



Relevant documents pertaining to learning outcomes and graduate attributes

Bachelor of Medicine & Bachelor of Surgery (MB.,B.S)

1.1.3. National Goals: The undergraduate students graduating out of Narayana Medical College should be:

1. In consonance with the national goals Narayana Medical College developed institutional goals to define the kind of trained manpower (or professionals) institution intend to produce. The Indian Medical Graduates coming out of Narayana Medical College should:
 - a. be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
 - b. be competent to practice preventive, promotive, curative, palliative and rehabilitative medicine in respect to the commonly encountered health problems.
 - c. appreciate rationale for different therapeutic modalities; be familiar with the administration of “essential medicines” and their common adverse effects.
 - d. be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.
 - e. possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.
 - f. be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:
 - (i) Family Welfare and Maternal and Child Health (MCH)
 - (ii) Sanitation and water supply
 - (iii) Prevention and control of communicable and non-communicable diseases
 - (iv) Immunization
 - (v) Health Education

(vi) Indian Public Health Standards (IPHS), at various levels of service delivery

(vii) Bio-medical waste disposal

(viii) Organizational and/or institutional arrangements.

g. acquire basic management skills in the area of human resources, materials and

resource management related to health care delivery, hospital management, inventory skills and counseling.

h. be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

i. be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

j. be competent to work in a variety of health care settings.

k. have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

2. All efforts must be made to equip the medical graduate to acquire the certifiable skills necessary for graduation. Certifiable procedural skills – A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate.

1.2.0. Goals and Roles for the Learner

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

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

1.3.2 Leader and member of the health care team and system with capabilities to collect analyze, synthesize and communicate health data appropriately.

1.3.3 Communicator with patients, families, colleagues and community.

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

1.3.5 Professional, who is committed to excellence, is ethical, responsive and

accountable to patients, community and profession.

1.4.0 Competency Based Training Programme of the Indian Medical Graduate

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

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

1. Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioural and social perspective.
2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.
3. Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.
4. Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.
5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.
6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.
7. Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.
8. Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.
9. Demonstrate effective clinical problem solving, judgment and ability to

interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

10. Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frame works.

11. Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

12. Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following:

- (i) Disease prevention,
- (ii) Health promotion and cure,
- (iii) Pain and distress alleviation, and

(iv) Rehabilitation.

13. Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.

14. Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.

15. Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

1.4.2 Leader and member of the health care team and system

1. Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

2. Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

3. Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

4. Access and utilize components of the health care system and health

delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

5. Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.
6. Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases and b) cancers, in collaboration with other members of the health care team.

1.4.3 Communicator with patients, families, colleagues and community

1. Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.
2. Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.
3. Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.
4. Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision-making.

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

1. Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.
2. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.
3. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.
4. Demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient.

5. Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

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

1. Practice selflessness, integrity, responsibility, accountability and respect.
2. Respect and maintain professional boundaries between patients, colleagues and society.
3. Demonstrate ability to recognize and manage ethical and professional conflicts.
4. Abide by prescribed ethical and legal codes of conduct and practice.
5. Demonstrate a commitment to the growth of the medical profession as a whole.

1.5.0 Broad Outline of the MBBS Training Program:

1. There shall be a "Foundation Course" to orient medical learners to MBBS programme, and provide them with requisite knowledge, communication (including electronic), technical and language skills.
2. The curricular contents shall be vertically and horizontally aligned and integrated to the maximum extent possible in order to enhance learner's interest and eliminate redundancy and overlap.
3. Teaching-learning methods shall be learner centric and shall predominantly include small group learning, interactive teaching methods and case based learning.
4. Clinical training shall emphasize early clinical exposure, skill acquisition, certification in essential skills; community/primary/secondary care-based learning experiences and emergencies.
5. Training shall primarily focus on preventive and community based approaches to health and disease, with specific emphasis on national health priorities such as family welfare, communicable and noncommunicable diseases including cancer, epidemics and disaster management.
6. Acquisition and certification of skills shall be through experiences in patient care, diagnostic and skill laboratories.

7. The development of ethical values and overall professional growth as integral part of curriculum shall be emphasized through a structured longitudinal and dedicated programme on professional development including attitude, ethics and communication.

8. Progress of the medical learner shall be documented through structured periodic assessment that includes formative and summative assessments. Logs of skill-based training shall be also maintained.

