CLINICAL ROTATION FOR MBBS 2ND PHASE MBBS FOR YEAR 2022

DR. RAJENDRA PRASAD GOVERNMENT MEDICAL COLLEGE TANDA AT KANGRA DEPARTMENT OF SURGERY

NO-HFW-H(DRPGMC)SURGERY/2021/UG/ Date:

Clinical Rotation for MBBS II Prof for the academic year 2022 from March till November is as follows:

4 weeks clinical posting in Department of Medicine, Surgery, OBG. A batch – 1 to 40, B Batch – 41-80, C Batch – 81-120

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| Dates | Surgery | Medicine | OBG |
| 01-02-2022 till 28-02-2022 | A Batch | B Batch | C Batch |
| 01/03/2022 TO 28/03/2022 | B Batch | C Batch | A Batch |
| 29/03/2022 TO 25/04/2022 | C Batch | A Batch | B Batch |

4 weeks clinical posting in Department of ENT, Ophthalmology, ENT. A batch – 1 to 40, B Batch – 41-80, C Batch – 81-120

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| Dates | ENT | Ophthalmology | PSM |
| 26/04/2022 TO 23/05/2022 | A Batch | B Batch | C Batch |
| 24/05/2022 TO 20/06/2022 | B Batch | C Batch | A Batch |
| 21/06/2022 TO 18/07/2022 | C Batch | A Batch | B Batch |

2 weeks clinical posting in Department of Pulmonary medicine, Psychiatry, Radiology, Dermatology, Paediatrics, Orthopaedics.

Batch A – 1-20, Batch B – 21-40, Batch C – 41-60, Batch D – 61-80, Batch E – 81-100, Batch F – 100 to 120

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| Dates | Pulmonary Medicine | Psychiatry | Radiology | Dermatology | Paediatrics | Ortho |
| 19/07/2022 TO 01/08/2022 | A | F | E | D | C | B |
| 02/08/2022 TO 15/08/2022 | B | A | F | E | D | C |
| 16/08/2022 TO 29/08/2022 | C | B | A | F | E | D |
| 30/08/2022 TO 12/09/2022 | D | C | B | A | F | E |
| 13/09/2022 TO 26/09/2022 | E | D | C | B | A | F |
| 27/09/2022 TO 10/10/2022 | F | E | D | C | B | A |

According to Focus of Learner – Doctor Programme:

2nd Year – History taking, physical examination, assessment of change in clinical status, communication and patient education.

The learner will function as a part of the health care team with the following responsibilities:

* Be part of the units OPD services on admission day.
* Remain with the admission unit until 6 pm except during designated class hours.
* Be assigned patients admitted during each admission day for whom he/she will undertake responsibility under the supervision of SR/faculty member.
* Participate in unit rounds on its admission day and will present the assigned patient to the supervising physician.
* Follow the patient’s progress throughout the hospital stay until discharge.
* Participate under supervision in procedures, surgeries, deliveries etc of assigned patients.
* Participate in unit rounds on at least 1 other day of the week excluding the admission day.
* Discuss ethical and other humanitarian issues during unit rounds.
* Attend all scheduled classes and educational activities.
* Document his / her observation in a prescribed log book / case record.
* Undergo training in procedures under supervision and assessment on last two days of posting.

Endst No. as above:

Copy for kind information to: -

1. The Principal Dr. RPGMC Tanda
2. All the concerned department Dr. RPGMC Tanda
3. Teaching in charge paraclinical Dr. RPGMC Tanda
4. Teaching in charge basic sciences Dr. RPGMC Tanda
5. Teaching in charge pre-final year Dr. RPGMC Tanda
6. Notice Board
7. Concerned file
8. IT in charge central library Dr. RPGMC Tanda
9. In charge EDUSAT HALL Dr. RPGMC Tanda

In-Charge teaching programme

-Cum-PROFESSOR Department of Surgery

Dr. RPGMC Tanda

Departmental/subject wise competencies/ tasks planned by various departments for clinical postings:

**Community medicine:**

 **THE CLINICS FOR 2ND PROF: DURATION 4 WEEKS**

Day 1, week 1: Introduction to the Community medicine department and attached urban and rural health care facilities.

