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**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA**



PROSPECTUS

POSTGRADUATE DIPLOMA IN LEGAL MEDICINE

BOARD OF STUDY IN FORENSIC MEDICINE

2013

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1. Description, Nomenclature and Associated agencies of the degree programme

- 1.1 Name of the degree programme - Postgraduate Diploma in Legal Medicine
- 1.2 Full title - Postgraduate Diploma in Legal Medicine
- 1.3 University - University of Colombo, Sri Lanka
- 1.4 Faculties and Institutes - Postgraduate Institute of Medicine of the University of Colombo (PGIM)
- 1.5 Departments, external resources and associated agencies - Board of study in Forensic Medicine (BOS) PGIM, Ministry of Health, Universities, The college of Forensic Pathologists of Sri Lanka
- 1.6 Abbreviated title - Pg.DLM

2. Background to the programme

Forensic Medicine deals with the application of principles of medicine, medical knowledge and expertise in the administration of justice. It is one of the applied medical sciences. The discipline of Forensic Medicine consists of clinical forensic medicine, forensic pathology including anatomical pathology, forensic histopathology, Forensic Toxicology and forensic anthropology. Forensic genetics, Forensic Odontology, forensic radiology, forensic psychiatry are some of the subspecialties which are essential to the practice of forensic medicine.

To practice Forensic Medicine, a doctor should possess adequate knowledge in Forensic Medicine (mainly clinical forensic medicine and forensic pathology) and skills in the examination of the living and the dead (performing autopsies), with a view to providing effective oral or documentary evidence in Courts as a competent expert witness. It is essential to have specialized training to ensure good practice of Forensic Medicine. This training which is at a higher level than the undergraduate teaching and training should include acquiring in-depth knowledge, expertise, development of finer skills and necessary attitudes to function as a non specialist forensic medical expert.

Therefore, training leading to the Postgraduate Diploma in Legal Medicine should be geared to achieving the final goal, i.e. to produce a competent, practitioner of Forensic Medicine who provides a Forensic medical service to the country in keeping with good medical practice and functions as a competent, independent and impartial expert medical witness in the legal system of Sri Lanka.

3. Justification

An accredited postgraduate diploma programme in Forensic Medicine is essential for Sri Lanka to provide a standard medico-legal service throughout the country. This postgraduate diploma programme is structured and comprehensive and is offered at postgraduate level in Sri Lanka. This should be a sustainable programme to ensure continuous availability of experts with a specialised training in forensic medicine to assist the administration of justice. This programme is designed to enhance the existing knowledge & skills acquired at the undergraduate level.

Recently changes have been introduced to the postgraduate training programmes locally as well as globally so that expectations of the patients, clients, employers and Higher Education sector are fulfilled. These have been taken into account in the preparation of this curriculum. In order to achieve these, certain guidelines and recommendations have been made by the UGC and the PGIM which were addressed in this curriculum. In addition, the contribution of

medical experts for the proper administration of justice was one of the main concerns that were taken into account in developing this PG diploma programme.

The comments and suggestions made by the external examiners who participated in the postgraduate examinations in Forensic Medicine have also been taken into account when designing this curriculum and appropriate changes have been made. The overall introduced curriculum changes in keeping with evidence based medical education include introduction of more modern methods of education, changes to the assessment instruments, introduction of a training portfolio and viva, structured progress reports and Peer team ratings (PTR).

4. General Objectives of Pg.Diploma programme

The mission is to produce a competent practitioner in Forensic Medicine who provides a forensic medical service to the country in keeping with good medical practice and functions as an independent, impartial expert medical witness in the legal system of Sri Lanka.

On successful completion of this programme and examination, the diploma holder should

1. have acquired competencies(knowledge, skills, expertise, attitudes) in the effective medico-legal management of the living and the dead
2. be able to provide a forensic medical service in keeping with good medical practice
3. be able to provide independent and impartial expert evidence and
4. be able to disseminate knowledge in the field of forensic medicine to allied health care professionals and other stakeholders in the criminal justice process in Sri Lanka.

