



2023 MD Medicine Curriculum Modifications/Revision

**Rawalpindi Medical University,
Rawalpindi**

Details of the modifications

Updated 4-7-23

Clinical Medicine training is a dynamic field that constantly evolves to meet the changing needs of trainees, patients, and society. Curriculum and assessment documents emphasize the development of critical thinking, problem-solving, creativity, and collaboration skills. These skills are considered essential to thrive in an increasingly complex and interconnected world. Modification of curriculum and assessment documents is crucial aspect of educational/training improvement. Based on supervising clinical teaching, feedback of Trainees, Examiners Peers, Rotation, Logging, and assessment components of Medicine MD Training have been revised, modified and updated. This document provides details in this context.

Muhammad Khurram

Rotations

Revised rotation schedule for MD Internal Medicine is summarized below

| 1st year | 2nd year | 3rd year | 4th year |
|---|----------|---|----------|
| Cardiology, Nephrology, ICU (each of 2 months). To be completed in 1st 2 years of training | | Neurology (1 month), Gastroenterology (2 months), Dermatology (1 month), Pulmonology (1 month), Radiology (2 weeks), Psychiatry (2 weeks) To be completed in last 2 years of training | |

OSCE Components of MTA, FTA Examinations

Details of OSCE components have been revised and update. Incorporation and modification of related Blooms Taxonomy components has been done. TOS for MTA assessment is extensively revised as well.

In-Training - Assessment Year-I & III

Details of In Training Year III examination have been added. Modifications have been made in assessment schemes of Year I and III. As per VC, RMU directions, these examination will be conducted by concerned Departments/Deanery rather than RMU Examination Department. Conceptual details in this regard are given in this document.

E Portal

E- Portal has been provided by RMU for replacement of paper Logbook as part of paperless working. Each Trainee has been given access through RMU site in this regard. Academic activities of the Trainees are approved by Supervisors through E-Portal.

Mid Term Assessment

MTA

MTA- Total marks 300

60% pass marks, written and clinical components have to be passed separately

| Marks Distribution | Topics | No. of Questions/Stations | |
|--|-------------------------|---------------------------|--|
| WRITTEN | | | |
| Paper I | | | |
| <p>MARKS 150</p> <p><i>Written- Two papers</i></p> <p>Paper I and II will comprise 75 single best answer type Multiple Choice Questions of 1 marks each</p> <p>2hours and 30minutes for each paper.</p> <p>Both papers will be conducted on same day.</p> | 1. Cardiology | 15 | |
| | 2. Nephrology | 15 | |
| | 3. Psychiatry | 10 | |
| | 4. Infectious diseases | 10 | |
| | 5. Respiratory medicine | 10 | |
| | 6. Emergency medicine | 10 | |
| | 7. Critical care | 05 | |
| | Total | 75 | |
| | Paper II | | |
| | 1. Neurology | 15 | |
| | 2. Dermatology | 15 | |
| | 3. Gastroenterology | 15 | |
| | 4. Endocrinology | 10 | |
| | 5. Rheumatology | 10 | |
| 6. Hematology | 10 | | |
| Total | 75 | | |
| Up to 10% of the MCQS may system may not fulfill differentiation | | | |
| OSCE- 150 marks | | | |
| 15 Stations, each of 10 numbers | | | |
| 60% pass marks, written and clinical components have to be passed separately | | | |

TABLE OF SPECIFICATIONS MTA MEDICINE PAPER I (Total MCQs =75)

