

National Board of Examinations

**REVISED CURRICULUM FOR COMPETENCY
BASED TRAINING OF DNB CANDIDATES**

**General Medicine
2006**



National Board of Examinations
(Ministry of Health & Family Welfare, Govt. of India)
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Preface

The National Board of Examination was established in 1975 with the primary objective of improving the quality of the Medical Education by elevating the level and establishing standards of post graduate examinations in modern medicine on all India basis. There are more than 450 N.B.E accredited institutions/ Hospitals , imparting DNB training programmes in 28 Broad specialties and 16 super specialties. Besides, there are Post-doctoral fellowship programmes in 14 specialties and Post-graduate dental programmes in 9 specialties. In order to have standardized and quality training in all the accredited hospitals, National Board of Examinations has a well structured curriculum. The curriculum is being revised periodically to incorporate newer topics and introduce more innovative training methods. The present curriculum has been revised by National Board of Examinations' experts and has details of the training objectives, schedule, methods, technical contents. There are lists of skills in various procedures/ surgical techniques which a DNB candidate must acquire during the training, reference and text books as well as the journals in the speciality. The curriculum also gives sample theory questions and common cases for practical skill assessment during training every six months in the form of concurrent assessment. The guidelines for thesis and maintenance of log book to record day to day activities carried out by the candidates are also given.

It is expected that the revised curriculum will be useful to the DNB consultants in organizing the DNB training programmes in their respective hospitals. The DNB candidates will also benefit from this document.

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Goal

Goal at the end of three year training is to enable the individual to function as a junior consultant in the field of general medicine with a analytic and ethical mind with purpose of what should be done and what can not be done. He should be able to provide preventive, promotive, curative and rehabilitative medical care.

Objectives to be achieved by an individual at the end of 3 years of DNB training (DNB) in Medicine**Clinical-** The individual should be

- Able to diagnose the handle clinical problem of general internal medicine, using traditional methods of recording and thorough history and performing a detailed physical examination
- Able to make to logical diagnosis/differential diagnosis for an individual patient using the theoretical knowledge and clinical experience acquired during the period of his post-graduate training.
- familiar with The epidemiological & clinical pattern of the common diseases prevalent in different Geographical Areas in India.
- Approach able to EVIDENCE based with sufficient knowledge and ability to reasonably analyze the results of common investigative procedures/methods/confirming the diagnosis of disease in a particular patient and is able to use the available investigations in a appropriate way so as to course minimal physical discomfort to the patient and is cost effective for the individual patient/health service provider.
- Well versed with the Theoretical background including the recent advances of the various diseases affecting different system of the body.
- Familiar with and carry out the Basic and Advanced Life Support Methods so as to save the life of a patient in an emergency situation.

Research- The Individual should be

- able to plan organize and execute a research project independently
- Collect scientific information from various sources available, analyze critically, interpret & use for his benefit 2 society benefit.
- Able to compile the data generated from the research project and 'present' it in any conference or write it and get published in a journal – write the thesis and papers
- 'Present' and analyze the published scientific literature in the form of Journal Reading/Reviews/Seminars/Abstract
- Preferably, have a 1-2 publications in a journal/book by the time he/she finishes the training

Teaching- The individual should learn the basic methodology of teaching using various audio-visual aids available and he/she should have conducted clinical demonstrations for under-graduate students/nurses/para-medical staff etc.

Tentative Schedule for three years of DNB Training

Medicine : 18 months (first 12 months & last 6 months or final)
Nephrology : 2 months
Gastro-entriology : 2 months
Casualty & ICU : 4 months
Cardiology : 4 months
Neurology : 4 months
Dermatology : 1 month
Psychiatry : 1 month

The basic clinical training should rest on day to day working in the care of both in-&-out patients. The common medical problems should be discussed at length in the teaching ward rounds. The each individual should 'present' and discuss the representative case problems from the various medical sub-specialities.

There should be intra-and inter-departmental meetings for discussing the uncommon/interesting medical problems

In addition to the above the following are suggested as some of the activities to impart clinical training & -In-depth clinical presentation by individual, In-depth reviews , Critical evaluation of journals/research articles. Attending various accredited scientific meetings, CME/symposia/conferences etc.

