

Handbook for Postgraduate Students

DISCLAIMER

Review of the Institute's / University's academic and financial policies and / or curricular reforms, may result in changes to rules and / or polices that are published in this document, which is updated annually.

All information in this handbook is subject to revision from time to time and changes are made in course offerings, schedules, academic rules and requirements, and the format of instruction. SBV reserves the right to alter, change, or amend any of these rules and regulations Information contained herein supersedes that published previously.

Please forward any comments updates or questions to the Vice Principal (Curriculum), Office of the Dean, MGMCRI at vp@mgmcri.ac.in.

TABLE OF CONTENTS

I. About Sri Balaji Vidyapeeth.....	5
SBV Vision & Mission.....	7
Courses Offered (Faculty Of Medicine).....	10
Admission Procedure.....	12
II. Goals And General Objectives Of Postgraduate Medical Education Programme.....	13
Goals.....	14
General Objectives of Post - Graduate Training.....	15
Period of Training.....	16
Components of the Postgraduate Curriculum.....	17
Dissertation.....	19
SBV Model Of Competency Based Learning And Training (cobalt) for Post Graduate Education.....	21
SBV Examinations.....	28
III. Policies and Procedures.....	31
Work Hours and Leave Rules.....	32
Hospital Regulations for Post Graduates.....	34
Central Library - SBV.....	35
Hostel Rules And Regulations.....	38
IV. Medical Ethics.....	41
(Code of Medical Ethics As Prescribed By The Medical Council of India)	
The Modified Hippocratic Oath.....	55



I. ABOUT SRI BALAJI VIDYAPEETH



ABOUT US

Sri Balaji Vidyapeeth (Deemed-to-be-University) was established in the year 2008, based on the recommendations of UGC (under section 3 of the UGC Act 1956).

This Deemed-to-be University is a state-of-the-art multidisciplinary teaching and research foundation that offers graduate, postgraduate, post doctoral and Ph.D programmes in pre-, para and clinical disciplines at Mahatma Gandhi Medical College & Research Institute, Pondicherry and Sri Sathya Sai Medical College & Research Institute, Ammapettai, Kanchipuram district, the off campus centre of Sri Balaji Vidyapeeth (SBV). Graduate and Postgraduate programmes in dentistry and nursing are also being offered at Indira Gandhi Institute of Dental Sciences, Pondicherry and Kasturba Gandhi Nursing College, Pondicherry respectively.

The Super Specialty Courses were initiated in the year 2011 and include D.M., in Cardiology and M.Ch, in Neurology, Urology and Cardiothoracic & Vascular Surgery.

Innovative measures are being presently adopted with respect to the curricular content and delivery in PG programmes (academics and research), but well within the gamut of the rules laid down by the regulatory bodies. In recognition of these efforts, Sri Balaji Vidyapeeth has been accredited with 'A' grade by the National Assessment and Accreditation Council (NAAC) in 2015.

SBV has been ranked consistently within the 'Top 100' Educational Universities in the country by the National Institutional and Ranking Framework, by MHRD, Government of India since 2016. The National Accreditation Board for Hospitals & Healthcare providers (NABH) has assessed and certified MGMCRI Hospital with Pre-Accreditation-Entry level.

SBV VISION & MISSION

VISION

Sri Balaji Vidyapeeth will strive to be in the forefront of higher education in order to give India the High Calibre healthcare workforce she needs.

MISSION

- To raise SBV and its constituent institutes to be among the top ten institutions in the country.

Value: Excellence

- To empower our students so that they are considered at par with global standards with regards to their competence, professionalism, ethical Practice of holistic, compassionate and evidence based medicine and as dedicated researchers.

Value: Student empowerment

- To bring about an integration in teaching learning process which ensures a holistic approach to learning and a better comprehension from the students.

Value: Collaboration

- To develop innovative and credit based courses in areas of national priorities.

Value: Innovation, Excellence

- To train healthcare professionals to be active members of healthcare delivery in a compassionate and holistic manner.

Value: Social accountability, Compassion

- To foster research in areas of national and international priorities such as personalized medicine, regenerative medicine and drug development for Tropical diseases.

Value: Innovation, Social accountability

- To foster cooperation with industry to enable the benefits of research to reach the community.

Value: Collaboration, Community Service

- To foster academic and research collaborations both nationally and internationally to enable SBV to be an active participant in emerging areas of medicine

Value: Collaboration, Innovation

- To focus on the interface between modern medicine and complementary and alternate medicine to create evidence for their synergistic use.

Value: Holistic Medicine, Scientific Rigor

VISION

To be one of the premier institutes of medical education in the country teaching and training medical professional to impart holistic, evidence based, affordable and compassionate patient care, and to excel in innovative & translational research in areas of national and international priorities.

MISSION

- To bring about innovations in teaching learning processes such that the graduates of MGMCRI will be unique in obtaining comprehensive medical education, leadership qualities and be lifelong learners.
- To empower our students and faculty so that they are at par with global standards with regards to their competence, professionalism, ethical practice of holistic, compassionate, evidence based medicine in different healthcare settings and as dedicated researchers.

GOALS

- To raise MGMCRI to be among the top ten medical institutions in the country
- To bring about an integrated curriculum within the frame work of regulatory bodies
- To develop appropriate tools for delivery and assessment of competency based residency program for postgraduates
- To develop specialties based practice with state of the art infrastructure to provide evidence based, affordable and compassionate patient care
- To get the hospital accredited for quality in patient care
- To expand the community based services to serve the poor and needy
- Actively participate in all national programs to achieve health for all
- To foster research in areas of national and international priorities

VISION

To be a Centre of Excellence for the maintenance and enhancement of the Quality of Medical and Allied Health Science Education, Research and Patient Care.

MISSION

- To produce a competent & humane manpower by imparting Quality, Value Based and Competency Based Under Graduate, Post Graduate & Post Doctoral Medical & Allied Health Science Education with emphasis on skills development.
- To promote Medical Research at all levels.
- To offer holistic, tertiary level health care service in a rural set up.
- To inculcate Scientific Temper, Research Attitude & Social Accountability amongst staff & students.
- To collaborate with other institutes of excellence for education, research & patient care.

GOALS

- To produce the 'Indian Medical Graduate' as defined by Medical Council of India and supportive Health care Para Medical Professionals.