| TOPICS | No. of Questions | % of the Specialty |
|--|------------------|--------------------|
| CARDIOLOGY (20%) | 15 | |
| 1. coronary artery disease | 2 | 13.3% |
| 2. Valvular Disorders | 2 | 13.3% |
| 3. Infective Endocarditis | 1 | 6.6% |
| 4. Heart Failure | 2 | 13.3% |
| 5. Cyanotic heart disease | 1 | 6.6% |
| 6. Pericardial Diseases | 1 | 6.6% |
| 7. Dysrhythmia | 2 | 13.3% |
| 8. Hypertension | 2 | 13.3% |
| 9. Disease of the pulmonary Vasculature and peripheral vessels | 2 | 13.3% |
| NEPHROLOGY (20%) | 15 | |
| 1. GLOMERULAR DISEASE | 2 | 13.3% |
| 2. INTERSTITIAL NEPHRITIS | 1 | 6.6% |
| 3. AKI | 2 | 13.3% |
| 4. CKD | 2 | 13.3% |
| 5. KIDNEY AND SYSTEMIC DISEASE | 2 | 13.3% |

| | | |
|---|-----------|-------|
| 6. RRT | 2 | 13.3% |
| 7. URINARY INFECTIONS | 1 | 6.6% |
| 8. FLUID ELECTROLYTE ACID BASE BALANCE | 3 | 20% |
| Psychiatry (13.3%) | 10 | |
| 1 PSYCHIATRIC ASPECTS OF PHYSICAL DISEASES | 2 | 20% |
| 2. SOMATOFORM DISEASES | 1 | 10% |
| 3. ORGANIC DISORDERS | 1 | 10% |
| 4. MOOD DISORDERS | 1 | 10% |
| 5. SCHIZOPHRENIA AND SC DISORDERS | 1 | 10% |
| 6. ANXIETY | 1 | 10% |
| 7. SUBSTANCE ABUSE | 1 | 10% |
| 8. SUICIDE AND SELF HARM | 1 | 10% |
| 9. EATING DISORDERS, SEXUAL AND PERSONALITY DISORDERS | 1 | 10% |
| Infectious Diseases (13.3%) | 10 | |
| 1. BACTERIAL INFECTIONS | 3 | 30% |
| 2. VIRAL INFECTIONS | 3 | 30% |
| 3. PARASITIC INF | 2 | 20% |
| 4. FUNGAL | 1 | 10% |
| 5. SEPSIS | 1 | 10% |
| Respiratory Medicine (13.3%) | 10 | |
| 1. OBSTRUCTIVE LUNG DISEASE | 2 | 20% |
| 2. RESTRICTIVE LUNG | 2 | 20% |
| 3. PULMONARY INFECTIONS | 2 | 20% |
| 4. VASCULAR LUNG DISEASE | 1 | 10% |
| 5. PLEURAL DISEASES | 1 | 10% |
| 6. LUNG NEOPLASMS | 1 | 10% |
| 7. RESPIRATORY FAILURE | 1 | 10% |
| Emergency Medicine (13.3%) | 10 | |

| | | |
|---|-----------|-------------|
| 1. POISONING | 2 | 20% |
| 2. SHOCK | 1 | 10% |
| 3. CONFUSIONAL STATUS | 2 | 20% |
| 4. CHEST PAIN AND EVALUATION | 2 | 20% |
| 5. WEAKNESS EVALUATION | 2 | 20% |
| 6. COLLAPSE | 1 | 10% |
| Critical Care (6.65%) | 05 | |
| 1 SHOCK SEPSIS, DISTURBANCE OF HEMODYNIC FUNCTION AND ACID BASE BALANCE | 2 | 40% |
| 2. RESPIRATORY FAILURE & VENTILATION | 1 | 20% |
| 3. NEURO CRITICAL CARE | 2 | 40% |
| TOTAL | 75 | 100% |

TABLE OF SPECIFICATIONS MTA MEDICINE PAPER II (MCQs= 75)

