



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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COMPETENCY BASED MEDICAL EDUCATION

(CBME)

(with effect from 2020-2021 Batches)

Curriculum for Doctor of Medicine Geriatrics

Approved as per AC-42/2022 Dated 26/04/2022

Amended History

1. Approved as per AC - 42/2022, [Resolution No.3.47]; Dated 26/04/2022.

Annex-15 ✓

ANNEXURE 15

Annex. 31 of AC-42/2012



MGM INSTITUTE OF HEALTH SCIENCES
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CURRICULUM OF MD GERIATRIC MEDICINE

VISION-MISSION,SPECIFIC TRAINING OBJECTIVES AND OUTCOMES

PREAMBLE

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training. Older Indians carry a large burden of disease and disability and pose a tremendous challenge for the health sector as well as also social and economic infrastructure. Several initiatives of Government of India namely: National Policy on Older Persons (1999), National Health Policy (2015 draft), National Population Policy (2015), Maintenance and Welfare of

Parents and Senior Citizens Act, (2007) and the National Program for Health Care of the Elderly (2011, 2014), have emphasized the need for provision of quality and specialized health care of the older population. Specialized training in the field of gerontology and Geriatric medicine has become the need of the hour to realize the state initiatives in old age care.

GOALS

To create a cadre of health professionals in the care of the older people; who would:

- Provide comprehensive health care and rehabilitation of the elderly
- Provide undergraduate and postgraduate training
- Carry out research in geriatrics and gerontology

SUBJECT SPECIFIC LEARNING OBJECTIVES

After completion of post graduation in Geriatric Medicine, the student should be able to fulfill the following objectives:

1. To perform a comprehensive assessment of an older person, including mood and cognition, gait, nutrition and fitness for surgery in an in-patient, home or community setting, including day hospitals.
2. To diagnose and manage acute illness in old age in an in-patient setting, home and community setting where appropriate.
3. To diagnose and manage those with chronic disease and disability in an in-patient, home, hospital and community setting.
4. To provide rehabilitation with the multidisciplinary team to an older patient in an inpatient, home, hospital and community setting.
5. To organize and implement different National Health care programs for the older person.
6. To plan the transfer of care of frail older patients from hospital to home settings.
7. To apply the knowledge and skills of a competent geriatrician in an intermediate care, home and/or community setting.
8. To assess and manage older patients presenting with the common geriatric problems: (a) falls with or without fracture, (b) delirium, (c) incontinence, (d) poor mobility
9. To demonstrate competence in palliative care, orthogeriatrics, old age psychiatry and stroke care.

10. To be competent in basic research methodology, ethical principles of research, comprehensive scrutiny of medical literature and interest in basic science or clinical research.
11. To conduct research to improve health status of the older person and thereby improve quality of life, to reduce disability and arrest or delay, age related problems. Expertise in some areas will develop throughout training, while others may require specific full time or sessional attachments to achieve the appropriate level of knowledge and skills.

SUBJECT SPECIFIC COMPETENCIES

A. Cognitive domain

At the end of the course, the student should have acquired knowledge in the following theoretical competencies:

1. To develop the ability to obtain a relevant focused history
2. To demonstrate the ability to appropriately diagnose, evaluate, and prescribe treatment and preventive strategies for older adults.
3. To develop ability to prescribe, review and monitor appropriate medication
4. To be able to formulate a diagnostic and therapeutic plan for the older patient according to the clinical information available and communicate the same
5. To understand and discuss the risks of treatments with patients and relatives so that they are aware of risks and able to make decisions
6. To develop ability to manage/control infection in patients including risk of crossinfection
7. To communicate effectively and sensitively with patients, relatives and carers
8. To be able to deliver bad news according to the needs of individual patients and their relatives/ carers
9. To know and be able to apply the principles and laws regarding medical ethics and confidentiality
10. To obtain valid consent from the patient
11. To develop the ability to perform audit of clinical practice
12. To work effectively with many teams and put the quality and safety of patient care as a prime objective
13. To be able to perform a comprehensive geriatric assessment
14. To be able to diagnose and manage acute illness in older patients in a variety of settings
15. To be able to diagnose and manage chronic disease and