10 intended learning outcomes are identified to achieve these general objectives

1. Holistic standard ML management
2. Theoretical knowledge
3. Clinical skills
4. Issuing a quality report
5. Maintenance of records and statistics
6. Testifying in a court of law
7. manager
8. Lifelong learner/scholar
9. Personal development - and professionalism
10. Health promotion and disease prevention

Course objectives or specific learning outcomes(SILO)are identified under the different intended learning outcomes.

Successful completion of the relevant 12 month training programme is a prerequisite to make the candidate eligible to sit for the diploma examination. However, successful completion of the Pg. Diploma in legal Medicine does not enable the successful candidate to achieve specialist status.

Only those who have successfully completed the MD in Forensic Medicine and completed the criteria stipulated by the Board of study and the PGIM would be eligible to become Board certified specialists in Forensic Medicine.

5. Eligibility Criteria to enter the Pg.DLM training programme

To be eligible to sit for the selection examination and to be selected for admission to the training programme, prospective applicants must satisfy the following requirements:

1. Hold a medical degree and should be registered with the Sri Lanka Medical Council*.
2. Completion of internship recognized by the Sri Lanka Medical Council.
3. Completed one year work experience in Sri Lanka in the medical field after internship acceptable to the Board of Study/BOM/Senate.
4. The criteria prescribed in paragraphs (1) to (3) must have been fulfilled by the applicant as at the date of closure of applications for the selection examination.
5. Produce a medical certificate from a specialist physician to confirm general mental and physical fitness.
6. Comply with any other PGIM regulations.

* Foreign nationals who seek to apply to sit the selection examination should possess a medical degree registrable with the Sri Lanka Medical Council.

6. Admission process

Trainees for this course will be selected from a selection examination based on core medical knowledge in medical sciences essential to commence training in Forensic Medicine and a basic knowledge in Forensic Medicine.

7. Selection Examination

7.1 Format of the Selection Examination

- Duration of selection examination is 2 hours.
- The candidates will be tested on the core knowledge in Medical Sciences required to commence postgraduate training in Forensic Medicine
- A combination of subjects in the following specified areas in Medicine – Knowledge in Applied and clinical anatomy, physiology, biochemistry, pharmacology, medicine, surgery, gynaecology and obstetrics, paediatrics, General and systemic Pathology
- The required knowledge level will be at or above undergraduate level
- Selection examination will consist of 40 multiple choice questions
- A mark will be deducted for each wrong response but will not be carried over to the next question.
- Marks for this paper will be given out of 100.
- Composition of the MCQ paper (40 questions):

The approximate number of questions will be

▪ Anatomy, Physiology, Pharmacology and Biochemistry	-	05
▪ General and systemic Pathology	-	10
▪ Medicine, surgery, gynaecology, Obstetrics, paediatrics and psychiatry	-	05
▪ Basic Forensic Medicine and toxicology	-	16
▪ Basic medical ethics	-	04

7.2 Requirements to pass the Selection Examination

A candidate should obtain 50% or more to pass the examination.

7.3 Number to be selected

Maximum number to be enrolled will be the number indicated in the circular/newspaper advertisement calling for applications and will depend on the requirements of the Ministry of Health, Universities, Armed Services, Non State Sector and the training facilities available. The number may vary from year to year. If more than the above number passes the selection examination, the selection for the programme will be based on merit and guidelines on selection of trainees for training programmes.

7.4 Number of attempts

Number of attempts for the selection examination for the Postgraduate Diploma in Legal Medicine is unlimited.

7.5 Examiners for the Selection Examination

The chief examiner and the other examiners will be appointed by the Senate/Board of Management of the PGIM on the recommendation of the Board of study in Forensic Medicine. The panel of examiners shall include Specialists in Forensic Medicine and any other relevant specialists. The panel of examiners will prepare new questions or select questions if available in a question bank.

8. Stages and Duration of the training programme

Total duration of the course will be 12 months including assessments. It shall be a full time in-service training programme consisting of a taught component (lectures, Small group discussions and others) and clinical training attachments.