| TOPICS | No. of Questions (15) | % of the Specialty |
|--|--------------------------|--------------------|
| Neurology (20%) | 15 | |
| 1. STROKE | 2 | 13.3% |
| 2. UNCONSCIOUSNESS AND COMA | 2 | 13.3% |
| 3. HEADACHE | 2 | 13.3% |
| 4. EPILEPSY AND MOVEMENT DISORDERS | 2 | 13.3% |
| 5. NERVOUS SYSTEM INFECTIONS | 2 | 13.3% |
| 6. NEURO INFLAMMATORY DISEASE | 1 | 6.6% |
| 7. NEURO DEGENERATIVE DISEASE | 1 | 6.6% |
| 8. NEUROPATHY | 2 | 13.3% |
| 9. CONGENITAL NEUROLOGICAL DISORDERS | 1 | 6.6% |
| Dermatology (20%) | 15 | |
| 1. COMMON RASHES | 3 | 20% |
| 2. SKIN INFECTIONS | 3 | 20% |
| 3. SKIN SIGNS OF SKIN AND SYSTEMIC ILLNESS | 3 | 20% |
| 4. BLISTERING AND BULLOUS DISORDERS | 1 | 6.6% |
| 5. NAIL AND HAIR DISORDERS | 2 | 13.3% |
| 6. DRUG ERUPTIONS | 2 | 13.3% |
| 7. DISORDERS OF PIGMENTATION | 1 | 6.6% |

| | | |
|--|-----------|-------|
| Gastroenterology (20%) | 15 | |
| 1. ACID PEPTIC DISEASE , DYSPEPSIA, H PYLORI INFECTION | 2 | 13.3% |
| 2. GI MOTILITY DISORDERS | 1 | 6.6% |
| 3. GI BLEEDING | 2 | 13.3% |
| 4. INFLAMMATORY BOWEL DISEASE | 2 | 13.3% |
| 5. GASTROINTESTINAL NEOPLASM | 1 | 6.6% |
| 6. CLD, CIRRHOSIS AND ITS COMPLICATIONS | 3 | 20% |
| 7. DIARRHEA (ACUTE, CHRONIC INCLUDING MALABSORPTION) | 2 | 13.3% |
| 8. ACUTE LIVER DISEASE | 2 | 13.3% |
| Endocrinology (13.3%) | 10 | |
| 1. DM | 2 | 20% |
| 2. THYROID DISORDERS | 2 | 20% |
| 3. HYPOTHALMO PITUITARY ADRENAL AXIS | 2 | 20% |
| 4. GROWTH AND PUBERTY | 2 | 20% |

Clinical/OSCE Components Marking Details

| Components | Time allowed | Max. Marks | Min. Pass marks |
|--|-----------------------|-------------------|------------------------|
| OSCE (15 interactive Stations) | 5 minutes per station | 150 | 90 |

SCHEME FOR OSCE- MID TERM ASSESSMENT

1. Total number of stations – 15 (all Interactive)
2. Time allocation for each station – 5 minutes
3. Marks allocation for each station – 10 marks

Topic Wise Distribution of OSCE Stations

| Station No. | Station Description | Details | C | P | A |
|-------------|--|--|----|----|---|
| 1 | ECG (2 ECG) Dysrhythmias, Ischemic heart disease, Pericarditis, Electrolyte imbalance, Medication related effects etc. | <i>ECG will be shown to the Candidate.</i> <i>Questions will focus relevant findings, interpretation, and diagnosis/treatment where relevant.</i> | C3 | P3 | |
| 2 | X-ray Station (2 X Rays) Chest (Pulmonology/Cardiology) mandatory One of Rheumatology, Metabolic bone disease, and Abdomen etc. | <i>X-Rays will be shown.</i> <i>Questions will focus relevant interpretation of findings, diagnosis, etiology, treatment where relevant etc.</i> | C3 | P3 | |
| 3 | 2 CT scan (preferably) or MRI- Station Brain mandatory One of Chest, Spine, and Abdomen etc. | <i>CT scan or MRI will be shown.</i> <i>Questions will focus relevant findings, diagnosis, etiology, treatment and complications etc.</i> | C3 | P3 | |
| 4 | Clinical Problem Solution Station One of Hematology, Oncology, | <i>Clinical Problems will be presented to Candidate in form of video, picture,</i> | C3 | P3 | |

