



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 2023-2024 Batches)

Curriculum for

Doctor of Medicine

Immuno Haematology and Blood Transfusion

Approved as per AC-48/2023, Dated 12/12/2023

Amended History

1. Approved as per AC-48/2023, Dated 12/12/2023.
2. Amended as per AC-48/2023, Resolution No. 5.18, Resolution No. 5.19; Dated 12/12/2023.

**NATIONAL MEDICAL COMMISSION
Postgraduate Medical Education Board**

D 11011/1/22/AC/Guidelines/20

Date: 01-11-2022

**GUIDELINES FOR COMPETENCY BASED
POSTGRADUATE TRAINING
PROGRAMME
FOR
M.D. IN IMMUNOHEMATOLOGY
AND
BLOOD TRANSFUSION**

Resolution No. 5.18 of Academic Council (AC-48/2023):

(i) Resolved to adopt MD IHBT revised curriculum proposed by NMC dated 01-11-2022 with Ref no. D11011/1/22/AC/Guidelines/20 in MD IHBT for theory & Practical along with the same changes to be incorporated in the logbook in MD IHBT from admission batch 2023 onwards [ANNEXURE-27A, 27B, 27C, 27D, 27E & 27F].

(ii) Resolved to start District Residency Programme (DRP) for IHBT residents for one month from academic batch 2021 onwards.

GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR MD IN IMMUNOHEMATOLOGY AND BLOOD TRANSFUSION

Preamble:

Transfusion medicine has emerged as a distinct specialty not confined to blood bank alone but has reached the patient's bed side. It is a diverse and multifaceted discipline concerned with the proper use of blood and blood components in the treatment of human diseases. Last few decades have witnessed rapid technological advances which have changed the scope and scenario of transfusion medicine services. It becomes important that MD students are trained in this specialty so that they are properly equipped to render special consultative service. The purpose of the course is to provide didactic education and practical training in all aspects of blood transfusion technology including pheresis donation and therapeutic apheresis, to develop the knowledge required to analyze Immunoematology problems, to provide expertise in blood centre administrative policies such as donor recruitment, collection, storage, preservation, administration of blood and components.

The rapid technological advances in transfusion practices, such as apheresis, stem cell transplantation, plasma exchange, molecular testing protocols, fractionation, have created a gap between users of the blood and BTS. Didactic training programs will help to resolve these problems. A well conceived training program will improve quality, efficiency, and effectiveness of BTS. IT will also help promote applied research in the field pertaining to the needs of the country.

The National Blood Policy of India has reiterated the importance of creation of trained manpower in this field in the country. It is, therefore, extremely essential to train medical specialists in the discipline of Transfusion Medicine who can actively and constantly interact with clinical colleagues for evolving a relevant and rational approach for provision of efficient and effective blood transfusion services.

SUBJECT SPECIFIC OBJECTIVES

Transfusion medicine specialists should have a combination of skills on completion of their course, and be equipped academically and practically to run a good blood centre, ensuring quality of blood products, in keeping with legislative and accreditation requirements. In addition, a good understanding of clinical situations, pathophysiology of the same, and knowledge of basic laboratory tests that will help guide transfusion practice is needed. Clinical laboratory interfacing and keeping abreast with recent developments in the specialty are critical to the development of a good and safe blood service.

Transfusion medicine has emerged as a distinct specialty which is not confined to blood bank alone but has reached the patient's bed side. It is a diverse and multifaceted discipline concerned with the proper use of blood and blood components in the treatment of human diseases. The objectives of the MD Course in Immunohematology and blood transfusion (Transfusion Medicine) are:

- to provide didactic education and practical training in all aspects of blood transfusion technology including apheresis donation and therapeutic apheresis,
- To provide comprehensive training in all aspects of transfusion medicine and immunohematology including donor recruitment, blood donation, screening, processing, storage, component preparation, immune-haematological procedures, apheresis techniques, molecular testing and transfusion management so that trainees are equipped for:
 - Managing a major academic department or hospital blood centre,
 - Functioning as a guide, teacher, and consultant, and for
 - beginning a career as a research investigator in the field of Transfusion Medicine.

These specialists will be specifically trained for the following tasks:

- Organization of the collection, preparation, storage, distribution and use of blood and blood products as part of periodical evaluation of the needs of the blood center and ensure adequate, safe and effective blood supply,
- Organisation of diagnostic and therapeutic aspects of immunohematology, hematology, apheresis, histocompatibility, and related molecular biology,

- management of the medical laboratory and blood centre, including quality, safety, ethical and regulatory aspects,
- Organisation of the collection, processing, storage and provision of cell therapy products for transplantation purposes,
- Organization of a quality management system including implementation of appropriate quality control programs,
- Promotion of optimal use of blood and blood products and development of appropriate guidelines for rational clinical use and effective implementation of patient blood management.
- engaging policy-makers, other physicians, and other health professionals in transfusion medicine, and
- the advancement of the discipline through basic scientific and clinically applied research.

The National Blood Policy of India which was adopted in the year 2002 has reiterated the importance of creation of trained manpower in this field to: (a) ensure safe transfusion practices and blood safety (b) manage major academic departments to provide training in the field of transfusion medicine or hospital blood centres to create expertise among doctors and paramedical health professionals (lab technologists) and (c) function as a guide, teacher, and consultant in the field of Transfusion Medicine.

SUBJECT SPECIFIC LEARNING OBJECTIVES

The aim of this course is to train individuals in the art and science of transfusion medicine, in a holistic and comprehensive manner. Transfusion medicine specialists require an understanding and in depth knowledge of a combination of skills. Ensuring adequate blood supply, and voluntary blood donations, putting into place good manufacturing and good laboratory practices, adherence to legislative and accreditation requirements, and an in depth understanding of clinical scenarios to initiate appropriate and rational use of blood components are some of the responsibilities they will shoulder on completion of their course. To this end,

it is imperative that their training involves not just theoretical knowledge, but training in the psychomotor and affective domains as well.