Approach to the families and working in community settings, importance of good communication skills, assessment tools in community medicine

**1st week**

1. **Visit to Anganwari**to enumerate and discuss the National nutritional policy, important national nutritional programmes including ICDS etc(**CM5.6,CM5.2**)
2. **Visit to Subcenter** to Describe health care delivery in India **(CM17.1,CM17.3,CM17.5)**
3. **Visit to PHC** to define and describe the primary health care,its components and principles(**CM17.1,CM17.3,CM 17.5**)
4. **Visit to CHC** to define and describe the primary health care,its components and principles**(CM17.1,CM17.3,CM 17.5)**
5. **Visit to water treatment plant to** Describe concepts of safe and wholesome water, sanitary sources of water, water purification processes, water quality standards, concepts of water conservation and rainwater harvesting (**CM 3.1,CM 3.2**)
6. **Visit to milk plant** to describe food hygiene(milk)

**2nd week**

1. **Visit to Walk in cooler**) (Vaccine description with regard to classification strain dose route schedule risks benefits and side effects, indications and contraindications

Define cold chain and discuss the methods of safe storage and handling vaccines,**PE 19.3,PE 19.4)**

1. **Statistical exercise** to define calculate and interpret demographic indices including birth rate, fertility rates death rate**(****CM9.1,CM9.2,CM6.2,CM6.3,CM7.4,CM6.4,CM7.6,CM20.2**)
2. **Statistical Exercise** (**CM9.1,CM9.2,CM6.2,CM6.3,CM7.4,CM6.4,CM7.6,CM20.2**)
3. **Epidemiological exercise**(**CM9.1,CM9.2,CM6.2,CM6.3,CM7.4,CM6.4,CM7.6,CM20.2**)
4. **Introduction to Family visit** to describe the steps and perform a clinical socio-cultural and demographic assessment of the individual, family and community (**CM 2.1, CM1.10)**
5. Allocation of families

**3rd week**

1. Visit to the family (**CM1.9,CM3.5,IM 25.13**)
2. Visit to the Family**(CM2.2,CM,2.5**)
3. Visit to the Family(**CM1.9,2.2,CM2.3,PE 8.4,PE 8.5**)
4. **Visit to DOTS centre**(Describe the National programme, regimens for management,epidemiology)(**PHI.55,PE34.3,PE34.4,CT1.1,CT1.4,CT1.15,CT1.18)**
5. **Visit to ART centre** to enumerate and describe disease specific National Health Programs including their prevention and treatment of a case(**CM 8.3)**
6. **Visit to ICTC** to enumerate and describe disease specific National Health Programs including their prevention and treatment of a case(**CM 8.3**)

**4th Week**

1. **Tutorial:** Immunization; Vaccine description with regard to classification strain dose route schedule risks benefits and side effects, indications and contraindications.UIP.(**PE 19.1**)
2. **Specimens**: Immunization(**PE 19.3**)
3. **Tutorial** entomology & contraceptive methods to describe the role of vectors in the causation of diseases.(**CM 3.6,CM 3.8**)

Describe and discuss the temporary and permanent methods of contraception,indications, technique and complications

(**OG21.1**)

1. **Specimens**:Entomology&contracetive(**CM 3.7**,**OG21.1**)
2. **Specimens**: Nutrition to describe the common sources of various nutrients and special nutritional requirements according to age, sex,activity,physiological conditions(**CM5.1,CM5.3,CM5.8 B18.5**)
3. **ASSESSMENT**

