MBBS SYLLABUS

AND

CURRICULUM

PREFACE

The MBBS students coming out of this prestigious Medical University should be competent in diagnosis and management of common health problems of the individual and the community at primary, secondary, tertiary levels using the clinical skills based on history, physical examination and relevant investigations.

The Graduate Medical Curriculum has been prepared to fulfill the vision of this University and it is oriented towards training students in an unique environment preparing them to undertake the duties and responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative and rehabilitative aspects of medicine. The students pursuing Graduate Medical curriculum will have the necessary competencies (knowledge, skills & attitudes) to assume the role of a quality health care provider to the people of India and across the world.

The curriculum is framed involving many experts in relevant medical fields incorporating especially the **specific learning objectives, Teaching methodology, "must know, desirable to know and nice to know"** as put `forth by Medical Council of India and more importantly it includes the vital **Medical Ethics** to practice in patient care, service and research. It also includes the **integrated teaching** using a problem based learning, evidence based approaches starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both understanding and sharp focus on resolving health care problems. Every attempt has been made to de - emphasize compartmentalisation of disciplines so as to achieve both horizontal and vertical integration in different phases with a mission that our Medical Graduates will outshine and match the International standards.

The Introduction of teaching elements, OSCE / OSPE have also been incorporated which are proven to be an important, innovative, reliable and objective modality of assessment for clinical / practical skills in the changing scenario of Medical Sciences.

Record Book / Log Book becomes a reflective record of student's learning and achievements and faculty contribution towards learning. Every student will be motivated to document what he/she has learnt in the respective department / specialty in the log book and make it as a permanent record. The **revised Record Book/Log Book** should be followed by all the affiliated Medical colleges of this University to bring uniformity in teaching and training of students.

Internship is a phase of training wherein the graduate is expected to conduct actual practice under the supervision of a trained doctor. The learning methods and modalities have to be done during the MBBS course itself with larger number of hands on session and **practice on simulators**.

The Introduction of a restructured curriculum and training program with emphasis on early clinical exposure, integration of basic and clinical sciences, clinical competence and skills and new teaching – learning methodologies will lead to a new generation of medical graduates of global standards.

I want to thank the Academic Officer and the team of Academic, Experimental Medicine & Examination wing and the team of experts from their relevant Medical Specialties of various Medical Colleges in the State for their enthusiastic and energetic efforts to bring this revised syllabus & curriculum.

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VICE-CHANCELLOR.

Comments/feedback are welcome if any and mail it to registrar@tnmgrmu.ac.in

FINAL MBBS PART - II

GENERAL MEDICINE

MBBS SYLLABUS FORMAT- GENERAL MEDICINE

1. GOAL

The goal of the undergraduate medical education program is to create an "Indian Medical Graduate" who has the necessary competencies (knowledge, skills, attitudes, values and responsiveness) to assume his or her role as a health care provider to the people of India and the world.

2. SPECIFIC LEARNING OBJECTIVES

A. KNOWLEDGE

At the end of the clinical postings in General Medicine, the medical student should:

- Be able to evaluate each patient as a person in society and not merely as a collection of organ systems.
- Have developed an interest in and care for all types of patients.
- Recognize differences between normal and abnormal behaviour.
- Be able to discern the hopes and fears of patients which inevitably underlie the symptom complexes and know how to handle these emotions, both in the patient and in others.
- Possess sound knowledge of common diseases, their clinical manifestations and natural history.
- Elicit a good clinical history and physical findings, elucidate the clinical problems based on these and discuss the differential diagnosis.
- Requisition relevant laboratory tests and perform common side lab procedures.
- Be familiar with common imaging techniques, their advantages, disadvantages and indications; be aware of radiation hazards and measures to protect there from.
- Outline the principles of management of various diseases, including the medical and surgical procedures available.
- Describe the mode of action of commonly used drugs, their doses, side effects, toxicity, indications, contraindications and drug interactions.
- Have an open attitude to the newer developments in medicine to keep abreast of new knowledge.
- Diagnose and provide competent initial care for medical emergencies.
- Refer medical problems to secondary and tertiary care at appropriate times.

- Recognize the problems arising in patients with AIDS.
- Have an understanding of the art of medicine involving communication with patients, demonstration of empathy, reassurance, patient education and an understanding of the patient's socio-economic circumstances in relation to management.
- Learn to be adaptable to new ideas and new situations where resources may be limited.
- Possess knowledge to perform certain procedures.

Understand the ethical and legal implications of one's medical decisions.

B. SKILLS

At the end of the course, the student should be able to:

- Develop clinical skills (history taking, clinical examination and other instruments of examination) to diagnose various common medical disorders and emergencies.
- Refer a patient to secondary and/or tertiary level of health care after having instituted primary care.
- Perform simple routine investigations like haemogram, stool, urine, sputum and biological fluid examinations.
- Assist the common bedside investigative procedures like pleural tap, lumbar puncture, bone marrow aspiration/biopsy and liver biopsy.

C. INTEGRATION

- With community medicine and physical medicine and rehabilitation to have the knowledge and be able to manage important current national health programs, also to be able to view the patient in his/her total physical, social and economic milieu.
- With other relevant academic inputs which provide scientific basis of clinical medicine e.g. anatomy, physiology, biochemistry, microbiology, pathology, pharmacology and medico legal orientation.
- Orientation to National Health Programs and Emerging Diseases of International Relevance (International Health Regulations)

3. TEACHING HOURS

CLINICAL POSTINGS- TEACHING HOURS (3 hrs /day Forenoon)

S.No	Semester	No of weeks
1	3rd Semester	6 (3h x 6 d x 6w= 108 H)
2	5th Semester	4(3h x 6 d x 4w= 76 H)
3	7th Semester	4(3h x 6 d x 4w= 76 H)
4	8th Semester	6(3h x 6 d x 6w= 108 H)
5	9th Semester	6(3h x 6 d x 6w= 108 H)
	Total	26 weeks= 475 hours

THEORY- TEACHING HOURS

S.No	Semester	No of hours
1	4th& 5thSemesters	2 hrs/wk x 42= 84 hrs
2	6th& 7thSemesters	2 hrs/wk x 42= 84 hrs
3	8th& 9thSemesters	3 hrs/wk x 44= 132 hrs
	Total	300 hours

THEORY TEACHING BREAK UP (Including all semesters)

Didactic Lecture (1/3 of the schedule as per MCI)	100 hours
Lecture Demonstration / case scenarios	100 hours
Seminars/ Symposium with pre and post test questionnaires	50 hours
Group Discussion with Faculty as moderators	15 hours
Role play (Communication Skills)	15 hours
Integrated Teaching Classes	20 hours
Total	**Hours**

4. TEACHING METHODOLOGY

1. Didactic lectures
2. Clinical Demonstrations,
3. Video demonstrations
4. Seminars
5. Case presentations
6. General Clinics
7. Group discussions
8. Ward rounds
9. Communicative Skill assessment –VIVA
10. OSCE
11. Self-Directed Learning
12. Assignments
13. Observation of the management of critically ill in Emergency department
14. Integrated Teaching
15. Skills lab practice

5. THEORY SYLLABUS

MENINGITIS

Must know	Desirable to know	Nice to know
Definition	CSF abnormalities	Management of complications
Meningism	Antimicrobial therapy of CNS infection based on pathogenesis	
Causes		
Clinical features		
Investigations		
Management		
Complications		

ENCEPHALITIS:

Must know	Desirable to know	Nice to know
Definition	CSF findings	IMAGE findings
Etiopathogenesis	Differential diagnosis	EEG
Clinical features	SSPE	PMLE
Investigations		
Management including preventive measures		

BRAIN TUMOURS

Must know	Desirable to know	Nice to know
Classification	Differential diagnosis	Associated genetic syndromes
Clinical features		
Investigation		
Management		

INCREASED ICT

Must know	Desirable to know	Nice to know
Causes	Management	
Clinical Features	Intracranial mass lesions	

HYDROCEPHALUS

Must know	Desirable to know	Nice to know
Definition	Idiopathic intracranial hypertension	DANDY criteria
Causes		
Investigation		
Management		

PERIPHERAL NEUROPATHY

Must know	Desirable to know	Nice to know
Definition	Neurocutaneous syndromes	Associated syndromes
Etiopathogenesis Types including GB syndrome	Types of peripheral neuropathy	Genetic syndromes associated
Clinical features	Electrophysiological features	Charcot marie tooth syndrome
Investigations		Newer modalities of treatment
Management		

MYASTHENIA GRAVIS

Must know	Desirable to know	Nice to know
Definition		
Pathophysiology	Differential diagnosis	Drug interactions
Clinical features	Myasthenic crisis	
Investigations		
Management		

SPINAL CORD COMPRESSION

Must to know	Desirable to know	Nice to know
Causes	Difference between intramedullary and extramedullary lesions	Spinal cord syndromes
Clinical features 1.SIGNS 2.SYMPTOMS		
Investigations		
Management		

PARKINSONISM

Must know	Desirable to know	Nice to know
Definition	Parkinsonism plus syndromes	Surgical treatment options
Pathophysiology		Differential diagnosis
Causes		
Clinical features		
Investigations		
Management		

MUSCLE DISORDER

Must know	Desirable to know	Nice to know
Types of muscular dystrophy	Clinical features & management	Genetic predisposition
Causes of acquired proximal and distal myopathies		Channel myopathies

SEIZURES

Must know	Desirable to know	Nice to know
Definition	EEG	PET scan and other imaging studies
Types		
Etiology		
Clinical manifestations		
Investigations		
Management		
Status epilepticus		

STATUS EPILEPTICUS

Must know	Desirable to know	Nice to know
Definition	Coma scale	EEG
Diagnosis		
Complications		
Precipitatory factors		
Investigations		
Treatment		

HEADACHE SYNDROMES

Must know	Desirable to know	Nice to know
Definition		MIDAS questionnaire
'Red flag' symptoms		
Migraine		
Pathogenesis		
Investigations		
Treatment		

MULTIPLE SCLEROSIS

Must know	Desirable to know	Nice to know
Definition	Clinical types	Disorders that mimic MS
Pathophysiology	Diagnostic criteria	
Clinical features		
Investigations		
Management		

MOVEMENT DISORDER

Must know	Desirable to know	Nice to know
Types	Other hypokinetic disorders except chorea	Imaging
Tremors-Definition &causes		
Chorea-Definition & causes		

LOSS OF CONSCIOUSNESS (COMA)

Must know	Desirable to know	Nice to know
Definition	Brain death – diagnosis	
Glasgow coma scale	Indian Criteria for certifying Brain Death	
Etiology		
Investigations		
Management		

BELL'S PALSY

Must to know	Desirable to know	Nice to know
Definition	Differential diagnosis	Other motor disorders of face
Clinical features		
Investigations		
Treatment		

Approach to a case of cerebrovascular accident

Must Know	Desirable To Know	Nice To Know
Higher mental functions		
Speech and language- various types of Aphasia and dysarthria Attention and neglect	Neuro anatomical areas involved	Etiology mini mental scoring
Cranial nerves		
Testing of olfactory nerve causes of defective smell	Smell / Taste / Flavour kallman syndrome	Olfactory pathway and its peculiarity
Testing of optic nerves and its pathway (Diagram)	Causes of filed effects Explain A R pupils	Neuro anatomy of visual cortex
Testing of 3,4,6 nerves Explain science and symptoms of nerve palsy	Pathway for Horner's syndrome	Anatomical Peculiarity of 4th nerve
Horner's syndrome	Trigeminal neurologia various nuclei of 5th nerve in the brain stem(Diagram)	Onion peal appearance describe?
Testing for motor and sensory divisions of trigeminal nerve muscles supplied by this nerve	Ramsay Hunt syndrome Difference between bilateral LMN and UMN palsy	Anatomical peculiarity Taste buds and their locations
Testing for facial nerve causes of unilateral and bilateral palsy LMN facial palsy and BELL'S phenomena	Glossopharyngeal neuralgia afferent and efferent for gag reflex and their interpretation	
Explain its common association with hemiplegia	Anatomical peculiarities of this nerve	
Rinne's test / Weber's test / absolute bone conduction test / calorie test	Monosynaptic reflex	
testing for 9th nerve volitional reflex / gag reflex nasal twang of voice	Poly synaptic reflexes-why are there abolished in UMN lesion	
Testing for 12th nerve, both extrinsic and intrinsic muscles of the tough	Plantar equivalents	
Motor system		

Upper limb: bulk / tone / power / reflex testing Is there hypertonia if so is it spasticity / rigidity Reading of power of all muscles DTR reflexes: normal / sluggish / brisk / exaggerated Demonstration of biceps / supinator / triceps reflexes		
Lower limbs: - do- Demonstration of knee and ankle reflexes Clonus- significance Demonstrate all superficial reflexes		
Explain other methods of testing of plantar reflex pyramidal tract pathway		
Sensory system		
Examination of touch / pain / temp./vib/ joint position / joint movement		
Romberg's sign		
Autonomic nervous system		
Bladder and bowel involvement		
Skin changes		
Cerebellar signs		
Spine and cranium		
Involuntary movements		
Extra pyramidal symptoms		
Fixed risk factors for stroke	Various dermatomal patterns	Draw and explain Pronator drift?
Modifiable factors for stroke	sympathetic and parasympathetic systems	Homunculus representation in motor cortex - diagram
Factors for young stroke	Neuro Anatomy of cerebellum	

Anatomy of internal capsule	Cranio vertebral anamoly	Posterior column and spinothalamic tract pathway (diagram)
Types of stroke	Pathophysiology of cytotoxic edema	
signs of ICA / MCA / ACA / PCA occlusions	Anatomy of Brain stem	Functional imaging studies
Blood supply of internal capsule		
Investigations – CT & MRI Imaging	Contrast imaging studies	
Treatment options		

CRITICAL CARE MEDICINE

Topics	Must Know	Desirable To Know	Nice To Know
Critical Care	Oxygen Therapy	Oxygen Delivery Devices	Causes of MODS
	Fluid Management	Causes, recognition and Treatment of ARDS	Hyperbarric Oxygen Therapy
	Type I & II Respiratory Failure	Acid Base Imbalance	Interpretation of mixed Acid Base Imbalance
	Basic Management of Acute Asthma	Interpretation of ABG	Nutrition Therapy - Enteral & Total Parentral
	Acute Pulmonary Edema	Setting of Ventilation	Causes and Management of DIC
	Anaphylaxis	Modes of Ventilation	Sedation and Analgesia in ICU setup
	Seizures	Complications of Ventilation	
	Status Epilepticus	Brain Death Certification	
	Hepatic Encephalopathy	Scoring system in Intensive Care (APACHE - II) & SAPS - 2	
	Management of Electrolyte Imbalances	Disaster Preparedness & Management	
	Basics of Ventilation	Steps of ACLS	

	Indications for Mechanical Ventilation	Steps of Defibrillation	
	Ambu Bag Ventilation	Renal replacement therapy - Peritoneal Dialysis &Hemo Dialysis	
	Non Invassive Ventilation		
	Steps of BLS		
	Management of GI Bleed		

CVS

Must Know	Desirable To Know	Nice To Know
Clinical examination of cvs	Disease of pericardium	Echocardiography
Electrocardiogram	Cardiac biomarkers	Anti –arrythmic drugs
Rheumatic heart disease	Sinoatrial node rhythms	Myocarditis
Mitral valve disease	Atrial tachy arrhythmia	Cardiomyopathy
Aortic valve disease	Supra ventricular tachy	Cardiac tumours
Infective endocarditis	Arrhythmia	Cardiac risk of non –cardiac surgery
Pulmonary valve disease	Ventricular tachy arrhythmia	
Heart failure	Etiology of Complete AV Block	
Abnormal heart sounds and murmurs	Bundle Branch Block	
Atherosclerosis	Myocarditis	
Hypertension	Cardiomyopathy	
Rheumatic fever	Dilated	
Tricuspid valve disease	Hypertropic	
Coronary heart disease	Restrictive	
Angina	Specific diseases of Heart muscle	
Acute coronary syndrome	Infections	
	Endocrine	
	Metabolic	
	Connective tissue	
	Infiltration	
	Toxins	

CARDIOVASCULAR SYSTEM

CLINICAL EXAMINATION OF CVS

Must Know	Desirable To Know	Nice To Know
Inspection	Percussion	
Palpation		
JVP		
Pulse		
Wave form		
Arterial pulse		
Auscultation		

ECG

Must Know	Desirable To Know	Nice To Know
Rhythm strip	Sinoatrial node rhythms	
P wave	Atrial tachy arrhythmia	
PR interval	Supra ventricular tachy arrhythmia	
QRS	Ventricular tachy arrhythmia	
Q waves		
ST segment		
QT interval		
ECG converters		

RHEUMATIC HEART DISEASE

Must Know	Desirable To Know	Nice To Know
Rheumatic fever		
Modified jones criteria		
Clinical features		
Diagnosis		
Management		
Prophylaxis		

ECHO

Must Know	Desirable To Know	Nice To Know
Indications	Basics of ECHO	Doppler Echo
		TEE
		Stress Echocardiography
		MRI
		CT Scan

IMAGING

Must Know	Desirable To Know	Nice To Know
	CAG	Cardiac catheterization
		Radionucleotide Imaging

CHEST PAIN

Must Know	Desirable To Know	Nice To Know
NYHA Classification of chest pain	Angina equivalent	
Ischaemic cardiac chest pain		
Non cardiac chest pain		
DD of Chest pain		
Causes for Chest pain		
Stable Angina		
ACS		

DYSPNOEA

Must Know	Desirable To Know	Nice To Know
Causes of Dysponea	Trepopnea	
Grading of Dyspnoea	Platypnea	
PND		
Orthopnea		
DD of Dyspnoea		
Causes of Dyspnoea		
Investigations		
Management		

CARDIAC FAILURE

Must Know	Desirable To Know	Nice To Know
Acute Cardiac Failure Treatment	Framingham's criteria	
Signs&Symptoms		
Diagnosis		
Etiology		
Chronic Cardiac Failure		Heart transplantation
Etiology		
Signs& Symptoms		
Diagnosis		
Treatment		
Mechanism of HF		Implantable Cardiac Defibrillation
Pathophysiology		Resynchronisation Therapy
Types of Heart Failure		Ventricular Assist Devices
ACE Inhibitors in HF		Coronary Revascularisation
ARB and HF		
Beta blockers in HF		

SYNCOPE

Must Know	Desirable To Know	Nice To Know
DD		
Cardiac syncope		
Neurocardiogenic		
Postural hypotension		
Investigations and Diagnosis of syncope		

PALPITATION

Must Know	Desirable To Know	Nice To Know
Definition		
Causes		
How to evaluate Palpitation		
Simple approach to Diagnosis of Palpitation		

ANTI ARRHYTHMIC DRUGS

Must Know	Desirable To Know	Nice To Know
	Classification of Anti Arrhythmic Drugs	
	Uses	
	Dosage	
	Side effects	

CARDIAC ARREST

Must Know	Desirable To Know	Nice To Know
Causes of Sudden Cardiac Death		
Etiology of Cardiac arrest		
Algorithm to Adult Basic Life Support		
Management of Cardiac arrest		
Algorithm for Advanced Life Support		

CARDIAC RISK OF NON CARDIAC SURGERIES

Must Know	Desirable To Know	Nice To Know
		Cardiac risk of non cardiac surgeries

HEART SOUNDS AND MURMUR

Must Know	Desirable To Know	Nice To Know
1st Heart Sound		
2nd Heart Sound		
3rd Heart Sound		
4th Heart Sound		
Systolic Clicks		
OS		
Features of innocent murmur		
How to assess a murmur		
Features of common Systolic murmur		

RAYNAUD'S PHENOMENON

Must Know	Desirable To Know	Nice To Know
		Primary Raynaud's
		Secondary Raynaud's

DISORDERS OF HEART RATE AND RHYTHM

Must Know	Desirable To Know	Nice To Know
Pathological causes of Bradycardia& Tachyarrhythmia	Etiology of AV Block	Sino Atrial Rhythm
Atrial Fibrillation	Bundle Branch Block	Sick Sinus Syndrome
Etiology		
Signs & Symptoms		
Investigations		
Treatment		
Anti coagulation in AF	Supraventricular arrhythmia	Hemiblock
		Ventricular arrhythmia
		WPW Syndrome
		AV reentrant Tachycardia
		Causes of long QT
		Torsades de Pointes

THERAPAEUTIC PROCEDURES

Must Know	Desirable To Know	Nice To Know
	External Defibrillation	
	Cardiac Version	
		Catheter ablation
		Temporary pacemakers
		Permanent pacemakers
		International generic pacemaker code
		Implantable Cardiac Defibrillator
		Cardiac resynchronization therapy
		Ventricular Assist Devices
		Indications of ICD

ATHEROSCLEROSIS

Must Know	Desirable To Know	Nice To Know
Pathophysiology		
Stages of atherosclerosis		
Risk factors		
Primary prevention		
Secondary prevention		
Uses of Statins		
ACE Inhibitors		

DISEASES OF AORTA

Must Know	Desirable To Know	Nice To Know
Aortic aneurysm	Types of Aortic dissection	
Types	Debakey's classification	
Etiology	Stanford's classification	

CORONARY ARTERY DISEASE

Must Know	Desirable To Know	Nice To Know
Stable Angina	Angioplasty and intra coronary stents	
Unstable Angina	CABG	
Prinzmetal Angina		
ACS		
MI		
Factors precipitating Angina		
Risks of Stable Angina		
Investigations		
Management		
Definition of MI		
Criteria for MI		
Clinical features		
Investigations		
Management		
Complication of ACS		
Arrhythmias in ACS		
Indications of Thrombolytic therapy		

PERIPHERAL ARTERIAL DISEASE

Must Know	Desirable To Know	Nice To Know
Symptoms of Limb ischemia	Percutaneous Intervention	
Critical limb ischemia	Surgical procedure	
Clinical features	Buerger's disease	
Medical management		
Diabetic vascular disease		

MYOCARDIUM

Must Know	Desirable To Know	Nice To Know
Acute Myocarditis	Cardiomyopathy muscle	Arrhythmogenic RV cardiomyopathy
Common causes	Dilated	Peripartum cardiomyopathy
Clinical recognition & management	Hypertrophic	
	Restrictive	
	Specific diseases of Heart	
	Infections	
	Endocrine	
	Metabolic	
	Connective tissue	
	Infiltration	
	Toxins	

CARDIAC TUMORS

Must Know	Desirable To Know	Nice To Know
		Cardiac tumors

PERICARDIUM

Must Know	Desirable To Know	Nice To Know
Acute pericarditis		
Etiology		
Clinical features		
Investigations		
Management		
Pericardial effusion		

T.B.Pericarditis		
Chronic Constrictive Pericarditis		
Clinical features & Management of Constrictive Pericarditis		

CONGENITAL HEART DISEASE

Must Know	Desirable To Know	Nice To Know
Cyanotic heart disease	Pregnancy and CHD	
Acyanotic CHD		

INFECTIVE ENDOCARDITIS

Must Know	Desirable To Know	Nice To Know
Pathophysiology	Indications for surgery	
IE in old age	Culture negative Endocarditis	
Microbiology		
Incidence		
Clinical features		
Modified Duke's criteria		
Management		
Prevention		
Antimicrobial treatment		

HYPERTENSION

Must Know	Desirable To Know	Nice To Know
Definition	AMBP	
Secondary HTN		
Approach to New HTN		
History		
Examination		
How to measure BP		
Fundal changes		
Assessing end organ damage		
Malignant HTN		
Investigations		
HTN in old age		

Stepwise approach		
Antihypertensives Drugs Indications Dose Side effects		
Hypertensive Urgencies & Emergencies		

DISEASES OF HEART VALVES

Must Know	Desirable To Know	Nice To Know
Mitral stenosis		
MVPS		
MR		
Aortic stenosis		
AS in old age		
AR		
Peripheral signs		
Tricuspid stenosis		
TR		
PS		
PR		

MEDICAL DISORDERS IN PREGNANCY

Must Know	Desirable To Know	Nice To Know
Anaemia	HELLP Syndrome	
ValvularHeart disease	Acute Fatty Liver of pregnancy	
Hypertension	CVT	
Diabetes	DIC	
Thyroid disorders	AKI	
Urinary Infection	Postpartum psychosis	
Drugs in pregnancy		
Acute febrile illness		
Seizures		

ENDOCRINOLOGY AND METABOLISM

Must Know	Desirable To Know	Nice To Know
HYPOTHALAMUS & PITUITARY GLAND		
Hyoipituitarism		
Hyperprolactinemia		
Adult GH deficiency		
Acromegaly		
Disorders of AVP secretion	non functioning & Gonadotropin producing pituitary adenoma	TSH secreting adenoma
Hypo / hypernatremia	Sellar masses	Somatostatin Analogues
THYROID GLAND		
Thyrotoxicosis Etiology		
Clinical assessment		
Investigation		
Management	Thyroid disorders and pregnancy	Congenital thyroid diseases
Thyrotoxic crisis (thyroid storm)	Asymptomatic abnormal TFT- sub clinical hypothyroidism / thyrotoxicosis. Sick euthyroidism	Thyroid disorders in old age
Hypothyroidism	Factitious thyrotoxicosis	Effects of amiodarone on Thyroid
Myxoedema coma	Silent thyroiditis	
Thyroid enlargement – Diffuse goitre, Multinodular goitre, Solitary nodule & its management		
Autoimmune thyroid diseases		
Transient Thyroiditis – Subacute (De Quervains) thyroiditis		
Post partum thyroiditis		
Iodine associated thyroid diseases		
Thyroid Neoplasia		
REPRODUCTIVE SYSTEM		

Disorders of Puberty		Disorders of reproductive axis during childhood
Polycystic ovarian syndrome	Hormone replacement therapy	Tanners staging
Turner's syndrome		Testosterone formulations
Klinefelter's syndrome		
Testicular tumours		
Infertility & contraception		
Gynaecomastia		
Hirsuitism		
Menopause		
PARATHYROID GLANDS		
Primary / secondary hyperparathyroidism	Magnesium in PTH disorders	Genetic disorders causing hyperparathyroid like syndromes
Hypoparathyroidism / Pseudohypoparathyroidism	Pseudopseudohypopara thyroidism	Idiopathic Hypercalcemia of infancy
Hypercalcemia	Malignancy related hypercalcemia	
Hypocalcemia	Vitamin D related calcium disorders	
Bisphosphonates	Phosphate metabolism	
Calcitonin		
ADRENAL GLANDS		
Adrenal adenoma (Conn's)	Adrenal carcinoma	Same
Cushings syndrome	Incidentaloma	Liddle's syndrome
Congenital adrenal hyperplasia		
Adrenal insufficiency		
Phenochromocytoma		
ENDOCINE PANCREAS AND GIT		
Diabetes Mellitus – Diagnosis, classification, pathophysiology, management, complications	Hyperglycemia in ICU	TPN in diabetes
Diabetes and pregnancy	Surgery and Diabetes	Lipodystrophy
DKA & HHS	Hypoglycaemic conditions	
Hypoglycaemia in diabetes		
Insulin preparations		
OHAs		

DISORDERS AFFECTING MULTIPLE ENDOCRINE GLANDS		
Multiple endocrine neoplasia		Late effects of childhood cancer therapy
Autoimmune polyendocrine syndromes		
OTHER METABOLIC DISORDERS		
Obesity		
Metabolic syndrome		
Hyperlipoproteinemias		
Osteoporosis		
Porphyrias		