COURSES OFFERED (FACULTY OF MEDICINE)

POSTGRADUATE DEGREE COURSES

SL. NO.	NAME OF THE COURSE	OFFERED @
1	M.D - General Medicine	MGMCRI & SSSMCRI
2	M.D - Respiratory Medicine	MGMCRI & SSSMCRI
3	M.D - Dermatology, Venereology & Leprosy	MGMCRI & SSSMCRI
4	M.D - Psychiatry	MGMCRI
5	M.S - Obstetrics & Gynecology	MGMCRI & SSSMCRI
6	M.S - General Surgery	MGMCRI & SSSMCRI
7	M.S - Ophthalmology	MGMCRI & SSSMCRI
8	M.S - ENT	MGMCRI & SSSMCRI
9	M.S - Orthopedics	MGMCRI & SSSMCRI
10	M.D - Pediatrics	MGMCRI & SSSMCRI
11	M.D - Anesthesiology	MGMCRI & SSSMCRI
12	M.D - Radiodiagnosis	MGMCRI & SSSMCRI
13	M.D - Pathology	MGMCRI & SSSMCRI
14	M.D - Pharmacology	MGMCRI & SSSMCRI
15	M.D - Anatomy	MGMCRI
16	M.D - Physiology	MGMCRI
17	M.D - Biochemistry	MGMCRI
18	M.D - Microbiology	MGMCRI & SSSMCRI
19	M.D - Community Medicine	MGMCRI & SSSMCRI
20	M.D - Forensic Medicine	MGMCRI & SSSMCRI
21	M.Sc Medical Microbiology	MGMCRI
22	M.Sc Medical Bio Chemistry	MGMCRI

SUPER SPECIALITY COURSES OFFERED @ MGMCRI

SL. NO. NAME OF THE COURSE

- 1 DM Cardiology
- 2 M.Ch Cardiothoracic Surgery
- 3 M.Ch Neuro Surgery
- 4 M.Ch Urology

ADMISSION PROCEDURE

To achieve the vision & mission of the University, SBV has state-of-the-art infrastructure, well trained faculty, excellent outpatient and inpatient services, besides possessing auxiliary services that are known for their promptness and discipline. These facilities are available both at Mahatma Gandhi Medical College and Research Institute (MGMCRI) Pondicherry and Sri Sathya Sai Medical College and Research Institute (SSSMCRI) at Ammapettai (TN), the latter being the off-campus centre of SBV.

ELIGIBILITY FOR ENTRY INTO POSTGRADUATE DEGREE COURSES

Applicants should have passed their M.B.B.S from an institution recognized by the Medical Council of India (MCI). They should also be in possession of permanent registration of Medical Council of India and must be completing their internship by 30th april of 2018

ADMISSION PROCEDURE FOR PG DEGREE AND DIPLOMA COURSES

The admissions to all PG courses of SBV are based on merit that is evolved based on NEET (PG) examination 2018. They will be admitted through common counseling by Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, Government of India, New Delhi.



**II. GOALS AND GENERAL OBJECTIVES
OF POSTGRADUATE MEDICAL
EDUCATION PROGRAMME**



GOALS

The goal of postgraduate medical education shall be to produce competent specialists and /or Medical teachers,

- who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- who shall have mastered most of the competencies, pertaining to the speciality, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- who shall be aware of the contemporary advances and developments in the discipline concerned;
- who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

GENERAL OBJECTIVES OF POST - GRADUATE TRAINING

At the end of the postgraduate training in the discipline concerned, the student shall be able to;

- Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in health.
- Practice the speciality concerned ethically and in step with the principles of primary healthcare.
- Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality.
- Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative and preventive strategies.
- Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately select and conduct investigations.
- Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the speciality.
- Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
- Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
- Play the assigned role in the implementation of national health programmes, effectively and responsibly.
- Organize and supervise the chosen/ assigned health care services, demonstrating adequate managerial skills in the clinic / hospital or the field situation.
- Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
- Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
- Develop skills in using educational methods and techniques as applicable to the teaching of medical / nursing students, general physicians and paramedical health workers.
- Function as an effective leader of a health team engaged in health care, research or training.

PERIOD OF TRAINING

The period of training for the award of various postgraduate degrees or diplomas shall be as follows:

DOCTOR OF MEDICINE (M.D.) / MASTER OF SURGERY (M.S.)

The period of training for obtaining these degrees shall be three completed years including the period of examination. Provided that in the case of students possessing a recognized two year postgraduate diploma course in the same subject, the period of training, including the period of examination, shall be two years. To be eligible for this, the candidate must make an application to the university along with the diploma certificate in original.

DOCTOR OF MEDICINE (D.M.) / MASTER OF CHIRUGERI (M.CH.)

The period of training for obtaining these degrees shall be three completed years including the examination period.

POST GRADUATE DIPLOMA COURSES

The period of training for obtaining a postgraduate Diploma shall be two completed years including the examination period.

RESIDENCY

All the candidates joining the Residency training programme shall work as 'Full Time Residents'. They will be paid a stipend of Rs.40,000 / - during 1st year, Rs.41,000 / - during 2nd year and Rs. 42,000 / - during the 3rd year. This will be calculated on prorata basis taking into account their eligible leave according to leave rules.

COMPONENTS OF THE POSTGRADUATE CURRICULUM

The major components of the Postgraduate curriculum shall be:

- Theoretical knowledge
- Practical and clinical skills
- Attitudes including communication skills.
- Dissertation and
- Training in research methodology.

EDUCATIONAL & TRAINING PROGRAMS

- Training programmes for the award of various Post Graduate degree and diplomas shall include the following:-
 - (i) Participation in the teaching and training of undergraduate students and interns.
 - The Post-Graduate students are designated officially as 'Junior Resident' in Clinical departments and 'Tutor' in pre & para clinical departments, which are teaching posts. The post graduate students have the responsibility for active participation in the teaching and training of UG students / peers and Allied Health Professionals in the form of small group discussions, case based discussions, bedside clinics and skills training programs. They are required to conduct the classes as assigned to them by the HODs.
 - To enable the PG students to perform their teaching responsibilities well, the Medical Education Unit of both collages will be conducting the '**Training of Young Trainers Program**', an introduction to Education Principles & Practice.
 - (ii) Training in Medical Audit, Management, Health Economics, Health Information System, basics of statistics, exposure to human behavior studies, knowledge of pharmaco–economics and introduction to non-linear mathematics shall be imparted to the Post Graduate students.
 - In the basic sciences, the training of the students will include Lectures, Seminars, Journal Clubs, Group Discussions, participation in laboratory and experimental work, involvement in research studies in the concerned speciality and exposure to the applied aspects of the

subject relevant to clinical specialities.

- In the clinical disciplines, training of the students will include graded responsibility in the management and treatment of patients entrusted to their care. The level of Entrustable professional activity (EPA) will be assessed at periodic intervals. The level of competence will be judged in Seminars, Journal clubs, Group Discussions, Clinical Meetings, Grand rounds, and Clinico - Pathological Conferences, practical training in diagnosis and medical and surgical treatment using feedbacks. Training will include exposure in the Basic Medical Sciences, as well as in allied clinical specialties.
- In the higher specialties (DM / M.Ch), the training programme will be on the same pattern as for M.D. / M.S. in clinical disciplines; with practical training including advanced Diagnostic, Therapeutic and Laboratory techniques relevant to the subject of specialization. The Postgraduate Degree / Diploma / Super specialty Residents in Surgical Specialties shall participate in surgical operations as well.
- For postgraduate diplomas, the teaching and training of the students will include graded clinical responsibility; Lectures, Seminars, Journal Clubs, Group Discussions and participation in clinical and Clinico-Pathological Conferences, practical training to manage independently common problems in the specialty; and training in the Basic Medical Sciences. The level of Entrustable professional activity (EPA) will be assessed at periodic intervals.
- To orient the new post graduate students to their roles, goals and responsibilities, a comprehensive '**Orientation Program**' will be conducted by the Medical Education Unit of both Institutions.