- disability in older patients in both hospital and home settings
16. To recognize, diagnose and manage a state of delirium presenting both acutely or subacutely in older patients
 17. To be able to assess and manage patients who present with dementia alone or with other illnesses
 18. To acquire knowledge and skills required to assess and manage urinary and faecal incontinence in older patients
 19. To be able to assess and manage older patients presenting with falls (with or without fracture)
 20. To be able to assess the nutritional status of older people and devise an appropriate nutritional support strategy
 21. To know how to assess the cause of immobility and declining mobility in older patients and its management
 22. To be able to assess, diagnose and monitor common types of leg and pressure ulceration, surgical and other wounds in older patients
 23. To be able to manage older patients with movement disorders
 24. To be able to assess acutely ill orthopedic patients and their rehabilitation
 25. To be able to assess and manage older patients with psychiatric conditions
 26. To have the knowledge and skills to assess and advise appropriate palliative care to older patients with malignant and non-malignant life-limiting diseases
 27. To provide care for patients with acute stroke and chronic stroke-related disability
 28. To provide the post graduate student with advanced knowledge and skills to assess and manage older patients presenting with falls (with or without injury) or syncope
 29. To develop knowledge and skills to assess and manage older patients with fracture, particularly hip fracture and manage fracture risk
 30. To develop knowledge and skills to assess and manage older patients with gynecological problems
 31. To identify the important concepts of patho-physiology of common diseases of older people.
 32. To be able to describe / define
 - anatomical and histological changes associated with ageing
 - pathology associated with normal ageing and age associated disease processes
 - biochemical, molecular, cellular, genetic theories of ageing
 - physiology of ageing

- effect of ageing upon pharmaco-dynamics and pharmacokinetics

B. Affective Domain

The post graduate student:

- Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
- Should always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
- Should develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

C. Psychomotor domain

- At the end of the course, the student should have acquired the following skills:
- History taking in the elderly
- Physical Examination of the old patient

Investigations in the elderly:

- Policy and interpretation
- Radiological, Hematological and Biochemical investigations
- ECG
- Urinalysis
- Radioisotope tests/ Bone Scan
- Imaging – Ultrasound, CT Scan, MRI
- How much to investigate?
- Concept of normal range
- Nutritional Assessment
- Investigation of heart diseases in old age
- Cardiac Arrhythmias

- Coronary Artery Disease
- Acute Myocardial Infarction
- Hypertension and Hypertensive Heart Disease
- Postural Hypotension
- Congestive Heart Failure
- Aortic aneurysm
- Bacterial endocarditis
- Peripheral vascular disease
- Deep Venous Thrombosis
- Investigations of the Gastro-intestinal tract
- Disorders of the mouth/loss of teeth
- GERD / Hiatus Hernia/ Acid Peptic Disease
- Disease of the pancreas ○ Diseases of the small intestine
- Diseases of the large intestine ○ Fecal incontinence/
Constipation - prevention and management
- GI malignancy
- Disease of the liver and biliary System
- Investigations of the genitor-urinary tract
- Urinary Tract Infection - diagnosis and management
- Benign hypertrophy and cancer of the prostate -
diagnosis and management
- Urinary incontinence/ Urinary retention- evaluation and
management Management of Psychiatric Illness
- Diagnosis and management of - depression, cognitive
impairment/ dementia, anxiety state/ acute confused
state/delirium
- Investigations and management of endocrine disorders
- Diabetes
- Thyroid diseases
- Investigation and management of neurological disorders
- Stroke
- Parkinson's disease
- Investigation and management of
- Osteoarthritis
- Osteoporosis
- Investigation and management of:
- COPD/bronchial asthma/ cor pulmonale/ acute and
chronic respiratory failure
- Tuberculosis ○ Pulmonary thromboembolism ○
Pneumonia - cause, diagnosis and treatment
- Lung cancer
- Malignancy in old age:
- Investigation and Management
- Early detection and Counseling
- Surgery in the Elderly:

- Pre-operative Assessment
- Priorities for surgery
- Surgical Emergencies
- Fractures
- Pathological fractures
- Benign lesions
- Gangrene - Amputation
- Elective Surgery
- Post-operative problems and Management
- Anesthesia in old age

SYLLABUS

The broad outline of the course contents is given below:

A) **Basic Sciences:** Biology of human ageing, Epidemiology of human ageing, Immunology of human ageing, Effect of ageing on different organs, death.

B) **Clinical Geriatric Medicine:** General Medicine, Geriatric Medicine, Cardiology, Pulmonary Medicine, Gastroenterology, Endocrinology, Nephrology, Neurology, Rheumatology, Hematology and Oncology. Allied specialties: Orthopedics, Urology, Gynecology, Ophthalmology, ENT, Dentistry, Psychiatry, Pre - and post - anesthetic evaluation and management.

C) **Preventive geriatrics:** Rehabilitation, end of life care, legal, ethical and economic aspects

The details of the course contents under each of the four papers are outlined herewith:

Paper I: Basic Sciences of the following systems:

1. Anatomy
2. Physiology
3. Biochemistry
4. Pharmacology

5. Microbiology

6. Pathology

Paper II: General Medicine and Psycho-Geriatrics

Introduction to Clinical Medicine:

- Headache
- Chest pain
- Chills and Fever
- Lassitude and Asthenia
- Cough
- Nausea and Vomiting
- Dysphagia
- Ascites
- Weakness
- Tremor
- Dizziness
- Vertigo
- Disorders of Sensation
- Seizures

Immunological Factors in Disease:

- Components of immune system
- Mechanism of the immune response
- Immune deficiency and lympho-proliferative disorders
- Types of immune reaction and their relation to disease
- Suppression of immune reactions and its effects

Infection and Diseases:

- Nature of microorganisms
- Epidemiology and spread of infections
- Immunity and Immunosenescence
- Diagnosis and management of infections
- Pyrexia of unknown origin

Chemotherapy of Infections:

- Antibiotics and other antibacterial agents
- Anti-virals
- Anti-fungals
- Anti-retroviral therapy

Disturbances in Electrolyte and Water Metabolism:

- Hypernatremia and hyponatremia
- Hyperkalemia and hypokalemia
- Calcium-phosphate and magnesium metabolism
- Disturbances in H⁺ ion concentration

Diseases of the Cardiovascular System:

- Cardiac Arrhythmias

- Cardiac failure
- Valvular Heart Disease
- Ischemic Heart Disease
- Pericardial diseases
- Cardiomyopathies, Myocarditis
- Atherosclerosis, hypertension
- Diseases of the aorta
- Peripheral Vascular Disease

Diseases of the Respiratory System:

- Disease of the Upper and Lower Respiratory Tract
- Bronchial Asthma, chronic Obstructive Pulmonary Disorder (COPD),
- Cor pulmonale
- Acute and Chronic Respiratory Failure
- Neoplasm of lung
- Diseases of Pleura, Mediastinum and Diaphragm

Diseases of the Gastrointestinal System:

- Diseases of the esophagus, Gastro-esophageal Reflux Disorder (GERD)
- Peptic Ulcer, Gastritis and other diseases of the stomach
- Inflammatory diseases of small and large intestine
- Diverticulosis
- Malignancy of stomach, small intestine, colon and rectum
- Mal-absorption syndrome
- Diseases of the peritoneum

Diseases of the Liver and Biliary Tract:

- Diagnostic procedures in liver disorders
- Derangement of hepatic/biliary metabolism
- Acute Hepatitis
- Chronic active hepatitis
- Cirrhosis of liver
- Tumors of liver
- Liver Abscess
- Infiltrative and Metabolic diseases of liver
- Disorders of Gall Bladder and Bile Duct
- Ascites

Diseases of the Pancreas:

- Diagnosis of pancreatic diseases
- Acute and chronic pancreatitis
- Tumors of pancreas

Diseases of the Kidney and Urinary System:

- Acute Renal Failure

- Chronic Kidney Disease
- Glomerulonephritis
- Nephrotic syndrome
- Vascular diseases of the kidney
- Infections of the urinary tract
- Obstructive Uropathy
- Urinary Incontinence
- Nephrolithiasis
- Renal Cell Carcinoma

Diseases of the Endocrine System:

- Thalamus and pituitary gland
- Diseases of the Anterior Pituitary
- Disorders of the neuro-hypophysis
- Hyper thyroidism and hypo -thyroidism
- Hyper parathyroidism and hypo -parathyroidism
- Diabetes Mellitus
- Hyperinsulinism /Glucagon and its effects

Diseases of the Adrenal Cortex and Medulla

Diseases of the testes and ovaries

Diseases of Blood and Blood Forming Organs:

- Blood formation and destruction
- Anemia
- Bone Marrow Failure
- Blood Groups and Blood Transfusion
- Myeloproliferative disorders
- Abnormal hemoglobins
- Disorders of platelets
- Hemorrhagic disorders
- Leukemia
- Lymphomas
- Diseases of Spleen and Reticulo-endothelial system

Diseases of Connective Tissue, Joints and Bones:

- Rheumatoid Arthritis, including Late Onset Rheumatoid Arthritis (LORA)
- Ankylosing spondylitis
- Systemic Lupus Erythematosus/ Vasculitis
- Scleroderma
- Polymyalgia Rheumatica
- Gout/ Pseudogout
- Osteoarthritis
- Diseases of bone - Metabolic and Endocrine
- Tumors of Bone

Diseases of the Nervous System:

- Diagnostic methods in Neurology
- Coma
- Headache
- Epilepsy
- Sleep Disorders
- Diseases of Cranial Nerves
- Cerebro-vascular Diseases
- Diseases of the Spinal Cord
- Diseases of the Peripheral Nervous System
- Pyogenic infections of the CNS
- Viral Infections
- Multiple Sclerosis and other demyelinating diseases
- Metabolic and Nutritional diseases of brain
- Degenerative diseases

Diseases of the Skin:

- Skin lesions of general medical significance
- Generalized pruritus
- Pressure ulcers
- Pigmentation of the skin
- Disorders of Melanin Metabolism
- Photosensitivity and other reactions to light
- Hirsutism and Alopecia
- Cutaneous manifestations of internal malignancy•
- Psoriasis
- Scabies
- Fungal infections of skin

Psycho-Geriatrics:

- Epidemiology of Mental Disorders in the elderly
- Definition and Classification of Psychiatric Disorders
- Delirium /Acute confusional state
- Dementia
- Depression in old age
- Bipolar disorder
- Functional psychiatric disorders in old age
- Personality and behavioral disorders
- Psychogeriatric service - Principles of treatment
- Management of Psychiatric Illness

- Alcoholism and the elderly patient
- Care-giver problems

Paper III: Geriatric Medicine

General:

- Demography
- World Trends
- Trends in India and Developing countries
- The Aged and Society - Past and Present
- The evolution of Geriatric Medicine

Gerontology:

- Normal and abnormal aging
- Theories of aging
- Metabolic and Structural aspects of aging
- Biochemical changes in the Normal aging Brain
- Aging in tissues and cells
- Atherosclerosis and aging
- Ecology of Human Senses
- The milieu interior and aging

Geriatric Medicine:

- How are older patients different?
- Common patterns of disease in old age
- Alteration in pain and temperature responses
- Missing Symptoms
- Complications of Illness
- Non-specific presentations
- Masking by known disease
- History taking in the elderly
- Physical Examination of the old patient