ENVIRONMENTAL AND NUTRITIONAL DISORDERS

Topics	Must Know	Desirable To Know	Nice To Know
Environmental and Nutritional Factors in Disease	Heat Disorders	High altitude problems	Aviation Medicine
	Hyperpyrexia	Mountain sickness	Air travel advice
	Heat Stroke	High altitude cerebral edema	Decompression illness
	Heat Exhaustion	High altitude Pulmonary edema	Causes and its impact on health due to global warming
	Hypothermia	Frost Bite	
		Effects of Radiation Exposure	
	Common pollutants in atmospheric air and its importance on health		Uncommon pollutants in atmospheric air and its importance on health
	Causes of Obesity and its impact on health	Smoking cessation - methods	

	Lifestyle Modifications on health - Role of Exercise, Diet, Yoga, Meditation, etc.,		
	Prescribing diet in various clinical situations Anaemia Liver cell failure CKD Cardiac failure Geriatric Patients	Diet in ICU patients	Total Parentral Nutrition and its complications
	Deficiencies of Vitamins A, D, E, K, B1, B2, B3, B6, B12, and C, its clinical and laboratory recognition, treatment including prevention	Enteral tube feeding	Pesticides and Heavy Metals in food substances - its importance and creating public awareness
	Deficiency disorders of Micro Nutrients - Iron, Iodine, Calcium and Phosphorus its clinical and laboratory recognition, treatment including prevention	Deficiency disorders of Micro Nutrients like Zinc, selenium, Fluride, Sodium, Potassium, Magnesium, Copper, Manganese, etc., its clinical and laboratory recognition, treatment including prevention	

GASTRO INTESTINAL SYSTEM

ACHALASIA CARDIA

Must Know	Desirable To Know	Nice To Know
Etiology	Imaging findings	Complications
Clinical features	Surgical treatment	
Investigations		
Treatment		

GERD

Must Know	Desirable To Know	Nice To Know
Pathophysiology	Complications	
Clinical features	Differential diagnosis	
Investigations		
Treatment		

PEPTIC ULCER DISEASE

Must Know	Desirable To Know	Nice To Know
Pathophysiology	Differential diagnosis	
Role of H.Pylori	Tests to detect H.Pylori	
Clinical features & Complications	Surgical treatment	
Treatment		

ZOLLINGER ELLISON SYNDROME

Must Know	Desirable To Know	Nice To Know
Pathophysiology	Complications	
Distribution of the tumor		
Clinical features		
Treatment		

GASTRITIS

Must Know	Desirable To Know	Nice To Know
Types / Classification	Etiology	
Treatment	Histopathology	

CELIAC DISEASE

Must Know	Desirable To Know	Nice To Know
Etiology	Histopathology	
Diagnosis		
Treatment		

TROPICAL SPRUE

Must Know	Desirable To Know	Nice To Know
Etiology	Histopathology	
Diagnosis		
Treatment		

WHIPPLE'S DISEASE

Must Know	Desirable To Know	Nice To Know
Etiology	Histopathology	
Clinical features		
Diagnosis		
Treatment		

INFLAMMATORY BOWEL DISEASE

Must Know	Desirable To Know	Nice To Know
Etiology	Risk factors	Differential diagnosis
Pathogenesis	Pathology	Extra intestinal
Clinical features	Complications	Manifestation
Diagnosis		Surgical interventions
Treatment		

IRRITABLE BOWEL SYNDROME

Must Know	Desirable To Know	Nice To Know
Diagnostic criteria	Pathophysiology	
Types	Approach	
Treatment	Newer drugs	

APPROACH TO A PATIENT WITH LIVER DISEASE

Must Know	Desirable To Know	Nice To Know
Evaluation of abnormal Liver Function Test	Hyperbilirubinemias	
Child Pugh Classification		
MELD		
PELD		

VIRAL HEPATITIS

Must Know	Desirable To Know	Nice To Know
Hepatitis A,B,C,D,E	Genetics and pathophysiology	
Pathophysiology	Natural course	
Acute hepatitis	Serology	
Chronic hepatitis	Complications	
Treatment	Newer drug	

TOXIC / DRUG INDUCED HEPATITIS :

Must Know	Desirable To Know	Nice To Know
Paracetamol toxicity	Evaluation of the pattern of liver injury	
Drug induced liver injury		

AUTOIMMUNE HEPATITIS :

Must Know	Desirable To Know	Nice To Know
Pathogenesis	Differential diagnosis	
Diagnostic criteria		
Treatment		

ALCOHOLIC LIVER DISEASE

Must Know	Desirable To Know	Nice To Know
Alcoholic hepatitis	Prognostication	
Diagnosis		
Treatment		

NON-ALCOHOLIC FATTY LIVER DISEASE / NON-ALCOHOLIC STEATOHEPATITIS

Must Know	Desirable To Know	Nice To Know
Etiopathogenesis	Etiological factors	
Diagnosis	Fibrosis assessment	
Treatment		

CIRRHOSIS AND ITS COMPLICATIONS

Must Know	Desirable To Know	Nice To Know
Alcoholic cirrhosis	Grading of fibrosis	
Cirrhosis due to viral hepatitis	Cardiac cirrhosis	
Cirrhosis due to Auto Immune Hepatitis and NAFLD	Wilson's disease	
Biliary Cirrhosis	Hemochromatosis	
Primary Biliary Cirrhosis	Cystic Fibrosis	
Primary Sclerosing Cholangitis		
Other types of Cirrhosis		

COMPLICATIONS OF CIRRHOSIS

Must Know	Desirable To Know	Nice To Know
Portal hypertension	Portal hepatic wedge pressure	
Varicealhemorrhage	Endoscopic grading of varices	
Splenomegaly		
Hypersplenism		
Ascites		
Spontaneous Bacterial Peritonitis		
Hepatic encephalopathy		

LIVER TRANSPLANTATION

Must Know	Desirable To Know	Nice To Know
Indications Contra indications	Techniques Immuno-suppressive therapy	

DISEASES OF GALL BLADDER AND BILE DUCT

Must Know	Desirable To Know	Nice To Know
Gall stones	Complications	
Types	Medical and surgical management	
Treatment		
Cholecystitis		
Acute		
Chronic		

PANCREAS:

Must Know	Desirable To Know	Nice To Know
Acute Pancreatitis	ERCP	
Causes	Nutritional Support	
Clinical Features		
Complications		
Investigations		
Management		
Chronic Pancreatitis		
Causes		
Clinical Features		
Investigations		
Management		

HEMATOLOGY

IRON DEFICIENCY ANEMIA

Must Know	Desirable To Know	Nice To Know
WHO Criteria	Parenteral iron therapy	Nutritional support
Etiology	Erythropoietin	
Clinical features	Anaemia in old age	
Peripheral Smear & investigations including iron studies	Anaemia of chronic disease	
Treatment		

MEGALOBLASTIC ANEMIA

Must Know	Desirable To Know	Nice To Know
Etiology	Peripheral smear	Perinicious anemia
Clinical features		
Investigations		
Treatment		

SICKLE CELL ANEMIA

Must Know	Desirable To Know	Nice To Know
Etiology	Sickle cell crisis	Treatment
Clinical features	Diagnosis	Screening

HAEMOGLOPINOPATHIES

Must Know	Desirable To Know	Nice To Know
THALASSEMIA –TYPES	Diagnosis	Treatment
Etiology	Thalassemia syndromes	Bone marrow transplant
Clinical features		

HEMOLYTICANEMIA

Must Know	Desirable To Know	Nice To Know
Causes / Classification	Inherited	G6PD Deficiency
Clinical features	Acquired	Paroxysmal nocturnal
		Hemoglobinuria
		Treatment

APLASTIC ANEMIA

Must Know	Desirable To Know	Nice To Know
Etiology	Peripheral smear	Treatment
Clinical features	Bone marrow picture	

LEUKEMIA

Must Know	Desirable To Know	Nice To Know
Etiology	Treatment	MDS
Clinical features	IMATINIB	Polycythemiarubravera
Acute and chronic leukemias	Newer protein kinase inhibitors	Myelofibrosis
Philadelphia chromosome	Leukemoid reactions	
Peripheral smear		
Bone marrow picture		
Classification		
Blast crisis		

LYMPHOMAS

Must Know	Desirable To Know	Nice To Know
Etiology	Peripheral smear	Treatment
Classification & Clinical features	Bone marrow picture	CHOP REGIMEN
Hodgkins lymphoma		ABVD REGIMEN
Non hodgkins lymphoma		
Prognostic features		

BLEEDING DISORDERS:

Must Know	Desirable To Know	Nice To Know
Thrombocytopenia causes	Platelet functional disorder	

COAGULATION DISORDERS:

Must Know	Desirable To Know	Nice To Know
Causes of coagulopathy	Genetics	Severity of hemophilia and ISTH criteria
Hemophilia A&B	Antithrombin deficiency	TTP
Clinical Features & Management	Protein C & S deficiency	
Thrombotic Disorders	APLS	
Types		
DIC		

TRANSFUSION MEDICINE:

Must Know	Desirable To Know	Nice To Know
Indications & contraindications of transfusion of whole blood, packed cells, platelets, FFP, cryoprecipitate	Cell separators	Bone marrow transplant
Screening test for blood transfusion	Storage of blood	HLA typing
Early recognition & management of transfusion reactions	Single donor platelet transfusion	
	Stem cell therapy	

CKD

Must Know	Desirable To Know	Nice To Know
Definition & Causes		
Stages of CKD		
Investigations In CKD		
Systemic Manifestations of CKD		
Fluid & Electrolyte Disturbance		
Endocrine Disturbance		
Neuromuscular Disturbance		
CVS & Pulmonary Disturbance		
Hematological, GI, Dermatological Disturbance		
Treatment		

NEPHRITIS

Must Know	Desirable To Know	Nice To Know
I.Lupus Nephritis		
1. Clinical Manifestation	Alports Syndrome	Anca Small Vessel Vasculitis
2.Classification	Anti-Gbm- Goodpasteurs Syndrome	Glomerular Deposition Diseases -Light Chain -Renal Amyloidosis
3.Treatment		Fabrys
II.IgA NEPHROPATHY		Microscopic Polyangitis
III.Membranoproliferative Glomerulonephritis		Chrug Strauss Syndrome
IV.Mesangioproliferative Glomerulonephritis		
V.Nephrotic Syndrome -Minimal Change Disease -FSGS		
VI.Membraneous Glomerulonephritis		
VII.Diabetic Nephropathy		

RENAL TRANSPLANTATION

Must Know	Desirable To Know	Nice To Know
Benefits & Outcomes	Perioperative Problems of Renal Transplantation	Basic Transplant Immunology
Indications & Contraindications	Complications Of Immunosupressive Therapy	Preoperative Workup
Immunosupresive Therapy		Treatment of Acute Rejection

RENAL REPLACEMENT THERAPY

Must Know	Desirable To Know	Nice To Know
Indications	Preparing For RRT	

Hemodialysis	Complications &Problems	
Peritoneal Dialysis	CAPD	
Hemofiltration		

GLOMERULAR DISEASES

Must Know	Desirable To Know	Nice To Know
Causes & Types of AGN	Histopathology & Causes of Membraneous Nephropathy	FSGS
Urine Examination In Glomerulonephritis	Goodpasture Syndrome	RPGN
Clinical Features, Investigations & Management of Minimal Change Nephropathies	Alports Syndrome	Anca Small Vessel Vasculitis
Lupus Nephritis-Stages, Pathology, Serological Markers	Clinical Features, Investigation & Management of HSP	
IgA Nephropathy – Clinical Features		
Causes And Types of Crescentic Glomerulonephritis / RPGN		
PSGN-Clinical Features & Investigations		

INFECTIONS OF THE URINARY TRACT

Must Know	Desirable To Know	Nice To Know
Pathophysiology	Antibotic Regimen	Catheter Related Bacteruria
Spectrum of Presentation	Prophyllactic Measures in Recurrent UTI	
Risk Factors	Persistent or Recurrent UTI	
Clinical Features	Asymptomatic Bacteruria	
DD		
Investigations		
Management		

ACUTE PYELONEPHRITIS

Must Know	Desirable To Know	Nice To Know
Triad	Tuberculosis of Kidney	Sterile Pyuria
Bacterial Profile	Investigations	Role of Surgery
Predisposing Factors		
Complications		
Xanthogranulomatous Pyelonephritis		
Investigation		
Management		

HEMATURIA

Must Know	Desirable To Know	Nice To Know
Causes	Interpretation of Dipstick Positive Hematuria	Dipstick Negative Dark Urine Causes
Investigations of Hematuria		
Nephritic Syndrome		

RENAL STONE DISEASE

Must Know	Desirable To Know	Nice To Know
Composition	Investigation For Recurrent Stone	ESWL
Predisposing Factors	Measures To Prevent Calcium Stone Formation	
Clinical Features	Indications For Intervention To Remove Stones	
Investigations		
Management		

ACUTE KIDNEY INJURY

Must Know	Desirable To Know	Nice To Know
Classification	Criteria For AKI-KDIGO, Rifle	AKI on Old Age

Causes of Each	Clinical Features & Investigations of Specific Cases of AKI	Biochemical markers in AKI
Clinical Features of Each Form	Vascular Occlusion	Complications of RRT
Investigation of Patients With Established AKI	Malignent HTN	
Management Options To All Forms of AKI	Scleroderma	
Hemodynamic Status	Systemic Inflammatory Disease	
Cardiopulmonary Complications	Glomerular Disease	
Electrolyte Disturbance	Interstitial Nephritis	
Diet	Myeloma	
Drug	Infections	
Infections	Renal Replacement Therapy	
Recovery From AKI	AKI in Hemodynamically Stable Non Septic Pts	
	UTI	
	Drugs &Toxins	
	Autoimmune DIS	
	Acute Interstitial Nephritis	

RENOVASCULAR & MISCELLEANEOUS DISEASES:

Must Know	Desirable To Know	Nice To Know
Renal Artery Stenosis		
HUS		
ADPKD		
Drug Induced Renal Disease		

POISONING

TOPICS	Must Know	Desirable To Know	Nice To Know
Toxicology	General Approach to Poisoning		
	History Taking		
	Clinical Examination - Syndromic Approach		

	Decontamination		
	Investigation		
	Management		
	Complications		
Common Poisons	Pesticides - OPC	Crane killer	Substance Abuse
	Carbamate		
	Organochlorine		
	Pyrethroid		
	Rat Killer	Paraquat	Coccaine
	Oleander	Oduvanthalai	Ganja
	Paracetamol	KodaliKizhangu	Hans
	Phenytoin	Cow Dung Powder	Cyanide
	Phenobarbitone	TCA drugs	Lead
	Diazepam	SSRI Drugs	Mercury
	Acids & Corrosives	Betablocker	Cartrap
	Camphor	Iron Tablets	Abruesprecataries
	Kerosene	Calcium Channel blocker	Datura
	Food Poisoning	Aluminium phosphide	
		Zincphosphide	
		CO poison	
		Cuso4	
		Hair Dye	
		Opioids	
Alcohol Intoxication	Coma	Methonal poison	
	Seizures		
	Altered sensorium		
	GI Bleed		
	Abdominal Pain		
	Withdrawal state		
Bites & Stings	**Snake Bite**	Recognition of various poisonous snakes	
	History taking		
	Clinical Features		
	WBCT		
	Monitoring Symptoms & Signs		
	Treatment		

	Complications		
	Preventive Aspects		
	Do's & Don’ts		
	Scorpion Sting	Other Bites	
	History taking		
	Clinical Features		
	Monitoring Symptoms & Signs		
	Treatment		
	Complications		
	Preventive Aspects		
	Do's & Don’ts		
	Bees & Wasp Sting		
	History taking		
	Clinical Features		
	Monitoring Symptoms & Signs		
	Treatment		
	Complications		
	Preventive Aspects		
	Do's & Don’ts		
	Animal Bite Management		
	First Aid		
	ARV & Immunoglobulin Indications, Schedule and advising patients on the importance of immunization		
	Pre exposure prophylaxis		
Hanging, Drowning, Electrocution	History taking		
	Clinical Features		
	Monitoring Symptoms & Signs		
	Treatment		
	Complications		
	Preventive Aspects		
	Do's & Don’ts		

PSYCHIATRY

Must Know	Desirable To Know	Nice To Know
Schizophrenia- distorted thinking and perception, thought echo, thought insertion, thought broadcasting.	Types of schizophrenia	Repetitive magnetic transcranial stimulations – new treatment for depression.
ICD 10 classification of psychiatric illness.	Types of personality disorders	Identification and characterization of enzymes responsible for clearing beta amyloid from amyloid precursor protein – rational treatments for alzhemier's disease
Classification of psychotrophic drugs	Sexual perversions	Landau kleffner syndrome, syndromes associated with psychiatric illness
Bipolar disorders	Post traumatic stress disorder	
Anxiety	Dissociations – dissociative fugue, dissociative stupor	
Somatoform disorders – somatization, hypochondriasis		
Personality disorders		
Eating disorders – anorexia nervosa, bulimia nervosa		

RESPIRATORY SYSTEM

OBSTRUCTIVE PULMONARY DISEASES

BRONCHIAL ASTHMA

Must know	Desirable to know	Nice to know

Definition	Stepwise approach	Asthma in pregnancy
Pathophysiology	Metered dose inhaler-use	Assisted ventilation - indications
Clinical features		
Diagnosis		
Management		
Acute Severe Asthma		

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Must know	**Desirable to know**	**Nice to know**
Definition	Modified MRC dyspnoea scale	Long term O2 therapy
Aetiology	Classification of COPD based on spirometry	BODE index
Risk Factors & Pathophysiology	Smoking cessation and COPD	
Clinical features	Non invasive ventilation in COPD exacerbations	Surgical interventions
Investigations		
Management		
Acute exacerbations		
Complications		

BRONCHIECTASIS

Must know	**Desirable to know**	**Nice to know**
Definition	Types of bronchiectasis	
Causes		
Pathology		
Symptoms		
Investigations		
Management		
Complications		

CYSTIC FIBROSIS (CF)

Must know	Desirable to know	Nice to know
Genetics	Treatments that reduce exacerbations	CF in adolescence
Pathogenesis	Investigations	
Clinical features		
Management		
Complications		

PNEUMONIA

Must know	Desirable to know	Nice to know
TYPES- Community acquired & Hospital acquired	Antibiotic treatment for Community acquired pneumonia	Differential diagnosis
Definition	CURB 65	Ventilator associated pneumonia (VAP)
Pathology	Predisposing factors for Hospital acquired pneumonia	Indications for referral
Clinical features	Aspiration pneumonia	Pneumonia in immune-compromised patient
Investigations	Vaccines and Pneumonia	
Management		
Complications		

TUBERCULOSIS

Must know	Desirable to know	Nice to know
Definition	Multi drug resistant TB	
Organism	XDR TB	

Pathophysiology	Cryptic TB	
Clinical features	Opportunistic mycobacterial infections	
Extra pulmonary disease	HIV with TB	
Diagnosis of TB	Non DOTS regimen	
Management- Drugs	Cause of drug resistance	
Complications	External markers of TB	
Risk factors		
Associated diseases		
Natural History of TB		
RNTCP		
Skin testing in TB		
Dosage &Side effects of drugs		

ASPERGILLOSIS

Must know	Desirable to know	Nice to know
About organism	Criteria for diagnosis of invasive aspergillosis	Risk factors for invasive aspergillosis
Classification	Aspergilloma	Chronic and subacute pulmonary aspergillosis
Symptoms	X ray findings	
Investigations		
Management		
Complications		

BRONCHIAL CARCINOMA

Must know	Desirable to know	Nice to know
Definition	Non metastatic extra pulmonary manifestations	Radiological presentations

Aetiology		Tumour staging
Types		Chemotherapeutic drugs
Clinical features		Secondary lung tumours
Investigations		Solitary pulmonary nodule
Management		

DIFFUSE PARENCHYMAL LUNG DISEASE

Must know	Desirable to know	Nice to know
Definition	Differential diagnosis	
Common features	Each type in detail	
Classification & types	Sarcoidosis	
Symptoms		
Investigations		
Management		

PNEUMOCONIOSIS

Must know	Desirable to know	Nice to know
Definition	Other Lung diseases caused by Inorganic dust	
Types	Prevention	
Symptoms		
Investigations		
Management		

ASBESTOS RELATED LUNG DISEASES

Must know	Desirable to know	Nice to know
Types of asbestos	Asbestosis	Mesothelioma
Disease types		
Investigations of each		
Management		

HYPERSENSITIVITY PNEUMONITIS (HP)

Must know	Desirable to know	Nice to know
Definition	Agents causing HP	Humidifier fever
TYPES		
Clinical features		
Diagnosis		
Management		

PULMONARY HYPERTENSION

Must know	Desirable to know	Nice to know
Definition	Radiological findings	Sildenafil
Classification		Newer drugs -Bosentan
Clinical features		
Investigations		
Management		

SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	
Pathogenesis	ACR Criteria	Experimental Therapies
Clinical Features	Auto Antibodies in SLE	Preventive Therapies
Investigation	Drug induced lupus	
Complications	Lupus Nephritis	
Treatment		

SYSTEMIC SCLEROSIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Scleroderma Renal Crisis
Pathogenesis	Auto Antibodies in Systemic Sclerosis	Localized Scleroderma
Clinical Features	Difference between limited versus diffuse types	
Investigation		
Complications		
Treatment		

MIXED CONNECTIVE TISSUE DISEASE (MCTD)

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Experimental Therapies
Pathogenesis	Auto Antibodies in (MCTD)	
Clinical Features		
Investigation		
Complications		
Treatment		

IDIOPATHIC INFLAMMATORY MYOPATHIES

POLYMYOSITIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Overlap syndromes
Pathogenesis	Auto Antibodies in Polymyositis	
Clinical Features		
Investigation		
Complications		
Treatment		

DERMATOMYOSITIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Overlap syndromes
Pathogenesis	Auto Antibodies in Dermatomyositis	
Clinical Features	Associated Malignancy	
Investigation		
Treatment		

INCLUSION BODY MYOSITIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Overlap syndromes
Pathogenesis	Auto Antibodies in Inclusion Body Myositis	
Clinical Features		
Investigation		
Treatment		

SJOGREN'S SYNDROME

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Differential Diagnosis for SICCA Symptoms
Pathogenesis	Auto Antibodies in Sjogren'sSyndrome	
Clinical Features	Secondary Sjogren'sSyndrome	
Investigation		
Treatment		

RHEUMATIOD ARTHRITIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Definition of Remission in RA
Pathogenesis		
Criteria for RA&Clinical Features	Biological DMARDS	
Investigation	Felty's Syndrome	
Treatment		

ANTIPHOSPHOLIPID SYNDROME (APLA)

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	
Pathogenesis	Classification of Antiphospholipid Antibodies	
Clinical Features		
Investigation		
Treatment		

ANKYLOSING SPONDYLITIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Seronegative spondarthitides
Pathogenesis	ASAS Criteria for Ankylosing Spondylitis	
Clinical Features		
Investigation		
Treatment		

REACTIVE ARTHRITIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	Reiter's Disease
Pathogenesis	Triggering Infection of Reactive Arthritis	
Clinical Features		
Investigation		
Treatment		

PSORIATIC ARTHRITIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	
Pathogenesis	CASPAR criteria	
Clinical Features		
Investigation		
Treatment		

SYSTEMIC VASCULITIS

Must Know	Desirable to Know	Nice to Know
Types of Vasculitis	Differential Diagnosis	Secondary Vasculitis
Pathogenesis	Autoantibodies in Vasculitis	
Clinical Features		
Investigation		
Treatment		

BEHCET'S SYNDROME

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	
Pathogenesis	Criteria of Behcet's Syndrome	
Clinical Features		
Investigation		
Treatment		

RELAPSING POLYCHONDRITIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	
Pathogenesis	Disorders Associated with Relapsing Polychondritis	
Clinical Features		
Investigation		
Treatment		

SARCOIDOSIS

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	
Pathogenesis	Gallium 67 Scan	
Clinical Features		
Investigation		
Treatment		

FIBROMYALGIA

Must Know	Desirable to Know	Nice to Know
Aetiology	Differential Diagnosis	
Pathogenesis	Major tender sites in Fibromyalgia	
Clinical Features		
Investigation		
Treatment		

TROPICAL MEDICINE

TOPICS	MUST KNOW	DESIRABLE TO KNOW	NICE TO KNOW
Infectious Disease	**Bacterial**	**Viral**	**Viral**
Clinical Features, Lab Diagnosis, Treatment, Complications and Preventive Aspects	Typhoid	PARO virus	Ebola
	Cholera	Infectious Mononucleosis	Hanta
	Leptospirosis	EBV	Congo Haemorrhagic
	Diptheria	CMV	Yellow Fever
	Streptococcal	Hand, foot and mouth disease	Zika

	Staphylococcal	**Bacterial**	**Bacterial**
	Gonococcal	Plague	Brucellosis
	Tuberculosis	Lyme Disease	Meliodosis
	Leprosy	**Parasite**	Syphilis
	Tetanus	Kalaazar	Anthrax
	Viral	Toxoplasmosis	**Fungal**
	Dengue	**Fungal**	Histoplasmosis
	Chickengunia	Aspergillus	**Parasite**
	Measles	Actiomyces	Sleeping sickness
	Mumps	**Rickettsial**	Liver Fluke
	Rubella	Louse borne R. Fever	
	Chickenpox	Tick borne R. Fever	
	H1N1		
	Rabies		
	J.E.		
	H.S.V.		
	Hepatitis A		
	Hepatitis B		
	Hepatitis C		
	Rota virus		
	HIV		
	Fungal		
	Candiadiasis		
	Parasites		
	Malaria		
	Pinworm		
	Roundworm		
	Tapeworm		
	Hookworm		
	Filariasis		
	Rickettsial		
	Scrubtyphus		
Hospital Acquired Infections	Definition		
	Causes		
	Clinical Features		
	Complications		
	Prevention		
	Sepsis	SIRS	
	Definition	MODS	
	Causes		

	Diagnostic Criteria		
	Clinical Features		
	Complications		
	Prevention		
Rational use of Antibiotics	Dose, frequency, important side effects of common antibiotics	Drug interaction, adjusting dosage in renal & Liver failure	

6. PRACTICAL SYLLABUS

INTRODUCTORY BATCH

1. History of Medicine
2. Introduction and History Taking
3. Symptomatology- Chest pain
4. Breathlessness
5. Palpitation &Syncope
6. Edema
7. Cough
8. Haemoptysis
9. Alteration in the level of consciousness
10. Dizziness and vertigo
11. Headache
12. Seizures
13. Visual Disturbances
14. Weakness and Paralysis
15. Unsteady Gait
16. Speech Disturbances
17. Sensory Disturbances
18. Memory loss
19. Abdominal pain
20. Vomiting
21. GI Bleed
22. Diarrhoea & Constipation

23. Abdominal distension
24. Jaundice

PREFINAL BATCH

1. General Examination
2. Examination of all systems with focus on elicitation of signs and correlation with basic sciences
3. Examination of CVS- Valvular Heart Disease, Hypertensive Heart Disease, Congenital Heart Disease
4. Examination of RS- COPD, Pleural disorders, Parenchymal disorders
5. Examination of Abdomen- DCLD, Hepatosplenomegaly, Ascites
6. Examination of CNS- CVA, Parkinsonism, Movement disorders, Neuropathies, Seizure disorders

FINAL YEAR BATCH

Examination of all cases with focus on Diagnosis including Differential Diagnosis, Investigations and Management

Thyroid disorders, Complications of Diabetes, Acute Febrile Illness, COPD, Seizures, Hypertension, Coronary Artery Disease, Obesity, Alcohol related disorders

7. REFERENCE LEARNING (BOOKS)

CLINICAL BOOKS

1. Hutchison's Clinical Methods
2. Macleod's Clinical Examination

TEXTBOOKS OF MEDICINE

1. Davidson's Principles and Practice of Medicine
2. Kumar & Clark's Clinical Medicine
3. Harrisons Principles of Internal Medicine
4. API Textbook of Medicine
5. Washington's Manual of Medical Therapeutics
6. The Oxford Textbook of Medicine

8. THEORY EXAMINATION

S.No	Question Type	Marks	Total
General Medicine Paper I			
1	Essay	2 x 10 marks	20
2	Brief Answers	6 X 5 marks	30
3	Short Notes	5 x 2 marks	10
Total			60
General Medicine Paper II (including Psychiatry, Dermatology and S.T.D.) (Shall contain one question on basic sciences and allied subjects)			
1	Essay	2 x 10 marks	20
2	Brief Answers	6 X 5 marks	30
3	Short Notes	5 x 2 marks	10
Total			60

MEDICINE: PRACTICAL EXAMINATION

Exam. Category	No. of Cases	Time allotted	Marks
1. Long Case	1 x 40 marks	45 min	40
2. Short Cases	2 x 15 marks	30 min	30
3. Spotters	2 x 5 marks	10 min	10
4. OSCE	5 x 4 marks	20 min	20
		Total	100
5. Viva ((Orals) Interpretation of X ray, ECG etc.			20

6. Internal Assessment	:	Theory	30
		Practical	20
		Record / Log Book	10
		Total	60

PRACTICAL EXAMINATION- SUGGESTED SCHEME INCLUDING MARK ALLOTMENT

LONG CASE- 40 MARKS

- Case writing - 5 marks
- History taking - 5 marks
- Clinical signs demo - 10 marks
- Diagnosis - 5 marks
- Discussion - 5 marks
- Management - 5 marks
- Recent Advances - 5 marks

OBJECTIVE CASES- TESTING OF CLINICAL SKILLS -1

- RHD
- Pleural Effusion
- DCLD
- Hepatosplenomegaly
- Bronchiectasis
- TB Cavity
- Pneumonia, Bronchial Asthma, COPD
- Bells palsy

OBJECTIVE CASES- HISTORY TAKING-2

- Hypertension
- Diabetes
- CAD
- Obesity
- Fever
- Nutritional disorders
- Jaundice
- Clubbing
- Cyanosis
- CKD
- Anemia
- Seizures

OBJECTIVE CASE- DECISION MAKING- 3

Students shall examine the case and later there shall be a discussion based on the available lab/X-ray/ ECG etc data

- Blood smear- Malaria, Anemia, Leukaemia
- Chest X ray- TB, Cardiomegaly, Pneumonia, Pleural Effusion, Fibrosis
- Hypo / Hyperthyroidism
- CSF Studies
- Liver Function Tests
- Tinea/Dermatitis/ Scabies/ Herpes/ Lepsrosy/ Filariasis
- ECG- CAD

OBJECTIVE CASE- COMMUNICATION SKILL- 4

- Breaking Bad news
- Discharge advice
- Poisoning Counselling
- Adverse drug reactions
- HIV counselling
- DIL patient counselling
- Cancer

GENERAL MEDICINE- FULL EXAMINATION MARKING

Theory----------120

Practical----------100

Viva---------- 20

Internal Assessment---------- 60

Total----------300

10.VIVA

Viva/oral includes evaluation of management approach and handling of emergencies. Candidate's skill in interpretation of common investigative data, x-rays, identification of specimens, ECG, Instruments, etc. also is to be evaluated.

