SUMANDEEP VIDYAPEETH

(Declared as Deemed to be University under Section 3 of the UGC Act 1956) Accredited by NAAC with a CGPA o/ 3.61 out of four-point scale at 'A++' Grade Category - I deemed to be university under UGC Act - 2018 At & Post Piparia, Tal. Waghodia 391760 (Gujarat) India. Ph 02668-245262/64/66, Telefax: 02668-245126, Website www.sumandeepvidyapeethdu edu.in



CURRICULUM

Doctor of Medicine (M.D.) **PEDIATRICS**

Attested CTC

Sumandeep Vidyapeath

An Institution Deemed to be University Vill. Piparia, Taluka: Waghodia.

Dist. Vadodara-391 760. (Gujarat)

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Pediatrics (also spelled pediatrics or pediatrics) is the branch of medicine that deals with the medical care of infants, children, and adolescents, and the age limit usually ranges from birth up to 18years.

Programme outcome: MD

The purpose of MD education is to create specialists who would provide high quality health care and advance the cause of science through research & training. The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

Programme specific outcome: MD

- **POS 1.** Scholars shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy.
- **POS 2.** Scholars shall have acquired the basic skills in teaching of the medical and paramedical professionals.
- **POS 3.** Practice the specialty concerned ethically and in step with the principles of primary health care.
- **POS 4.** Demonstrate sufficient knowledge of the basic sciences relevant to the concerned specialty.
- **POS 5.** Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.

COURSE OUTCOME (CO): The objectives of MD Course in Paediatrics are to produce a competent pediatrician who:

- Recognizes the health needs of infants, children and adolescents and carries out professional obligations in keeping with principles of the National Health Policy and professional ethicsHas acquired the competencies pertaining to Paediatrics that are required to be practiced in the community and at all levels of health system.
- 2. Has acquired skills in effectively communicating with the child, family and the community.
- 3. Is aware of contemporary advances and developments in medical sciences as related to child health
- 4. Is oriented to principles of research methodology
- 5. Has acquired skills in educating medical and paramedical professionals
- 6. Is able to recognize mental conditions and collaborate with Psychiatrists/Child Psychologists for the treatment of such patients



1. AIM

- 1.1 To train medical graduates as to ensure higher competence in both general and special areas of pediatrics
- 1.2 To prepare a candidate for teaching, research and clinical abilities, including prevention and after care in pediatrics.
- 1.3 To prepare the candidate to practice Evidence Based pediatrics

2. GENERAL OBJECTIVES OF THE COURSE

- 2.1 Training program in the Pediatrics is structured to achieve knowledge and skill in theoretical and clinical, attitude, communicative skills and ability to research with understanding of social, cultural, educational and environmental background of the society.
- 2.2 Toacquire adequate knowledge and understanding of applied basic and systemic medical science, knowledge in general and particularly of pediatrics.
- 2.3 The postgraduates will be able to provide comprehensive care to pediatrics and neonatal patients with competence and working knowledge with understanding of applied medical, behavioral and clinical science that are beyond the treatment skills of the general MBBS and postgraduates of other specialties, to demonstrate evaluative and judgment skills in making appropriate decisions regarding prevention, treatment, after care and referral to deliver comprehensive care to patients.
- 2.4 Upon completion of the evidence based Pediatrics education, the trainee should be able to:
 - 2.4.1 Demonstrate significance of Evidence Based pediatric practice
 - 2.4.2 Demonstrate awareness of epidemiologically-based needs assessments through research and systematic reviews of research evidence.
 - 2.4.3 Contribute to the appraisal process.
 - 2.4.4 Understand quality assurance in the delivery of Pediatrics care.



3. KNOWLEDGE

- 3.1 The candidate should possess knowledge of applied basic and systemic medical sciences on human anatomy, embryology, histology, applied in general and particularly to neonate and child, Physiology & Biochemistry, Pathology and Microbiology, Virology, Health and Disease, Nutrition, Behavioral science, genetics, Immunology, Congenital defects and syndrome and Anthropology, Bioengineering, Bio-medical and Biological Principle and applications to regenerative therapy.
- 3.2 Ability to diagnose and planned treatment for patients requiring a Pediatrics therapy.
- 3.3 Ability to read and interpret a radiograph and other investigations for the purpose of diagnosis and treatment plan.
- 3.4 Ability to diagnose Pediatrics disease, provide Pediatrics therapy and supportive Pediatrics therapy.
- 3.5 Should have essential knowledge on ethics, laws and Jurisprudence in Pediatrics.
- 3.6 General health conditions and emergency as related to Pediatrics treatment.
- 3.7 Identify cases, which are outside the area of his specialty / competence and refer those appropriate specialists.
- 3.8 Diagnostic supportive and post-operative care of pediatric surgical cases.
- 3.9 Should attend continuing education programs, seminars and conferences related to Pediatrics, thus updating himself.
- 3.10 Teach and guide his/her team, colleague and other students should be able to use information technology tools and carry out research both basic clinical, with the aims of publishing his/her work and presenting his/her work at various scientific forums.
- 3.11 Should have essential knowledge of personal hygiene, infection control, prevention of cross infection and safe disposal waste, keeping in view the risks of transmission of hospital acquired and communicable diseases.
- 3.12 Should have an ability to plan to establish Pediatrics clinic/hospital teaching department and practice management.
- 3.13 Should have a sound knowledge for application of pharmacology.
- 3.14 Upon completion of Evidence based Pediatrics education the trainee should be able to describe:
- 3.14.1 Evidence based clinical practice including cost effectiveness.
- 3.14.2 The development and application of clinical guidelines and standards.
- 3.14.3 The process of risk assessment as relevant to clinical practice
- 3.14.4 Multi-disciplinary clinical care pathways and appropriate integration of pediatrics.

