

GENERAL SURGERY

MBBS THIRD PROF. PART-2: PRACTICAL EXAMINATION IN GENERAL SURGERY FOR SUMMATIVE ASSESSMENT*

Plan for Summative Assessment as per NMC recommendation, 2019*

Phase of Course	Practical / Oral / Clinical Examination in General Surgery	Pass Criteria*
Third Professional Part-2	200 Skills competencies acquired during the Professional Development Program (AETCOM module) must be tested during clinical, practical and viva.	Mandatory 50% marks separately in theory and practical (practical / clinical + viva) *
Components of Practical Exam	Distribution of marks (Total Marks: 200)	Assessment to include (Cognitive, Psychomotor & communication skills)
Two Surgery Clinical Case present + One Ortho Case present + Spots+ Viva	<ul style="list-style-type: none"> • Surgery cases [2x50=100 Mks] + Viva^{@@} [3x10=30Mks] + Spots** [2x10=20Mks] = 150Mks • Ortho Case [1x30=30] + Viva [1x20=20] = 50Mks 	Assessment of case to include: <ul style="list-style-type: none"> • History taking, Gen & Local Surgical clinical examination/skills testing, demonstrates physical signs, write case record, Analysis, Problem Oriented Clinical Diagnosis/Differential Diagnosis, Interpretation of findings, Discuss investigations relevant to case & develop management plan. • Assess Communication skills(AETCOM): Advise pertinent to the allotted case etc.
Spots**	(2 x 10)=20 Marks	<ul style="list-style-type: none"> • 10 Spots of 2 marks each
Viva ^{@@}	<ul style="list-style-type: none"> • Specimens + X-rays= 10Mks • Instruments+ Operative =10Mks • Interpret Common Investigation Data + Aetcom Viva= 10Mks 	<ul style="list-style-type: none"> • 1 Specimen • 1X-Ray • 1 Op Procedure. & Instruments • Interpret Common Investig Data • Aetcom Viva

Reference:

*Board of governors in super-session of medical council of India, Amendment notification: The Gazette of India (Extraordinary), Part III - Section 4, No. 390, November 5, 2019.

Excerpts from the above document are as follows:

NMC Recommendation: Practical / Clinical Examination to be conducted in the laboratories and /or hospital wards (field practice areas) *

Objectives: To assess proficiency and skills to conduct experiments, interpret data and form logical conclusions. Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.

Viva / Oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens is to be also assessed.

III PROF. M.B.B.S. PART II-GENERAL SURGERY (MBBS) TEMPLATE OF THEORY EXAMINATION PAPERS

Background

In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Board of Governors in super-session of Medical Council of India with the previous sanction of the Central Government, have amended the "Regulations on Graduate Medical Education, 1997", by the Regulations which may be called the "Regulations on Graduate Medical Education (Amendment), 2019". Competency based curriculum of the Indian Medical Graduate programme has been implemented for MBBS course starting from academic year 2019-20 onwards. The Regulations have come into force since their publication in the Official Gazette on 4th November 2019.

Salient features of the sub-section on University Examinations of the Regulations on Graduate Medical Education (Amendment), 2019 regarding Theory examination (Reference: Gazette of India. BOARD OF GOVERNORS IN SUPER-SESSION OF MEDICAL COUNCIL OF INDIA AMENDMENT NOTIFICATION dated the 4th November, 2019. Chapter VI, sub-section 11.2)

Chapter VI of the Regulations on Graduate Medical Education (Amendment), 2019 deals with the Assessment under the Competency based curriculum, and the sub-section 11.2 deals with the University Examinations. It is mentioned that University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answer Questions (SAQ) and objective type questions (e.g., Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 30% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.

The Third Professional Part II (Final Professional) examination in Gen Surgery shall be at the end of training (14 months including 2 months of electives). There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main exam. In Gen Surgery, there will be 2 theory papers of 100 marks each - total 200 marks. At least one question in each paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module). The disciplines of Allied Surgery (Orthopaedics, Anesthesiology, Dentistry and Radiodiagnosis) will constitute 25% of the total theory marks incorporated as a separate section in paper II of General Surgery.