Technical content of Curriculum

Theory- basic sciences (relevant anatomical/physiology/pathological); clinical sciences – basic information; clinical sciences – recent advances; back-ground of various diagnosis/therapeutic procedures

Research – Thesis, papers (presentation in conference, publications)

Teaching – Number of clinical demonstration per month for under-graduates (if possible) and teaching of nurses/other para-clinical course students

Clinical- clinical assessment, presentation of cases & management of a patient; investigations-interpreting, performing procedures (diagnostics/therapeutic). No limit can be set for clinical knowledge in the field of medicine. But the individual should have basic information about various diseases covered by the standard text books in the field of internal medicine with special stress on the pattern of disease prevalence in various geographical areas with in the country and the globe. The candidate should be aware of recent information appearing in standard medicine journals. He should have basic knowledge of various psychiatric and dermatological problems.

General clinical skills- Care of in-patients, out-patients, special clinics; Maintenance of case records for both in-and out-patients; Carrying out various investigative procedures – log book; Learning special procedures for the diagnosis/management of patients specially knowledge/skills of basic life support; Rotation – inter-units/sub-specialities; Special postings : ICU, Dermatology, Radiology, Psychiatry, Pathology, etc.

Communication skills- Case presentations; Presentation of articles from Journals; Clinical case presentations; Attending conferences, seminars, workshops etc. for CME

Clinical Procedures -A log book to be maintained for the various procedures done by the individuals (this may include needle aspirations from serous cavities, liver-abscess, bone-marrow, biopsies, aspirations of liver/kidneys, muscles, skin, lymph – nodes and lumps)

Diagnostics- Principles of methodology of various biochemical, microbiological, immunological, histo-chemical and radiological procedures; Knowledge about precise use and risks associated with various diagnostic procedures and their financial implication to the individual patient as well as health care provider

Assessments/ Examinations

Concurrent examination/assessment

The purpose of the concurrent assessment is to give regular feedback to the DNB candidates about their performance and to prepare them for the final terminal examination by giving them exposure to the examination pattern. As a part of the concurrent evaluation the DNB candidates will be assessed every six months by an independent local appraiser selected by National Board of Examinations. This would include theory examination (100 marks of three hours duration) containing 10 short structured questions related to the topics covered during the preceding six months by the accredited hospital/institution.

The practical examination (300 marks) will include long case, short case, spots, ward round, viva voce on the topics covered during the period by the hospital/institution.

Final examination

Theory

Each theory paper will comprise of 10 short structured questions of 10 marks each.

| | |
|-----------|--|
| PAPER I | Principles of Medicine |
| PAPER II | Practice of Medicine |
| PAPER III | Specialties associated with Medicine |
| PAPER IV | General Principles of Physiology, Biochemistry, Pharmacology, Microbiology, Pathology, Epidemiology, elementary Statistics as applicable to General Medicine Basic Sciences including Anatomy as applied to General Medicine |

Practical examination- Long case, Short cases, Spots, Ward round, Viva voce, OSCE(5 minutes each station of clinical cases -regarding history, clinical findings and management, photographs of cases, Radiological investigations, instruments etc.)

ANNEXURE- I, THEORY SYLLABUS

Basic Sciences

- basics of human anatomy as relevant to clinical practice e.g. surface anatomy of various viscera, neuroanatomy, important structures/organs location in different anatomical locations in the body; common congenital anomalies.
- basic functioning of various organ-system, control of vital functions, pathophysiological alteration in diseased states, interpretation of symptoms and signs in relation to pathophysiology
- common pathological changes in various organs associated with diseases and their correlation with clinical signs ; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases
- Knowledge about various microorganisms, their special characteristics important for their pathogenetic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms
- Knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs & 'P' drug concept
- Knowledge about various poisons with specific reference to different geographical and clinical settings, diagnosis and management
- Research Methodology & Studies

Infectious Diseases- Basic consideration in Infectious Disease, Clinical syndromes – community acquired, Clinical syndromes – nosocomial infections, Bacterial disease General consideration, Diseases caused by gram – positive bacteria, Diseases caused by gram – negative bacteria, Miscellaneous bacterial infections, Mycobacterial diseases, Spirochetal diseases, Rickdettsia, Mycoplasma and Chlamydia, Viral diseases, DNA viruses, DNA and RNA respiratory viruses, RNA viruses, Fungal infections, Protozoal and helminthic infections .

Diseases of the cardiovascular system- Disorders of the heart, Disorders of the vascular system

Disorders of the respiratory system- Disturbances of the respiratory functions, diagnostic procedures in respiratory diseases, Asthma, Pneumonia, Bronchiectasis, Interstitial lung diseases, Pulmonary thrombo-embolism, diseases of Pleura, mediastinum and diaphragm, disorders of ventilation, Acute Respiratory Distress syndrome, mechanical ventilator support.

Disorders of the kidney and urinary tract- Disturbances of the renal functions, Acute renal failure, Chronic renal failure, Dialysis and transplantation, Glomerulopathies, tubulo-interstitial diseases, hereditary tubular disorders, nephrolithiasis and urinary tract obstruction.