DISSERTATION

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

The topic for the dissertation would be finalised by the Department within three months of admission. This is to be submitted as a protocol, in the proper format, to the Institute Research Committee by **1st September** of the year of admission. Necessary corrections would be made by the candidate after review by the IRC and the corrected protocol resubmitted for approval by the Institute Human / Animal Ethics committee by **1st of November. The project will commence only after approval of the IHEC / IAEC.**

The students are expected to work on their dissertation and submit the completed project report, in the prescribed format, duly approved by the faculty guide, to the SBV University 6 months before the completion of MD/MS/DM/MCH courses.

The candidate shall be allowed to appear for the Theory and Practical / Clinical examination only after the acceptance of the Dissertation by the examiners. In case the dissertation is returned with comments by the examiners, the candidate shall resubmit the dissertation after making suitable corrections. In case the dissertation is rejected by the examiner (s), the university will send it to a third external examiner. The dissertation would be deemed to be accepted if two of the three external examiners and the internal examiner approves the same.

Detailed discussion on the dissertation As per SBV norms, a work would be undertaken during the Viva-Voce / Oral University examinations by the panel of examiners.

INTRAMURAL AND EXTRAMURAL ROTATIONS

- Intramural rotations within the institute in allied subjects are permissible at the discretion of the department, if considered necessary, for training of the PG Students.
- Extra-mural rotations (outside the institute) are permissible up to a maximum of three months for specific purposes (i.e.) to fulfil a learning need. An e-portfolio will be maintained by all postgraduates specifying the purpose of the posting and a report obtained from the institute wherein the student was posted as regards to satisfactory attendance and quality of work. This must also specify what the candidate has gained during the rotation. Rotation will be restricted to Government / Private Teaching institutions. As a policy, rotation to private clinics is actively discouraged.
- During rotation period, sufficient no. of postgraduates must be retained in the parent department, so that working of the college / hospital is not affected (i.e.) all students in a batch must not be sent at the same time. Before sending a candidate for rotation, sanction must be obtained in writing from the authorities of the recipient institutions through the Office of the Dean.

SBV MODEL OF COMPETENCY BASED LEARNING AND TRAINING (COBALT) FOR POST GRADUATE EDUCATION

SBV is forging ahead by introducing an unique Competency Based Learning and Training Model (COBALT) for setting up a high standard of Post Graduate Medical Education in the country and to ensure training of postgraduates who can function independently as specialists, researchers or medical teachers when they complete their course.

This model is a progressive step in achieving our Mission, Vision and goals in response to the prevailing national needs.

TABLE 1: KEY WORDS USED IN TO COBALT PROGRAM AND THEIR DEFINITION

KEY WORD	DEFINITION
Competency	“Competence is defined as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served.”- Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA 2002; 287:226-35.
Domains of competence	These are broad distinguishable areas of competence that in aggregate constitutes a general descriptive framework for a profession. The ACGME / ABMS framework identifies six domains of competence: Patient care (PC), Medical Knowledge (MK), Interpersonal skills and Communication Skills (ISC), Professionalism (P), Practice-Based Learning and Improvement (PBLI) and Systems-Based Practice (SBP). This same format is retained for the COBALT program.
Entrustable Professional Activity (EPA)	Since competencies are not directly measurable, they need to be rewritten in a format which is observable and measurable. This format is called ‘Entrustable Professional Activities’ or ‘EPAs’. EPAs describe a measurable activity or task that requires specialized knowledge and skills, and encompasses multiple competencies. They are ‘critical activities’ in the professional life of physicians agreed upon by the speciality community that must be assessed and approved at some point, in the ongoing creation and training of the specialists.

<p>Levels of EPAs</p>	<p>These represent five sequential stages in the development of competency from novice to the expert level.</p> <p>Level 1 – expected ability of a novice, mostly limited to observation only</p> <p>Level 2 – ability to perform the activity under strict supervision</p> <p>Level 3 – ability to perform the activity under loose supervision</p> <p>Level 4 – ability to perform the activity independently</p> <p>Level 5 – expertise in the activity; ability to perform the activity independently and teach others.</p>
<p>Milestone</p>	<p>It is a significant point or an observable marker of an individual’s ability along a developmental continuum.</p>

Each EPA is mapped to appropriate domains of competency and the level of competency to be attained at the end of 1st, 2nd and 3rd years of Postgraduate degree course and at the end of 1st and 2nd years of Postgraduate Diploma Course are defined. The residents do a self-assessment for the EPAS at the time of joining. The faculty will do the assessment at the end of every 3 months for the first year and every six months thereafter, to document the student’s progress.

MULTI SOURCE FEEDBACK (MSF)

Multi-source feedback is the feedback obtained from different sources including patients, relatives and other health care professionals regarding EPAs which pertain to dealing with patients, their relatives or other health care workers, communication, attitude, professionalism etc. They form the basis of assessing the level of competency achieved by the student. SBV uses specially designed, contextually relevant evaluation forms for this purpose.

E-PORTFOLIO

Residents will record all their activities regarding Patient-Care and Academics in an E-portfolio, on daily basis. The faculty supervisor will review this at regular intervals. A longitudinal view of the residents’ work paints a picture of growth, progress and continuity over a period of time so that the learner can present a profile of accomplishments based on evidence.

The major components of an E-portfolio include

- Curriculum Vitae
- Details of undergraduates training with achievements

- Details of resident training
- Patient care activities
- Participation in Clinical governance and audit
- Teaching learning activities
- Critical incident reporting and reflection on these incidents
- Participation in outreach activities, research academic publications, training courses and extracurricular activities.
- Reflections on these experiences form a major part of the eportfolio.

A hands-on workshop on e-portfolio will be conducted for all incoming residents to enable them to create and manage their e-portfolios effectively.

TABLE 2: STEPS INVOLVED IN COMPETENCY BASED LEARNING AND TRAINING (COBALT) PROGRAM

1.	Departments prepare a list of competencies required to be attained by the resident in the speciality.
2.	Competencies are attributes and cannot be measured directly. Hence these competencies are converted in to a series of measurable activities called Entrustable ‘Professional Activities (EPAs) , which implies that once qualified, the resident will be able to perform all these satisfactorily.
3.	EPAs are listed in order of General EPAs common to all disciplines followed by EPAs which are specific to the speciality concerned.
4.	For each EPA an expected level of performance is fixed at the end of each year of the course. a. These levels are called milestones b. The criteria for grading the levels have been fixed by the departmental faculty after comprehensive review.
5.	The expected satisfactory for level of performance for these EPAs at the time of course completion is generally fixed at Level 4 for most of the EPAs and Level 3 for complex EPAs which would require further post-doctoral training.

6.	The EPAs are made available to the postgraduate residents immediately after joining the program.
7.	They grade their own level on these EPAs at admission.
8.	The students are graded by the faculty four weeks after admission and the difference in levels, if any, between self-assessment and faculty assessment, would be shared with the student as feedback. This process enables the student to understand the differences between one's own perspective and that of the trainer.
9.	On admission, each student is allotted a faculty supervisor who will mentor with the student till the completion of the course.
10.	The mentor follows & records the the progress of the student on the EPAs at three monthly intervals during the first year and six monthly intervals thereafter.
11.	PG residents record all activities related to academics & patient care daily in the eportfolio. The faculty mentor reviews the eportfolio every week and provides appropriate feedback to the mentee.
12.	The students are encouraged to discuss aspects of their training, the difficulties perceived in the course and other relevant issues with the mentor.
13.	The mentor responds to the queries and records his/her observations in his/her weekly post.
14.	For students not showing 'Satisfactory' progress, intervention in the form of a focussed feedback and additional exposure to learning resources and skill training is instituted.
15.	In addition to the mentor, other faculty from the department can also monitor the progress of the student & provide constructive feedback.