| | | | | | |
|---|---|--|----|----|----|
| | Infectious disease, Emergency, Critical Care, and Nephrology etc clinical problem scenario. | <i>clinical details, and clinical data etc.</i> <i>Candidate will be evaluated with reference to diagnostic features and management.</i> | | | |
| 5 | Procedure on Simulator Lumbar puncture, Arterial sampling, CVP line insertion, Needle chest aspiration, Ascitic tap, and ETT intubation etc. | <i>Candidate will be asked to perform one of the procedures. Mannerism, technique/procedural skills will be evaluated by Examiner.</i> <i>Questions will focus procedure, indication, contraindications, and complications etc.</i> | C3 | P3 | A3 |
| 6 | Instrument & Medication Station Instruments; Oxygen delivery system, Pleural biopsy, Bone marrow aspiration, Liver biopsy, and Pleural biopsy etc. Medications; Digoxin, Amiodarone, Potassium, Insulin, and Thyroxin etc. | <i>Candidate will be provided one of medication or Instrument.</i> <i>Candidates will be assessed with reference to utilization/indication, practical use, contraindications, practical use/procedure (where relevant) and complications etc.</i> | C3 | P3 | A3 |
| 7 | Life Support Station BLS component | <i>Scenario focusing BLS component will be given.</i> <i>Candidate will be observed by Examiner for managing the issue. Relevant questions will be asked.</i> | C3 | P3 | A3 |
| 8 | Respiratory Station Focused short case version of clinical examination | <i>In 5 minutes candidate will be asked to perform focused clinical examination of chest for assessment of knowledge, skill and attitude.</i> <i>Examiners will observe and ask questions pertaining to correct findings, logical interpretation, and</i> | C3 | P3 | A3 |

| | | | | | |
|----|--|---|----|----|----|
| | | <i>management etc.</i> | | | |
| 9 | Cardiovascular System Focused short case version of clinical examination | <i>In 5 minutes candidate will be asked to perform focused clinical examination of CVS for assessment of knowledge, skill and attitude.</i> <i>Examiners will observe and ask questions pertaining to correct findings, logical interpretation, and management etc.</i> | C3 | P3 | A3 |
| 10 | Gastrointestinal system Focused short case version of clinical examination | <i>In 5 minutes candidate will be asked to perform focused clinical examination of GIT for assessment of knowledge, skill and attitude.</i> <i>Examiners will observe and ask questions pertaining to correct findings, logical interpretation, and management etc.</i> | C3 | P3 | A3 |
| 11 | Neurology Station Focused short case version of clinical examination | <i>In 5 minutes candidate will be asked to perform focused clinical examination of Nervous system for assessment of knowledge, skill and attitude.</i> <i>Examiners will observe and ask questions pertaining to correct findings, logical interpretation, and management etc.</i> | C3 | P3 | A3 |
| 12 | Counseling Station- Focusing autonomy, confidentiality, | <i>In a given scenario Candidate ability to solve relevant issue will be</i> | C3 | P3 | A3 |

| | | | | | |
|----|---|---|----|----|----|
| | beneficence, justice, no harm, empathy, breaking bad diseases, and safety net etc. | <i>evaluated with involvement of patient or surrogate.</i> | | | |
| 13 | Eye/Fundoscopy Station Clinical signs pertaining to pupillary abnormalities, extraocular muscle palsies, fundoscopic examination abnormalities etc. | <i>Candidate will be shown video/picture and or asked to perform examination on patient or surrogate. Examination competency, diagnostic features, management, and complications etc will be evaluated.</i> | C3 | P3 | A3 |
| 14 | Emergency Management Station DKA, Status epileptics, poisoning, upper GI bleed, ACS, dysrhythmias, acute severe asthma, hypoglycemia, electrolyte imbalance, and metabolic acidosis etc. | <i>With reference to one of the scenario, Candidates ability to plan management avoiding complications will be evaluated</i> | C3 | P3 | |
| 15 | Dermatology Station 2 Picture/patients of common dermatological disorders i.e., Psoriasis, systemic diseases and CTD disorder related findings, rash, infection, Erythema Nodusam, Erythema multiforme, and drug rash etc | <i>With reference to two of the scenario, Candidates ability to diagnose and plan management will be evaluated</i> | C3 | P3 | |

