

Guidelines
for
Competency Based Training Programme
in
DNB- RURAL SURGERY



NATIONAL BOARD OF EXAMINATIONS

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CONTENTS

- I. INTRODUCTION
- II. ELIGIBILITY CRITERIA FOR ADMISSION
- III. TEACHING AND TRAINING ACTIVITIES
- IV. SYLLABUS
- V. COMPETENCIES
- VI. THESIS & THESIS PROTOCOL
- VII. LOG BOOK
- VIII. NBE LEAVE GUIDELINES
- IX. EXAMINATION –
 - a) FORMATIVE ASSESSMENT
 - b) FINAL THEORY & PRACTICAL

INTRODUCTION

Rural and remote communities have been disadvantaged by reduced access to appropriate local surgical services over the past 30 years. This has contributed to the increasing morbidity and mortality in rural and remote communities. Whilst metropolitan communities have access to the many surgical sub-specialties, this is not so for rural and remote communities.

The purpose of this curriculum is to improve access to surgical services in rural and remote communities through increased access to rural doctors with advanced training in rural generalist surgical skills. This curriculum defines the advanced skills that will enable rural doctors to provide these services.

ELIGIBILITY CRITERIA FOR ADMISSIONS TO THE PROGRAMME

(A) DNB Rural Surgery Course:

1. Any medical graduate with **MBBS** qualification , who has qualified the **Entrance Examination** conducted by NBE and fulfill the eligibility criteria for admission to DNB **Broad Specialty** courses at various NBE accredited Medical Colleges/ institutions/Hospitals in India is eligible to participate in the Centralized counseling for allocation of DNB Rural Surgeryseats purely on merit cum choice basis.
2. Admission to 3 years post MBBS DNB Rural Surgery course is only through **Entrance Examination** conducted by NBE and Centralized Merit Based Counseling conducted by National Board of Examination as per prescribed guidelines.

Duration of Course : 3 Years

Every candidate admitted to the training programme shall pursue a regular course of study (on whole time basis) in the concerned recognized institution under the guidance of recognized post graduate teacher for assigned period of the course.

TEACHING AND TRAINING ACTIVITIES

The fundamental components of the teaching programme should include:

1. Case presentations & discussion- once a week
2. Seminar – Once a week
3. Journal club- Once a week
4. Grand round presentation (by rotation departments and subspecialties)- once a week
5. Faculty lecture teaching- once a month
6. Clinical Audit-Once a Month
7. A poster and have one oral presentation at least once during their training period in a recognized conference.

The rounds should include bedside sessions, file rounds & documentation of case history and examination, progress notes, round discussions, investigations and management plan) interesting and difficult case unit discussions.

The training program would focus on knowledge, skills and attitudes (behavior), all essential components of education. It is being divided into theoretical, clinical and practical in all aspects of the delivery of the rehabilitative care, including methodology of research and teaching.

Theoretical: The theoretical knowledge would be imparted to the candidates through discussions, journal clubs, symposia and seminars. The students are exposed to recent advances through discussions in journal clubs. These are considered necessary in view of an inadequate exposure to the subject in the undergraduate curriculum.

Symposia: Trainees would be required to present a minimum of 20 topics based on the curriculum in a period of three years to the combined class of teachers and students. A free discussion would be encouraged in these symposia. The topics of the symposia would be given to the trainees with the dates for presentation.

Clinical: The trainee would be attached to a faculty member to be able to pick up methods of history taking, examination, prescription writing and management in rehabilitation practice.

Bedside: The trainee would work up cases, learn management of cases by discussion with faculty of the department.

Journal Clubs: This would be a weekly academic exercise. A list of suggested Journals is given towards the end of this document. The candidate would summarize and discuss the scientific article critically. A faculty member will suggest the article and moderate the discussion, with participation by other faculty members and resident doctors. The contributions made by the article in furtherance of the scientific knowledge and limitations, if any, will be highlighted.

Research: The student would carry out the research project and write a thesis/ dissertation in accordance with NBE guidelines. He/ she would also be given exposure to partake in the research projects going on in the departments to learn their planning, methodology and execution so as to learn various aspects of research.