The unique features of the COBALT approach are opportunities for a tailored intervention based on individual needs and the attention given to both process and outcome. Another major strength of this model is emphasis on reflective practice, which is further supported by continuous feedback and mentoring by the supervisor with additional inputs from departmental colleagues.

WORKSHOPS ON RESEARCH METHODOLOGY

The Medical education units of MGMCRI / SSSMCRI conduct the workshops on research methodology for the Post Graduate students in two parts. First part for the First year Post Graduates on 'Dissertation Protocol- writing' in the beginning of first year and the second part on 'Dissertation- writing', three months before the submission of Dissertation (i.e. three months after the commencement of Academic year 3).

The aim of these workshops is to familiarize the postgraduate students with research methodology and scientific protocol writing. The programs are structured in a way to enable the students

- To differentiate between protocol and dissertation.
- To familiarise the different contents of the dissertation.
- To realise, what goes into the aims, objectives, subject and methods, results, observations, discussion, conclusion, abstracts and bibliography.
- To familiarise them to the statistical softwares available.
- To manage references using software.
- To format their own write up.
- To make them aware about the plagiarism

These objectives are translated into practice by the use of Interactive short presentations, Group tasks and students' presentation in the plenary sessions.

Besides making short and interesting power point presentations, the faculty help the students to understand the difficult aspects of the statistics, reference management and formatting. The programs end with open sessions wherein the students express their reflections on the workshops.

COMPULSORY BLS AND ACLS TRAINING FOR POSTGRADUATES STUDENTS

Postgraduates can encounter life-threatening emergencies and cardiac arrest at their workplace or home or anywhere else in the community. Every postgraduate resident irrespective of his / her specialty should be able to handle any such emergency and provide immediate care to the patient, either alone or with minimal help from others.

Cardio pulmonary resuscitation helps to sustain life in the early critical period of cardiac and respiratory arrest. Cardiopulmonary resuscitation includes Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS) and Paediatric Advanced Life Support (PALS).

The Medical Simulation Centre at Mahatma Gandhi Medical College and Research Institute (MGMCRI) is an authorized International Training Centre (ITC) of the American Heart Association (AHA) and offers training and certification in BLS, ACLS & PALS. This institute is only the 7th medical college in India to achieve this distinction.

The Medical Simulation Centre at MGMCRI is fully equipped with CPR manikins, High Fidelity Advanced Cardiac Life Support (ACLS) simulators, Automated External Defibrillators (AEDs), manual defibrillators, basic and advanced airway devices and various other manikins necessary to teach BLS, ACLS & PALS courses.

BLS for Healthcare Providers Course trains participants to promptly recognize cardiac arrest, give high-quality chest compressions, deliver appropriate ventilations, and provide early use of an automated external defibrillator (AED), as part of a team and individually. This course also teaches how to relieve choking.

ACLS Provider Course through standardised instruction and active participation in simulated cases will enhance the student skills and clinical decision-making abilities for the diagnosis and treatment of cardiopulmonary arrest, acute life threatening arrhythmias, stroke and acute coronary syndromes. The course trains the students to demonstrate effective communication as a member or leader of a resuscitation team.

PALS Provider Course uses a series of simulated paediatric emergencies to teach and reinforce the important concepts in systematic approach of paediatric assessment in a seriously ill child. This course also teaches basic life support, PALS treatment algorithms, effective resuscitation and team dynamics, in the paediatric setting.

Recognizing the importance of this training all Postgraduate Residents of MGMCRI & SSSMCRI are required to undergo this life-saving training & certification compulsorily (clinical, pre and para clinical specialties) in the early phase of their course so as to provide Quality health care.

Upon successful completion of each course, the participants will receive an internationally recognized AHA certificate and the discipline specific Course Completion Card.

SBV EXAMINATIONS

REQUIREMENTS FOR BEING SENT UP FOR THE UNIVERSITY EXAMINATIONS

MCI requires that all postgraduate degree students should fulfil the following requirements to be eligible to appear for the examination.

- During the period of training they shall attend not less than 80% (Eighty percent) of the imparted training during each academic year including assignments, fulltime clinical / teaching / service and participation in all facets of the educational process.
- One poster and one oral paper presented at National, Regional conferences with the postgraduate student as the first author.
- One scientific paper sent for publication during the course. For this purpose proof of submission of paper to an indexed journal / journal of National Association would be sufficient and it is not necessary that the paper should have appeared in print. The candidate should again be the first author.
- In addition, as per SBV university norms, proof of submission of one paper based on the dissertation is required before the issue of hall tickets to the candidates.

EXAMINATIONS

The examinations will be organized on the basis of grading or marking system to evaluate and certify candidate's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as in 'Practical' and 'Oral \ Viva Voca' separately shall be mandatory for passing the whole examination. The examination for M.D/ MS, D.M. / M.CH shall be held at the end of 3rd academic year and for diploma at the end of 2nd academic year. The university will conduct two examinations in a year (Oct & March – April) for any subject, with an interval of 6 months between the two examinations.

DOCTOR OF MEDICINE (M.D.) / MASTER OF SURGERY (M.S.)

M.D./M.S. examinations, in any subject. Shall consist of Dissertation, Theory Papers, and Clinical / Practical and Oral examinations.

(a) Dissertation

Every candidate shall carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Dissertation.

The Dissertation shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A candidate shall be allowed to appear for the Theory and Practical /Clinical examination only after the acceptance of the Dissertation by the examiners.

(b) Theory

- There shall be four theory papers of 100 marks each. Out of these one shall be of Basic Medical Sciences and one shall be of recent advances, the other two being subject papers.
- Each paper is for 100 marks and shall have 10 short essays of 10 marks each. The Questions are framed in such a way so as to test the knowledge of the candidate precisely and from a wide sample. In PG examinations, the focus would be as HOTS (Higher Order Thinking Skills). Also, the questions are framed in a way, so to give as specific guidelines to the candidates as to the action required out of them.
- The Blue – Print of the question papers is available in the departmental library for the student's reference.

(c) Clinical / Practical and Oral

- Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist / Teacher, for which candidates shall examine a minimum one long case and two short cases.

- Practical examination for the subjects in Basic Medical Sciences shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental / Laboratory studies and his / her ability to perform such studies as are relevant to the subject of study.
- The Oral examination shall be thorough and shall aim at assessing the candidate knowledge and competence about the subject, investigative procedures, therapeutic techniques and other aspects of the speciality, including the candidate's dissertation work.

A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including Clinical and (3) Viva Voce / Oral examination.

The details of the curriculum can be obtained from the booklet produced by the University from time to time.

II. Doctor of Medicine (D.M.) /Master of Chirurgiae (M,Ch.)

The Examination consists of: (i) Theory and (ii) Clinical / Practical and Oral.