11. FORMATIVE ASSESSMENT- See Internal Assessment Below

12. INTERNAL ASSESSMENT:

To be submitted online at the end of Second MBBS, Third MBBS- Part I and Third MBBS- Part II. The average of these three marks shall be computed and shall be the Final Internal Assessment mark for the Final MBBS part II University Examination

(i) It shall be based on day to day assessment (see note), evaluation of student assignment, preparation for seminar, clinical case presentation etc.

(ii) Regular periodical examinations shall be conducted throughout the course. The questions of number of examinations is left to the institution.

(iii) Day to day records should be given importance during internal assessment.

(iv) Weightage for the internal assessment shall be 20% of the total marks in each subject.

Note

Internal assessment shall relate to different ways in which students participation in learning process during semesters is evaluated.

Some examples are as follows:

(i) Preparation of subject for students seminar.

(ii) Preparation of a clinical case for discussion.

(iii) Clinical case study/problem solving exercise.

(iv) Participation in Project for health care in the community (planning stage to evaluation).

(v) Proficiency in carrying out a practical or a skill in small research project.

(vi) Multiple choice questions (MCQ) test after completion of a system/teaching.

Each item tested shall be objectively assessed and recorded. Some of the items

can be assigned as Home work / Vacation work.

13. LOG BOOK- Enclosed as separate attachment

14. MEDICAL ETHICS-

- Code of Medical Ethics
- Medical Jurisprudence
- MCI Regulations
- Professionalism in Practice
- Ethics relating to Patient Interaction
  - Professional colleagues
  - Pharmaceutical Industry
  - Referrals
  - Academics and research
  - Professional remuneration
  - Human Rights
  - Right to Information
  - Gender Issues
  - Sexual Harassment

15. CRRI ORIENTATION:

At the time of starting of CRRI postings one day orientation workshop to be arranged. The co-ordinating departments can be bio-chemistry, pathology, microbiology and all clinical departments where the CRRI are posted. It should focus on the indications for various investigations, type of samples, quantity, method of collection and precautions to be taken if any, mode of transport, how to handle needle stick injuries, bio-medical waste management, importance of documentation, etc.

One day workshop on BLS can be arranged with hands on session.

16. INTEGRATED TEACHING

- With community medicine and physical medicine and rehabilitation to have the knowledge and be able to manage important current national health programs, also to be able to view the patient in his/her total physical, social and economic milieu.

- With other relevant academic inputs which provide scientific basis of clinical medicine e.g. anatomy, physiology, biochemistry, microbiology, pathology and pharmacology.

Name of the college,

Address ,

Telephone & fax number,

e-mail id and

website

Log book: Medicine

Affiliated to : THE TAMILNADU DR.MGR MEDICAL UNIVERSITY

69, ANNA SALAI, GUINDY, CHENNAI TAMILNADU INDIA – 600 032.

Basic information:

The logbook system is introduced mainly for the candidates and the faculty to get familiarized with the nature of clinical and academic activities to which candidates have to be exposed, and bring uniformity in teaching and training among various medical colleges affiliated to this university. More over the primary objective of the log book is to record the details of students clinical and theoretical learning. Also, it makes the students to participate in various forms of learning activities and ensures his/ her participation. Log book shall be of One quire note book of long size and in bound manner.

In fact log book becomes a reflective record of his/ her learning and achievements, and faculty contribution towards learning. In view of that every student has to be motivated to document what he has learned in the respective department / specialty in the log book and make it as a permanent record for him/ her after an approval by the examiners duly appointed by the university.

Hence, all the Unit Chiefs and Prof & Head belonging to different clinical departments / specialty are requested to inform their clinical students belonging to 3rd,4th,5th, 6th,7th, 8th and 9th semester, to maintain a structured log book. Each discipline / department shall have their own logbook, but the basic structure shall be the same. Medicine log book shall have General Medicine including Tuberculosis and Respiratory diseases, Dermatology, Venereology and Leprology, and Psychiatry.

From semesters 3 to 9, each student undergoes various clinical postings after an introductory course of two weeks each in clinical methods in Medicine and Surgery, as per Medical Council of India (MCI) and University norms. The minimum period of posting in General Medicine and allied specialties as per MCI is given in a table displayed in page '5' of the log book. As per MCI and university, the total duration of clinical posting comes to 142 weeks including 12 weeks of community medicine posting.

Laboratory Medicine: Medical students are posted for two weeks to learn all about laboratory medicine. This subject will be handled by the department of Bio-chemistry, Microbiology and Pathology. So, the faculty of these three departments will focus on filling up of requisition form, sample collection, handling of specimen, transportation, various laboratory methods, analysis / processing and / or alternatives, errors (Pre analytical, analytical and post analytical), quality assurance, turn around time, preservatives need for body fluids / materials, informed consent and ethics related to laboratory medicine, scientific background interpretation of results, medico legal aspects, confidentiality and safety of laboratory records, economics of lab investigations, etc.,

Basic Life Support (BLS) and Advanced Life Support (ALS): Every Medical student has to be trained well on Basic Life support every year and the details have to be entered in the Log book. Every final year student has to undergo training on ALS compulsorily during final year.

This log book though provides some titles and examples for the clinical and academic learning in the contents, students' participation in various other clinical and academic programmes organized at department or institutional level, other than those mentioned in the contents are welcome. All such activities shall be documented in the log book. Certain guidelines for the maintenance of log book are given in the ensuing pages. These may be adhered by

students, faculty and resident of the institution, and they may be motivated to adhere to the guidelines for the maintenance of log book.

The coordinator of medical education unit (MEU) and the members of MEU along with the Head of Clinical departments shall take initiatives for the clinical and academic learning of the candidates. They along with their clinical supervisors and unit chiefs are responsible for carrying out the various forms of learning activities and monitor students' participation regularly with the support of Medical Superintendent and the Dean. Also, the MEU shall maintain the summary of the clinical and academic learning activities of different batches of medical students for the purposes of MCI and University.

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BASIC INFORMATION OF THE CANDIDATE

PARTICULARS OF THE STUDENT:

Name of the student:,

University Register number,

Mobile No,

Email ID

Photo shall be duly attested by unit chief with seal.

PARTICULARS OF MENTOR

Name:

Designation

Mobile No.

Email ID

STATEMENT FOR TOTAL NUMBER OF PAGES IN THE LOG BOOK

This log book carries……..pages and the pages are serially numbered

Signature of Asst Professor — Unit chief.

(Name……) (Name……)

Date:

BONAFIDE CERTIFICATE

This is to certify that this log book is the Bonafide record of Mr. /Ms……..whose particulars along with photo is given above.

His /her clinical and academic activities along with attendance are documented in the ensuing pages of this log book.

Signature of Unit Chief with seal **Signature of Head of Dept. with seal**

(Name …….) **(Name …….)**

Date:

Approval by the examiners:

Internal	**External**
1.	**1.**
2.	**2.**

Date of university clinical examination:

CLINICAL ACTIVITIES

PARTICIPATION IN ACADEMIC PROGRAMMES			
1	Titles for didactic lectures and others for Medicine and allied departments	32	
2	Seminar (one per month)	33	
3	Symposia (one per month)	33	
4	Small group discussion (one per month)	34	
5	CPC- (one per month)	34	
6	Integrated teaching (one per month)	35	
7	Problem based learning	35	
8	Revision topics (one per month)	36	
9	Tutorials (one per month)	36	
10	Participation of candidate in various forms of examination conducted by the department along with the marks scored.**(Actual)**	37	
11	Participation in other Competitive examination(s) or any other academic activities like quiz etc., at colleges / inter colleges level **(Optional)**	37	
12	Participation in research activities, CMEs / Guest Lectures, conferences etc., (Actual)	38	
13	Awards / achievements received.(optional)	38	
OTHERS----SPECIFY			
1	Participation in out reach activities	39	
2	Any other as desired and approved by the unit chief/ Prof. and Head or Dean/University	39	
CLINICAL RECORDING OF CASES ALLOTTED		40 onwards	

Details of the clinical postings and candidate's participation in General Medicine and allied specialties

Subject	Weeks	Time Period	No of days attended	Remarks	Signature of clinical supervisor
General Medicine including Tuberculosis and Respiratory diseases, Dermatology, Venereology and Leprology, and Psychiatry to a total of 36 weeks					
Lab. Medicine	2				
General Medicine	4				
	4				
	4				
	6				
	6				
TB & Respiratory Diseases	2				
Dermatology, Venereology & Leprology	2				
	2				
	2				
Psychiatry	2				

GUIDELINES FOR LOG BOOK

I. INFORMATION TO STUDENTS

1. Students shall be directed to carry the respective log book daily while proceeding to the ward during their clinical posting.
2. Each medical student is the owner of his/ her log book and hence, he/ she have to maintain their logbook safely.
3. The log book shall be kept as record work of the candidate for that department /specialty and allied sciences and be submitted to university as a Bonafide record of the candidate.

4. It is the responsibility of the student to enter their activity in respective pages and get them duly signed by the Unit Assistant Professor / Senior Resident (clinical supervisor) at 12 noon before leaving the hospital

5. Students are informed to keep a copy of the log book for safety, which shall be used at the time of loss of log book

II. INFORMATION TO FACULTY:

1. **Clinical supervisor:** Unit Assistant Professor (AP) / Senior Resident (SR) shall be their immediate clinical supervisor who shall review their clinical activities, monitor their participation in academic programmes and learning, and make an entry of the student's activities in the log book during their posting in their unit.
2. **Case allotment:** The clinical supervisor (AP/ SR) of the respective department/ specialty shall allot cases to students every week, and the students shall be motivated to see the case allotted to him / her and follow the case till the patient gets discharged. He / she shall write the **twenty case record** (two each for Cardio-vascular system, Respiratory system, Nervous system, Digestive system, Endocrine system, Renal system, Skeleto-muscular system, Hematology, Toxicology, and Emergency Medicine) of the cases allotted in detail, get it corrected by the clinical supervisor and unit chief under whom the he / she has been posted. Patients Name, IP No, admission and discharge dates, clinical history, thorough clinical examination of the case, clinical course, differential diagnosis, investigations, diagnosis, therapy, referral, discussion on discharge plan and follow up, discharge data etc., shall be written in detail for each case allotted. Cases allotted to the students shall tally with the hospital record, as these shall be scrutinized / verified by the duly appointed university examiners.
3. **Case Presentation:** Kindly make each student to present one case per week to the clinical supervisor /Unit chief. The details of the case such as Name, IP No, Age, Sex, Diagnosis and Admission, discharge date of such cases shall be stated in the respective pages.
4. **Clinical signs learned:** Kindly ask the students to write the names of various clinical signs learned / demonstrated to him / her during the course of his clinical postings.
5. **Cases discussed in grand rounds:** Students shall be included in the grand rounds taken by the unit chief once a week. During grand rounds make the students to learn the art of integrating key knowledge, skills and techniques applicable across the disciplines. The students may be encouraged to demonstrate their understanding of the patho-physiological basis of health and disease. Also, during grand rounds involve the students as a member of service team and interact with him/ her on various issues (clinical,

diagnostic, therapeutic, preventive, ethical and social issues/ challenges posed in the case under discussion). Let the students be trained to apply evidence based medicine in decision making and be highlighted on the professional and ethical aspects related to the case. Finally ask the students to enter the case discussed in grand rounds in the respective pages of the log book and get the signature from the clinical supervisor.

6. **Clinical demonstration: S**tudents shall be exposed to clinical demonstration programme once a week where in the clinical supervisor / unit chief reinforce the importance of making a clinical diagnosis based on clinical history at the bed side, differentiate it from others (differential diagnosis), investigation and interpretation, and management plan including discharge and rehabilitation. The details of such cases discussed in clinical demonstration shall be entered.
7. **Procedures / Surgeries** seen observed / assisted / done or carried out; participation in night clinics, emergencies attended, training undergone on OSCE/ OSPE and instruments, clinical assignments written by the candidate or any similar clinical activities carried out shall be entered in respective pages of the log book and be signed by the concerned clinical supervisor.
8. **Entry of Academic Programmes / activities:** Kindly motivate each student posted to their unit to enter the academic programme in which he / she has participated in the respective pages of the log book. While entering the details, please ensure them to write the date and the title covered, and get them signed by clinical supervisor on weekly basis.
9. **Assessment:** The clinical supervisors and the unit chief shall assess the candidate during their posting and grade them as given in the respective tables,
10. **Signature:** The faculty, shall record the students participation and attendance in the respective column which shall be signed by the Asst / Associate Professor/ clinical supervisor and then by Prof & Head of respective department.

III. ADMINISTRATIVE MATTERS:-

1. Over all each and every activity / participation of the candidate shall be entered in the logbook and be signed daily by AP/ SR i/c of the unit. The unit chief shall review the clinical and academic learning of the students posted to their unit at the end of the week and sign. The unit chief shall monitor the attendance on weekly basis and share his observation with students and then bring it to the notice of Head of Dept
2. The entire log book of the candidate shall be verified by the unit chief again at the end of final posting. The unit chief shall also verify whether the students have achieved the

learning objectives of their department before the student completes his / her posting in that department.

3. The Head of department shall countersign in the record once in 15 days and again at the end of postings which shall be shown as Bonafide work of the candidate for the respective examination and countersigned by all the internal and external examiners.
4. Prof. & Head of the department shall note down the attendance of the students and their leave particulars for the respective week in a ledger and maintain the record for university purposes.
5. The internal assessment marks shall be awarded based on the activities recorded / assessed as per the log book.

IV. Suggestions for improvement of log book:

1. Any other information to be included in logbook or suggestions for modification of the log book is welcome. Kindly forward your suggestions for improvement of the log book to the "Academic officer, The Tamilnadu Dr.M.G.R. Medical University, 69, Anna salai, Gundy, Chennai – 600 032.

OVERALL ASSESSMENT OF CANDIDATE FOR GENERAL MEDICINE

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with date				

Grade: Fair, Satisfactory, Good, Very good, Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR DERMATOLOGY

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with date				

Grade: Fair, Satisfactory, Good, Very good, Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR PSYCHIATRY

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			

12	Interactive participation			
Signature of Unit chief with date				

Grade: Fair, Satisfactory, Good, Very good, Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR TB & CHET DISEASES

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with Date				

Grade: Fair, Satisfactory, Good, Very good, Excellent

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DETAILS OF CLINICAL CASES ALLOTTED TO STUDENT DURING CLINICAL POSTING IN THE DEPARTMENT (ONE/ WEEK) -

Experiential and integrated learning

S.No.	Date	Details of the Clinical cases allotted (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
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DETAILS OF CLINICAL CASES PRESENTED CLINICAL SIGNS LEARNED BY THE STUDENT DURING CLINICAL POSTING IN THE DEPARTMENT (ONE/ WEEK)

S.No.	Date	Details of the Clinical cases presented (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
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DETAILS OF CASES DISCUSSED DURING GRAND ROUNDS

S.No.	Date	Details of the Cases discussed (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
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Learning at out-patient (OP) dept.

S.No.	Date	Details of the Case discussed at OP(Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
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PROCEDURES OBSERVED / ASSISTED / DONE OR CARRIED OUT

S.No.	Date	Procedures / surgeries seen / observed / assisted / done or carried out	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				

4				
5				
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9				
10				

NIGHT CLINICS/ CLERKSHIP

S.No.	**Date**	**Details of the Cases discussed (Name, age, gender, ward, bed no.)**	**Signature of Student**	**Signature of the clinical Supervisor/ Unit Chief**
1				
2				

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4					
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7					
8					
9					
10					

EMERGENCIES LEARNED/ OBSERVED

S.No.	Date	Details of the Emergencies discussed (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
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7				
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9				
10				

BASIC LIFE SUPPORT (BLS) AND ADVANCED LIFE SUPPORT (ALS)

S.No.	Date	Training on BLS and ALS	Signature of Student	Signature of the Trainer
1				
2				
3				
4				

TRAINING ON OSCE/ OSPE (Actual)

S.No.	Date	Training on OSCE/ OSPE	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
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TRAINING ON INSTRUMENTS (ACTUAL)

S.No.	**Date**	**Training on instruments**	**Signature of Student**	**Signature of the clinical Supervisor/ Unit Chief**
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Clinical Assignments given to candidates (Actual)

S.No.	Date	Clinical Assignments	Signature of Student	Signature of the clinical Supervisor/ Unit Chief	
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ANY OTHER CLINICAL ACTIVITIES CARRIED OUT (ACTUAL)

S.No.	**Date**	**Clinical Assignments**	**Signature of Student**	**Signature of the clinical Supervisor/ Unit Chief**	
1					
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Some of the Titles for Medicine and allied Departments

A: DIDATIC LECTURE – Titles for Dept. of General Medicine

S.NO	TOPIC
1	Orientation to Medicine
2	History of Medicine
3	Communication skills
4	Approach to medical patient and on being a patient
5	Medical Profession and Professionalism
6	Doctor-Patient relationship,
7	Ethics in Medical Practice
8	Human rights and patients
9	Complementary & Alternative medicine
10	History taking
11	Case record writing
12	Symptoms & signs , and assessment of CVS
13	Symptoms & signs , and assessment of RS
14	Symptoms & signs , and assessment of CNS - 1
15	Symptoms & signs , and assessment of CNS - 2
16	Symptoms & signs , and assessment of Renal & Hemopoietic system
17	Investigations in Medical cases.
18	Abnormal vital signs :- recognition, evaluation and management
17	Good Prescribing, Adherence to medication & Pharmaco vigilance
19.	Prevention, rehabilitation and welfare measures
20.	Counseling and guidance
21	Conflict resolution
11	Cell Biology and its applications
12	Molecular biology: Chromosomes, genes, mutations
13	Genetic diseases, gene testing & Gene therapies & Stem cell therapy
14	Physiology of immune system & inflammation
15	Immune deficiency & inflammatory response
16	Auto antibodies & autoimmune diseases
17	Allergic diseases
18	Environmental factors in disease & Radiation exposure diseases
19	Heat illnesses, Hypothermia & Cold injury
20	High altitude illnesses
21	Drowning & near-drowning
22	Physiology of nutrition
23	Obesity
24	Malnutrition

25	Fat soluble vitamins
26	Water soluble vitamins
27	Inorganic nutrients deficiency
28	Ageing & diseases of old
29	Care of elderly
30	Clinical examination, monitoring the circulation & respiratory function
31	Circulatory failure: Shock
32	Sepsis
33	Coma
34	Clinical signs, general management of Poisoning
35	Drug overdose
36	Organophosphorus & Organochloride, Poisoning
37	Rat killer & other chemical Poisoning
38	Snake bite
39	Scorpion sting and other stings
40	Plant poisoning & other poisoning
41	Physiology of tumors, clinical assessment, clinical features,
42	Investigations of tumors & Management of tumors
43	Pain, headache & its management
44	Hyponatremia & Hypernatremia
45	Hypokalemia & Hyperkalemia
46	Physiology of acid base balance
47	Metabolic acidosis
48	Metabolic alkalosis
49	Hypo & Hyper magnesemia
50	Hyper & Hypophosphatemia
51	Disorders of amino acid metabolism
52	Disorders of carbohydrate metabolism
53	Lipid metabolism & its disorders
54	Porphyrias
55	Dyspnea, chest pain, syncope, palpitation
56	Syncope
57	Abdomen pain, vomiting, Hemetemesis
58	Dysphagia
59	Jaundice
60	Abdomen swelling & ascites
61	Edema and anasarca
62	Cyanosis
63	Blood Pressure Recording and complications of Hypertension
64	Heart failure
65	Apoptosis
66	Lymphaedenopathy

67	Hospital acquired infections
68	Sports and exercise medicine
69	Extra pulmonary tuberculosis
70	Medico Legal aspects in medical practice.
71	Hemo poietic system and synthesis of hemoglobin
72	Approach to Anemia
73	Iron deficiency Anemia
74	Megaloblasic Anemia
75	Aplastic Anemia
76	Haemolytic Anemia (Congenital)
77	Haemolytic Anemia (Acquired)
78	Blood transfusion
79	Polycythemia
79	Neutropenia, Neutrophilia, Lymphopenia, and Lymphocytosis,
80	Thrombocytopenia and Thrombocytosis
81	Spleenomegaly
82	Haemostasis – Platelets, Clotting factors, Fibrinolysis
83	Haemoglobinopathies - Thalassemia
84	Hereditary Spherocytosis
85	Sickle cell Anemia
86	Acute Leukaemia
87	Chronic Myeloid leukaemia
87	Chronic lymphocytic leukaemia
88	Myelodysplastic Syndrome
89	Lymphomas
90	Paraprotenemia
91	Platelet functional disorders
92	Haemophilia & Van willebrand Disease
93	Disseminated interavascular cogulation
94	Fever – Pathophysiology – Fever with Rash
95	Hyperthermia – Heat Stroke
96	Fever in tropics / infections among the drug users and Neutropenic Patients
97	Diarrhoea : Acute & Chronic
98	Eosinophila
99	Salmonella infections
100	Measles, Mumps Rubella, Parvovirus infection
101	Viral infections of the skin including HSV
102	Chicken pox
103	EBV, CMV
104	Dengue fever, yellow fever,
105	Viral Hemorrhagic fever and Japanese B Encephalitis

106	Bacterial infections of skin and Soft tissues
107	Syphilis
108	Cholera
109	Food poisioning: Shigellosis, Staphylococci and Bacillus Cereus infections
110	Brucellosis
111	Borreliosis, Relapsing fever
112	Letospirosis
113	Listeriosis, Tularaemia
114	Plague
115	Meliodosis, Botulism
116	Sepsis- 1
117	Sepsis- 2
118	Diptheria, Anthrax
119	Tetanus
120	Leprosy
121	Rickettsial fever
122	Chalamydial infections
123	Malaria - I
124	Malaria -II
125	Leishmaniasis
126	Trypanosomiasis. Toxoplasmosis
127	Amoebiasis,
128	Giardiasis, Cryptosporidiosis, Cyclosporiasis
129	Tissue dwelling human nematodes
130	Intestinal Human Nematodes – II
131	Zoonotic Nematodes, Trematodes (Schistosomiasis)
132	Tapeworms
133	Fungal infections: Skin
134	Fungal infections: Systemic
135	Emerging infections and Bioterrorism
136	Systemic Lupus Erythamatosis
137	Rheumatoid Arthritis
138	Sero negative spondylo Arthropathy
139	Vasculitis
140	Sjogren's syndrome, Systemic Sclerosis
141	Introduction - Endocrinology
142	Thyrotoxicosis
143	Hypothyroidism
144	Thyroid Neoplasia & other thyroid disorders
145	Reproductive System – Male
146	Reproductive System - Female
147	Parathyroid Disorders – Hyper and Hypocalcemia

148	Adrenal Glands – Cushing's Syndrome
149	Adrenal insufficiency
150	Pheochromocytoma and Congenital Adrenal Hyper plasia
151	Diabetes – Causes, types, diagnosis, clinical features, Pathophysiology
152	Diabetes – Complications and Treatment
153	Hypoglycemia
154	Neuroendocrine tumors
155	Anterior pituitary diseases
156	Diabetes insipidus
157	Pituitary Tumors & Hyper Prolactinemia
158	Acromegaly
159	Multiple Endocrine Neoplasia
160	Clinical symptomatology of cardiovascular system
161	Coronary artery disease1-aetiopathogenesis and clinical features
162	Coronary artery disease 2- management and complications
163	Rheumatic fever and rheumatic heart disease.
164	Mitral valve disease-mitral stenosis
165	Mitral valve disease- mitral incompetence
166	Aortic valve disease-aortic stenosis
167	Aortic valve disease- Aortic regurgitation
168	Tricuspid and pulmonary valve disease
169	Pulmonary hypertension
170	Infective endocarditis
171	Hypertension and hypertensive heart disease
172	Acute heart failure
173	Chronic heart failure
174	Acyanotic congenital heart disease 1-ASD,PDA
175	Acyanotic congenital heart disease 2-VSD, coarctation of aorta
176	Cyanotic congenital heart disease –Tetralogy of Fallot and others
177	Cardiac arrhythmias- Brady arrhythmias
178	Acute and chronic pericarditis,
179	Diseases of the pericardium including pericardial effusion and cardiac tamponade.
180	Acute myocarditis and cardiac tumors
181	Cardiomyopathy
182	Diseases of aorta
183	Peripheral arterial disease
184	Clinical symptomatology of gastrointestinal and hepatic disease
185	Acid peptic disease.
186	Diseases of the esophagus- Gastro esophageal Reflux Disease, Motility disorders, perforation of esophagus
187	Malabsorption syndrome.