Disorders of the gastrointestinal system- Disorders of the alimentary tract , Liver and biliary tract disease, Disorders of the pancreas

Disorders of the immune system, connective tissue and joints- Disorders of the immune system, Disorders of immuno-mediated injury, Disorders of the joints

Hematology and oncology- Disorders of the hematopoietic system, Clotting disorders, Neoplastic diseases

Endocrinology and metabolism- Endocrinology, Disorders of intermediary metabolism, Disorders of bone and mineral metabolism

Neurologic disorders- The central nervous system, Disease of nerve and muscle, Psychiatric disorders, Alcoholism and drug dependency

Dermatology- Structure and functions of skin, infections of skin, papulo-squamous and inflammatory skin rashes, photo dermatology, Erythroderma, cutaneous signs of systematic diseases, bullous diseases, drug induced rashes, disorders of hair and nails, principles of tropical therapy.

ANNEXURE-II, DETAILS OF THE SKILLS TO BE ACQUIRED DURING THE TRAINING PERIOD

Procedures Which Must Be Learnt During The Training

| Name of Procedure | Number of procedure | | |
|---|---------------------|--------------------|---------------------------------|
| | As observer | As first assistant | Independently under supervision |
| Assisted ventilation including Endo tracheal intubation - C PAP, Bi PAP basic ventilation | 2 | 3 | 5 |
| Cardioversion /Defibrillation/External pace making | 7 | 8 | 15 |
| CVP line insertion an intensive hemo dynamic monitoring | 5 | 5 | 10 |
| Pericardiocentesis | 2 | 3 | 5 |
| Thoraocentesis/inter costal drainage | 7 | 8 | 15 |
| Ascitic tap | 7 | 8 | 15 |
| Lumbar puncture | 7 | 8 | 15 |
| Procto/sigmoidoscopy | 3 | 4 | 8 |
| Nasogastric intubation | 10 | 10 | 20 |
| Liver abscess | 2 | 3 | 5 |
| Liver biopsy | 2 | 3 | 5 |
| Renal biopsy | 1 | 2 | 2 |
| Muscle/nerve biopsy | 1 | 2 | 2 |
| FNAC | 3 | 4 | 8 |
| Bone marrow aspiration biopsy | 5 | 5 | 10 |
| Emergency I/U canula insertion and cut down | 12 | 13 | 25 |
| Gastric Lavage | 12 | 13 | 25 |
| Arterial puncture for ABG | 12 | 13 | 25 |
| Use of aerosol nebuliser. | 12 | 13 | 25 |

Desirable skills- Joint aspiration & injection, Hemodialysis, ERCP, Nerve conduction studies, Evoked potential

Interpretation skills - ECG, TMT, Holter & Echo cardiogram & Doppler studies; CT & MR Scan, EEG Barium studies; USG abdomen, Upper & Lower endoscopies & MRCP .

ANNEXURE –III, SAMPLE CASES FOR PRESENTATION AND DISCUSSION

Cardiology- Valvular heart disease, Congenital heart disease, Cardio-myopathy, Peripheral vascular disease, Coronary artery disease with clinical complication, Hypertensive heart

Pulmonary- Pleural effusions, Consolidation, Hydropneumothorax, ILD, Fibrocaveotomy, COPD corpulmonale, Collapse lung, Mediastinal obstruction

Abdomen- Jaundice, Hepatosplenomegaly, Ascitis, Abdominal Lump, MAS

CNS Cranial N. Palsies- Hemiplegia, Paraplegia, Monoplegia, Quadriplegia (spastic & flaccid), Neuropathy, Muscle disease, Muscular dystrophy & Inflammatory muscle disease, Extra-pyramidal system disorder

Haematological- Anaemia, Lymphadenopathy, Bleeding disorders

Nephrology- Nephritic Syndrome, Nephrotic Syndrome

Muscles Sketal- Polyarthritis, Oligoarthritis, Monoarthritis, podyloarthriopathy

Endocrine- Thyroid disorder, Cushing, Diabetes – especially complications, Acromegaly, Obesity

Miscellaneous- HIV and its complications, Skin spots, Nutritional deficiency

Multi system disorder- Diabetes, SLE, Scleroderma, HIV, Rhuematoid arthritis

Spots- ECG, TMT, X Ray's, CT Scan & MRI Scan , USG abdomen, Gross pathological Specimens, Haematology and histopathology slides, Lab Charts