(a) Theory

- There shall be four theory papers; one paper out of these shall be on 'Basic Medical Sciences', and another paper on 'Recent Advances', the other two being subject papers.
- Each paper is for 100 marks and shall have 10 short essays of 10 marks each.
- The Questions are framed in such a way so as to test the knowledge of the candidate precisely and from a wide sample. (The focus of examinations would on HOTS.)

(b) Clinical / Practical and Oral

Practical examination shall consist of carrying out special investigative techniques for Diagnosis and Therapy. M.Ch candidates shall also be examined on the principles of surgical procedures. Oral examination shall be comprehensive to test the candidate's overall knowledge of the subject.

A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory (2) Practical including clinical and (3) viva voce examination.



III. POLICIES AND PROCEDURES



WORK HOURS AND LEAVE RULES

WORKING HOURS

FOR MGMCRI:

- 8.00 AM – 4.00 PM, on all working days (Mon – Fri)
- 8.00 AM – 1.00 PM, on all Saturdays, Sundays and other holidays.

FOR SSSMCRI:

- Monday through Saturday : 8.30 AM to 8.00 PM
- Saturday : 8.30 AM to 5.30 PM
- Sunday & Holiday : 10.00 AM to 5.00 PM

Emergency stay duty shall be for 24 hours (8 AM – 8 AM). Post graduates need to be available on call on all days irrespective of the emergency stay duty days.

LEAVE RULES

As per MCI norms, all postgraduates have to put in a minimum of 80% attendance, during each year of the course, to be eligible for being sent up for the examination. The permitted period of absence of 20% includes all leave availed by the candidate including the period of late joining. This implies that if the period of registration of degree courses is taken as 36 months and for the diploma course as 24 months, the total period of absence cannot exceed 219 days for degree students and 146 days for diploma students. Any other period of absence with / without permission, will be counted against the permissible period allowed by the MCI of 20% of overall course duration. It is emphasized, however, that all postgraduates put in near 100% attendance for learning purposes. Keeping the MCI requirements in mind, the following leave rules have been drawn up by the Institute Council for the postgraduate students:

1 st year	-	24 days + 6 days of Academic Leave
2 nd Year	-	24 + 6 days of Academic Leave
3 rd Year	-	24 + 7 days of Academic Leave

- The Academic Leave shall be availed for attending conferences / CMEs / Workshops etc. Academic leave should be used in the same year. HODs may at their discretion permit students to attend more than one Conference / CME / Workshop per year provided that the learning experience is useful to them. However, work in the Institute / Hospital should not suffer and all students should not be permitted to avail off this facility at the same time (i.e.) sufficient number should stay back for routine functioning of the department.
- Any period in excess of this should be counted towards the 20% permissible absence as per MCI norms.

HOSPITAL REGULATIONS FOR POST GRADUATES

PATIENT CARE

The PGS are expected to:

- Involve themselves and dedicate their working hours (Elective and Emergency) towards quality patient care.
- Maintain cordial and holistic approach towards patients and their relatives.
- Exhibit professionalism while revealing facts of the disease and treatment outcomes and to be part of the counseling team along with faculty members.
- Make decision on treatment and patient care, only after consultation with faculty members.
- Get the opinion from faculty members before authorizing admissions (Elective & Emergency).
- Perform procedures as per the EPA level assigned to you.
- Execute the policies laid down by the department & Unit chief with regards to patient care.
- Take part and contribute towards all academic programs of the hospital including Medical Audit and Critical Incidents Review.

DISCIPLINE

The PGS are expected to:

- Report to duty (Elective & Emergency) on time. Mark attendance through Biometry and in the department.
- Maintain cordial relationship with fellow postgraduates, faculty members and other employees of the Institution.
- Intimate all forms of leave, well in advance, to the Head of the Department / Unit chiefs. Emergency leave has to be intimated over phone or E-mail to concerned authorities.
- Follow acceptable disciplined formal dress code [Men & Women] within hospital premises both during elective and emergency hours, including wearing of ID cards at all times.
- Avoid using mobile phones / Tablets / Laptops while on duty & attending to patient (OPD, Ward, Casualty & Operation theatres).

CENTRAL LIBRARY – SBV

WORKING HOURS

The Central Library – SBV was started in the year 2001 to needs of the Faculty, staff and students of MGMCRI, KGNC and IGIDS, Spread over 4000 square feet, the sprawling library, is located in the heart of the SBV-MGMCRI and houses a rich collection of books, journals, archives collection, thesis and digital resources. The architectural beauty of the building and the unique SBV Info Gallery attracts visitors from all over

STRUCTURAL ARRANGEMENTS

Floor	Books	Journals / references	Others
Ground Floor	Pre Clinical Collection	All Reference Books	Lounge area, Seminar Hall, UG Internet, Own book reading section
First Floor	Para Clinical Collection	Journal archives	SBV Info Gallery
Second Floor	Post Graduate & super specialty books	Current Journals/ Thesis	E lab, Digital Library, Faculty / PG Internet
Third Floor	Own book reading sections		

Library timing

- Monday through Saturday : 8.00 AM to 10.00 PM
- Sunday : 9.00 AM to 5.00 PM

Facilities and services:

1. Borrowing facility
2. Open public Access catalogue
3. Own book reading sections
4. Online journals (Proquest Data Base)
5. E Books

6. Photocopying
7. Internet with wifi
8. E learning resources at the Digital Library
9. E Lab
10. Internet Kiosk, browsing stations for UGs & PGs

The SBV library also hosts Special collection of books and journals in the following topics:

1. UNO
2. World Bank
3. UNICEF
4. D.S.T
5. Ministry of Health and FW
6. Competitive Exam
7. Book Bank
8. Theses
9. Medical Education
10. Books of Worlds of wisdom
11. Yoga
12. Computer Science
13. Management (Including Hospital Administration)
14. OSCE
15. History of Medicine

LIBRARY- SSSMCRI:

Ground Floor : Own book reading section

First Floor : Reading cum stack, Librarian, Current journals, Photocopying
Digital Library with 40potals

Second Floor : PG / Interns / Faculty

The library has individual reading carrels, lounge area for browsing and relaxed reading. IT zone for accessing E resources the library has more than 12427 print version of books and more than 13195 E- Books and Journals. **A new high tech library is nearing completion.**

Library Rules and regulations

1. The students are requested to use their 'Smart Cards' for entry into the library and also for borrowing books.
2. Two books (excluding reference books and PG books) will be issued at a time on the smart card.
3. The books are issued for one week (7 days) and can be extended for a further period of one week. For renewal, the book has to be presented physically at the counter. Renewal over phone will not be entrained. The entry to the library is only by using the bio metric system installed at the entrance.
4. The books should be returned on or before the due date stamped on the date slip pasted at the back of the book.
5. For books overdue, a fine of Rs.15 / - per day per book will be collected. In case a borrowed book is lost, it has to be **replaced along with the fine**. If it could not be replaced, double the cost of the **book will be collected along with the fine**.
6. The Journals can be borrowed for 7 days only. A fine of Rs.15 / - per day per journal will be collected in case of late return. In case the journal borrowed is lost, the same has to be replaced. Photocopy of the journal will not be accepted.
7. Past dissertations are available for consultation in the Library; forever, they are not for issue.
8. **The Library is a mobile free zone hence using mobile inside the library is not allowed**
9. Proquest on line journals data base is available and this can be accessed by using
 - URL : search.proquest.com
 - Username : SBVU2018 (Caps)
 - Password: proquest1! (small letter)

Note: The proquest can be accessed from anywhere.