As a guideline 50% of the station will focus cognition, 40% psychomotor skills, and 10% on attitude. This can be varied however depending on scenario, station type, and examiners preference

Final Term Assessment

FTA

TABLE OF SPECIFICATIONS

| Marks Distribution | Units/Topics | No. of Questions/Stations | Eligibility for Exam | Research |
|---|---|---------------------------|---|----------------------------|
| <p>WRITTEN & CLINICAL- TOTAL MARKS 750 Written- Two papers Paper 1 will comprise 100 single best answer type Multiple Choice Questions. 1 marks each for each MCQ (MCQs). (2hours and 30mins)</p> <p>Paper 2 will comprise 100 MCQs. 1 mark for each MCQ (2hours and 30mins)</p> <p><i>Both papers will be conducted on two separate days.</i></p> <p><u><i>Written exam should be passed to appear in clinical exam.</i></u></p> | Paper I- MCQs* | | 1. Completion of 4 year training 2. Year One, and MTA should be passed. 3. All internal and external rotations are completed. 4. Satisfactory performance in Continuous Internal Assessments of all training years. 5. No dues certificate. | Thesis should be accepted. |
| | 1. Cardiology | 20 | | |
| | 2. Gastroenterology including Hepatobiliary and Pancreatic Diseases | 20 | | |
| | 3. Respiratory Medicine | 20 | | |
| | 4. Infectious diseases | 20 | | |
| | 5. Critical Care | 10 | | |
| | 6. Endocrinology | 10 | | |
| | Paper II MCQs* | | | |
| | 1. Nephrology, Fluid Electrolyte, and Acid Base Disorders. | 20 | | |
| | 2. Neurology | 20 | | |
| | 3. Emergency Medicine including Poisoning | 20 | | |
| | 4. Dermatology | 10 | | |
| | 5. Hematology, Immunology, Medical Oncology | 10 | | |
| | 6. Psychiatry | 10 | | |
| | 7. Rheumatology | 10 | | |

| | | | | |
|---|-----------------|-------------|--|--|
| OSCE=150 marks (15 stations 10 Marks each) 5 min for each station | Clinical | | | |
| | OSCE | 15 Stations | | |
| | Short cases | 4 Cases | | |
| | Long cases | 1 | | |
| Short cases- 200 marks (4 cases 50 marks each) 10 min each Long case- 100 marks (1 long case) 60 min duration Thesis = 100 marks Presentation – 30 Marks Discussion- 70 Marks <i>Pass percentage= Accumulative pass percentage is 60% overall and in each components i.e.1) paper I, II, 2) OSCE 3) Short cases, and Long case, and 4) Thesis</i> | Thesis | | | |
| | Thesis | 1 | | |

*Up to 10% questions may come from any topic

Clinical/OSCE Components Marking Details

| Components | Time allowed | Max. Marks | Min. Pass marks |
|--|---|------------|------------------|
| CLINICAL | 60 minutes | | |
| Long case | 30 minutes for history taking and clinical examination 30 minutes for discussion | 100 | 60 |
| Short cases (Four cases) | 40 minutes (includes both examination and discussion) | 200 | 120 |
| OSCE (15 interactive Stations) | 5 minutes per station | 150 | 90 |
| AGGREGATE | | 450 | 270 (60%) |

SCHEME FOR OSCE IN THE FINAL TERM ASSESSMENT

1. Total number of stations – 15 (all Interactive)
2. Time allocation for each station – 5 minutes
3. Marks allocation for each station – 10 marks