Syllabus

- Basic surgical principles
- Wounds, tissue repair and scar keloid
- Wound infections
- Shock types and management
- Blood transfusion and complications
- Fluid and Electrolyte Balance
- Principles of Sterilization, Disinfection and hospital waste management
- Ulcers, sinuses and fistula
- Preoperative and Postoperative care of surgical patients
- Tumors and cysts
- Diseases of arteries, veins and lymphatic
- Common conditions of skin of surgical importance
- Hand infections
- Swellings of Jaw and Gums
- Fractures of Mandible
- Early diagnosis and treatment of oral diseases and cancer
- Early diagnosis of head and neck cancers
- Goitre diagnosis and medical treatment
- Head injuries and emergency management transportation to neurosurgery centre
- Diseases of breast with greater emphasis of early diagnosis of cancer breast
- Breast abscess, benign breast diseases
- Diseases of salivary glands parotid inflammatory conditions
- Traumatic emergencies of chest abdomen genitourinary system
- Acute abdomen diagnosis and management
- Common disease of gastrointestinal tract of surgical interest diagnosis
- Early diagnosis of gastrointestinal cancer
- Symptoms and signs of anorectal diseases, anorectal abscess, fistula, fissure
- Investigation and treatment

- Liver abscess gall stones and its complications management hydatid cyst liver
- Pancreas and pancreatitis evaluation and treatment
- Splenic trauma and abscess

Urology for rural surgeons

- Urinary tract symptoms and signs, investigations of urinary case
- Emergencies of urinary tract diseases haematuria,retention of urine, traumas
- Congenital abnormalities of kidney ureter, bladder ,urethra
- Calculus diseases of urinary tract diseases
- Hydronephrosis ,complications and treatment
- Obstructive uropathy and management
- Hernias and scrotal diseases investigation and management

Orthopaedics

- Acute trauma, ABC of Resuscitation, First Aid in trauma management, Basic Life Support
- Advance Life Support
- Injuries and fractures of upper and lower extremities
- Injuries of spine ,initial treatment and transportation to advance centres
- Non traumatic conditions of bone and joints
- Pyogenic infections of bones and joints
- Tuberculosis of spine

Obstetric and Gynaecology

- Antenatal care,
- identifications of high risk pregnancies and referrals to higher centres
- Management of normal pregnancies

- Management of complications of pregnancies
- Labour
- Normal labour- normal, foetal monitoring, abnormal labour identification and management
- Pregnancy complications and medical disorders management
- Hypertension and pregnancies
- Abnormal presentation
- Normal Puerperium, abnormal puerperium
- Family planning and contraception
- Operative Obstetrics
- MTP, D and C, Episiotomy. LSCS
- Ectopic pregnancies diagnosis and treatment
- Antepartum and postpartum haemorrhage management
- Identification of patients requiring referrals
- Genital Infections, gynaecological tumours
- Menstrual Disorders
- Infertility

ENT Disorders for Rural Surgeon

- Emergencies in ENT - Facial Injuries, Fractures of Nasal bones, fracture of mandible
- Fracture of maxilla
- Epistaxis ,diagnosis and management
- Nasal Foreign Bodies
- Parapharyngeal , peritonsillar, Retropharyngeal abscess diagnosis and management
- Ludwig's Angina
- Emergency and elective management of airways

- Tracheotomy indications, operative procedure, care of tracheotomy, complications
- Common non emergencies conditions of ENT
- Diseases of external ear
- Otitis Media diagnosis, treatment, complications
- Common Eye conditions for Rural Surgeons
- Injuries to Eye lid, style, Foreign bodies. Corneal ulcer diagnosis and referral
- Basic knowledge of general anaesthesia, nerve blocks, spinal anaesthesia technique,
- Drugs and complications
- Basic principles of radiology, USG, CT Scan, Mammography

Skills & Competencies

Skills

Basic

- Anaesthesia
- Local, nerve blocks, spinal anaesthesia, drugs used and management of complications
- Caudal anaesthesia
- Principles of general anaesthesia , intubation
- Monitoring during anaesthesia
- Basic and advance life support
- Sterilisation of Instruments ,Operation Theatre techniques
- Pre and post operative management
- Waste Disposal
- Interpretation of radiological investigations
- Research methodology
- Skills in management of eye and ENT emergencies

Surgery

- Urology- catheterisation, urethral dilation, circumcision, Paraphimosis,
- Suprapubic cystostomy, cystolithotomy ,cystoscopy
- Middle and upper ureterolithotomy
- Vasectomy, hydrocele operations, herniotomy,hernioplasty, orchidectomy
- Partial amputation of Penis
- Suprapubic prostatectomy
- GIT-Exploratory Laparotomy for Acute Abdomen(Appendix, perforation gut, Intestinal obstruction)
- Haemorrhoidectomy, fistulectomy, anal dilatation