4. SKILLS:

- 4.1 The candidate should be able to examine the patients, investigate the patient systemically, analyze the investigation results, radiology, diagnose the ailment, plan a treatment, communicate it with the patient and execute it.
- 4.2 Understand the prevalence and prevention of diseases related to Pediatrics.
- 4.3 The candidate should be able to perform procedures independently. By understanding biological, biomedical, bioengineering principles and systemic condition of the patient to provide a quality health care of the Pediatric diseases.
- 4.4 Upon completion of the subject of pediatrics, the trainee should be able to:
- 4.4.1 Utilize appropriate communication / presentation skills
- 4.4.2 Utilize critical appraisal skills and be able to apply to research evidence
- 4.4.3 Produce and update patient information material.
- 4.4.4 Construct, analyze and use patient surveys.
- 4.4.5 Use procedures to ensure patient involvement and consultation.

5. ATTITUDES:

- 5.1 Adopt ethical principles in all Pediatrics practice. Professional honesty and integrity are to be fostered. Treatment to be delivered irrespective of social status, caste, creed or region of patient.
- 5.2 Willing to share knowledge and clinical experience with professional colleagues.
- 5.3 Willing to adopt new methods and techniques in Pediatrics from time to time based on scientific research, this is in patient's best interest.
- 5.4 Respect patient's rights and privileges including patient's right to information and right to seek second opinion.
- 5.5 Upon completion of the subject of pediatrics, the trainee should be able to recognize:
 - 5.5.1 Importance of maintaining professional standards by EBP (Evidence Based Practice).
 - 5.5.2 The need to constantly appraise and avaluate clinical practice and procedures.

6. COMMUNICATIVE ABILITIES:

- 6.1 Develop communication skills, in particular, to explain treatment option available in management and to make patient partner in evidence based decision making.
- 6.2 Provide leadership and get the best out of his group in a congenial working atmosphere.
- 6.3 Should be able to communicate in simple understandable language with the patient to explain the principles of pediatrics to the patient. He should be able to guide and counsel the patient with regard to various treatment modalities available.
- 6.4 Develop the ability to communicate with professional colleagues through various media like Internet, e-mail, videoconference, etc. to render the best possible treatment.

Curriculum for post graduates

All post graduates after enrollment will be exposed to organized evidence searching skills lectures along with teaching of clinical epidemiology, biostatistics and research methodology.

All the post graduate Journal Clubs will be carried out on a prescribed Evidence Based format with emphasis on critical appraisal. A designated teacher/facilitator wills asses every post graduate student for each JC presentation.

All PG seminars will have evidence embedded in the presentation and all references relating to the subject matter will be incorporated. AT the end of the seminar all the references will be listed and the seminar will be assessed by the facilitator.

In the OPD/ward/PICU/NICU, every post graduate student will be exposed to at least one encounter of role modeling in which a consultant after raising a relevant query will search for its evidence and demonstrate evidence searching methodologies, its importance and utility to the student.

1. Goal

The Goal of M.D. (Pediatrics) Program is to provide training in Pediatrics and Neonatology
To produce competent specialists who are able to provide basic and specialty care of the
Highest order to neonates, infants, children and adolescents at the community level and at
Primary, secondary and tertiary levels of health care, and to act as future trainers, teachers,
And researchers in the field of Pediatrics and Neonatology

2. Course Description

MD (Pediatrics)

Duration: 3 years

Eligibility: MBBS



3. Intramural and Extramural Rotation

MD (Pediatrics):

- · At least 4 and not more than 8 months in Neonatology.
- · At least 3 and not more than 6 months in sub-specialty areas: Intensive Pediatric Care Unit (IPCU), Genetic Clinic, Thalassemia Care Centre, Emergency Pediatric Services.
- · At least nil and maximum 6 months in Allied areas: Hematology, Infectious Diseases, Dermatology, Cardiology, Nephrology, Chest Medicine, Gastroenterology.

The Department of Pediatrics will decide the posting of students in Neonatology and Alliedbranches and Sub- specialty areas.

4. Syllabus

- To introduce Basic life support (BLS) and Advanced Cardiac Life Support (ACLS) training for all the First year Postgraduate Resident Doctors from academic year 2017-18.
 - To introduce New chapter / topic 'Intellectual Property Rights (IPR) for all the First year Postgraduate Resident Doctors from academic year 2020-2021 of duration of 4hrs (Board of Studies letter no.: SBKS/DEAN/742/2021,dated 05/06/2021 and Vide Notification of Board of Management Resolution Ref no.:SVDU/R/3051-1/2020-21, dated 29" July 2021)

List of topics:

- 1. Introduction Concept of Intellectual Property, Historical view of Intellectual Property system in India and International Scenario, Evolution of Intellectual Property Laws in India, Legal basis of Intellectual Property Protection, Need for Protecting Intellectual Property, Theories on concept of property Major IP Laws in India.
- 2. Types of IPR: Patents, Copyright, Trademark Industrial Designs, Trade Secrets.
- 3. Patents: Concept of Patent, Criteria of Patentability, Inventions NOT patentable, Process of Obtaining a Patent, Duration of Patents, Rights of Patentee, Limitation of rights, Infringement and Enforcement.
- 4. Copyrights: Meaning of Copyright, Copyright Vs. Moral rights, Copyright eligibility, Term of Copyright, Registration of Copyright, Infringement and Remedies
- 5. Trademark: Meaning of Trademark, Criteria for trademark, Procedure for Trademark Registration, Term of protection, Infringement and Remedies.
- 6. Industrial Designs: Meaning of Industrial Designs, Rights in Industrial Designs: Nature, Acquisition and duration of rights.
- 7. Trade Secrets: Meaning of Trade Secrets, Need to protect Trade secrets, Criteria of Protection, Procedure for registration, Infringement.
- 8. Commercialization of IPR: Traditional IP and Evolving IP, Assignment, Licensing, Cross License, Patent Pool, Negotiations, Defensive Publications, Technical Disclosures, Patent Pooling, Patent Trolling, Brand Management, Brand and Pricing Strategies.

- I) Basic Sciences and Laboratory Medicine as applied to Pediatrics and ChildhoodDiseases.
- II) Clinical Epidemiology
- III) Ethics in Pediatrics and Child Care
- IV) Computers in Pediatrics
- V) Pediatric and Neonatal Therapeutics
 - Effects of physical and physiological changes on the pharmacokinetics of Commonly used medications in Pediatrics.
 - · Recognition of drugs that are contraindicated, and used with extreme caution inspecific pediatric populations.
 - · Effects of maternal therapy on the fetus and the neonate.
 - · Secretion of drugs in the breast-milk.
- · Patient education and parent education for appropriate drug dosing formulations and administration techniques.

VI) Preventive Pediatrics

- · National Health programs relevant to Pediatrics and Child Care.
- · Epidemiology of common health problems and diseases.
- Vital statistics: Maternal Mortality Rate, Perinatal Mortality Rate, Neonatal
 Mortality Rate, Under-5 mortality Rate: Definitions, National Status, Determinants,
 Interventions aimed at reduction of the rates.
- · National Immunization Programs and policies.
- · Other vaccines not included in national immunization program

VII) Social Pediatrics

- · Child labor, Child abuse, Child neglect, Failure to thrive, Social issues relevant to Pediatrics.
- Media and children
- · Children at special risk
- Adoption
- · Environmental health hazards.

VIII) Psychological Behavioral manifestations disorders

- · Identification and assessment of Psychological and behavioral disorders.
- $\cdot \ \ \text{Intervention and management strategies for Psychological and behavioral disorders}.$

LEARNING DISABILITIES -autism, ADHD, Dyslexia.

IX) Growth and Development

- · Normal pattern and factors affecting growth and development. Recognition of normal variants of growth and development.
 - · Developmental assessment in infancy and childhood.
 - · Physiological changes during adolescence and problems facing adolescents.
 - · Assessment of growth.
 - Deviations from normal patterns of growth and development: Recognition, Prevention, Early intervention and Management.

AttestedT6dISfor assessment of growth and development at various ages including Indianadaptations.

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X) Nutrition

- · Understanding of energy balance in humans.
- · Basic biochemistry of proteins, carbohydrates and fats.
- · Proximate Principles, Vitamins, Minerals and Micronutrients: Biochemistry, Physiological Functions, Daily Requirements, Manifestations and Management of deficiency and excess states.
- · Normal requirement of protein, fat, carbohydrate for newborns, children, Adolescents and pregnant and lactating women.
- Nutritional values of common Indian foods.
- · Breastfeeding and lactation management
- · Infant feeding and weaning foods.
- · Balanced diet.
- · Assessment of nutritional status.
- · Nutritional disorders-Etiology, Clinical features, Pathophysiology, pathogenesisand management
- · Pathological features of various nutritional disorders.
- · Planning of diet during illness.
- · Total parental nutrition.

XI) Fluids and Electrolytes

Pathophysiology of body fluids, fluid therapy, electrolytes, acid-base balance, parenteral and enteral fluid therapy

XII) Emergency pediatric services

- · Pediatric resuscitation
- · Evaluation of critically ill child.
- · Pediatric Emergencies and poisoning.
- · Pediatric injuries and injury control and accidents.
- · Insect, animal and snakebites.

Attested and management of pediatric intensive care unit

Anesthesia, perioperative care and pain management

Principles of drug therapy.

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XIII) Genetics

- · Principles and molecular basis of genetic disorders.
- · Clinical features and management of genetic and chromosomal disorders.
- · Prenatal diagnostic techniques and neonatal screening tests.
- Effects of teratogenic agents.
- · Genetic counseling.
- · Gene therapy.

XIV) Metabolic diseases

Metabolic diseases of protein (amino acids), carbohydrates, fats, mucopolysaccharides, purines, pyrimidines, heme and others

XV) Neonatology: The fetus and neonatal infant

- High-risk pregnancy
- · Assessment of fetal growth, wellbeing and maturity.
- · Fetal distress: Manifestation, identification and management
- · Maternal diseases and their effects on the fetus and newborn.
- Assessment of fetal wellbeing.
- · Identification and management of various fetal diseases.
- High-risk infant identification and management.
- · Delivery room emergencies, resuscitation of newborn and care of normal new born.
- · Birth injuries.
- Adaptation of newborn.
- · Examination of newborn and assessment of maturity.
- Etiology, Clinical features, pathophysiology, pathogenesis and management of Various diseases of newborn.
- Neonatal transport.
- Neonatal procedures.
- Developmental assessment, and early intervention programs for infants at highrisk for Attested velopmental delay.

