOP/01	Sri Salah Salah	Page 4 of 11
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016

			 j. Supervise the smooth conduction of all theory internal assessment examination k. Will have overall control on the IAEC office
4 Members		MEU coordinator	
		NAAC coordinate	or
		Faculties from cli	nical & pre & para Clinical dept.

5) Role of Individual Department

A) HOD

- a) Preparation of Blue print of Question paper and Answer key as per SMVMCH pattern
- b) Submission of question paper and answer key to Dean Academic for final approval 10 days before of examination.
- c) Keeping the confidentiality of question paper
- d) Assigning the Exam duties to departmental staff
- e) Reporting any changes in examination schedule to the IAEC
- f) Address any grievances regarding examination conduction, paper setting, malpractice, and evaluation-related complaint by students
- g) Should maintain a file of internal assessment mark.
- h) Nominate one faculty from department asregistrar
- Make arrangements in the department to provide regular feedback to students after formative assessments

j) Make arrangements in the department to conduct remedial measure for slow learners after summative assessments

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SMVMCH/EXC /SOP/01	Sri Santa Silva	Page 5 of 11
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016

B) Faculty/SR

- a) Conduction of examination in-time and seating arrangement of Examination hall
- b) Issue question papers and collect answer booklets according to exam timings
- c) Strict supervision during examination to avoid malpractice
- d) Ask the students to keep their books, note books, mobile phones and their written materials at the front of the hall/outside the hall
- e) Any malpractice during examination should be reported to HOD

C) Non-teaching Staff (Technicians & Attenders)

- a) Assist in seating arrangement, writing roll numbers on tables, and any other related works before internal exams
- b) Arrange answer booklets on the writing table 10 min prior to exam timings
- Return answer booklets to IAEC after written tests and get acknowledgement sign from the custodian
- d) Collect answer books from the custodian after evaluation and keep in the department for students' reflection and feedback
- e) Issue question papers and collect answer booklets according to exam timings

D) Invigilation Team

a) All the Department staff on examination duty will constitute "Invigilation Team."

6) Role of Flying Squad

- a) The Flying Squad members will be selected in the committee meeting
- b) Supervise the theory internal examination conducted by all the departments
- c) Keep the attendance records of all the respective departmental staff and the students (as per Annexure-I enclosed)
- d) Will strictly follow the entry and exit timings during the examination
- e) Report the exam related grievances and cases of malpractice (discussion, exchanging papers, using mobile phones) during exam to IAEC (as per Annexure-II enclosed)
- f) Attend all the meetings and give feedback (as per Annexure-III enclosed)

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Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
SMVMCH/EXC /SOP/01	Sri Sign	Page 6 of 11

7) Guidelines for conducting theory internal assessment exams

- a) All internal exams conducted in the morning hours start sharp by 08:45 am
- b) On exam day, the concerned department staff (Invigilation Team) will arrive 15 min earlier to the exam hall.
- c) Invigilation team will instruct the students to keep their belongings, books, note books, mobile phones, and any written materials at the front of the hall/outside the hall at their own risk
- d) Check whether the students have occupied their seats as per the seating arrangement.
- e) The Flying Squad members will also report to the exam-hall 5 minutes early.
- f) No student will be allowed inside the exam hall after 08:45 am.
- g) In case student is late, he/she will be allowed to write the exams only after getting written permission from Director/Dean (A)
- h) If students are involved in malpractice, the nature of punishment will be as follows:

S.No	Unfair practice/Malpractice	Nature of Punishment
1 •	Talking to another candidate inside the examination hall during the examination hours.	Minor Malpractice/use of unfair Means by the students
•	Reading out the answer to the questions or communicating in any manner answers or information in the Examination Hall so as to benefit the other candidates taking the examination. Passing on or attempting to pass on a solution to a question or a part thereof, to any other candidate during the examination hours	 Strict warning and reported to HOD If repeated, expelled from exam hall and reported to GRC

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SMVMCH/EXC /SOP/01	C-:	Page 7 of 11
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016

2	Possession of books notes paper or any	Major Malpractice/use of unfair
2	 Possession of books, notes, paper or any other material, whether written, inscribed or engraved which could be of help or 	Means by the students
	assistance to him/her in answering any part of the question paper.	Expelled from exam hall an reported to GRC
	 Possession of electronic or other devices like cell phone or pager or digital diary or other Electronic gadgets which could of help or assistance to him in answering any part of the question paper 	 Possessed materials seized and submitted to Director office by Invigilation team/flying squad Informed to parents Reported to college disciplinary
	 Found copying with bits of papers or leaves of text books or any other source or from the answer book of the any other candidate. 	committee Results will be withheld Not allowed to write university exams
	Attempting to interfere directly or indirectly the discharge of the duties of the invigilators, other examination officials/ personnel	Severe Malpractice/use of unfair Means by the students
	Abusing /Insulting/ Intimidating/ Assaulting/Manhandling/injuring the Invigilator and other Examination officials/personnel	
3	Helping the candidates to copy by any means.	Malpractice/use of unfair means by the invigilator/staff/supervisor

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Amendment Date : Examination Commit	ttee Manual Issue Date: 15/06/2016
Amendment No: 00	11 11 01
SMVMCH/EXC /SOP/01	Page 8 of 11

8) Guidelines for conducting practical internal assessment exams

- a) All the practical internal examinations should be planned according to SMVMCH guidelines
- b) The department should get the approval for chosen practical pattern from the institution curriculum committee which is authorized to suggest, modify or change the pattern keeping NMC/PU guidelines in mind.
- c) The concerned department will send a copy of the practical results within 5 days of examination to the custodian of IAEC

9) Guidelines for Evaluation in the Central evaluation hall

- a) Theory paper evaluation of all the Internal Assessment exams will be done in the Central evaluation hallby respective department faculties. Whereas, all the formative assessment exams will be conducted and evaluated at the department level.
- b) Custodian will prepare the list of evaluators and communicate it to the concerned departments
- c) All evaluations should be completed within 7 days of completion of exams
- d) Custodian will arrange the answer sheets for evaluation according to instructions given by IAEC
- e) All the evaluators will be provided with question papers and answer key before the evaluation
- f) After the completion of evaluation, the concerned department clerks should prepare the mark list in the evaluation hall and dispatch a copy to concerned HOD, Dean academic & Director office
- g) If students have any grievances related to their results, they can fill Annexure-II mentioning the specific queries (Annexure-II available at custodian) within 7 days of declaration of results. Such grievances will be addressed by concerned departments within next 7 days.

h) The custodian will prepare the final results and display it on the notice board after approval from the HOD, Dean academic & Director office

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SMVMCH/EXC /SOP/01	Sri 3 Control of the state of t	Page 9 of 11
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016

- i) The librarian should submit a copy of question paper blue print and answer key to MEU in charge for record purpose
- j) Any faculty who fails to attend the evaluation duty should intimate the same to the concerned HOD and Dean academic

10) Role of Custodian

- a) Assist secretary/joint secretary of IAEC in smooth conduction of all IA exams
- b) Prepare a list of paper evaluators by consulting concerned HODs and Dean (A) and communicate it to the departments immediately after the exams.
- c) Make arrangements for paper evaluation in the central evaluation hall
- d) Inform the department clerks/technicians to prepare the mark list after first evaluation and also after re-evaluation to rectify any changes in the marks
- e) Maintain Annexure-II (Grievance redressal form) and give it to students for filing any exam-related grievances within 7 days of declaration of results.
- f) Inform the department HOD about the grievances and get it addressed by concerned departments within next 7 days.
- g) Inform the department clerks/technicians to rectify the marks after re-evaluation
- h) Declaration of the results within 30 days of the internal exams after approval from HOD and Dean (A)
- i) Maintain the attendance of evaluators
- j) Cooperate with evaluators
- k) Keep the answer booklets safely in the evaluation hall
- 1) Receive answer booklets from the department after IA exams and keep in safe custody.