188	Inflammatory bowel disease-crohn's disease
189	Ulcerative colitis
190	Irritable bowel syndrome and ischemic gut injury
191	Diseases of the colon and rectum- tumours, Diverticulosis and anorectal disorders
192	Tumours of esophagus, stomach and small intestine
193	Acute hepatitis- A
194	Acute and chronic hepatitis-B
195	Acute and chronic hepatitis-C, D and others
196	Cirrhosis of liver- aetiopathogenesis and clinical features and management
197	Cirrhosis – complications and management
198	Portal hypertension
199	Abdominal tuberculosis
200	Pancreatitis-Acute
201	Chronic Pancreatitis and Pancreatic carcinoma
202	Hepato cellular carcinoma
203	Liver abscess
204	Gallstones and cholecystitis
205	Major manifestations/ symptomatology of central nervous system1-Higher cortical function, cranial nerves- applied aspects
206	Major manifestations/ symptomatology of central nervous system2- spino motor system, sensory and autonomous system -applied aspects
207	Major manifestations/ symptomatology of central nervous system3- cerebellar, extrapyramidal and autonomous system
208	Investigations in CNS-
209	Cerebrovascular diseases- anterior circulation stroke
210	Cerebrovascular diseases- posterior circulation stroke
211	Diseases affecting the cranial nerves
212	Inflammatory diseases – Multiple sclerosis, ADEM , acute transverse myelitis
213	Head ache
214	Degenerative diseases1- dementia, Huntington's disease
215	Degenerative diseases2- Hereditary ataxias
216	Meningitis : Viral, bacterial and tuberculosis and Encephalitis
217	Peripheral neuropathy
218	Epilepsy, EEG
219	Extrapyramidal diseases- Parkinsonism and akinetic- rigid syndromes
220	Diseases of the muscle and Common myopathies in India
221	Myasthenia gravis
222	Common compressive and noncompressive spinal cord syndromes.
223	Motor system disease
224	Spinal muscular atrophies
225	Intracranial mass lesions and raised intracranial tension

226	Cardiopulmonary resuscitation.
227	Acute pulmonary oedema.
228	Hypertensive emergencies.
229	Diabetic ketoacidosis and hypoglcaemia
230	Status epilepticus.
231	Acute severe bronchial asthma.
232	Shock.
233	Upper GI bleed and hepatic coma.
234	Diagnosis and management of comatose patient.
235	Management of poisoning1- leisure drugs, pychotropic drugs
236	Management of poisoning2-cardio respiratory drugs and analgesics
237	Management of poisoning3-pesticides and naturally occurring toxins
238	Other Bites and stings
239	Palliative and Anticancer medicines
240	Functional anatomy, physiology and clinical manifestations of urinary system
242	Acute renal failure
243	Chronic renal failure.
244	Glomerulonephritis
245	Nephrotic syndrome.
246	Urinary tract infections / pyelonephritis.
247	Obstructive uropathy and renal calculi
248	Tubulointerstitial diseases
249	Toxic and drug induced nephropathies
250	Tumors of urinary system
251	Renal vascular disease and systemic diseases involving kidneys
252	Transplantation: Preparation and care of Post transplant
253	Principles of poison management including decontamination & Poison management centers / information
254	Toxidromes & antidotes
255.	Poisoning due to Anti coagulants , analgesics , Anti diabetics and Anti infective agents
256	Poisoning due to Drugs used for CVs, and CNS,
257	Poisoning due to Drugs used for GI System , iron, anti histamines & others
258	Pesticide poisoning
259	Plants poisoning
260	Bio terrorism
261	Basics of disaster Medicine
262	Occupational Health and safety
263	Travel Medicine

(B): SEMINARS AND SYMPOSIA – some titles

1. Post resuscitation care

2. Air way management
3. Hypertensive emergencies
4. Emergencies in diabetics
5. Electrolyte imbalance
6. Sepsis
7. Bleeding
8. Status epileptics
9. Acute pulmonary edema
10. ARDS
11. Ethical issues in emergency practice
12. Medical legal issues in emergency practice
13. Puritis /Prurigo
14. Weight loss and weight gain
15. A plastic anemia
16. Constipation
17. Gout
18. Diet in elderly
19. Pharmacolvigilance

(C): CLINICOPATHOLOGY CONFERENCE – some titles

1. Anemia with congestive failure
2. Pulmonary infarction
3. P.O.U
4. Pneumonia

(D) DEMONSTRATIONS – some titles

1. History Taking
2. Communication skills
3. Cardio Pulmonary Resuscitation
4. Blood pressure recording
5.Bio Medical Waste Disposal
6. Breaking bad news
7. Gait
8.Seizures
9. Tremors
10. Nail Changes in clinical medicine
11. Adverse drug reactions
12. Counseling and guidance

(E) TUTORIALS – some titles

1. Infective endocarditis
2. COMA
3. Sepsis
4. Status epileptics

5. Nutritional disorders
6. Toxidromes & antidotes
7. Electrolyte disorders
8. Bleeding
9. Pancytopenia
10. Fever
11. Acute diarrheal disease
12. Rheumatic heart disease.
13. Acute Kidney injury
14. Chronic renal failure
15. Hepatic cirrhosis
16. Drugs and the kidney
17. Eye in general Medicine
18. Kidney in systemic medicine
19. Facial palsy
20. Short stature
21. Fiber diet.
22. Shock
23. Heart failure

(F). VERTICAL / INTEGRATED TEACHING – some titles

1. Headache
2. Vertigo
3. Anemia
4. Syncope
5. Adverse Drug reactions
6. Nutrition in clinical medicine
7. COMA, Psoriasis , Leprosy
8. Anaphylaxis
9. Clinical audit
10. Coagulation failure
11. Blood in systemic diseases
12. Snake bite
13. Sepsis
14. Acid basis disorders
15. Geriatric Medicine
16. Complementary Medicine
17. Medical Disorders in pregnancy
18. Gene therapy
19. Drowning (Ref NEJM – 2013)
20. Jaundice
21. Epitasis
22. Drugs and Pregnancy
23. Palliative care

24. Stem cells and regenerative medicine
25. Alcohol and diseases
26. Tobacco and illnesses
27. Skin changes in tropics
28. Nosocomial infections
29. Anti-infective agents
30. Orthopedic problems in elderly

(**G) DIDATIC LECTURE – Titles for Dept. of TB and Chest diseases**

S.NO	TOPIC
1	Cough,sputum,hemoptysis
2	Respiratory function test and investigation of respiratory disorders
3	Bronchial Asthma
4	COPD – Emphysema / Bronchitis
5	Bronchictasis / Lung Abscess
6	Cystic fibrosis
7	Pulmonary Tuberculosis
8	Inertial Lung diseases
9	Pleural disorder. Pneumothorax
10	Pneumonia
11	sarcodosis
12	Occupational lung diseases
13	Pulmonary Embolism
14	Sleep Apnea Syndrome
15	Respiratory Failure
16	Tumors of lung & Pleura
17	Acid base balance
18	Respiratory acidosis and alkalosis
19	Respiratory failure & management
20	Acute respiratory distress syndrome

(H) Seminars and Symposia for Dept. of TB and Chest diseases

1. Air way management
2. Acute pulmonary edema
3. ARDS

(I) Demonstrations for Dept. of TB and Chest diseases

1. Pulmonary function test
2. Chest physiotherapy
3. Sputum smear for Tuberculosis

(J) Tutorials for Dept. of TB and Chest diseases

1. Lung abscess
2. RNTCP
3. Cessation of Tobacco smoking

(K) Vertical /Integrated teaching for Dept. of TB and Chest diseases

1. Pulmonary tuberculosis
2. Bronchial Asthma
3. Pulmonary manifestations in systemic diseases
4. ARDS

(L)DIDATIC LECTURE – Titles for Dept.of Dermatology and STD

S.NO	TOPIC
1	Anatomy of the skin
2	Functions of the skin, introduction to terminologies
3	Bacterial infections
4	Viral infections
5	Fungal infections
6	Parasitic infestations
7	Diseases caused by nutritional and environmental factors
8	Allergic disorders- urticaria, atopic dermatitis, contact dermatitis
9	Common drug reactions- erythema multiforme, toxic epidermal necrosis, exfoliative dermatitis
10	Papulosquamous disorders- psoriasis, pityriasis rubra pilaris
11	Papulosquamous disorders- lichen planus, pityriasis rosea
12	Eczema and dermatitis
13	Sebaceous glands—structure, function. Acne, seborrheic dermatitis
14	Sweat glands- structure, function. Miliaria, hyperhidrosis
15	Vesiculobullous disorders
16	Functions of melanocytes, pigment metabolism, disorders of pigmentation
17	Disorders of keratinisation
18	Disorders of hair- alopecia, hirsutism
19	Dermatological therapy - part I
20	Dermatological therapy - part II
21	Genital ulcer diseases- part I
22	Genital ulcer diseases- part II
23	Genital discharge
24	HIV and AIDS – part I
25	HIV and AIDS – part II
26	Leprosy – classification, microbiology, pathology
27	Clinical features of leprosy
28	Reactions in leprosy
29	Management with control programme
30	Deformities in leprosy

(M). **SEMINARS & SYMPOSIA for Dept.of Dermatology and STD**

1. Infections of skin
2. Papulo – squamous diseases of skin
3. HIV/ AIDS
4. Leprosy
5. Dermatological drug therapy – topical & Systemic
6. Drug reactions – muco – Cutaneous manifestations

(N). DEMONSTRATIONS for Dept.of Dermatology and STD

1. Counseling HIV/ AIDS patients
2. Skin manifestations in drug reactions

(O). TUTORIALS for Dept.of Dermatology and STD

1. Reactions in leprosy
2. Bacterial infections
3. Therapeutic aspects in Dermatological Practice
4. Nutrition and skin

(P)**VERTICAL / INTEGRATED TEACHING TOPICS for Dept.of Dermatology and STD**

1. Diabetes & skin manifestations in diabetes
   Dept of Medicine & dept of Dermatology
2. Skin manifestations in systemic diseases
   Dept of Medicine, Dept of Dermatology & Surgery
3. HIV / AIDS
   Dept of Microbiology, Dermatology, medicine, chest Medicine, Pharmacology, and Community Medicine
4. Universal work precautions & needle stick injures
   Dept of Microbiology, Surgery, Obstetrics & Gynecology & Skin & STD
5. Psoriasis
   Dept of Dermatology, Orthopedics, Pharmacology and Medicine -
6. Nutritional disorders:
   Dept of Medicine, Dermatology, Biochemistry, Community Medicine

(Q)DIDATIC LECTURE – Titles for Dept.of Psychiatry

S.NO	TOPIC
1	Historical aspects of the diagnosis and treatment of mental illness
2	Concept of mental health Vs mental illness;
3	Classificatory system currently in use in psychiatry
4	Eliciting a detailed psychiatric history and conducting a mental status examination;
5	Defining, eliciting and interpreting psychopathological symptoms and signs

6	Concepts underlying normal and abnormal human behaviour
7	Principles of learning & memory
8	Personality and intelligence
9	Psychopathology
10	Classification of the different types of psychoses :differences between psychoses and neuroses
11	Difference between functional and organic psychoses
12	Schizophrenia - Clinical features, diagnosis and management
13	Mania , Bipolar affective disorder - Clinical features, diagnosis and management
14	Depression- Clinical features, diagnosis and management
15	Anxiety disorders and hysteria-- Clinical features, diagnosis and management
16	Alcoholism & Substance abuse - Clinical features, diagnosis and management
17	Clinical recognition and initial therapy of psychiatric emergencies
18	Psychiatric disorders of childhood and adolescence- Clinical features, diagnosis and management
19	Psychogeriatrics
20	Personality disorders

(R). **SEMINARS & SYMPOSIA for Dept.of Psychiatry**

1)Suicide –theories, Assessment & psychosocial intervention.
2)Delirium tremens - Clinical features, diagnosis and management
3)Ethical issues in Psychiatry
4)Mental health act

(S). DEMONSTRATIONS for Dept.of Psychiatry

1. How to do a MSE
2. Assessment of EPS
3. Assessment of other Abnormal Involuntary movements
4. Demonstration of ERP

(T) TUTORIALS for Dept.of Psychiatry

1) Schizophrenia –Definition, typology, diagnosis, management
2) Bipolar affective disorder –Definition, types, diagnosis, management
3) Obsessive compulsive disorder –Definition, diagnosis, management
4) Psycotherapy techniques

(U)VERTICAL / INTEGRATED TEACHING TOPICS for Dept.of Psychiatry

1)Psychiatric aspects of seizure disorder
2)Psychiatric aspects of pain management

Seminar

S.No.	Date	Seminar title and candidate's contribution	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				

Symposia

S.No.	Date	Symposia title and candidate's contribution	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				

Small group discussion

S.No.	Date	Activity	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				
7				

Clinico-pathology conference

S.No.	Date	Symposia title and candidate's contribution	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				

Integrated teaching

S.No.	Date	Title	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Problem based learning

S.No.	Date	Tilte	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Revision topics

S.No.	Date	Revision topic	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Tutorials

S.No.	Date	Tilte discussed	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation of candidate in various forms of examination conducted by the department along with the marks scored.(Actual)

S.No.	Date	Nature of examination and marks scored	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in other Competitive examination(s) or any other academic activities like quiz etc., at colleges / inter colleges level (Optional)

S.No.	Date	Competitive examination/ other activities -specify	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in research activities, CMEs / Guest Lectures, conferences etc., (Actual)

S.No.	Date	Nature of the activity	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Awards / achievements received.(optional)

S.No.	Date	Awards / achievements	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in out reach activities

S.No.	Date	Out reach activities	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Any other as desired and approved by the unit chief/ Prof. and Head or Dean/University

S.No.	Date	Other approved activities	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Medicine case record-1

Name:

Op/ Ip no:

Age: sex:

date of admission:

Address:

date of discharge:

Ward no:

Socio economic status:

Diagnosis:

Education:

Occupation:

Aadhar no:

Mobile no:

CHIEF COMPLAINTS:

History of presenting illness:

Past history:

Treatment history:

Personal history:

Family history:

Social history:

Menstrual /obs history:

GENERAL PHYSICAL EXAMINATION:

VITALS: PULSE: BP:

RESP.RATE: TEMP:

Ht: BMI:

Wt: Waist circumference:

SYSTEMIC EXAMINATION:

DIAGNOSIS:

DIFFFERENTIAL DIAGNOSIS:

INESTIGATIONS:

TREATMENT AND PROGRESSON:

DISCHARGE AND FOLLOW UP ADVICE:

Medicine case record-2

Name: Op/ Ip no:

Age: sex: date of admission:

Address: date of discharge:

Ward no:

Socio economic status: Diagnosis:

Education:

Occupation:

Aadhar no: Mobile no:

CHIEF COMPLAINTS:

History of presenting illness:

Past history:

Treatment / Medication history:

Personal history:

Family history:

Social history:

Menstrual /obs history:

GENERAL PHYSICAL EXAMINATION:

VITALS: PULSE: BP:

RESP.RATE: TEMP:

Ht: BMI:

Wt: Waist circumference:

SYSTEMIC EXAMINATION:

DIAGNOSIS:

DIFFFERENTIAL DIAGNOSIS:

INESTIGATIONS:

TREATMENT AND PROGRESSON:

.

DISCHARGE AND FOLLOW UP ADVICE:

GENERAL SURGERY

Syllabus for MBBS Part III Surgery

GOAL

The broad goal of the teaching of undergraduate students in surgery is to produce graduates capable of delivering efficient first contact surgical care, by equipping them with appropriate knowledge, skill and attitude.

OBJECTIVE

a.Knowledge: At the end of the course, the student should be able to:

1. Describe aetiology, pathophysiology, principles of diagnosis and management of common surgical problems including emergencies, in adults and children.
2. Define indications and methods for fluid and electrolyte replacement therapy including blood transfusion.
3. Define asepsis, disinfection and sterilization and recommended judicious use of antibiotics.
4. Describe common malignancies in the country and their management including prevention
5. Enumerate different types of anesthetic agents, their indications, mode of administration, contraindications and side effects.
6. Understand basic medical ethics, medicolegal aspects and communication

b. SKILLS

1. Obtain a proper relevant history and perform a humane and thorough clinical examination including internal examinations (per-rectal) and examination of all organs / systems in adults and children.

2. Arrive at a logical working diagnosis after clinical examination.

3.Order appropriate investigations keeping in mind their relevance (need based) and cost effectiveness.

4. Plan and institute a line of treatment which is need based, cost effective and appropriate for common ailments taking into consideration:

   a. Patient,
   b. Disease,
   c. Socio-economic status,

5. Recognize situations which call for urgent or early treatment at secondary and tertiary centres and make a prompt referral of such patients after giving first aid or emergency treatment.

6. Demonstrate empathy and humane approach towards patients, relatives and attendants, by effective communication skills, involving the patients' surgical condition its management and outcome.

7. Develop a proper attitude towards, colleagues and other staff.

c.Integrated Teaching

Vertical integration with Pathology(Normal and abnormal cells, Malignancy chronic infections etc**), Microbiology(**Wound infections, Hospital acquired Infections, Resistance to antibiotics etc**), Anatomy(** Applied anatomy of head and neck groin abdomen leg etc**), Bio-chemistry(** Basis of diagnosis of conditions related to HPB, Tumour markers**)**
Horizontal Integration with other surgical specialties such as plastic(ulcers skin cover scars etc**), urology(** BPH with hernias etc**),neurosurgery(** trauma and head injuries**)and pediatric surgery(**congenital surgical conditions etc**)**

TEACHING HOURS

Clinical PostingsTheory Teaching Hours

26 Weeks 300 Hours

Introduction -2 weeks	1) Didactic Lectures	- 200 hrs
	A. Pre-Final	40
	B. Final	160
4weeks - Regular	2) Seminars	- 52 hrs
8 weeks - Prefinal	3) Workshops/Video Presentations	- 18 hrs
12 weeks - Final	4) Group Discussions	- 30 hrs

TEACHING METHODOLOGY

Involve observer ship in surgical teaching - Video demonstrations(clinical examination and clinical cases**), surgery exposes(** pictorial teaching of surgical conditions) **AV aids – clinical and theory classes – ward demonstrations at bedside clinics(**clinical signs**) – theory classes – short answer tests(** Theory of surgery**) – evaluation– and continuous internal assessment(**Clinical examination**).**

THEORY SYLLABUS

The **must know, desirable know, nice to know in the ratio of 60:30:10**

vide annexure1

PRACTICAL SYLLABUS At a skills lab

Laboratory Skills using aids- mannequins models etc. IV access Blood taking IM injection Male and female catheterization.

REFERENCE LEARING BOOKS

1.	Bailey & Love's	-	Short Practice of Surgery
2.	Das	-	Clinical Methods in Surgery
3.	Hamilton Bailey's	-	Demonstration of Physical Screening in Clinical Surgery
4.	Pye's	-	Surgical Handicraft.

THEORY EXAMINATION

Paper III – Surgery including Orthopedics

Section A

1. Essay	1 x 10 marks = 10 marks
2. Brief Answers	3 x 5 marks = 15 marks
3. Short Notes	3 x 2 marks = 6 marks

Total	**31 marks**

Section B (Orthopaedics)

1. Essay	1 x 10 marks = 10 marks
2. Brief Answers	3 x 5 marks = 15 marks
3. Short Notes	2 x 2 marks = 4 marks

Total	**29 marks**

Paper IV– Surgery including Anaesthesia

Question	**Marks**
Long question	**1 x 10 marks = 10 marks**
Case scenario	**1 x 10 marks = 10 marks**
Brief Answers	**6 x 5 marks = 30 marks**
Short Notes	**5 x 2 marks = 10 marks**

Total -	**60 marks**

PRACTICAL EXAMINATION

Surgery

1. Long case	1 no	`	=	30 marks(45 minutes)
2.Short case	2 nos	15 x 2	=	30 marks(30 minutes)
3.OSCE	3nos	5x3	=	15 marks(10-15 minutes)

			Total -	**75 marks**
				----------

eg of OSCE one station to be interactive with a patient or role play

Long Case (History 5,Clinical signs 5 Diagnosis 5 Investigations 5 Discussion 5 Management 5)

Short Case (Diagnosis 5, Investigations 5, Management 5)

Orth

1.Short case	2 no	10 x 2	=	20 marks
2.OSCE	1 no	5 x 1	=	5 marks

			Total -	**25 marks**

Eg of OSCE to be observed as student examines

Viva Voce as present 20 marks(15 for surgery 5 for ortho)

5 marks each

1. X-rays
2. Operative surgery and instruments
3. Pathology Specimens

Ortho – 5 marks

FORMATIVE ASSESSMENT

QUARTERLY REPORT WITH ATTENDANCE MANDATORY FROM THIRD YEAR ONWARDS

INTERNAL ASSESSMENTS (60 marks)

Third semester	-	10 marks- One test (Theory 5 and Practical 5) (First 12 Chapters Bailey and Love)
Fifth and Seventh semester	-	15 marks – one test (Theory 10 and Practical 5) (Chapters 13-32)

Eighth and Ninth semester (Chapters 42, 43,48Neck,49-81)	-	25 marks – two tests (Theory 15 and Practical 10)
Log Book	-	10 marks

INTERNAL ASSESSMENTS TEST UNIT WISE TO BE DONE

Suggested guidelines for conduct of OSCE for continuous assessment during clinical course see annexure 2 – To conduct Clinical Examination Model for IA at the end of the every final year posting by the concerned unit.

MEDICAL ETHICS INCLUDING

Consent for surgery

Dangerously ill patient intimation

Human rights including confidentiality

Syllabus -Annexure 1

Part I

PRINCIPLES

1. **Must know**
   a. Shock and blood transfusion
   b. Wounds, tissue repair and scars
   c. Basic surgical skills
   d. Surgical infection
      - Prophylactic antibiotics
      - Bacteria involved in surgical infection
   e. Patient Safety
   f. Surgery in the tropics
      - Amoebiasis
      - Ascariasis
      - Filiarsis
      - Hydatid cyst
      - Leprosy
      - Typhoid
      - Tuberculosis
2. **Desirable to know**
   a. Metabolic response to injury
   b. Anastomosis
   c. Principles of paediatric surgery
   d. Principles of oncology

e. Clinical research
f. Surgical ethics and law
g. Surgery in the tropics
   - Poliomyletis
   - Tropical Chronic Pancreatitis
   - Mycetoma

3. Nice to know

a. Principles of laparoscopic and robotic surgery
b. Surgical audit

Part II Investigations and Diagnosis

Must Know

a. Tissue Diagnosis
b. Diagnostic investigation X-ray, USG

Desirable to know

a. Diagnostic imaging CT, MRI

Nice to know

a. Gastrointestinal Endoscopy

Part III Peri-operative Care

Must Know

a. Preoperative Preparation
b. Basic Anaesthesia
c. Nutritional fluid therapy
d. Post operative Care

Desirable to know

a. Care in the operating room
b. Perioperative management of high risk patient

Nice to know

a. Day care surgery

Part IV Trauma

Must Know

a. Early assessment and management of Trauma
b. Burns
c. Tarso Trauma

Desirable to know

a. Emergency Neurosurgery
b. Maxillofacial Surgery

c. Plastic & Reconstruction Surgery

Nice to know

a. Plastic & Reconstruction Surgery

Part V Skin and sub-cutaneous tissue

Must Know

a. Functional Anatomy and physiology
b. Skin
    - Benign
    - Malignant
    - Vascular lesion
    - Wounds

Nice to know

a. Practical and ethical issue

Part VI Head and neck

Must Know

a. Oropharangeal cancer
b. Disorders of salivary gland
c. Pharynx, larynx and neck

Desirable to know

a. Cleft lip
b. Cleft palate

Nice to know

a. Elective neurosurgery

Part VIIBreast & Endocrine

Must Know

a. The Thyroid
b. The Breast

Desirable to know

a. Parathyroid gland
b. Adrenal gland

Nice to know

a. Other surgical Endocrine Disorders

Part X Vascular

Must Know

a. Arterial Disorder
    - Arterial stenosis & occlusion
    - Gangrene
    - Amputation
    - Vasospastic conditions
b. Venous Disorder
    - Anatomy of venous system of the limbs and venous pathology
    - Varicose veins
    - Venous thrombosis
    - Leg ulceration
    - Venous Injury
c. Lymphatic Disorder
    - Anatomy, Physiology of the lymphatic system
    - Lymphodema

Desirable to know

a. Angiography
b. Operation for arterial stenosis and occlusion
c. Therapeutic Embolization
d. Aneurysm
e. Duplex ultrasound
f. Congenital venous anomalies
    - Axillary vein thrombosis
    - Venous tumor

Nice to know

a. Endovascular Procedure
b. Endovenous Laser Ablation
c. Lymphedema Surgeries

Part IX Abdomen

Must know

a. History and Examination of the abdomen
b. Abdominal Wall Hernia and Umbilical Hernia
c. Ventral Hernia
d. Oesophageal stricture, Achalasia and Carcinoma Surgical anatomy
e. Stomach and Duodenum

f. The liver
g. The Gall bladder and bile duct
h. The small and large Intestine
i. Intestinal Obstruction
j. Vermiform appendix
k. The Rectum
l. The anus anal

Desirable to known

a. The Peritoneal, Omentum, Mesentery and Retroperitoneal space
b. The Oesophagus- GERD, Perforation, Congenital Anomaly, FB, Patho physiology
c. Liver- Trauma, Portal Hypertension
d. The Spleen
e. The Pancreas

Nice to Know

a. Bariatric Surgery
b. Liver Surgeries
c. Laparoscopic Hernia Repair

Part X Genito-Urinary

Must Know

a. Urinary Symptoms and Investigations
    - Urinary Symptoms
    - Investigation of Urinary tract
    - Anuria
b. The kidney and Ureter
    - Surgical Anatomy
    - Congenital Anomaly
    - Hydronephrosis
    - Renal Calculi
    - Ureteric Calculus
    - Neoplasm of Kidney
c. The Prostate
d. Urethra and Penis
e. Testis & Scrotum
f. Urinary bladder

Desirable to know

a. Seminal vessels
b. Dialysis
c. Injuries of kidney and ureter

d. Carcinoma of bladder
e. Urinary Diversion
f. Male factor Infertility

Nice to know

a. Laparoscopic Renal surgery
b. PCNL, URS
c. Endoscopic surgery - Uethrotomy and TURP