· Care of newborn in the community

Planning and organization of level

A III Neonatal care centers.

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XVI) Infectious diseases

- · Clinical features, management of viral, bacterial, fungal, spirochetal, rickettsial,parasitic, protozoal and other infections.
- · Prevention and management of nosocomial infections.
- · Infection control and preventive measures.
- · Immunization against infectious diseases.
- Fever
- · Laboratory techniques for diagnosis of infections diseases.
- · Infections in immunocompromized host.
- · Clinical syndromes caused by various infections agents.

XVII) Immunological system and its disorders

- · Components of immune system and their functions.
- Disorders of immune system Etiology, Clinical features, pathophysiology, pathogenesis and management.
- · Pharmacotherapy.
- · Transplantation medicine.
- $\cdot\,$ Allergic diseases etiology, Clinical features, patho-physiology, pathogenesis and management.
- · Relevant diagnostic and therapeutic modalities in various immunological andallergic disorders.

XVIII) Rheumatic diseases and connective tissue disorder of childhood.

Etiology, pathogenesis, manifestation, laboratory diagnosis and management of

Attest®deumatic diseases in childhood and adolescents

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XIX) Respiratory system

- · Development of respiratory system, congenital anomalies.
- · Physiology of respiration and mechanics of ventilation.
- Etiology, Clinical features, pathophysiology, pathogenesis and management of various respiratory diseases.
- · Pathological features of various respiratory diseases.
- · Relevant diagnostic and therapeutic modalities in respiratory diseases in children.
- · Pharmacotherapy of respiratory diseases.

XX) Cardiovascular system

- · Embryology of heart and vascular system.
- · Adaptations of cardiovascular system at and after birth.
- Etiology, pathophysiology, pathogenesis, Clinical features and management of congenital and acquired heart and vascular diseases and rheumatic heart disease.
- · Rheumatic fever Epidemiology, Clinical features, pathophysiology, pathogenesis, prevention and management.
- · Relevant diagnostic and therapeutic modalities in heart diseases in children.
- · Congestive cardiac failure Etiology, pathophysiology, pathogenesis, Clinicalfeatures and management.
- Pharmacotherapy of cardiovascular diseases.

XXI) Gastrointestinal tract

- · Development of gastrointestinal tract, hepatobiliary system and their abnormalities.
- · Physiology of digestion.
- · Etiology, pathophysiology, pathogenesis, Clinical features and management of various gastrointestinal and hepatobiliary and other abdominal diseases.

Attested CTC Pathological features of gastrointestinal, hepatobiliary and pancreatic disorders.

· Surgical emergencies in gastrointestinal traot diseases.

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XXII) Hematology and Neoplastic diseases

- · Physiology of erythropoiesis, leukopoiesis and physiology of hemostasis.
- Etiology, pathophysiology, pathogenesis, Clinical features and management ofhematological and oncological diseases.
- Laboratory diagnosis and other relevant diagnostic and therapeutic modalities in Hematological and oncological disorders.
- Pharmacotherapy of Hematological and Oncological Diseases.
- · Component therapy in Pediatric Practice.

XXII) Nephrology and genitourinary tract

- · Development and developmental anomalies of the kidneys and the genitourinary tract.
- Physiology of urine formation and metabolic functions of the kidney.
- Etiology, Pathophysiology, pathogenesis, Clinical features and management of various disorders of the kidney and the genitourinary tract.
- · Pathological features of diseases of the kidney and genitourinary tract.
- Relevant diagnostic and therapeutic modalities for diseases of the kidney and the Genitourinary tract.
- · Pharmacotherapy of renal and genitourinary disorders.
- · Management of end stage renal disease.

XXIV) Central and peripheral Nervous System

- Development of the brain, spinal cord and peripheral nervous system and their Anomalies.
- · Neurological evaluation of newborns, infants and children.
- · Etiology, Pathophysiology, pathogenesis, Clinical features and management of

Various diseases affecting central nervous system and peripheral nervous system.

Seizures in childhood.

· Neuromuscular diseases – etiology, Clinical features, Pathophysiology and

Management

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XXV) Endocrine system

- Synthesis, physiological functions and pharmacological actions of various Hormones.
- · Disorders of the endocrine glands.
- · Pubertal development and its disorders.

XXVI) Congenital and acquired disorders of eye, ear, nose, throat, bones and joints.

XXVII) Miscellaneous diseases

- Unclassified diseases including SIDS, Sarcoidosis, Progeria, histiocytosis, chronic Fatigue syndrome.
- · Metabolic bone diseases.
- · Genetic skeletal dysplasias.

XXVII)Development of diagnostic approach for and interpretation of symptomatology and Clinical signs in infants, children and adolescents.

XXVIII) Basics of Research Methodologies, Ethical aspects of Clinical Research Medical and Perinatal Audit and Health Economics.

POST GRADUATE TEACHING PROGRAM IN THE DEPARTMENT OF PEDIATRICS

- 1. The clinical program of postgraduate students involves five hours of teaching per week.
- 2. Case presentations on Wednesday and Thursday from 3 pm to 4.30 pm.
- 3. Weekly PG Common Clinical Meet on Friday from 3 pm to 4 pm.
- 4. On Tuesday from 3 pm to 4 pm there should be minimum 2 seminars per month and 1 journal clubs per month and one Tuesday is utilized for synopsis discussion, dissertation discussion, Perinatal meeting, guest lectures and CPC discussion.
- 5. Every student is encouraged for 2 paper/ poster presentation in specialty conference. Simultaneously it is mandatory for every student (at least one) to either publish or submit article for publication in peer reviewed indexed journal.