11) Grievance Redressal Committee

a) Grievance Redressal Committee (GRC) shall be an independent committee appointed by the Chairperson to deal with the complaints related to the IA examinations.

b) The GRC can recommend appropriate disciplinary actions in the concerned matter to the Director

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Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
SMVMCH/EXC /SOP/01	Sri Sri	Page 10 of 11

- c) If students have any grievances related to their results, they can fill Annexure-II mentioning the specific queries (Annexure-II available at custodian) within 7 days of declaration of results. Such grievances will be addressed by concerned departments within next 7 days.
- d) Any changes in the marks after re-evaluation should be informed to the custodian for rectification
- e) Any complaints related to examination conduction, seating arrangement, Exam Hall preparation etc...... should be informed to IAEC (Annexure-II)

12) Future recommendations

- a) Decoding of answer booklets to avoid evaluation bias
- b) OMR scanner
- c) Online correction
- d) Installing AC in exam hall

13) References

- o Pondicherry
- o MGR university Tamil Nadu
- RGUHS, Karnataka

14) Annexure

- a) Annexure-I (Attendance form)
- b) Annexure-II (Grievance Redressal form)
- c) Annexure-III (IAEC Feedback form)

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SMVMCH/EXC /SOP/01	Sri Sill A Polyton	Page 11 of 11
Amendment No: 00	MANAKULA VINAYAGAR Medical college and Hospital	Issue No:01
Amendment Date :	Examination Committee Manual	Issue Date: 15/06/2016

	Designation	Signature
	Dr. Sunil Shivekar	
Prepared by	Co - Coordinator	Sociale
	Examination Committee	1881
	Dr. Shivayogappa S Teli	
Reviewed by	Coordinator	C. Las
	Examination Committee	200011
Approved by	Dr. RN .Kagne	1
Approved by	Dean	7
Issued by	Dr. K. Karthikeyan	
Issued by	Dean Academic	Jun-

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MEDICAL GOLLEGE & HOSPITAL

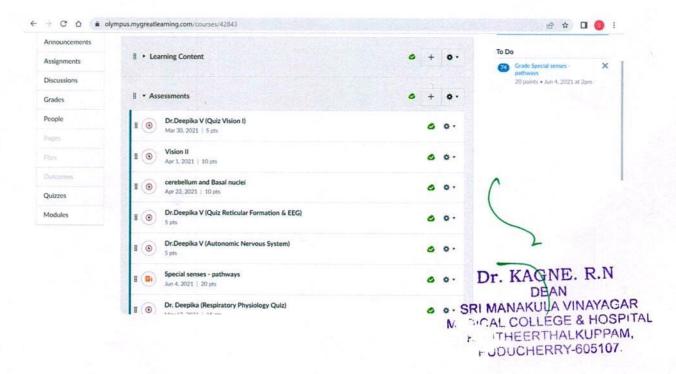
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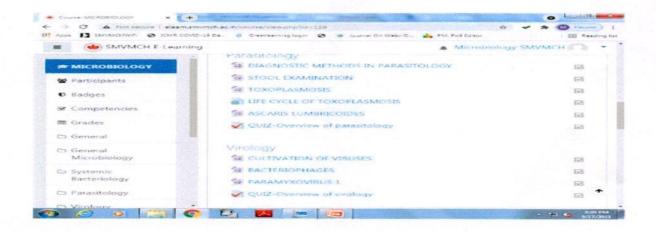
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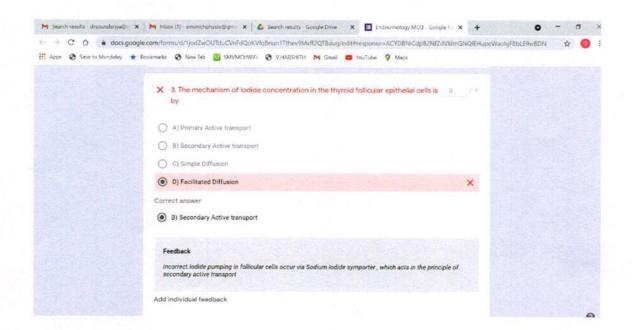


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KALITHEERTHALKUPPAM,
FUDUCHERRY-605107.



DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY

Modified Mini – PAT (Peer Assessment Tool)

Name: Dr. S. Youvalakshmi				
Year: First Year (2022 – 2025)		Date:		
Assessor's Position: Consultant Resident	Preceptor	Other	Please Specify	
How do you rate this student in their:	Below expectation for PG	Borderline for PG	Meets expectations for PG	Above expectation for PG
Good Clinical Care				
1. Ability to interpret patient problems				
2.Ability to formulate appropriate management plans				
3. Awareness of their own limitations				
4. Ability to recognize psychosocial aspects of illness				
5. Utilize appropriate resources e.g.	-			1
ordering investigations Good Medical Practice				
The state of the s				
6. Ability to manage time effectively / prioritize				
7. Technical skills appropriate to				
Postgraduate Relationship with Patients				
8.Communication with patients				
9. Communication with caregivers and / or family				
10. Respects for patients and their right to confidentiality				
Working with Healthcare Team				
11. Verbal communication with colleagues				
12. Written communication with colleagues				
13. Ability to recognize and value the contribution of others				
14. Accessibility / Reliability				σ,
15. Overall, how do you rate this doctor				
Do you have any concerns about the pos	stgraduates pr	ofessionalism	□ Yes	□ No

If yes please state your concerns:

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ME HCAL COLLEGE & HOSPITAL

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Name of the assessment method	DOPS (Direct Observation of Procedural Skills)
Objectives of the method	To assess the competency of postgraduate resident's technical, operative and professional skills in basic diagnostic and interventional procedures. To provide appropriate feedback to the students to improvise their skill.
Competencies/Topics assessed by the method	Endometrial curettage Cervix biopsy Colposcopy
	Pap smear Vaginal delivery Vacuum delivery
Short description of the method	After taking consent from the patient, postgraduate resident was assessed for commonly performed procedure. The assessor observed the resident conducting the procedure in all 4 domains mentioned in the checklist. Assessment includedpreprocedural preparation till post procedural care. The assessor evaluated and signed the DOPS checklist. At the end of the assessment, feedback was given to thepostgraduate resident highlighting their strength and weakness.
Feedback obtained	Students feedback on DOPS:
from the students and	It helped to identify the areas need to be corrected.
Faculty regarding the method	It also helps in gaining confidence that the procedure is done correctly.

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MADAGADIPET, PUDUCHERRY-605 107.