HOSTEL RULES AND REGULATIONS

- All students are required to fill the hostel application form at the time of admission.
- The hostel fee / deposit should be paid at the time of admission.
- It is mandatory for all first year students to stay in the hostels and be a member of the mess in the hostel.
- Students must occupy rooms specifically allotted to them. They are not allowed to change rooms except with the written permission of the Chief warden / management.
- The management / chief warden reserves the right to break open rooms in case of any violation of hostel rules, suspected unlawful activities or on the basis of security risk perceived.
- The hostel timings will be strictly adhered to and every student should come to hostel before 10 pm.
- No student should stay away from his / her room during the night except with prior written permission of the warden. Any student, who wishes to leave the campus temporarily or otherwise, should obtain the permission of warden in writing. Those applying for permission must state the date and time of his / her, intended departure and return as well as the destination and enter all these details in the 'In- Out' register maintained in the hostel.
- Students are requested to avoid singing aloud, shouting or making loud noises which are likely to distract the attention of those, who may be studying in their rooms or hostel libraries.
- Pets of all kinds are prohibited inside the hostels.
- Hence they are advised not to keep large amount of cash or valuables in the room. The student is responsible for the safety of his or her belongings inside the room.
- All visitors including parents / guardians must be entertained only in the visitors lounge and during visiting hours only. A visitor's pass may be obtained from the Office of the Chief Warden, well in advance, by concerned student.
- Any damage / breakage to hostel property will be charged to the occupants of the room / block with a fine. Disciplinary action will also be initiated.

- Cooking in hostel rooms is not permitted.
- All instructions / notices displayed on the notice boards will be deemed to have been read by all residents and excuses for non-compliance of such instructions and notices will not be accepted. Residents are advised to look at the notice board everyday to acquaint themselves with latest information / orders.
- Substance abuse, consumption of alcohol and smoking or chewing of tobacco and its related products is strictly prohibited in the hostels and in the campus.
- Partying in the rooms, in the corridors or anywhere in the hostel is not permitted whatever be the occasion.
- The Chief Warden or his representative may enter any room for verification at anytime of the day or night.
- Ragging in any form is banned inside and outside the SBV campus. Strict action will be taken against the defaulters. No leniency will be shown to the offenders.
- Suspension and or withdrawal from the hostel / college is one of the actions taken promptly. Punishment for ragging under the act of 1983 can be up to one year imprisonment.
- The honourable Supreme Court of India has defined ragging as a criminal offence.
- All hostel inmates must report any disciplinary matter or problems
- No televisions are permitted to be kept in the hostel rooms by the students. Students have to watch TV in the common TV room provided in the hostels.
- The rooms and surroundings must be clean.
- The rooms have been distempered and painted as per schedule and will be maintained regularly by the management as per the maintenance schedule. Students are not permitted to re-paint nor do any alteration of any nature without the written permission of management / chief warden.
- Water and electricity is an essential but scarce commodity. All students are requested to use water and electricity judiciously and preserve it.

- All complaints regarding repairs / maintenance in the hostels must be entered personally by the students in 'complaint registers' maintained in all the hostels. These complaints are attended to expeditiously by management staff. All complaints are also monitored regularly by the warden/ chief warden.
- There is 'suggestion boxes' kept in all the hostels for suggestions if any from the students. Students may drop their suggestions and complaints if any, duly signed with their names and UIN numbers in these suggestion boxes which will be taken into consideration.
- In case of sickness, please inform the caretaker / warden immediately.
- The students are required to lock their room with a good branded lock.
- The Management / Dean / Chief Warden can remove a resident from the hostel at anytime on disciplinary grounds. In case of disciplinary actions, the residents are expected to vacate their rooms at short notice.



IV. MEDICAL ETHICS



MEDICAL ETHICS (CODE OF MEDICAL ETHICS AS PRESCRIBED BY THE MEDICAL COUNCIL OF INDIA)

CHARACTER OF PHYSICIAN

(Doctors with qualification of MBBS or MBBS with PG degree / diploma or with equivalent Qualification in any Medical discipline)

A physician shall uphold the dignity and honor of his profession. The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. A Physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and diligent in caring for the sick; he should be modest, sober, patience, and prompt in discharging his duty without anxiety.

No person other than a doctor having qualification recognized by Medical Council of India and registered with Medical Council of India / State Medical Council (s) is allowed to practice modern system of Medicine or Surgery.

MAINTAINING GOOD MEDICAL PRACTICE

The Principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and man. Physicians should merit the confidence of patients, rendering to each a full measure of service and devotion. Physicians should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainments. The responsibilities of the physician extend not only to individuals but also to society. For advancement of his profession he should associate with associations / societies and participate in meetings / CME etc.

MAINTENANCE OF MEDICAL RECORDS

Every physician shall maintain the medical records for period of 3 years from the date of commencement of the treatment as per standard format supplied by M.C.I. If any request is made for medical records either by the patients / authorized attendant or legal authorities involved may be duly acknowledged and shall be issued within 72 hours. A registered medical practitioner shall maintain a Register of Medical Certificates and enter the identification marks,

record the signature / thumb mark of the patient and keep a copy of the certificate prepared as per standard format supplied by M.C.I.

DISPLAY OF DEGREES AND REGISTRATION NUMBERS

Every physician shall display the Registration number accorded to him by the State Medical Council / MCI in his clinic and in all his Prescriptions / Certificates / Receipts given to his patients. Physicians shall display as suffix to their names only recognized medical degrees or such certificates / diplomas and memberships / honors which confer professional.

USE OF GENERIC NAMES OF DRUGS

Every physician should, as far possible; prescribe drugs with generic names.

HIGHEST QUALITY ASSURANCE IN PATIENT CARE

Physician should aid in safeguarding the profession. Physician shall employ an Attendant who is their registered or enlisted under the Medical Council in force and shall not permit such persons to attend, treat or perform operations.

EXPOSURE OF UNETHICAL CONDUCT

A Physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession.

PAYMENT OF PROFESSIONAL SERVICES

The Personal financial interests of a physician should not conflict with the medical interests.

A Physician should announce his fees before rendering service. It is unethical to enter into a contract of “no cure no payment”.

EVASION OF LEGAL RESTRICTIONS

The Physician shall observe the laws of the country. He should be cooperative in observance and enforcement of sanitary laws and regulations in the interest of the public.

DUTIES OF PHYSICIANS TO THEIR PATIENTS

OBLIGATIONS TO THE SICK

The physician is not bound to treat each and every person asking his services. He should be mindful of the high character of his mission and the responsibility he discharges in the course of his professional duties. A physician should visit at the hour indicated to the patients. In case of emergency a physician must treat the patient and shall not refuse treatment to a patient. However for good reason, he may refer the patient to another physician. Medical practitioner having any incapacity detrimental to the patient is not permitted to practice his profession.

PATIENCE, DELICACY AND SECRECY

Patience and delicacy should characterize the physician. Confidence concerning individual or domestic life entrusted by patient to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless the laws of the State require their revelation.