Upon completion of the training and successfully qualifying the examination for MD in Immunohematology & Blood transfusion, the student should be able to acquire and demonstrate:

1. **Theoretical knowledge:** The student should be able to demonstrate possession of basic knowledge in: (1) various branches of medical sciences such as Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Molecular Biology etc. as related to Immunohematology & Blood Transfusion.
2. **Teaching-Training:** The student should be able to:
 - plan educational programmes in Immunohematology & Blood Transfusion in association with his senior colleagues/faculty;
 - should be familiar with the modern methods of teaching and evaluation;
 - teach and/or deliver lectures to medical students, residents and other health professionals;
 - should be able to present and critically discuss in a seminar/symposium relevant topics on Immunohematology & Blood Transfusion;
 - summarise published articles in the field of Immunohaematology and Blood Transfusion according to prescribed instructions, critically evaluate and discuss the selected article/s.
3. **Clinical/Practical skills:** The student should understand and develop competence in performing procedures employed in diagnosis, investigations and management of conditions encountered in Transfusion Medicine.

He/she should be able to:

- practice and handle independently most of the day to day problems as encountered in a safe, effective and ethical manner.
- plan a comprehensive management of the patient independently.
- should be able to comprehensively interpret appropriate lab investigations that will further help guide appropriate use of blood

- be able to adapt to transfusion needs in different healthcare settings, including developing appropriate algorithms for referrals if required

Research: The student should be able to:

- recognise a research topic, state the objectives in terms of what is expected to be achieved in the end,
- plan a rational approach with full awareness of the statistical validity, spell out the methodology and carry out most of the technical procedures required for the study, accurately and objectively,
- record systematically the results and observations,
- analyse the data using appropriate statistical approach, interpret the observations based on existing knowledge and highlight how the study has advanced existing knowledge on the subject and what remains to be done,
- draw conclusions which should be reached by logical deduction and should be able to assess evidence both as to its reliability and its relevance,
- write a thesis in accordance with the prescribed instructions, and
- be familiar with the ethical aspects of research.

National Medical Commission

SUBJECT SPECIFIC COMPETENCIES

Predominant in the cognitive domain are:

Organisation of Transfusion Services/ Blood donation centre

- Acquire knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to effectively and ethically provide medical supervision to operate blood donor centres and/or blood transfusion laboratories.
- Acquire knowledge on blood donors - selection, donation, and testing, including process of allogeneic blood donation, including the medical history, donation process, adverse effects, and donor testing.
- Identify appropriate laboratory screening investigations for blood donors, including interpreting virology and microbiology test results.
- Be able to identify relevant scientific information to advise on introduction and implementation of new screening options for blood donors and donations.

- Acquire knowledge of good manufacturing practice (GMP) with respect to processing blood donations and the manufacture and distribution of blood components, products, plasma derivatives, recombinant products and alternatives.
- Acquire knowledge on equipment procurement, maintenance, performance, calibration, QC procedures, related to Transfusion Medicine,
- Acquire knowledge on the establishment of Rare blood group registry,
- Acquire competence to use apheresis technology for apheresis donations and for therapeutic purposes like plasma exchange, red cell exchange, stem cell collections, granulocyte apheresis
- Acquire competence regarding ethical practices and the process of confidentiality – both patient and donor confidentiality

Transfusion transmitted infections

- Acquire competence on **appropriate strategies for blood safety** with emphasis on TTI testing
- Be able to provide advice on the implementation of enhanced technologies for blood safety including NAT, Pathogen inactivation technologies.

Immunohaematology

- Acquire competence to evaluate data, interpret and resolve discrepant results in ABO/Rh blood grouping and pre-transfusion testing.
- Be able to select appropriate investigative tools to resolve serological problems encountered during compatibility testing, including molecular and genetic testing and interpret them appropriately in the clinical context.
- Acquire competence to provide immune-pharmacological evaluation and transfusion support to patient with disorders like thalassemia, Immune hemolytic anaemia, transfusion reactions, Abo mismatched transplants, exchange transfusions and intrauterine transfusions.
- Be able to advise on the introduction of new diagnostic options in the immunehematology laboratory.
- Demonstrate knowledge of Granulocyte and platelet antigen system and antibodies and approach to the laboratory evaluation of patient with anti-red cell/anti-platelet/ anti granulocyte antibodies and their clinical implications.

Clinical Transfusion therapy

- Acquire competence to incorporate principles of blood safety and transfusion safety in all the processes in the blood centre.
- Acquire competence to effectively manage blood inventory.
- Acquire competence to implement principles of rational use of blood and patient blood management.
- Acquire competence to investigate transfusion – induced reactions.

- Acquire knowledge to Identify and plan transfusion requirements to support the various types of transplantation programs,
- Acquire competence to provide transfusion support to cases with massive blood loss.

Hematology

- Acquire competence to evaluate a case of anaemia with the help of appropriate laboratory investigations in a logical and stepwise manner.
- Acquire competence to evaluate a patient showing an abnormal bleeding tendency with the help of appropriate set of laboratory investigations in a logical and stepwise manner.
- Acquire competence to evaluate a patient with suspected leukaemia /bone marrow failure syndrome with the help of appropriate a battery of laboratory investigations in a logical and stepwise manner.
- Acquire knowledge on the role of various diagnostic modalities including interpretation of Hemogram, Bone marrow aspirate and biopsy, screening and specialised coagulation tests, Hb electrophoresis and HPLC, flow cytometry, genetic tests like karyotyping and FISH in the diagnosis of various haematological disorders.

Molecular diagnostics

- Acquire knowledge of the science of molecular genetics, including nucleic acid structure and function, mutations/variations, and use appropriate/accurate descriptive nomenclature.
- Acquire knowledge of standard molecular laboratory techniques.
- Acquire technical proficiency in nucleic acid extraction, electrophoresis, qualitative and quantitative amplification technologies.
- Be able to understand the clinical implications, methodology and limitations of testing for a wide range of clinical disorders, including malignant and non-malignant hemopoietic disorders, infectious diseases, coagulopathies, and inherited genetic disorders.