**Department of Internal Medicine:**

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| DAY | Competencies addressed | As per the clinical material following tasks/competencies will be addressed |
| 1-20 | IM1.10 Elicit document and present an appropriate history that will establishthe diagnosis, cause and severity of heart failure including:presenting complaints, precipitating and exacerbating factors, riskfactors exercise tolerance, changes in sleep patterns, featuressuggestive of infective endocarditis | Introduction to the department and skills, wards, Introduce ***clinic clerkship*** concept to students & attach students to mentorsApproach to a patient and establishing communication Interviewing a patient. Steps of history taking and communication skillsSymptoms of cardiovascular diseasesSymptoms of respiratory diseases |
| 1-20 | IM1.11 Perform and demonstrate a systematic examination based on thehistory that will help establish the diagnosis and estimate its severityincluding: measurement of pulse, blood pressure and respiratoryrate, jugular forms |
| 1-20 | IM1.12 Demonstrate peripheral pulse, volume, character, quality andvariation in various causes of heart failure |
| 1-20 | IM1.14 Demonstrate and measure jugular venous distension S SH Y Bedside clinic, DOAPsession | Symptoms of gastrointestinal and hepatobiliary diseasesSymptoms of nervous system diseasesSymptoms of renal, endocrine, musculoskeletal diseases |
| 1-20 | IM1.13 Measure the blood pressure accurately, recognise and discussalterations in blood pressure in valvular heart disease and othercauses of heart failure and cardiac tamponade |
| 1-20 | IM1.15 Identify and describe the timing, pitch quality conduction andsignificance of precordial murmurs and their variations |
| Days1-20General physical examination1-20Examination of cardiovascular system- GPE related to cardiovascular system1-20Examination of cardiovascular system- inspection, palpation, auscultation1-20Examination of respiratory system- GPE related to respiratory system1-20Examination of respiratory system- inspection, palpation, percussion, auscultation1-20Examination of abdomen1-20Examination of nervous system- Higher mental functions, speech, cranial nerves1-20Examination of nervous system- motor system1-20Examination of nervous system- sensory system and cerebellar functions1-20Examination of endocrine and metabolic disorders1-20Examination of musculoskeletal system1-20Approach to patient presenting with fever19Approach to patient presenting with medical emergency; history and examination20Assessment of student for clinical skills(ward leaving)  |

Emphasis will be laid on communication skills and extracting history

Formative assessment and feedback will be provided daily

**Orthopedics**

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| **DEPARTMENT OF ORTHOPEDICS**STUDENTS WILL BE DIVIDED INTO SMALL GROUPS**Competencies addressed: OR14.1, OR 2.2, OR 2.4, OR1.2,OR 1.3,OR1.4** |
| Day | Teacher & competencies addressed | Group A/b/c/d (7 Students) |
| 1 | 1. **OR14.1,**
2. **OR 2.2,**
3. **OR 2.4,**
4. **OR1.2,**
5. **OR 1.3,**
6. **OR1.4**
 | Introduction to the department and skills, wards, Introduce ***clinic clerkship*** concept to students Approach to a patient and establishing communication  |
| 2 |  History Taking , Steps of Examination |
| 3 | Examination of a bony swelling/deformity |
| 4 | Eliciting Range of Motion |
| 5 | Linear and circumferential Measurements  |
| 6 | How to apply Tractions |
| 7 | How to read an X Ray |
| 8 | Approach to X Ray Upper Limb, Lower Limb , Spine and Pelvis with examples |
| 9 | How to Apply Slab and POP |
| 10 |  | Skill assessment , Ward Leaving and feedback |