DEPARTMENT OF GENERAL MEDICINE Direct Observation of Procedural skill - (DOPS) - Assessment

Evaluated by:					Date:	
	N/A	Below expectations	Borderline 2	Meets expectations	Above expectation 4	
Domain and comments:- Professional approach: (to include communication, consent and consideration of the patient						
Knowledge (indication, anatomy, technique * Demonstrates approprivate pre-procedure preparation						
*Approprivate analgesia / sedation			- A			
Technical ability						
Aseptic technique					1 7 10 10 14	
Post procedure management						
Overallability to perform procedure		eed more pratice	May r superv		Competant to perform unsupervise	

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Mini- Clinical Evaluation Exercise (CEX) checklist

Student name

Roll number

Name of clinical evaluation done

:_ DR. Nithin Rakesh S. :_ Respiratory system

	Unsatisfactory		III COMPANY OF THE PARTY OF THE	Borderline satisfactory		Highly satisfactory	
History taking	1	2	3	4	5/	6	6
Physical examination	1	2	3	4 /	5	6	
Professionalism	1	2	3	4	5/	6	
Communication skill	1	2	3	4 /	5	6	
Clinical judgement	1	2	3	4 ~	5	6	
Overall performance	1	2	3	4 ~	5	6	9 1 1

Please circle the appropriate score for that sub-division.

Feedback:

	Student's self-opinion about performance	Faculty feedback
Mention what is done well	Was Confident about History Taking and Examination,	History taking
Suggestions for development	Training with the checklist will improve tenformance.	To improve communication by explaining to parent
Agreed plan of action	Based on checklist components which	, to improne , were missed

Assessor's signature: Par. T. Preethi

S. NITHIN RAKESH Student's signature:

Date and time: 24/11/22 12 pm

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MADAGADIPET, PUDUCHERRY-605 107.

Dr. T. BHARATKUMAR Regd. No: 75119
PROFESSOR AND HEAD
DEPARTMENT OF PAEDIATRICS Sri Manakula Vinayagar Medical College & Hospital Kalitheerthalkuppam, Madagadipet, Puducherry-605107.

Faculty feedback:

	Student's self-opinion about performance	Faculty feedback
Mention what is done well	Due to observation. I understood he importance of every step.	stepwise performance nas good
Suggestions for development	Awareness of cheekist vivi whom the ideal method	to communicate beltue with parents
Agreed plan of action	As per checkhot of	features, to

Assessor's signature: Date and time: 24/11/22 12.30 pm

Dr. T. PREETHI Regd. No.: 93331 ASSOCIATE PROFESSOR Department of Pediatrics Sri Manakula Vinayagar Medical College & Hospital Puducherry-605107

Dr. T. BHARATKUMAR
Regd. No: 75119
PROFESSOR AND HEAD
DEPARTMENT OF PAEDIATRICS
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet, Puducherry-605107.

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KALITHEERTHALKUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

DOPS Checklist

Name of the student: Dr. 2. KOKila

Overall performance	I	7	3	Þ	S	9
Communication skill	1	7	3	1	S	9
Professionalism	1	7	3	t	\s	9
Counselling of patient for follow up	1	7	3	t	S	9
Post procedure management of patient	1	7	3	Þ	<u></u>	9
Documentation	1	7	ε	10	S	9
Zeeks help when needed	ı	7	ε	10	S	9
Appropriate steps of procedure done correctly	1	7	3	t	S	9
Follows aseptic technique	1	7	3	Þ	/s	9
Provides appropriate analgesia	ι	7	3	1	S	9
Prepares the patient correctly before procedure and knows relevant anatomy	1	7	3	t	<u></u>	9
A N trasnos barmoini sniedd	1	7	3	t	S	9
Justifies the need for the procedure.	1	7	3	t	/s	9
4 sogjisni	Unsai	stactory	Borderl satisfac		Highly satisfac	tory

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DEPARTMENT OF GENERAL MEDICINE

Direct Observation of Procedural skill - (DOPS) - Assessment

Procedure :-					
Evaluated by :]	Date:
	N/A	Below expectations	Borderline 2	Meets expectations 3	Above expectation 4
Domain and comments:- Professional approach: (to include communication, consent and consideration of the patient					
Knowledge (indication, anatomy, technique * Demonstrates approprivate pre-procedure preparation					
*Approprivate analgesia / sedation	1 '4 1				
Technical ability		COUNTRIESTED	-11.655 K		
Aseptic technique					
Post procedure management		PACHAMAN TANAM	A* 5501		
Overal ability to perform procedure		Need more pratice	TIAN HUADATIAN	May need upervision	Competant to perform unsupervised
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MADAGADIPET, PUDUCHERRY-605 107.

Mini- Clinical Evaluation Exercise (CEX)

Name of the assessment method	Mini- Clinical Evaluation Exercise
Objectives of the assessment method	To assess the clinical skills of undergraduate students regarding history taking, physical examination skills, communication skills, clinical judgment, professionalism and to provide appropriate feedback to the students.
Competencies/Topics assessed by the method	Antenatal examination Antenatal care Intrapartum care Postpartum care
Short description of the method	After taking consent from the patient, the undergraduate student was asked to take a short history and examine the patient and formulates appropriate management plan. The assessor directly observes the student and evaluate the clinical skills using checklist. At the end of the assessment, the assessor provide feedback to the student about their performance.
Feedback obtained from the students and Faculty regarding the method	By obtaining feedback from faculties, they could improve their skills in all domains. Developed confidence in patient counselling.

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Medical college and Hospital -

Assessment - Postgraduate residents.

Direct Observation of procedural skills (DOPS)

Objective:

To assess the competencies, technical and professional skills in a range of basic diagnostic and interventional procedures of the medical post graduate students, and to facilitate developmental feedback.

Competencies/ procedures assessed:

Lumbar puncture
Pleural fluid tapping/ drainage
Central line placement
Ascitic fluid tapping
Bone marrow aspiration and biopsy

Description:

The designated student will obtain the DOPS form, inform the assessor and be prepared for the assessment. The assessor for the student will grade the student based on the checklist provided as the student performs the procedure. The checklist incorporates

- 1. understanding of indications, relevant anatomy, technique of procedure
- 2. Informed consent
- 3. Demonstrates appropriate preparation- pre-procedure
- 4. Appropriate analgesia or safe sedation
- 5. Technical ability
- 6. Aseptic technique (if appropriate)
- 7. Seeks help where appropriate
- 8. Post procedure management
- 9. Communication skills
- 10. Consideration of patient/professionalism
- 11. Overall ability to perform procedure

The assessor shall observe the student from the stage of consent taking till the end of the procedure and post procedure instructions to the patient. A feedback shall be given at the end to the student by the assessor, which will address the areas of improvement if any.

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DEPARTMENT OF GENERAL MEDICINE

Direct Observation of Procedural skill - (DOPS) - Assessment

Procedure: Bone marrow aspiration

Evaluated by:

Date: 8/3/2022

N/A	Below expectations 1	Borderline 2	Meets expectations 3	Above expectation 4
			~	
		1/		
	200 Nation (1975) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (1984) 1984 (19			Competant to perform unsupervised
	N		N/A expectations 2 Borderline 2	N/A expectations 1 Borderline expectations 3

Dr. KAGNE. R.N

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
THEERTHALKUPPAM.
FUDUCHERRY-60510/

Dr. KAGNE, R.N.