Investigations in the elderly:

- Policy and interpretation
- Radiological, Hematological & Biochemical investigations
- ECG
- Urinalysis

- Radio isotope tests
- Bone Scan
- Imaging – Ultrasound, CT Scan, MRI
- How much to investigate?
- Concept of normal range

Immunology:

- Genetic aspects of Immunity and Immunological Diseases
- Mutation
- Alternative theories of Aging
- Cancer
- Immunological Surveillance

Nutrition:

- Nutritional requirement
- Changes in total body mass and body composition
- Nutritional Assessment
- Nutritional deficiency in old age
- Osteoporosis
- Osteomalacia and Vitamin D
- Iron and Vitamins
- Recommended intake of nutrients
- Prevention of nutritional deficiency

Cardiovascular System:

- Physiology and Pathology of Cardiovascular system in old age
- Investigation of Heart Diseases in old age
- Cardiac Arrhythmias
- Coronary Artery Disease and Acute Myocardial Infarction
- Hypertension and Hypertensive Heart Disease
- Postural Hypotension
- Valvular Heart Disease
- Chronic Congestive Heart Failure
- Aortic aneurysm
- Bacterial Endocarditis
- Peripheral Vascular Disease
- Deep Venous Thrombosis and Pulmonary Embolism

Endocrine and Metabolic Disorders:

- Changes with aging
- Diabetes Mellitus
- Diseases of the Pituitary, Parathyroid and Thyroid
- Obesity

- Sexual dysfunction
- Disorders of Sodium, Potassium, Calcium, Magnesium and Zinc
- Disturbances of Fluid Metabolism
- Hyperpyrexia / Heat Stroke

Central Nervous System:

- The Aging Brain
- Vascular lesions of the Central Nervous System
- Dementia
- Degenerative disorders including Parkinsonism
- Head Trauma
- Infections of the Nervous System
- Epilepsy
- Peripheral Neuropathy
- Disorders of Spinal cord and Nerve Roots
- Neoplasia

Genitourinary System:

- Structural changes with aging
- Acute and Chronic Renal Failure
- Infections of the Genito-urinary Tract
- Diseases of the Bladder and Prostate
- Urinary Incontinence
- Aging changes in the Genital Tract
- Post-menopausal bleeding
- Gynecological disorders in the elderly

Disorders of the Special Senses:

- Disorders of the Eye
- Hearing Disturbances
- Disturbance of Taste and Smell
- Dental Problems

Infections in the Elderly:

- Host Defenses - Natural Barriers
- White Cell response, Immune mechanism
- Diagnosis of Fevers
- Urinary Infection - Diagnosis and Treatment
- Pneumonias - Cause, Diagnosis and Treatment•
- Septicemia

- Bacterial Endocarditis
- Antibiotic Treatment
- Rational Use of Antibiotics

Gastro-intestinal system:

- Changes with age
- Investigations of the Gastro-intestinal tract
- Disorders of the mouth
- GERD / Hiatus Hernia
- Acid Peptic Disease
- Disease of the Pancreas
- Diseases of the small Intestine
- Diseases of the large Intestine
- Fecal Incontinence
- GI Malignancy
- Disease of the liver and Biliary System
- Constipation – Prevention and Management

Respiratory System:

- Changes with age
- Infections of the Respiratory System
- Bronchial Asthma, Chronic Obstructive Airway Disease, Cor Pulmonale
- Bronchogenic carcinoma
- Respiratory Abnormalities in Extra-pulmonary conditions
- Respiratory Failure

Musculoskeletal System:

- The aging joints
- Degenerative Joint Disease
- Gout/ Pseudo-gout
- Rheumatoid Arthritis
- Infective Arthritis
- Myositis/ Myopathy
- Polymyalgia Rheumatica/ Temporal Arthritis
- Osteoporosis
- Osteomalacia