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Internal assessment of post graduate students

Internal assessment of post graduate students is carried out regularly as below-

Quarterly assessment is done on the basis of following points and every student's performance is graded as satisfactory or non-satisfactory on pre-structured format (annex. Attatched).

- a) Discipline and bearing
- b) Conduct with colleagues, patients and relatives
- c) Progress on synopsis/ dissertations
- d) Patient examination procedures
- e) Seminars,
- f) Journal club,
- g) Case presentation

Periodic assessmentis done by 6 monthly one theory and one practical examinations and its format is similar to university examinations. It is taken for second year and third year residents. **Preliminary examination** is done theory and practical examinations and its format is similar to university examinations.

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REFERENCE BOOKS

1	MCQS IN PEDIATRICS			
2	RECENT ADVANCES IN PEDIATRICS 10			
3	PEDIATRIC HEMATOLOGY/ ONCOLOGY SECRETS			
4	PEDIATRIC ANESTHESIA HANDBOOK			
5	PEDIATRIC UROLOGY			
6	CARE OF THE NEW BORN			
7	FORFAR & ARNEIL"S TEXTBOOK OF PEDIATRICS			
8	CLINICAL PEDIATRICS FOR GENERAL PRACTITIONERS			
9	PAEDIATRIC NEUROLOGY			
10	DISEASES OF THE SMALL INTESTINE IN CHILDHOOD			
11	PEDIATRIC NUTRITION			
12	GENETIC AND METABOLIC DISEASE IN PEDIATRICS			
13	PEDIATRICS 2: PERINATAL MEDICINE			
14	FETAL PHYSIOLOGICAL MEASUREMENT			
15	INFANT PREVIEWING			
16	MANUAL OF NEONATAL CARE			
17	RESUSCITATION OF THE NEWBORN			
18	IMMUNIZATION FOR CHILDREN			
19	PRACTICAL PAEDIATRIC NEUROLOGY			
20	ADULT AND PEDIATRIC UROLOGY			
21	EXAMINATION PAEDIATRICS			
22	DRUG DOSAGES IN CHILDREN			
23	ESSENTIALS OF PEDIATRIC EMERGENCIES AND CRITICAL CARE			
24	PRACTICAL PAEDIATRIC NUTRITION			
25	PEDIATRIC CLINICAL EXAMINATION			
26	MEDICAL EMERGENCIES IN CHILDREN			
27	FUTURE DIRECTIONS IN INFANT DEVELOPMENT RESEARCH			
28	ACUTE MYELOGENOUS LEUKEMIA IN CHILDHOOD			
29	HORMONE TOXICITY IN THE NEWBORN			
30	EPILEPSIES OF CHILDHOOD			
31	SEIZURE DISORDERS IN CHILDREN			
32	PEDIATRICS IN REVIEW			
33	CURRENT ISSUES IN PEDIATRICS			
34	NUTRITION AND CHILD DEVELOPMENT			
35	NEONATOLOGY			
36	PRINCIPLES AND PRACTICE OF PEDIATRICS			
37tes	CONDENSED PAEDIATRICS COMPANION			
38	PAEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY			
39	THE PEDIATRIC SPINE I: DEVELORMENT AND THE DYSRAPHIC STATE			
40 a ?	TEXTBOOK OF CHILD NEUROLOGY CONTROL OF CHILD NEU			
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41	TOPICS IN PEDIATRICS					
42	PEDIATRIC CARDIOLOGY					
43	CLINICAL PERSPECTIVES IN THE MANAGEMENT OF DOWN'S SYNDROME					
44	INFANTS IN CRISIS: HOW PARENTS COPE WITH NEWBORN INTENSIVE CARE AND ITS AFTERMATH					
45	DISEASES OF KIDNEY IN CHILDREN					
46	CLINICAL PEDIATRIC NEUROLOGY					
47	A COLOR ATLAS OF MUSCLE DISORDERS IN CHILDHOOD					
48	CURRENT PERINATOLOGY					
49	ATTENTION DEFICIT DISORDERS AND HYPERACTIVITY IN CHILDREN					
50	OPERATIVE TECHNIQUE IN NEONATES AND INFANTS					
51	SURGERY FOR ENDOCRINOLOGICAL DISEASES AND MALFORMATIONS IN CHILDHOOD					
52	PEDIATRIC APPLICATIONS OF TRANSCRANIAL DOPPLER SONGRAPHY					
53	THE 5-MINUTE PEDIATRIC PATIENT ADVISOR					
54	THE PRACTICE OF MEDICINE IN ADOLESCENCE					
55	A DICTIONARY OF CONGENITAL MALFORMATIONS AND DISORDERS					
56	PERINATAL PATIENT EDUCATION					
57	PRENATAL DIAGNOSIS AND THERAPY					
58	MANAGEMENT OF THE CHILD WITH A SERIOUS INFECTION OR SEVERE MALNUTRITION					
59	SURVEY OF CLINICAL PEDIATRICS					
60	MOSBY"S COLOR ATLAS AND TEXT OF PEDIATRICS & CHILD HEALTH					
61	PEDIATRIC PSYCHOPHARMACOLOGY					
62	FUNDAMENTALS OF PEDIATRIC ORTHOPEDICS					
63	RAPID ACCESS PEDIATRICS					
64	A HANDBOOK OF PEDIATRICS					
65	PAEDIATRICS					
66	A HANDBOOK OF PAEDIATRIC ANAESTHESIA					
67	CEREBROVASCULAR DISEASES IN CHILDREN					
68	NEONATAL NEUROLOGY					
69	RATIONAL ANTIMICROBIAL PRATICE IN PEDIATRICS					
70	THE SHORT TEXTBOOK OF PEDIATRICS					
71	PEDIATRIC CARDIOLOGY FOR PRACTITIONERS					
72	MANUAL OF NEWBORN CRITICAL CARE MEDICINE					
73	PEDIATRIC COMPANION					
74	MANAGEMENT OF HIGH-RISK PREGNANCY A PRACTICAL APPROACH					
75	GHAI ESSENTIAL PEDIATRICS					
76	ESSENTIAL PEDIATRIC NURSING					
1/6	CLINICAL METHODS IN PEDIATRICS					
78	CLINICAL METHODS IN PEDIATRICS AN APPROACH TO PEDIATRIC PROBLEMS PAEDIATRIC CLINICAL METHODS					
79 a	PAEDIATRIC CUNICAL METHODS					

