CLINICAL ROTATION FOR MBBS 2ND PHASE MBBS FOR YEAR 2023

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

NO-HFW-H(DRPGMC)SURGERY/2023/UG/ Date:

Clinical rotation for MBBS II prof (Batch 2021) for academic year 2023 from March till november

2 weeks clinical postings department of ENT , OPHTHALMOLOGY AND PSM

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| DATES | ENT | OPHTHALMOLOGY | PSM | PSYCHIATRY |
| 16/3/2023 to 29/3/2023 | A | B | C | D |
| 30/03/2023 to 12/4/2023 | B | C | D | A |
| 13/4/2023 to 26/4/2023 | C | D | A | B |
| 27/4/2023 to 10/5/2023 | D | A | B | C |

4 weeks clinical postings in department of Surgery, Medicine and OBG

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| DATES | SURGERY | MEDICINE | OBG |
| 11/5/2023 to 07/6/2023 | A | B | C |
| 08/6/2023 to 05/7/2023 | B | C | A |
| 06/7/2023 to 02/8/2023 | C | A | B |

2 weeks clinical postings in department of pulmonary medicine, psychiatry , radiology, orthopaedics, paediatrics, dermatology

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| DATES | PULMONARY  MEDICINE | ORTHOPAEDICS | PAEDIATRICS | DERMATO-LOGY |
| 03/8/2023 to 16/8/2023 | A | B | C | D |
| 17/8/2023 to 30/8/2023 | B | C | D | A |
| 31/8/2023 to 13/9/2023 | C | D | A | B |
| 14/9/2023 to 27/9/2023 | D | A | B | C |

2 weeks clinical postings department of ENT , OPHTHALMOLOGY AND PSM

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| DATES | ENT | OPHTHALMOLOGY | PSM | RADIOLOGY |
| 28/9/2023 to 11/10/2023 | A | B | C | D |
| 12/10/2023 to 25/10/2023 | B | C | D | A |
| 26/10/2023 to 08/11/2023 | C | D | A | B |
| 09/11/2023 to 22/11/2023 | D | A | B | C |

According to Focus of Learner–Doctor Programme:

2nd Year – History taking, physical examination, assessment of changing 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.

Remainwiththeadmissionunituntil6pmexceptduringdesignatedclasshours.

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 logbook/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:-