Histocompatibility

- Acquire competence to interpret the basic HLA testing procedures including HLA typing and cross-match.
- Acquire working proficiency of the principle, workflow, instrumentation and troubleshooting of technologies commonly used in histocompatibility laboratories including molecular techniques like PCR, SSP and SSOP for HLA typing and cross-matching by CDC and flow cytometry.
- Acquire familiarity with Luminex based assays, Sanger sequencing, NGS and fragment analysis.
- Be competent to explain and discuss the implications of HLA matching and mismatches in solid organ and bone marrow/stem cell transplantation.

- Be competent to discuss the factors involved in donor selection for bone marrow/solid organ transplantation.
- Acquire competence to judiciously use available cross-matches and antibody detection tests in different clinical scenarios.
- Acquire knowledge and be able to describe the role of the HLA system as it pertains to transplantation, the methods to select potential donors and recipients, and the role and function of various stem cell donor registries.
- Acquire knowledge and competence to understand the HLA associations with disease.
- Acquire knowledge of the policies and procedures regarding the collection and storage of hematopoietic stem cells from various sources.
- Acquire an understanding of relevant issues regarding solid organ procurement and transplantation.

Information management, automation, and regulatory systems

- apply the knowledge of applicable and relevant regulatory requirements in terms of documentation, process control for the functioning of blood centre.
- Comply with the requirements of licensing, regulatory and accreditation bodies.
- Assess the need for automation, evaluate and implement automation optimally for various activities at the blood centre.
- Acquire knowledge and be able to apply the principles of quality management system, quality control and quality assurance at all levels of functioning at the blood centre and for all the activities.
- Acquire knowledge of basic principles of laboratory management, including QC, QA, test validation, budgeting, personnel requirements, regulatory agencies and requirements, ethical issues, and laboratory and patient safety.
- Acquire knowledge and be able to manage the operations of blood bank information system for effective data management with appropriate integration of informatics into the testing laboratories ensuring data protection.

II. Predominant in the affective domain

B. Affective Domain:

1. 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.
2. 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.
3. 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.

III. Predominant in the Psychomotor domain

The student should be able to perform the following:

Immunohaematology:

- ABO and Rh D blood grouping - forward and reverse grouping by tube method and by gel card and other methods.
- preparation of cell suspensions of appropriate concentration following cell washing techniques, correctly, grade and interpret antibody-antigen reactions according to the established criteria.
- interpret and resolve discrepant results in pre-transfusion testing, ABO/RhD grouping, red cell antibody screen, and antibody identification.
- cross match by conventional tube method and other advanced technologies of blood components as per department SOP.
- Perform direct and indirect antiglobulin test on appropriate specimens, grading and recording the results appropriately with the appropriate controls and "check cells".
- Perform trouble shoot in Antiglobulin testing by identifying sources of error in antiglobulin testing and resolve the errors in testing
- Perform antibody identification procedures by the use of appropriate red cell panels and correctly interpret the results.
- Identification of clinically significant RBC antibodies from an antibody panel including multiple alloantibodies and mixtures of alloantibodies and autoantibodies; determine how difficult it will be to obtain blood for this patient, and effectively communicate these results to clinicians.
- Perform various immune-hematological tests including:
 - Titration of Anti D and Anti A and Anti B
 - Elution
 - Adsorption
 - Minor blood group typing
 - Saliva Inhibition Test
 - Resolution of ABO discrepancy and interpret them
- Preparation of appropriate reagents required for the specialized tests performed in Immunohematology lab, eg.,
 - Reagents required for Elution testing,
 - Reagents required for DTT treatment,
 - Reagents required for the Enzyme treatment.

- Be able to select suitable unit/s of blood for a patient with autoimmune haemolytic anaemia
- Perform Quality Control tests for immunohematology reagents and interpret the results thereof.
- Perform appropriate tests for transfusion reactions, evaluate them and recommend treatment plans for management.
- Conduct evaluation for irregular antibodies that are clinically significant in pregnancy and make appropriate recommendations for blood component transfusion.

Transfusion transmissible Infections

- Perform blood donor screening tests for transfusion-transmissible infections (TTIs) as per departmental SOP.
- Preparation and interpretation of *Levey-Jennings* (LJ) Chart and root cause analysis (RCA) and Corrective and Preventive action (CAPA) as and when required.
- Perform non-treponemal and treponemal antibody tests for diagnose of syphilis and interpret the data.
- Acquire competence for proper handling and disposal of biohazardous material as per regulatory requirements.
- Perform Gram staining of biological fluids.
- Perform Quality control testing of reagents and kits used for serological tests.
- Perform peripheral blood smear staining and identification of malarial parasite.
- Perform screening for malaria by various testing methods.

Blood donation

- Perform Hb estimation by various methods including Spectrophotometric and colorimetric techniques.
- Organise outdoor blood donation camps.
- Motivate blood donors / organizers for blood donation.
- Conduct donor screening based on eligibility criteria for whole blood donation and apheresis donation.
- Collect whole blood for preparation of blood components for transfusion.
- Prepare the phlebotomy site.
- Evaluate and manage adverse reactions associated with blood donation.
- Perform biomedical waste disposal as per protocols.

- Prepare blood components such as PRBC, FFP, Platelet concentrate and cryoprecipitate by centrifugation technique and by buffy coat technique.
- Perform Quality Control (QC) on the blood components and take corrective action to rectify failure of QC.
- Conduct Apheresis procedures like plateletpheresis and plasmapheresis.

Hematology

- Perform Hb estimation by various methods and interpret the complete hemogram.
- Prepare stained peripheral blood smear and interpret disease conditions like nutritional (Iron deficiency/Vit B12 and Folic acid deficiency) anemia, Haemolytic anaemia (Immune, Sickle Cell, Thalassemia, Microangiopathic), acute and chronic leukaemia, identification of Hemoparasites.
- Perform coagulation tests like prothrombin time, activated partial thromboplastin time (APTT), fibrinogen assay, thrombin time, mixing tests of PT and APTT, factor assays and interpret the results.
- Perform point-of-care testing for hemostasis including ROTEM/TEG and interpret the data.
- Interpret Hb electrophoresis data.