Hematopoietic System:

- Changes with aging
- Anemia in the elderly
- Leukemias and Lymphomas
- Para-proteinaemia

- Myelodysplastic syndromes
- Disorders of Hemostasis

Dermatology:

- Aging skin
- Senile purpura
- Bed sores
- Pruritus/ Intertrigo
- Cancers/benign lesions
- Pemphigus/ pemphigoid
- Herpes Zoster
- Leg ulcer

Malignancy in old age:

- Incidence, Clinical Significance
- Presentation
- Investigation and Management
- Counseling

Pharmacological Aspects of Aging:

- Pharmacokinetics in the elderly
- Pharmacodynamics
- Drug Selection and Dosage
- Drug Interactions
- Adverse Drug Reactions
- Drug Compliance
- Drug Misuse/Drug abuse

Surgery in the Elderly:

- Pre-operative Assessment
- Priorities for surgery
- Surgical Emergencies
- Fractures
- Pathological fractures
- Benign lesions
- Gangrene - Amputation
- Elective Surgery
- Post-operative problems and Management
- Anesthesia in old age

Special Problems:

- Pressure Sore
- Care of the Chronically ill
- Care of patients with terminal illness
- Religion and Illness
- Fall
- Nursing home placement

Paper IV: Social and Preventive Geriatrics including Rehabilitation, and Advances in Geriatrics

Social Geriatrics:

- Types of Family - Joint family system- promotion of Joint Family System– Role of Elders and the younger generation
- Isolation, loneliness and dependency Dependency ratio- Generational equality
- Social changes due to urbanization and industrialization with respect to Elders
- Financial aspects - sources of income, old age pension
- Role of Government and NGOs in up-liftment of socio-economic status of older people
- International and national policies on ageing and old age care
- Geriatric Service for the Elderly in Western Countries and in India –Structure of geriatric Service - Family as basic Unit - Models of Geriatric Service
- Day Hospital, Day Care Centre, Long Stay Care Institution, Home for the Aged

Functions of the Day Hospital - Staff and patients of day Hospital

- Nursing Home in Western Countries - Goals of Geriatric Care - Need for similar services in India
- Psycho-geriatric services - structure and facility - Domiciliary Assessment and community Care
- Terminal Care Services - social and Spiritual problems in Terminally ill

- Ethical Issues in Geriatric Medicine - Self determination an decision making in treatment options - Informed Consent - Quality of life - Age limits on health care
- Euthanasia - Acts of Omission and Commission

Preventive Geriatrics:

- Preventing Diseases and promoting health in old age -Types of preventive activities -Risk factor management in elderly screening
- Health belief model -General Health practices in elderly
- Exercise in the elderly -Physical and Mental domain -Benefits of Exercise
- Development of Anticipatory Care and its Rationale - methods of Anticipatory Care Health promotion and Health Education in the Elderly
- Anti-Aging interventions

Rehabilitation:

- The concepts and History of Rehabilitation
- The goals of Rehabilitation
- Principles of Rehabilitation - Assessment, goals, priorities and monitoring progress
- Rehabilitation in old age –Special features in relating to aging, multiple pathology, Policies, expectation, carers, acute illness, social and financial support
- Clinical evaluation of rehabilitation - impairment, disability and handicap
- Prevalence of disability, types of disability
- Rehabilitation as Team work - Team leadership, therapist, physiotherapy,occupational therapy, social worker, physician and nursing personnel.
- Selfcare evaluation and management of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) - Self Care Assessment Tools
- Aids and application - tools for living
- Role of physiotherapy in the elderly
- Contractures and other deleterious effects of immobility
- Pressure Ulcer - factors, prevention and management
- Rehabilitation of Stroke in the elderly

- Rehabilitation of specific diseases - Parkinsonism, Paraplegia, fracture neck of femur, acute and chronic arthritis, lower limb amputation, low back pain
- Organization and effectiveness of rehabilitation services – Community Services
- Geriatric Unit, Day hospital, Day Care Centre, Long Stay Care Institution -• role of rehabilitation in the above services