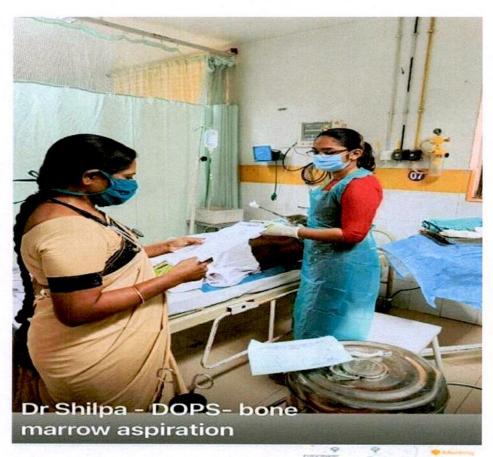
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DEPARTMENT OF GENERAL MEDICINE Direct Observation of Procedural skill - (DOPS) - Assessment

Procedure :-		
	2	
Evaluated by :		Date:

	N/A	Below expectations 1	Borderline 2	Meets expectations	Above expectation 4	
Domain and comments:- Professional approach: (to include communication, consent and consideration of the patient			×			
Knowledge (indication, anatomy, technique * Demonstrates appropriate pre-procedure preparation		- 1-				
*Appropriate analgesia / sedation	AL					
Technical ability						()
Aseptic technique			. a 11_1_1	# T 4 F 25	DE KAGNE	2
Post procedure management				NAVAGOO	VALUNAMENT PE Dr.	KAGNE. R.I
Overall ability to perform procedure		Need more practice	1	need rvision	Competent to SRI MA	L COLLEGE & HO
Transaction of the second		in the			KALITI	HEERTHALKUPE



Tuesday • 08-Mar-2022 • 11:25

Dr. KAGNE. R.N

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FUDUCHERRY-605107.

KALITHEERTHALKUPPAM, PUDUCHERRY - 605 107.

INTERNSHIP DIARY (MBBS COURSE)

Name of the Intern

Date and year of Joining MBBS

Date of Commencement of Internship :

Date of Close of Internship

Date of Submission of Diary to Director's Office

TRUE COPY ATTESTED

Provisional Registration Number from TN-MCI

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL KALITHEERTHALKUPRAM, MADAGADIPET, PUDUCHERRY-605 107.

PHOTO

Internship:

A phase of training wherein fresh medical graduates are expected to conduct actual practice of medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently.

Objectives of Internship Programme for M.B.B.S students are as mentioned below.

- a. Clinically diagnose common disease conditions encountered in the community.
- Refer complicated cases to a higher level without any delay.
- Manage all type of emergencies medical, surgical, obstetric, neonatal and paediatric patients by rendering first level care.
- d. Use rationally and efficiently essential drugs, infusions, blood or its substitutes.
- e. Use discreetly laboratory services and interpret them correctly.
- Demonstrate skills in monitoring of National Health programmes and schemes.
- g. Provide preventive and promotive health care services to the community.
- Develop leadership qualities to function effectively as the leader of the health termorganized to deliver health and family welfare services.

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MADIGADIPET, PUDDOCHERRY-605 107

Time Distribution of Postings - Compulsory & Elective

munity Medicine (Rural) (Urban) eral Medicine chiatry eral Surgery	1 Month 1 Month 1½Months 15 Days	8-9	dd-mm-yyyy	dd-mm-yyyy
(Urban) eral Medicine chiatry	1 Month 1½Months	8-9		
chiatry		8-9		
	1.5.Dove			
aral Surgen/	15 Days	10		
siai Suigery	1½ Months	11-12		
esthesiology	15 Days	13-14		
tetrics & Gynaecology Iding Family Welfare Inning	2 Months	15-16		
diatrics	15 Days	17		
natology	15 Days	18	J. X.	
opaedics	15 Days	19		demin
sical Medicine and abilitation	15 Days	20		
ergency Medical Services	15 Days	21-51		MET
thalmology	15 Days	52	2 VI 19 Y	HIPET P
Rhino-Laryngology	15 Days	53		Lo Bost
tive Posting	15 Days	54-62		
-t	halmology Rhino-Laryngology	halmology 15 Days Rhino-Laryngology 15 Days	halmology 15 Days 52 Rhino-Laryngology 15 Days 53	halmology 15 Days 52 Rhino-Laryngology 15 Days 53

TRUE COPY ATTESTED

Certified that the details given in the diary are accurate

SRI MANAKULA VINAYAGAR

REDICAL COLLEGE AND HOSPITAL

KALITHEERTHAL KUPPAM,

MAUAGAUIPET, PUU CHERRY-605 107

Date

SEAL

DIRECTOR/DEAN

Internship - Guidelines

- 1. Be a sincere doctor with good work habits.
- 2. Be polite and considerate towards your colleagues, seniors, paramedical staff and patients.
- Develop your analytical skills and be perceptive to ideas.
- 4. Display honesty, integrity and humility to accept mistakes.
- 5. Be enthusiastic and motivated.

Carry Course

- 6. Show active involvement in **patient care and** community health programs.
- Display good communication skills with other staff and patients.
- 8. Know your limitations and consult your seniors in difficult cases.
- Be aware of ethics code of conduct and follow them always.
- 10. Write and maintain medical records and medico legal records properly.

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KALITHEERTMA; KUPPAM,
MADAGADIPET, PUDUCHERRY-605 107

About the Diary

- Interns are required to go through the diary before starting a posting and aim to perform the mentioned activities.
- 2. Interns are required to enter all the activities and tasks in the diary at the end of the posting.
- 3. Interns are responsible for the accuracy of all the entries they make in this diary.

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- Interns are required to get this diary signed by the head of the unit and the head of the department immediately after completion of their posting.
- A confidential report about the interns sincerity and skills will be send to the Director by the head of the department at the end of his / her posting.

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 Please note that this is a permanent record of your training which is essential when you pursue your higher studies/seek employment abroad.

Department of Community Medicine

Compulsory posting: 2 months 31.10.2014 30.12.2014 Period of posting: From To

Instructions

- 1. Please indicate the number of each activity done by the intern.
- 2. The entries should be supported by the diary maintained by the intern.

Rural Health Training Centre, Thiruvennainallur. 31.10.2014 30.11.2014

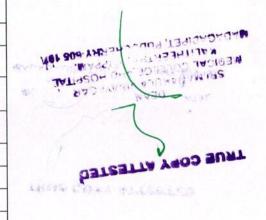
31.10.2014 From To

SI. No.	Activity	Total Number
1	Total number of patients seen	
	OPD	
	Mobile clinic	
	Others (eg. Special camps)	
2	Procedures	
	Suturing	
	Dressing	
	Others (specify)	
3	School Health Program	
	No. of school children	Screened- Referred-
4	Health education (School / Community)	
	Topic(s)	
	Place (Name of school/village/others)	
	A-V aids used	
=X	Number of People attended	

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5	Family folders updated (with Medical Social Worker)	
6	No. of training programs attended	
	Topic(s)	
	No. of PG presentations (seminar / journal) attended	
	Topic(s)	
7	Non communicable disease clinic	
	No. of patients seen	
	No. of sessions conducted	
	Number of foot examinations done	Marine Ma
8	Health education material preparation (using PATH guidelines)	
	Topic (s)	
	Material prepared (eg. flip book/ pamphlet/poster etc)	
9	Projects involved	
	Topic(s)	
	Activity done (eg. Data collection, data entry)	
	Number of subjects covered	
10	Any other activity (Exticonmeure visit/observing days of public health importance/special programs / others (specify)	
	Signature of Centre In-charge (with seal)	
1	Remarks on conduct of student	



Urban Health Training Centre, Villupuram.

