

# PROSPECTUS

**For Admission to Masters in Emergency Medicine (MEM)**  
**(3 years Post Graduate Course)**  
**(Not Recognised by NMC)**

**Session – 2022**



**Baba Farid University of Health Sciences**  
**Faridkot, Punjab (INDIA)**

**In collaboration with**  
**George Washington University,**  
**Washington DC, USA**

**[www.bfuhs.ac.in](http://www.bfuhs.ac.in) & [www.ggsmch.org](http://www.ggsmch.org)**

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## MESSAGE

**Prof. Raj Bahadur**

PHF

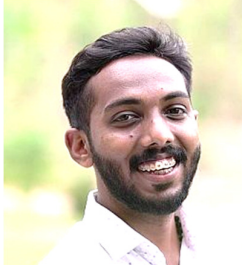
MS Orth, FRCS (Glasg),  
FIMSA, FAMS, FICA, FPASc  
Vice-Chancellor

*Baba Farid University of Health Sciences, Faridkot is one among 13 Universities of Health Sciences in the Country, which is making a niche in the Medical Education over last few years. It has five facilities of various health sciences, has 155 affiliated colleges and about 12000 students p.a. are on roll with the University. In addition to the various courses pertaining to the health sciences, the University has unique distinction of running skilled courses in as many as 60 streams which shall develop human resources which is a great need of the society. These skilled Courses are in line with the thoughts of Hon'ble Prime Minister. The University is committed for transparency accessibility problem solving approach for the students and maintaining standards as per statutory bodies like MCI, DCI & INC. It is open for the genuine criticism for the development of University. The University and its affiliated colleges are putting every best effort to increase its infrastructure, so that ambience of better learning is created.*

*Many health care institutions in India have recognized the need to train highly-skilled physicians to treat patients presenting with acute medical conditions. The Ronald Reagan Institute of Emergency Medicine (RRIEM) at George Washington University (GW) hopes to partner together with the medical faculty in India to support 3-year Post-Graduate Program in Emergency Medicine (MEM). This program will not only prepare the residents to practice in the challenging arena of emergency medicine at the highest levels, but also support the society at large.*

*To add to it, it is worth mentioning here that the GGSMC, Faridkot is running super specialty services in the cardiology, Urology, Neurosurgery, Neurology, Pediatric Surgery, Neonatology, Gastro surgery as well as Plastic Surgery . In all these department, the service are provided by the specialist doctors in their respective fields on regular basis.*

*In the end, I welcome all the new entrants to the University.*



**Dr. Nirmal Ouseppachan**  
IAS  
Registrar

## MESSAGE

*Emergency medicine has evolved to include added responsibilities in the areas of management of medical and administrative aspects of emergency services system, disaster planning and management for both natural and man made events, toxicity and poison center development, education of both medical students and personnel as well as common people, preventive medicine, basic and clinical research, especially in resuscitation and acute interventions.*

*We are committed to diverse workforce and welcome applicants of all races, background, religions, genders, sexual orientations and actively believe that a diverse workforce is a stronger workforce. Heterogeneity creates ideas and opportunities that homogeneity never could.*

*Currently we are in the midst of a high tide of concern and clamor for sharing responsibility to improve the standards of the medical education in the country. In this context, refereshing initiatives are undertaken in the country through activities to implement curricular reforms that essentially reflect a shift from the predominantly knowledge based education towards a competency based education. These programs ensure that more and more teachers efforts are directed towards improving students' active learning. The medical education unit activities are fulfilling the NMC efforts towards promoting its vision.*

*In this context I am very happy that a new program in the form of Masters in Emergency Medicine is being introduced for the first time at GGS Medical College, Faridkot. I welcome the candidates taking admission in this prestigious course and hope for their flourishing and inspirational journey in field of emergency medicine.*



## MESSAGE

**Dr. Rajeev Sharma**  
MD  
Principal

*The Emergency medicine introductory course provides the foundational knowledge required for an emergency medicine physician in providing the optimal emergency care and services.*

*The methodology of care delivery is guided by the core principle of emergency medicine; "Treat first that kills first" The academic programme is run in way that right from the beginning the residents under training learn to think in an algorithm manner.*

*The diagnostic and therapeutic approach is run in a manner which is well through yet swift, extensive yet resource efficient. Emergency medicines acts as the unfaltering anchoring foundation on which the patients entire prognosis is built upon. Equipped with state of the art point of care diagnosis and easy access to advanced laboratory and radiology services, the department truly is a standing treatment to what a modern day ED should be expert with a background in the fields of anesthesia, medicine and trauma care have acted as mentors in creating a new generation of ED physicians who as young leaders taking this novel specialty to new pinnacles with great vigor and vision.*

*The basic mission is to run a robust training programme and create a new generation of leaders in the field of emergency medicine, to provide swift and versatile emergency care to the patients. I extend my warm wishes for the installation of this academic programme i.e. Masters in Emergency Medicine at GGS Medical College, Faridkot under BFUHS in collaboration with George Washington University, USA.*

# About us

## **BRIEF HISTORY of BFUHS**

The University was established at Faridkot under an Act of Punjab State Legislature (Punjab Act No. 18 of 1998) in the name of great Sufi Saint Sheikh Farid Ganj-E-Shakar, (1173 1265 A.D.) in 1998 for purposes of affiliating, teaching and ensuring proper and systematic instruction, training and research in Modern Systems of Medicine and Indian Systems of Medicine. It is not only affiliating and examining body but also a teaching and research centre in health sciences. It is expected to play a vital role in improving the standards of medical and health education in the state and in conducting relevant research in all aspects of health sciences, basic as well as applied, which ultimately will ameliorate the health standards of the people of Punjab. It is believed that the university will be a trend setter in developing appropriate modes and models of health care to ensure quality health care to the people.

The University has been recognized by MCI vide letter no. V/11015/3/2000-ME (UG) dated 9th June, 2000. The UGC has also included the University in the list of recognized universities maintained by the University Grants Commission, under section 2(1) of the UGC Act. 1956 vide letter no. F.9-3/97 (CPP-I) dated 4 July, 2002. The Regional Director, World Health Organization, Regional Office for South-East Asia, World Health House, New Delhi has also forwarded the name of the University for inclusion in the World Directory of Medical Schools vide letter No. M12/6212 dated 6 May 2002. The University is also included in the list of Commonwealth Universities and their yearbook 2001 at page No. 692 (Vol. 1).