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80	THE NORMAL CHILD					
81	AICARDI'S EPILEPSY IN CHILDREN					
82	MANUAL OF NEONATAL SURGICAL INTENSIVE CARE					
83	CARE OF THE NEW BORN BY TEN TEACHERS					
84	LESSONS FROM THE GRAND ROUNDS A PEDIATRIC APPROACH					
85	THE SCIENCE OF INFANT FEEDING					
86	PRINCIPLES OF PEDIATRIC & NEONATAL EMERGENCIES					
87	NADAS' PEDIATRIC CARDIOLOGY					
88	STEP BY STEP PEDIATRIC ECHOCARDIOGRAPHY					
89	PRACTICAL NEW BORN CRITICAL CARE NURSING					
90	ATLAS OF PEDIATRIC RADIOLOGY					
91	IAP SPECIALITY SERIES ON PEDIATRIC CARDIOLOGY					
92	MANAGEMENT OF EMERGENCY PEDIATRICS MADE EASY					
93	TEXT BOOK OF NEONATAL HEMATOLOGY-ONCOLOGY					
94	PEDIATRIC CLINICAL DIAGNOSIS					
95	SHORT ATLAS IN PEDIATRICS					
96	TEXBOOK OF PRACTICAL PEDIATRIC PULMONOLOGY					
97	CHALLENGES IN NEONATOLOGY					
98	HOW TO READ PEDIATRIC ECGS					
99	ESSENTIALS OF TUBERCULOSIS IN CHILDREN					
100	IAP GUIDE BOOK ON IMMUNIZATION					
101	RECENT ADVANCES IN PEDIATRICS-18 HOT TOPICS					
102	PEDIATRIC INTENSIVE CARE					
103	RED BOOK					
104	LANGE CURRENT PROCEDURES PEDIATRICS					
105	LANGE CURRENT DIAGNOSIS & TREATMENT					
106	LANGE CURRENT ESSENTIALS PEDIATRICS					
107	PRETEST PEDIATRICS					
108	NELSON TEXTBOOK OF PEDIATRICS 18 TH EDITION (VOLUME 1 & 2)					
109	IAP COLOR ATLAS OF PEDIATRICS					
110	NELSON TEXTBOOK OF PEDIATRICS 19 TH EDITION					
111	IAP BOOK OF IMMUNIZATION 2010 - 2011					
112	RUDOLPH'S PEDIATRICS					
113	PEDIATRIC DIAGNOSITC IMAGING - CAFFEY'S					
114	AVERY'S DISEASES OF THE NEWBORN					
115	ROGERS' TEXTBOOK OF PEDIATRIC INTENSIVE CARE					
116	MANUAL OF NEONATAL CARE					
117	CARE OF THE NEW BORN - MEHARBAN SINGH					
	CLINICAL PEDIATRICS					
119	OFIZIANDE AND EDU EDOVINI OLIU DDENIA DDA OTICAL OLIUDE					
120	LIVER DISEASES IN CHILDREN ARED VIOLE					
* A	REDIATRICS LECTURE NOTES OF THE					
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124 TE 125 CC 126 PF 127 PE 128 AC 129 PF 130 TH 131 AII 132 NE 133 FL 134 BIG 135 PE 136 IM 137 NE 138 MA 139 BF	P TEXTBOOK OF PEDIATRICS EXT BOOK OF PEDIATRICS (FORFAR & ARNEIL) OLOR ATLAS AND SYNOPSIS OF PEDIATRIC DERMATOLOGY RICIPLES OF PEDIATRIC AND NEONATAL EMERGENCIES EDIATRIC DECISION MAKING STRATEGIES CHAR'S TEXTBOOK OF PEDIATRICS RACTICAL STRATEGIES IN PEDIATRIC DIAGNOSIS AND THERAPY HE DEVELOPMENT OF THE INFANT AND YOUNG CHILD DS TO CLINICAL EXAMINATION EUROLOGICAL EXAMINATION MADE EASY JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
125 CC 126 PF 127 PE 128 AC 129 PF 130 TH 131 All 132 NE 133 FU 134 BIG 135 PE 136 IM 137 NE 138 MA 139 BF	OLOR ATLAS AND SYNOPSIS OF PEDIATRIC DERMATOLOGY RICIPLES OF PEDIATRIC AND NEONATAL EMERGENCIES EDIATRIC DECISION MAKING STRATEGIES CHAR'S TEXTBOOK OF PEDIATRICS RACTICAL STRATEGIES IN PEDIATRIC DIAGNOSIS AND THERAPY HE DEVELOPMENT OF THE INFANT AND YOUNG CHILD DS TO CLINICAL EXAMINATION EUROLOGICAL EXAMINATION MADE EASY UNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
126 PF 127 PE 128 AC 129 PF 130 TH 131 AII 132 NE 133 FL 134 BIG 135 PE 136 IM 137 NE 138 MA 139 BF	RICIPLES OF PEDIATRIC AND NEONATAL EMERGENCIES EDIATRIC DECISION MAKING STRATEGIES CHAR'S TEXTBOOK OF PEDIATRICS RACTICAL STRATEGIES IN PEDIATRIC DIAGNOSIS AND THERAPY HE DEVELOPMENT OF THE INFANT AND YOUNG CHILD DS TO CLINICAL EXAMINATION EUROLOGICAL EXAMINATION MADE EASY JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
127 PE 128 AC 129 PF 130 TH 131 All 132 NE 133 FU 134 BlG 135 PE 136 IM 137 NE 138 MA 139 BF	EDIATRIC DECISION MAKING STRATEGIES CHAR'S TEXTBOOK OF PEDIATRICS RACTICAL STRATEGIES IN PEDIATRIC DIAGNOSIS AND THERAPY HE DEVELOPMENT OF THE INFANT AND YOUNG CHILD DS TO CLINICAL EXAMINATION EUROLOGICAL EXAMINATION MADE EASY JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