The total Number of credits shall be 30.

9. Course Fee

The course fee shall be decided by the PGIM on an annual basis and is therefore subjected to change.

10. Curriculum (Annex 1)

10.1 Structure and Design of Curriculum and Course modules

This is a full time in service course offered over a period of 12 months covering areas in Forensic Medicine (Forensic pathology and Clinical Forensic Medicine and other forensic disciplines). The curriculum shall consist of 09 compulsory core modules. The teaching-learning methods of the course will include lectures, practical classes, tutorials, small group discussions, (role plays, simulated patients, mock trials) , seminars, assignments, study half days, computer-assisted learning sessions and on-line self-learning sessions, and in-service training (**Curriculum Annex 1**)

10.2 In service training attachment for Pg. DLM

Trainee will be appointed for 12 months to a centre recognised by the BOS, PGIM for Pg.DLM training.

List of centres recognized by the BOS PGIM for Pg.DLM training.

This list will be subject to revision based on availability of trainers and accreditation of the training centre by the Board of Study.

1. Institute of legal medicine and Toxicology, Colombo.
2. Dept of Forensic Medicine and Toxicology, Faculty of Medicine, University of Colombo.
3. Office of the consultant Judicial Medical Officer, Colombo South Teaching Hospital Kalubowila.
4. Dept of Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayawardenapura.
5. Office of the consultant Judicial Medical Officer, Colombo North Teaching Hospital Ragama.
6. Dept of Forensic Medicine and Medical law, Faculty of Medicine, University of Kelaniya.
7. Office of the consultant Judicial Medical Officer, Teaching Hospital, Karapitiya, Galle.
8. Dept of Forensic Medicine, Faculty of Medicine, University of Ruhuna
9. Office of the consultant Judicial Medical Officer, Teaching Hospital Kandy
10. Dept of Forensic Medicine, Faculty of Medicine, University of Peradeniya
11. Office of the consultant Judicial Medical Officer, General Hospital, Rathnapura.
12. Office of the consultant Judicial Medical Officer, Base Hospital Negombo
13. Office of the consultant Judicial Medical Officer, Teaching Hospital Anuradhapura

10.3 Allocation of units

The BOS in Forensic Medicine shall allocate the training units. Allocation shall be done by an allocation committee appointed by the BOS based on the guidelines made by the BOS based on merit.

11. Training portfolio (Annex 2)

During the entire training period the trainee shall maintain the Pg.DLM training portfolio to document and reflect on his training experience and identify and correct any weaknesses in the competencies expected of him, and also analyse any errors of judgements he has made so that appropriate changes can be made to his future medico legal management.

Training units and resources

1. Training centres in Forensic Medicine approved by the BOS listed above
2. Forensic Pathology and other Museums in the Universities and Ministry of Health
3. Forensic Laboratories in the Universities and Ministry of Health
4. Libraries eg. PGIM, SLMA, Universities, Hospital units, ILMT Colombo.
5. IT laboratories, eg. PGIM IT lab, CAL labs in Universities
6. Government Analyst's Department, Colombo
7. Scenes of crime
8. Scene of crime officer's Units
9. Attorney General's Department

10. Specialised branches in the Police Department eg. Narcotics Bureau, Police College
11. High courts and coroner's courts of Sri Lanka.
12. International websites eg. Cochrane, Pub Med, Hinari
13. Diagnostic laboratories, eg. Pathology laboratories of the Ministry of Health and Molecular biology laboratories - eg. Institute of Molecular biology and Bio technology, University of Colombo, Genetic lab of Parasitology Department of Faculty of Medicine, Ragama, Genetech, Colombo 08
14. Skills laboratories eg. University of Colombo, Ruhuna, Sri Jayawardenapura University
15. Faculty of Law, University of Colombo
16. Institute of Molecular biology and Bio technology, University of Colombo
17. Books and journals, Digital literature, Social and academic online networks.
18. Any other learning/training centres and resources deemed acceptable by the BOS