Part XI Transplantation

Must Know

a. Historical prospective
b. Graft Rejection

Desirable to know

a. Immuno-suppressive therapy
b. Organ Donation

Nice to know

a. HLA Matching
b. Tissue Typing
c. Kidney, Liver, Pancreas and other Transplantation

Surgical Instruments

Must know

a. Common instruments used in surgery

Model OSCE weekly tests-Annexure 2

1st Mandatory Observed Clinical Case 15 minutes

First Clinical Year - 1st surgical posting best done weekly by any teacher

Student's Name :

Department / Unit :

MOCC Date :

Case :Any Case

Attributes	Poor	Satisfactory	Good	Excellent
Ethics (Introduction of self, explaining the examination procedures etc.)				
History taking under supervision				
Answering Questions on history				

Overall performance /100

*Key for performance: <50% - Poor 50-60% - Satisfactory 60-80% - Good >80% - Excellent
For guidance only

Mandatory narrative on deficiencies noted. Feedback to be given to the student:

Ethics	History	Interaction with examiner

Preceptor's Name Signature

Continuous Assessment in Surgery

2nd Mandatory Observed Clinical Case

First Clinical Year – 2nd surgical posting best done weekly by any teacher

Student's Name :

Department / Unit :

MOCC Date :

Case : A swelling and ulcer

Attributes	Poor	Satisfactory	Good	Excellent
Ethics (washing hands, Introduction of self, explaining the examination procedures etc.)				
History given Student to ask 2 questions				
Inspection – Description				
Palpation – Method				
Differential diagnosis				
Interaction with examiner				

Overall performance /100

*Key for performance: <50% - Poor 50-60% - Satisfactory 60-80% - Good >80% - Excellent
For guidance only

Mandatory narrative on deficiencies noted. Feedback to be given to the student:

Ethics	History	Inspection	Palpation	Differential diagnosis	Interaction with examiner

Preceptor's Name Signature

Continuous Assessment in Surgery

Mandatory Observed Clinical Case

2nd clinical year conducted once

Duration : 20 minutes

Student's Name :

Department / Unit :

MOCC Date :

Case Diagnosis :

	Total Marks	Obtained Marks
Observed History taking (5 minutes)	**5 marks**	
Observed Examination technique (5 minutes)	**5 marks**	
Differential Diagnosis (2 minutes)	**2 marks**	
Discussion on Investigations – Details of technique, equipment, materials/dyes used, procedure etc. (3 minutes)	**3 marks**	
Details of operative/therapeutic procedure – Anaesthesia (type drugs, dosages etc), Incisions, Drains, Sutures, Complications etc. (5 minutes)	**5 marks**	

General Comments during the posting :

Attitude, Punctuality, Ethical conduct, appropriately dressed etc.	**5 marks**	

Total Marks : /25

Mandatory Narrative on deficiencies noted (additional sheets can be used)

History	Examination technique	Diagnosis	Investigation	Details of operative procedure	General Comments

Preceptor's Name Signature

Continuous Assessment in Surgical Posting

Mandatory Observed Clinical Case – Final Year **weekly** exam 15 minutes by any teacher

Student Name :

Department / Unit :

MOCC Date :

Case Diagnosis :

Attributes	Poor	Satisfactory	Good	Excellent
Approach to patient				
History to be given 4 relevant questions by student on history				
Physical examination technique				
Correlating history and physical findings to formulate diagnosis				
Discussion including investigations and treatment				

Overall performance /100

*Key for performance: <50% - Poor 50-60% - Satisfactory 60-80% - Good >80% - Excellent

Mandatory narrative on deficiencies noted. Feedback to be given to the student:

Approach to patient	History	Physical Examination	Correlating history	Discussion

Preceptor's Name Signature

Annexure 3

CRRI ORIENTATION

SKILLS	PERFORM INDEPENDENTLY	PERFORM WITH SUPERVISION	ASSIST THE EXPERT	OBSERVE
Obtain a proper relevant history and perform a humane and thorough clinical examination, internal examination(perrectal and pervaginal) and examinations of all organs / Systems in adults and children	yes			
Arrive at a logical working diagnosis after clinical examination	yes			
Order appropriate tests keeping in mind their relevance and cost effectiveness	yes			
Write the complete case record with all necessary details	yes			
Write a proper discharge summary with all relevant information	yes			
Obtain an informed consent for any examination / procedure	yes			
At the end of the session , the learners should be able to perform the following	yes			
Start an IV line and monitor infusion	yes			
Start and monitor blood transfusion	yes			
Venous cut down	yes			
Manage a CVP line	yes			
Conduct CPR(Cardio pulmonary resuscitation)	yes			

Basic life support / ITLS	yes			
Endotracheal intubation	yes			
Pass nasogastric tube	yes			
Perform digital rectal examination and proctoscopy	yes			
Urethral catheterization	yes			
Dressing of the wounds/ ulcers	yes			
Suturing of simple wounds	yes			
Remove small subcutaneous swellings		yes		
Various types of biopsies		yes		
Relieve pneumothorax		yes		
Infiltration , surface and digital nerve blocks		yes		
Incise and drain superficial abscesses		yes		
Manage lacerated wounds		yes		
Control external haemorrhage		yes		
Vasectomy			yes	
Circumcision			yes	
Surgery for hydrocele			yes	
Surgery for hernia			yes	
Injection / banding of piles			yes	
Management of shock			yes	
Assessment and management of burns			yes	
The candidate shall observe all the operations performed by the surgeons by assisting and observing surgeons during general surgical posting				yes

SKILLS for Interns

1. Obtain a proper relevant history and perform a humane and thorough clinical examination including internal examinations (per-rectal and per-vaginal) and examinations of all organs / systems in adults and children.
2. Arrive at a logical working diagnosis after clinical examination.
3. Order appropriate investigations keeping in mind their relevance (need based) and cost effectiveness.
4. Plan and institute a line of treatment which is need based, cost effective and appropriate for common ailments taking into consideration :
    a. Patient,
    b. Disease,
    c. Socio-economic status,
    d. Institutional / Governmental guidelines.
5. Recognize situations which call for urgent or early treatment at secondary and tertiary centres and make a prompt referral of such patients after giving first aid or emergency treatment.
6. Demonstrate empathy and humane approach towards patients, relatives and attendants.
7. Develop a proper attitude towards patients, colleagues and other staff.
8. Demonstrate interpersonal and communication skills befitting a surgeon in order to discuss the illness and its outcome with patient and family.
9. Establish rapport and talk to patients, relatives and community regarding all aspects of medical care and disease.
10. Write a complete case record with all necessary details.
11. Write a proper discharge summary with all relevant information.
12. Write a proper referral note to secondary or tertiary centres or to other surgeons with all necessary details.
13. Assess the need for and issue proper medical certificate to patients for various purposes.
14. Maintain an ethical behavior in all aspects of medical practice.

15. Appreciate patient's right to privacy.
16. Obtain informed consent for any examination / procedure.
17. Be able to do surface marking of common superficial arteries, veins, nerves and viscera.
18. Assess and manage fluid / electrolyte and acid base imbalance.
19. Adopt universal precautions for self protection against HIV and hepatitis and counsel patients.
20. Start i.v. line and infusion in adults, children and neonates.
21. Do venous cutdown.
22. Give intradermal / S.C. / I.M. / I.V. injection.
23. Insert and manage a C.V.P. line.
24. Conduct C.P.R. (Cardiopulmonary resuscitation) and first aid in newborns, children and adults including endotracheal intubation.
25. Pass a nasogastric tube.
26. Pass a stomach tube and do stomach wash.
27. Perform vasectomy.
28. Perform circumcision.
29. Perform reduction of paraphimosis.
30. Do Proctoscopy.
31. Do injection and banding of piles.
32. Incise and drain superficial abscesses; Do dressings.
33. Manage superficial wounds and do suturing of superficial wounds & wound toilet.
34. Remove small cutaneous / subcutaneous swellings.
35. Control external haemorrhage.
36. Catheterize bladder in both males and females.
37. Perform nerve blocks like infiltration, digital, pudendal, paracervical and field block.
38. Relieve tension pneumothorax by inserting a needle.
39. Insert a flatus tube.
40. Provide first aid to patients with peripheral vascular failure and shock.
41. Assess degree of burns and administer emergency management.

Text Book of choice. Bailey and Love (26th edition at present). The student must know what is, desirable know, nice to know in the ratio of 60:30:10 as per the Bailey and Love'slatest textbook and this is included here along with Basic skills to be learned.

LOG BOOK

Log Book should be followed as recommended by the University.

NAME OF THE COLLEGE:

PLACE:

COLLEGE LOGO

LOG BOOK: GENERAL SURGERY

THE TAMILNADU DR.MGR MEDICAL UNIVERSITY

69, ANNA SALAI, GUINDY,

CHENNAI – 600 032

TAMILNADU,

INDIA.

BASIC INFORMATION OF THE CANDIDATE

PARTICULARS OF THE STUDENT:

Name of the student:

University Register number:

Mobile No:

Photo shall be duly attested by unit chief with seal.

Parent address:

Email ID :

Contact number :

PARTICULARS OF MENTOR

Name:

Designation

Mobile No:

Email ID

STATEMENT FOR TOTAL NUMBER OF PAGES IN THE LOG BOOK

This log book contains……..pages and are serially numbered

Asst Professor

(Name……)

Date:

Unit chief.

(Name……)

BONAFIDE CERTIFICATE

This is to certify that this log book is the Bonafide record of

Mr. /Ms…….whose particulars along with photo is given above.

His /her clinical and academic activities along with attendance are documented in the ensuing pages of this log book.

Signature of Unit Chief with seal
(Name …….)

Signature of Head of Dept. with seal
(Name …….)

Approval by the examiners:

Internal

1.
2.

External

1.

2.

Date of university clinical examination:

BASIC INFORMATION

The logbook system is introduced mainly for the candidates and the faculty to get familiarized with the nature of clinical and academic activities to which candidates have to be exposed, and bring uniformity in teaching and training among various medical colleges affiliated to this university. More over the primary objective of the log book is to record the details of students clinical and theoretical learning. Also, it makes the students to participate in various forms of learning activities and ensures his/ her participation. Log book shall be of **o**ne quire note book of legal size and in bound manner.

In fact log book becomes a reflective record of his/ her learning and achievements, and faculty contribution towards learning. In view of that every student has to be motivated to document what he has learned in the respective department / specialty in the log book and make it as a permanent record for him/ her after an approval by the examiners duly appointed by the university.

Hence, all the Unit Chiefs and Prof & Head belonging to different clinical departments / specialty are requested to inform their clinical students belonging to 3rd,4th,5th, 6th,7th, 8th and 9th semester, to maintain a structured log book. Each discipline / department shall have their own logbook, but the basic structure shall be the same. Surgery log book shall have General Surgery including Radio-diagnosis, Anesthesia, Casualty and Dentistry.

From semesters 3 to 9, each student undergoes various clinical postings after an introductory course of two weeks each in clinical methods in Medicine and Surgery, as per Medical Council of India (MCI) and University norms. The minimum period of posting in General Surgery and allied specialties as per MCI is given in a table displayed in page '9' of the log book. As per MCI and university, the total duration of clinical posting comes to 142 weeks including 12 weeks of community medicine posting.

This log book though provides some titles and examples for the clinical and academic learning in the contents, student's participation in various other clinical and academic programmes organized at department or institutional level, other than those mentioned in the contents are welcome. All such activities shall be documented in the log book. Certain guidelines for the maintenance of log book are given in the ensuing pages. These may be adhered by students, faculty and resident of the institution, and they may be motivated to adhere to the guidelines for the maintenance of log book.

The coordinator of medical education unit (MEU) and the members of MEU along with the Head of Clinical departments shall take initiatives for the clinical and academic learning of the candidates. They along with their clinical supervisors and unit chiefs are responsible for carrying out the various forms of learning activities and monitor students' participation regularly with the support of Medical Superintendent and the Dean. Also, the MEU shall maintain the summary of the clinical and academic learning activities of different batches of medical students for the purposes of MCI and University.

CLINICAL ACTIVITIES

PARTICIPATION IN ACADEMIC PROGRAMMES			
1	Didactic lecture (Actual)	36	
2	Seminar (one per month)	36	
3	Symposia & Small group discussion (one per month)	37	
4	CPC- (one per month)	38	
5	Integrated teaching (one per month)	38	
6	Problem based learning	39	
7	Revision topics (one per month)	39	
8	Tutorials (one per month)	40	
9	Participation of candidate in various forms of examination conducted by the department along with the marks scored.	40	
10	Participation in other Competitive examination(s) or any other academic activities like quiz etc., at colleges / inter colleges level **(Optional)**	41	
11	Participation in research activities, CMEs / Guest Lectures, conferences etc., (Actual)	41	
12	Awards / achievements received (optional)	42	
OTHERS----SPECIFY			
1	Participation in out reach activities	42	
2	Any other as desired and approved by the unit chief/ Prof. and Head or Dean/University	43	
CLINICAL RECORDING OF CASES ALLOTTED		44 onwards	

DETAILS OF THE CLINICAL POSTINGS AND CANDIDATE'S PARTICIPATION IN GENERAL SURGERY & ALLIED SPECIALTIES

Subject	**Weeks**	**Time Period From …To**	**No of days not attended**	**Remarks**	**Signature of clinical faculty**
General Surgery including Radio-diagnosis, Anesthesia, Casualty and Dentistry to a total of 32 weeks					
Dressing & Anesthesia	2				
General Surgery	4				
	4				
	4				
	6				
	6				
Radiology	2				
Casualty	2				
Dentistry	2				

GUIDELINES FOR LOG BOOK

I. INFORMATION TO STUDENTS

1. Students shall be directed to carry the respective log book daily while proceeding to the ward during their clinical posting.
2. Each medical student is the owner of his/ her log book and hence, he/ she have to maintain their logbook safely.
3. The log book shall be kept as record work of the candidate for that department /specialty and allied sciences and be submitted to university as a Bonafide record of the candidate
4. It is the responsibility of the student to enter their activity in respective pages and get them duly signed by the Unit Assistant Professor / Senior Resident (clinical supervisor) at 12 noon before leaving the hospital
5. Students are informed to keep a copy of the log book for safety, which shall be used at the time of loss of log book

II. INFORMATION TO FACULTY:

1. **Clinical supervisor:** Unit Assistant Professor (AP) / Senior Resident (SR) shall be their immediate clinical supervisor who shall review their clinical activities, monitor their participation in academic programmes and learning, and make an entry of the student's activities in the log book during their posting in their unit.
2. **Case allotment:** The clinical supervisor (AP/ SR) of the respective department/ specialty shall allot cases to students every week, and the students shall be motivated to see the case allotted to him / her and follow the case till the patient gets discharged. He / she shall write the **twenty case records** (related to Digestive system, Endocrine system, Renal system, Vascular system and Emergencies) of the cases allotted in detail, get it corrected by the clinical supervisor and unit chief under whom the he / she has been posted. Patients Name, IP No, admission and discharge dates, clinical history, thorough clinical examination of the case, clinical course, differential diagnosis, investigations, diagnosis, therapy, referral, discussion on discharge plan and follow up, discharge data etc., shall be written in detail for each case allotted. Cases allotted to the students shall tally with the hospital record, as these shall be scrutinized / verified by the duly appointed university examiners.

3. **Case Presentation:** Kindly make each student to present one case per week to the clinical supervisor /Unit chief. The details of the case such as Name, IP No, Age, Sex,

Diagnosis and Admission, discharge date of such cases shall be stated in the respective pages.

4. **Clinical signs learned:** Kindly ask the students to write the names of various clinical signs learned /demonstrated to him / her during the course of his clinical postings.
5. **Cases discussed in grand rounds:** Students shall be included in the grand rounds taken by the unit chief once a week. During grand rounds make the students to learn the art of integrating key knowledge, skills and techniques applicable across the disciplines. The students may be encouraged to demonstrate their understanding of the patho-physiological basis of health and disease. Also, during grand rounds involve the students as a member of service team and interact with him/ her on various issues (clinical, diagnostic, therapeutic, preventive, ethical and social issues/ challenges posed in the case under discussion). Let the students be trained to apply evidence based medicine in decision making and be highlighted on the professional and ethical aspects related to the case. Finally ask the students to enter the case discussed in grand rounds in the respective pages of the log book and get the signature from the clinical supervisor.
6. **Clinical demonstration: S**tudents shall be exposed to clinical demonstration programme once a week where in the clinical supervisor / unit chief reinforce the importance of making a clinical diagnosis based on clinical history at the bed side, differentiate it from others (differential diagnosis), investigation and interpretation, and management plan including discharge and rehabilitation. The details of such cases discussed in clinical demonstration shall be entered.
7. **Procedures / Surgeries** seen observed / assisted / done or carried out; participation in night clinics, emergencies attended, training undergone on OSCE/ OSPE and instruments, clinical assignments written by the candidate or any similar clinical activities carried out shall be entered in respective pages of the log book and be signed by the concerned clinical supervisor.
8. **Entry of Academic Programmes / activities:** Kindly motivate each student posted to their unit to enter the academic programme in which he / she has participated in the respective pages of the log book. While entering the details, please ensure them to write the date and the title covered, and get them signed by clinical supervisor on weekly basis.
9. **Assessment:** The clinical supervisors and the unit chief shall assess the candidate during their posting and grade them as given in the respective table.
10. **Signature:** The faculty, shall record the students'partitive

III. ADMINISTRATIVE MATTERS:-

1. Over all each and every activity / participation of the candidate shall be entered in the logbook and be signed daily by AP/ SR i/c of the unit. The unit chief shall review the clinical and academic learning of the students posted to their unit at the end of the week and sign. The unit chief shall monitor the attendance on weekly basis and share his observation with students and then bring it to the notice of Head of Dept
2. The entire log book of the candidate shall be verified by the unit chief again at the end of final posting. The unit chief shall also verify whether the students have achieved the learning objectives of their department before the student completes his / her posting in that department.
3. The Head of department shall countersign in the record once in 15 days and again at the end of postings which shall be shown as Bonafide work of the candidate for the respective examination and countersigned by all the internal and external examiners.
4. Prof. & Head of the department shall note down the attendance of the students and their leave particulars for the respective week in a ledger and maintain the record for university purposes.
5. The internal assessment marks shall be awarded based on the activities recorded / assessed as per the log book.

IV. Suggestions for improvement of log book:

1. Any other information to be included in logbook or suggestions for modification of the log book is welcome. Kindly forward your suggestions for improvement of the log book to the "Academic officer, The TamilnaduDr.M.G.R. Medical University, 69, Anna salai, Guindy, Chennai – 600 032.

OVERALL ASSESSMENT OF CANDIDATE FOR GENERAL SURGERY

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with date				

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR RADIO-DIAGNOSIS

S.No.	Criteria	Grade
		I-Posting
1	Regularity	
2	Academic Ability	
3	Analytical Skills	
4	Practical Skills	
5	Leadership Quality	
6	Teamwork Ability	
7	Communication Skills	
8	Teaching Ability	
9	Innovation willingness	
10	Research Aptitude	
11	Case presentation	
12	Interactive participation	
Signature of Unit chief with date		

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR ANESTHESIA

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with date				

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR CASUALTY

S.No.	Criteria	Grade
1	Regularity	
2	Academic Ability	
3	Analytical Skills	
4	Practical Skills	
5	Leadership Quality	
6	Teamwork Ability	
7	Communication Skills	
8	Teaching Ability	
9	Innovation willingness	
10	Research Aptitude	
11	Case presentation	
12	Interactive participation	
Signature of Unit chief with date		

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR DENTISTRY

S.No.	Criteria	Grade
		I-Posting
1	Regularity	
2	Academic Ability	
3	Analytical Skills	
4	Practical Skills	
5	Leadership Quality	
6	Teamwork Ability	
7	Communication Skills	
8	Teaching Ability	
9	Innovation willingness	
10	Research Aptitude	
11	Case presentation	
12	Interactive participation	
Signature of Unit chief with date		

DETAILS OF CLINICAL CASES ALLOTTED TO STUDENT DURING CLINICAL POSTING IN THE DEPARTMENT (ONE/ WEEK)

S.No.	Date	Details of the Clinical cases allotted (Name, age, gender, ward, bed no.)	Page No	Signature of Student	Signature of the Teacher
1					
2					

3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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30					
31					
32					

DETAILS OF CLINICAL CASES PRESENTED BY THE STUDENT DURING CLINICAL POSTING IN THE DEPARTMENT (ONE/ WEEK)

S.No.	Date	Details of the Clinical cases presented (Name, age, gender, ward, bed no.)	Page No.	Signature of Student	Signature of the Teacher
1					
2					
3					
4					
5					
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31					
32					
33					
34					

CLINICAL SIGNS LEARNED DURING CLINICAL POSTING IN THE DEPARTMENT

S.No.	Date	Details of the Clinical signs learned	Page No.	Signature of Student	Signature of the Teacher
1					
2					
3					
4					
5					

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26					
27					
28					
29					
30					
31					
32					
33					
34					

DETAILS OF CASES DISCUSSED DURING GRAND ROUNDS

S.No.	Date	Details of the Cases discussed (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CLINICAL DEMONSTRATIONS

S.No.	Date	Details of the Cases discussed (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

13				
14				
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25				
26				
27				

28				
29				
30				
31				
32				
33				
34				

SURGERIES OBSERVED

S.No.	Date	Procedures / surgeries observed	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

EVENING CLINICS/ CLERKSHIP

S.No.	Date	Details of the Cases discussed (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				

EMERGENCIES LEARNED/ OBSERVED

S.No.	Date	Details of the Emergencies discussed (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				

TRAINING ON OSCE

S.No.	Date	Training on OSCE	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

TRAINING ON INSTRUMENTS

S.No.	Date	Training on instruments	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

CLINICAL ASSIGNMENTS GIVEN TO CANDIDATES

S.No.	Date	Clinical Assignments	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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18				

ANY OTHER CLINICAL ACTIVITIES CARRIED OUT

S.No.	Date	Clinical Assignments	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

DIDATIC LECTURE

S.No.	Date	Title of the didactic lecture	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				

SEMINAR

S.No.	Date	Seminar title and candidate's contribution	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				

SYMPOSIA

S.No.	Date	Symposia title and candidate's contribution	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				

SMALL GROUP DISCUSSION

S.No.	Date	Activity	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				
7				

CLINICO-PATHOLOGY CONFERENCE

S.No.	Date	Symposia title and candidate's contribution	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				

INTEGRATED TEACHING

S.No.	Date	Tilte	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

PROBLEM BASED LEARNING

S.No.	Date	Tilte	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

REVISION TOPICS

S.No.	Date	Revision topic	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

TUTORIALS

S.No.	Date	Tilte discussed	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

PARTICIPATION OF CANDIDATE IN VARIOUS FORMS OF EXAMINATION CONDUCTED BY THE DEPARTMENT ALONG WITH THE MARKS SCORED.

S.No.	Date	Nature of examination and marks scored	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

PARTICIPATION IN OTHER COMPETITIVE EXAMINATION(S) OR ANY OTHER ACADEMIC ACTIVITIES LIKE QUIZ ETC., AT COLLEGES / INTER COLLEGES LEVEL (OPTIONAL)

S.No.	Date	Competitive examination/ other activities -specify	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

PARTICIPATION IN RESEARCH ACTIVITIES, CMES / GUEST LECTURES, CONFERENCES ETC.,

S.No.	Date	Nature of the activity	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

AWARDS / ACHIEVEMENTS RECEIVED (OPTIONAL)

S.No.	Date	Awards / achievements	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

PARTICIPATION IN OUT REACH ACTIVITIES

S.No.	Date	Out reach activities	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

ANY OTHER AS DESIRED AND APPROVED BY THE UNIT CHIEF/ PROFESSOR & HEAD OR DEAN/UNIVERSITY

S.No.	Date	Other approved activities	Signature of Student	Signature of the clinical Teacher/ Unit Chief
1				
2				
3				
4				
5				
6				

SURGERY CASE RECORD

Name: OP/ IP no:

Age: sex: Ward :

Address: Date of admission:

Date of discharge :

Socioeconomic status:

Education: Diagnosis:

Occupation:

Aadhar no: Mobile no:

CHIEF COMPLAINTS:

History of presenting illness:

Past history:

Family history:

Personal history:

Treatment history:

GENERAL PHYSICAL EXAMINATION:

VITALS:

PULSE:	BLOOD PRESSURE:
RESPIRATORY RATE:	TEMPEATURE:
Height:	BMI:
Weight:	Waist circumference:

SYSTEMIC EXAMINATION:

DIAGNOSIS:

DIFFFERENTIAL DIAGNOSIS:

INESTIGATIONS:

TREATMENT AND PROGRESSON:

DISCHARGE AND FOLLOW UP ADVICE:

ORTHOPAEDICS

SYLLABUS FOR MBBS PART III ORTHOPAEDIC SURGERY

GOAL

Goal of teaching undergraduate in orthopaedic study is to equip graduates with appropriate knowledge attitude and skill in orthopaedic surgery and impart knowledge to diagnose common Orthopaedic ailments of our country and initial management in both rural and urban area.

SPECIFIC LEARNING OBJECTIVE

A. KNOWLEDGE

At the end of the training, the student should be able to :

Describe the aetiology, pathophysiology, principles in diagnosis and management of common orthopaedic conditions, fractures including emergencies.

B. SKILLS

Elicit relevant history and perform a humane and thorough clinical examination in the locomotor system and related general examination of all systems in adults and children and arrive a clinical diagnosis after history taking and examination without causing discomfort to the patients.

To know the relevant investigations necessary for the patients to confirm or to assist in establishing the diagnosis keeping in mind the Indian economy.

Plan the line of treatment appropriate for ailment taking into consideration of the occupation and need of the patients.

To recognize the conditions which call for early treatment in primary, secondary and tertiary centers.

To establish a good communication skill with the patients and relatives or attenders regarding the condition and its management and its outcome

INTEGRATED TEACHING

Vertical integration with anatomy, pharmacology, pathology, microbiology

1) Fracture mechanisms and fracture healing
2) Non union
3) Mal union
4) Osteomyelitis
5) Infective Arthritis
6) Tubercular Infections
7) Deposition Disorders
8) Orthopaedic problems in Storage Disorders
9) Metabolic bone disorders
10) Bone tumors: Benign and malignant
11) Avascular necrosis (Scaphoid,Talus,Femoral head)
12) Perthes Disease
13) Medical management of Osteoporosis
14) Supracondylar fracture of humerus
15) Shaft of humerus ftracture

Horizontal integration with general surgery, plastic surgery, surgical oncology, vascular surgery, neuro surgery and cardiothroacic surgery.

1) Bone tumors: Benign and malignant
2) Volkmanns Ischaemic Contracture
3) Compartment syndrome
4) Cerebral Palsy
5) Management of Compound fractures
6) Polytrauma
7) Biological reconstruction of bone graft
8) Vascularised Fibular Grafting
9) Rib Fracture
10) Tendon Transfer

TEACHING HOURS

Clinical postings - **TEN** weeks.