9. Appropriate Faculty Development Programmes shall be conducted regularly by Narayana medical College to facilitate medical teachers at all levels to continuously update their professional and teaching skills, and align their teaching skills to curricular objectives

1.6.0. Phase wise Distribution of Training:

1. Every learner shall undergo a period of certified study extending over 4 $\frac{1}{2}$ academic years, divided into nine semesters from the date of commencement of course to the date of completion of examination which shall be followed by one year of compulsory rotating internship.

2. Each academic year will have at least 240 teaching days with a minimum of eight hours of working on each day including one hour as lunch break.

3. Teaching and learning shall be aligned and integrated across specialties both vertically and horizontally for better learner comprehension. Learner centered learning methods should include problem oriented learning, case studies, community oriented learning, self- directed and experiential learning.

4. The period of 4 $\frac{1}{2}$ years is divided as follows:

a. Pre-Clinical Phase [(Phase I) - First Professional phase of 13 months preceded by Foundation Course of one month]: will consist of preclinical subjects – Human Anatomy, Physiology, Biochemistry, Introduction to Community Medicine, Humanities, Professional development including Attitude, Ethics & Communication (AETCOM) module and early clinical exposure, ensuring both horizontal and vertical integration.

b. Para-clinical phase [(Phase II) - Second Professional (12 months)]: will consist of Para-clinical subjects namely Pathology, Pharmacology, Microbiology, Community Medicine, Forensic Medicine and Toxicology, Professional development including Attitude, Ethics & Communication

(AETCOM) module and introduction to clinical subjects ensuring both horizontal and vertical integration.

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

(a) Experience in recognizing and managing common problems seen in outpatient, inpatient and emergency settings,

(b) Involvement in patient care as a team member,

(c) Involvement in patient management and performance of basic procedures.

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

a. Part I (13 months) - The clinical subjects include General Medicine, General Surgery, Obstetrics & Gynaecology, Pediatrics, Orthopaedics, Dermatology, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Psychiatry, Respiratory Medicine, Radiodiagnosis & Radiotherapy and Anaesthesiology & Professional development including AETCOM module.

b. Electives (2 months) - To provide learners with opportunity for diverse learning experiences, to do research/community projects that will stimulate enquiry, self directed experimental learning and lateral thinking.

c. Part II (13 months) - Clinical subjects include:

i. Medicine and allied specialties (General Medicine, Psychiatry, Dermatology, Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis)

ii. Surgery and allied specialties (General Surgery, Orthopedics [including trauma]), Dentistry, Physical Medicine and rehabilitation, Anesthesiology and Radiodiagnosis)

iii. Obstetrics and Gynecology (including Family Welfare)

iv. Pediatrics

v. AETCOM module

5. Didactic lectures shall not exceed one third of the schedule; two third of

the schedule shall include interactive sessions, practicals, clinical or/and group discussions. The learning process should include clinical experiences, problem oriented approach, case studies and community health care activities.

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

6. Universities shall organize admission timing and admission process in such a way that teaching in the first Professional year commences with induction through the Foundation Course by the 1st of August of each year.

a. Supplementary examinations shall not be conducted later than 90 days from the date of declaration of the results of the main examination, so that the learners who pass can join the main batch for progression and the remainder would appear for the examination in the subsequent year.

b. A learner shall not be entitled to graduate later than ten (10) years of her/his joining the first MBBS course.

7. No more than four attempts shall be allowed for a candidate to pass the first Professional examination. The total period for successful completion of first Professional course shall not exceed four (4) years. Partial attendance of examination in any subject shall be counted as an attempt.

8. A learner, who fails in the second Professional examination, shall not be allowed to appear in third Professional Part I examination unless she/he passes all subjects of second Professional examination.

9. Passing in third Professional (Part I) examination is not compulsory before starting part II training; however, passing of third Professional (Part I) is compulsory for being eligible for third Professional (Part II) examination.

10. During para-clinical and clinical phases, including prescribed 2 months of electives, clinical postings of three hours duration daily as specified in the time schedule released from time to time from the Department of medical Education.

1.7.0 Total Duration of the MBBS Course and the Time Schedule of Teaching & Assessment:

The time distribution of the course is as follows:

a. Foundation Course	1 month
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1.8.0 New teaching / learning elements

1.8.1 Foundation Course

1. **Goal:** The goal of the Foundation Course is to prepare a learner to study medicine effectively. It will be of one month duration after admission.