- Drainage of common abscesses-breast, perianal, psoas abscess, hand infection and abscesses, parotid, liver abscess aspiration and drainage
- Gastrostomy, jejunostomy colostomy
- Excision of common superficial benign swellings like lipoma, dermoid cyst
- Lymph node biopsy,
- Skin grafting
- Excision of benign breast tumours, simple mastectomy
- Inter-costal drainage, rib resection and chest drainage for empyema
- Orthopaedic
- Skin and skeleton traction, splints and initial management of fractures
- CTEV cast Correction
- Closed Reduction of fractures
- Debridement and management of compound fractures
- External Fixation for open fractures
- Amputations
- Resuscitation in poly trauma and referral to advance centres
- Bone biopsy for tumours
- Sequestrectomy
- Obstetrics and Gynaecology
- Normal Vaginal Delivery
- Episiotomy
- D&E, Suction and Evacuation
- Tubal Ligation
- LSCS
- D&C, Cervical biopsy
- Basic neonatal resuscitation
- Repair of vaginal tear
- Laparotomy for Rupture Ectopic Pregnancies
- Laparotomy for minor Gynaecology diseases-ovarian tumours

Competencies

The competencies to be acquired by a candidate who has been trained in Rural Surgery are as follows:

1.1. Core clinical knowledge and skills

- a) Diagnostic investigations
- b) Management Planning
- c) Telemedicine
- d) Post-Surgical Care

1.2. Extended clinical practice

- a) Differential Diagnosis
- b) General management of surgical illnesses
- c) Operative procedures
- d) Referral and transfer
- e) Teamwork and leadership

1.3. Emergency care

- a) Triage
- b) Initial assessment and stabilization
- c) Emergency surgical skills
- d) Treatment complications or failure
- e) Emergency retrieval and transport

1.4. Population health

- a) Community health issues
- b) Disaster management principles

1.5. Aboriginal and Torres Strait Islander health

- a) Barriers to health care services
- b) Cross-cultural communication skills

1.6. Professional, legal and ethical practice

- a) Legal and ethical practice
- b) Evidence-based and policy-based medicine
- c) Administrative and management skills

1.7. Rural and remote context: Surgical care in non-hospital settings

THESIS PROTOCOL & THESIS

The candidates are required to submit a thesis at the end of three years of training as per the rules and regulations of NBE.

Guidelines for Submission of Thesis Protocol & Thesis by candidates

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

Guidelines for Thesis Protocol

The protocol for a research proposal (including thesis) is a study plan, designed to describe the background, research question, aim and objectives, and detailed methodology of the study. In other words, the protocol is the 'operating manual' to refer to while conducting a particular study.

The candidate should refer to the NBE Guidelines for preparation and submission of Thesis Protocol before the writing phase commences. The minimum writing requirements are that the language should be clear, concise, precise and consistent without excessive adjectives or adverbs and long sentences. There should not be any redundancy in the presentation.

The development or preparation of the Thesis Protocol by the candidate will help her/him in understanding the ongoing activities in the proposed area of research. Further it helps in creating practical exposure to research and hence it bridges the connectivity between clinical practice and biomedical research. Such research exposure will be helpful in improving problem solving capacity, getting updated with ongoing research and implementing these findings in clinical practice.

Research Ethics: Ethical conduct during the conduct and publication of research is an essential requirement for all candidates and guides, with the primary responsibility of ensuring such conduct being on the thesis guide. Issues like Plagiarism, not maintaining the confidentiality of data, or any other distortion of the research process will be viewed seriously. The readers may refer to standard documents for the purpose.

The NBE reserves the right to check the submitted protocol for plagiarism, and will reject those having substantial duplication with published literature.

PROTOCOL REQUIREMENTS

1. All of the following will have to be entered in the online template. The thesis protocol should be restricted to the following word limits.
 - Title : 120 characters (with spacing) page
 - Synopsis [structured] : 250-300
 - Introduction : 300-500
 - Review of literature : 800-1000
 - Aim and Objectives : Up to 200
 - Material and Methods : 1200-1600
 - 10-25 References [ICMJE style]
2. It is mandatory to have ethics committee approval before initiation of the research work. The researcher should submit an appropriate application to the ethics committee in the prescribed format of the ethics committee concerned.