PROGNOSIS

The physician should neither exaggerate nor minimize the gravity of a patient's condition.

THE PATIENT MUST NOT BE NEGLECTED

A Physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency. Once having undertaken a case, the physician should not neglect the patient. Provisionally or fully registered medical practitioner should not willfully commit an act of negligence.

ENGAGEMENT FOR AN OBSTETRIC CASE

When a Physician who has been engaged to attend an obstetric case is absent and another is sent for and delivery accomplished, the acting physician is entitled to his professional fees.

DUTIES OF PHYSICIAN IN CONSULTATION

UNNECESSARY CONSULTATIONS SHOULD BE AVOIDED

However in case of serious illness the physician should request consultation, such consultation should be justifiable and in the interest of the patient Consulting pathologists / radiologists or asking for any other diagnostic Lab investigation should be done judiciously.

CONSULTATION FOR PATIENT'S BENEFIT

It every consultation, the benefit to the patient is most important.

PUNCTUALITY IN CONSULTATION

Utmost punctuality should be observed by a physician

STATEMENT OF PATIENT AFTER CONSULTATION

All statements to the patient or his representative should take place in the presence of the consulting physicians. The disclosure of the opinion to the patient or his relatives or friends shall rest with the medical attendant. Differences of opinion should be frankly and impartially explained to the patient or his relatives or friends.

TREATMENT AFTER CONSULTATION

No decision should restrain the attending physician from making such subsequent variations in the treatment; the reasons for the variations should be discussed / explained. The same privilege, with its obligations, belongs to the consultant when sent for in an emergency during the absence of attending physician. The attending physician may prescribe medicine, whereas the consultant may prescribe only in case of emergency.

PATIENT REFERRED TO SPECIALISTS

When a patient is referred to a specialist by the attending physician, a case summary of the patient should be given to the specialist.

FEES AND OTHER CHARGES

A Physician shall clearly display his fees and other charges on the board of his chamber / hospital. Prescription should also make clear if the physician himself dispensed any medicine. A physician shall write his name and designation in full along with registration particulars in his prescription letter head. In Government hospital the name of the prescribing doctor can be written below signature.

RESPONSIBILITIES OF PHYSICIANS TO EACH OTHER

DEPENDENCE OF PHYSICIANS ON EACH OTHER

A Physician should render gratuitous service to all physicians and their immediate family members.

CONDUCT IN CONSULTATION

No insincerity, rivalry or envy should be indulged in Consultation, respect should be observed towards the physician in-charge and no discussion should be carried on in the presence of the patient.

CONSULTANT NOT TO TAKE CHARGE OF THE CASE

When a physician has been called for consultation, the Consultant should not normally take charge of the case, especially on the solicitation of the patient or friends. The consultant shall not criticize the referring physician. He / she shall not discuss the diagnosis & treatment.

APPOINTMENT OF SUBSTITUTE

Whenever a physician requests another physician to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment as additional responsibility and such patients should be restored to the care of the latter upon his return.

CONDUCT IN CONSULTATION

When it becomes the duty of a physician occupying an official position to see and report upon an illness or injury, he should communicate to the physician in attendance so as to give him an option of being present and should add remarks upon the diagnosis or the treatment that has been adopted.

DUTIES OF PHYSICIAN TO THE PUBLIC AND TO THE PARAMEDICAL PROFESSION

PHYSICIANS AS CITIZENS

Physicians, as good citizens, possessed of special training should disseminate advice on public health issues. They should play their part in enforcing the laws of the community and in sustaining the institutions that advance the interests of humanity.

PUBLIC AND COMMUNITY HEALTH

Physicians, as good citizens, possessed of special training should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. When an epidemic occurs a physician should not abandon his duty for fear of contracting the disease himself.

PHARMACISTS / NURSES

Physicians should recognize and promote practice of different paramedical services such as, pharmacy and nursing as professions and should seek their cooperation wherever required.

UNETHICAL ACTS

A physician shall not aid or abet or commit any of the following acts which shall be construed as unethical -

ADVERTISING

Soliciting of patients directly or indirectly, by a physician, by a group of physicians or by institutions or organizations for any favour is unethical. Advertising or publicity through any mode to invite attention to him or to his professional position, skill, qualification, achievements, associations, affiliations or honors would ordinarily result in his self aggrandizement. A Medical practitioner is however permitted to make a formal announcement in Press regarding the following:

- i) On starting practice
- ii) On change of type of practice
- iii) On changing address
- iv) On temporary absence from duty
- v) On resumption of another practice.
- vi) On succeeding to another practice.
- vii) Public declaration of charges.

Printing of self-photograph, in the letter head or on sign board of the consulting room shall be regarded as acts of, self advertisement and unethical. However, printing of sketches, diagrams, picture of human systems shall not be treated as unethical.

PATENT AND COPY RIGHTS

A Physician may patent surgical instruments, appliances and medicine or copyright applications, methods and procedures. However, it shall be unethical if the benefits are not made available to institutions where the interest of large population is involved.

RUNNING AN OPEN SHOP (DISPENSING OF DRUGS AND APPLIANCES BY PHYSICIANS)

A Physician should not run an open shop for sale of medicine. It is not unethical for a physician to prescribe or supply drugs, remedies or appliances as long as there is no exploitation of the patient.

REBATES AND COMMISSION

A Physician shall not give, solicit or receive any gift, gratuity, commission or bonus in consideration of or return for the referring, recommending or procuring of any patient for medical, surgical or other. Nothing shall prohibit payment of salaries by a qualified physician to other duly qualified person rendering medical care.

SECRET REMEDIES

The prescribing or dispensing by a physician of secret remedial agents of which he does not know the composition, or the manufacture or promotion of their use is unethical and as such prohibited.

HUMAN RIGHTS

The Physician shall not aid or abet torture nor shall he be a party to either infliction of mental or physical trauma or concealment of torture inflicted by some other person or agency clear violation of human rights.

EUTHANASIA

Practicing euthanasia shall constitute unethical conduct. However on specific occasion, the question of withdrawing supporting devices to sustain cardiopulmonary function even after brain death shall be decided only by a team of doctors. A team of doctors shall declare withdrawal of support system. Such team shall consist of the doctor in charge of the patient. Medical Officer in charge of the hospital and a doctor nominated by the in-charge of the hospital from the hospital staff or in accordance with the provisions of the Transplantation of Human Organ Act, 1994.

WHAT IS MISCONDUCT ?

The following acts of commissions or omission on the part of a physician shall constitute professional misconduct rendering him / her liable for disciplinary action.

VIOLATION OF THE REGULATIONS

1. If he / she commits any violation of these regulations.
2. If he / she does not maintain the medical records of his / her indoor patients for a period of three years as per regulation 1.3 and refuses to provide the same within 72 hours when the patient or his / her authorized representative makes a request for it as per the regulation 1.3.2.
3. **If he / she does not display the Registration number accorded to him / her** by the State Medical Council of India in his clinic, prescriptions and certificates etc. issued by him or violates the provisions or regulation 1.4.2.
4. **Adultery or improper conduct** Abuse of professional position by committing adultery or improper conduct with a patient or by maintaining an improper association with a patient will render a physician liable for disciplinary action as provided under the Indian Medical Council Act, 1956 or the concerned State Medical Council Act.
5. **Conviction by Court of Law** Conviction by a Court of law for offences involving moral turpitude / Criminal acts.
6. **Sex Determination Tests** On no account sex determination test shall be undertaken with the intent to terminate the life of a female fetus developing in her mother's womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy act, 1971.
7. **Signing Professional Certificates, Reports and other documents** Registered medical practitioners are in certain cases bound by law to give, to be called upon or requested to give certificates, notification, reports and other documents of similar character signed by the their professional capacity for subsequent use in the Courts for administrative purpose etc.
8. A registered medical practitioner shall not contravene the provisions of the Drugs and Cosmetics Act and regulations made there under.