Molecular diagnosis and HLA typing

- Perform basic molecular laboratory techniques, such as nucleic acid extraction, both manual and automated, and techniques for quality assessment of DNA and troubleshoot in the event of a technical problem
- Interpret the results of various tests of HLA typing.
- Interpret data of HLA cross-matching and HLA antibody detection assays, both by cell based and solid phase methods.

TEACHING LEARNING METHODS

General principles

Acquisition of competencies being the keystone of doctoral medical education, such training should be skills oriented. Learning in the program, essentially autonomous and self-directed, and emanating from academic and clinical work, shall also include assisted learning. The formal sessions are meant to supplement this core effort.

All students joining the postgraduate (PG) courses shall work as full-time (junior) residents during the period of training, attending not less than 80% of the training activity during the calendar year, and participating in all assignments and facets of the educational process. They shall maintain a log book for recording the training they have undergone, and details of the procedures done during laboratory and clinical postings in real time.

Teaching-Learning methods

This should include a judicious mix of demonstrations, symposia, journal clubs, clinical meetings, seminars, small group discussions, bed-side teaching, case-based learning, simulation-based teaching, self-directed learning, integrated learning, interdepartmental meetings and any other collaborative activity with the allied departments. Methods with exposure to the applied aspects of the subject relevant to basic/clinical sciences should also be used.

The suggested examples of teaching-learning methods are given below but are not limited to these. The frequency of various below mentioned teaching-learning methods can vary based on the subject's requirements, competencies, work load and overall working schedule of the department.

1. **Lectures:** Didactic lectures should be used sparingly. All postgraduate trainees will be required to attend these lectures. Didactic lectures in Physics related to Immunohaematology, instrumentation, data processing and quality control are suggested.

Lectures also can cover topics such as:

- Recent advances
- Research methodology and biostatistics
- Salient features of Undergraduate/postgraduate medical curriculum
- Teaching and assessment methodology
- Technical and ethical issues in clinical research and practice
- Good laboratory practice
- Good manufacturing practice

2. **Journal club:** Minimum of once in 1-2 weeks is suggested.

Topics will include presentation and critical appraisal of original research papers published in peer reviewed indexed journals. The presenter(s) shall be assessed by faculty and grades recorded in the logbook.

3. Student Seminar: Minimum of once every 1-2 weeks is suggested.

Important topics should be selected as per subject requirements and allotted for in-depth study by a postgraduate student. A teacher should be allocated for each seminar as faculty moderator to help the student prepare the topic well. It should aim at comprehensive evidence-based review of the topic. The student should be graded by the faculty and peers.

4. Student Symposium: Minimum once every 3 months.

A broad topic of significance should be selected, and each part shall be dealt by one postgraduate student. A teacher moderator should be allocated for each symposium and moderator should track the growth of students during moderation. It should aim at complete evidence-based review of the topic. All participating postgraduates should be graded by the faculty and peers.

5. Laboratory work / Bedside clinics: Minimum - once every 1-2 weeks.

Laboratory work/Clinics/bedside teaching should be coordinated and guided by faculty from the department. Various methods like DOAP (Demonstrate, Observe, Assist, Perform), simulations in skill lab, and case-based discussions etc. are to be used. Faculty from the department should participate in moderating the teaching-learning sessions during clinical rounds.

6. Interdepartmental colloquium

Faculty and students must attend monthly meetings between the Department of Immunohematology & blood transfusion and other departments on topics of current/common interest or clinical cases.

G. a. Rotational clinical / community / institutional postings

The postgraduate trainees are to be posted in relevant departments/ units as per details given below: The aim would be to acquire more in-depth knowledge as applicable to the concerned specialty.

Apprenticeship/Rotation in:

| Posting in various sections of Blood Centre for MD in Immunohematology and Blood Transfusion | | |
|---|--|--|
| Title | Content of training activities | Learning objective |
| Orientation [1 month] | Brief orientation to computer system, bloodbank activities, teaching program | Be conversant with computer system & operation of blood bank activities. |
| Blood donation [3 months] | Donor recruitment & motivation, donorselection. Phlebotomy, post donation care of donor, outdoor blood donation. | Should be able to select the donor, perform phlebotomy with asptic precautions, and manage donor reactions. |
| Apheresis – donor and therapeutic apheresis procedures [2 months] | Access evaluation, donor suitability, selection of machine, product manipulation, QC of product, donor observation for adverse effects and its management indications, contra-indications, replacement fluids, frequency, monitoring of TPE. | Should be able to perform the procedure independently, obtain quality product and manage any adverse effects. Should be able to select proper patient, machine, plan TPE, select replacement fluids and monitor the patient. |
| Component preparation & QC [5 months] | Preparation of blood components. Product manipulation such as Leucocyte removal orIrradiation. Storage & quality control. | Should be able to understand factors affecting quality of components. |
| Immuno-haematology [4 months] | Diagnosis & transfusion support in AIHA,PNH Evaluation of transfusion reaction. Investigations in antenatal serology. ABO-Rh typing, antibody screening, identification, evaluation of positive DAT | Should be able to interpret results of immune hematological tests.Should be able to provide consultation to physicians regarding transfusion management. |
| Pre-transfusion testing & cross match [4 months] | Investigation of difficult cross match, formalconsultation on transfusion support in complex cases, checking indications & dosage for blood components, emergent issue of blood, transfusion in special cases such as massive transfusion, organ transplantation, platelet refractoriness. | Should be able to provide consultation on transfusion therapy. Should be able to resolve difficult & complex cross matching problems. Ensure appropriate and judicial use of blood and components. |
| Transfusion transmitted infection screening [4 months] | Screening for various markers such as HIV,HCV, HBs Ag, Syphilis. Methodology such as Elisa, spot, rapid, automated analyzer NAT techniques such as PCR, TMA. Laboratory safety. | Should be able to understand blood screening principles and disposal of reactive units. Should be able to validate ELISA, maintain QC. |
| Quality control/ records [1 month] | Quality control of components, equipment, reagents. Quality assurance. Development ofdocuments, SOPs, Regulatory compliance. | Should be able to understand QC principles, recognize common management & regulatory issues, identify management strategies. |