From	 To	

Leren Change South

SI. No.	Activity	Total Number	
1	Total number of patients seen		
	OPD		
	Mobile clinic		
	Others (eg. Special camps)		
2	Procedures		
	Suturing		
	Dressing		
	Others (specify)		
3	School Health Screening Program	- K	
	Name of the School & Place	Screened- Referred-	
	No. of school children		
4	Health education (School / Community)		
	Topic(s)		
	Place (Name of school/village/others)		- 84 %
	A-V aids / Materials used		
	Number of People attended		TRUE COPY ATTESTE
5	Food sample analysis		
	Number of food samples	Collected- Tested-	OE 4%
	No. of samples adulterated		COLASANAT TO UNITAG
	No. of households results informed and counselled (with health Inspector)		MADAGADIPET, FLOUDIERKY

6	Number of Family folder updated (with Medical Social Worker)	10	Million and agreement
7	No. of traning programs attended		
	Topic(s)		
	No. of PG presentations (seminar/journal) attended		-()
	Topic(s)		ella conservations
8	Palliative care program		
	No. of patients seen	i. Pain & Palliative care clinic ii. Community	
	No. of home care visits made		
	Actions taken for patients(s) / family seen with the team		
9	Health education material preparation (using PATH guidelines)		
	Topic(s)		
	Material prepared (eg. flip book / pamphlet / poster etc)		
10	Projects involved	La transfer to the second	
	Topic(s)		
	Activity done (eg. Data collection, data entry etc.)		
11	Any other activity (eg. Exposure visit/observing days of public health importance/special programs / others (specify)	Catalogical and all the second	
	Signature of Centre In-charge (with seal)		
Jak	Feedback on Perfamance & conduct of student		

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Primary Health Centre

	Activity	Total Numbers
1	Immuniztion /	
	Vitamin "A"	
	Prophylaxis	
	No. of Children	
	immunised	
	a) BCG	
	b) DPT	
	c) POLIO	
	d) MEASLES	
	Vit. 'A' concentrate given	
	T.T. Immunisation for	
	ANC done :	TRUE COPY ATTESTED
2	Treatment	TRUE COT
	a) No. of ARI Cases treated	(
	b) No. of Diarrhoea Cases treated	DEAN MAGAR
3	No. of Slides Examined	SRI MANAKULA HOSPITA BEBICAL COLLEGE A TOPAM, KALITHEERT PUBLICHERY SOS
	a) Malaria	ADAGADIPET,
	b) TB	

	Activity	Total Numbers	
4	No. of Health Education Sessions Conducted a) School b) Community		Constitution of the second sec
		Lea	12 for gran
5	No. of Antenatal Cases Examined		the Cappen White 2 - 20
6	No. of Postnatal Cases Examined		
7	No. of Deliveries Conducted		
8	No. of FW Clinics / Camp Attended		
9	No. of IUDs Inserted / Examined		
10	No. of Patients examined		
11	No. of Emergency Cases Attended		



	Activity	Total Numbers	
12	No. of Seminars Attended		
13	No. of Seminars presented		
14	Any other activity (specify)		
15	Title of the Research Project (If any)		
16	Signature of the Unit Incharge		
17	Remarks		
			JE COPY ATTESTS

Intern's Incharge

Signature of the Head of Department with Seal

Date:

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SRI MANAKULA VINAVAGAR
MEDICAL COLLEGE AND HOSPITAL
MADAGADIPET, PUDUCHERRY 505 107.



Sri Manakula Vinayagar Medical College and Hospital, Pondicherry

Consensus guidelines for Postgraduate Seminar

The guideline for preparing seminar has been discussed under three steps - Step-1: drafting the seminar handout, Step-2: Rules for making PowerPoint presentation and Step-3: guidelines for making an oral presentation. Each of these steps are separately discussed below.

Please refer to guidelines of Medical Council of India and Pondicherry University for the frequency of event and content to be covered. These guidelines are developed to guide and the faculty and student in the conduct of the event in their respective departments.

Step-1: Drafting the seminar handout

The purpose of a seminar handout is that -

- 1. A student who looks at the handout months after the seminar should be able to get the key points about the topic (which means that you have to think of major key points which your seminar is likely to convey)
- 2. Critical issues or those with no consensus or where there is a debate should be mentioned
- 3. Important references should be given

Please follow the guidelines for preparing the handout. Please share your seminar handout with your moderator before developing the PowerPoint Presentation.

- 1. Type your handout in a word file (A4, Font 12, Times New Roman, Justified setting)
- 2. Get your handout approved by your moderator before making PowerPoint Presentation
- 3. Please do not 'cut/copy-paste' (plagiarism) of the content. Try to write it in your own words with acknowledgement to original source
- 4. Towards the end, mention, key points or take home messages
- 5. Provide 5-10 good references
- 6. Avoid copying/using ready- made on-line presentations and projecting it as your own.

Please send your handout to all faculties by emails/Google group at least three days prior to the seminar. Last two days should be used to refine your presentation, if any faculty comment on it.

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Step-2: Rules for making PowerPoint presentation from draft of seminar

Defining the session content:

Before starting the preparation of PowerPoint presentation, the presenter shall refer to seminar draft and decide the specific learning objectives of the presentation. The logical flow of the presentation can be initially formulated under the following headings: title, introduction, aims and objectives, body of the presentation, conclusion and references. It might depend on the way content is presented in review articles and documents.

Choosing a lay out

Using the blank presentation mode, the user can choose the desired layout of the slides. Various types of slide layouts available in the PowerPoint software are: Blank, Title slide, Title only, Bulleted list, two column texts, text with table/chart/clipart, Flowcharts.

Selection of background and colour:

Background:

- Uniformity of the background should be maintained throughout the presentation.
- Use white background and black letters
- Use Logo of SMVMCH on the first slide of PowerPoint
- Minimize the use of animations and effects. However, for procedural explanation, animation can be used

Choosing the correct Font:

- The "Sans Serif" type of fonts like 'Arial', 'Helvetica', and 'Tahoma' should be used for PowerPoint presentations.
- A maximum of two different font types can be used during the entire presentation, one for the headings and the other for remaining text.
- Fancy and illegible fonts on the slides can be preferably avoided.
- Font size should not be less than 24 point for the main text and 36 for the title. The presentation material should be legible for the whole audience and not only to the first few rows of people.
- When one wants to highlight the key points, change in Font size can be permitted, but this option can be sparingly used.
- Capital letters should be used judiciously. It is not a must that 'Title case' should be in capitals. Titles look better when presented in a mixture of upper and lower case letters.
- "Rule of Six" i.e., Six lines per slide and six words per line should be preferably followed in the PowerPoint presentation.
- Do not clutter the slide. Only one idea or concept per slide is preferred.
- Headers and Footers can be added to insert the date, slide number or additional text.
 Comments can be added to each slide, acting as reminders for the presenter.