Established with a mission to create an intellectual, academic and physical environment conducive to free flow of ideas and exchange of information between various faculties of the university, between this university and other universities of health sciences in the country and abroad, thereby opening a window to the world for the health professionals, health planners, health managers, biomedical and social scientists and educationalists in health sciences of the country. Efforts are on to establish contact with various institutions towards achieving this goal.

### **UNIVERSITY'S PRESENT STATUS:**

All the new buildings of the University and its constituent college, GGS Medical College & Hospital were completed in the year 2011. The university was shifted to its new building situated at Sadiq Road, Faridkot in July 2011. Hon'ble Chief Minister, Punjab inaugurated two new University buildings (Senate Block and Academic Block) on 22-09-2011. Hon'ble Deputy Chief Minister inaugurated the Radiotherapy Unit, and other buildings of GGS Medical College & Hospital, on 23-09-2011. The GGS Medical College & Hospital, a constituent college of the University is also shifted to its new building.

The University Campus comprises of GGS Medical College along with Auditorium of 800 capacity, Senate Block, Academic Block, University College of Nursing, University College of Physiotherapy, University Institute of Para-Medical Sciences, University Institute of

Pharmaceutical Sciences, Dept. of Nuclear Medicine, Telemedicine, Edusat and a well equipped state-of-the-art 500 bedded hospital, Drug De-addiction & Treatment Centre at Faridkot. The State Institute of Nursing and Para-Medical Sciences, Village – Badal (Muktsar), Institute of Nursing (University Regional Centre) at Shri Goindwal Sahib and Advanced Cancer Diagnostic Treatment & Research Centre and Drug De-Addiction & Treatment Centre at Bathinda are also run by University.

The university has started number of employment-oriented diploma courses and certificate programs in health sciences and allied services.

#### **UNIVERSITY'S NEW PROJECTS:**

University is on the way to establish:-

- 1) Super Specialty Block in GGS Medical Hospital, Faridkot
- 2) Mother & Child Block in GGS Medical College, Faridkot
- 3) University Institute of Paramedical Sciences, Faridkot
- 4) Advanced Cancer Diagnostic, Treatment & Research Centre at Bathinda.
- 5) University Regional Centre for Public Health & Paramedical Sciences at Goindwal Sahib.

University has acquired 20 Acres of land for its Regional Center at Goindwal Sahib. The University has planned to run a number of employment-oriented diploma courses and certificate programmes in Health Sciences.

#### **The University is also in process of developing the following five study centers:**

1. Centre for Distance Learning (Medical) and Educational Technology miscellaneous.
2. Centre for Health Systems and Health Services Management.
3. Centre for Bio-information Technology.
4. Centre for Human Resources Development and Health Management.
5. Centre for Population Sciences.
6. University Institute of Nursing, Jalalabad, Distt. Fazilka attached with upcoming 100 bedded Hospital.

#### **UNIVERSITY'S CONSTITUENT COLLEGES:**

1. Guru Gobind Singh Medical College, Faridkot
2. University College of Nursing, Faridkot
3. University College of Physiotherapy, Faridkot
4. University Institute of Pharmaceutical Sciences, Faridkot
5. University Institute of Para-Medical Sciences, Faridkot
6. State Institute of Nursing and Para-Medical Sciences, Village – Badal(Muktsar)
7. Institute of Nursing, University Regional Centre, Shri Goindwal Sahib
8. University Institute of Nursing, Jalalabad.
9. Advance Cancer Institute, Bathinda.

Recently, Govt. of Punjab has transferred 100 bedded Civil Hospital, Badal to University for strengthening and expanding the connection between rural medical services and the education

and research carried on by the Baba Farid University of Health Sciences. The GGS Medical College & Hospital, a constituent college of the University has 24 departments and 21 post graduate departments.

Guru Gobind Singh Medical College, Faridkot is 1000 bedded Hospital. In addition to above, the Board of Management of University also accepted the proposal for starting of Physiotherapy College in the University campus in its meeting held on dated 03.04.2007 and fourth constituent college was established viz. University College of Physiotherapy. University has also established its own Institute of Pharmacy. The GGS Medical College & Hospital, constituent college of the University has 24 departments and 21 post graduate departments and is recognized by MCI.

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# Important Dates and Instructions

Sno	Particulars	Date
1.	Availability of Prospectus at University website i.e <a href="http://www.bfuhs.ac.in">www.bfuhs.ac.in</a> & College website: <a href="http://www.ggsmch.org">www.ggsmch.org</a>	14 July 2022
2	Last date of submission of application forms along with fee of <b>Rs. 5000/- (+18% GST) (2500/- (+ 18% GST) for SC/BC category only)</b> in the shape of Demand Draft drawn in favour of " <i>Registrar Baba Farid University of Health Sciences, Faridkot</i> " and with self attested photocopies of all required documents.	27 July 2022
3	Only the applications received on or before 27 July 2022 (Upto 5 pm) in the office of Principal, Guru Gobind Singh Medical College, will be entertained.	
4	Display of Merit List	28 July 2022
5	First Round of Counselling	29 July 2022
6	Medical and Joining (First Round)	30 July 2022
7	Second Round of Counselling	31 July 2022
8	Medical and Joining (2 <sup>nd</sup> Round)	01 Aug 2022
9.	<p><b>Note:</b></p> <p>a. <b>No Fresh applications will be entertained for second round of counseling</b></p> <p>b. <u>Seats will be allotted solely on the basis of NEET PG 2022 result, irrespective of the state from which the candidate has passed MBBS Course.</u></p> <p>c. No separate intimation regarding date and time for counseling will be given.</p> <p>d. <u>There is No Age Limit to join the course</u></p> <p>e. <u>If a candidate leaves the course before conduct of second round of counseling, full fee will be refunded.</u></p> <p>f. <u>If a candidate leaves the seat after second round of counseling, the fee will not be refunded and the candidate has to deposit full course fee of 3 years.</u></p> <p>g. <u>The selected candidates have to deposit Indemnity/Liability Insurance of Rs. 50 Lacs for the duration of full course within 07 days of joining.</u></p> <p>h. <u>If any reserved category seat remains vacant during second round of counseling, will be converted to General Category.</u></p> <p>i. <u>The Schedule castes and backward class candidates have to submit domicile from the State of Punjab irrespective of University/College from where they have graduated. The persons with physical disability will have no such restriction</u></p>	

# Brief Introduction about MEM

## I. INTRODUCTION

The George Washington University Department of Emergency Medicine is committed to the highest level of training of emergency physicians. We recognize the important role that emergency physicians play in the health care of the community and are dedicated to providing outstanding service. We believe that residents finishing our program will be leaders in the field of emergency medicine. Our goal is to produce physicians who are clinically outstanding, who have superb teaching skills and who maintain a philosophy of lifelong learning.