2. **Objectives:** The objectives are to:

(a) Orient the learner to:

- (i) The medical profession and the physician's role in society
- (ii) The MBBS programme
- (iii) Alternate health systems in the country and history of medicine
- (iv) Medical ethics, attitudes and professionalism
- (v) Health care system and its delivery
- (vi) National health programmes and policies
- (vii) Universal precautions and vaccinations
- (viii) Patient safety and biohazard safety
- (ix) Principles of primary care (general and community based care)
- (x) The academic ambience

(b) Enable the learner to acquire enhanced skills in:

- (i) Language
- (ii) Interpersonal relationships
- (iii) Communication
- (iv) Learning including self-directed learning
- (v) Time management
- (vi) Stress management
- (vii) Use of information technology

(c) Train the learner to provide:

- (i) First-aid
- (ii) Basic life support

3. In addition to the above, learners may be enrolled in one of the following programmes which will be run concurrently:
 - (a) Local language programme
 - (b) English language programme
 - (c) Computer skills

(d) These may be done in the last two hours of the day for the duration of the Foundation course.
4. These sessions must be as interactive as possible.
5. Sports (to be used through the Foundation Course as protected 04 hours / week).
6. Leisure and extracurricular activity (to be used through the Foundation Course as protected 02 hours per week).
7. Institutions shall develop learning modules and identify the appropriate resource persons for their delivery.
8. The time committed for the Foundation Course may not be used for any other curricular activity.
9. The Foundation Course will have compulsory 75% attendance. This will be certified by the Dean of the college.
10. The Foundation Course will be organized by the coordinator appointed by the Dean of the college and will be under supervision of the heads of the preclinical departments.
11. Every college must arrange for a meeting with parents and their wards

1.8.2. Early Clinical Exposure:

1. Objectives: The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:
 - (a) Recognize the relevance of basic sciences in diagnosis, patient care and treatment,
 - (b) Provide a context that will enhance basic science learning,
 - (c) Relate to experience of patients as a motivation to learn,
 - (d) Recognize attitude, ethics and professionalism as integral to the doctor-patient Relationship.

(e) Understand the socio-cultural context of disease through the study of humanities.

2. Elements/ Components:

(a) Basic science correlation: i.e. apply and correlate principles of basic sciences as they relate to the care of the patient (this will be part of integrated modules).

(b) Clinical skills: to include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training will be imparted in the time allotted for early clinical exposure).

(c) Humanities: To introduce learners to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

1.8.3 Electives:

1. Objectives: To provide the learner with opportunities:

(a) For diverse learning experiences,

(b) To do research/community projects that will stimulate enquiry, self-directed, experiential learning and lateral thinking.

2. Two months are designated for elective rotations after completion of the examination at end of the third MBBS Part I and before commencement of third MBBS Part II.

3. It is mandatory for learners to do an elective. The elective time should not be used to make up for missed clinical postings, shortage of attendance or other purposes.

4. Structure

(a) The learner shall rotate through two elective blocks of 04 weeks each.

(b) Block 1 shall be done in a pre-selected preclinical or para-clinical or other basic sciences laboratory OR under a researcher in an ongoing research project During the electives regular clinical postings shall continue.

(c) Block 2 shall be done in a clinical department (including specialties, super-specialties, ICUs, blood bank and casualty) from a list of electives developed and available in the institution. OR as a supervised learning experience at a rural or urban community clinic.

(d) Institutions will pre-determine the number and nature of electives, names of the supervisors, and the number of learners in each elective based on the local conditions, available resources and faculty.

5. Each institution will develop its own mechanism for allocation of electives.

6. It is preferable that elective choices are made available to the learners in the beginning of the academic year.

7. The learner must submit a learning log book based on both blocks of the elective.

8. 75% attendance in the electives and submission of log book maintained during elective is required for eligibility to appear in the final MBBS examination.

9. Institutions may use part of this time for strengthening basic skill certification.

1.8.5. Professional Development including Attitude, Ethics and Communication Module (AETCOM)

1. Objectives: At the end of the programme, the learner must demonstrate ability to:

(a) understand and apply principles of bioethics and law as they apply to medical practice and research

(b) understand and apply the principles of clinical reasoning as they apply to the care of The patients,

(c) understand and apply the principles of system-based care as they relate to the care of the patient,

(d) understand and apply empathy and other human values to the care of the patient,

- (e) communicate effectively with patients, families, colleagues and other health care Professionals
- (f) understand the strengths and limitations of alternative systems of medicine,
- (g) respond to events and issues in a professional, considerate and humane fashion,
- (h) translate learning from the humanities in order to further his / her professional and personal growth.