Advances in Geriatric Medicine:

- Alzheimer's Disease
- Parkinsonism
- Osteoporosis
- Urinary Incontinence
- Falls / Prevention of Fractures
- Parenteral Nutrition
- Stroke Clinic and Memory Clinic
- Anti-aging research

TEACHING AND LEARNING METHODS

One of the key elements of PG education in Geriatrics is the acquisition of practical competencies which would help the student deal with the health problems of the elderly. Learning to achieve these competencies is mainly self directed with clinical and academic work as its main basis and formal teaching sessions merely supplement this effort. Department should encourage e-learning activities.

- Teaching methodology: Teaching methods should include the following:
 1. Lecture cum demonstration
 2. Bed side teaching
 3. Small group discussion
 4. Seminars, case presentations
 5. Field visits, if needed
 6. Case-Based Learning
 7. Simulated Patient Lab
 8. Electronic and Computer Simulators
 9. Web Based (from educative websites, webinars)

Formal teaching sessions

In addition to bedside teaching rounds, the departments may select a mix of activities given under formative assessment.

The following is a rough guideline to various teaching/learning activities that may be employed:

- Intradepartmental and interdepartmental conferences related to case discussions
- Ward rounds along with emergency admissions
- Attendance at sub-specialty and symptom specific clinics
- external rotation postings in departments like cardiology, neurology and other subspecialties
- Skills training
- Conferences, Seminars, Continuing Medical Education (CME) Programmes
- Journal Club
- Research Presentation and review of research work
- Postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination
- Participation in workshops, conferences and presentation of papers etc.

- Maintenance of records. Log books should be maintained to record the work done which shall be checked and assessed periodically by the faculty members imparting the training.
- Department should encourage e-learning activities.

Rotation

1 st year:

- First 6 months Geriatric Medicine and
- Second 6 months Internal Medicine (including acute emergencies).
- In case rotation through internal medicine is not possible, this period will be added to Geriatric Medicine.

2 nd year:

- Intensive Care Unit (2months), Cardiology (2 month), Neurology (2 months), Physical Medicine and Rehabilitation (1 month), Psychiatry (1 month), Gastroenterology (1 month), Endocrinology (1 month), Nephrology (1 month), and Medical Oncology (1 month).
- Rotation through Physical Medicine and Rehabilitation (1 month) and Psychiatry (1 month) is optional. Alternatively, these two months can be spent in Day care or additional months in cardiology or neurology.
- In case of non-availability of any of the specialty the period will be added to posting in Geriatric Medicine. Additionally a posting in Radio-diagnosis for a month may be considered by individual universities.

3 rd year :

Geriatric Medicine (including long term care, end of life

care, day care, community care, nutritional aspects, legal, ethical and economic issues). The training in some of these areas needs a collaboration with the Department of PSM/Community Medicine.

Educational strategies: It should be problem oriented as well as integrated with other disciplines. Apart from that the curriculum should be both hospital and community oriented.

During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently; for this purpose, provision of skills laboratories in medical colleges is mandatory.

ASSESSMENT FORMATIVE ASSESSMENT, ie., during the training Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system. Quarterly assessment during the MD training should be based on:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

SUMMATIVE ASSESSMENT, ie., assessment at the end of training

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

The postgraduate examination shall be in three parts:

1. Thesis

Every post graduate student 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 Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the

manner of identifying and consulting available literature. Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis 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 post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. **Theory examination** The examinations shall be organised on the basis of ‘Grading’ or ‘Marking system’ to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in ‘Theory’ as well as ‘Practical’ separately shall be mandatory for passing examination as a whole. The examination for M.D./ MS shall be held at the end of 3rd academic year. An academic term shall mean six month's training period.