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PUDUCHERRY-605107.

· Pictures and graphics - Pictures and graphics make the presentations more interesting. However they should be relevant to the topic presented and shall not act as mere decorations. Jpeg and .gif formats which occupy less disc space are preferred while adding the pictures avoid bmp format.

Rehearsal of the presentation:

- After the preparation of the PowerPoint slides, it is suggested to print a rough draft of the presentation and to proof-read it.
- It is better to have a back-up plan before presentation. The presentation may be carried to the venue on a pen drive, CD or stored on a lap top. It is safe to keep a printout of all the slides at hand, which can be referred while speaking or it can be provided to audience as a handout if there are major technical difficulties at the venue.

Step-3: Guidelines for making oral presentation of seminar

The postgraduate students must be aware of the following aspects while delivering oral presentation for seminar

- Make sure that you are professionally dressed and groomed
- Arrive early to the presentation venue on the day of presentation and survey the conference room for AV aids and seating arrangement
- Project the slides at the venue and check for mal-alignment
- Practice with the audio-visual equipment at the venue site
- Respecting the clock. Moderator may decide the time for the presentation.
- Demonstrate an ability to communicate effectively
- Present one idea at a time and try to explain it

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Please avoid postponement\rescheduling of the seminar. Also make sure that the each activity is documented in the relevant registers.

Reference:

1. Singh T, Gupta P, Singh D. Principles of medical education. 3rd ed. New Delhi: Jaypee Brothers; 2009. p. 133-43.

Dr. KAGNE. R.N

SRI MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL KABITHEERTHALKUPPAM,

PUDUCHERRY 605107.

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Peer and Faculty Feedback Form

(To be completed by peers and faculty attending the session)

Name of the student:	Date:
Title of the seminar:	

No.	Criteria	Rating							
110.		1	2	3	4	5			
1	Quality of the seminar draft		-						
2	Seminar draft shared with peers and faculty well in advance								
3	Done relevant literature search, provided background information								
4	Purpose of seminar was clearly stated								
5	Rule for making PowerPoint								
6	Ability to answer questions logically and accurately	1							
7	Presentation skills – voice modulation, eye contact, body language	- 3							
8	Ability to use AV aids		Ala -						
9	Summarized the points at the end	1000	- 11/2/17	- Ingel	313	-			
10	Adequate and correctly cited references			+	1				

5- Accomplished, **4** – Developing, 3 – Acceptable, but needs development, **2** – Needs significant development, **1** – Unacceptable

Areas of strengths:

Areas for further improvement:

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Sri Manakula Vinayagar Medical College and Hospital, Pondicherry

Consensus guidelines for Post-graduate Journal club

<u>Purpose:</u> The purpose of these guidelines is to provide broad directions to all the Departments in facilitating Journal club activity for Post-graduates

This guideline is expected to guide faculty to help postgraduates to attain the skills in critical appraisal of an academic journal article. It is common practice to ask questions on methodology details of papers during the viva-voce examination. Please refer to guidelines of Medical Council of India and Pondicherry University for the frequency of event and content to be covered.

Guidelines to be followed before presentation

• The postgraduate shall search the literature to find relevant journal articles and shall discuss the selected articles for presentation at least three weeks prior with the moderator and finalize the article at least 2 weeks prior to the presentation date. A minimum of 5 articles can be chosen by the postgraduate and discussed with the moderator who chooses the article/s to be discussed during the presentation.

The following points shall be kept in priority while choosing the original article

- The articles shall be chosen from high quality, peer reviewed journals with reputed editors and members of the editorial board.
- The journal shall be having a good impact factor and shall be indexed in a respected research database.
- Review articles/editorials shall be avoided wherever possible.
- The postgraduate shall make the PowerPoint presentation based on the article which should be approved by the moderator at least 2 days prior to the day of presentation.
- Soft copies of the articles shall be mailed to all the faculty members and other
 postgraduates through a Google group\Whatsapp group. However hard copies can
 also be handed over to the faculties as per their preferences.
- Postponement of the scheduled academic activities is strictly prohibited. However on valid reasons, postponement can be permitted by Head of the Department. But this should not overlap with the presentations of other students on prefixed dates.
- The student obtaining the permission for postponement shall make necessary arrangements with the other colleague students by exchanging the date/topic.
- The academic program should occur even if the moderator is on leave/absent. The
 moderator shall hand over the responsibility to their colleague ensuring the prompt
 conduction of the program.
- All the students and the teaching faculties shall attend the academic program and shall sign in the respective registers maintained in the department.

Dr. KAGNE. R.N

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THEERTHALKUPPAM,
FUDUCHERRY-605107

Guidelines to be followed during presentation

Before starting the presentation the presenter shall outline the topic of the article- why
the particular article was selected, search strategy followed, a brief outline of the
background knowledge and its relevance to the present context.

The following stepwise approach shall be followed during the critical appraisal of the article.

Introduction:

The introduction should state the current knowledge of the topic with reference to the
recent literature and what research question will be intended to be answered by the
present study. The principle goal of the appraisal should be to seek the clear and most
precise form of the objective.

Material and Methods:

- Is the study design suited to fulfil the objectives of the study?
- · Is it an experimental or observational study?
- Whether approval of the appropriate ethics committee was obtained before the commencement of the study?
- Was the research work preceded by a pilot study?
- Was the place of study and study duration specified in the study?
- Study sample:
 - o Is the study sample, a biological representative from the target population?
 - What is the sampling method followed and is the sample size adequate to have sufficient power?
 - o Are the inclusion and the exclusion criteria defined appropriately?
 - Is there information about data loss (non-respondents, drop outs, missing values)
- If the study is an experiment, were the patients randomly allocated to the different arms of the study and is the process of randomization described?
- Are the experimental group and the control group comparable?
- Are suitable methods of measurement of the target variable described?
- Are the quality of measurements and outcome valid, reproducible, blinded and quality control checked?
- Is the methodology ethically acceptable?

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Results:

- Are the observations stated clearly for the readers to make their own judgement?
- Are the tables, graphs and illustrations used clear without any duplication of the content?
- Whether the statistical parameters and tests appropriately selected and clearly described (p value, confidence intervals)?
- Is the statistical analysis focused on the study objectives and whether any associated findings are described?
- Are the results consequent to the analysis presented in the study?
- Whether the confounding and intervening variables handled appropriately?
- Are the effect sizes and confidence interval described for the principle findings?

Discussion:

- Is there appropriate explanation for the findings observed in the study?
- Is statistical significance clearly distinguished from clinical significance?
- Are the consistencies and inconsistencies of the study findings with the existing literature fully explained?
- Whether the conclusions are derived from the study findings? Are they reliable and valid?
- Are the limitations of the study adequately discussed?
- Is it mentioned that how the results of present study will enhance the current knowledge on the topic?
- Did the study mention about the scope of future research in the present topic?