ANNEXURE-IV, SAMPLE QUESTIONS FOR SIX MONTHLY ASSESSMENTS

Draw circle of Willis, Coronary Artery treatment with location of carotid artery blockage, Discussion conduction system of Heart WPW Syndrome accessory Pathways, Bilirubin Metabolism in Health and Disease, Patho-physiology of AIDS, Endothelium Dysfunction, Ion channels, B12 absorption, Calcium absorption, HIV Virus, Genomic structure HBV, Mitochondrial disorder, Cytochrome, Prophylaxis of Rabies, Drug Perception in Compressed in renal failure, Hyposite, Organic phosphorus poisoning, anti epileptics, Corrosive poisoning, Thrombotic therapy, Management of snake bite, Define metabolic syndrome, Recommended Dietary Allowance of common items, management of morbid obesity, TPN, Describe common deficiency syndrome, Complication malaria, Enteric fever, Leptospirosis, Kalazar, MDR, Dengue (Re-emerging), HIV relates, MAL absorption management of peptic ulcer, FHF management, GI bleed Management, Problem of Cholestatic Jaundice, NASH, Parenteral management of ulcerative colitis/Chron's disorder, Management of nephrotic syndrome, Management of CRF, CAPD/renal replacement Therapy, Discuss B & T cells, Mechanism of Immuno modulation, Management of anaphylaxis, Approach to patient with Polyarthrits, Management of CML, Multiple sclerosis/Immo-modulation, Thrombolytic therapy in Acute Stroke, Procoagulants, Para neoplastic syndrome, AIDS, Treatment of Parkinsons Diseases recent advances, Botulin toxin, I/C bleed/ICT medical management , Newer Insulin Analogues, Management of DKA/Hyperosmotic syndrome, Bipolar disorder, Migraine, Post treatment stress disorder, Patho-physiology myastha gravis, Post traumatic Stress Syndromes, Polymyositis, Leprosy reactions, treatment of leprosy, Substance abuse, Management of Alcohol abuse.

ANNEXURE- V, BOOKS AND JOURNALS WHICH THE CANDIDATE MUST READ

API Text book of medicine
Davidson's text book of Medicine
Harrison "s Principles and Practice pf Medicine
Cecil Text Book of Medicine
Kumar/Clark book of Clinical Medicine
Oxford Text book of medicine
Braunwald Text book Cardiology
Brain ,s Text book of Neurology
RSSDI Diabetic Book
Bradley's Neurology in clinical practice

Journals

Jr. of Association of Physician of India
Neurology India
Indian Heart Journal
Indian journal of gastroentrology

International

New England journal of medicine
British journal of Medicine
Lancet
Post graduate Journal of Medicine
GUT

ANNEXURE-VI, GUIDELINES FOR WRITING THESIS/DISSERTATION

Research shall form an integral part of the education programme of all candidates registered for Diploma of NB degrees of the Board. The Basic aim of requiring the candidates to write a thesis/dissertation is to familiarize him/her with research methodology. The members of the faculty guiding the thesis/dissertation work for the candidate shall ensure that the subject matter selected for the thesis/dissertation is **feasible, economical and original**.

Guidelines

- I. The thesis may be normally restricted to the size to 100 pages. To achieve this, following points may be kept in view;
 - (i) Only contemporary and relevant literature may be reviewed.
 - (ii) The techniques may not be described in detail unless any modification/innovations of the standard techniques are used and reference may be given.
 - (iii) Illustrative material may be restricted.
 - (iv) Since most of the difficulties faced by the residents relate to the work in clinical subject or clinically oriented laboratory subjects the following steps are suggested:
 - For prospective study, as far as possible, the number of cases should be such that adequate material, judged from the hospital attendance, will be available and the candidate will be able to collect the case material within a period of 6-12 months so that he/she is in a position to complete the work within the stipulated time.
 - The objectives of the study should be well defined.
 - As far as possible, only clinical or laboratory data of investigations of patients or such other material easily accessible in the existing facilities should be used for the study.
 - Technical assistance, wherever necessary, may be provided by the department concerned. The resident of one speciality taking up some problem related to some other speciality should have some basic knowledge about the subject and he/she should be able to perform the investigations independently, wherever some specialised laboratory investigations are required a co-guide may be co-opted from the concerned investigative department, the quantum of laboratory work to be carried out by the candidate should be decided by the guide and co-guide by mutual consultation.
 - The Clinical residents may not ordinarily be expected to undertake experimental work or clinical work involving new techniques, not hitherto perfected or the use of chemicals or radio isotopes not readily available. They should however, be free to enlarge the scope of their studies or undertake experimental work on their own initiative but all such studies should be feasible within the existing facilities.