** The above training units are subject to change by the BOS with the approval of BOM/Senate

12. The Calculation of credits and Training instruments

12.1 Table 01 - Calculation of credits – Pg.DLM 48 weeks + 02 weeks for examinations

Training component	Credits
Clinical training (18 hours per week X 48 weeks) (45 hours = 01 credit)	19 credits
Pg.DLM training portfolio	02 credits
Lectures/Centre based training 50 X 05 hours = 250	15 credits
Small group discussion/Tutorials 15 x 02 hours=30 hrs	01 credit
Workshops/study half days 15x02 hours =30 hours	01 credit

Total 38 credits

Credits are calculated on the basis of the following formula:

Supervised clinical training	45 hours	= 01 credit
portfolio		= 02 credits
SGD/Tutorials	30 hrs	= 01 credit
CAL sessions/Seminars		
lectures	15 hours	= 01 credit
workshops study days	30 hrs	= 01 credit

12.2 Training Instruments

- Lectures(L) - Schedule with topics in **Annex 3**
- Clinical training in wards and autopsy room(CT)
- CBT - Centre based training
- FLM - Fixed learning modules - consist of posters, specimens, reports etc which are stationed for a specified period of time.
- SGD - Small group discussion/Tutorial (Schedule with topics in **Annex 4**)
- PBL - Problem based learning
- DOPS - Direct observation of procedural skills
- Workshops/study half days - Schedule with topics in **Annex 5**

Portfolio writing

Journal clubs and case presentations

Academic sessions, symposia, conferences, lunchtime colloquium, online teaching and training

13. Evaluation of the trainees

The progress of the trainees will be evaluated using the portfolio, progress reports and peer team rating.

13.1. Training Portfolio (Annex 2)

As successful diploma holders can work as medical officers with special training in Forensic Medicine, (MO/Medico – legal) who would practice independently or under a specialist in Forensic Medicine, it is imperative that on completion of the in-service training period they should have achieved the following learning outcomes.

1. Holistic standard ML management
2. Theoretical knowledge
3. Clinical skills
4. Issuing a quality report
5. Maintenance of records and statistics
6. Testifying in a court of law
7. manager (includes communicator, collaborator)
8. Lifelong learner/scholar
9. Personal development - and professionalism
10. Health promotion and disease prevention

The Pg.DLM training portfolio will help the trainee to document and reflect on his training experience and identify and correct any weaknesses in the competencies expected of him, and also analyse any errors of judgements he has made so that appropriate changes can be made to the medico legal management to reduce risks (including miscarriages of justice) arising from such situations in the future. A detailed description of the guidelines for preparation of portfolio is given in **Annex 9**.

The main content areas of the Pg.DLM training portfolio will include the following.

1. log of clinical, autopsy and other activities to fulfil the 10 learning outcomes
2. 05 case records and commentaries – with 03 autopsy and min. 02 clinical)
3. Reflective practice of significant medico legal work(a minimum of 06 events)
4. Teaching of undergraduates, peers, nurses, attendants, police officers or mortuary attendants
5. An audit performed at the training unit
6. Information technology
7. Professional development
8. Record of attendance at essential courses/seminars/annual sessions
9. Record of attendance at tutorials, journal clubs, audits etc
10. Self assessment of progress of training
11. Assessment of the trainee's progress by the Educational supervisor
 These will be based on clinical and autopsy evaluation exercises
 Direct Observation of Practical Skills(DOPS)
 Peer team ratings and any other.

The Training Portfolio should be maintained from the time of entry to the training programme up to sitting the examination. The supervisors / Trainers are expected to review the candidate's progress at regular intervals. It is the responsibility of the Trainee to obtain the signature of the Trainer after these reviews, and submit the Training Portfolio for evaluation by the Board of Study.

13.2. Progress reports (**Annex 6**)

Progress reports using the form should be completed by the trainer and submitted to the BOS every 3 months.

13.3. Peer Team Rating (**Annex 7**)

Peer team rating (PTR) should be submitted by the raters at 05 months and 11 months. The trainer to supervise this activity and ensure that the forms are sent to the monitoring unit of the PGIM. In the event of unsatisfactory reports and adverse comments, the BOS should take immediate action and initiate a preliminary investigation if necessary.