128 AC 129 PF 130 TH 131 All 132 NE 133 FL 134 BIG 135 PE 136 IM 137 NE 138 MA 139 BF	CHAR'S TEXTBOOK OF PEDIATRICS RACTICAL STRATEGIES IN PEDIATRIC DIAGNOSIS AND THERAPY HE DEVELOPMENT OF THE INFANT AND YOUNG CHILD DS TO CLINICAL EXAMINATION EUROLOGICAL EXAMINATION MADE EASY JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
129 PF 130 TH 131 All 132 NE 133 FU 134 Bl(135 PE 136 IM 137 NE 138 M/ 139 BF	RACTICAL STRATEGIES IN PEDIATRIC DIAGNOSIS AND THERAPY HE DEVELOPMENT OF THE INFANT AND YOUNG CHILD DS TO CLINICAL EXAMINATION EUROLOGICAL EXAMINATION MADE EASY JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
130 TH 131 All 132 NE 133 FL 134 Bl0 135 PE 136 IM 137 NE 138 MA 139 BF	HE DEVELOPMENT OF THE INFANT AND YOUNG CHILD DS TO CLINICAL EXAMINATION EUROLOGICAL EXAMINATION MADE EASY JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
131 All 132 NE 133 FU 134 Blo 135 PE 136 IM 137 NE 138 MA	DS TO CLINICAL EXAMINATION EUROLOGICAL EXAMINATION MADE EASY JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
132 NE 133 FU 134 BIG 135 PE 136 IM 137 NE 138 MA 139 BF	EUROLOGICAL EXAMINATION MADE EASY JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
133 FU 134 BIG 135 PE 136 IM 137 NE 138 MA 139 BF	JNDAMENTALS OF PEDIATRICS CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
134 BIO 135 PE 136 IM 137 NE 138 MA 139 BF	CKERSTAFF'S NUEROLOGICAL EXAMINATION IN CLINICAL PRACTICE EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
135 PE 136 IM 137 NE 138 MA 139 BF	EDIATRIC ENDOCRINE DISORDER IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
136 IM 137 NE 138 MA 139 BF	IMUNIZATION IN PRACTICE EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
137 NE 138 MA 139 BF	EONATAL PROPERTIES IN DEVELOPING COUNTRIES ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
138 MA 139 BF	ANUAL OF NEONATAL CARE REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
139 BF	REAST FEEDING IN PRACTICE EDIATRIC NEONATAL EMMERGENCIES
	EDIATRIC NEONATAL EMMERGENCIES
	RACTICAL PERINATAL CARE
	REASTFEEDING AND COMPLEMENTRY FEEDING
	FECTIONS IN CHILDREN
	AST FACTS IN PEDIATRICS
	EDIATRIC INFECTIOUS DISEASES
	UTRINIONAL AND CHILD DEVELOPMENT
	EDIATRIC INFECTIOUS DISEASES
	URRENT ISSUES IN PEDIATRICS
	ANAGEMENT OF ACUTE AND CHRONIC DIARRHEA IN CHILDREN
	UDOLPH'S PEDIATRICS
	ATHOLOGIC BASIS OF DISEASES
	RICILPLES AND PRACTICE OF PEDIATRIC ONCOLOGY
	RICILPLES AND PRACTICE OF PEDIATRIC ONCOLOGY
	RICILPLES AND PRACTICE OF PEDIATRIC ONCOLOGY
	HILD NEUROLOGY
	OLOR TEXTBOOK OF PEDIATRIC DERMATOLOGY
	EXTBOOK OF MEDICAL PHYSIOLOGY
	RACTICAL GUILDLINE ON FLUID THERAPY
	HILD AND ADOLESCENSE PSYCHIATRY
	EDIATRIC CARDIOLOGY FOR PREACTIONERS
	SSENTIAL OF TB IN CHILDREN
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	RACTICAL PEDIATRIC PROBLEM SED VIOL
	DIATRIC NEPHROLOGY
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165	BLOOD DISEASES OF INFANCY AND CHILDHOOD
166	CLINICAL PEDIATRIC NEUROLOGY
167	EPILEPSY IN CHILDREN
168	IAP TEXTBOOK OF PEDIATRICS
169	NEONATAL PROPERTIES IN DEVELOPING COUNTRIES
170	RECENT ADVANCES IN PEDIATRICS
171	RECENT ADVANCES IN PEDIATRICS
172	REMINGTON - INFECTIOUS DIEASES OF THE FETUS AND NEWBORN INFANTS
173	ESSENTIALS OF PEDIATRICS
174	ACUTE PEDIATRIC PAIN MANAGEMENT
175	PEDIATRIC SURGERY
176	RECENT ADVANCES IN PEDIATRICS
177	RECENT ADVANCES IN PEDIATRICS
178	NUTRITIVE VALUES OF INDIAN FOOD
179	HANDBOOK OF PEDIATRIC DRUG THERAPY AND IMMUNIZATION
180	PRACTICAL ASPECTS OF PEDIATRICS
181	MANAGEMENT OF PRIMARY HEALTH CARE
182	GUIDELINES FOR TREATMENT OF MALARIA
183	HUMAN EMBRYOLOGY