- The residents should be able to use freely the surgical pathology/autopsy data if it is restricted to diagnosis only, if however, detailed historic data are required the resident will have to study the cases himself with the help of the guide/co-guide. The same will apply in case of clinical data.
- Statistical methods used for analysis should be described in detail.

Rules for Submission of Thesis/ Dissertation by candidates for DNB

- (i) The protocol of Thesis/ Dissertation should be submitted to the office of the NBE through head of the institutions within three (3) months of joining the training in Medical college/university/DNB accredited institution.
- (ii) No correspondence will be made in regard to acceptance of the protocol except only in the case of rejected protocols for which individual will be informed by office through mail/website.
- (iii) The guide will be a recognized PG teacher in Medical college or university or NBE Accredited institutions. The teacher should have the experience of 5 years in speciality after obtaining the post graduate degree. The certificate of PG teaching and being Guide recognized by University/NBE must be enclosed alongwith thesis/dissertation. The Guide can guide one MD/MS candidate and one university diploma candidate desirous of taking the DNB examination, or one direct NBE candidate. Total number of candidates should be two including all sources.
- (iv) Candidates who will be appearing in the subject under the heading Super Speciality (like Cardiology & Cardio Thoracic Surgery etc.) need not write their thesis/dissertation if they have already written their thesis during their MD/MS/NBE examinations. However they have to submit a proof in support of their having written thesis during their MD/MS examination.
- (v) If the candidates appearing in the broad specialities have already written their thesis in the MD/MS examination, they need not submit the thesis/dissertation. However they are required to submit a copy of the letter accepting the thesis by the University.
- (vi) If thesis is rejected or needs to be modified for acceptance, the Board will return it to the candidate with suggestion of assessors in writing for modification. The result of such candidate will be kept pending till the thesis is modified or rewritten, accordingly as the case may be and accepted by the assessors of the Board.
- (vi) If any unethical practice is detected in work of the Thesis, the same is liable to be rejected. Such candidates are also liable to face disciplinary action as may be decided by the Board.
- (vii) The thesis is to be submitted 6 MONTHS before the commencement of the DNB examination. Theory result of the candidates whose thesis/dissertation are accepted by the Board will be declared.

Guidelines for Writing of Thesis/Dissertation

Title - Should be brief, clear and focus on the relevance of the topic.

Introduction – Should state the purpose of study, mention lacunae in current knowledge and enunciate the Hypothesis, if any.

Objectives of the study- should be specific, clear cut and measurable.

Review of Literature – Should be relevant, complete and current to date.

Material and Methods- Should include the type of study (prospective, retrospective, controlled double blind) details of material & experimental design procedure used for data collection & statistical methods employed; statement of limitations ethical issues involved.

Observations– Should be Organized in readily identifiable sections Having correct analysis of data be presented in appropriate charts, tables, graphs & diagram etc. These should be statistically interpreted.

Discussion- Observations of the study should be discussed and compared with other research studies. The discussion should highlight original findings and should also include suggestion for future.

Summary and Conclusion

Bibliography - Should be correctly arranged in Vancouver pattern.

Appendix—All tools used for data collection such as questionnaire, interview schedules, observation check lists etc should be put in the annexure.

ANNEXURE-VI, GUIDELINES FOR LOCAL APPRAISERS

**Ref. National Board of Examinations/ Monitoring DNB trg2006
Dated 23.6.2006**

Sir/Madam,

Thank you for agreeing to act as appraiser for the subject _____ at the

_____.

You are hereby requested to carry out the followings:

- i. Prepare one paper containing ten short questions in the areas covered by the hospital/ institution in the last six months.**
- ii. Conduct the theory examination for the candidates in the subject in the hospital.**
- iii. Review the thesis progress and log book records for each candidate.**
- iv. Conduct practical examination for the DNB candidates in the discipline.**
- v. Appraise the infrastructure and facilities in the hospital in the concerned subject as per the enclosed format.**
- vi. Send the report in the enclosed format to The Executive Director, National Board of Examinations, Ansari Nagar, Ring Road, New Delhi-110029.**
- vii. Give suggestion for improving the DNB training and appraisal.**

You are requested to contact _____ of the hospital _____ at Phone No. _____

You will be paid the honorarium for these activities by the concerned hospital as per the enclosed norm.

Thank you for your co-operation and support.

Yours sincerely

(A.K. Sood)

Copy to

Director/DNB Coordinator should make the necessary arrangements to conduct appraisal by the 31 July 2006.