Guidelines for Thesis

1. The proposed study must be approved by the institutional ethics committee and the protocol of thesis should have been approved by NBE.
2. The thesis should be restricted to the size of 80 pages (maximum). This includes the text, figures, references, annexures, and certificates etc. It should be printed on both sides of the paper; and every page has to be numbered. Do not leave any page blank. To achieve this, following points may be kept in view:
 - a. The thesis should be typed in 1.5 space using Times New Roman/Arial/ Garamond size 12 font, 1” margins should be left on all four sides. Major sections viz., Introduction, Review of Literature, Aim & Objectives, Material and Methods, Results, Discussion, References, and Appendices should start from a new page. Study proforma (Case record form), informed consent form, and patient information sheet may be printed in single space.
 - b. Only contemporary and relevant literature may be reviewed. Restrict the introduction to 2 pages, Review of literature to 10-12 pages, and Discussion to 8-10 pages.
 - c. The techniques may not be described in detail unless any modification/innovations of the standard techniques are used and reference(s) may be given.
 - d. Illustrative material may be restricted. It should be printed on paper only. There is no need to paste photographs separately.

3. Since most of the difficulties faced by the residents relate to the work in clinical subject or clinically-oriented laboratory subjects, the following steps are suggested:
 - a. The number of cases should be such that adequate material, judged from the hospital attendance/records, will be available and the candidate will be able to collect case material within the period of data collection, i.e., around 6-12 months so that he/she is in a position to complete the work within the stipulated time.
 - b. The aim and objectives of the study should be well defined.
 - c. As far as possible, only clinical/laboratory data of investigations of patients or such other material easily accessible in the existing facilities should be used for the study.
 - d. Technical assistance, wherever necessary, may be provided by the department concerned. The resident of one specialty taking up some problem related to some other specialty should have some basic knowledge about the subject and he/she should be able to perform the investigations independently, wherever some specialized laboratory investigations are required a co-guide may be co-opted from the concerned investigative department, the quantum of laboratory work to be carried out by the candidate should be decided by the guide & co-guide by mutual consultation.
4. The clinical residents are not ordinarily expected to undertake experimental work or clinical work involving new techniques, not hitherto perfected OR the use of chemicals or radioisotopes not readily available. They should; however, be free to enlarge the scope of their studies or undertake experimental work on their own initiative but all such studies should be feasible within the existing facilities.
5. The DNB residents should be able to freely use the surgical pathology/autopsy data if it is restricted to diagnosis only, if however, detailed historic data are required the resident will have to study the cases himself with the help of the guide/co-guide. The same will apply in case of clinical data.
6. Statistical methods used for analysis should be described specifically for each objective, and name of the statistical program used mentioned.

General Layout of a DNB Thesis:

- **Title-** A good title should be brief, clear, and focus on the central theme of the topic; it should avoid abbreviations. The Title should effectively summarize the proposed research and should contain the PICO elements.

- **Introduction-** It should be focused on the research question and should be directly relevant to the objectives of your study.
- **Review of Literature** - The Review should include a description of the most relevant and recent studies published on the subject.
- **Aim and Objectives** - The 'Aim' refers to what would be broadly achieved by this study or how this study would address a bigger question / issue. The 'Objectives' of the research stem from the research question formulated and should at least include participants, intervention, evaluation, design.
- **Material and Methods-** This section should include the following 10 elements: Study setting (area), Study duration; Study design (descriptive, case-control, cohort, diagnostic accuracy, experimental (randomized/non-randomized)); Study sample (inclusion/exclusion criteria, method of selection), Intervention, if any, Data collection, Outcome measures (primary and secondary), Sample size, Data management and Statistical analysis, and Ethical issues (Ethical clearance, Informed consent, trial registration).
- **Results-** Results should be organized in readily identifiable sections having correct analysis of data and presented in appropriate charts, tables, graphs and diagram etc.
- **Discussion**—It should start by summarizing the results for primary and secondary objectives in text form (without giving data). This should be followed by a comparison of your results on the outcome variables (both primary and secondary) with those of earlier research studies.
- **Summary and Conclusion-** This should be a précis of the findings of the thesis, arranged in four paragraphs: (a) background and objectives; (b) methods; (c) results; and (d) conclusions. The conclusions should strictly pertain to the findings of the thesis and not outside its domain.
- **References-** Relevant References should be cited in the text of the protocol (in superscripts).
- **Appendices** -The tools used for data collection such as questionnaire, interview schedules, observation checklists, informed consent form (ICF), and participant information sheet (PIS) should be attached as appendices. Do not attach the master chart.