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|---|--|--|
| Peripheral blood stem cell transplantation (PB SCT) [1 month] | Processing, storage, thawing, infusion of PBSC. Immuno-hematological monitoring of ABO mismatch transplants, Transfusion support – irradiation, CMV issues. | Describe common procedures and basic concepts related to PBSC processing and cellular product therapies. |
| Note: The student should be posted for one month at the district hospital as per NMC guidelines | | |

| Posting in other Laboratory sections for MD in Immuno-hematology and Blood Transfusion | |
|--|---|
| Section | Skills |
| Haematology: 3 months | Complete hemogram Work up of : <ul style="list-style-type: none"> • hemolytic anemias • Reading peripheral smear • Bone marrow aspiration |
| Coagulation Laboratory: 2 months | Coagulation tests – screening tests and special tests - procedure, interpretation, trouble shooting |
| HLA Laboratory: 1 month | HLA typing CDC crossmatch Flow cytometry crossmatch |
| Flow cytometry Lab: 1 month | Isolation of lymphocytes, CD4/ CD8 / CD 34 counts using flow cytometry, Immunofluorescence |
| Microbiology laboratory: 1 month | ELISA, Western blot, PCR Bacteriology: Basic stains, Blood culture - aerobic, anaerobic, fungal |
| Molecular Biology Lab: 1 month | Basics of molecular testing PCR NAT testing |
| Clinical Department subjects: 6 weeks (Pediatrics, neonatal, medicine, ICU, Anaesthesia) | Transfusion support for thalassaemia, haemophilia, leukemia, solid organ transplantation Platelet transfusion therapy and its monitoring Neonatal exchange transfusion Bed side management of transfusion reactions Intraoperative hemodilution, Use of Cell saver, Intraoperative Blood salvage |

G b. Posting under “District Residency Programme” (DRP):

All postgraduate students pursuing MS/MS in broad specialities in all Medical Colleges/Institutions shall undergo a compulsory rotation of three months in District Hospitals/District Health System as a part of the course curriculum, as per the Postgraduate Medical Education (Amendment) Regulations (2020). Such rotation shall take place in the 3rd or 4th or 5th semester of the Postgraduate programme and the rotation shall be termed as “District Residency Programme” and the PG medical student undergoing training shall be termed as “District Resident”.

Every posting should have its defined learning objectives. It is recommended that the departments draw up objectives and guidelines for every posting offered in conjunction with the collaborating department/s or unit/s. This will ensure that students acquire expected competencies and are not considered as an additional helping hand for the department / unit in which they are posted. The PG student must be tagged along with those of other relevant departments for bedside case discussion/basic science exercises as needed, under the guidance of an assigned faculty.

H. Teaching research skills

Writing a thesis should be used for inculcating research knowledge and skills. All postgraduate students shall conduct a research project of sufficient depth to be presented to the University as a postgraduate thesis under the supervision of an eligible faculty member of the department as guide and one or more co-guides who may be from the same or other departments.

In addition to the thesis project, every postgraduate trainee shall participate in at least one additional research project that may be started or already ongoing in the department. It is preferable that this project will be in an area different from the thesis work. For instance, if a clinical research project is taken up as thesis work, the additional project may deal with community/field/laboratory work. Diversity of knowledge and skills can thereby be reinforced.

I. Training in teaching skills

MEU/DOME should train PG students in education methodologies and assessment techniques. The PG students shall conduct UG classes in various courses and a faculty shall observe and provide feedback on teaching skills to the student.

J. Log book

During the training period, the postgraduate student should maintain a Log Book indicating the duration of the postings/work done in Wards, OPDs, Casualty and other areas of posting. This should indicate the procedures assisted and performed and the teaching sessions attended. The log book entries must be done in real time. The log book is thus a record of various activities by the student like: (1) Overall participation & performance, (2) attendance, (3) participation in sessions, (4) record of completion of pre-determined activities, and (5) acquisition of selected competencies.

The purpose of the Log Book is to:

- a) help maintain a record of the work done during training,
- b) enable Faculty/Consultants to have direct information about the work done and intervene, if necessary,
- c) provide feedback and assess the progress of learning with experience gained periodically.

The Log Book should be used in the internal assessment of the student, should be checked and assessed periodically by the faculty members imparting the training. The PG students will be required to produce completed log book in original at the time of final practical examination. It should be signed by the Head of the Department. A proficiency certificate from the Head of Department regarding the clinical competence and skillful performance of procedures by the student will be submitted by the PG student at the time of the examination.

The PG students shall be trained to reflect and record their reflections in log book particularly of the critical incidents. Components of good teaching practices must be assessed in all academic activity conducted by the PG student and at least two sessions dedicated for assessment of teaching skills must be conducted every year of the PG program. The teaching faculty are referred to the MCI Logbook Guidelines uploaded on the Website.

- K. Course in Research Methodology:** All postgraduate students shall complete an online course in Research Methodology within six months of the commencement of the batch and generate the online certificate on successful completion of the course.

L. Other aspects

- The Postgraduate trainees must participate in the teaching and training program of undergraduate students and interns attending the department.
- Trainees shall attend accredited scientific meetings (CME, symposia, and conferences) at least once a year.
- Department shall encourage e-learning activities.
- The Postgraduate trainees must undergo compulsory training in Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS).
- The Postgraduate trainees must undergo training in information technology and use of computers.