II MBBS	(5th semester)	-	4 WEEKS
PREFINAL	(6th semester)	-	4 WEEKS
FINAL	(9th semester)	-	2 WEEKS

THEORY TEACHING HOURS - 100 HOURS

TEACHING METHODOLOGY

40 hours

1. Op Clinics
2. Bed Side Teaching,
3. Operative room learnings.
4. Demonstrating clinical skills.

30 hours

5. Symposium and seminars,
6. Group discussion,
7. Ward Rounds

30 hours

Theory classes using audio video visual aids.

Assessment

Conducting theory and clinical tests,

Internal assessment tests including practicals.

2 THEORY SYLLABUS

The must know, desirable know, nice to know in ANNEURE I, the topics are general orthopaedics, regional orthopaedics, trauma.

PRACTICAL SYLLABUS

1) Mal union
2) Non-union
3) Infection of bones
4) Infection of joints
5) Tumours of bones
6) Recurrent dislocation of joints
7) Myositis ossificans
8) Volksmann's ischemic contracture
9) Mallet finger /trigger finger
10) Depuytren's contracture
11) Ankylosed joints
12) Genu varum/ valgum
13) Cubitus varus / valgus
14) CTEV
15) Flat foot
16) Peripheral nerve injuries
17) Polio limb
18) Cerebral palsy
19) OA Knee with deformity

LECTURE TOPICS FOR UNDERGRADUATES

Semester 4 and 5

1) Fracture: Definition, Classification, Principles of Management
2) Fracture healing, delayed union
3) Infections of bone and joint, Acute Pyogenic Osteomyelitis
4) Chronic Pyogenic Osteomyelitis
5) Septic Arthritis
6) Metabolic and endocrine disorders
7) Developmental disorders of bone
8) Avascular necrosis of bone and epiphyseal osteochondrosis
9) Rheumatoid and other degenerative disorders and Arthritis (Rheumatoid/Ank.Spond.)
10) Deposition disorders (Gout, Pseudogout)
11) Tourniquet
12) Amputations
13) Bone Tumours: Benign tumors
14) Malignant tumours of bone
15) Osteo-articular tuberculosis: General consideration & principles of management

Semester 6 and 7

1) Classification & Management of open fractures
2) Injuries of shoulder and arm(Management of fracture clavicle, dislocation shoulder & fracture shaft of humerus)
3) Injuries around the elbow
4) Monteggia fracture dislocation & fracture both bones of forearm
5) Injuries of wrist and Hand injuries, Fracture of lower end of radius, fracture scaphoid and metacarpals
6) Ligamentous injuries around the foot and ankle
7) Congenital malformations: coxa vara and Perthes disease
8) Poliomyelitis

Semester 8 and 9

1) Regional conditions of upper limb
2) Regional conditions of lower limb
3) Introduction of fracture management and complications and basic trauma life support
4) Pathological fractures
5) Volksmann's Ischaemic Contracture
6) Injuries of Hip, Fracture pelvis & dislocation of hip
7) Injuries of femur ,Fracture neck of femur, Fracture shaft of femur
8) Fractures around the Knee(Distal Femur and Proximal Tibia)
9) Injuries of leg, Fracture shaft and distal tibia
10) Congenital Malformation : CDH, Pseudoarthrosis tibia etc.
11) Congenital malformations: CTEV, Torticollis
12) Regional conditions of the spine
13) Cerebral palsy
14) Peripheral nerve injuries
15) Fractures in children

ORIENTATION GUIDELINES FOR CRRI (1 DAY)

1) Basic life support measures
2) Examination of patient in emergency ward.
3) Principles of splinting and POP application
4) Communication skills and Bed side manner in emergency ward
5) Orthopaedic operative theatre protocols
6) Approach to Orthopaedics Neurology

SKILLS TO BE PRACTISED BY CRRI ATLEAST 10 TIMES

MUST KNOW

1) Spinal brace application (cervical, dorsal, lumbar)
2) Plaster application
3) Splinting in fractured limbs

4) Examination and stabilization of Poly trauma patient and Triage
5) Neurovascular examination in major fractures and dislocation.
6) Log rolling

DESIRABLE TO KNOW

7) Reduction techniques in fractures and dislocation.
8) Skin traction application
9) Neurological examination in spine cases.

NICE TO KNOW

10) Aspiration of joint effusion and haemarthrosis**.**

REFERENCE LEARNING BOOKS:

1) DAS clinical methods in surgery and Orthopaedics latest edition
2) ADAMS PART 1 fractures and part II Orthopaedics latest edition
3) APLEYS text book of orthopaedics latest edition
4) M.NATARAJAN'S text book of Orthopaedics & Traumatology latest edition

THEORY EXAMINATION

Paper III – Surgery including Orthopedics

Section A

1. Essay	1 x 10 marks = 10 marks
2. Brief Answers	3 x 5 marks = 15 marks
3. Short Notes	3 x 2 marks = 6 marks

Total	**31 marks**

Section B (Orthopaedics)

1. Essay	1 x 10 marks = 10 marks
2. Brief Answers	3 x 5 marks = 15 marks
3. Short Notes	2 x 2 marks = 4 marks

Total	**29 marks**

PRACTICAL EXAMINATION

Surgery & Orthopaedics total 100 marks

2 short case	=	20 MARKS (10+10)
1 manned OSCE	=	5 MARKS

Total	=	25 Marks

Total marks for surgery	=	75 marks
Total marks for Orthopaedics	=	25 marks
TOTAL	=	100 marks

MARK SPLIT UP FOR SHORT CASE (10 marks)

Case sheet writing	: 1 marks
Approach to the patient and bedside manners	: 2 marks
Examination and Eliciting Clinical signs	: 4 marks
Discussion	: 3 marks

VIVA VOCE (5 marks)

X rays

Orthopaedics instruments,

Splints

Operative orthopaedic surgery

INTERNAL ASSESSMENT

At the end of each postings report with punctuality, attendance, log book.

Internal assessment by ORTHOPEDIC DEPARTMENT and submitted to General surgery Department

II MBBS	-	5TH Semester	-	Theory 10 marks
				Practical – 5 marks
III MBBS	-	6th Semester	- .	Theory - 10 marks
III MBBS	-	9TH Semester	-	Theory - 15 marks
				Practical – 10 marks
Log Book	-			10 marks

Total				**60 Marks**

MEDICAL ETHICS:

(1) Moral Reasoning in Bioethics;

(2) Bioethics and Moral Theories;

(3) Truth-Telling and Confidentiality;

(4) Informed Consent;

Consent for procedures includes benefit, alternate options, complications and outcome.

(5) Human Research;

(6) Genetic Choices;

(7) Dividing Up Health Care Resources

(8)Interdisciplinary team work

(9)Explanation of the neurological outcome of the spine injury patients.

(10)Information about the death, informing relatives about the death of patients and communication skills.

THEORY SYLLABUS

A.TRAUMA

1) General principles in diagnosis, first aid and treatment methods of closed fractures and open fractures, open reduction including principles of internal fixation and external fixation, their complications. Preservation of amputated parts before transfer.

2) General principles of diagnosis and management of non-unions and delayed unions.

GENERAL PRINCIPLES

1) ABCDE for stabilization of a trauma patient.
2) MODS
3) Crush Syndrome.
4) Fat Embolism.
5) Principles of Fractures and Management.
6) External Fixation and Internal Fixation.
7) Physeal Injuries of Children.

COMPLICATIONS OF FRACTURE

1) Compartment Syndrome.
2) Gas Gangrene.
3) Complex regional pain Syndrome(CRPS).
4) Mal union
5) Non union
6) Delayed Union

1. UPPER LIMB

MUST KNOW

1) Clavicle Fracture.
2) Scapular Fracture.
3) Anterior Dislocation Shoulder.
4) Distal Humerus Fracture of Adult and Children.
5) Elbow Dislocation.
6) Fracture Head and Neck of Radius

7) Fracture Both Bones Forearm and its types.
8) Distal Radius Fracture.
9) Fracture Phalanx.
10) Metacarpal Fracture.

DESIRABLE TO KNOW

1) Posterior Dislocation Shoulder.
2) Fracture Proximal Humerus.
3) Scaphoid Fracture.

NICE TO KNOW

1) Intra-Articular Fracture.
2) Open Injuries of Hand.

2. LOWER LIMB

MUST KNOW

1) Examination assessment and immediate resuscitation in a patient with Pelvic Fracture.
2) Posterior dislocation of Hip.
3) Fracture Neck of Femur.
4) Inter Trochanteric Fracture Femur.
5) Fracture Patella.
6) Recurrent Dislocation of Patella.
7) Ligamentous Injuries of Knee.
8) Fracture Proximal Tibia.
9) Compartment Syndrome of Leg.
10) Malleolar Fractures.
11) Metatarsal Fracture.

DESIRABLE TO KNOW

1) Anterior Dislocation of Hip.
2) Treatment and Complication of Fracture Neck of Femur.
3) Supracondylar Fracture Femur.
4) Calcaneal Fracture.

NICE TO KNOW

1) Treatment Principles in Fracture Pelvis.
2) Injuries of Talus.

3.INJURIES OF SPINE

MUST KNOW

1) Examination Assessment supportive care and Transport of a Spinal Injury Patient.

NICE TO KNOW

1) Treatment Principles in Spine Fractures.

B. GENERAL ORTHOPAEDICS

1.INFECTION OF BONE AND JOINTS

MUST KNOW

Etiology, Pathogenesis, Clinical Features, Diagnostic Imaging, Investigation, Differential Diagnosis, Treatment and Complications of

1) Osteomyelitis: Pyogenic, Tubercular, Fungal (Madura foot), Syphilitic and parasitic infection of bone.
2) Arthritis: Septic and Tubercular
3) Turberculosis of Spine.

2. ARTHRITIS

MUST KNOW

A) INFLAMMATION

1) Types, Causes, Pathology, Clinical Features, Diagnostic Imaging, Investigation, Differential Diagnosis, Treatment and Complications of various Inflammatory Arthritis.

B) CRYSTAL DEPOSITION DISORDERS

C) OSTEO ARTHRITIS

D) HAEMO PHILIC DISORDERS.

NICE TO KNOW

1) Arthritis in connective tissue disorders.

3.TUMORS

Diagnosis and Principles of Management:-

MUST KNOW:

BENIGN LESIONS

1) Multiple exostosis
2) Enchondroma
3) Osteoid osteoma
4) Osteoblastoma
5) Osteochondroma,
6) Fibrous Dysplasia.
7) Giant cell tumour
8) Aneurysmal bone cyst

MALIGNANT

1) Osteosarcoma
2) Ewing's sarcoma
3) Chondrosarcoma
4) Multiple Myeloma
5) Secondary deposits

The undergraduate is expected to be familiar with the **common tumour** encountered in orthopaedic practice. The student should be able to diagnose common bone tumors and should know principles of treatment.

4. PERIPHERAL NERVE INJURIES

Basic Anatomy, Physiology of Nerve Cells. Pathology, Classification, Clinical features, Principles of Treatment of

1) All Peripheral Nerve Injuries.
2) Nerve Compression Syndrome.

5. BONE DYSPLASIAS

Diagnosis and Principles of Management

MUST KNOW

1) Osteogenesis imperfecta.
2) Achondroplasia.
3) Osteopetrosis
4) Diaphyseal Aclasia.
5) Enchondromatosis.
6) Marfans syndrome

DESIRABLE TO KNOW

1) Orthopaedic problems in Storage disorders

NICE TO KNOW

1) Multiple Epiphyseal dysplasia
2) Spondylo epiphyseal dysplasia
3) Chromosomal disorders

6.METABOLIC BONE DISORDER

MUST KNOW

1) Rickets, Osteomalacia
2) Scurvy
3) Hyperparathyroidism

DESIRABLE TO KNOW

1) Paget's disease
2) Renal Osteodystrophy
3) Osteoporosis

NICE TO KNOW

1) Endocrine disorders affecting bone

7. NEURO-MUSCULAR DISORDERS

Diagnosis and Principles of Management**:-**

MUST KNOW:

1) Post-polio residual Paralysis.
2) Cerebral palsy
3) Spina bifida.
4) Peripheral Neuropathy

DESIRABLE TO KNOW

1) Arthrogryposis
2) Muscular Dystrophies

NICE TO KNOW

1) Myotonia

8.ORTHOPAEDIC OPERATIONS

Students should know the basic principles of Orthopaedic surgeries.

C.REGIONAL ORTHOPAEDICS

1.SHOULDER

MUST KNOW

1) Glenohumeral Arthritis
2) Acromio Clavicular arthritis
3) Rotator cuff disorders
4) Impingement syndrome
5) Calcifications
6) Adhesive capsulitis

DESIRABLE TO KNOW

1) Milwaukee Shoulder
2) Shoulder arthrodesis

NICE TO KNOW

1) Instability of shoulder joint

2.ELBOW AND FOREARM

MUST KNOW

1) Pulled Elbow in children
2) Cubitus varus and Cubitus valgus
3) Loose bodies in elbow joint
4) Post traumatic stiffness
5) Tennis Elbow
6) Golfer's Elbow

DESIRABLE TO KNOW

1) Avulsion of Biceps tendon
2) Bursitis

NICE TO KNOW

1) Instability of elbow joint

3.WRIST

MUST KNOW

1) Dequervian's Tenosynovitis
2) Ganglion and Compound Palmar Ganglion
3) Keinbock's Disease
4) Overgrowth(Macrodactyly)
5) Undergrowth (Brachydactyly)

NICE TO KNOW

1) Failure of differentiation
2) Duplication
3) Instability of wrist

4.HAND

MUST KNOW

1) Duputyren's Contracture
2) Trigger Finger
3) Trigger Thumb
4) Acute Infections Of Hand

DESIRABLE TO KNOW

1) Vascular disorders of the Hand

5.NECK AND BACK

MUST KNOW

1) Torticollis
2) Tuberculosis of spine
3) Disc Prolapse
4) Spondylolisthesis
5) Spinal Stenosis

NICE TO KNOW

1) Spinal Deformities
2) Facet joint disorders

6.HIP

MUST KNOW

1) DDH
2) Transient synovitis of the hip

DESIRABLE TO KNOW

1) Coxa vara
2) Slipped capital femoral epiphysis
3) Total Hip Replacement

NICE TO KNOW

1) Perthes Disease

7.KNEE

MUST KNOW

1) Genu varum/valgum
2) Genu Recurvatum
3) Meniscal injuries

4) Ligamentous Injuries
5) Recurrent Dislocation of patella
6) Chondromalacia Patella
7) Loose bodies of knee

DESIRABLE TO KNOW

1) Rupture of Extensor apparatus
2) Total Knee Replacement

NICE TO KNOW

1) Synovial Chondromatosis

8.ANKLE

MUST KNOW

1) CTEV
2) Metatarsus adductus
3) Pes planus
4) Diabetic foot
5) Achilles tendon rupture
6) Hallux valgus

DESIRABLE TO KNOW

1) Pes cavus
2) AVN talus

NICE TO KNOW

1) Hallux rigidus

BASIC PRINCIPLES OF PHYSIOTHERAPY, OCCUPATIONAL THERAPY AND ORTHOTICS / PROSTHETICS

1) Introduction- History, Scope, Definition, Terminology and facets of rehabilitation
2) Treatment modalities used in physical medicine and Rehabilitation- Heat, Cold, other Modalities, Exercise, Traction.
3) Rehabilitation different conditions: CVA, Paraplegia, Cerebral Palsy, PRPP, Myopathy,arthritis
4) Rehabilitation of Amputation, Prosthesis, Orthosis and aids to mobility.

Text book of choice

1) ADAMS PART 1 Fractures and part II Orthopaedics (Current Edition)
2) APLEYS text book of Orthopaedics (Current Edition)
3) M.NATARAJAN's text book of Orthopaedics & Traumatology. (Current Edition)

LOG BOOK

Log Book should be followed as recommended by the University.

GOVERNMENT MEDICAL COLLEGE

_____

AFFILIATED TO
THE TAMILNADU Dr.M.G.R. MEDICAL UNIVERSITY, CHENNAI

LOG BOOK

NAME OF THE STUDENT : _____

UNIVERSITY REGISTRATION NO. : _____

YEAR OF ADMISSION : _____

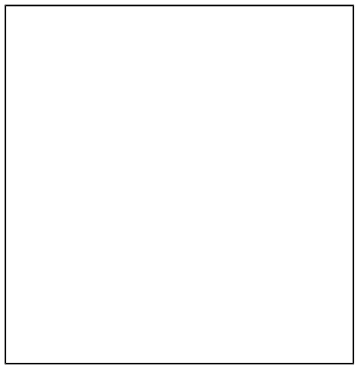
Contents

BONAFIDE CERTIFICATE

This is to certify that this log book is the Bonafide record of _____ whose particulars along with photo is given below.

1. Particulars of the student:

Name:



University Registration No.:

Mobile No.:

Email ID:

Particulars of Mentor/ Faculty in-charge

Photo attested by Unit Chief with seal.

Name:

Designation:

Mobile No.:

Email ID:

Signature of unit chief with seal

Name:

Date:

Signature of HOD with seal

Name:

Date:

2.CERTIFICATE

DEPARTMENT OF ORTHOPAEDICS

Name:
Admission Batch:
Roll No.:

This is to certify that …..…… is a bonafide student of the III MBBS – Final year Part II and that he /she has satisfactorily completed the postings of the subject of Orthopaedics with attendance and grade as noted below.

MBBS	Attendance %	GRADE
II MBBS		
III MBBS Part I		
III MBBS Part II		
Final Total		

Signature of Teacher Guide

Signature of HOD

3.COURSE CONTENT

Phase	Theory	Clinical Posting
2nd MBBS		1 month
3rd MBBS Part I		1 month
3rd MBBS Part II		2 weeks

Clinical postings split up :

II MBBS Clinical postings (1 month) :

1. Introduction to orthopaedics.
2. Upper limb examination
3. Lower limb examination
4. Spine examination
5. Orthopaedic clinical discussions
6. Assessment at the end of posting

III MBBS Part-I Clinical posting (1 month):

1. Orthopaedic clinical discussions
2. OPD cases work up / follow up
3. Ward cases examination and discussion
4. Treatment procedures observed
5. Theatre procedure observed and lectures attended
6. Assessment at end of posting

III MBBS Part-II Clinical posting (2 weeks)

1. Orthopaedic clinical discussions
2. Radiology images seen and discussed
3. Instruments seen and discussed
4. Case sheet writing
5. Assessment at end of posting

TOPICS COVERED IN THEORY CLASSES:

TOPIC	DATE	
Regional conditions of upper limb		
Regional conditions of lower limb and spine		
Benign bone tumours		
Fractures in children		
Pathological fractures		
Developmental disorders of bone		
Infections of bone and joint		
Bone and Joint Tuberculosis		
Metabolic and endocrine disorders		
Avascular necrosis of bone and epiphyseal osteochondrosis		
Malignant tumours of bone		
Rheumatoid and other degenerative disorders		

Introduction of fractures, management and complications and basic trauma life support		
Injuries of shoulder and arm		
Injuries of wrist and Hand		
Injuries of elbow and forearm		
Injuries of Hip		
Injuries of femur		
Injuries of knee		
Injuries of leg and ankle		

SECTION – A (II MBBS Clinical postings (1 month) :

Date : From:- _____ _____To:-_____

4.Introduction to Orthopaedics

Category	Date	Teacher
Introduction to Orthopaedics		
History Taking		
Clinical Examination of bones		
Clinical Examination of joints		

5.Upper Limb Examinations :

Date	Patient name	Age/ Sex	Hospital No.	Diagnosis/provisional diagnosis	Signature of Teacher
	Shoulder				
	Elbow				
	Wrist				
	Nerve palsy				
	Tumours/infection/ others				

6.Lower Limb Examinations :

Date	Patient name	Age/ Sex	Hospital No.	Diagnosis/ provisional diagnosis	Signature of Teacher
	Hip				
	Knee				
	Ankle				
	Nerve palsy				
	Infection/Swelling/ Others				

7.Spine Examinations Observed

Date	Patient name	Age/ Sex	Hospital No.	Diagnosis/ provisional diagnosis	Signature of Teacher

8. Orthopaedic Clinical Discussions

Date	Topic	Teacher

9.ASSESSMENT OF STUDENT

S.No.	Criteria	Score (1 – 10)	Remarks
1.	Regularity		
2.	Academic Ability		
3.	Analytical Skills		
4.	Practical Skills		
5.	Leadership Quality		
6.	Teamwork Ability		
7.	Communication Skills		
8.	Teaching Ability		
9.	Innovation willingness		
10.	Research Aptitude		
Total Score			

S.No.	Grade Descriptor	Grade Boundaries	Letter Grade Equivalent
1.	Excellent	91-100	A
2.	Very Good	76-90	B
3.	Good	61-75	C
4.	Satisfactory	51-60	D
5.	Poor	41-50	F1
6.	Very Poor	21-40	F2

OVERALL GRADE : _____

Signature of Teacher Guide Signature of HOD

SECTION –B (III MBBS Clinical Postings (One Month)

Date : From:- _____ _____To:-_____

10. Orthopaedic Clinical Discussions

Date	Topic	Teacher

11. OPD cases work up and follow up :

Date	Patient Name	Age/ Sex	Hospital No.	Diagnosis	Presented to/ Discussed with:

Name of Supervisor : Signature :

Date :

12.Ward cases examination and discussion :

Date	Patient Name	Age/ Sex	Hospital No.	Diagnosis	Presented to/ Discussed with:

13.Treatment room procedures observed:

- Plaster application of upper limb and lower limb
- Arthrocentesis
- Joint injection techniques

Date	Patient name	Age/ Sex	Hospital No.	Diagnosis	Procedure Observed	Signature of Teacher

14.Operative procedure Discussion during Orthopaedic posting

Date	Operative procedure	Teacher
	Handwashing	
	Suturing techniques	
	Compound fracture fixation techniques	
	Arthroplasty	
	Arthroscopy	
	Upper limb fracture fixation	
	Lower limb fracture fixation	
	Spine fixation	

15.ASSESSMENT OF STUDENT

S.No.	Criteria	Score (1-10)	Remarks
1.	Regularity		
2.	Academic Ability		
3.	Analytical Skills		
4.	Practical Skills		
5.	Leadership Quality		
6.	Teamwork Ability		
7.	Communication Skills		
8.	Teaching Ability		
9.	Innovation willingness		
10.	Research Aptitude		
Total Score			

S.No.	Grade Descriptor	Grade Boundaries	Letter Grade Equivalent
7.	Excellent	91-100	A
8.	Very Good	76-90	B
9.	Good	61-75	C
10.	Satisfactory	51-60	D
11.	Poor	41-50	F1
12.	Very Poor	21-40	F2

OVERALL GRADE : _____

Signature of Teacher Guide Signature of HOD

SECTION –C (III MBBS part II Clinical Postings (Two weeks)

Date : From:- _____ _____To:-_____

16. Orthopaedic Clinical Discussions

Date	Topic	Teacher

17. Radiological images seen and discussed:

Date	Patient name	Age/ Sex	Hospital No.	Diagnosis	Radiological Image Seen	Signature of Teacher

18. Orthopaedic Instruments seen and discussed:

Date	Instrument name	Uses	Signature of Teacher

19.CASE RECORD - 1

Date:

Patient Name: Age/Sex Hospital No.

Occupation: Address:

HISTORY:

Presenting Complaints:

History of presenting Complaints:

Past History:

Medical History:

Treatment History:

Surgical History:

Personal and Allergic History:

Family History:

PHYSICAL EXAMINATION:

General Examination:

LOCAL EXAMINATION :

Inspection - Attitude of the limb

Palpation

Movements

Measurements

Summary:

Clinical Diagnosis:

Management Plan:

Signature of Teacher:

Name of Teacher:

CASE RECORD - 2

Date:

Patient Name: Age/Sex Hospital No.

Occupation: Address:

HISTORY:

Presenting Complaints:

History of presenting Complaints:

Past History:

Medical History:

Treatment History:

Surgical History:

Personal and Allergic History:

Family History:

PHYSICAL EXAMINATION:

General Examination:

LOCAL EXAMINATION :

Inspection - Attitude of the limb

Palpation

Movements

Measurements

Summary:

Clinical Diagnosis:

Management Plan:

Signature of Teacher:

Name of Teacher:

CASE RECORD - 3

Date:

Patient Name: Age/Sex Hospital No.

Occupation: Address:

HISTORY:

Presenting Complaints:

History of presenting Complaints:

Past History:

Medical History:

Treatment History:

Surgical History:

Personal and Allergic History:

Family History:

PHYSICAL EXAMINATION:

General Examination:

LOCAL EXAMINATION :

Inspection - Attitude of the limb

Palpation

Movements

Measurements

Summary:

Clinical Diagnosis:

Management Plan:

Signature of Teacher:

Name of Teacher:

CASE RECORD - 4

Date:

Patient Name: Age/Sex Hospital No.

Occupation: Address:

HISTORY:

Presenting Complaints:

History of presenting Complaints:

Past History:

Medical History:

Treatment History:

Surgical History:

Personal and Allergic History:

Family History:

PHYSICAL EXAMINATION:

General Examination:

LOCAL EXAMINATION :

Inspection - Attitude of the limb

Palpation

Movements

Measurements

Summary:

Clinical Diagnosis:

Management Plan:

Signature of Teacher:

Name of Teacher:

20. ASSESSMENT OF STUDENT

S.No.	Criteria	Score (1-10)	Remarks
11.	Regularity		
12.	Academic Ability		
13.	Analytical Skills		
14.	Practical Skills		
15.	Leadership Quality		
16.	Teamwork Ability		
17.	Communication Skills		
18.	Teaching Ability		
19.	Innovation willingness		
20.	Research Aptitude		
Total Score			

S.No.	Grade Descriptor	Grade Boundaries	Letter Grade Equivalent
1.	Excellent	91-100	A
2.	Very Good	76-90	B
3.	Good	61-75	C
4.	Satisfactory	51-60	D
5.	Poor	41-50	F1
6.	Very Poor	21-40	F2

OVERALL GRADE : _____

Signature of Teacher Guide

Signature of HOD

PART-B (Common to all students)

21.Seminars in Orthopaedic and Integrated teaching :

- Ortho pathology
- Ortho radiology
- Ortho pharmacology
- Ortho microbiology
- Trauma resuscitation

Date	Topic	Presented/Attended	Teacher
Name of Supervisor :		**Signature :**	
Date :			

22	**Participation in quiz competition at colleges / inter colleges level (Optional)**	
23	**Participation in research activities, CMEs / conferences (Optional)**	
24	**Participation in out reach activities**	
25	**Academic awards / achievements received**	
26	**Any other as desired and approved by the unit chief / Prof. And Head or Dean / University**	

27.CONSOLIDATION OF ASSESSMENTS

S.No	Activities	Number Presented/Participated	Number Attended
1.	Teachings		
2.	Seminars		
3.	Case Presentation		
4.	Demonstrations/OSPE		
5.	Other medical related activities		
6.	Extracurricular Activities		

Signature of Teacher Guide **Signature of HOD**

OBSTETRICS AND GYNAECOLOGY

OBSTETRICS AND GYNAECOLOGY UG CURRICULUM

GOAL

SPECIFIC LEARNING OBJECTIVE

KNOWLEDGE

SKILLS

INTEGRATION

TEACHING HOURS

TEACHING METHODOLOGY

THEORY SYLLABUS

PRACTICAL SYLLABUS

REFERENCE LEARNING (BOOKS)

THEORY EXAMINATION

PRACTICAL EXAMINATION

VIVA & OSCE EXAMINATION

FORMATIVE ASSESSMENT - WHEN TO SUBMIT

INTERNAL ASSESSMENT TEST – UNIT WISE

MEDICAL ETHICS

INTEGRATED TEACHING

RECORD

GOAL

The broad goal of the teaching of undergraduate students in obstetrics and gynaecology is that he/she should acquire understanding of anatomy, physiology and pathophysiology of the reproductive system and gain the ability to optimally manage common conditions affecting it.