2. Learning experiences:

- (a) This will be a longitudinal programme spread across the continuum of the MBBS programme including internship,
- (b) Learning experiences may include – small group discussions, patient care scenarios, workshop, seminars, role plays, lectures etc.
- (c) Attitude, Ethics &Communication Module (AETCOM module) developed by Medical Council of India should be used longitudinally for purposes of instruction.

3. 75% attendance in Professional Development Programme (AETCOM Module) is required for eligibility to appear for final examination in each professional year.

4. Internal Assessment will include:

- (a) Written tests comprising of short notes and creative writing experiences,
- (b) OSCE based clinical scenarios / viva voce.

5. At least one question in each paper of the clinical specialties in the University examination should test knowledge competencies acquired during the professional development programme.

6. Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce.

1.8.6. Learner Doctor Method of Clinical Training:

1. Goal: To provide learners with experience in:

- (a) Longitudinal patient care,
- (b) Being part of the health care team,
- (c) Hands-on care of patients in outpatient and inpatient setting.

2. Structure:

(a) The first clinical posting in second professional shall orient learners to the patient, their roles and the specialty.

(b) The learner-doctor programme will progress as outlined in Table below

(c) The learner will function as a part of the health care team with the following responsibilities:

(i) Be part of the unit's outpatient services on admission days,

(ii) Remain with the admission unit until 6 PM except during designated class hours,

(iii) Be assigned patients admitted during each admission day for whom he/she will undertake responsibility, under the supervision of a senior resident or faculty member,

(iv) Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician,

(v) Follow the patient's progress throughout the hospital stay until discharge,

(vi) Participate, under supervision, in procedures, surgeries, deliveries etc. of assigned patients (according to responsibilities outlined in table below),

(vii) Participate in unit rounds on at least one other day of the week excluding the admission day,

(viii) Discuss ethical and other humanitarian issues during unit rounds,

- (ix) Attend all scheduled classes and educational activities,
- (x) Document his/her observations in a prescribed log book / case record.
- (d) No learner will be given independent charge of the patient
- (e) The supervising physician will be responsible for all patient care decisions

3. Assessment:

- (a) A designated faculty member in each unit will coordinate and facilitate the activities of the learner, monitor progress, provide feedback and review the log book/ case record.
- (b) The log book/ case record must include the written case record prepared by the learner including relevant investigations, treatment and its rationale, hospital course, family and patient discussions, discharge summary etc.
- (c) The log book should also include records of outpatients assigned.

Submission of the log book/ case record to the department is required for eligibility to appear for the final examination of the subject.

Learner - Doctor programme (Clinical Clerkship):

Year of Curriculum	Focus of Learner-Doctor Program
Year 1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness
Year 2	History taking, physical examination, assessment of change in clinical status, communication and patient education
Year 3	All of the above and choice of investigations, basic procedures and continuity of care
Year 4	All of the above and decision making, management and outcomes

Integration (horizontal and Vertical) Schedule indicating the Topics, Linker sessions and AETCOM teaching for I MBBS.

Methods of the assessment of learning outcomes

and

graduate attributes

Formative & Summative Assessments

Assessment Methods: Eligibility to appear for Professional examinations

The performance in essential components of training is to be assessed by the concerned faculty and is suggested to be based on the following.

(a) Attendance

1. Attendance requirements are 75% in theory and 80% in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase – the learner must have 75% attendance in theory and 80% in practical in each phase of instruction in that subject.
2. If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have 75% attendance in each subject and 80% attendance in each clinical posting.
3. Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination.
4. **Theory / practical attendance is remotely maintained by the campus medicine company.** The facial recognition devices are installed in all the lecture theatres, and practical halls. Before / after the lecture, the concerned faculty facilitates the biometric face recognition for that specific lecture. All the students are instructed to record their presence in the machine. The compiled attendance data will be displayed every month in the departmental notice board. If any student remain absent for the lecture/ practical, an automatic SMS will be delivered to the concerned student's parent mobile phone.
5. **It is the responsibility of the student to maintain the mandatory attendance for theory and practical classes.** Institute is not responsible for detaining the student for lack of required attendance.