References:

- Jean-Baptist du Prel, Bernd Röhrig, Maria Blettner. Critical Appraisal of Scientific Articles. Part 1 of a Series on Evaluation of Scientific Publications. Deutsches Ärzteblatt International. Dtsch Arztebl Int 2009; 106(7): 100-5.
- F G R Fowkes, P M Fulton. Critical appraisal of published research: introductory. BMJ 1991;302:1136-40.

Dr. KAGNE. R.N

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THEERTHALKUPPAM,

AL COLLEGE & HOSPITAL

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JOURNAL CLUB

Peer and Faculty Feedback Form

(To be completed by peers and faculty attending the session)

Name of the student:	Date:
Cite the article presented:	

No.	Criteria		-12/197	Rati	ng	
		1	2	3	4	5
1	Justification for selection of the article			1	50	
2	Done relevant literature search, provided background information					
3	Explanation of aims and objectives of the study				9 5	
4	Explanation of materials and methods of the study					
5	Explanation of results of the study					7
6	Explanation of discussion and limitations of the study					
7	Explanation of author's conclusion and its interpretation					
8	Followed appropriate requirements in preparing PowerPoint presentation and handouts					
9	Ability to answer questions logically and accurately			1100		
10	Presentation skills – voice modulation, eye contact, body language					

5- Accomplished, 4 – Developing, 3 – Acceptable, but needs development, 2 – Needs significant development, 1 – Unacceptable

Areas of strengths:	
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Areas for further improvement:	N.SI EWOAN TO
	January Alexander

Dr. RAGNE. R.N

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Peer ASsessment of Skills (PASS)

Name of Assessor (student):

Date:

S.No	Name of Performer Name of the psychomotor skill	Objective Structured Clinical Examination (OSCE) steps (one mark/step) Total Marks (5)					Marks secured	Comments for improvement	
		1	2	3	4	5	secured	improvement	
1									
2									
3									
4									
5									TRUE COPY ATTESTE

Supervising Teacher's name:

Signature:

SRI MANAKULA VINAYAGAR
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KALITHEETHALMUPPAM,
MADAGADIPET, PUDUCHERRY-605 107.

No: 126 /SMVMCH/Paedi/UG- Schedule/2023

DEPARTMENT OF PAEDIATRICS

Clinical Posting Schedule for II MBBS - 3rd Semester (2021-2026) Posting from 27.03.23 to 09.04.23 (2 weeks posting) Batch – B

Time: 10.30 to 1.30 P.M

S. No		ТОРІС	COMPETENCY	LOG BOOK (Y/N)	OSCE Q. NOS.	FACULTY	POSTGRADUATES
1	27.03.23	History taking and development immunization	PE34.5 1.7 19.6, 19.11	Yes/ Cert (3) Yes/ Cert (5)	1-4	Dr.T.Preethi	Dr.Thamizharasan
2	28.03.23	Nutrition, Complementary feeding, diet plan, vitamins and minerals	8.4, 9.4, 9.5 9.7 12.3, 12.4, 12.8, 12.9, 12.17, 12.18, 12.21, 13.3, 13.4, 13.5	Yes Yes	5-8	Dr. Thambi	Dr.Nadheem
3	29.03.23	Anthropometry growth charts	9.6, 33.11	Yes/ Cert (2)	9-12	Dr.Vinothini	Dr.Neha
4	30.03.23	General examination and vitals	34.6, 34.7, 23.8, 23.9, 29.11	Cert (3)	13-16	Dr.Nithiya	Dr.Indhuja
5	31.03.23	Cardiovascular system history and examination	23.7 23.10	Bedside skill	Distribution	Dr.Satya Sujatha	
6	03.04.23	Respiratory system History and examination Abdomen history and examination	28.9 26.5,29.10 26.6, 26.7, 29.12,		21-24	Dr.Giridharan	Dr. Kokila
7	04.04.23	CNS examination Central Nervous System History	30.18, 30.17		25-28	Dr.Nithiya	Dr. Karikalan
8	05.04.23	Newborn history and examination	20.4	Bedside skill	29-32	Dr.Giridharan	Dr.Rajeswari
9	06.04.23	Ward leaving exam	- TE		The second		

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MADAGADIPET, PUDUCHERRY-605 107.

Professor & Head
Department of Paediatrics
Dr. T. BHARATH KUMAR
Regd. No: 75119
PROFESSOR & HEAD

Regd. No: 75119
PROFESSOR & HEAD
Department of Pediatrics
Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkupparn, Madagadipet,
Puducherry-605107.

08.05.23	CVS - ARF/RHD	Nil	Nil	51-55	Dr.A.Arulkumaran
09.05.23	Fever with Hepatosplenomegaly	29.13, 29.14, 29.15, 29.18, 29.19	Yes	56-60	Dr.T.Kanimozhi
10.05.23	Skills lab – 1M, IV, Immunization	19.7, 19.10, 19.12, 19.14, 24.16, 27.20, 15.6, 19.3, 15.7, 24.17, 19.8	Yes/Skill Session		Dr.T.Preethi Dr.Hemanth
11.05.23	Fever with Jaundice	26.8, 26.9, 26.13	Yes	61-65	Dr.Giridharan
12.05.23	Nephrotic Syndrome			66-70	Dr.Bharath Kumar
13.05.23	Normal Newborn			71-75	Dr.A.Arulkumara
15.05.23	Acute glomerulo - nephritis		-	76-80	Dr.Nithiya
16.05.23	New born jaundice		1	81-85	Dr.Thambi
17.05.23	Skills lab – BLS/O2/BM/LP/liver biopsy	27.28, 27.10, 27.14, 27.16, 27.15, 27.17, 27.18, 29.17, 30.23, 26.10	Yes/ Skill Session		Dr.Sakthi Abirami Dr.Nithiya
18.05.23	Newborn – preterm/ IUGR/LGA	451	Yes	86-90	Dr.Bharath Kumar
19.05.23	Ward leaving				
20.05.23	Ward leaving			THE STATE OF	

Copy to:

The Director

The Dean

The Dean (Academic)

Notice Board

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MEDICAL COLLEGE AND HOSPITAL
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Professor & Head
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Kalitheerthalkuppan, Madagadipet,
Puduchery-805107.



DEPARTMENT OF PAEDIATRICS

Examination skills station

Total 4 marks

Item	Marks
Greets the client and obtains name	0.5
Introduces self, role, nature of visit, obtains consent	0.5
Demonstrates respect and interest, attends to patient's comfort	0.5
Elicits the sign/ examination of the system	2
Thanks the patient	0.5

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MADAGADIPET, PUBUCHERRY-605 107.