Specific learning objectives

KNOWLEDGE

At the end of course, the student should be able to;

Appreciate the socio cultural, economic and demographic factors that influence the practice of obstetrics and gynaecology.

Outline the anatomy, physiology and pathophysiology of the reproductive system and the common conditions affecting it.

Know the normal menstrual cycle, etiopathology and management of menstrual abnormalities.

Recognise the changes and adaptation that occur in the mother during normal pregnancy, labour and puerperium and manage the problems he/she is likely to encounter therein.

List the leading causes of maternal and perinatal morbidity and mortality.

Understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilization and their complications.

Identify the use, abuse and side effects of drugs in pregnancy, adolescence, premenopausal and post-menopausal periods.

Describe the national programme of maternal and child health and family welfare and their implementation at various level.

Recognise the importance of infections and other diseases of genital tract.

10. Identify common gynaecological diseases and describe principles of their management.

11.State the indication, techniques and complications of surgeries like caesarean section, laparotomy, abdominal and vaginal hysterectomy, Fothergill's operation and vacuum aspiration for MTP.

12.Describe the indications, procedures and complications of operative vaginal delivery like forceps and vacuum extraction.

13.Know about the displacements of the genital tract and injuries.

14.Understand the implications of medico legal and ethical issues concerning the specialty.

B.SKILLS

At the end of training in obstetrics and gynaecology, the student will be able to;

Acquire communication, decision making and managerial skills.

. Examine a pregnant woman, recognise high risk pregnancies and make appropriate referrals

Conduct normal labour, recognise complications and provide postnatal care.

Institute primary treatment in obstetrics and gynaecological emergencies.

Resuscitation of newborn and its management and recognise congenital anomalies.

Evaluate couples with infertility.

Advice couples regarding the use of different methods of contraception and assist in insertion and removal of intra uterine contraceptive devices.

Acquire skills to perform obstetrical and gynaecological examinations and certain minor investigations and diagnostic operative procedures like taking cervical cytological smear, wet vaginal smear for trichomonas vaginalis, moniliasis and gram stain for gonorrhoea.

Interpretation of data of investigations like biochemical, histopathological, imaging etc.

C.INTEGRATION

The student should be able to integrate clinical skills with other disciplines and gain knowledge about obstetrics and gynaecology.

Examples:

Anatomy of female pelvis and female reproductive system(lectures will be handled by the department of anatomy and obstetrics and gynaecology)

Physiology of menstruation and ovulation(lectures will be handled by the department of physiology and obstetrics and gynecology)

Physiological changes in pregnancy(lectures will be handled by the department of physiology and obstetrics and gynecology)

Pelvic inflammatory disease (lectures will be handled by the department of microbiology,pathology and obstetrics and gynecology)

Maternal and Perinatal mortality (lectures will be handled by the department of community medicine and obstetrics and gynecology)

Hypertensive disorders in pregnancy (lectures will be handled by the department of general medicine,cardiology, obstetrics and gynecology)

Anemia complicating pregnancy(lectures will be handled by the department of general medicine, obstetrics and gynecology)

Heart diseases complicating pregnancy(lectures will be handled by the department of general medicine, cardiology, obstetrics and gynecology)

Bad obstetric history(lectures will be handled by the department of rheumatology , diabetology , obstetrics and gynecology)

Diabetes complicating pregnancy(lectures will be handled by the department of general medicine,diabetology,nephrology, obstetrics and gynecology)

Gestational trophoblastic diseases(lectures will be handled by the department of pathology, medical oncology, obstetrics and gynecology)

Management of gynaecological malignancies(lectures will be handled by the department of medical oncology,surgical oncology,radiation oncology, obstetrics and gynecology)

TEACHING HOURS

300 hours for obstetrics and gynaecology. This includes theory lectures, demonstrations, seminars, drills.

Time Table for clinical postings:

Semester	**Weeks**
3rd	**2(3h*6d*2w=36 h)**
4th	**4(3h*6d*4w=72h)**
5th	**4(3h*6d*4w=72h)**
6th	**-**
7th	**4(3h*6d*4w=72h)**
8th	**4(3h*6d*4w=72h)**
9th	**6(3h*6d*6w=108h)**

Total 24 weeks

Note:

This period of training is minimum suggested. Adjustments can be made depending on the availability of time. This period of training does not include university examination period. During clinical posting for each student, a minimum of 3 hrs duration per day is suggested.

TEACHING METHODOLOGY

Interactive and didactic lectures(1/3 of the schedule as per MCI)	100 hrs
Case presentations,General clinics,Clinical demonstrations,Drills and manoeuvres,Observation of obstetric and gynaecological procedures	100 hrs
Seminars/Symposium with pre and post test questionnaires	50 hrs
Group discussions, Bedside teaching,ward rounds,Observation of management of critically ill patients in maternity intensive care unit and assisting vaginal deliveries in labour ward	15 hrs
Role play,Communication skills,OSCE,Viva	15 hrs
Integrated teaching classes	20 hrs
Total	300 hrs

THEORY SYLLABUS

OBSTETRICS:

1. **PELVIS**

Must know

Anatomy of pelvic bones, planes and diameters

Desirable to know

Classification of pelvic shapes & its clinical significance

Nice to know

Applied anatomy as related to Obstetrics and Gynaecology.

2. **ANATOMY OF FEMALE REPRODUCTIVE TRACT**

Must know

Anatomy of internal and external reproductive organs, pelvic floor muscles and fascia including their relationship to other pelvic organs

Desirable to know

Pelvic musculature, vascularity, lymphatics and innervation

Nice to know

-Applied anatomy as related to Obstetrics and Gynaecology

-anomalies of reproductive tract

-embryological development of female genital tract.

3**. PHYSIOLOGY OF CONCEPTION**:

Must know

Gametogenesis, ovulation, menstruation, fertilisation and implantation, spermatogenesis

Desirable to know

-role of pregnancy hormones

-normal semen parameters

Nice to know

Immunomodulators of pregnancy and immunological basis of recurrent pregnancy loss

4. **DEVELOPMENT OF FETUS and PLACENT**

Must know

Basic embroyology, development and structure and the various functions of placenta, foetal membranes and umbilical cord

Fetal development and growth at various gestational ages, foetal circulation

Desirable to know

Abnormality of the placenta, cord and membrane

Nice to know

Teratogenic agents and drugs contraindicated in early pregnancy

5. **DIAGNOSIS OF PREGNANCY**

Must know

Clinical symptoms and signs of all trimesters of pregnancy

Desirable to know

Dating in early pregnancy including USG DATING

Various tests to diagnose pregnancy

Calculation of EDD

Desirable to know

Screening tests available in various trimesters to rule out congenital anomalies

Nice to know

Preimplantation genetic disease

6. MATERNAL CHANGES DURING PREGNANCY

Must know

Anatomical and physiological alterations in blood, endocrine system, reproductive tract, cardiovascular, respiratory, urinary tract, gastrointestinal tract and other systems.

Desirable to know

Clinical implications of the physiology and metabolic adaptation that take place during pregnancy

7. ANTENATAL CARE

Must know

Objectives of antenatal care, clinical diagnosis of pregnancy and registration, antenatal history taking and examination, monitoring of foetal growth, various

screening procedures available for identification of high risk cases and early referral

Advice during the antenatal period with regard to nutritional requirements, immunisation and treatment of common illness

Desirable to know

Preconceptional Counselling

Antepartum foetal surveillance tests

Monitoring of patient with bad obstetric history / high risk pregnancies

Nice to know

PCPNDT act

8. COMPLICATIONS OF EARLY PREGNANCY

Must know

Causes of haemorrhage in early pregnancy

Various types of miscarriages, their definitions, causes, investigations and management

Diagnosis of ectopic pregnancy and its management

GTN and its management

Desirable to know

Medical management of ectopic pregnancy

Nice to know

Management of recurrent pregnancy loss

9. HYPEREMESIS GRAVIDARUM

Must know

Aetiopathogenesis, investigations and management

Desirable to know

Unusual complications of hyperemesis and management

Nice to know

Differential diagnosis of hyperemesis gravidarum and its management

10. **ANTEPARTUM HAEMORRHAGE**

Must know

Classification, causes of antepartum haemorrhage and discussion of the two most common causes of APH including its complication

Investigations including various imaging modalities that aid in the diagnosis and management

Desirable to know

Management of complications like intrauterine fetal death and morbidly adherent placenta

Nice to know

Hepatorenal syndrome, MODS, DIVC, massive blood transfusion protocols

11. MALPRESENTATION AND MALPOSITIONS AND CPD

Must know

Causes, clinical findings, diagnosis of malpresentations and malpositions and mechanism of labour in such cases

Partogram and its uses

Causes of contracted pelvis and diagnosis and management

Diagnosis of CPD and trial of labour

Definition of obstructed labour and rupture uterus, causes, clinical features and management

Prevention of rupture uterus

Desirable to know

Assisted breech delivery

Nice to know

Antepartum and intrapartum management of various malpresentations and malpositions

12. MULTIPLE PREGNANCIES

Must know

Causes, diagnosis, differential diagnosis, complications in pregnancy and labour and management

Determination of chorionicity, role of USG and Doppler in multiple pregnancies

Desirable to know

Mechanism of twin to twin transfusion and management of stuck twin and single foetal demise

Nice to know

Conjoint twins, management of interlocked twins and selective fetal reduction

13. POLYHYDRAMNIOS AND OLIGOHYDRAMNIOS

Must know

Causes, diagnosis, investigations and management of its complications

Desirable to know

Complications and outcome

Nice to know

Recent trends in management

14. HYPERTENSIVE DISORDERS OF PREGNANCY

Must know

Aetiopathogenesis, classification, diagnosis, investigations and management of gestational hypertension, preeclampsia and its complications

Predictive tests and prevention of preeclampsia and eclampsia

Management of imminent eclampsia and eclampsia

Desirable to know

Critical care management of complications of hypertensive disorders of pregnancy like HELLP, pulmonary edema, CCF, CVA

Nice to know

Differential diagnosis of convulsions in a pregnant woman and its management

15. ANEMIA DURING PREGNANCY

Must know

Causes, complication of various types of anaemia and their diagnosis

Nutritional anaemia and their management

Prevention of anaemia

Foetomaternal complications of anaemia during pregnancy and management during labour

Desirable to know

Management of non-nutritional anaemia in pregnancy

Nice to know

Iron metabolism, heme synthesis

16. DIABETES MELLITUS AND PREGNANCY

Must know

Definitions, classification, screening tests for GDM, diagnosis

Routine antenatal care of patients with GDM/overt DM and management during labour

Management of neonate of diabetic mother

Desirable to know

Preconceptional counselling

Nice to know

Glucose homeostasis in pregnancy

Management of DKA

17. HEART DISEASE AND PREGNANCY

Must know

Cardiovascular physiology during pregnancy, labour, delivery and postpartum period

History taking and examination of heart disease during pregnancy and labour

Contraception

Desirable to know

WHO risk stratification of heart diseases in pregnancy

Peripartum cardiomyopathy

Nice to know

Indications for cardiac surgeries during pregnancy

Role of anticoagulants

18. INTRAUTERINE-GROWTH RESTRICTION AND INTRAUTERINE DEATH

Must know

Causes, types of IUGR , diagnosis, surveillance and management

Desirable to know

Recent advances in diagnosis and management

Nice to know

Sequelae of IUGR and its medico legal implications

19. INFECTIONS DURING PREGNANCY

Must know

UTI, Malaria, syphilis, Tuberculosis, hepatitis, HIV and viral infections during pregnancy and their management

Desirable to know

Clinical significance of various infections during pregnancy.

20. PRETERM LABOUR, PPROM AND PROLONGED PREGNANCY

Must know

Causes, aetiopathogenesis, diagnosis, principles of management of preterm labour and delivery.

Role of steroid prophylaxis

Care of the preterm newborn

Definition of prolonged pregnancy, postdated pregnancy, post term pregnancy, its complications, antepartum and intrapartum foetal surveillance, induction of labour and management of the above.

Desirable to know

Prediction and Prevention of Preterm labour and role of various tocolytics

Nice to know

Neonatal problems of preterm and post term babies

21. Rh NEGATIVE PREGNANCY

Must know

Aetiopathogenesis and pathology of Rh isoimmunisation.

Diagnosis, Antenatal evaluation protocols and scheme of management

Prevention of Rh isoimmunisation

Desirable to know

Management of haemolytic disease in new born

Nice to know

In-utero management of isoimmunised foetus and foetal therapy

22. NORMAL LABOUR

Must know

Physiology, mechanism and conduct of normal labour

Partogram and monitoring various stages

Abnormal labour

Active management of third stage of labour and complications of third stage of labour

Management of fourth stage

Desirable to know

Antepartum and intrapartum foetal surveillance, diagnosis and management of fetal distress and cord prolapse

Nice to know

Pain relief during labour

23. POSTPARTUM HAEMORRHAGE

Must know

Definition , types , prevention , diagnosis and management of PPH

Retained placenta

Manual removal of placenta

Medical and surgical Management of Atonic PPH

Inversion of uterus and colporrhexis

Desirable to know

Transport of a patient in shock from the periphery to a higher centre

Morbidly adherent placenta

Nice to know

Postpartum collapse

Secondary PPH

24. INDUCTION /AUGMENTATION OF LABOUR

Must know

Modified Bishop's score

Pre-requisites for induction of labour

Various methods of cervical ripening

Successful induction and failed induction

Complications and contraindications for induction of labour

Various methods /drugs for augmentation of labour

Partogram

Desirable to know

Complications of labour induction

Nice to know

Arrest disorders in partogram

25. OPERATIVE OBSTETRICS

Must know

Indications, techniques and complications of episiotomy

Indications, technique and complications of caesarean section.

Forceps and vacuum deliveries

Assisted breech delivery

Methods of tubectomy complications and failure rates

Manual vacuum aspiration

Cervical cerclage

Desirable to know

Management of shoulder dystocia

Nice to know

Breech extraction and destructive obstetric procedures like cleidotomy, decapitation, craniotomy, evisceration.

POST-CAESAREAN PREGNANCY

Must know

Evaluation of a case of post caesarean pregnancy and plan of management

Conduct of VBAC in a case of post caesarean pregnancy.

Recognition of impending scar rupture.

Desirable to know

Management of Intra operative and post operative complications of repeat Caesarean section.

Nice to know

Internal iliac artery ligation and management of rupture uterus

PUERPERIUM

Must know

Course of normal puerperium and complications of puerperium like puerperal sepsis and its diagnosis, management and prevention

Breastfeeding and common problems like lactational failure, cracked nipple and breast abscess

Care of neonate and infant and immunisation schedule

Desirable to know

Thrombo-embolic disorders and puerperal emergencies like Postpartum eclampsia

Nice to know

Puerperal psychosis

Postpartum collapse

Secondary PPH

CONTRACEPTION

Must know

Cafetaria approach of various methods of contraception, advantages and side effects and failure rates, selection of patients and counselling

IUCD insertion and removal.

Emergency contraception

Nice to know

Implants and vaginal rings

MEDICAL TERMINATION OF PREGNANCY

Must know

MTP act, indications, contraindications, various methods of first trimester and second trimester termination and their complications

Concurrent contraception

Desirable to know

Management of complications of various methods of MTP

PERINATAL AND MATERNAL MORTALITY IN INDIA

Must know

Definition of PNMR, MMR, causes and prevention of perinatal and maternal mortality

Desirable to know

PNMR, MMR in our state and country

Nice to know

Maternal and neonatal audit

GYNAECOLOGY

VAGINAL DISCHARGE

Must know

Physiological and pathological causes of vaginal discharge

Clinical characteristics, diagnosis, predisposing conditions and management

2. AMENORRHOEA

Must know

Definition

Turner's syndrome

Desirable to know

Classification of primary and secondary amenorrhoea, history taking and physical examination, investigations and principles of management

Nice to know

Details of management of various causative factors

3. ABNORMAL UTERINE BLEEDING

Must know

Normal menstrual pattern and physiology of menstrual cycle

AUB- Palmcoein classification, causes and various terminologies

Role of tissue sampling in diagnosis and management of various gynaecological disorders

Definition, etiology and classification of DUB and its management

Desirable to know

Minimally invasive surgical techniques for diagnosis and management of AUB

4. INFERTILITY

Must know

Definition of infertility, history taking and physical examination

Causes, investigations of a couple with infertility and semen analysis

Causes of anovulation and induction of ovulation, tests of ovulation and tubal patency

Male infetility

Desirable to know

Management of tubal and pelvic factors of infertility

Ovarian reserve and tests for ovarian reserve

Nice to know

Recanulation,counselling for ART

5. PELVIC ORGAN PROLAPSE

Must know

Pathophysiology and levels of defect of the supports of uterus

History taking and physical examination in a case of pelvic organ prolapse

Classification, causes, diagnosis, investigation and management in relation to age and parity

Various surgical opinions for correction of pelvic organ prolapsed

Pessary treatment

Desirable to know

Nulliparous prolapse and Sling surgeries

Nice to know

POPQ grading

Vault prolapse and its treatment

6. URINARY INCONTINENCE

Must know

Definition,classification

Desirable to know

pathophysiology , history taking, physical examination and differential diagnosis

Investigations and management of stress urinary incontinence

Surgical therapy of stress urinary incontinence

7. BENIGN TUMORS OF INTERNAL REPRODUCTIVE ORGANS LIKE FIBROID UTERUS, SIMPLE OVARIAN CYST

Must know

Causes, clinical diagnosis by history & physical examination, investigations, various imaging techniques for diagnosis of fibroid uterus and ovarian cyst

Various therapeutic approaches for management of fibroid uterus ovarian cyst, endometriosis (like medical and surgical)

Desirable to know

Recent advances in the management of the above and their management during pregnancy

Nice to know

Minimally invasive surgeries for fibroid uterus

8. UTERINE ANOMALIES

Must know

Normal development of the female urogenital system

Classification and diagnosis of various anomalies of urogenital system

Desirable to know

Problems due to uterine anomalies

Nice to know

Surgical procedures for specific anomalies

9. PELVIC INFLAMMATORY DISEASE

Must know

Definition, causes, diagnostic criterion, sequelae and management of PID, sexually transmitted infections and their prevention. Genital tuberculosis diagnosis and management.

Prevention of PID

Desirable to know

SYNDROMIC APPROACH AND MANAGEMENT ACCORDING TO CDC Guidelines

10. GENITAL TRACT INJURIES AND GENITAL FISTULA

Must know

Postcoital injuries and operative injuries to urinary tract.

Causes, clinical features and diagnosis of genital fistulae and their management

Nice to know

Operative techniques and complications

11. PREMALIGNANT LESIONS AND MALIGNANCY OF GENITAL TRACT

Must know

Etiology and pathology, classification, diagnosis of premalignant and malignant lesions of vulva , vagina, cervix, uterus and ovary.

Screening for carcinoma cervix, carcinoma endometrium, tumour markers and advanced imaging techniques, staging and management of cervical, endometrial cancer and ovarian cancer

Prognosis

Desirable to know

Screening for breast cancer.

Chemotherapy and radiotherapy of carcinoma cervix, carcinoma endometrium, carcinoma ovary

Nice to know

Recurrence of the disease

Role of palliative care

Management during pregnancy

12. PROBLEMS OF ADOLECENCE AND MENOPAUSE

Must know

Definition

Desirable to know

Evaluation of post-menopausal bleeding and management

Causes, investigations and management of precocious puberty

Nice to know

Menopausal symptoms and management of menopause including hormonal therapy

13. OPERATIVE GYNAECOLOGY

Must know

Indications, technique and complications of dilation and curettage and fractional curettage, Liquid based cytology, Pipelle endometrial sampling, Vaginal hysterectomy, Ward Mayo's operation, Manchester repair, Abdominal Hysterectomy, Ovariotomy. Diagnostic laparoscopy, staging laparotomy for endometrial and ovarian malignancies

Desirable to know

Indications and techniques of colposcopy, Hysteroscopy and operative laparoscopy.

Diagnosis and management of post operative complications

4.PRACTICAL SYLLABUS

1. COMMUNICATION SKILLS

Must acquire

History taking skills-present and past history

History of Medical and surgical disorders if any

Family history and treatment history

Counselling for contraception, breast feeding

Desirable to acquire

A. General physical examination and systemic examination

B. Obstetric examination

- speculum and vaginal examination
- diagnosis of early pregnancy
- measurement of symphysio fundal height
- plotting gravidogram to monitor foetal growth
- obstetric palpation to know the lie, presentation and position of foetus
- pelvic assessment to know grossly contracted pelvis

Diagnosis and monitoring of labour

- appreciate normal uterine contraction by palpation
- foetal heart normality
- cervical dilatation
- identification of presenting part, plotting a partogram and recognition of deviations from normal

Catheterisation of bladder during labour

Technique of Artificial rupture of membranes

Conduct of normal labour including active management of III stage

Technique of episiotomy and its suturing

Recognition of perineal tears and suturing

Exploration of genital tract for injuries after delivery

Care of normal new-born

Desirable to acquire

Techniques of assisted breech delivery

Nice to know

Vacuum application and extraction

Outlet forceps application

Repair of cervical tear

Vaginal packing

Nice to know

Breech extraction

D. Gynaecology examination

Must acquire

Inspection and recognition of various parts of external genitalia

Per speculum examination and recognition of unhealthy cervix and growth on cervix , technique of pap smear, bimanual pelvic examination to know the size and position of uterus and presence of adnexal mass

Identification of cystocele, rectocele and enterocele and descent of cervix

Desirable to acquire

Technique of cervix biopsy

Technique of Schiller's test and acetic acid test

Technique of IUCD insertion and removal

Nice to acquire

Blood transfusion

MANAGERIAL SKILLS

Must know

Transport of patient with convulsions and shock

How to co-ordinate with a team member

Desirable to know

Organisation of antenatal clinics and arrangement for cervical cancer screening camps

5.RECOMMENDED BOOKS

OBSTETRICS:

1. Mudaliar and Menon's clinical obstetrics 12th edition

2. Text book of obstetrics D.C.Dutta 8th edition

GYNAECOLOGY:

Shaw's text book of gynaecology 16 th edition

Textbook of gynaecology D.C.Dutta- 7th edition

6.THEORY EXAMINATION

Theory 2 papers of 40 marks each – 80 marks

Paper 1 – Obstetrics including social obstetrics

Paper 2 – Gynaecology, family welfare and demography

Shall contain one question in basic science and allied subjects.

1. Essay	=	1 x10 marks	=	10 marks
2. Brief Answers	=	5 x 4 marks	=	20 marks
3. Short Answers	=	5 x 2 marks	=	10 marks

		Total		40 marks
				---

7. PRACTICAL EXAMINATION

Obstetrics and Gynecology :

PRACTICAL EXAMINATION	
Clinical Examination (Case Presentation &OSCE)	50 Marks
Case Presentation Obstetrics Long Case (30 min)	15 Marks
Gynaecology Short case (2 x 15 min) (2 x 10Marks)	20 Marks
SPOTTERS (5 X 1Min) (5 x 1 marks)	5 Marks
OSCE (5 x 3 min – 15 min) 5 x 2 marks a) Partography / CTG b) FW counseling c) Obstetics Skills d) Cancer screening e) Recent advance	10 Marks
Total	50 Marks

OSCE

a) Partograph/ CTG : 2 marks

Partogram:

-Normal labour

-Obstructed labour

-fetal distress

-Secondary arrest of descent

-Secondary arrest of dilatation

CTG:

-Normal CTG

-Late deceleration

-Early deceleration

-Variable deceleration

-Saltatory pattern

b) Family welfare counselling : 2 marks

-IUCD

-OCP

-Condom

-DMPA Injection

-Cafetaria approach

c) Obstetric skills : 2 marks

-Abdominal and obstetric examination

-Conduct of labour

-Episiotomy and suturing

-Conduct of breech delivery

-Medical Management of PPH

-Bimanual compression of uterus

-Condom tamponade

-Management of cord prolapse,shoulder dystocia

-Eclampsia management

d) Cancer screening : 2 marks

-Pap smear,pipelle

-Tumour markers

-USG findings

-VIA VILI

-Colposcopy

-Diagnosis of carcinoma cervix,vulva and vagina

e) Recent advances : 2 marks

-Newer parenteral iron preparations

-Oral hypoglycemics in pregnancy

-Infertility(surrogacy, oocyte preservation)

-Family welfare- Newer contraceptive methods

-Liquid based cytology

-New drugs in management of fibroid,AUB and endometriosis

-Uterine artery embolisation

8.VIVA : 30 marks

Pelvis :	5 marks
Specimen :	5 marks
Imaging :	5 marks
Instruments :	5 marks
Family welfare :	5 marks
Drugs :	5 marks

9.FORMATIVE ASSESSMENT :

It is an ongoing assessment wherein students in groups are allotted to a specific tutor or consultant in the hospital during opds,theatre,everyday for about an hour

At the end of each posting, the tutor or consultant does a formative assessment of the student who are posted with him/her and attendance is submitted to the university

Theory tests should be conducted periodically at the end of four chapters

SEMESTER	TESTS	OBSTETRICS	GYNAECOLOGY
3RD	2 weeks(2 theory tests)	The pelvis,genital organs,physiology of ovulation and menstruation,fertilisation of ovum and the development of embryo	Anatomy, normal histology, physiology, puberty, pediatric and adolescent gynaecology, perimenopause, menopause, postmenopausal bleeding
4TH	4 weeks(4 theory tests,1 practical test)	Diagnosis of pregnancy, prenatal care, fetus in normal pregnancy, maternal changes during pregnancy, drugs in pregnancy	Gynaec diagnosis, endoscopy in gynaecology, imaging modalities, malformations of female genital organs, sexual development and disorders ,sexually transmitted diseases, cervix and uterine inflammation, pelvic inflammatory disease, TB of the genital tract.

5TH	4 weeks(4 theory tests, 1 practical test)	Causation and stages of labour, intrapartum surveillance, conduct of normal labour and its mechanism, normal puerperium, abnormal labour and complications	Injuries of the female genital tract, diseases of the urinary system, genital fistulae, urinary incontinence, infertility and sterility, MTP and birth control, ectopic gestation, trophoblastic diseases
7TH	4 weeks(4 theory tests,1 practical test)	Complications of pregnancy with neonatal problems	Disorders of menstruation, genital prolapse, displacements, diseases of vulva and vagina, benign diseases of the uterus, endometriosis and adenomyosis
8TH	4 weeks(4 theory tests, 2 practical test)	Obstetric surgeries and high risk pregnancies, antepartum fetal surveillance	Disorders of the ovary, breast and ovarian tumours, disorders of the broad ligament, tubes and parametrium, acute and chronic pelvic pain, vulval and vaginal cancer, dysmenorrhea and premenstrual syndrome, CIN and Carcinoma cervix

9TH	6 weeks(5 theory tests,5 practical tests,1 model theory exam,1 clinical exam)	Diseases complicating pregnancy(TB, liver disease, infections during pregnancy, DM ,heart disease complicating pregnancies, tumours and surgical emergencies ,social obstetrics, family welfare, imaging techniques)	Cancers of endometrium, uterus, fallopian tube and ovarian cancer, radiation therapy and chemotherapy of gynaec cancer, obesity, pelvic adhesions and their prevention, hormonal therapy in gynaecology, pre op and post op care and surgical procedures

10.INTERNAL ASSESSMENT TEST

Internal assessment tests will be conducted for 40 marks.