The Principal Dr.RPGMC Tanda

All the concerned department Dr.RPGMC Tanda

Teaching incharge paraclinical Dr.RPGMC Tanda

Teaching incharge basic sciences Dr.RPGMC Tanda

Teaching incharge pre-final year Dr.RPGMC Tanda

Notice Board

Concerned file

IT incharge central library Dr.RPGMC Tanda

Incharge 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&contraceptivemethods 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,techniqueand 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 requirementsaccording 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 establish  the diagnosis, cause and severity of heart failure including:  presenting complaints, precipitating and exacerbating factors, risk  factors exercise tolerance, changes in sleep patterns, features  suggestive of infective endocarditis | Introduction to the department and skills, wards,  Introduce ***clinic clerkship*** concept to students& attach students to mentors  Approach to a patient and establishing communication  Interviewing a patient. Steps of history taking and communication skills  Symptoms of cardiovascular diseases  Symptoms of respiratory diseases |
| 1-20 | IM1.11 Perform and demonstrate a systematic examination based on the  history that will help establish the diagnosis and estimate its severity  including: measurement of pulse, blood pressure and respiratory  rate, jugular forms |
| 1-20 | IM1.12 Demonstrate peripheral pulse, volume, character, quality and  variation in various causes of heart failure |
| 1-20 | IM1.14 Demonstrate and measure jugular venous distension S SH Y Bedside clinic, DOAP  session | Symptoms of gastrointestinal and hepatobiliary diseases  Symptoms of nervous system diseases  Symptoms of renal, endocrine, musculoskeletal diseases |
| 1-20 | IM1.13 Measure the blood pressure accurately, recognise and discuss  alterations in blood pressure in valvular heart disease and other  causes of heart failure and cardiac tamponade |
| 1-20 | IM1.15 Identify and describe the timing, pitch quality conduction and  significance of precordial murmurs and their variations |
| Days  1-20  General physical examination  1-20  Examination of cardiovascular system- GPE related to cardiovascular system  1-20  Examination of cardiovascular system- inspection, palpation, auscultation  1-20  Examination of respiratory system- GPE related to respiratory system  1-20  Examination of respiratory system- inspection, palpation, percussion, auscultation  1-20  Examination of abdomen  1-20  Examination of nervous system- Higher mental functions, speech, cranial nerves  1-20  Examination of nervous system- motor system  1-20  Examination of nervous system- sensory system and cerebellar functions  1-20  Examination of endocrine and metabolic disorders  1-20  Examination of musculoskeletal system  1-20  Approach to patient presenting with fever  19  Approach to patient presenting with medical emergency; history and examination  20  Assessment 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,documentandpresentanappropriatemedicalhistorythat includesriskfactor,contacts,symptomsincludingcoughandfever CNSandothermanifestations | Bedsideclinic,DOAP session |  | CT1.5 |
| **2** |  | Demonstrateandperformasystematicexaminationthatestablishes thediagnosisbasedontheclinicalpresentationthatincludesaa) generalexamination,b)examinationofthechestandlungincluding lossofvolume,mediastinalshift,percussionandauscultation (includingDOAPsessionoflungsoundsandaddedsounds)c) examinationofthelymphaticsystemandd)relevantCNS examination | Bedsideclinic,DOAP session |  | CT1.6 |
| **3** |  | Generateadifferentialdiagnosisbasedontheclinicalhistoryand evolutionofthediseasethatprioritisesthemostlikelydiagnosis | Bedsideclinic,DOAP session |  | CT1.8  CT1.9 |
| Orderandinterpretdiagnostictestsbasedontheclinical  presentationincluding:CBC,ChestXrayPAview,Mantoux,sputum cultureandsensitivity,pleuralfluidexaminationandculture,HIV testing |
| **4** |  | Describetheappropriateprecautions,screening,testingand indicationsforchemoprophylaxisforcontactsandexposedhealth careworkers | Bedsideclinic,DOAP session |  | CT1.16 |
| **5** |  | Elicitdocumentandpresentamedicalhistorythatwilldifferentiate theaetiologiesofobstructiveairwaydisease,severityand precipitants | Bedsideclinic,DOAP session |  | CT2.8  CT2.9 |
| Performasystematicexaminationthatestablishesthediagnosis andseveritythatincludesmeasurementofrespiratoryrate,levelof respiratorydistress,efforttolerance,breathsounds,addedsounds, identificationofsignsofconsolidationpleuraleffusionand pneumothorax |
| **6** |  | Generateadifferentialdiagnosisandprioritisebasedonclinical featuresthatsuggestaspecificaetiology | Bedsideclinic,DOAP session |  | CT2.10 CT2.15 |
| **7** |  | Describe,discussandinterpretpulmonaryfunctiontests | Bedsideclinic,DOAP session |  | CT2.11  CT2.12 |
| Performandinterpretpeakexpiratoryflowrate |
| **8** |  | Describetheappropriatediagnosticworkupbasedonthe presumedaetiology | Bedsideclinic,DOAP session |  | CT2.13  CT2.14 |
| Enumeratetheindicationsforandinterprettheresultsof:pulse oximetry,ABG,ChestRadiograph |
| **9** |  | Developatherapeuticplanincludinguseofbronchodilatorsand inhaledcorticosteroids | Bedsideclinic,DOAP session |  | CT2.18  CT2.19 |
| Developamanagementplanforacuteexacerbationsincluding bronchodilators,systemicsteroids,antimicrobialtherapy |