**DEPARTMENT OF PULMONARY MEDICINE**

**RESPIRATORY MEDICINE** (CODE: CT)

**Clinical Posting : 2nd MBBS – 2 wks (3hrs/day, Mon to Fri)**

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| **Sr. No.** | **Date and Time** | **Competency** | **Suggested Teaching Learning Methods** | **Teacher/ Integration** | **Compet-ency No.** |
| **1** |  | Elicit, document and present an appropriate medical history that includes risk factor, contacts, symptoms including cough and fever CNS and other manifestations | Bed side clinic, DOAP session |  | CT1.5 |
| **2** |  | Demonstrate and perform a systematic examination that establishes the diagnosis based on the clinical presentation that includes a a) general examination, b) examination of the chest and lung including loss of volume, mediastinal shift, percussion and auscultation (including DOAP session of lung sounds and added sounds) c) examination of the lymphatic system and d) relevant CNS examination | Bed side clinic, DOAP session |  | CT1.6 |
| **3** |  | Generate a differential diagnosis based on the clinical history and evolution of the disease that prioritises the most likely diagnosis | Bed side clinic, DOAP session |  | CT1.8CT1.9  |
| Order and interpret diagnostic tests based on the clinicalpresentation including: CBC, Chest X ray PA view, Mantoux, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing |
| **4** |  | Describe the appropriate precautions, screening, testing and indications for chemoprophylaxis for contacts and exposed health care workers | Bed side clinic, DOAP session |  | CT1.16 |
| **5** |  | Elicit document and present a medical history that will differentiate the aetiologies of obstructive airway disease, severity and precipitants | Bed side clinic, DOAP session |  | CT2.8CT2.9 |
| Perform a systematic examination that establishes the diagnosis and severity that includes measurement of respiratory rate, level of respiratory distress, effort tolerance, breath sounds, added sounds, identification of signs of consolidation pleural effusion and pneumothorax |
| **6** |  | Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology | Bed side clinic, DOAP session |  | CT2.10 CT2.15 |
| **7** |  | Describe, discuss and interpret pulmonary function tests  | Bed side clinic, DOAP session |  | CT2.11CT2.12  |
| Perform and interpret peak expiratory flow rate  |
| **8** |  | Describe the appropriate diagnostic work up based on the presumed aetiology | Bed side clinic, DOAP session |  | CT2.13CT2.14  |
| Enumerate the indications for and interpret the results of : pulse oximetry, ABG, Chest Radiograph |
| **9** |  | Develop a therapeutic plan including use of bronchodilators and inhaled corticosteroids | Bed side clinic, DOAP session |  | CT2.18 CT2.19  |
| Develop a management plan for acute exacerbations including bronchodilators, systemic steroids, antimicrobial therapy |

**Theory : 3rd MBBS Part I (Total: 20 hours)**

**Lecture: 10 hrs, Seminars: 8 hrs and Self Directed Learning: 2 hrs**

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| **Sr. No.** | **Date and Time** | **Competency** | **Suggested Teaching Learning Methods** | **Teacher/ Integration** | **Compet-ency No.** |
| 1 |  | Describe and discuss the epidemiology of tuberculosis and its impact on the work, life and economy of India | Lecturer | Community Medicine | CT1.1 |
| 2 |  | Describe and discuss the microbiology of tubercle bacillus, mode of transmission, pathogenesis, clinical evolution and natural history of pulmonary and extra pulmonary forms (including lymph node, bone and CNS) | Lecturer | Microbiology | CT1.2 |
| 3 |  | Discuss and describe the impact of co-infection with HIV and other co-morbid conditions. Like diabetes on the natural history of tuberculosis | Lecturer | Microbiology | CT1.3 |
| 4 |  | Describe the epidemiology, the predisposing factors and microbial and therapeutic factors that determine resistance to drugs | Seminar | Community Medicine, Microbiology, Pharmacology | CT1.4 |
| 5 |  | Enumerate the indications for tests including: serology, special cultures and polymerase chain reaction and sensitivity testing | Seminar | Microbiology | CT1.12 |
| 6 |  | Describe and discuss the origin, indications, technique of administration, efficacy and complications of the BCG vaccine | Seminar | Microbiology | CT1.13 |
| 7 |  | Describe and discuss the pharmacology of various anti-tuberculous agents, their indications, contraindications, interactions and adverse reactions: Principle of ATT and Management in HIV, CLD, CKD, Pregnancy. | Lecturer | Pharmacology, Microbiology | CT1.14  |
| 8 |  | Define criteria for the cure of Tuberculosis; describe and recognise the features of drug resistant tuberculosis, prevention and therapeutic regimens : NTEP, DSTB, DRTB and TPT | Seminar | Community Medicine | CT1.17 |
| 9 |  | Define and classify obstructive airway disease | Lecturer | Physiology, Pathology | CT2.1 |
| 10 |  | Describe and discuss the epidemiology, risk factors and evolution of obstructive airway disease | Lecturer | Physiology , Pathology | CT2.2 |
| 11 |  | Enumerate and describe the causes of acute episodes in patients with obstructive airway disease | Lecturer |  | CT2.3 |
| 12 |  | Describe and discuss the physiology and pathophysiology of hypoxia and hypercapneia | Seminar | Physiology , Pathology | CT2.4 |
| 13 |  | Describe and discuss the genetics of alpha 1 antitrypsin deficiency in emphysema | Lecturer | Physiology , Pathology | CT2.5 |
| 14 |  | Describe the role of the environment in the cause and exacerbation of obstructive airway disease | Lecturer | Pathology | CT2.6 |
| 15 |  | Describe and discuss allergic and non-allergic precipitants of obstructive airway disease | Self Directed Learning | Pathology  | CT2.7 |
| 16 |  | Discuss and describe therapies for OAD including bronchodilators, leukotriene inhibitors, mast cell stabilisers, theophylline, inhaled and systemic steroids, oxygen and immunotherapy | Seminar | Pharmacology | CT2.16 |
| 17 |  | Describe and discuss the indications for vaccinations in OAD | Lecturer |  | CT2.17 |
| 18 |  | Describe and discuss the principles and use of oxygen therapy in the hospital and at home | Seminar |  | CT2.20 |
| 19 |  | Discuss and describe the impact of OAD on the society and workplace | Self Directed Learning | Community Medicine | CT2.25CT2.26 |
| Discuss and describe preventive measures to reduce OAD in workplaces |
| 20 |  | Demonstrate the correct techinque to perform & interpret Spirometry | Seminar |  | PY6.8 |
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**Department of Pediatrics:**