Thesis Protocol Submission to NBE

1. DNB candidates are required to submit their thesis protocol within 90 days of their joining DNB training.
2. Enclosures to be submitted along with protocol submission form:
 - a) Form for Thesis Protocol Submission properly filled.
 - b) Thesis Protocol duly signed.
 - c) Approval letter of institutional Ethical committee. (*Mandatory, non receivable of any one is liable for rejection*)

Thesis Submission to NBE

1. As per NBE norms, writing a thesis is essential for all DNB candidates towards partial fulfillment of eligibility for award of DNB degree.
2. DNB candidates are required to submit the thesis before the cut-off date which shall be 30th June of the same year for candidates appearing for their scheduled December final theory examination. Similarly, candidates who are appearing in their scheduled June DNB final examination shall be required to submit their thesis by 31st December of preceding year.
3. Candidates who fail to submit their thesis by the prescribed cutoff date shall NOT be allowed to appear in DNB final examination.
4. Fee to be submitted for assessment (In INR): 3500/-
5. Fee can be deposited ONLY through pay-in-slip/challan at any of the Indian bank branch across India. The challan can be downloaded from NBE website www.natboard.edu.in
6. Thesis should be bound and the front cover page should be printed in the standard format. A bound thesis should be accompanied with:
 - a. A Synopsis of thesis.
 - b. Form for submission of thesis, duly completed
 - c. NBE copy of challan (in original) towards payment of fee as may be applicable.
 - d. Soft copy of thesis in a CD duly labeled.
 - e. Copy of letter of registration with NBE.
7. A declaration of thesis work being bonafide in nature and done by the candidate himself/herself at the institute of DNB training need to be submitted bound with thesis. It must be signed by the candidate himself/herself, the thesis guide and head of the institution, failing which thesis shall not be considered.

The detailed guidelines and forms for submission of Thesis

Protocol & Thesis are available at

www.natboard.edu.in.thesis.php

LOG BOOK

A candidate shall maintain a log book of operations (assisted / performed) during the training period, certified by the concerned post graduate teacher / Head of the department / senior consultant.

This log book shall be made available to the board of examiners for their perusal at the time of the final examination.

The log book should show evidence that the before mentioned subjects were covered (with dates and the name of teacher(s)) The candidate will maintain the record of all academic activities undertaken by him/her in log book .

1. Personal profile of the candidate
2. Educational qualification/Professional data
3. Record of case histories
4. Procedures learnt
5. Record of case Demonstration/Presentations
6. Every candidate, at the time of practical examination, will be required to produce performance record (log book) containing details of the work done by him/her during the entire period of training as per requirements of the log book. It should be duly certified by the supervisor as work done by the candidate and countersigned by the administrative Head of the Institution.
7. In the absence of production of log book, the result will not be declared.

Leave Rules

1. DNB/FNB Trainees are entitled to avail leave during the course of DNB/FNB training as per the Leave Rules prescribed by NBE.
2. A DNB/FNB Trainees can avail a maximum of 30 days of leave in a year excluding regular duty off/ Gazetted holidays as per hospital/institute calendar/policy. This leave shall be processed at the institutional level.
3. Any kind of study leave is not permissible to DNB/FNB Trainees.
4. Under normal circumstances leave of one year should not be carried forward to the next year. However, in exceptional cases such as prolonged illness, the leave across the DNB/FNB training program may be clubbed together with prior approval of NBE.
5. Unauthorized absence from DNB/FNB training for more than 7 days may lead to cancellation of registration and discontinuation of the DNB/FNB training and rejoining shall not be permitted.
6. Any Leave availed by the candidate other than the eligible leave (30 days per year) shall lead to extension of DNB /FNB training. The training institute has to forward such requests to NBE along with the leave records of the candidate since his/her joining and supporting documents (if any) through the Head of the Institute with their recommendation/comments. NBE shall consider such requests on merit provided the seat is not carried over and compromise with training of existing trainees in the Department.
7. Any extension of DNB/FNB training beyond the scheduled completion date of training is permissible only under extra-ordinary circumstances with prior approval of NBE. Such extension is neither automatic nor shall be granted as a matter of routine.
8. DNB/FNB trainees are required to complete their training by a prescribed cutoff date (as per information bulletin of Exit exam) for being eligible to DNB/FNB Exit examination.
9. The eligibility for DNB/FNB Final Examination shall be determined strictly in accordance with the criteria prescribed in the respective information bulletin.