## II. CORE CONTENT SUBJECTS

Administration & Public Health  
Anesthesiology  
Cardiology  
Critical Care  
Emergency Medicine Services  
Environmental Illness  
General Medicine  
General Surgery & Procedures  
Neurosciences  
Obstetrics / Gynecology  
Ophthalmology  
Orthopedics  
Otolaryngology  
Pediatrics  
Psychiatry  
Radiology  
Research  
Toxicology  
Trauma  
Urology  
Wound Care

### GENERAL IMPLEMENTATION METHODS:

Resident Study Groups – Residents will present in-depth discussions of specific areas of monthly topic and provide a presentation with hand-out and bibliography.

Journal Club – Monthly review of current literature related to monthly topic and presented by a senior resident and a faculty preceptor. Articles should be evaluated for review of format and pertinence to practice.

Board Review – Monthly review of topics from the curriculum in question format organized by a senior resident and a faculty preceptor. Board style questions from PEER 8 or post-test questions can be used for review.

Case Conference – Monthly session to review cases seen in the ED that contain valuable teaching points presented by senior residents. This can include Morbidity/Mortality conferences. An expert consultant is asked to review the case and participate in the discussions of assessment and management in the case.

Grand Rounds – presented by ED attending physicians or visiting faculty. Covers a variety of ED topics included in the core content areas and more cutting edge or administrative aspects.

Off-service lectures – Residents rotating off-site will participate in rounds and formal didactics from the departments with which they are rotating.

## **About Three Year Post Graduate Program in Emergency Medicine**

The MEM (Masters in Emergency Medicine) consists of a three-year curriculum, divided into 36 clinical modules that will cover the breadth of emergency medicine.

### **A. Curriculum**

The post-graduate program will focus on a specific clinical module topic each month, in addition to focusing on a specific procedure each month. Each day the residents will present a clinical case presentation with a case-based education seminar that will last approximately one hour, and during clinical shifts the residents will round on patients in the emergency department with faculty. Each week there will be at least 9 hours of educational seminars, focusing on the month's modular topic and core literature in Emergency Medicine. This will include didactic presentations, journal club article reviews, simulation exercises, guest speakers from senior consultants and online educational materials. In addition to the overall curriculum structure, each resident will receive a monthly set of clinical and educational assignments and responsibilities.

The primary textbook will be *Emergency Medicine: A Comprehensive Study Guide 8th edition* edited by Judith E. Tintinalli. In addition, *Rosen's Emergency Medicine: Concepts and Clinical Practice* will serve as a supporting textbook, and *Clinical Procedures in Emergency Medicine* by James R. Roberts and Jerris Hedges will be used to teach necessary procedures in the emergency department. Each module will end with a post-test to measure the residents' level of comprehension and mastery of the materials during the module session. The Society for Academic Emergency Medicine (SAEM) and the Council of Emergency Medicine Residency Directors (CORD) have developed a "Model Curriculum for Emergency Medicine" which serves as a basis for the post-graduate program's curricular structure. The full three year curriculum can be found in Appendix A. The curriculum will be implemented on a rolling 36 month basis in coordination with other MEM programs in India to allow for streamlining and coordination. The 36 month modular curriculum can be found in Appendix B.

### **B. Educational Program**

The residents will receive instruction from a combination of faculty from RRIEM or their designees (academic faculty from other US or UK institutions, senior faculty from long established MEM programs in India) and the host medical institution. These educational experiences will include one-hour morning seminars with an emphasis on case-based teachings that will focus clinical management issues. The residents will be given or

themselves present a clinical scenario, and then the instructor will lead the residents through a discussion that includes: developing a differential diagnosis, ordering appropriate laboratory and radiology diagnostic tests, finding the diagnosis, and managing and treating the clinical problem. It is suggested that this occurs in 'oral board style' exam format. Instructors will then provide clinical teaching through bedside clinical rounds with specific patients.

Each week, the program will dedicate a total of at least 9 hours for educational conference. At least two weekly synchronous virtual sessions will be provided by RRIEM faculty, developed as case-based, evidence based, high yield learning sessions. These sessions will augment educational sessions provided by local faculty which will include additional didactic lectures, case conferences, journal article discussions, and guest lecturers. During these conferences, whether in person or virtual, the residents will be excused from clinical responsibilities, and will have protected time for their educational development. Fundamental components of the education program include:

- Lectures on the modular topic of the month
- Evidence-based medicine
- Journal article discussions
- Grand rounds and guest speakers
- Morbidity and mortality (M&M) conferences
- Follow up case discussions on patients admitted through the emergency department
- Procedures and skills seminars
- Presentations by the residents
- Multidisciplinary case discussions

The content of the weekly seminars will also focus on the modular topic for the particular month. Residents will be expected to prepare presentations for their colleagues on both the modular topics and related journal clubs. These presentations will improve the residents speaking and presentation skills. The Emergency Medicine faculty will also invite experts from other fields such as cardiology, surgery, critical care, OB-GYN and pediatrics to give guest lectures on important topics that are related to emergency medicine. Residents will be expected to read assigned chapters in their textbooks and to read relevant journal articles.

In addition, residents will be required to initiate and conduct a research project or comprehensive topic review pertinent to emergency medicine, and they will be encouraged to write a scholarly article that is worthy of publication. The residents will be expected to work on a research project with the faculty, and they will be encouraged to submit one abstract or

oral presentation at a medical conference. The residents should also each submit one paper to a journal for potential publication. Finally, successful graduation for each resident will require the completion of a thesis paper that may be based on the resident's research presentations or published articles (See Appendix F for Research Project Requirements).