(b) Internal Assessment and Formative Assessment: Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in

which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for health care in the community, proficiency in carrying out a practical or a skill in small research project, a written test etc.

1. **Regular periodic internal assessment shall be conducted throughout the course.** There shall be no less than **three internal assessment examinations** in each Preclinical / Para-clinical subject and **no less than two examinations in each clinical subject** in a professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.
2. When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
3. Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
4. The final internal assessment in a broad clinical specialty (e.g., Surgery and allied specialties etc.) shall comprise of marks from all the constituent specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.
5. Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
6. The results of internal assessment should be displayed on the notice board within 1-2 weeks of the test. The institute has laid down policy for arranging remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason. The respective departments shall arrange repeated re-assessments for those slow learners till they achieve criterion-based eligibility for certifiable competencies.

7. Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

(c) Internal Formative Assessment Procedure adopted at Narayana medical College:

1. **Regular weekly examinations:** Every week one subject examination consisting of multiple-choice questions, Long Answer Questions, Short Answer Questions shall be conducted. The syllabus for the weekly test shall consist of the topics that are taught and discussed in the previous 3 weeks of teaching and training sessions.

2. **Logbook:** Student shall maintain logbook prescribed by the NTR University of Health Sciences. These logbooks need to be verified and certified by the faculty member after completion of teaching and learning session. Updating the logbook and producing it everyday is the responsibility of the student.

3. **Seminars:** A group of students are assigned a specific task of presenting a seminar or group discussion. These seminars and discussions are moderated by the faculty member(s). During the seminar presentation / group discussions, faculty member shall assess the performance of the student(s) through an objective checklist.

4. **Research Projects:** Short term student research projects applied and sanctioned shall carry weightage in the formative assessment of the student. All the students are encouraged to avail and apply for the short-term student research projects offered by the Indian Council of Medical Research.

5. **Records:** Students shall maintain record books for their practical sessions and field visits. Student is instructed to draw necessary diagrams/ interpret the figures / perform a procedure. These sessions are objectively assessed through Objective Structured Clinical Examination (OSCE) / Objective Structured Practical Examination (OSPE).

6. **Internal Assessment Examinations:** Every student shall be assessed through 3/ 2 internal assessment examinations. These assessments are akin to university examination pattern. Students shall write the theory examination and perform practical sessions during the internal assessment.

7. **The scheme of Internal Assessment marks:** The annual performance assessment of each candidate needs to be submitted to the university on or before the date prescribed by the university. The marks allocation for I MBBS

subjects is as follows.

a. Anatomy:

Theory	Maximum Marks	Practical	Maximum Marks
Three (3) Examination's average	25	Practical (3) Examination's average	25
		Record Book	5
		Logbook	5
Total	25	Total	35

Total Internal Assessment Marks= $25 + 35 = 60$

b. Physiology:

Theory	Maximum Marks	Practical	Maximum Marks
Three (3) Examination's average	25	Practical (3) Examination's average	25
		Record Book	5
		Logbook	5
Total	25	Total	35

Total Internal Assessment Marks= $25 + 35 = 60$

c. Biochemistry:

Theory	Maximum Marks	Practical	Maximum Marks
Three (3) Examination's average	25	Practical (3) Examination's average	25
		Record Book	5
		Logbook	5
Total	25	Total	35

Total Internal Assessment Marks= $25 + 35 = 60$. The questions on Early Clinical exposure and AETCOM shall be included in Internal Assessments only.

University Examinations:

A. Before appearing for the University Examinations, student shall fulfil the following criteria. Inability to submit the updated and assessed record note book, logbook, failure to fulfil the mandatory attendance and minimum required academic performance calculated as cumulative activities in formative assessment are necessary to enable/ qualify for appearing for the University examinations.