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Template for Theory examination paper

There shall be Two theory papers with topic-wise distribution as per the syllabus approved by FMS, University of Delhi. Each paper of 100 marks to be as per the following template:

Table-I: Template of Theory Paper-I of 100 marks

Part	Type of question	Number of questions	Marks per question	Total marks	Total Time 180 [min]
A	MCQ	20 [Surgery]	1	20	20
B	LA	2 [Surgery]	10	20	40
C	SA	4 [Surgery]	5	20	40
D	SAQ*	4 [Surgery 3; AETCOM I]	5	20	40
E	SAQ	4 [Surgery]	5	20	40
			Total Mks	100	

* One SAQ of the Part D will be from AETCOM module

Table-II: Template of theory paper-II of 100 marks

Part	Type of question	Number of questions	Marks per question	Total marks	Time [min]
A	MCQ	20 [Dental 4; Rad. 6; Anes. 6; Ortho. 4]	1	20	20
B	LAQ	2 [Surgery]	10	20	30
C	SAQ	3 [Surgery]	5	15	30
D	SAQ*	3 [Surgery 2; AETCOM I]	5	15	30
E	SAQ	3 [Ortho]	5	15	30
F	SAQ	3 [Ortho]	5	15	30
			Total Mks	100	

* One SAQ of the Part D will be from AETCOM module

Notes regarding the template for Theory examination paper

- Each of the two theory papers will be of 100 marks each
- Duration of paper will be 3 hours (including maximum 20 minutes for the MCQs paper)
- Part A (MCQs) is to be attempted on the provided question paper itself.
- All the other parts are to be answered in separate answer-sheets.
- Part A question paper is to be detached and returned back after 20 minutes of the start of the examination.
- Learner is to write his/her roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.
- Only blue/black ink is to be used for attempting the paper including the MCQ section. Use of pencil is only allowed for diagram/graphs.

MCQs:

- Each of the 20 questions will be of single best answer type, where the learner is to indicate the single correct or best answer among the four given options.

- The MCQs can include questions on 'match-the-correct-options', 'correct sequence', clinical scenarios etc. but options to be worded as choosing single correct/best answer.
- Each question will have a stem of the question followed by four choices labelled as A, B, C and D.
- At the end of each MCQ, a square box will be provided where the learner is to indicate his/her answer by writing a single option (among A, B, C or D) within the square box.
- An option choice once indicated within the box is not allowed to be changed. Any scratching, scribbling, overwriting or change of the indicated choice within the box, will be considered as a wrong response.
- There shall be 1/4 negative marking for the incorrect answers for MCQs, and one mark will be awarded for each correctly answered MCQ.

Note on Long Answer Questions (LAQ)

- Each LAQ is to be framed with objective smaller sub-parts, indicating clearly marks for each sub-part.
- Each LAQ to preferably be divided into 2-4 sub-parts.
- All the sub-parts within one LAQ to preferably be linked by theme or topic, they should not be unrelated to each other.

Note on Short Answer Questions (SAQ)

- The SAQ can comprise of questions on writing short notes on specific topics, differences between two terms, drawing a schematic diagram etc.
- One SAQ within part D of each of the two theory papers will be from AETCOM topics.

Justification: Note on Distribution of marks in the Surgery Allied Subjects (Orthopaedics, Anaesthesia, Radiology, Dentistry):

- Ortho earlier 6[MCQ] + 21[SAQ] = 27/40; Now 4[MCQ] + 30[SAQ] = 34/50
- Anaesthesia earlier 10[MCQ] = 10/40; Now 6[MCQ] = 6/50
- Radiology earlier 10[MCQ] = 5/40; Now 6[MCQ] = 6/50
- Dental earlier 6[MCQ] = 3/40; Now 4[MCQ] = 4/50

Note on: Evaluation of Answer sheets (UCMSI) #:

- Examiner 1 Part A of Paper I & II
- Examiner 2 Paper I Part B + Paper II Part C
- Examiner 3 Paper I Part C + Paper II Part D
- Examiner 4 Paper I Part D
- Examiner 5 Paper I Part E
- Examiner 6 Paper II Part B
- Orthopaedics examiners Paper II Part E & F
- Subject to total 08 examiners (06 Surg+02 Ortho) Internal & External ratio: 1:1

3/8/22
 M.V.
 N.K.
 S.K.

DEPARTMENT OF SURGERY
UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTB HOSPITAL
LOGBOOK

Student's Name:

Roll No:

AdmissionBatch:

Page No:

Semester:

Posting Batch:

Unit of Posting:

Posting Date From: To:

To be filled by the student		To be filled by the Teacher		
Sr.No & Date	Activity	Competency Number	Domain:K/S/A/C Level:K/KH/SH/P	Signature with date & Seal of the facilitator/ teacher
DRAFT				

- If space is required, the student may continue to write into the next Row/Page
- Domain: K- Knowledge, S – Skill, A - Attitude / Professionalism, C- Communication, Level: K – Knows, KH - Knows How, SH - Shows How, P- Performs Independently, CompetencyNo: Check from the list of General Surgery Competencies

INSTRUCTIONS: Students will be solely responsible for properly maintaining their Surgery Logbook, by logging in their daily record as per NMC GRG 2019 requirements (as amended from time to time), on real time daily basis & get it verified/countersigned by the teacher/faculty of the respective Surgery Unit without exception. In case of any of the reasons, no other suitable excuse will be accepted. Warning/stop assessment/attendance will be deemed incomplete without Logbook Record.