During the third year of training, residents selected by host medical center and RRIEM will have the option of spending 4 weeks at George Washington University Hospital doing an observership with the faculty in Washington, D.C. as an elective. These residents will be responsible for their airfare, housing, and meals during the elective.

GGSMCH will provide a faculty member onsite at host medical center for four days each quarter during the three-year program for intensive academic instruction and for project oversight. RRIEM faculty will also provide synchronous educational sessions as described above, in addition to eight to nine hours of remote educational web-based resources monthly such as evidence based medicine articles, lecture presentations including video grand rounds, specific online resources and journal clubs.

### **C. Clinical Rotations**

The residents will rotate through both the emergency department and other important clinical services. The residents will spend 7/12 months each year in the Emergency Department and of the remainders of the time rotating through other services. The rotations in the other departments will provide the residents with opportunities to develop important knowledge and skills in core subjects. Expected rotations will be as follows:

#### **MEM Year I:**

- Emergency Department (7 months)
- Research/Ortho procedures & wound care(2wk/2wk)
- Pediatric Ward (1 month)
- ICU (1 month)
- CCU (1 month)
- Anesthesia (1 month)

#### **MEM Year II:**

- Emergency Department (7 months)
- Research/elective (2wks/2wks)
- ICU (1 month)
- OB/Gyn (1 month)
- Trauma (1 month)
- Peds ED (if available)/PICU(1 month)

## MEM Year III:

- Emergency Department (7 months)
- Research/elective (2wk/2wk)
- ICU (1 month)
- PICU/NICU (2 wk/2wk month)
- Trauma (1 month)
- USA (1month)/ or elective

### **D. Evaluation and Assessment**

The residents will be routinely evaluated to assess their continuous learning and incorporation of the emergency medicine knowledge and skills. They will also be given an opportunity to provide feedback and assessments of the MEM and the instructors on periodic basis. The residents will take monthly post-tests using a formative assessment tool of online questions to gauge learning and identify areas needed for increased levels of study. Quarterly exams will be given as summative assessment and preparation for end of year testing, and a minimum level of performance will be required in order to sit for the end of year exam and ultimately complete the program. In addition the faculty will conduct yearly written and oral exam that covers the core topics of Emergency Medicine. A comprehensive final exam including both a written and an oral component will be given at the end of the residency program, with minimum requirements for certificate distribution. The final exam will include both a comprehensive written (on-line) exam and a two-day oral/practical exam. The written exam may be taken at the home institution. The oral/practical exams will be administered at one or two testing sites in India, and include various testing modalities such as simulation, case scenarios, and OSCE stations. Practical exams will be designed to test knowledge, teamwork, communication skills, and clinical decision making. Senior academic EM faculty from India will also be invited to participate as oral examiners for the final exit exam at the end of year three.

MEM Residents will be working under the EMO and Consultant Incharge, Department of Emergency Medicine, GGS Medical College & Hospital, Faridkot.

Residents will be also evaluated according to expectations of graduated experience, knowledge, and responsibilities as they progress in the 36-month curriculum. Senior residents will be expected to provide bedside teaching, didactics, lectures, mentorship, and supervision of junior residents. Rotating residents will be evaluated based on the expectations listed on the rotation guides given to outside faculty at the start of the rotation.

Faculty are expected to return the resident evaluations at the end of each monthly rotation with specific feedback.

Residents will be evaluated regularly by faculty members, and also expected to participate in self-evaluations after shift completion. While completing ED based rotations, residents will be expected to complete self-evaluations at least weekly which will then be sent to an attending supervisor for evaluation focused on competency based milestones. At least one evaluation per year will be completed by members of the Emergency Department non-faculty staff (nurses, patient care staff) in regard to professionalism and interpersonal skills. Faculty members will be expected to meet to review all program residents bi-annually, after which residents will be scheduled to review their evaluations, procedure logs, tests, and overall progress with the program director. During this session, residents will be given feedback on performance in the program, pointers on how to improve their performance, and an opportunity to discuss program-related issues with the program director. This will also be an opportunity to review procedure logs and research projects. Residents will be expected to fill-out an evaluation form of the program every 6 months. These evaluations will be reviewed by the program director as a way to continuously improve the program. Any feedback from residents regarding faculty or outside rotations will be provided to the faculty or outside rotations in an anonymous and constructive manner at the program director's discretion. Residents will be able to review their own files and past evaluations at any point during the program by appointment with the program director. Either the resident or the program director can arrange a meeting at any point in the program to address issues pertinent to the resident's education or progress.

The detailed Attendance, Academic Responsibilities, Testing and Graduation policy is provided in Appendix C.

#### **E. Faculty Development Fellowship Program**

Faculty development is essential to the successful development of a post-graduate training program in Emergency Medicine. Since the specialty of emergency medicine encompasses competencies in managing trauma, critical care, adults, pediatrics, obstetrics and gynecology, wound care, orthopedics, toxicology, EMS systems, and emergency preparedness most specialists trained in other specialties who will become faculty in emergency medicine will require additional ongoing medical knowledge and skills training, while core academic faculty will benefit from additional focus in the following areas:

1. Training in Teaching Skills applicable for Emergency Medicine

2. Training in Research Skills applicable for Emergency Medicine
3. Training in Leadership skills applicable for Emergency Medicine, including topics relevant to emergency department operations and administration, and quality assurance

A full faculty development fellowship program description is provided here in Appendix D, and similarly focused directed mentorship opportunities will be available during years in which the formalized fellowship program may not be on-cycle. Faculty members will have the opportunity to travel to George Washington University for a focused four week training & observer ship program to focus on emergency department operations, curriculum implementation and managing an emergency medicine training program, and also supplemental clinical training.

#### **F. Emergency Department Equipment and Supplies**

For the residents to be trained according to international standards, the host medical center will have to ensure that the emergency department contains the necessary equipment and supplies for the faculty and residents to practice emergency medicine in the appropriate clinical setting. Patients can be treated at the highest standards only if the medical resources are in place within the emergency department. The American College of Emergency Physicians (ACEP) has developed a list of necessary equipment and supplies for the emergency department: “Emergency department planning and resource guidelines” (June 2001). These guidelines are listed in Appendix E, and we recommend that the host medical center adopt these or similar guidelines for their emergency departments in the hospital.