During the training program, patient safety is of paramount importance; therefore, relevant clinical skills are to be learnt initially on the models, later to be performed under supervision followed by independent performance. For this purpose, provision of skills laboratories in medical colleges is mandatory.

ASSESSMENT

FORMATIVE ASSESSMENT, ie., assessment to improve learning

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.

General Principles

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills.

The Internal Assessment should be conducted in theory and practical/clinical examination, should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills.

Quarterly assessment during the MD training should be based on:

- Case presentation, case work up,
case handling/management : once a week[#]
- Laboratory performance : twice a week
- Journal club : once a week

- Seminar : once a fortnight
- Interdepartmental case or seminar : once a month

Note: These sessions may be organized and recorded as an institutional activity for all postgraduates.

- Attendance at Scientific meetings, CME programmes (at least 02 each)

The following points may be considered in the scheme for evaluation of case presentations.

- Topic selection
- Completeness of presentation
- Clarity and cogency of presentation
- Understanding of the subject and ability to convey the same
- Whether relevant references have been consulted
- Ability to convey points in favor and against the subject under discussion
- Proper use of audio-visual aids
- Ability to answer questions
- Time scheduling

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

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

Essential pre-requisites for appearing for examination include:

1. **Log book** of work done during the training period including rotation postings, departmental presentations, and internal assessment reports, should be submitted.
2. At least **two presentations** at national level conference. One research paper should be published / accepted in an indexed journal. **(It is suggested that the local or University Review committee assess the work sent for publication).**

The summative examination would be carried out as per the Rules given in the latest POSTGRADUATE MEDICAL EDUCATION REGULATIONS. The theory examination shall be held in advance before the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the commencement of the clinical/Practical and Oral examination.

The postgraduate examination shall be in three parts:

1. Thesis

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 in broad specialty 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 organized 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, as given in the latest POSTGRADUATE MEDICAL EDUCATION REGULATIONS. 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./ M.S shall be held at the end of 3rd academic year.

There shall be four theory papers (as per PG Regulations).

Paper I: Basic sciences as applied to the subject

Paper II: Immunohematology, Immunogenetics, Transfusion transmitted infections, applied serology

Paper III: Blood donor organisation and management, blood components, Hematology, Clinical transfusion practices

Paper IV: Recent advances in the subject, Regulatory requirements, Quality management system, Information management, Automation.

3. Practical/clinical and Oral/viva voce examination

Practical examination

Practical examination should be spread over **two** days and include various major components of the syllabus focusing mainly on the psychomotor domain. The duration of each exercise shall vary from 30 minutes to 1 hour. Each exercise or station shall be followed by Viva on the exercise.

There shall be minimum of (a) 04 Hemotherapy exercises and administrative issues for each candidate (b) Clinical case discussion (4 per candidate), and spots (10).

Laboratory performance of the student is evaluated using the following criteria:

- Familiarity with the procedure,
- Setting up and performing the procedure (organizational skills),
- Appropriate specimens and reagents are obtained and utilized,
- Proper use of equipment, reagents, supplies and specimens,
- Proper labelling, handling and disposal of specimens, tubes, etc,
- Organization and performance of individual tasks,
- Completion of tests within a reasonable amount of time,
- Clean up of work area,
- Correct interpretation of results with recognition of discrepancies or abnormal results.
- Results are recorded and reported in appropriate format.

The candidate will be shown Power point presentation or video presentation of 5 clinical/ laboratory situations and 5 OSPE, per candidate. The candidate will be required to answer on each situation. For example, candidate may be shown picture of chest X-ray with pulmonary edema developing after FFP infusion. The candidate will be asked to give different possibilities and their investigations.

Oral/Viva voce examination on defined areas should be conducted by each examiner separately. Oral examination shall be comprehensive enough to test the post graduate student's overall knowledge of the subject focusing on psychomotor and affective domain.

Recommended Reading:

Books (latest edition)

1. Technical Manual (AABB). Cohn Claudia S Claudia S. Cohn, Meghan Delaney, Susan T. Johnson et al., AABB, 2020, Digital, ISBN 978-1-56395-370-5.
2. Mollison's Blood Transfusion in Clinical Medicine. Harvey G. Klein MD, David J. Anstee. Wiley-Blackwell; Online ISBN: 9781118689943
3. Cellular Therapy: Principles Methods and Regulations. Areman Ellen M; Loper Kathy, AABB Press.
4. Wintrobe's Clinical Hematology. Greer John P, Arber, Daniel A. Wolters Kluwer Health Inc (B)
5. Consultative Hemostasis and Thrombosis. *Kitchens, Craig M.* Kessler, Barbara A. Konkle, Michael B. Streiff, and David A. Garcia. Elsevier.

6. Hematology: Basic Principles and Practice. Hoffman Ronald. Elsevier (B).
7. Bethesda Hand Book of Clinical Hematology. Rodgers Griffin P; Young Neal S Wolters Kluwer. Health (India) Pvt. Ltd (B).
8. Modern Blood Banking and Transfusion Practices. Harmening Denise M. Jaypee Brothers (B).
9. Dacie and Lewis Practical Haematology. Bain Barbara J. Elsevier (B).
10. Haemoglobinopathy Diagnosis. Barbara J. Bain. ISBN: 9781119579953. John Wiley & Sons Ltd.
11. Postgraduate Haematology. Hoffbrand A Victor. Butterworths.
12. Williams Hematology. Beutler Ernest. McGraw-Hill Medical Publishing, New York.
13. Hemostasis and Thrombosis: Basic Principles and Clinical Practice. Colman Robert W. Lippincott Williams & Wilkins Philadelphia.
14. Introduction to Immunohematology. Bryant Neville J. Saunders.
15. Immunohaematology- Principles and Practices. Eva Quinley. Lippincott Williams and Wilkins.