National Board of Examinations Guidelines for local Appraisers

- 1. NBE is pleased to suggest your name as local appraiser. The purpose of introducing six monthly appraisals of NBE accredited hospitals/institutions is to further improve the quality of training, assess the training infrastructure for the DNB candidates and also assist the local institutions to develop in to a center of academic excellence. This would further add value to the services being rendered in these accredited hospitals/institutions. Please do not think that this assessment has negative connotation. Please plan your appraisal in such a way as to minimally affect the routine working of the department.**

- 2. The Board expects the local appraiser to be a post graduate in the speciality with teaching and research experience. He/She should have enough time and expertise to carry out the following activities in the allotted hospitals/Institutions:**
 - 2.1 He/she should participate in thesis protocol/progress presentation & discussion; assist the DNB candidates in their thesis work by giving them suggestions and monitoring their progress. He/she should give specific remarks to improve the Thesis work after reviewing the objectives, methodology (sample size, sampling technique, data collection tools etc.), data analysis plan and statistical tests, results and discussion plan etc. of thesis of each candidate. These remarks should also be communicated in writing to the supervisor and the concerned candidate by the appraiser and a copy be sent to National Board of Examinations.**

 - 2.2. He /she is expected to examine the log book maintained by the candidates and give specific remarks to improve the log book maintenance after reviewing the contents of the log book (name of procedure, details of the case, salient findings, remarks of the supervisor for the improvement of the candidate etc). These remarks should also be communicated in writing to the supervisor and the concerned candidate by the appraiser and a copy be sent to National Board of Examinations.**

 - 2.3 He/ should prepare question paper containing ten short structured questions in the speciality on the topics covered during the preceding six months and evaluate the**

answer sheets. He/she will maintain total confidentiality in these activities. The arrangements for six monthly theory and practical examination will be made by local accredited hospitals/institutions.

- 2.3. He/she will formally conduct practical examination (On the topics/areas covered in preceding six months). The practical will have long case, short cases; ward round, spots and viva voce as per the DNB format.
- 2.4. He/she will communicate the result of assessment to the concerned candidates along with detailed feed back on their performance. He/she will give detailed suggestions to each candidate in writing for improving his/her performance. He/she will act as counselor and give specific remarks for improving the overall performance level of the candidate. These remarks should also be communicated in writing to the supervisor and the concerned candidate by the appraiser and a copy be sent to National Board of Examinations.
- 2.5. He/she will prepare the Examination worksheet for each candidate and submit the same to the concerned hospital for records with a copy of the same to the National Board of Examinations.
- 2.6. He/she will submit the report to the Executive Director, NBE, on the format (enclosed herewith).
- 2.7. He/she will also send six monthly report on the infrastructure, patient load and manpower in the concerned speciality of the accredited hospital, to Executive Director, National Board of Examinations, Ring Road, Ansari Nagar, New Delhi-110029.

3. Remuneration/honorarium to the Appraisers

NBE recommends that suitable honorarium be given to the local appraisers by the concerned accredited hospital/institution, considering the activities performed and number of DNB candidates in the speciality. The recommended minimal amount be given as follows:

- 3.1. Assessment of Infrastructure and facilities in the hospital/institutions in the speciality = Rs. 500/-.**
- 3.2. Participation in thesis protocol presentation and discussion = Rs. 500/-per candidate.**
- 3.3. Development of theory paper = Rs. 500/-.**
- 3.4. Assessment of theory paper(s) = Rs. 500/-**
- 3.5. Holding of practical examination = Rs. 1000/- per candidate.**

This expenditure will be met out of the fee collected from the candidates.



National Board of Examinations
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**PROFORMA FOR INFRASTRUCTURE AND DNB
CANDIDATES' PERFORMANCE ASSESSMENT BY APPRAISER
(PLEASE FILL SEPARATE FORM FOR EACH DNB DISCIPLINE)**

| | | | | | |
|-----|--|-------|-----------------|--------|------------|
| 01. | Name of the Hospital, Address, Telephone number, Fax number and e-mail | | | | |
| 02. | Name of the Department offering DNB | | | | |
| 03. | No. of beds in the speciality | Total | General (Free)* | Paying | Subsidized |
| 04. | Number of indoor admission during the last six months | Total | General (Free)* | Paying | Subsidized |

* Free – which recovers the cost only and are available for training of DNB trainees.

| 05. Facilities for supportive services | |
|---|--|
| Subject | Please list the type and number of tests done in the reference period of last one month |
| <u>Pathology</u> | |
| Biochemistry | |

Microbiology

Radiology

Blood Bank

Any other

06. Physical facilities :-

Please list the facilities related to the specialty present in the department

| | | | |
|-----|-----------------------------------|---|----------------------------------|
| 08. | Consultants | Details of PG Qualification | Total experience after PG |
| | Name of Senior Consultants | | |
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Please attach a copy of salary/ remuneration slips for the last six months.