<b>MEM (Masters in Emergency Medicine)3 Year Didactic Schedule</b>			
<b>Module &amp; Month</b>	<b>Topic</b>	<b>Tintinalli 8 Chapters (and additional resources)</b>	<b>Procedures</b>
Module 1	Orientation	11,14-17, 22-27; also Rosen's section 2 - Cardinal Presentations	Cardiac/Pulm Arrest – Adult
Module 2	Cardiovascular I	49 -55	Transthoracic/Transvenous Pacing
Module 3	Airway	28-30, 247	ET Intubation/RSI
Module 4	Pediatrics I	106, 109 - 113, 116 - 122	Cardiac/Pulm Arrest – Pediatric
Module 5	Shock	12,13, 20, Rosens Chapter on Shock	CVC
Module 6	Infectious Disease	149 - 155, 162 - 163	I&D
Module 7	Trauma I	254 - 259	Trauma resus - Adult & pediatric
Module 8	Gastrointestinal	71 - 87	G-tube replacement, hernia reduction, Anorectal Procedures
Module 9	Ortho I: Traumatic	267 - 278	Fracture Reduction/Splinting
Module 10	Toxicology I	176 - 200	A-line
Module 11	Neurology	164 - 175	Regional Anesthesia
Module 12	REVIEW	REVIEW	REVIEW
Module 13	Orientation	see above	Cardiac/Pulm Arrest - Adult & Pediatric
Module 14	Cardiovascular II	56 - 61	Defib/Cardioversion
Module 15	Trauma II	260 - 266	Tube Thoracostomy, Peritoneal Lavage
Module 16	Pediatrics II	123 - 135	IO/Venous Cutdown
Module 17	OB/GYN	96 - 105	Vaginal Delivery
Module 18	Pulmonary	62 - 70	Vent Management
Module 19	Soft Tissue/Wound Care	21, 35 - 38, 39 - 47	Laceration Repair
Module 20	Psychosocial/Violence	286 - 295	4-point Restraint
Module 21	Pediatrics III	136 - 148	Lumbar Puncture
Module 22	Endocrine	223 - 230	SVT Conversion
Module 23	ENT & Ophtho	241 - 247	Slit Lamp, Nasal Packing
Module 24	REVIEW	REVIEW	REVIEW

Module 25	Orientation	see above	Cardiac/Pulm Arrest - Adult & Pediatric
Module 26	Cards Crit Care	18 - 20	Cric/Transtracheal Ventilation; Tracheostomy Tube Replacement
Module 27	Radiology	Other resources, such as Schwartz - Emergency Radiology, Case Studies	Bedsid Ultrasound, Arthrocentesis
Module 28	Neonatology	107, 108, 114, 115	Umbilical Vein Cath
Module 29	Procedures / Research	31 - 34, Roberts & Hedges, ACEP Research Primer	Procedural Sedation
Module 30	Ortho II: Non-Traumatic	279 - 285	Joint reduction, Compartment Syndrome
Module 31	Infectious Disease II: Tropical	156 - 161	Pericardiocentesis
Module 32	Renal & GU	88 - 95	Paracentesis
Module 33	Toxicology II, Environmental	201 - 222	Gastric Lavage
Module 34	Heme/Onc Derm	231 - 240, 248 - 253	FB Removal
Module 35	Administrative/Emergency Public Health/EMS/Disaster	1 - 10; 300, 302, 303	Thoracentesis
Module 36	REVIEW	REVIEW	REVIEW

## **MEM – EXPECTATIONS & POLICIES**

### **Attendance Policy**

- Permissible absence from the program including scheduled leave and emergency leave must not exceed 90 days over three years. If emergency situations require additional leave beyond this amount, the additional time must be made up in order to allow the candidate to graduate. Residents are responsible for scheduling and making up any modular curriculum or tests missed during their leave but will not be penalized for absence from lectures during this time.
- Emergency leave is granted only at the discretion of the program director and must be discussed with and approved by them before the leave is taken.
- Attendance at didactic sessions/lectures must be maintained at an average of 70% each year in order to sit for the annual exam. Attendance is taken 15 minutes after the start of lecture, and arrival to the lecture once the attendance sheet has been collected counts as an absence. It is considered a violation of professional ethics of honesty to sign in or have another individual sign you in if you do not actually attend lecture.

### **Academic Responsibilities**

#### **Lectures**

- Each resident must give a minimum of two lectures and a maximum of four per year to be evaluated by visiting faculty and receive a passing grade on both.
- Lectures must be at least 45 minutes in length and include a clinical scenario, answer 2-3 clinically relevant questions to Emergency Medicine practice and must include at least one reference to primary literature and be based on a resource other than the primary textbook.
- Lectures that receive a failing evaluation must be made up in order for the resident to be eligible to sit for the end of year exam.

#### **Journal Club**

- Each resident must prepare one article per year for journal club. These articles will be assigned by visiting faculty. All residents, even those who are not presenting an article at journal club, are responsible for reading and evaluating all journal club articles each month.

#### **Thesis**

- Every candidate must complete a research project and write a thesis under the direct guidance of a local faculty member. Visiting faculty will provide secondary supervision and mentorship in this process.
- It is anticipated that residents will adhere approximately to the timeline outlined in Appendix C.
- Topic selection should be accomplished by the end of year one, thesis approval and IRB completion (if necessary) by December 1 of year two, and draft thesis completion and submission by March 1 of year 3 for faculty review.

### **Testing Policy**

- Residents are expected to achieve a passing grade of greater than 60% in each monthly exam on Rosh Review. If that score is not achieved, then the resident will be expected to complete extra 50 practice questions. Quarterly summative exams will be given covering the most recent three months' topics, and each resident must achieve a

passing grade of greater than 70% in each of these quarterly exams in order to sit for the annual exam and advance to the next year of training. Residents must pass all quarterly exams by the third attempt. Those who do not adhere to this standard will have individualized remediation plans but may not be permitted to advance to the next year of training or sit for the annual or end of training exam.