Theory Examination: There shall be four theory papers:

- **Paper I:** Applied Basic Sciences
- **Paper II:** General Medicine and Psycho-Geriatrics
- **Paper III:** Geriatric Medicine
- **Paper IV:** Social and Preventive Geriatrics including Rehabilitation, and Advances in Geriatrics

3. Practical/clinical and Oral/viva voce examination

MD GERIATRIC MEDICINE

SCHEME OF EXAMINATION

CLINICAL EXAMINATION TOTAL MARKS: 200

No. of Cases marks

1. Long Case One	80
2. Short Case Three (3 x 40marks)	120
Total	200

VIVA VOCE EXAMINATIONS TOTAL MARKS: 200

1 OSCE: 100 Five Stations 20 marks each

2 Grand Oral Viva on Geriatrics, Psycho-geriatrics, Geriatric scales, Rehabilitations, Mobility aids, Geriatric assessment tools, Instruments with procedures , **Recent advances** in Internal Medicine & Geriatric Medicines : 100

..... Total 200

**1. OSCE (Objective Structural Clinical Examination)
Based on Objective Structured Exam Stations:**

S.No. Stations Marks

1. Images (X-ray/CT)	20
2. Lab Data	20
3. Emergency	20
4. Drugs	20
5. ECG	20

Total: 100

Oral examination shall be comprehensive enough to test the post graduate student's overall knowledge of the subject.

2. Log Book (Evaluation) has to be submitted to examiners.

3. THESIS (Evaluation) approval letter to be submitted prior to practical examination

Note: Thesis will be sent to two external examiners for evaluation who will be different from the examiners coming for the Clinical Examination.

PASS

Minimum for Pass: Clinical Examination : 100

Minimum for Pass :VIVA Minimum: 100

Candidate must pass each component separately. Even if a candidate fails in one component, the candidate is deemed .to fail in the whole examination.

Recommended Reading: Books (latest edition)

1. Brocklehurst's Text Book of Geriatric Medicine and Gerontology. Eds. TC Tallis, HM Fillit
2. Oxford Textbook of Geriatric Medicine. Ed: J. Grimley Evans Source: Oxford University Press (OUP)
3. Hazzard's Principles of Geriatric Medicine & Gerontology: Editors- Jeffrey Halter, Joseph Ouslander, Mary Tinetti, Stephanie Studenski, Kevin High, Sanjay Asthana, William Hazzard
4. Practice of Geriatrics: Editors - Edmund H. Duthie Jr., Paul R. Katz, Michael Malone
5. Text Book of Geriatric Medicine. Published by Indian Academy of Geriatrics
6. Harrison's Principles of Internal Medicine : Editors-J. Larry Jameson, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, Joseph Loscalzo

Journals 03-05 international Journals and 02 national (all indexed) journals

<i>Sl. No.</i>	<i>Name of the Journals</i>	<i>Freq.</i>
<i>1</i>	Journal of the American Geriatric Society	M
<i>2</i>	Clinics in Geriatric Medicine	Q
<i>3</i>	European Geriatric Medicine	M
<i>4</i>	Annals of Geriatric Education ad Medical Sciences	SA
<i>5</i>	Indian Journal of Gerontology	Q
<i>6</i>	Indian Journal of Geriatric Care (<i>Geriatric Society of India Publications</i>)	3 Issues

Annexure I

Postgraduate Students Appraisal Form Clinical Disciplines

Name of the Department/Unit:

Name of the PG Student:

Period of Training:

FROM.....TO.....

Sr . No.	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
1	Journal based / recent advances learning				
2	. Patient based /Laboratory or Skill based learning				
3	Self directed learning and teaching				
4	Department				

	al and interdepartmental learning activity				
5	External and Outreach Activities / CMEs				
6	Thesis / Research work				
7	Log Book Maintenance				

Publications

Yes/ No

Remarks* _____

***REMARKS:** Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

Signature of Assessee

Signature of Consultant
 Signature of HOD



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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