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|------------|---|-------------------|-----------------|---------------|---------------------------|
| 09. | Track record of the candidates for the last three years : (in the specialty) | | | | |
| | Year | Registered | Appeared | Passed | Left (with reason) |
| | | | | | |
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10. Please attach the details(such as the topic covered, date, the resource persons etc.) of various academic activities carried out by the department like -

- i. Guest lectures**
- ii. Case presentations and discussions**
- iii. Clinical conferences**
- iv. Seminars**
- v. Teaching sessions/ lectures for candidates**
- vi. Other activity specify**

11. Any other information

NATIONAL BOARD OF EXAMINATION

WORK- SHEET FOR ASSESSMENT OF CANDIDATE BY LOCAL APPRAISER

Date: _____

Name & Address of Hospital _____

Name of the candidate and registration No. _____

Training Year of the candidate - _____

First/ second/ Final

Name of Appraiser _____

I Clinical Examination

| Case | Agreed Diagnosis | Max. Marks | Marks Awarded | | | | Total Marks | |
|----------------|------------------|------------|---------------|----------------------|-----------|------------|-------------|-----------|
| | | | History | Clinical Examination | Diagnosis | Management | In words | In Figure |
| Long case -I | | 60 | | | | | | |
| Short case -I | | 40 | | | | | | |
| Short case -II | | 40 | | | | | | |
| Short case-III | | 40 | | | | | | |
| Total | | 180 | | | | | | |

| II. Ward Round M. Marks = 40 | Marks words | in | Awarded figure | in | Sub Total I + II (Max. Marks = 220) | |
|---------------------------------|-------------|----|----------------|----|-------------------------------------|-----------|
| | | | | | In words | In figure |
| | | | | | | |
| | | | | | | |

III. Viva voce Max. Marks = 80

| Marks | Pathology | X-rays | Instrument Orthotics prosthetic | Operative surgery | Total |
|---------------------------|-----------|--------|---------------------------------|-------------------|-------|
| Maximum | | | | | |
| Marks Awarded (In words) | | | | | |
| Marks Awarded (In figure) | | | | | |

IV. Grand Total (Sum of I+II+III) Max. Marks = 300

Marks Awarded in words

Marks Awarded in figure

V. Result _____

VI. Specific description of the strong points in case of pass candidate and of weak points in case of failed candidate. Please list out the specific details which need to be communicated to the candidate to help him improve.

VII. Examiner's Name & Signature _____

National Board of Examinations, Ansari Nagar, Ring Road

New Delhi-110029

**FEEDBACK FORMAT FROM DNB CANDIDATES UNDERGOING TRAINING IN THE
HOSPITAL**

Instructions to the DNB candidate-This feedback format is meant for knowing your views and suggestions for improving DNB training programme in your hospital. You may not reveal your identify on the format. The information given by you will be used for improving your training. Please send this form directly to the Executive Director, National Board of Examinations. You can also down load this form from the National Board of Examinations website www.natboard.nic.in and email the form to nbefellow@yahoo.com

I. Name of the Hospital and Address

II. Name of the department

III. Please respond to the following questions related to your DNB training in past six months

| | | |
|-----|---|--|
| 3.1 | Have you refereed to the DNB curriculum for your specialty in the last six months, if yes how many times ? | |
| 3.2 | How many times you have consulted the DNB coordinator in your hospital in the last six months? | |
| 3.3 | How many seminars you have attended in the last six months? | |
| 3.4 | How many cases you have presented to your consultant(s) in last six months? | |
| 3.5 | How many times you have attended the formal lectures covering various aspects of your speciality curriculum? | |
| 3.6 | How many guest lectures have been held in your speciality in the last six months in your hospital? | |
| 3.7 | How many times you have used internet for your studies in your hospital in the last six months? | |
| 3.8 | How many times your thesis progress has been reviewed by your thesis guides/ external appraiser in the last six months? | |

- 3.9. Please mention the names of any three standard text books in your speciality ` which are available in the library of your hospital and you have referred to them in the last six months-**
- 3.10. Please mention the names of any one National and any one International journal which you have referred to in your hospital library in the last six months-**
- 3.11. How many clinical procedures you have done under supervision in last six months
Please mention names and number of any three of them**
- 3.12. How many clinical procedures you have done independently in last six months
Please mention names and number of any three of them.**
- 3.13. Please give five suggestions to improve your training in your speciality**

ANNEXURE- VII, FORMAT FOR LOG BOOK

Instructions for the supervisor

P.G. Training Programme - The post graduate programme broadly should include lecture/demonstration on applied basic sciences, bed side clinics, case presentations. Faculty lectures, symposia/seminar journal clubs, biopsy, radiology discussions and graded clinical responsibility.