Topic Wise Distribution of OSCE Stations

| Station No. | Station Description | Description | C | P | A |
|-------------|---|--|----|----|---|
| 1 | ECG- 2 ECG Dysrhythmias Ischemic heart disease, Pericarditis Electrolyte imbalance, Medication related effects etc. | <i>2 ECG focusing above mentioned diagnosis will be shown to the Candidate.</i> <i>Questions will focus relevant findings, diagnosis, etiology, treatment planning, and complications etc.</i> | C3 | P3 | |
| 2 | X-ray Station- 2 X Rays Chest (Pulmonology/Cardiology) mandatory One of Rheumatology, Metabolic bone disease, and Abdomen etc. | <i>2 X-Rays focusing above mentioned diagnosis will be shown to the Candidate.</i> <i>Questions will focus relevant findings, diagnosis, etiology, treatment planning, and complications etc.</i> | C3 | P3 | |

| | | | | | |
|---|---|---|----|----|----|
| 3 | <p>CT scan or MRI scan-Station</p> <p>Brain mandatory (focusing stroke, neoplasm, and tuberculoma etc) One of Chest, Spine, and Abdomen etc.</p> | <p><i>2 CT scan or MRI will be shown to the Candidate.</i></p> <p><i>Questions will focus relevant findings, diagnosis, etiology, treatment and complications etc.</i></p> | C3 | P3 | |
| 4 | <p>Diagnostic investigations Station</p> <p>Barium Studies, Radio nucleotide scans, Endoscopic findings, Spirometry, Echocardiogram, and Ultrasound etc.</p> | <p><i>One of above mentioned investigation will be shown to the Candidate.</i></p> <p><i>Questions will focus relevant findings, diagnosis, etiology, treatment and complications etc in given scenario.</i></p> | C3 | P3 | |
| 5 | <p>Clinical Problem Solution Station</p> <p>One of Hematology, Oncology, Infectious disease, Emergency, Critical Care, and Nephrology etc scenario.</p> | <p><i>Clinical Problems will be provided to Candidate in form of video, picture, clinical details, and clinical data etc.</i></p> <p><i>Questions will focus diagnostic features and management.</i></p> | C3 | P3 | |
| 6 | <p>Procedure on Simulator:</p> <p>Lumbar puncture, Arterial sampling, CVP line insertion, Needle chest aspiration, Ascitic tap, and Chest intubation etc.</p> | <p><i>Candidate will be asked to perform one of the procedures. Mannerism, technique/procedural skills will be evaluated by Examiner.</i></p> <p><i>Questions will focus procedure, indication, contraindications, and complications etc.</i></p> | C3 | P3 | A3 |
| 7 | <p>Instrument And Medication Station</p> <p>Oxygen delivery system, Pleural biopsy, Bone marrow aspiration, Liver biopsy, and Pleural biopsy etc. Digoxin, Amiodarone, Potassium, Insulin, and</p> | <p><i>Candidate will be provided one of medication or Instrument.</i></p> <p><i>Questions will focus utilization, practical use, indication, contraindications, procedure (where relevant) and</i></p> | C3 | P3 | A3 |

| | | | | | |
|----|---|---|----|----|----|
| | Thyroxin etc. | <i>complications etc.</i> | | | |
| 8 | Clinical Video/Audio Station Clinical sign interpretation (Heart sounds, Chest sounds, Gait abnormality, and Fits etc.) | <i>Candidate will be shown video or audio focusing one of above mentioned clinical feature.</i> <i>Questions will focus characteristic features leading to diagnosis, genesis/etio-pathogenesis, and management etc.</i> | C3 | P3 | |
| 9 | Life Support Station ACLS component | <i>Candidate will be provided scenario focusing ACLS component.</i> <i>He will be observed by Examiner for managing the issue. Relevant questions focusing management will be asked.</i> | C3 | P3 | A3 |
| 10 | Rheumatology Station Clinical Features/signs pertaining Rheumatologic illnesses i.e., Rheumatoid Arthritis, SLE, and Sero-negative Arthritis etc. | <i>Candidate will be shown video/picture and or asked to perform examination on patient or surrogate.</i> <i>Procedural competency, diagnostic features, management, and complications etc will be evaluated.</i> | C3 | P3 | A3 |
| 11 | Counseling Station Focusing autonomy, confidentiality, beneficence, justice, no harm, and safety net etc. | <i>In a given scenario Candidate ability to solve relevant issue will be evaluated.</i> | C3 | P3 | A3 |
| 12 | Eye/Fundoscopy Station Clinical signs pertaining to pupillary abnormalities, extra ocular muscle palsies, fundoscopic examination abnormalities etc | <i>Candidate will be shown video/picture and or asked to perform examination on patient or surrogate.</i> <i>Procedural competency, diagnostic features, management, and complications etc will be evaluated.</i> | C3 | P3 | A3 |