- Every resident must take an annual written examination at the end of years one and two of training and receive a minimum score of 50% uncurved. Residents who do not achieve this score will be reviewed on a case by case basis with potential consequences including academic remediation, academic probation, or removal from the program. In addition there will be an oral examination at the end of years one and two of training that must be completed successfully with 60% of critical actions completed and no dangerous actions.
- The end of training examination will be offered on an annual basis in June/July only with the potential for pre-approved remediation exams in January for those who are unable to complete the program at the end of June. This exam will consist of a written and oral exam to be conducted over three days. A final cumulative exam score of 70% on the written and oral exam will be required to successfully pass the exam. In addition all oral board cases must be completed successfully with no dangerous actions and 80% of critical actions completed.

### **Graduation Policy**

- Graduation from the program is contingent upon completion of all of the following:
  - Adequate clinical performance in the ED which includes cognitive, psychomotor and affective skills as evaluated by clinical preceptors and program staff. Professionalism and work ethic are critical components of affective Emergency Medicine skills.
  - Test performance as indicated above
  - Attendance as indicated above
  - Satisfactory completion of a academic thesis

## **IMPORTANT INSTRUCTIONS FOR APPLYING**

1. Please visit University website [www.bfuhs.ac.in](http://www.bfuhs.ac.in) & [www.ggsmch.org](http://www.ggsmch.org) for all regular and updated information for admissions/Date of counselling from time to time concerning with admission to MEM (Masters in Emergency Medicine) courses Session – 2022.
2. Fee should only be paid in the shape of Demand Draft drawn in favour of "Registrar, Baba Farid University of Health Sciences, Faridkot, payable at Faridkot", at the Counseling venue.
3. Fee once deposited will not be refunded/ adjusted in any case.
4. All necessary information regarding allocation of merit and seeking admission to MEM (Masters in Emergency Medicine) course at Guru Gobind Singh Medical College, Faridkot and all applicable rules and regulations, etc., are contained in this booklet called PROSPECTUS, for admission to MEM (Masters in Emergency Medicine). This Prospectus is subject to alteration(s) or modification(s) at any time without prior notice. For updates please refer to University website & College website from time to time.
5. The provisional selection/allotment of seat in the counseling will be subject to verification of the original documents /checking of eligibility by the Principal, Guru Gobind Singh Medical College, Faridkot. It shall be the sole responsibility of the Principal to authenticate the eligibility of provisionally selected candidate before admitting the candidate to concerned course.
6. Instructions in this prospectus are liable to change based on decision (s) taken by the University from time to time. There is no equity or any rights that are /or deemed to be arising in favour of candidate.
7. The candidates should read the eligibility conditions carefully. Mere submission of application form for admission /counseling does not entitle him/her for admission. The eligibility shall be verified by the Selection committee/Principal at the time of counseling /admission. Those who are not eligible will not be considered for admission. Eligibility is also subjected to medical fitness and such criteria as may be prescribed by the University/Medical College.
8. The fee structure will be as per University regulations. If University issues any subsequent amendment /corrigendum for change in fee structure, the same will be applicable in letter and spirit
9. In all academic matters, the university is the final authority.
10. Deposition of fee does not confirm the admission of the candidate, if it is challenged in the Hon'ble court

11. Scheduled Caste/Backward Classes category candidates shall be eligible to apply for post-Metric Scholarship and reimbursement of fee if they fulfill the terms and conditions laid down by department of Welfare, Govt. of Punjab.
12. Students claiming benefits of reservation under SC/BC category shall be required to produce a certificate from the competent authority as per latest instructions of Govt. of Punjab. Further, a valid Backward class certificate must be produced as per the latest instructions of Department of welfare, Government of Punjab in which the annual income of the family is clearly mentioned.
13. Candidate applying under any reserve category is directed to fill the right category code mentioned in the prospectus for claiming reservation under a category and attach all relevant documents /proofs of respective category with application form. Candidate will have to bring all the original documents and their photocopies at the time of counseling /admission.
14. Seats remaining vacant under any reserve category shall be transferred to General category during second round of counselling.
15. In case any candidate wants to quit the course/seat, he/she will have to submit application to the college regarding his/her surrender of seat well in advance before the start of second round of counseling
16. Application forms may be downloaded from the official website [www.bfuhs.ac.in](http://www.bfuhs.ac.in), & [www.ggsmch.org](http://www.ggsmch.org). The application forms completed in all aspects, may be submitted to the Office of the Principal, Guru Gobind Singh Medical College, Faridkot. Application form received after due date /time for any reason including postal delays will be rejected. The University and College will not be responsible for any delay or loss in transit caused by Postal Dept. /Courier Services or anyone else any other reasons (whatsoever).
17. Only application forms filled within stipulated time period will be considered for admissions.
18. Mere submission of application form and fee does not confer any right of the candidate for admission to MEM (Masters in Emergency Medicine) Course.
19. Candidates will be responsible for any mistakes made by him/her in his/her online application form. University and College shall not be responsible for the same.
20. Candidate shall submit application form only once. Applications submitted more than once are liable to be rejected.
21. Only eligible candidates, as per University BFUHS, notification/s, shall be considered for admission.
22. Candidates are advised to visit [www.bfuhs.ac.in](http://www.bfuhs.ac.in) & [www.ggsmch.org](http://www.ggsmch.org) website regularly for updates.

23. Personal appearance of candidates is essential at the time of Counselling. He/she will produce all documents/ testimonials in original for verification by the Selection Committee. Failing which he/she will not be considered for counselling.
24. The eligibility for admission of the candidates shall be determined by the Selection Committee at the time of counseling.
25. The students will have to pay the fee for entire course if he/she leaves the course/vacates the seat after second round of counselling.
26. The **Application Form** shall not be considered if requisite application fee is not submitted within stipulated date & time.
27. Notwithstanding the submission of Admission application form, only eligible candidates, as per Government notification/s, shall be considered for admissions.
28. This is for the information of all candidates that as per Hon'ble Supreme Court of India, if any incident of ragging comes to the notice of the authority, the concerned student shall be given liberty to explain and if his explanation is not found satisfactory, the authority would expel him/her from the institution.
29. Hostel facility is not Available.

**COURSE FEE**

**Rupees 2.5 Lacs (two lac fifty thousand only) per annum**

**STIPEND**

**Rupees 30,000/-(thirty thousand) per month**

**SEAT MATRIX**

Total Seats : 10

Reservation

SC : 25%

BC : 10%

PWD : 5%

Further seats distribution will be displayed at the time of counseling.