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| Day | Competency addressed |  |  |
| 1 | Introduction to the department and skills, wards, Introduce c***linic clerkship*** concept to students & attach students to mentors |  | Depending on the clinical material following will be focussed:1. History taking in pediatrics
2. Anthropometry, Normal growth and development
3. History taking in neonates with emphasis on ante-natal history
4. General physical Examination of a child
5. Examination of a newborn
6. Findings in a normal newborn baby including neonatal reflex
7. General danger signs in a child
8. Danger signs/signs of possible serious bacterial infection in a newborn
9. Case of diarrhoea
 |
| 2-7 | PE1.2 Discuss and describe the patterns of growth in infants, children andadolescents | History and examination |
| 2-7 | PE1.3 Discuss and describe the methods of assessment of growthincluding use of WHO and Indian national standards. Enumeratethe parameters used for assessment of physical growth in infants,children and adolescents | History and examination and interpret normal findings |
| 2-7 | PE1.4 Perform Anthropometric measurements, document in growth chartsand interpret | History and examination and interpret normal findings & differentiate from abnormal |
| 2-7 | PE1.5 Define development and discuss the normal developmental milestones with respect to motor, behaviour, social, adaptive andlanguage | History and examination and interpret normal findings & differentiate from abnormal |
| 2-7 | PE1.6 Discuss the methods of assessment of development |  |
| 2-7 | PE1.7 Perform Developmental assessment and interpret S P N |  |
| 8-10 | Skill assessment, ward leaving and feedback | Appropriate feedback and display on notice board |

**Dermatology**

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| Day | Competency |  |
| 1 | Introduction to the department and skills, wards, Introduce ***clinic clerkship*** concept to students & attach students to mentors |  |
| 2-8 | DR1.1 Enumerate the causative and risk factors of acne | History and examination |
| 2-8 | DR1.2 Identify and grade the various common types of acne | History and examination interpretation |
| 2-8 | DR1.3 Describe the treatment and preventive measures for various kinds ofacne | History and examination interpretation, d/d |
| 2-8 | DR2.1 Identify and differentiate vitiligo from other causes of hypopigmentedlesions | History and examination interpretation, d/d, management options in conditions |
| 2-8 | DR3.1 Identify and distinguish psoriatic lesions from other | History and examination interpretation, d/d, management options |
| 2-8 | DR4.1 Identify and distinguish lichen planus lesions from other causes  | History and examination interpretation, d/d, management options |
| 9-10 | Skill assessment, ward leaving and feedback |  |