| | | | | | |
|----|--|--|----|----|----|
| 13 | Emergency Management Station DKA, Status epileptics, poisoning, upper GI bleed, ACS, dysrhythmias, acute severe asthma, hypoglycemia, electrolyte imbalance, and metabolic acidosis etc. | <i>With reference to one of the scenario, Candidates ability to plan management avoiding complications in given scenario will be evaluated</i> | C3 | P3 | A3 |
| 14 | Videos/Images in Clinical Medicine: Typical clinical features of a disease; Facial features- nerve palsy, and Hypothyroid etc. | <i>With reference to one of the scenario/patient, Candidates ability to diagnose and plan management will be evaluated</i> | C3 | P3 | |
| 15 | Dermatology Station Rash, Infection, Psoriasis, Erythema Nodusum, and Erythema multiforme etc (common dermatological issues) | <i>With reference to one of the scenario or patient, Candidates ability to diagnose and plan management will be evaluated</i> | C3 | P3 | A3 |

As a guideline 50% of the station will focus cognition, 40% psychomotor skills, and 10% on attitude. This can be varied however depending on scenario, station type, and examiners preference

LONG CASE

(100 marks 60 minutes)

Each candidate will be allotted one long case and allowed 30 minutes for history taking and clinical examination. Candidate should take a careful history from the patient (or relative) and after a thorough physical examination identify the problems which the patient presents. During this period the candidate will be observed by the examiners.

Case presentation and discussion on the long case will be conducted jointly by the two examiners for 30 minutes. In this section the candidates will be assessed on the following areas:

Interviewing and Clinical examinations skills

- Introduces oneself, listens patiently, and is polite with the patient.
- Is able to extract relevant information.
- Takes informed consent.
- Uses correct clinical methods systematically (including appropriate exposure and re-draping).

Case Presentation/Discussion

- Presents skillfully.
- Gives correct findings.
- Gives logical interpretation of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigation(s).
- Outlines and justifies treatment plan (including rehabilitation).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.

SHORT CASES- 4

(200 marks40 minutes)

Each candidate will go through 4 short cases. Each short case will be of 10 minutes. In first 5 minutes candidate will be asked to perform a pertinent clinical examination (CVS, CNS, GIT, Respiratory, GPE, and Musculoskeletal etc). During this period the candidate will be observed by the examiners. Case presentation and discussion on each short case will be conducted by examiner. Following will be assessed and marking will be done on assessment performance.

Clinical Examination Skills

Performance of proper and concerned relevant clinical examination according to instructions given in professional manner.

- Systematic and appropriate application of clinical methods

Discussion Focusing

- Correct findings, logical interpretation, and conclusion.

- Diagnosis justification
- Appropriate/ investigations and management (including recent advances)

Interviewing and Clinical examinations skills

- Introduces oneself, listens patiently, and is polite with the patient.
- Is able to extract relevant information.
- Takes informed consent.
- Uses correct clinical methods systematically (including appropriate exposure and re-draping).

Case Presentation/Discussion

- Presents skillfully.
- Gives correct findings.
- Gives logical interpretation of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigation(s).

- Outlines and justifies treatment plan (including rehabilitation).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.