a. **Laboratory Record book:** The submission of updated and certified record notebook documenting all the activities covered under demonstrations, dissection practical demonstration, histology & osteology practical, physiology practical, biochemistry practical is mandatory. At the time of Internal and University Practical/ Clinical Examination each candidate shall submit to the Examiners his/her laboratory record notebook duly certified by the Head of the Department as a bonafide record of the work done by the candidate

b. **Logbook:** Students are encouraged to record the day-to-day activities in the logbook. They are motivated to express the details of the teaching and learning sessions and their reflections in the logbook. Assigned faculty members shall assess the logbook and the performance of the student at the practical assignment and certify as per the laid down criterion. The criteria assessment is necessary and student have to attain the certifying criteria assessment successfully. At the time of Internal and University Practical/ Clinical Examination each candidate shall submit to the Examiners his/her logbook duly certified by the concerned staff as a bonafide record of the overall performance of the candidate

c. **Minimum performance at Formative Assessments:** Students are assessed on day-to-day basis through formative assessments. The assessments consist of weekly examinations, assignments, seminars, group work and participation in the departmental and institutional academic activities. An average of at least 50% marks of the total marks combined in theory and practical internal assessment is to be obtained in a particular subject (Not less than 40% each in IA theory and practical separately but total should be 50% and above).

d. **Attendance:** Students must record their facial biometric attendance for theory and practical sessions. The biometric attendance record is maintained remotely by the university authorized software company. Institution will maintain a parallel attendance for practical teaching sessions. The minimum attendance required and attained by individual student shall be calculated by the university. Institution has no role in condoning the attendance in specific required cases. Students shall attend at least 75% of the total number of classes in theory and 80% in practical/ Clinical, jointly to become eligible to appear for the examination in that subject/ subjects.

B. Student shall pass in all the Phase I(Pre-Clinical) subjects, before joining the Phase II (Para-Clinical) subjects.

C. Pass Criteria:

candidate shall pass in Theory, Practical/Clinical, and Internal assessment examinations components separately.

1. Out of Paper I and Paper II candidate must secure at least 50% marks in total,

Minimum of 40 % each in each paper each of the papers to pass.

2. For a pass in practical/ Clinical examination, a candidate shall secure not less

than 50% marks in aggregate, i.e., marks obtained in university practical /Clinical examination and viva voce added together.

3. Candidate not securing 50% marks in aggregate in Theory or Practical examination in a subject shall be declared to have failed in that subject and is required to appear for both Theory and Practical again in the subsequent examination in that subject.

D. Declaration of Class (Classification of Results):

a) A candidate having appeared in all the subjects in the same examination and passed that examination in the first regular attempt and secures 75% of marks or more of grand total marks prescribed will be declared to have passed the examination with distinction. Not appearing in an examination/partial attendance of examination shall be counted as an attempt.

b) A candidate having appeared in all the subjects in the same examination and passed

That examination in the first attempt and secures 65% of marks or more but less than 75% of grand total marks prescribed will be declared to have passed the examination in First Class.

c) A learner shall not be entitled to graduate after 10 years of his/her joining of the first

part of the MBBS course. Example a student admitted in august 2019 should graduate (complete internship also) before July 31st 2029 (As per the Regulations on Graduate Medical Education (Amendment)).

d) A maximum number of four permissible attempts would be available to clear the

First Professional University examination, whereby the first Professional course will have to be cleared within 4 years of admission to the said course. Partial attendance at any University examination shall be counted as an availed attempt. A student admitted in august 2019 should have passed first-

FOUNDATION COURSE FOR I M.B.B.S - 2024-25 Batch

NARAYANA MEDICAL COLLEGE
Chinthareddypalem, Nellore - 524 002.

Date: 08-10-2024

AETCOM COMPETENCIES FOR FIRST MBBS (2024-25 Batch)

S. No.	DATE & DAY	TIME	SUBJECT	COMPETENCY NUMBER	COMPETENCY
1	4-Nov-24 Monday	4.00 to 5.00PM	ANATOMY	MODULE 1.5	The cadaver as our first teacher
2					Demonstrate empathy in patient
3	8-Jan-25 Wednesday	4.00 to 5.00PM	BIOCHEMISTRY	MODULE 1.1	Enumerate and describe the role of
4					Identify, discuss Physician's role
5	7-Mar-25 Tuesday	4.00 to 5.00PM	PHYSIOLOGY	MODULE 1.4	Demonstrate ability to communicate
6					Describe and discuss the commit-

NOTE:- Please allot the topic to the Faculty trained in Medical Education Technology.

Copy to
 Anatomy
 Physiology
 Biochemistry

PRINCIPAL

MICRO SCHEDULE FOR I M.B.B.S - 2024-25 Batch