10. candidates join on or after 2018 can avail Maternity / Paternity leave, as per the Central or State Government policies, whichever is applicable to DNB/FNB training institute.
11. DNB/FNB trainees are eligible for stipend either during the leave period or extension of training period as per the policies of DNB/FNB training institute and prevailing rules.

EXAMINATION

FORMATIVE ASSESSMENT

Formative assessment includes various formal and informal assessment procedures by which evaluation of student's learning, comprehension, and academic progress is done by the teachers/ faculty to improve student attainment. Formative assessment test (FAT) is called as "Formative" as it informs the in process teaching and learning modifications. FAT is an integral part of the effective teaching. The goal of the FAT is to collect information which can be used to improve the student learning process.

Formative assessment is essentially positive in intent, directed towards promoting learning; it is therefore part of teaching. Validity and usefulness are paramount in formative assessment and should take precedence over concerns for reliability. The assessment scheme consists of Three Parts which has to be essentially completed by the candidates.

The scheme includes:-

Part I:- Conduction of theory examination

Part-II :- Feedback session on the theory performance

Part-III :- Work place based clinical assessment

Scheme of Formative assessment

PART – I	CONDUCT OF THEORY EXAMINATION	Candidate has to appear for Theory Exam and it will be held for One day.
PART – II	FEEDBACK SESSION ON THE THEORY PERFORMANCE	Candidate has to appear for his/her Theory Exam Assessment Workshop.
PART – III	WORK PLACE BASED CLINICAL ASSESSMENT	After Theory Examination, Candidate has to appear for Clinical Assessment.

The performance of the resident during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student

1. Personal attributes:

- **Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
- **Motivation and Initiative:** Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.

- **Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.
- **Interpersonal Skills and Leadership Quality:** Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.

2. Clinical Work:

- **Availability:** Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
- **Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management.
- **Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.
- **Clinical Performance:** Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.

3. Academic Activity: Performance during presentation at Journal club/ Seminar/ Case discussion/Stat meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.

FINAL EXAMINATION

The summative assessment of competence will be done in the form of DNB Final Examination leading to the award of the degree of Diplomate of National Board in Rural Surgery. The DNB final is a two-stage examination comprising the theory and practical part. An eligible candidate who has qualified the theory exam is permitted to appear in the practical examination.

Theory Examination

1. The theory examination comprises of **Four** papers, maximum marks 100 each.
2. There are 10 short notes of 10 marks each, in each of the papers. The number of short notes and their respective marks weightage may vary in some subjects/some papers.
3. Maximum time permitted is 3 hours.
4. Candidate must score at least 50% in the aggregate of **Four** papers to qualify the theory examination.

5. Candidates who have qualified the theory examination are permitted to take up the practical examination.
6. The paper wise distribution of the Theory Examination shall be as follows:

Paper I: Principles of Surgical Practice in a Rural Setting (including anaesthesia, Ophthalmology, ENT, Radiology, etc.)

Paper II: General Surgery

Paper III: Obstetrics & Gynecology

Paper IV: Orthopedics, Accidents & Emergencies

a) Practical Examination:

1. Maximum Marks: 300.
2. Comprises of Clinical Examination and Viva.
3. Candidate must obtain a minimum of 50% marks in the Clinical Examination (including Viva) to qualify for the Practical Examination.
4. There are a maximum of three attempts that can be availed by a candidate for Practical Examination.
5. First attempt is the practical examination following immediately after the declaration of theory results.
6. Second and Third attempt in practical examination shall be permitted out of the next three sessions of practical examinations placed alongwith the next three successive theory examination sessions; after payment of full examination fees as may be prescribed by NBE.
7. Absentation from Practical Examination is counted as an attempt.
8. Appearance in first practical examination is compulsory;
9. Requests for Change in center of examination are not entertained, as the same is not permissible.
10. Candidates are required not to canvass with NBE for above.

Declaration of DNB Final Results

1. DNB final is a qualifying examination.
2. Results of DNB final examinations (theory & practical) are declared as PASS/FAIL.
3. DNB degree is awarded to a DNB trainee in the convocation of NBE.