Journals

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

National Medical Commission

Annexure I

| Student appraisal form for MD in Immunoematology and Blood Transfusion | | | | | | | | | | | |
|--|---|------------------------|---|---|--------------|---|---|------------------------|---|---|----------|
| | Elements | Less than Satisfactory | | | Satisfactory | | | More than satisfactory | | | Comments |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 1 | Scholastic aptitude and learning | | | | | | | | | | |
| 1.1 | Has knowledge appropriate for level of training | | | | | | | | | | |
| 1.2 | Participation and contribution to learning activity (e.g., Journal Club, Seminars, CME etc) | | | | | | | | | | |
| 1.3 | Conduct of research and other scholarly activity assigned (e.g Posters, publications etc) | | | | | | | | | | |
| 1.4 | Documentation of acquisition of competence (eg Log book) | | | | | | | | | | |
| 1.5 | Performance in work based assessments | | | | | | | | | | |
| 1.6 | Self-directed Learning | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Work related to training | | | | | | | | | | |
| 2.1 | Practical skills that are appropriate for the level of training | | | | | | | | | | |
| 2.2 | Respect for processes and procedures in the work space | | | | | | | | | | |
| 2.3 | Ability to work with other members of the team | | | | | | | | | | |
| 2.4 | Participation and compliance with the quality improvement | | | | | | | | | | |

| | | | | | | | | | | | |
|----------|--|-----|----|--|--|--|--|--|--|--|--|
| | process at the work environment | | | | | | | | | | |
| 2.5 | Ability to record and document work accurately and appropriate for level of training | | | | | | | | | | |
| | | | | | | | | | | | |
| 3 | Professional attributes | | | | | | | | | | |
| 3.1 | Responsibility and accountability | | | | | | | | | | |
| 3.2 | Contribution to growth of learning of the team | | | | | | | | | | |
| 3.3 | Conduct that is ethically appropriate and respectful at all times | | | | | | | | | | |
| 4 | Space for additional comments | | | | | | | | | | |
| | | | | | | | | | | | |
| 5 | Disposition | | | | | | | | | | |
| | Has this assessment pattern been discussed with the trainee? | Yes | No | | | | | | | | |
| | If not explain. | | | | | | | | | | |
| | Name and Signature of the assessee | | | | | | | | | | |
| | Name and Signature of the assessor | | | | | | | | | | |
| | Date | | | | | | | | | | |

Subject Expert Group members for preparation of REVISED Guidelines for competency based postgraduate training programme for MD in Immunohematology and blood transfusion

1. Dr Sitalakshmi Subramanian, Convener, Expert group

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New Delhi-110029

4. Dr Col Ajay Kumar Baranwal

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5. Dr Shamee Shastry

Professor,
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Kasturba Medical College, Manipal

Annexure-27A of AC-48/2023

Comparison between old and revised NMC curriculum for MD IHBT programme.

| Sr. No | Headings | Old NMC curriculum | Revised NMC curriculum |
|--------|------------------------------|---|--|
| 1 | Duration of Posting | 35.5 months | 36.5 months |
| 2 | District residency Programme | Not existed | One month DRP posting |
| 3 | Practical Exam | 6 Lab/Clinical skill cases 6 Hemotherapy cases | 4 Clinical skill cases 4 Hemotherapy & Administrative cases |
| 4 | Appraisal Form | Annexure attached | Annexure attached |

Annexure I

| | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|-----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| process at the work environment | | | | | | | | | | | | | | | | | | | | |
| 2.5 | Ability to record and document work accurately and appropriate for level of training | | | | | | | | | | | | | | | | | | | |
| 3 Professional attributes | | | | | | | | | | | | | | | | | | | | |
| 3.1 | Responsibility and accountability | | | | | | | | | | | | | | | | | | | |
| 3.2 | Contribution to growth of learning of the team | | | | | | | | | | | | | | | | | | | |
| 3.3 | Conduct that is ethically appropriate and respectful at all times | | | | | | | | | | | | | | | | | | | |
| 4 | Space for additional comments | | | | | | | | | | | | | | | | | | | |
| 5 Disposition | | | | | | | | | | | | | | | | | | | | |
| | Has the assessment process been followed with the student? | Yes | No | | | | | | | | | | | | | | | | | |
| | If not explain. | | | | | | | | | | | | | | | | | | | |
| | Name and Signature of the assessor | | | | | | | | | | | | | | | | | | | |
| | Name and Signature of the assessor | | | | | | | | | | | | | | | | | | | |
| | Date | | | | | | | | | | | | | | | | | | | |

Annexure I

Student appraisal form for MD in Immunohematology and Blood Transfusion

| Elements | Less than Satisfactory | | | Satisfactory | | | More than satisfactory | | | Comments | |
|---|------------------------|---|---|--------------|---|---|------------------------|---|---|----------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | |
| 1 Scholastic aptitude and learning | | | | | | | | | | | |
| 1.1 | | | | | | | | | | | Has knowledge appropriate for level of training |
| 1.2 | | | | | | | | | | | Participation and contribution to learning activity (e.g., Journal Club, Seminars, CME etc) |
| 1.3 | | | | | | | | | | | Conduct of research and other scholarly activity assigned (Posters, publications etc) |
| 1.4 | | | | | | | | | | | Documentation of academic work (e.g., log book) |
| 1.5 | | | | | | | | | | | Performance in work related assessments |
| 1.6 | | | | | | | | | | | Directed learning |
| 2 Work related to training | | | | | | | | | | | |
| 2.1 | | | | | | | | | | | Practical skills that are appropriate for the level of training |
| 2.2 | | | | | | | | | | | Respect for processes and procedures in the work space |
| 2.3 | | | | | | | | | | | Ability to work with other members of the team |
| 2.4 | | | | | | | | | | | Participation and compliance with the quality improvement |

Annexure I

Postgraduate Students Appraisal Form

Clinical Discipline

Name of the Department/Unit : _____

Name of the PG Student : _____

Period of Training : FROM _____ TO _____

| Sr. No. | PARTICULARS | Not Satisfactory | | More Than Satisfactory | | Remarks |
|----------------|---|------------------|---|------------------------|---|---------|
| | | 1 | 2 | 3 | 4 | |
| 1 | Journal based / regular advances learning | | | | | |
| 2 | Practical Skills Laboratory/ Skill based learning | | | | | |
| 3 | Self directed learning and guiding | | | | | |
| 4 | Departmental and inter-departmental 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 _____