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TIME ALLOTMENT FOR GENERAL SURGERY AND ALLIED

		From	To	Lectures [430 hours]	Clinical Posting [32 weeks]
Phase 2nd	2nd Prof	October	August	General Surgery 25	General Surgery 4 Orthopedics 2 Radiodiagnosis 2
Phase 3rd	3rd Prof Part I	October	September	General Surgery 65 Orthopedics 40 Radiodiagnosis 20 Anesthesiology 20	General Surgery 4 Orthopedics 4 Dentistry 1 Anesthesiology 1
Phase 4th	Electives	November	December	Electives 200	Electives 4
	3rd Prof Part II	January	December	General Surgery 210 Orthopedics 50	General Surgery 8 General Surgery 4 Orthopedics 2

THEORY INTERNAL ASSESSMENT

		From	To	Theory Assessment	Theory Assessment	Weightage in IA [Theory] [80%]	Logbook [Theory] [20%]
Phase 2nd	2nd Prof	October	August	Term Test 1 [100] General Surgery [100]	Term Test 2 [100] General Surgery [100]	25/430x80=6%	25/430x20=1% General Surgery [100]
Phase 3rd	3rd Prof Part I	October	September	Term Test 3 [100] General Surgery [70] Orthopedics [30]	Term Test 4 [100] General Surgery [21] Orthopedics [25] Radiodiagnosis [27] Anesthesiology [27]	145/430x80=27%	145/430x20=7% General Surgery [44] Orthopedics [28] Radiodiagnosis [14] Anesthesiology [14]
Phase 4th	Electives	November	December				
	3rd Prof Part II	January	December	Term Test 5 [100] General Surgery [81]	Term Test 6 [Sent Up] [100] General Surgery [81]	260/430x80=47%	260/430x20=12% General Surgery [81]

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 2/11/22, SRM, R, basid, MM, sh, [Signature], P/A

Orthopedics [19]

Orthopedics [19]

Orthopedics [19]

CLINICAL POSTING INTERNAL ASSESSMENT

		From	To	Clinical Posting Assessment	Sent Up	Weightage in IA [Practical] [80%]	Logbook [Clinical Posting] [20%]
Phase 2nd	2nd Prof	October	August	CP1 [100]		8/32x80=20%	8/32x20=5%
				General Surgery [50]			General Surgery [50]
				Orthopedics [25]			Orthopedics [25]
				Radiodiagnosis [25]			Radiodiagnosis [25]
Phase 3rd	3rd Prof Part I	October	September	CP2 [100]		10/32x80=25%	10/32x20=6.25%
				General Surgery [40]			General Surgery [40]
				Orthopedics [40]			Orthopedics [40]
				Dentistry [10]			Dentistry [10]
				Anesthesiology [10]		Anesthesiology [10]	
Phase 4th	Electives	November	December				
	3rd Prof Part II	January	December	CP3 [100]	CP4 [Sent Up] [100]	14/32x80=35%	14/32x20=8.75%
				General Surgery [60]	General Surgery [86]		General Surgery [86]
				General Surgery [25]	Orthopedics [14]		Orthopedics [14]
				Orthopedics [15]			

CALCULATION OF INTERNAL ASSESSMENT

1. Internal Assessment Theory [Maximum 80] = Term Test [1+2]x6/100 **Plus** Term Test [3+4]x27/100 **Plus** Term Test [5+6]x47/100
2. Logbook Theory [Maximum 20] = Logbook Phase 2 [Theory]x7/100 **Plus** Logbook Phase 3 [Theory]x7/100 **Plus** Logbook Phase 4 [Theory]x12/100
3. Internal Assessment Practical [Maximum 80] = CP1x20/100 **Plus** CP2x25/100 **Plus** [CP3+CP4]x35/100
4. Logbook CP [Maximum 20] = Logbook Phase 2 [CP]x5/100 **Plus** Logbook Phase 3 [CP]x6.25/100 **Plus** Logbook Phase 4 [CP]x8.75/100

Note:

- (i) The weight age to be given to electives to be decided later, depending on the department where the elective posting is done.
- (ii) There is no prescribed time for Dentistry Theory.

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