Attested CTC

Sharaner 12/2021 Vice-Chancellor

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SCHEME OF EXAMINATION

Degree: **M.D.** (Paediatrics) University:SumandeepVidyapeeth, Piparia

Dissertation: Pediatrics and Neonatology topic will be assigned for dissertation work. After getting approval from the institutional ethical committee, the student is expected to complete and submit it to the University for Assessment Purpose SIX months before the expected date of University Examination.

Theory Examination: (400 Marks)

Paper number	Topics	Marks	Time
I	Pediatrics I Basic Sciences as applied to Pediatrics	100	3 Hours
II	Pediatrics II Neonatology and community pediatrics	100	3 Hours
III	Pediatrics III General Pediatrics including advances in pediatrics [Nutrition, Growth and Development, Immunization, Infectious disease Genetics, Immunology, Rheumatology, Psychiatry and Behavioral Sciences, Skin, Eye, ENT Adolescent Health care Accidents and Poisoning]	100	3 Hours
IV	Pediatrics IV General Pediatrics including advances in pediatrics [Neurology and disabilities, Nephrology, Hematology-oncology, Endocrinology, Gastroenterology and Hepatology, Respiratory and Cardiovascular disorders]	100	3 Hours

Note: The distribution of topics in each paper is arbitrary. There may be overlapping of relevant topics in question papers

Each Paper shall have 5 Questions; all compulsory; no options.

Question-1: Long Question (1)	20 marks
Question-2: Long Question (1)	20 marks
Question-3: Long Question (1)	20 marks
Question-4: Short Notes— (2)	20 marks
Question-5: Short notes(4)	20 marks

Practical Examination: (450 Marks + 150 marks for viva voce)= 600 marks

Duration: Minimum 2 days

Burdion: Williman 2 days						
Exercise	Description	Marks	Time	Assessment		
number						
1	long case (1)	200	75 min	All Four examiners		
2	Short case (2 - one	125	15 minutes for	Case- I- Pair-I		
***	compulsory newborn)	125	each case	Case-II pair II		
Attested	Viva voce	75				
MO	Including	75	15 minutes	Pair-I		
Al.	Table viva	eep Vidy	each	Pair-II		

Rassing standards; Theory and Practical 50% cars separ

Vice-Chancellor

Sumandeep Vidyapeath
I Institution Deemed to be University

VIII. Piparia, Taluka: Waghodia. Dist. Vadodara-391 760. (Gujarat) **Scheme of Examination: (Diploma in Paediatrics Course)**

Degree: Diploma in Paediatrics (D.C.H)

University: Sumandeep Vidyapeeth, Piparia

Project: Pediatric and Neonatology based Topic will be assigned for Project work. After obtaining approval from Institutional Ethical Committee, the student is expected to complete the project and submit report to the University along with the examination form.

Theory Examination: (300 Marks)

Paper number	Topics	Marks	Time
I	General Paediatrics	100	3 Hours
1		100	
II	Nutrition, Growth And Development, Psychiatric order.	100	3 Hours
III	Neonatology and community paediatrics	100	3 Hours

Note: The distribution of topics in each paper is arbitrary. There may be overlapping of relevant topics in question papers

Each Paper shall have 5 Questions; all compulsory; no options.

Question-1: Long Question (1)	20 marks
Question-2: Long Question (1)	20 marks
Question-3: Long Question (1)	20 marks
Question-4: Short Notes—(4)	20 marks
Question-5: Short notes(4)	20 marks

Practical Examination: (300 Marks + 100 marks Viva voce) = 400 marks

Duration: Minimum 1 day

Exercis	Description	Marks	Time		Assessment
е					
number					
1	Long case	150	1 hour		All four examiners
2	Short case (2- out of which one will be	75	15	minutes	Pair- I
	neonate)	75	each		Pair-II
	·				
3	Viva-voce	50	10	minutes	Pair-I
		50	each		Pair-II

Passing standards: Theory and Practical 50 % each separately

Implementation of Revised Competency Based Post Graduate Training Programme for MD in pediatrics as per the guidelines prepared by the National Medical Commission through Subject Expert Groups{ Date of Bos 21.07.2022 Ref :SBKSMIRC/Dean/Outward No.1301/2021-22, Date of Academic council :29.07.2022 Ref :SVDU/NOTFN/O370/2021-22 dated 30.07.2022}