**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 |  | Describeanddiscusstheepidemiologyoftuberculosisandits impactonthework,lifeandeconomyofIndia | Lecturer | CommunityMedicine | CT1.1 |
| 2 |  | Describeanddiscussthemicrobiologyoftuberclebacillus,modeof transmission,pathogenesis,clinicalevolutionandnaturalhistoryof pulmonaryandextrapulmonaryforms(includinglymphnode,bone andCNS) | Lecturer | Microbiology | CT1.2 |
| 3 |  | Discussanddescribetheimpactofco-infectionwithHIVandother co-morbidconditions.Likediabetesonthenaturalhistoryof tuberculosis | Lecturer | Microbiology | CT1.3 |
| 4 |  | Describetheepidemiology,thepredisposingfactorsandmicrobial andtherapeuticfactorsthatdetermineresistancetodrugs | Seminar | CommunityMedicine, Microbiology, Pharmacology | CT1.4 |
| 5 |  | Enumeratetheindicationsfortestsincluding:serology,special culturesandpolymerasechainreactionandsensitivitytesting | Seminar | Microbiology | CT1.12 |
| 6 |  | Describeanddiscusstheorigin,indications,techniqueof administration,efficacyandcomplicationsoftheBCGvaccine | Seminar | Microbiology | CT1.13 |
| 7 |  | Describeanddiscussthepharmacologyofvariousanti-tuberculous agents,theirindications,contraindications,interactionsandadverse reactions: Principle of ATT and Management in HIV, CLD, CKD, Pregnancy. | Lecturer | Pharmacology, Microbiology | CT1.14 |
| 8 |  | DefinecriteriaforthecureofTuberculosis;describeandrecognise thefeaturesofdrugresistanttuberculosis,preventionand therapeuticregimens : NTEP, DSTB, DRTB and TPT | Seminar | CommunityMedicine | CT1.17 |
| 9 |  | Defineandclassifyobstructiveairwaydisease | Lecturer | Physiology,Pathology | CT2.1 |
| 10 |  | Describeanddiscusstheepidemiology,riskfactorsandevolutionof obstructiveairwaydisease | Lecturer | Physiology, Pathology | CT2.2 |
| 11 |  | Enumerateanddescribethecausesofacuteepisodesinpatients withobstructiveairwaydisease | Lecturer |  | CT2.3 |
| 12 |  | Describeanddiscussthephysiologyandpathophysiologyof hypoxiaandhypercapneia | Seminar | Physiology, Pathology | CT2.4 |
| 13 |  | Describeanddiscussthegeneticsofalpha1antitrypsindeficiency inemphysema | Lecturer | Physiology, Pathology | CT2.5 |
| 14 |  | Describetheroleoftheenvironmentinthecauseandexacerbation ofobstructiveairwaydisease | Lecturer | Pathology | CT2.6 |
| 15 |  | Describeanddiscussallergicandnon-allergicprecipitantsof obstructiveairwaydisease | Self Directed Learning | Pathology | CT2.7 |
| 16 |  | DiscussanddescribetherapiesforOADincludingbronchodilators, leukotrieneinhibitors,mastcellstabilisers,theophylline,inhaledand systemicsteroids,oxygenandimmunotherapy | Seminar | Pharmacology | CT2.16 |
| 17 |  | DescribeanddiscusstheindicationsforvaccinationsinOAD | Lecturer |  | CT2.17 |
| 18 |  | Describeanddiscusstheprinciplesanduseofoxygentherapyin thehospitalandathome | Seminar |  | CT2.20 |
| 19 |  | DiscussanddescribetheimpactofOADonthesocietyand workplace | Self Directed Learning | CommunityMedicine | CT2.25  CT2.26 |
| DiscussanddescribepreventivemeasurestoreduceOADin workplaces |
| 20 |  | Demonstratethecorrecttechinquetoperform&interpretSpirometry | 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 and  adolescents | History and examination |
| 2-7 | PE1.3 Discuss and describe the methods of assessment of growth  including use of WHO and Indian national standards. Enumerate  the 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 charts  and interpret | History and examination and interpret normal findings & differentiate from abnormal |
| 2-7 | PE1.5 Define development and discuss the normal developmental mile  stones with respect to motor, behaviour, social, adaptive and  language | 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 of  acne | History and examination interpretation, d/d |
| 2-8 | DR2.1 Identify and differentiate vitiligo from other causes of hypopigmented  lesions | 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 various  radiological equipments In the department & current era |
| 5,6,7 | RD1.4 Enumerate indications for various common radiological  investigations, choose the most appropriate and cost effective  modality |
| 8 | RD1.1 Define radiation and the interaction of radiation and importance of  radiation protection |
| 9 | RD1.3 Enumerate indications for various common radiological  investigations, choose the most appropriate and cost effective  method 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 patient  presenting with an ENT complaint | History taking for common presenting complaints of Ear  Demonstration of Ear examination with heads light and otoscope  Demonstrate 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 disorders  Identify and describe the use of common instruments used in Ear  History taking for common presenting complaints of Nose and PNS  Demonstration of examination of Nose and PNS  Demonstration of examination of Nose and PNS with rigid endoscope  Interpretation of radiological, microbiological &  histological investigations relevant to the Nose and PNS disorders  Identify 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 endoscope  History 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 the  ear, nose and throat |
| 8,9, | EN2.3 Demonstrate the correct technique of examination of the ear including  Otoscopy |
| 10, 11 | EN2.4 Demonstrate the correct technique of performance and interpret tuning  fork 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 the  use of a tongue depressor |
| 16,17,18 | EN2.7 Demonstrate the correct technique of examination of neck including  elicitation 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 assessment  for distance vision, near vision, colour vision, the pin hole test and  the 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 of  examination of a “red eye” including vision assessment, corneal  lustre , pupil abnormality, ciliary tenderness | Steps of examination |
| 7 and 8 | OP4.10 Counsel patients and family about eye donation in a simulatedEnvironment OP3.9 Demonstrate the correct technique of instillation of eye drops in a  simulated environment | Demonstrate empathy, compassion in communication while counselling a patient. |
| 9 | OP7.3 Demonstrate the correct technique of ocular examination in a patient  with 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 extracapsular  cataract extraction surgery. | Management plan , steps of surgery and different complications |
| 12 | OP7.6 Administer informed consent and counsel patients for cataract  surgery 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 and  describe and distinguish the funduscopic features in a normal  condition 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 patient  undergoing General Surgery | Observe Professionalism and empathy to the patient  undergoing General Surgery  write 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 a  surgical | 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,  Subcompetency 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 in  patient 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 and  substance use disorders | Cases will be shown and discussed as per clinical material available |
| PS4.3 Enumerate and describe the indications and interpret laboratory and  other 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 disorders  including 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 and  substance 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 |