**Department of OBG**

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| Day | Competency | Sub competencies addressed |
| 1 (STUDENTS DIVIDED INTO SMALL GROUPS | Introduction to the department and subject, wards, OT,IPD, introduce ***clinic clerkship*** concept to students | Division of beds and assign each to different teachers, introduce ***clinic clerkship*** concept to students |
| 2 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication |
| 3 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of patient listening |
| 4 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication and respect to patient and family |
| 5 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication |
| 6 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication |
| 7 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication |
| 8 | OG35.1 Obtain a logical sequence of history | Chief complaints and significance |
| 9 | OG35.1 Obtain a logical sequence of history | Chief complaints and significance |
| 10 | OG35.1 Obtain a logical sequence of history | Chief complaints and significance, present history |
| 11 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history |
| 12 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history |
| 13 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history, menstrual history |
| 14 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history, menstrual history |
| 15 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history, menstrual history |
| 16 | OG35.1 Obtain a logical sequence of history, and perform GPE and obstetrical examination | Past history, family history, personal history, dietary history, socio eco status, GPE, Obs exam |
| 17 | OG35.1 Obtain a logical sequence of history, and perform GPE and obstetrical examination | Past history, family history, personal history, dietary history, socio eco status, GPE, Obs exam |
| 18 | Skill assessment, ward leaving and feedback | Emphasis on good history |
| 19 | Skill assessment, ward leaving and feedback | Emphasis on good history |
| 20 | Skill assessment, ward leaving and feedback | Emphasis on good history |

**Radiodiagnosis**

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| Day | Competency | To address these competencies and ***clinical clerkship*** students will be attached to UG teachers  |
| 1,2 | Introduction to the department and facilities, modalities available.Divide into small groups | Students in small group shall undergo rotation so as to learn various modalities of radiological investigations, shall remain with teachers during reporting of X rays, USG, CT, MRI and other modalities. |
| 3,4 | RD1.2 Describe the evolution of Radiodiagnosis. Identify variousradiological equipments In the department & current era |
| 5,6,7 | RD1.4 Enumerate indications for various common radiologicalinvestigations, choose the most appropriate and cost effectivemodality |
| 8 | RD1.1 Define radiation and the interaction of radiation and importance ofradiation protection |
| 9 | RD1.3 Enumerate indications for various common radiologicalinvestigations, choose the most appropriate and cost effectivemethod and interpret findings in common conditions |
| 10 | Ward leaving test/skill assessment | Feedback |

**Department of Otorhinolaryngology**

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| Day (STUDENT DIVIDED INTO SMALL GROUPS) | Competency | As per the available clinical material following skills will be focussed: Students attached to all UG teachers for ***clinical clerkship*** |
| 1,2,3,4,5 | EN2.1 Elicit document and present an appropriate history in a patientpresenting with an ENT complaint | History taking for common presenting complaints of EarDemonstration of Ear examination with heads light and otoscopeDemonstrate the correct technique to perform and interpret audiometry Demonstration of common procedures done in the Ear in OPD Interpretation of radiological, microbiological &histological investigations relevant to the Ear disordersIdentify and describe the use of common instruments used in Ear History taking for common presenting complaints of Nose and PNSDemonstration of examination of Nose and PNS Demonstration of examination of Nose and PNS with rigid endoscopeInterpretation of radiological, microbiological &histological investigations relevant to the Nose and PNS disordersIdentify and describe the use of common instruments used in Nose and PNS Demonstration of common procedures done in the Nose and PNS in OPD History taking for common presenting complaints of oral cavity Demonstration of examination of oral cavity Demonstration of common procedures done in the oral cavity lesion in OPD History taking for common presenting complaints of throat Demonstration of examination of throat Demonstration of examination of throat with endoscopeHistory taking for common presenting complaints of neck Demonstration of examination of neck Demonstration of common procedures done in the neck in OPD Demonstration of tracheostomy tube care, ryles tube care Demonstration of examination of facial nerve History taking for common presenting complaints of thyroid Demonstration of examination of thyroid  |
| 6.7. | EN2.2 Demonstrate the correct use of a headlamp in the examination of theear, nose and throat |
| 8,9, | EN2.3 Demonstrate the correct technique of examination of the ear includingOtoscopy |
| 10, 11 | EN2.4 Demonstrate the correct technique of performance and interpret tuningfork tests |
| 12,13 | EN2.5 Demonstrate the correct technique of examination of the nose &paranasal sinuses including the use of nasal speculum |
| 14,15 | EN2.6 Demonstrate the correct technique of examining the throat including theuse of a tongue depressor |
| 16,17,18 | EN2.7 Demonstrate the correct technique of examination of neck includingelicitation of laryngeal crepitus |
| 19,20 | Skill assessment and ward leaving test | Feedback |
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**Ophthalmology**