**NATIONAL MEDICAL COMMISSION
Postgraduate Medical Education Board**

D 11011/1/22/AC/Guidelines/20

Date: 01-11-2022

**GUIDELINES FOR COMPETENCY
BASED POSTGRADUATE TRAINING
PROGRAMME
FOR**

**M.D. IMMUNOHEMATOLOGY
AND
BLOOD TRANSFUSION**

Apprenticeship/Rotation in:

| Posting in various sections of Blood Centre for MD in Immunohematology and Blood Transfusion | | |
|---|---|--|
| Title | Content of training activities | Learning objective |
| Orientation [1 month] | Brief orientation to computer system, Blood bank activities, teaching program | Be conversant with computer system & operation of blood bank activities. |
| Blood donation [3 months] | Donor recruitment & motivation, donor selection. Phlebotomy, post donation care of donor, outdoor blood donation. | Should be able to select the donor, perform phlebotomy with aseptic precautions, and manage donor reactions. |
| Apheresis – donor and therapeutic apheresis procedures [2 months] | Access evaluation, donor suitability, selection of machine, product manipulation, QC of product, donor observation for adverse effects and its management indications, contra-indications, replacement fluids, frequency, monitoring of TPE. | Should be able to perform the procedure independently, obtain quality product and manage any adverse effects. Should be able to select proper patient, machine, plan TPE, select replacement fluids and monitor the patient. |
| Component preparation & QC [5 months] | Preparation of blood components. Product manipulation such as Leucocyte removal or Irradiation. Storage & quality control. | Should be able to understand factors affecting quality of components. |
| Immuno-haematology [4 months] | Diagnosis & transfusion support in AIHA,PNH Evaluation of transfusion reaction. Investigations in antenatal serology. ABO-Rh typing, antibody screening, identification, evaluation of positive DAT | Should be able to interpret results of immune hematological tests. Should be able to provide consultation to physicians regarding transfusion management. |
| Pre-transfusion testing & cross match [4 months] | Investigation of difficult cross match, formal consultation on transfusion support in complex cases, checking indications & dosage for blood components, emergent issue of blood, transfusion in special cases such as massive transfusion, organ transplantation, platelet refractoriness. | Should be able to provide consultation on transfusion therapy. Should be able to resolve difficult & complex cross matching problems. Ensure appropriate and judicious use of blood and components. |

| | | |
|--|---|--|
| Transfusion transmitted infection screening [4 months] | Screening for various markers such as HIV,HCV, HBs Ag, Syphilis. Methodology such as Elisa, spot, rapid, automated analyzer NAT techniques such as PCR, TMA. Laboratory safety. | Should be able to understand blood screening principles and disposal of reactive units. Should be able to validate ELISA, maintain QC. |
| Quality control/ records [1 month] | Quality control of components, equipment, reagents. Quality assurance. Development of documents, SOPs,Regulatory compliance. | Should be able to understand QC principles, recognize common management & regulatory issues, identify management strategies. |

| | | |
|--|--|---|
| Peripheral blood stem cell transplantation (PBSC) [1 month] | Processing, storage, thawing, infusion of PBSC. Immunohematological monitoring of ABO mismatch transplants, Transfusion support – irradiation, CMV issues. | Describe common procedures and basic concepts related to PBSC processing and cellularproduct therapies. |
|--|--|---|

Note: The student should be posted for one month at the district hospital as per NMC guidelines

Posting in other Laboratory sections for MD in Immunohematology and Blood Transfusion

| Section | Skills |
|---|---|
| Haematology: 3months | Complete hemogram Work up of : <ul style="list-style-type: none"> • hemolytic anemias • Reading peripheral smear • Bone marrow aspiration |
| Coagulation Laboratory: 2 months | Coagulation tests – screening tests and special tests -procedure, interpretation, trouble shooting |
| HLA Laboratory: 1 month | HLA typing CDC crossmatch Flow cytometry crossmatch |
| Flow cytometry Lab: 1 month | Isolation of lymphocytes, CD4/ CD8 / CD 34 counts using flow cytometry, Immunofluorescence |
| Microbiology laboratory:1 month | ELISA, Western blot, PCR Bacteriology: Basic stains, Blood culture - aerobic, anaerobic, fungal |
| Molecular Biology Lab: 1month | Basics of molecular testing PCR NAT testing |

| | |
|--|--|
| Clinical Department subjects: 6weeks (Pediatrics, neonatal, medicine, ICU, Anaesthesia) | Transfusion support for thalassaemia, haemophilia, leukemia, solid organ transplantation Platelet transfusion therapy and its monitoring Neonatal exchange transfusion Bed side management of transfusion reactions Intraoperative hemodilution, Use of Cell saver, Intraoperative Blood salvage |
|--|--|

MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI**MARKLIST FOR PRACTICAL AND VIVA- VOCE EXAMINATION****Department Of Immunohematology and Blood Transfusion****Subject: Immunohematology & Blood Transfusion****DISTRIBUTION OF PRACTICAL MARKS**

Exam centre: _____ Course/ Exam : MD IHBT

Date of examination: _____

| Seat no. | Hemotherapy Exercise (04x30=120) | | | | Clinical Case (04x40=160) | | | | Ten spots (10x2=20) | Practical / Clinical Total (300) | Grand Viva & Thesis (100) | Grand Total (400) |
|----------|----------------------------------|----|----|----|---------------------------|----|----|----|---------------------|----------------------------------|---------------------------|-------------------|
| | 01 | 02 | 03 | 04 | 01 | 02 | 03 | 04 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Sr. No. | NAME OF EXAMINERS | COLLEGE | SIGNATURE WITH DATE |
|---------|-------------------|---------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |



MGM INSTITUTE OF HEALTH SCIENCES

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

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