DEPARTMENT OF PAEDIATRICS

Communication skills station Total 4 marks

Marks
0.5
0.5
0.5
1
1
0.5





DEPARTMENT OF PAEDIATRICS SKILLS CHECKLIST

Name of the Procedure:

Date:

	Unsati	Unsatisfactory		Borderline satisfactory		Highly satisfactory	
Prepares the manikin correctly before procedure and knows relevant anatomy	1	2	3	4	5	6	
Follows aseptic technique	1	2	3	4	5	6	
Appropriate steps of procedure done correctly	1	2	3	4	5	6	
Documentation	1	2	3	4	5	6	
Professionalism	1	2	3	4	5	6	
Communication skill	1	2	3	4	5	6	
Overall performance	1	2	3	4	5	6	

Student Feedback on strengths and areas of improvement:

Faculty Feedback on strengths and areas of improvement:

Assessor name and Signature

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Department of Microbiology

TOPICS EVALUATED BY OSPE:

A. SEROLOGICAL TESTS

- 1. RF test
- 2. CRP test
- 3. ASLO test
- 4. TRUST/ RPR for syphilis
- 5. Widal for enteric fever
- 6. HIV-ICT/ELISA
- 7. HBV-ICT/ELISA
- 8. Dengue-ICT/ELISA

B. ANTIMICROBIAL SUSCEPTIBILITY TESTING

C. FUNGAL IDENTIFICATION EXERCISE

- 1. Aspergillus flavus
- 2. Aspergillus fumigates
- 3. Aspergillus niger
- 4. Penicillium species
- 5. Fusarium species
- 6. Trichophyton mentagrophytes
- 7. Rhizopus species
- 8. Candida albicans
- 9. Crytpococcus neoformans

D. HAND HYGIENE

E. PERSONAL PROTECTIVE EQUIPMENTS
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DEPARTMENT OF MICROBIOLOGY
SM MANAKULA VINAYAGAR MEDICAL COLLEGE & HOSPITAL
PUDUCHERRY - 605 107.

SEROLOGICAL TEST

- **Q.** A 25 yrs old female was admitted with complaints of fleeting joint pain on & off for the past 2 yrs. O/E there were tender sub cutaneous nodules over the left elbow. Physical examination showed evidence of mitral stenosis. A serological test was advised.
 - 1. Identify the serological test.(2)
 - 2. What is the significant titre? (2)
 - 3. What is the principle of the test? (3)
 - 4. What is the clinical diagnosis and treatment? (3)

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ANTIMICROBIAL SUSCEPTIBILITY TESTING

Q. Aspirated Pus sample of a patient with an abscess over the gluteal region was sent for culture and sensitivity. Gram stain from the sample showed plenty of pus cells and gram positive cocci in clusters. Blood agar showed beta hemolytic colonies. Catalase and coagulase tests were positive. Antibiotic susceptibility test (AST) was performed using Kirby Bauer disk diffusion method. You are provided with the Zone of inhibition of the various antibiotics tested. Report your observations on the following.

Antibiotic	Observed Zon of Inhibition (mm)		
Cefoxitin	12		
Penicillin	21		
Erythromycin	12		
Clindamycin	16		
Co-trimoxazole	18		
Linezolid	23		

CLSI Interpretation guidelines table

Antibiotic	Susceptible	Intermediate	Resistant ≤21 ≤28 ≤13 ≤14	
Cefoxitin	≥22	-		
Penicillin	≥29	-		
Erythromycin	≥23	14-22		
Clindamycin	≥21	15-20		
Co-trimoxazole	≥16	11-15	≤10	
Linezolid	≥21		≤20	

A. Identify the organism (2)

B. Interpret the AST based on the observed zones of inhibition (4)

C. Prescribe the appropriate antibiotic to this patient based on the AST

findings. Justify (4)

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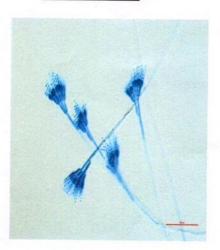
FUNGAL IDENTIFICATION

- **Q.** A 50 yrs old farmer was admitted with C/O pain and lacrimation of the left eye following injury with sharp object. O/E there was ulceration of the cornea. Culture yielded a pure growth of the given fungus. Report your observation on the following:-
 - A. Describe the colony morphology (3)
 - B. Describe the microscopic appearance of LPCB mount (3)
 - C. Identify the causative agent. (2)
 - D. Name two other infections caused by this fungus. (2)

COLONY MORPHOLOGY



LPCB MOUNT



Dr. RAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MCO CAL COLLEGE & HOSPITAL
NICTHEERTHALKUPPAM,
PUDUCHERRY-605107.



Department of Microbiology

Name/ Registration number of student	Date:		
Skill Station: Hand hygiene			
Situation: Perform the correct steps of hand hygiene using the ha	nd rub solution provided		
Observation: Observe if the participant is performing the following correctly in the correct sequence (as necessary)	ng steps of hand hygiene		
Mark "1" for each step done correctly			
Mark 0.5 for partially done steps			
Mark "0" if the task is not done or incorrectly done and calculate t	he score.		

S.no	STEPS OF HAND HYGIENE	SCORE	REMARKS
1.	Took adequate volume of hand rub		
2.	Palm to palm		
3.	Back of hands (both hands)		
4.	Fingers interlaced (between fingers)		
5.	Fingers interlocked (Back of fingers)		
6.	Thumb rotational (Both hands)		
7.	Tip of fingers rotational (Both hands)		
8.	Allowed hands to dry		

Maximum sore: 8	
Student score:	
Remedial: Yes/No	

Dr. KAGNE. R.N

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MEDICAL COLLEGE & HOSPITAL

KALITHEERTHALKUPPAM.

PUDUCHERRY-605107.



Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthalkuppam, Madagadipet, Puducherry-605 107.

Department of Paediatrics 3rd Semester Ward Leaving exam 2021-2026

Batch - D Date: 05.05.23

	Batch - D	1				Date: 05.0	_
S.No	Name	Station 1 4 Marks	Station 2 4 Marks	Station 3 4 Marks	Station 4 4 Marks	Station 5 4 Marks	Total (20Mark
79	NEHA S	1/2.	3	2/2	1/2.	22.	11
80	NIRMAL RAJ K		3	2.	1,	2.	9
81	NISHA B	1	.3	31/2	21/2.	21/2.	12 1/2
82	NIVETHA SHREE S		Al	sent -			
83	NIZAR REHUMAN A	1	31/2	2.	1	1.	81/2
84	OBU VAISNAVII K S	1	31/2	2 1/2	1	11/2.	91/
85	PARTHASARATHY K	1/2	3	3	1	-1	81/2
86	PRASSANNA RAJAN S	1/2	31/2	2 1/2	11/2	2	11
87	PRAVEEN L	1/2	31/2	3 1/2	1/2	1/2	11/2
88	PRAVEEN RAJU. R	2	31/2	3	1/2	2/2	12/
89	PREETHI S	11/2	3 1/2	21/2	2/2	2/2	12/2
90	PREETHI VENDAN P	2	3	312	1/2	2	12
91	PREETHIKA E	1/2	31/2	3	1/2	2	11/2
92	PRINCE BABU	1/2	3	2.	41/2	252	10//2
93	PURVAJA K	-		-Absont			
94	R SRIKANTH	2	31/2	4	1/2	2/2	131/2
95	RIQSHITHA SRI S	2	31/2	4	2	2/2	14
96	S K VARSHINI	21/2	3.1/2	31/2.	2	3	14/12
97	S KALYAN SHRAVAN	21/2	2/2	21/2	3	11/2	12
98	S PIRIADHARSHNE	11/2	21/2.	2.	21/2	3	11/2
99	SACHIN KUMAR. S	11/2	21/2	2	2	2	10
100	SANGEETHA ANAND	2/12		3	21/2	3	131/
101	SANJEETH R B	11/2	2.1/2.	3.	21/2	2	111
102	SARAN V		The second	beent -	1		1
103	SARANYA S		18050 174	osent _			

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