In-Training Assessment Year-1 **“Pre MTA” Examination**

Year One In Training Examination- Total marks 200

60% pass marks, written and clinical components have to be passed separately

| Marks Distribution | Topics | No. of Questions |
|---|-------------------------|------------------|
| WRITTEN | | |
| Paper | | |
| MARKS 50 <i>Written- One paper</i> Paper will comprise 10 SAQ, 10 marks each 1hour duration | 1. Cardiology | 1 |
| | 2. Nephrology | 1 |
| | 3. Gastroenterology | 1 |
| | 4. Respiratory medicine | 1 |
| | 5. Neurology | 1 |
| | 6. Emergency medicine | 1 |
| | 7. Endocrinology | 1 |
| | 8. Dermatology | 1 |
| | 9. Critical care | 1 |
| | 10. Rheumatology | 1 |
| | Total | 10 |
| Up to 10% of the SAQ may not fulfill differentiation | | |
| OSCE- 100 marks | | |
| 5 Stations, each of 20 numbers | | |
| 60% pass marks, written and clinical components have to be passed separately | | |

Clinical/OSCE Components Marking Details

| Components | Time allowed | Max. Marks | Min. Pass marks |
|---|------------------------|-------------------|------------------------|
| OSCE (5 interactive Stations) | 10 minutes per station | 100 | 60 |

SCHEME FOR OSCE

4. Total number of stations – 5 (all Interactive)
5. Time allocation for each station – 10 minutes
6. Marks allocation for each station – 10 marks

OSCE Stations Distribution

| Station No. | Station Description |
|-------------|---|
| 1 | Respiratory Station Short case version of clinical examination |
| 2 | Cardiovascular System Short case version of clinical examination |
| 3 | Gastrointestinal system Short case version of clinical examination |
| 4 | Neurology Station Short case version of clinical examination |
| 5 | Clinical Medicine Scenario Station Ability to analyze a clinical Medicine scenario and formulate initial management plan A patient, surrogate, video, equipment, and medicine can be there at this station |

OSCE Short Cases Marking Details

| | |
|--------------------------|----------------------------------|
| Subject: Medicine | Candidates Name: |
| Hospital/Unit: | Date: |
| OSCE Station. | Diagnosis/System covered: |

| | EXCELLENT (100%) | GOOD (80%) | ADEQUATE (60%) | INADEQUATE (<60%) |
|--|---------------------|---------------|-------------------|----------------------|
| Clinical Examination Skills (6 Marks) <ul style="list-style-type: none"> • Observes professional manners. • Performs proper and relevant clinical examination according to instructions given. • Applies clinical methods systematically and appropriately | 6 | 4.8 | 3.6 | |
| Discussion (14 Marks) <ul style="list-style-type: none"> • Gives correct findings with logical interpretation and conclusion. (6) | 6 | 4.8 | 3.6 | |
| Justifies diagnosis (4) | 4 | 3.3 | 2.4 | |
| <ul style="list-style-type: none"> • Suggests appropriate & relevant investigations and management (4) | 4 | 3.3 | 2.4 | |

Write numbers in inadequate category. These should be less than adequate

Additional Remarks (if any):

Signature: _____

Concept of In Training Assessment

Year-III “Pre FTA Examination”

Pre FTA- Total marks 100

60% pass marks

| Marks Distribution | Topics | No. of Questions |
|---|-------------------------|------------------|
| WRITTEN | | |
| Paper | | |
| MARKS 50 <i>Written- One paper</i> Paper will comprise 100 MCQS, 1 marks each 1 hour duration | 1. Cardiology | 10 |
| | 2. Nephrology | 10 |
| | 3. Gastroenterology | 10 |
| | 4. Respiratory medicine | 10 |
| | 5. Neurology | 10 |
| | 6. Emergency medicine | 10 |
| | 7. Endocrinology | 10 |
| | 8. Dermatology | 10 |
| | 9. Critical care | 10 |
| | 10. Rheumatology | 10 |
| | Total | 10 |
| Up to 10% of the SAQ may not fulfill differentiation | | |

MODIFICATION DETAILS

- 18 May 23; Departmental/Deanery related Year I In Training Examination details added. Concept of Pre FTA Year III In Training Assessment given.
- 24-26 May 2023; Blooms Taxonomy related differentiation added to OSCE
- 7 May 2023; Modifications in OSCE details and undifferentiated MCQs % done with reference to meeting with Examination Department