1. Performing or enabling unqualified persons to perform an abortion or any illegal operation for this there is no medical, surgical or psychological indication.
2. A registered medical practitioner shall not issue certificates of efficiency in modern medicine to unqualified or non - medical person.
3. A Physician should not contribute to lay press articles and give interview regarding diseases and treatments which may have the effect of advertising himself or soliciting practices; but is open to write to the lay press under his own name on matters of public health, hygienic living or to deliver public lectures, give talks on the radio / TV / Internet chat for the same purpose and send announcement of the same or lay press.
4. An institution run by a physician for a particular purpose such as a maternity home, nursing home, private hospital, rehabilitation center or any type of Training Institution etc. may be advertised in the lay press, but such advertisement should not contain anything more than the name of the institution, type of patients admitted, type of training and other facilities offered and the fees.
5. It is improper for a physician to use an usually large sign board and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles and name of his specialty, registration number including the name of the State Medical Council under which registered. The same should be the contents of his prescription papers. It is improper to affix a sign- board on a chemist shop or in places where he does not reside or work.
6. The registered medical practitioner shall not disclose the secrets of patient that have learnt in the exercise of his / her profession except-
 - (i) In a Court of law under orders of the Presiding Judge;
 - (ii) In circumstances where there is a serious and identified risk to a specific person and / or community; and
 - (iii) Notifiable diseases. In case of communicable diseases public health authorities should be informed immediately.
7. The registered Medical practitioner shall not refuse on religious grounds alone to give assistance in or conduct of sterility, birth control, circumcision and medical termination of pregnancy when there is medical indication, unless the medical practitioner feels himself / herself incompetent to do so.
8. Before performing an operation the physician should obtain in writing the consent from the

husband or wife or parent or guardian in the case of minor, or the patient himself as the case may be. In an operation which may result in sterility the consent of both husband and wife is needed.

9. A registered medical practitioner shall not make public photographs or case reports of his / her patients without their permission, in any media or other journal in a manner by which their identity could be made out. If the identity is not to be disclosed, the consent is not needed.
10. In the case of running of a nursing home by a physician and employing assistants to help him / her, the ultimate responsibility rests on the physician.
11. A Physician shall not use touts or agents for procuring patients.
12. A Physician shall not claim to be specialist unless he has special qualification in that branch.
13. No act of invitro fertilization or artificial insemination shall be undertaken without the informed consent of the female patient and her spouse as well as donor, such consent shall be obtained in writing only after the patient is provided, at her own level of comprehension, with sufficient information about the purpose, methods, risks, inconveniences, disappointments of the procedures and possible risks and hazards.
14. Research Clinical drug trials or other research involving patients or volunteers as per guidelines of ICMR can be undertaken, provided ethical considerations are borne in mind. Violation of existing CMR guidelines in this regard shall constitute misconduct. Consent taken from the patient from trial of drug or therapy which is not as per the guidelines shall also be construed as misconduct.
15. If a physician posted in rural area is found absent for more than two occasions during inspection by the Head of the District Health Authority the same is construed as misconduct if it is certified by the Principal / Medical Superintendent / Dean and forwarded through the State Government to Medical Council of India / State Medical Council for action under these Regulations.
16. If a physician posted in a Medical College / Institution both as teaching faculty or otherwise shall remain in Hospital / College during the assigned duty hours. If he / she is found absent on more than two occasions during this period, the same shall be construed as misconduct if it is certified by the Principal / Medical Superintendent / Dean and forwarded through the State Government of Medical Council of India / State Medical Council for action under these Regulations.

PUNISHMENT AND DISCIPLINARY ACTION

1. Every care should be taken that the Medical code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and / or State Medical Councils have to consider and decide upon the cases of misconduct based on facts brought before them.
2. It is made clear that any complaint with regard to professional misconduct can be brought the appropriate Medical Council for disciplinary action. Upon receipt of any complaint of Professional misconduct, the appropriate Medical Council would hold an enquiry and give opportunity to the registered medical practitioner to be heard in person or by a pleader. If the medical practitioner is found to be guilty of committing professional misconduct, the appropriate Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, from the register of the name of the delinquent registered practitioner. Deletion from the Register shall be widely published in local press as well as in the publications of different Medical Associations / Societies / Bodies.
3. In case the punishment of removal from the register is for a limited period, the appropriate Council may also direct that the name so removed shall be restored in the register after the expiry of the period for which the name was ordered to be removed.
4. Decision on complaint against delinquent physician shall be taken within a time limit of 6 months.
5. During the pendency of the complaint the appropriate Council may restrain the physician from performing the procedure or practice which is under scrutiny.
6. Professional incompetence shall be judged by peer group as per guidelines prescribed by Medical Council of India.

(This is a condensed form of Medical Ethics taken from “Professional conduct, Etiquette and Ethics” as published in, Regulations of Indian Medical Council, 2002 for full details visit [http:// www.mciindia.org/know/rules/ethics.htm](http://www.mciindia.org/know/rules/ethics.htm))

THE MODIFIED HIPPOCRATIC OATH

At the time of being admitted as a member of the medical profession:

- I solemnly pledge to consecrate my life to the service of humanity;
- I will give to my teachers the respect and gratitude that is their due;
- I will practise my profession with conscience and dignity and in accordance with good medical practice;
- I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;
- The health and well-being of my patient will be my first consideration;
- I will respect the secrets that are confided in me, even after the patient has died;
- I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
- I will maintain the utmost respect for human life;
- I will not use my medical knowledge to violate human rights and civil liberties, even under threat;

I make these promises solemnly, freely and upon my honor.

FUNDAMENTAL DUTIES OF INDIAN CITIZENS

As given under

ARTICLE 51 (A) OF THE INDIAN CONSTITUTION

- a. To abide by the Constitution and respect its ideal and intuitions, the National Flag and National Anthem;
- b. To cherish and follow the noble ideals which inspired our national struggle for freedom;
- c. To uphold and protect the sovereignty, unity and integrity of India;
- d. To defend the country and render national service when called upon to do so;
- e. To promote harmony and the spirit of common brotherhood amongst all the people of India transcending religious, linguistic, regional or sectional diversities; to renounce practices derogatory to the dignity of women;
- f. To value and preserve the rich heritage of our composite culture;
- g. To protect and improve the natural environment including forests, lakes, rivers and wild life and to have compassion for living creatures;
- h. To develop the scientific temper, humanism and the spirit of inquiry and reform;
- i. To Safeguard public property and to adjure violence;
- j. To strive towards excellence in all spheres of individual and collective activity so that the nation constantly raises to higher levels of endeavour and achievement