14. Assessment of trainees

Trainees will be assessed using a continuous assessment and a final summative assessment.

14.1 The continuous assessment will comprise of

1. Portfolio viva(Training portfolio Assessment)
2. Essay Questions

14.2 The final summative assessment will comprise of

- 1) MCQ paper 2) SEQ paper 3) Clinical Examination
- 4) Objective Structured Practical Examination 5) Autopsy examination 6) Structured viva

14.1. Continuous Assessments

C1. Training portfolio Assessment – 100 marks

Details of Training Portfolio Assessments:

Formative assessment to assess progress of portfolio at 5 months. Trainee will be evaluated regarding the progress of the portfolio documents 05 months after the commencement of the training by a pair of external examiners. A grade will be given and feedback given in order for the trainee to correct any mistakes or deficiencies in the portfolio in time for the assessment at 09 months. The grade at 05 months will not be carried into final assessment. In addition to formative assessment of the portfolio, this assessment will look in to any pertinent issues faced by the trainee with regard to training, and remedial action suggested. If necessary, issues pertaining to the training may be brought to the notice of the BOS.

Training portfolio Assessment - Each trainee will be evaluated by a pair of external examiners who have not been trainers of the trainee in the presence of the trainer **at 09 months** of the training programme. At this interview **the Training Portfolio** will be evaluated over a period of 30-45 minutes to review the trainee's capabilities in rational decision making, investigatory and analytical thinking, practical skills and evidence based approach to practical medico - legal work such as post-mortems. When necessary the trainee will be questioned on relevant subject areas as well.

The portfolio assessment shall be **marked out of 100** based on a predetermined marking scheme. (**Annex 8**).

The minimum pass mark for the Portfolio Assessment shall be 50% (50 marks out of 100). If the trainee has scored 30 - 49%, Re-checking in the areas that the trainee has failed will be required and the trainee will be given an opportunity for **re-appraisal** in the specific area in **six to eight weeks**. **In such a reappraisal the maximum mark to be awarded shall be 50%.**

A score below 30 % (30 marks out of 100) at Portfolio Assessment will be considered as a definite failure. This will warrant a re-assessment after **re-training for a period of three months** to pass that assessment. **In such a reappraisal the maximum mark to be awarded shall be 50% (50 marks out of 100).**

C2. Essay Questions - 50 marks

Details of answering essay questions (ESQ):

ESQ paper will be held simultaneously for all trainees at a suitable centre at 04 and 07 months of the training programme and shall have 02 questions to be answered in 2 hours. The content area of the curriculum from which questions will be given shall be communicated to trainees one month before the scheduled date of the ESQ Paper. These questions shall be prepared by a panel of examiners appointed by the senate on the recommendation of the BOS.

For the ESQ paper held at 4 months(formative assessment), the awarded marks will not be incorporated into the continuous assessment marks (CA). Marks awarded for the ESQ held at 07 months will be included in the continuous assessment marks.

Each answer shall be handwritten by the candidates and will be independently marked out of 100 by two examiners, and only multiples of 05 marks will be allocated.

When marks are awarded for the essay question papers, 10% of the marks should be allocated for non content areas (spelling/grammar/hand writing/organization).

The mark for each question will be the average of the two marks given by the two examiners based on a predetermined marking scheme for the expected answers, provided the two marks are within 15 marks of each other. If the two marks are more than 15 marks apart for any question, the two examiners will re-correct such answers and arrive at an agreed mark. The total marks shall be converted to a final mark out of 50 for each question.

To Pass the second Essay Paper held at 07 months, the trainee should score 30% (15 marks out of 50) or more. If it is less, the trainee shall sit for a repeat essay question paper in six to eight weeks as directed by the Board of study. This process shall continue in the same manner until the minimum 30% is obtained. At the repeat examination the maximum mark to be awarded shall be 30%.