**ELIGIBILITY/QUALIFICATION/ADMISSION CRITERIA:**

MBBS passed with NEET PG 2022 Exam appeared candidates

**AGE LIMIT FOR ADMISSION:**

There is no age limit to join the course

**MERIT**

**Merit will be prepared on the basis of NEET PG -2022 marks**

(Compulsory for all Candidates)

**Undertaking**

I, Mr/Ms. \_\_\_\_\_ S/D/o Sh.

\_\_\_\_\_ R/o

\_\_\_\_\_

\_\_\_\_\_ do hereby

solemnly affirm and declare as under:-

1. That I have not left any Post Graduate Course without completing it.
2. That I am not doing any Post Graduate Course anywhere in India.
3. That I have not opted for Post Graduate Course in 2022 in anywhere in India.

Signature

Place: \_\_\_\_\_

Date : \_\_\_\_\_



**Certificates of Reserved categories:-**  
**CERTIFICATE OF SCHEDULED CASTE/TRIBE**

**As per letter No.1/41/96-RCI/110001-17, dated 5.12.1996 of  
Govt. of Punjab, Department of Welfare (Reservation Cell)**

It is certified that Shri/Shrimati/ Kumari \_\_\_\_\_ son/daughter of  
Sh. \_\_\_\_\_ of village/town \_\_\_\_\_ District/Division  
\_\_\_\_\_ state of Punjab belongs to \_\_\_\_\_ caste which has  
been recognised as Scheduled caste as per "The Constitution (Scheduled Castes) Order, 1950"

2. Shri/Shrimati/Kumari \_\_\_\_\_ and his/ her family lives in village/  
town \_\_\_\_\_ District/ Division \_\_\_\_\_ of Punjab State

Date \_\_\_\_\_  
Place \_\_\_\_\_

*Signature*  
Designation  
Seal of office

**Competent authority to issue Caste Certificate**

- I. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/ Deputy Collector/First Class Stipendiary Magistrate/City Magistrate/Sub Divisional Magistrate/Talika Magistrate/Executive Magistrate/ Extra Assistant Commissioner (Not below the rank of first class Stipendiary Magistrate).
- II. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- III. Revenue Officer not below the rank of Tehsildar.
- IV. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
- V. Administrator/Secretary to Administrator/Development Officer Lakshadweep Islands. (circulated vide no.2/223/79-SWI/4337, dated 8.6.90)

OR

The certificate for this purpose issued by any other competent authority declared by Government of Punjab in any other prescribed proforma.

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FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO A BACKWARD CLASS IN  
SUPPORT OF HIS/HER CLAIM.

**Government of Punjab**

Office of the \_\_\_\_\_  
District \_\_\_\_\_

**Certificate of Backward Class (Category Code-13)**

Certificate No. \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

Village \_\_\_\_\_

District/Division \_\_\_\_\_

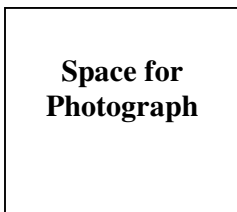
In the State of Punjab belongs to the \_\_\_\_\_ community which is  
recognized as a backward class under the Government of Punjab, Department of Welfare of  
SCs and BCs vide Notification  
No. \_\_\_\_\_ dated \_\_\_\_\_

Shri/Smt./Kumari \_\_\_\_\_ and or his/ her family ordinarily resides in the  
\_\_\_\_\_ District/Division of the State of Punjab.

This is also to certify that he/ she does not belong to the person/ sections (Creamy Layer)  
mentioned in Column 3 of the Schedule to the Government of Punjab Department of  
Welfare of SCs & BCs Notification No. 1/41/93-RC1 dated 17.01.1994. as amended vide  
Notification No. 1/41/93-RC1/1597 dated 17.08.2005, Notification No. 1/41/93-RC1/209  
dated 24.02.2009 and Notification No. 1/41/93-RC1/609 dated 24.10.2013.

Date of Issuance

Signature of Issuing Authority-



Designation-

Date

Place

Note: The term "Ordinarily" used here will have same meaning as in Section 20 of  
Representation of People Act, 1950.

**ਭਰਤੀ/ਦਾਖਲੇ ਸਮੇਂ ਪੱਛੜੀ ਸ਼੍ਰੇਣੀ ਨਾਲ ਸਬੰਧਤ ਵਿਅਕਤੀ ਤੋਂ ਲਏ ਜਾਣ ਵਾਲੇ ਸਵੈ-ਘੋਸ਼ਣਾ ਪੱਤਰ  
ਦਾ ਪਰਫਾਰਮਾ**

1. ਮੈਂ.....ਪੁੱਤਰ/ਪੁੱਤਰੀ  
ਸ੍ਰੀ.....

ਵਾਸੀ.....  
.....ਪਿੰਡ/ਕਸਬਾ/ਸ਼ਹਿਰ.....ਜਿਲ੍ਹਾ.....

ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ.....ਜਾਤੀ ਨਾਲ ਸਬੰਧਤ ਰੱਖਦਾ/ਰੱਖਦੀ ਹਾਂ ਤੇ ਇਹ ਜਾਤੀ  
ਪੰਜਾਬ ਸਰਕਾਰ ਵਲੋਂ ਪੱਤਰ ਨੰ:.....ਮਿਤੀ.....ਰਾਹੀ ਪੱਛੜੀ ਸ਼੍ਰੇਣੀ ਕਰਾਰ  
ਦਿੱਤੀ ਗਈ ਹੈ।