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| Day | Competency | Sub competency addressed |
| 1 and 2 | OP1.3 Demonstrate the steps in performing the visual acuity assessmentfor distance vision, near vision, colour vision, the pin hole test andthe menace and blink reflexes | Correct examination technique and interpretation |
| 3 and 4 | OP3.1 Elicit document and present an appropriate history in a patient presenting with a “red eye” including congestion , discharge, pain | History taking. |
| 5 and 6 | OP3.2 Demonstrate document and present the correct method ofexamination of a “red eye” including vision assessment, corneallustre , pupil abnormality, ciliary tenderness | Steps of examination |
| 7 and 8 | OP4.10 Counsel patients and family about eye donation in a simulated Environment OP3.9 Demonstrate the correct technique of instillation of eye drops in asimulated environment | Demonstrate empathy, compassion in communication while counselling a patient. |
| 9 | OP7.3 Demonstrate the correct technique of ocular examination in a patientwith a cataract | History taking, examination, arriving at diagnosis |
| 10 and 11 | OP7.4 Enumerate the types of cataract surgery and describe the steps,intra-operative and post-operative complications of extracapsularcataract extraction surgery. | Management plan , steps of surgery and different complications  |
| 12 | OP7.6 Administer informed consent and counsel patients for cataractsurgery in a simulated environment | Demonstrate empathy, compassion in communication |
| 13 | OP7.5 To participate in the team for cataract surgery | Team work. Instruments used in cataract surgery. |
| 14 and 15 | OP4.1 Enumerate, describe and discuss the types and causes of corneal ulceration | History taking, examination, arriving at diagnosis |
| 16 and 17 | OP4.2 Enumerate and discuss the differential diagnosis of infective keratitis | History taking, examination, arriving at diagnosis and management plan. |
| 18 | OP8.3 Demonstrate the correct technique of a fundus examination anddescribe and distinguish the funduscopic features in a normalcondition and in conditions causing an abnormal retinal exam | Demonstration of direct, indirect and slit lamp Bio-microscopic fundus examination. |
| 19 and 20 | Skill assessment and ward leaving test |  |

**Department of Surgery**

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| Day | Competency addressed | Sub competency | Cases to be discussed on bedside/rounds depending on clinical material |
| 1 | Introduction to the department and facilities, modalities available.Divide into small groups | ***Introduce clerkship, attach students with UG teachers*** for rounds, OPD,IPD,OT and 1 day with other unit | General scheme of case-taking |
| 2-18 | Observe taking History taking with empathy and compassion following set principles (AETCOM module) | Observe taking History taking with empathy and compassion following set principles: Reflections | General scheme of case-taking |
| 2-18 | History taking with empathy and compassion,General Physical Examination (AETCOM module) | As per available clinical material | Few special symptoms and signs |
| 2-18 | History taking with empathy and compassion,General Physical Examination, examination of patient systematically (AETCOM module) | As per available clinical material | Per abdominal examination protocol |
| 3,4,5 | SU8.1 Describe the principles of Ethics as it pertains to General Surgery | Observe taking History taking with empathy and compassion following set principles: Reflections | Examination protocol of lump or swelling |
| 6,7,8 | SU8.2 Demonstrate Professionalism and empathy to the patientundergoing General Surgery | Observe Professionalism and empathy to the patientundergoing General Surgerywrite Narrative & reflections | Examination protocol of Peripheral arterial disease |
| 9-18 | SU9.1 Choose appropriate biochemical, microbiological, pathological,imaging investigations and interpret the investigative data in asurgical | Observe on rounds, opd, ipd and document in case sheets | Examination protocol of Hernia |
| 19,20 | Skill assessment, ward leaving and feedback | Feedback | Clinical Assessment |
| After completion of 4 week of surgical posting, student must be able to:1. General scheme of case taking – student must know the general scheme of case taking.
2. Student must be able to elicit / demonstrate special signs and symptoms in surgical patient examination.
3. Student must be able to perform abdominal examination systematically.
4. Student must be able to discuss lump or swelling.
5. Student must be able to examine and discuss the differential diagnosis of an ulcer.
6. Student must be able to examine peripheral pulses and must know and able to identify the signs of peripheral arterial disease.
7. Student must be able to examine hernia and perform all the clinical tests for hernia examination.
8. Student must be able to take history of breast disease and must be able to do clinical examination of breast and axillary lymph nodes.