15. Final (Summative) Assessment – Postgraduate Diploma Examination (PgD)

15.1 Eligibility criteria to appear for the Pg.DLM

- Satisfactory completion of one year training in all components of the in-service training programme
- Satisfactory progress reports acceptable to the BOS
- Satisfactory Peer team ratings (3) acceptable to the BOS(6 in O&G)
- A duly completed training portfolio accepted by examiners
- Satisfactory completion of “LOG BOOK” (included –in TPF)containing record of work carried out and signed by supervisor/trainer
- Satisfactory professional conduct and attendance during training period certified by the trainers (80% attendance at both in-service one year training appointment and training course i.e. lecture/CBT/SGD/academic half days independent of each other)
- Minimum pass mark for continuous assessments

15.2 Format of the Pg.DLM Examination

The Pg.DLM examination shall be held at the successful completion of the **one year** training programme. The examination shall have **six components**.

C1.	Written examination	
	MCQ	200 marks
	SEQ	200 marks
C2.	Clinical Examination	150 Marks
C3.	Objective Structured Practical Examination	100 Marks
C4.	Autopsy examination	150 Marks
C5.	Structured viva	50 Marks
C6.	Continuous Assessments	150 Marks
		Total =1000 Marks

The details of the Format of the Pg.DLM Examination

C1. Written examination

This will consist of

C1.1. Multiple Choice Question (MCQ) Paper – 40 questions/Two hours) (200 marks)

There shall be 40 questions to be answered in two hours. This will consist of **20 true/false type MCQ, 10 Single Best Answer type (SBA) and 10 Extended Matching Questions (EMQ).**

The true/false type MCQ will carry +5 marks, SBA will carry +3 marks and each item in the EMQ will carry +4 marks.

In a True / False type MCQ, (five responses) each correct answer shall score +1, wrong answer shall score –1 or if not attempted shall score 0. Negative marks will apply within the question and will not be carried forward.

In a SBA type question (five responses) a correct answer shall score +3, a wrong answer or if not attempted shall score a 0.

In the Extended Matching Questions (EMQ) , each correctly answered item shall score +4 marks , incorrectly answered or not attempted items shall score a 0.

Total Final mark for W2 (MCQ) shall be **calculated out of 200**

C1.2. - SEQ paper – 6 questions/3 hours (200 marks)

There shall be Six questions in the SEQ paper and will last for 03 hours. Each question will be independently marked out of 100 by two examiners, and only multiples of 05 marks will be allocated. The mark for each question will be the average of two marks given by the 02 examiners based on a predetermined marking scheme for the expected answers provided the two marks are within 15 marks of each other. If the two marks are more than 15 marks apart for any question, the two examiners will recorrect such questions and arrive at an agreed mark. Total final mark shall be calculated out of 200.

C2. Clinical examination (150 marks)(90 marks for long case and 60 marks for 04 short cases)

Each candidate will be allocated one long case and four short cases. Each short case and each long case should have a different examiner panel(two examiners for each panel) This means for the clinical examination there will be five panels of examiners with two examiners for each panel. The short cases are more or less like an OSCE.

1. One long case (altogether 60 minutes) (90 marks with 20 marks for the medico legal report)

- a. 25 minutes for history and examination (**30 marks**)
- b. additional 15 minutes for preparation of complete MLR –
- c. 05 minutes for bedside presentation (without detailed descriptions)
- d. Sit down discussion which will be held away **from patient** 15 minutes for discussion. (**40 marks**)

The final mark for the long case (out of 90) will be the average of the two marks given independently by the two examiners based on a predetermined marking scheme.

2. Four short cases. Each short case shall be for a duration of 10 minutes (60 marks).

- a. 05 minutes each for examination
- b. 05 minutes for discussion.
- c. No report writing.

The final mark for each short case (out of 15) will be the average of the two marks given by the two examiners based on a predetermined marking scheme.

C3. Objective Structured Practical Examination (OSPE) (100 marks)

There shall be **10 stations** and each station will be for a minimum period of 6 minutes. In case a station is used to assess clinical skills using a simulated patient to assess a specific skill etc., 12 minutes maybe utilized for that station. Such station will have two examiners marking at the station itself, and will be independently marked out of 100 by the two examiners.