2. ਮੈਂ ਇਹ ਵੀ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਪੰਜਾਬ ਸਰਕਾਰ ਵਲੋਂ ਜਾਰੀ ਹਦਾਇਤਾਂ ਨੰ: 1/41/93-ਰਸ1/459  
ਮਿਤੀ 17.01.1994, ਜਿਸ ਨੂੰ ਬਾਅਦ ਵਿੱਚ ਪੱਤਰ ਮਿਤੀ 1/41/93-ਰਸ1/1597 ਮਿਤੀ 17.08.2005.  
ਮਿਤੀ 01/41/93-ਰਸ1/209 ਮਿਤੀ 04.02.2009 ਅਤੇ ਪੱਤਰ ਨੰ: 1/41/93-ਰਸ1/609 ਮਿਤੀ  
24.10.2013 ਨਾਲ ਸੋਧਿਆ ਗਿਆ ਹੈ, ਦੀ ਅਨੁਸੂਚਿਤ ਵਿੱਚ ਦਰਜ ਕਾਲਮ 3 ਦੇ ਅਧੀਨ ਨਹੀਂ ਆਉਂਦਾ  
ਅਤੇ ਮੇਰੀ ਅਤੇ ਮੇਰੇ ਪਰਿਵਾਰ ਦੀ ਸਾਰੇ ਵਸੀਲਿਆਂ ਤੋਂ ਆਮਦਨ 6.50 ਲੱਖ ਰੁਪਏ ਤੋਂ ਘੱਟ ਹੈ।

ਸਥਾਨ: ਘੋਸ਼ਣਾ ਕਰਤਾ

ਮਿਤੀ

**ਵੈਰੀਫਿਕੇਸ਼ਨ:-**

ਮੈਂ ਇੱਥੇ ਇਹ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਉਪਰੋਕਤ ਦਿੱਤੀ ਗਈ ਜਾਣਕਾਰੀ ਮੇਰੀ ਸਮਝ ਅਨੁਸਾਰ ਸਹੀ ਵਾ  
ਦਰੁਸਤ ਹੈ ਅਤੇ ਇਸ ਵਿੱਚ ਕੁਝ ਵੀ ਛੁਪਾਇਆ ਨਹੀਂ ਗਿਆ। ਮੈਂ ਇਨ੍ਹਾਂ ਤੱਥਾਂ ਤੋਂ ਜਾਣੂੰ ਹਾਂ ਕਿ ਜੇਕਰ ਮੇਰੀ ਕੋਈ  
ਵੀ ਦਿੱਤੀ ਸੂਚਨਾ ਗਲਤ ਨਿਕਲਦੀ ਹੈ ਤਾਂ ਮੈਂ ਕਾਨੂੰਨ ਵਿੱਚ ਦਰਜ ਸਜ਼ਾ ਦਾ ਹੱਕਦਾਰ ਹੋਵਾਂਗਾ ਅਤੇ ਪ੍ਰਾਰਥੀ ਨੂੰ  
ਇਸ ਸੂਚਨਾ ਦੇ ਆਧਾਰ ਤੇ ਦਿੱਤੇ ਗਏ ਲਾਭ ਵਾਪਿਸ ਲੈ ਲਏ ਜਾਣਗੇ।

ਸਥਾਨ: ਘੋਸ਼ਣਾ ਕਰਤਾ

ਮਿਤੀ:

ਨੋਟ:ਜੇਕਰ ਪ੍ਰਾਰਥੀ ਨਾਬਾਲਿਗ ਹੈ ਤਾਂ ਪ੍ਰਾਰਥੀ ਦੇ ਪਿਤਾ, ਮਾਤਾ ਜਾਂ ਕਾਨੂੰਨੀ ਗਾਰਡੀਅਨ ਵਲੋਂ ਘੋਸ਼ਣਾ ਪੱਤਰ ਦਿੱਤਾ  
ਜਾਵੇਗਾ।

## Persons with Disability CERTIFICATE OF DISABILITY

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5<sup>th</sup> Feb, 2019/14<sup>th</sup> May, 2019).

This is to certify that Mr./Ms \_\_\_\_\_ Aged \_\_\_\_\_ Years

Son/Daughter of Mr. \_\_\_\_\_

R/o \_\_\_\_\_

Recent Passport Size Photograph of the candidate duly attested by the issuing authority
--

NEET Roll no. \_\_\_\_\_ NEET Rank . \_\_\_\_\_ has the following Disability  
(Name of the Specified Disability) \_\_\_\_\_ in (percentage) of \_\_\_\_\_  
\_\_\_\_\_ (in words) \_\_\_\_\_ (in Figures).

• **Please tick on the "Specified Disability"**

(Assessment may be done on the basis of Gazette of India. Extraordinary, Part-II, Section 3 Sub-section (ii), Ministry of Social Justice and Empowerment)

S/No.	Disability Type	Type of Disability	Specified Disability
1.	<b>Physical Disability</b>	<b>A.</b> Locomotor Disability* <b>B.</b> Visual Impairment* <b>C.</b> Hearing Impairment* <b>D.</b> Speech & Language Disability	<b>a.</b> Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. other such as Amputation, Poliomyelitis  a. Blindness b. Low Vision  a. Deaf b. Hard of hearing  a. Organic/Neurological causes
2.	<b>Intellectual Disability</b>		<b>a.</b> Specific Learning Disability (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Development Aphasia) <b>b.</b> Autism Spectrum Disorders
3.	<b>Mental Behaviour</b>		a. Mental illness
4.	<b>Disability caused due to</b>	a. Chronic Neurological Conditions  b. Blood Disorders	<b>i.</b> Multiple Sclerosis <b>ii.</b> Parkinsonism  i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease
5.	<b>Multiple Disabilities including Deaf Blindness</b>		More than one of the above specified disabilities

- **Conclusion:** He/She is **Eligible/Not Eligible** for admission in MDS Course as per MCI Gazette Notification subject to his being otherwise medically fit.
- ❖ Functional competency with the aid of **Assistive devices in case of Locomotor\*/Visual\*/Hearing\*Impairment**, if any \_\_\_\_\_

Sign \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

(Concerned Specialist)

Sign \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

(Concerned Specialist)

Sign \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

(Concerned Specialist)

### Self Undertaking of Gap in Study

I \_\_\_\_\_ S/o, D/o Shri \_\_\_\_\_ resident of \_\_\_\_\_ (full address to be given) do hereby solemnly state and affirm as under:-

1. That I have passed MBBS examination held in \_\_\_\_\_ from \_\_\_\_\_ (name of the college/school)
2. That I have not joined any college/institution after passing MBBS

OR

That I have joined the course of \_\_\_\_\_ at \_\_\_\_\_ (name of the institution) from \_\_\_\_\_ and will leave the same before joining the Master in Emergency Medicine.

Dated: \_\_\_\_\_

Candidate Signature