Evaluation - It is essential that the trainee maintains a detailed account of the work done by him. The record book will in addition remind the trainee of what he should observe, learn and perform in a programmed and phased manner during the course of training. It is hoped that this record will stimulate the trainee towards greater effort in areas where he is below par and also record his progress. It forms the basis for assessment and evaluation of the trainees progress. Some of the possible criteria on the basis of which a trainee could be evaluated are - soundness of knowledge, application & judgment, keenness to learn, punctuality and promptness, initiative, reliability, clinical skill, behavior with patients, attitudes towards patient's relatives, colleagues, seniors and other staff, ability to express

Depending on the qualities and the level of attainments a candidates could be considered for appraisal, on the basis, for example, of the following 5 letter grading system.

| | | | | | | | |
|---|--------------|-------|-----|---|------|-------|-----|
| A | Excellent | Above | 75% | B | Good | 60% - | 65% |
| C | Satisfactory | 50%- | 60% | D | Poor | 30% - | 50% |
| E | Bad | Below | 30% | | | | |

Besides the grading as indicated above, each student should also be given a formal feed back on his/her weak points and how to overcome his/her deficiencies.

1. Name of Trainee : _____

2. Name of Hospital/Institution : _____

3. Address : _____

4. Specialty : _____

5. Name of Supervising Specialist : _____

6. Name of Medical
Director/Superintendent : _____

Date : _____

Signature of Supervising Specialist

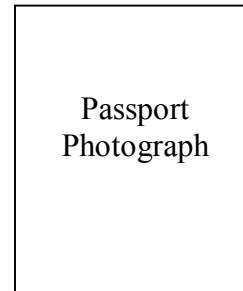
Name (Block Letters) :

Permanent Address :

Date of Birth :

Fathers Name & Address :

Education :



MBBS

Specimen Signature

| Name of the College | Date of joining | of | Date of passing | of | No. of attempts | Prizes |
|---------------------|-----------------|----|-----------------|----|-----------------|--------|
|---------------------|-----------------|----|-----------------|----|-----------------|--------|

House-job

| Subject | Date of joining | of | Date of leaving | Period |
|---------|-----------------|----|-----------------|--------|
|---------|-----------------|----|-----------------|--------|

Primary Diplomat of N.B.

| Subject | Date of Passing | of | No. of Attempts |
|---------|-----------------|----|-----------------|
|---------|-----------------|----|-----------------|

Final Diplomat of N.B.

| Subject | Date of joining |
|---------|-----------------|
|---------|-----------------|

Posting schedule

| S. No. | Specialty | From | To | Period |
|--------|-----------|------|----|--------|
|--------|-----------|------|----|--------|

Lectures

| S. No. | Date | Topic and name of the resource person |
|--------|------|---------------------------------------|
|--------|------|---------------------------------------|

Seminars

| S. No. | Date | Topic and name of the facilitators | Evaluation |
|--------|------|------------------------------------|------------|
|--------|------|------------------------------------|------------|

Journal Club

| S. No. | Date | Topic and name of the facilitators | Evaluation |
|--------|------|------------------------------------|------------|
|--------|------|------------------------------------|------------|

Clinical Procedures/Operations Performed

| S. No. | Date | Details of the patients and the procedures/Operations performed; names of the supervisors |
|--------|------|---|
|--------|------|---|

Clinical Procedures/Operations Assisted

| S. No. | Date | Details of the patients and of the procedures/Operations performed along with the names of the supervisors |
|--------|------|--|
|--------|------|--|

Presentation

| S. No. | Date | Details of the Case | Names of the consultants/resource persons | Evaluation |
|--------|------|---------------------|---|------------|
|--------|------|---------------------|---|------------|

Emergencies

| S. No. | Date | Details of the patients and management of emergency cases |
|--------|------|---|
|--------|------|---|

Panel Discussions

(A) Radiology

| S. No. | Date | Details of the case discussed | Names of panelists |
|--------|------|-------------------------------|--------------------|
|--------|------|-------------------------------|--------------------|

(b) Biopsy

| S. No. | Date | Details of the case discussed | Names of panelists |
|--------|------|-------------------------------|--------------------|
|--------|------|-------------------------------|--------------------|

(C) Death review

| S. No. | Date | Details of the case discussed and names of the resource persons |
|--------|------|---|
|--------|------|---|