The mark for each station will be allocated out of 100 and will be the average of the two marks given by the two examiners based on a predetermined marking scheme for the expected answers, provided the two marks are within 15 marks of each other. If the two marks are more than 15 marks apart for any station, the two examiners will discuss and arrive at an agreed mark. The total marks for the ten stations shall be converted to a final mark out of 100.

C4. Autopsy examination (150 marks)

**2 hours for dissection and additional
½ hr for preparation of complete PMR
½ hr for discussion**

An autopsy will be performed by the candidate on a selected cadaver depending on the cadavers available. No details or minimum details of the history will be given. Candidate has to by himself perform a routine evisceration and organ dissection and any special dissection if requested. Organs and samples obtained would be displayed for the examiners to observe. Examiners may be present during the evisceration and dissection.

Marks breakdown

PMR – 30	Dissection – 40	Display – 20	Discussion – 60
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C5. Structured Viva (50 marks)

A structured viva voce would be held to ascertain the following abilities of candidate – decision making, justification and defending of opinions, test attitudes, professionalism, continuous professional development.

Standardized Questions should be predetermined, written down for each question, agreed upon by all examiners, and a pre determined marking scheme formulated. A viva voce should be held by two different independent panels, with a minimum of two examiners each, each session lasting a minimum of 20 minutes.(total 40 mins.) Marking independently by both examiners and aggregate mark taken. If more than 15% difference the two examiners will discuss such questions and arrive at an agreed mark. In order to pass the viva voce candidates should obtain a minimum of 15/50 - 30%.

The assessment tool for the viva would be a combination of the following:

1. multimedia projected slides of practical forensic importance
2. photographs
3. specimens of bones or soft tissue
4. reports of autopsy or clinical forensic medicine findings, where candidates are expected to formulate and express opinion verbally and defend them

The assessment tool can be provided to the candidate prior to presentation at the viva panel, giving adequate time for identification, preparation and opinion formation. For eg. Candidate could be given a full autopsy report with photographs, reports of investigations etc. and questioned regarding medicolegal management, answering questions simulating a court environment.

C6. Continuous Assessments (150 marks)

15.3 The Requirements to Pass the Pg.DLM Examination

In order to pass the Pg.DLM examination, the candidate should fulfill all the following:

- A total aggregate of 50% or more at the Final (Summative) Assessment (500/1000).
- Minimum of 50% for the combined theory (200/400)
- Minimum of 50% for the clinical examination (75/150)
- Minimum of 40% for the OSPE (40/100)
- Minimum of 40% for the autopsy (60/150)
Minimum total aggregate of 50% for combined autopsy and OSPE
- Minimum of 30% for the structured viva (15/50)
- Continuous Assessments (150):
minimum of 15 out of 50 Marks for Essay(SEQ),
minimum of 50 out of 100 Marks for Pg.DLM training portfolio

15.4 Repeat candidates and the repeat examination

Candidates who are unsuccessful at the examination will sit for the examination held in the subsequent year as repeat candidates. Candidates need to sit only for the components they have not been successful in – for eg. Candidates who passed the theory component in the main examination but did not obtain the minimum mark for the other components need not sit for the theory component at the repeat examination – the marks of the main examination will be considered when computing the final mark at the repeat examination.

ANNEX 1 – CURRICULUM

ANNEX 2 – PORTFOLIO - Pg. DLM

ANNEX 3 – LECTURE SCHEDULE

ANNEX 4 – SGD TOPICS

ANNEX 5 – WORKSHOPS

ANNEX 6 – FORMAT FOR PROGRESS REPORT ON

ANNEX 7 – PEER TEAM RATING FOR ASSESSMENT

ANNEX 8 – PORTFOLIO MARKING GRID

ANNEX 9 – GUIDELINES FOR PREPARATION OF PORTFOLIO

Prepared by :

Curriculum Subcommittee of the Board of study in Forensic Medicine, PGIM Colombo