Student must be able to take history of colorectal disorders and must be able to perform digital rectal examination |

**Department of Psychiatry:**

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| Day | Competency | ***Introduce clerkship, attach students with UG teachers*** for rounds, OPD,IPD,Sub competency addressed depending on clinical material: |
| 1 | PS1.1 Establish rapport and empathy with patients | Observe and write narrative |
| PS1.2 Describe the components of communication | How to establish rapport with patient and family with empathy, compassion and confidentiality |
| PS1.4 Describe and demonstrate the importance of confidentiality inpatient encounters | How to establish rapport with patient and family with empathy, compassion and confidentiality |
| PS3.3 Elicit, present and document a history in patients presenting with a mental disorder | Cases will be shown in small groups and discussed as per clinical material available |
| PS3.5 Perform, demonstrate and document a minimental examination | Assimilate the procedure of performing mini mental status examination correctly. |
| 2 | PS4.2 Elicit, describe and document clinical features of alcohol andsubstance use disorders | Cases will be shown and discussed as per clinical material available |
| PS4.3 Enumerate and describe the indications and interpret laboratory andother tests used in alcohol and substance abuse disorders | Cases will be shown and discussed as per clinical material available |
| PS4.4 Describe the treatment of alcohol and substance abuse disordersincluding behavioural and pharmacologic therapy | Cases will be shown and discussed as per clinical material available |
| PS4.5 Demonstrate family education in a patient with alcohol andsubstance abuse in a simulated environment | Learn principles of good communication  |
| 3 | PS5.2 Enumerate, elicit, describe and document clinical features, positive symptoms and negative symptoms of schizophrenia and other Psychotic Disorders | Cases will be shown and discussed as per clinical material available |
| PS5.4 Demonstrate family education in a patient with schizophrenia in a simulated environment | Learn principles of good communication |
| 4 | PS6.2 Enumerate, elicit, describe and document clinical features in patients with depression | Cases will be shown and discussed as per clinical material available |
| PS6.5 Demonstrate family education in a patient with depression in a simulated environment | Learn principles of good communication |
| 5 | PS7.2 Enumerate, elicit, describe and document clinical features in patients with bipolar disorders | Cases will be shown and discussed as per clinical material available |
| PS7.3 Enumerate and describe the indications and interpret laboratory and other tests used in bipolar disorders | Cases will be shown and discussed as per clinical material available |
| PS7.5 Demonstrate family education in a patient with bipolar disorders in a simulated environment | Learn principles of good communication |
| 6 | PS8.2 Enumerate, elicit, describe and document clinical features in patients with anxiety disorders | Cases will be shown and discussed as per clinical material available |
| PS8.5 Demonstrate family education in a patient with anxiety disorders in a simulated environment | Learn principles of good communication |
| 7 | PS9.2 Enumerate, elicit, describe and document clinical features in patients with stress related disorders | Cases will be shown and discussed as per clinical material available |
| PS 9.5 Demonstrate family education in a patient with stress related disorders in a simulated environment | Learn principles of good communication |
| 8 | PS14.2 Enumerate, elicit, describe and document clinical features in patients with psychiatric disorders occurring in childhood and adolescence | Cases will be shown and discussed as per clinical material available |
| PS 14.5 Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence in a simulated environment | Learn principles of good communication |
| 9 | PS10.2 Enumerate, elicit, describe and document clinical features in patients with somatoform, dissociative and conversion disorders | Cases will be shown and discussed as per clinical material available |
| PS10.3 Enumerate and describe the indications and interpret laboratory and other tests used in somatoform, dissociative and conversion disorders | Cases will be shown and discussed as per clinical material available |
| PS10.5 Demonstrate family education in a patient with somatoform, dissociative and conversion disorders in a simulated environment | Learn principles of good communication |
| 10 | Skill assessment, ward leaving and feedback  | Feedback  |