- At the end of fifth semester – average of four theory and two practical tests -- 5 marks
- At the end of seventh semester – average of four theory and one practical test – 5 marks
- At the end of ninth semester – total – 30 marks

  .Average of 5 theory and final theory model – 10 marks

  Average of 3 practical tests and final clinical – 15 marks

  Log book – 5 marks

11.MEDICAL ETHICS

Basic medical ethics taught in the introductory class for all students.

Informed consent about high risk pregnancy, maternal/fetal outcome and interventions, operative procedures/sterilisation/blood transfusion /intra uterine contraceptive device insertion

Privacy and confidentiality

Beginning of life issues

Human dignity and human rights

MTP consent

PCPNDT act

Maternal death

Fetal death

Rape, medicolegal issues

Fetal anomalies

Assisted reproductive technologies

12. INTEGRATED TEACHING

The student should be able to integrate clinical skills with other disciplines and to gain a holistic approach in management of obstetric and gynaecological patients.

13. CRRI ORIENTATION:
GENERAL

At the time of starting of CRRI postings one day orientation workshop to be arranged. The co ordinating departments can be bio chemistry, pathology, microbiology and all clinical departments where the CRRI are posted. It should focus on the indications for various investigations, type of samples, quantity, method of collection and precautions to be taken if any , mode of transport, how to handle needle stick injuries, biomedical waste management, importance of documentation. One day workshop on BLS can be arranged with hands on session. Specific orientation on obstetrics and gynaecology in the first day of their posting

One day of training in obstetric skills and emergencies

Name of the college:

Telephone & fax number:

E-mail id:

Log book: Obstetrics & Gynaecology

THE TAMILNADU DR.MGR MEDICAL UNIVERSITY

69, ANNA SALAI, GUINDY,

CHENNAI – 600 032

TAMILNADU, INDIA

Basic information:

The logbook system is introduced mainly for the candidates and the faculty to get familiarized with the nature of clinical and academic activities to which candidates have to be exposed, and bring uniformity in teaching and training among various medical colleges affiliated to this university. Moreover the primary objective of the log book is to record the detailed clinical and theoretical learning of students. Also, it makes the students to participate in various forms of learning activities and ensures his/ her participation. Log book shall be of **o**ne quire note book of legal size and bound.

In fact, log book becomes a reflective record of his/ her learning and achievements, and contribution of the faculty towards the same. Every student has to be motivated to document what he has learned in the respective department / specialty in the log book and make it as a permanent record for him/ her after an approval by the examiners duly appointed by the university.

Hence, all the Unit Chiefs and Professor & Head belonging to different clinical departments / specialty are requested to inform their clinical students belonging to 3rd,4th, 5th, 6th, 7th, 8th and 9th semesters to maintain a structured log book. Each discipline / department shall have their own logbook, but the basic structure shall be the same.

From semesters 3 to 9, each student undergoes various clinical postings after an introductory course of two weeks each in clinical methods in Medicine and Surgery, as per Medical Council of India (MCI) and University norms. The minimum period of posting in General Surgery and allied specialties as per MCI is given in a table displayed in page '4' of the log book. As per MCI and university, the total duration of clinical posting comes to 24 weeks including family welfare posting.

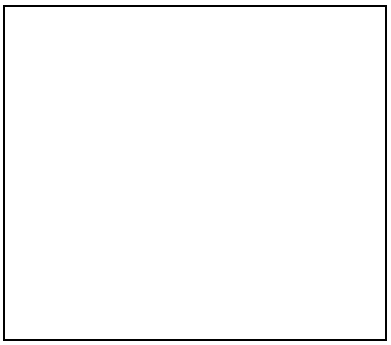
This log book though provides some titles and examples for the clinical and academic learning in the contents, students' participation in various other clinical and academic programmes organized at department or institutional level, other than those mentioned in the contents are welcome. All such activities shall be documented in the log book. Certain guidelines for the maintenance of log book are given in the ensuing pages. These may be adhered by students and faculty of the institution, and they may be motivated to adhere to the guidelines for the maintenance of log book.

The coordinator of medical education unit (MEU) and the members of MEU along with the Head of Clinical departments shall take initiatives for the clinical and academic learning of the candidates. They along with their clinical supervisors and unit chiefs are responsible for carrying out the various forms of learning activities and monitor students' participation regularly with the support of Medical Superintendent and the Dean. Also, the MEU shall maintain the summary of the clinical and academic learning activities of different batches of medical students for the purposes of MCI and University.

BASIC INFORMATION OF THE CANDIDATE

PARTICULARS OF THE STUDENT:

Name of the student:



University Register number:

Mobile No:

Email ID :

Photo shall be duly attested by unit chief with seal.

PARTICULARS OF MENTOR
Name:
Designation
Mobile No:

Email ID

STATEMENT FOR TOTAL NUMBER OF PAGES IN THE LOG BOOK

This log book contains……..pages and are serially numbered

Asst Professor Unit chief.

(Name……) (Name……)

Date

BONAFIDE CERTIFICATE

This is to certify that this log book is the Bonafide record of Mr. /Ms…….. whose particulars along with photo is given above.

His /her clinical and academic activities along with attendance are documented in the ensuing pages of this log book.

Signature of Unit Chief with seal
(Name …….)

Signature of Head of Dept. with seal
(Name …….)

Approval by the examiners:

Internal	**External**
1.	**1.**
2.	**2.**

Date of university clinical examination:

GUIDELINES FOR LOG BOOK

I. INFORMATION TO STUDENTS

1. Students shall be directed to carry the respective log book daily while proceeding to the ward during their clinical posting.

2.Each medical student is the owner of his/ her log book and hence, he/ she have to maintain their logbook safely.

3. The log book shall be kept as record work of the candidate for that department /specialty and allied sciences and be submitted to university as a Bonafide record of the candidate

4. It is the responsibility of the student to enter their activity in respective pages and get them duly signed by the Unit Assistant Professor / Senior Resident (clinical supervisor) at 12 noon before leaving the hospital

5. Students are informed to keep a copy of the log book for safety, which shall be used at the time of loss of log book

II. INFORMATION TO FACULTY:

1. **Clinical supervisor:** Unit Assistant Professor (AP) / Senior Resident (SR) shall be their immediate clinical supervisor who shall review their clinical activities, monitor their participation in academic programmes and learning, and make an entry of the student's activities in the log book during their posting in their unit.
2. **Case allotment:** The clinical supervisor (AP/ SR) of the respective department/ specialty shall allot cases to students every week, and the students shall be motivated to see the case allotted to him / her and follow the case till the patient gets discharged. He / she shall write the **twenty case records** (Obstetrics, Gynaecology, family welfare) of the cases allotted in detail, get it corrected by the clinical supervisor and unit chief under whom he / she has been posted. Patient's Name, IP No, admission and discharge dates, clinical history, thorough clinical examination of the case, clinical course, differential diagnosis, investigations, diagnosis, therapy, referral, discussion on discharge plan and follow up, discharge data etc., shall be written in detail for each case allotted. Cases allotted to the students shall tally with the hospital record, as these shall be scrutinized / verified by the duly appointed university examiners.
3. **Case Presentation:** Each student should be made to present one case per week to the clinical supervisor /Unit chief. The details of the case such as Name, IP No, Age, Sex, Diagnosis and Admission, discharge date of such cases shall be stated in the respective pages.
4. **Clinical signs learned:** The students should be made to write the names of various clinical signs learned / demonstrated to him / her during the course of his clinical postings.
5. **Cases discussed in grand rounds:** Students shall be included in the grand rounds taken by the unit chief once a week. During grand rounds the students should be made to learn the art of integrating key knowledge, skills and techniques applicable across the disciplines. The students may be encouraged to demonstrate their understanding of the patho-physiological basis of health and disease. Also, during grand rounds the students should be involved as a member of service team and interact with him/ her on various issues (clinical, diagnostic, therapeutic, preventive, ethical and social issues/ challenges posed in the case under discussion). The students should be trained to apply evidence based medicine in decision making and be highlighted on the professional and ethical aspects related to the case. Finally the students should be asked to enter the cases discussed in grand rounds in the respective pages of the log book and get the signature from the clinical supervisor.

6. **Clinical demonstration: S**tudents shall be exposed to clinical demonstration programme once a week wherein the clinical supervisor / unit chief reinforce the importance of making a clinical diagnosis based on clinical history at the bed side, differentiate it from others (differential diagnosis), investigations and interpretation and management plan including discharge and rehabilitation. The details of such cases discussed in clinical demonstration shall be entered.
7. **Procedures / Surgeries** seen observed / assisted / done or carried out; participation in night clinics, emergencies attended, training undergone on OSCE/ OSPE and instruments, clinical assignments written by the candidate or any similar clinical activities carried out shall be entered in respective pages of the log book and be signed by the concerned clinical supervisor.
8. **Entry of Academic Programmes / activities:** Each student posted to their unit should be motivated to enter the academic programme in which he / she has participated in the respective pages of the log book. While entering the details, the student should write the date and the title covered, and get them signed by clinical supervisor on weekly basis.
9. **Assessment:** The clinical supervisors and the unit chief shall assess the candidate during their posting and grade them as given in the respective table.
10. **Signature:** The faculty shall attest the student's work.

III. ADMINISTRATIVE MATTERS:-

1. Overall each and every activity / participation of the candidate shall be entered in the logbook and be signed daily by AP/ SR incharge of the unit. The unit chief shall review the clinical and academic learning of the students posted to their unit at the end of the week and sign. The unit chief shall monitor the attendance on weekly basis and share his observation with students and then bring it to the notice of Head of Department.
2. The entire log book of the candidate shall be verified by the unit chief again at the end of final posting. The unit chief shall also verify whether the student has achieved the learning objectives of their department before the student completes his / her posting in that department.
3. The Head of department shall countersign in the record once in 15 days and again at the end of postings which shall be shown as Bonafide work of the candidate for the respective examination and countersigned by all the internal and external examiners.
4. Professor & Head of the department shall note down the attendance of the students and their leave particulars for the respective week in a ledger and maintain the record for university purposes.
5. The internal assessment marks shall be awarded based on the activities recorded / assessed as per the log book.

IV. Suggestions for improvement of log book:

1. Any other information to be included in logbook or suggestions for modification of the log book is welcome. Kindly forward your suggestions for improvement of the log book to the "Academic officer, The Tamilnadu Dr.M.G.R. Medical University, 69, Anna salai, Gundy, Chennai – 600 032.

Schedule of Clinical postings

SEMESTER	TOTAL NO. OF WEEKS
3	2
4	4
5	4
7	4
8	4
9	6

10.5. OBSTETRICS AND GYNAECOLOGY

Obstetrics and Gynaecology to include family welfare and family planning.

GOAL: The broad goal of the teaching of undergraduate students in Obstetrics and Gynaecology is that he/she should acquire understanding of anatomy, physiology and pathophysiology of the reproductive system and gain the ability to optimally manage common conditions affecting it.

OBJECTIVES

a. KNOWLEDGE At the end of the course, the student should be able to:

1. Outline the anatomy, physiology and pathophysiology of the reproductive system and the common conditions affecting it.

2. detect normal pregnancy, labour puerperium and manage the problems he/she is likely to encounter therein.

3. list the leading causes of maternal and perinatal morbidity and mortality.

4. understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilisation and their complications.

5. identify the use, abuse and side effects of drugs in pregnancy, premenopausal and post-menopausal periods.

6. describe the national programme of maternal and child health and family welfare and their implementation at various levels.

7. identify common gynaecological diseases and describe principles of their management.

8. state the indications, techniques and complications of surgeries like Caesarian section, laparotomy, abdominal and vaginal hysterectomy, Fothergill's operation and vacuum aspiration for M.T.P.

B. SKILLS At the end of the course, the student should be able to:

1. examine a pregnant woman; recognise high risk pregnancies and make appropriate referrals.

2. conduct a normal delivery, recognise complications and provide postnatal care.

3. resuscitate the newborn and recognise congenital anomalies.

4. advise a couple on the use of various available contraceptive devices and assist in insertion in and removal of intra-uterine contraceptive devices.

5. perform pelvic examination, diagnose and manage common gynaecological problems including early detection of genital malignancies.

6. make a vaginal cytological smear, perform a post coital test and wet vaginal smear examination for Trichomonas vaginalis, moniliasis and gram stain for gonorrhoea.

7. interpretation of data of investigations like biochemical, histopathological, radiological, ultrasound etc.

c. INTEGRATION: The student should be able to integrate clinical skills with other disciplines and bring about coordinations of family welfare programmes for the national goal of population control.

d. GENERAL GUIDELINES FOR TRAINING:

1. attendance of a maternity hospital or the maternity wards of a general hospital including (i) antenatal care (ii) the management of the puerperium and (iii) a minimum period of 5 months in-patient and out-patient training including family planning.

2. of this period of clinical instruction, not less than one month shall be spent as a resident pupil in a maternity ward of a general hospital.

3. during this period, the student shall conduct at least 10 cases of labour under adequate supervision and assist in 10 other cases.

4. a certificate showing the number of cases of labour attended by the student in the maternity hospital and/or patient homes respectively, should be signed by a responsible medical officer on the staff of the hospital and should state: (a) that the student has been present during the course of labour and personally conducted each case, making the necessary abdominal and other examinations under the supervision of the certifying officer who should describe his official position. (b) that satisfactory written histories of the cases conducted including wherever possible antenatal and postnatal observations, were presented by the student and initialed by the supervising officer.

CLINICAL ACTIVITIES			
No.	Contents	Page No.	No. Achieved
1	Details of Clinical cases allotted to student during clinical posting in the department (One/ Week)	15 – 17	
2	Cases presented and Clinical signs learned including the ability to demonstrate and explain its implications in detail (One/ Week)	17 - 19	
3	Cases discussed in grand rounds (Once in two weeks)	20	
4	Small group discussion (one per month)	21	
5	Clinical demonstration (One/ Week)	21 - 22	
6	Procedures/Surgeries seen/ observed / assisted / done or carried out	24-27	
7	Night clinics/Clerkship	26	
8	Emergencies learned / observed	27	
9	Training on OSCE/ OSPE	28	
10	Training on Instruments	29	
11	Clinical Assignments given by the unit chief & answers written by the candidate.(One / week)	30	
12	Any other clinical assignments as instructed	31	
PARTICIPATION IN ACADEMIC PROGRAMMES			
1	Didactic lecture	35	
2	Seminar (one per month)	35	
3	Symposia (one per month)	35	
4	CPC (one per month)	36	
5	Integrated teaching (one per month)	36	
6	Problem based learning	37	
7	Revision topics (one per month)	37	
8	Tutorials (one per month)	37	
9	Participation of candidate in various forms of examination conducted by the department along with the marks scored.	37	
10	Participation in other competitive examination(s) or any other academic activities like quiz etc., at colleges / inter colleges level **(Optional)**	38	
11	Participation in research ctivities, CMEs / Guest ectures, conferences etc.,	38	

12	Awards / achievements received.(optional)	39	
OTHERS----SPECIFY			
1	Participation in outreach activities	39	
2	Any other as desired and approved by the unit chief/ Prof. and Head or Dean/University	39	
CLINICAL RECORDING OF CASES ALLOTTED		40 onwards	

OVERALL ASSESSMENT OF CANDIDATE FOR OBSTETRICS AND GYNAECOLOGY

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with date				

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR FAMILY WELFARE

S.No.	Criteria	Grade
		I-Posting
1	Regularity	
2	Academic Ability	
3	Analytical Skills	
4	Practical Skills	
5	Leadership Quality	
6	Teamwork Ability	
7	Communication Skills	
8	Teaching Ability	
9	Innovation willingness	
10	Research Aptitude	
11	Case presentation	
12	Interactive participation	
Signature of Unit chief with date		

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR LABOR WARD

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with date				

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

Evaluation

Postings	Theory Marks	Practical Marks
3rd semester		
4th semester		
5th semester		
7th semester		
8th semester		
9th semester		

DETAILS OF CLINICAL CASES ALLOTTED TO STUDENT DURING CLINICAL POSTING IN THE DEPARTMENT (ONE/ WEEK)

S.No.	Date	Details of the Clinical cases allotted (Name, age, ward, bed no.)	Signature of Student	Signature of the Teacher
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

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21				
22				
23				
24				

DETAILS OF CLINICAL CASES PRESENTED BY THE STUDENT DURING CLINICAL POSTING IN THE DEPARTMENT (ONE/ WEEK)

S.No.	Date	Details of the Clinical cases presented (Name, age, ward, bed no.)	Signature of Student	Signature of the Teacher
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

CLINICAL SIGNS LEARNED DURING CLINICAL POSTING IN THE DEPARTMENT

S.No.	Date	Details of the Clinical signs learned	Signature of Student	Signature of the Teacher
1				
2				
3				
4				

5				
6				
7				
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9				
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11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

23				
24				

DETAILS OF CASES DISCUSSED DURING GRAND ROUNDS

S.No.	Date	Details of the Cases discussed (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

CLINICAL DEMONSTRATIONS

S.No.	Date	Details of the Cases discussed (Name, age, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
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24				
25				
26				
27				
28				
29				
30				
31				
32				
33				

34				

PROCEDURES OBSERVED - PAP SMEAR

S.No.	Date	Patient Name, Age , ID number	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURES OBSERVED - COLPOSCOPY

S.No.	Date	Patient Name, Age, ID number	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURES OBSERVED – ENDOMETRIAL SAMPLING

S.No.	Date	Patient Name, Age , ID number	Signature of Student	Signature of the clinical Supervisor/ Unit Chief

1				
2				
3				
4				
5				

PROCEDURES OBSERVED – CERVICAL BIOPSY

S.No.	Date	Patient Name, Age , ID number	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				

PROCEDURES OBSERVED – FRACTIONAL CURETTAGE

S.No.	Date	Patient Name, Age , ID number	Signature of Student	Signature of the clinical Supervisor/ Unit Chief

1				
2				
3				
4				
5				

Evidence of Observation

	Patient ID	Date
NORMAL DELIVERY		
Vacuum Delivery		
Forceps Delivery		
Twin Delivery		
Breech Delivery		
Management of PPH		
Management of Eclampsia		
Manual removal of placenta		
Management of Inversion of uterus		
Suturing of episiotomy		
LSCS		
B Lynch sutures		

Surgeries observed or assisted during all three clinical Years

Topics	Date	Name	Hospital.No.
Total Abdominal Hysterectomy			
Vaginal Hysterectomy + Pelvic Floor Repair			
Ovarian Cystectomy			
Laparoscopic Tubal ligation			
PS			
LAVH			
Staging Laparotomy			

Mc Donald's stitch			
Dilatation and Curettage			
Hysteroscopy			
Manual Vacuum Aspiration			
Suction Evacuation			
Salpingectomy for ectopic pregnancy			

Ultrasound related to O & G seen over 3 years

Obstetric Procedures	Name	Hospital ID	Date	Indication
Ultrasound 1 Trimester				
2 Trimester Morphology				
3 Trimester				

Ultrasound (Gynecology)				

EVENING CLINICS/ CLERKSHIP

S.No.	Date	Details of the Cases discussed (Name, age, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

7				
8				
9				
10				

EMERGENCIES LEARNED/ OBSERVED

S.No.	**Date**	**Details of the Emergencies discussed (Name, age, ward, bed no.)**	**Signature of Student**	**Signature of the clinical Supervisor/ Unit Chief**
1				
2				
3				
4				
5				

6				
7				
8				
9				
10				

TRAINING ON OSCE

S.No.	Date	Training on OSCE	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

11				
12				
13				
14				
15				

TRAINING ON INSTRUMENTS

S.No.	Date	Training on instruments	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1		Forceps(outlet)		
2		Sims speculum		
3		Cusco's speculum		
4		Sponge holding forceps		
5		Volsellum		
6		Hegar's dilator		
7		MVA syringe		
8		Vacuum		
9		Allis tissue holding forceps		
10		Babcock's forceps		
11		Heaney's		
12		Uterine sound		
13		Myoma screw		
14		Green Armytage		
15		Doyen's retractor		
16		Leech Wilkinson cannula		
17		Cervical punch biopsy forceps		

Clinical Assignments given to candidates

S.No.	Date	Clinical Assignments	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

ANY OTHER CLINICAL ACTIVITIES CARRIED OUT

S.No.	Date	Clinical Assignments	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				

4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

Didactic lecture

S.No.	Date	Title of the didactic lecture	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				

5				
6				
7				

Seminar

S.No.	**Date**	**Seminar title and candidate's contribution**	**Signature of Student**	**Signature of the clinical Supervisor/ Unit Chief**
1				
2				
3				
4				
5				

Symposia

S.No.	**Date**	**Symposia title and candidate's contribution**	**Signature of Student**	**Signature of the clinical Supervisor/ Unit Chief**
1				
2				
3				
4				
5				

Small group discussion

S.No.	Date	Activity	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				
7				

Clinico-pathology conference

S.No.	Date	Symposia title and candidate's contribution	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				

Integrated teaching

S.No.	Date	Tilte	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Problem based learning

S.No.	Date	Tilte	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Revision topics

S.No.	Date	Revision topic	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Tutorials

S.No.	Date	Title discussed	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation of candidate in various forms of examination conducted by the department along with the marks scored.

S.No.	Date	Nature of examination and marks scored	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in other Competitive examination(s) or any other academic activities like quiz etc., at college / inter college level (Optional)

S.No.	Date	Competitive examination/ other activities -specify	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in research activities, CMEs / Guest Lectures, conferences etc.,

S.No.	Date	Nature of the activity	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				

4				
5				
6				

Awards / achievements received.(optional)

S.No.	Date	Awards / achievements	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in out reach activities

S.No.	Date	Out reach activities	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Any other as desired and approved by the unit chief/ Prof. and Head or Dean/University

S.No.	Date	Other approved activities	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				

Obstetric case record-1

Name: OP/ IP no:

Age: sex: Date of admission:

Address: Date of discharge:

Ward no:

Socio economic status: Diagnosis:

Education:

Occupation:

Aadhar no: Mobile no:

Obstetric score : LMP: EDD:

CHIEF COMPLAINTS:

History of presenting illness:

Menstrual history:

Marital history:

Obstetric history:

Past history:

Family history:

Personal history:

Treatment history:

GENERAL PHYSICAL EXAMINATION:

VITALS: PULSE: BP:

RESP.RATE: TEMP:

Ht: BMI:

Wt:

SYSTEMIC EXAMINATION:

DIAGNOSIS:

INVESTIGATIONS:

TREATMENT

DISCHARGE AND FOLLOW UP ADVICE:

Gynaecology case record

Name: OP/ IP no:

Age: sex: Date of admission:

Address: Date of discharge:

Ward no:

Socio economic status: Diagnosis:

Education:

Occupation:

Aadhar no: Mobile no:

CHIEF COMPLAINTS:

History of presenting illness:

Menstrual history

Marital history

Obstetric history

Past medical & surgical history:

Family history:

Personal history:

Treatment history:

GENERAL PHYSICAL EXAMINATION:

VITALS: PULSE: BP:

RESP.RATE: TEMP:

Ht:

Wt

BMI:

SYSTEMIC EXAMINATION:

DIAGNOSIS:

DIFFFERENTIAL DIAGNOSIS:

INVESTIGATIONS:

TREATMENT :

DISCHARGE AND FOLLOW UP ADVICE:

Obstetrics

Module 1 – ANTENATAL CARE

1. What information do you need to make sure the dates are accurate?

2. Why is it so important to ensure that the pregnancy is dated correctly at the 1st visit? What could happen when the gestational age is calculated incorrectly?

3. What history, examination or investigations would help you to date a pregnancy correctly?

4. What are signs and symptoms of pregnancy?

5. What investigations do you order in low risk antenatal patient at first visit? Mention why each of these tests are done?

1. You are expected to have already clinically examined patients at GA of 12,16,20,24,28,30,32,36 weeks and term. If you have not, please make sure that you have done so. When will you discuss with a senior to order an ultrasound?

2. If you want an ultrasound done, what information do you want from the ultrasound?

3. If the ultrasound shows that the fetus has IUGR, what else will you do?

4. If the uterus is large for dates, what will you think of? What investigations will you do ?

1. You have seen a G2 P1 L1 woman with Hb of 5gm/dl at the following gestational age. What will you do next. Explain your answer.
   20 weeks

   32 weeks

   36 weeks

2. You have seen a woman with Hb 7 gm/dl at the following gestation, What will you do next?

   32 weeks

   36 weeks,

3. Outline your management of a pregnant woman at 36 weeks with Hb of 8 gm/dl?

4. What other investigations do you need to do in a patient with anemia?

5. How will you follow up the patient

6. How much elemental iron does a tablet of Ferrous sulphate contain?

7. How do you classify anemia?

Module 1 – HEAVY MENSTRUAL BLEEDING

1. What are the details you want from menstrual history?

2. What do you need to rule out in the following patient?

   a. 13 year old who just attained menarche who presents with continuous bleeding PV

   b. In a woman in the reproductive age group with irregular bleeding PV

   c. Post menopausal woman with bleeding PV

3. Which patient would require an endometrial sampling?

4. Who are the patients you would consider treating with the following:

   a. NSAIDs/mefenamic acid
   b. OCP/progesterone

5. How do you treat a patient with HMB?

6. Write a prescription for controlling acute HMB.

Module 2 - VULVOVAGINITIS

1. Work up a patient with white discharge P/V. What significant history do you want to know?

2. What is the classical description of white discharge PV in the following conditions

   Candidiasis

   Trichomonial vaginitis

   Bacterial vaginosis

3. Today make sure you do a pap smear

   ~~a.~~ How did you do it?

   b. What fixative did you put on the slide ?

4. What will you do with the following papsmear reports
   Severe cervicitis, negative for malignant cells

   Squamous cells with mild dysplasia

Squamous cells with moderate dysplasia

1. Suppose you see a patient with a definite ulcer on the cervix

   ~~a.~~ How will you describe it?

   ~~b.~~ Will you do a pap smear?

   ~~c.~~ How will you clinch the diagnosis?

2. What is colposcopy ?

   Indications for colposcopy

3. Indications for LEEP or cone biopsy

Module 3 – MASS ABDOMEN

I. Try to work up a patient with mass in the abdomen in the reproductive age group.

II. a. What is the commonest midline mass?

~~b.~~ What is the D/D for a midline mass?

~~c.~~ Describe the mass.

~~d.~~ What is the clinical finding that will help you differentiate an uterine mass from ovarian mass?

III. What is the differential diagnosis of an adnexal mass in the reproductive age group?

IV 70 year old lady with abdominal distention and mass abdomen

a. What is your diagnosis?

b. What will you find on clinical examination?

V List the history, clinical and USG findings that will help you differentiate a benign mass from a Malignant mass.

Module 4 – PROLAPSE UTERUS

I. Work up a patient with 'mass descending per vaginum'

a. What significant history with regards to urinary symptoms should you obtain and why?

b. If she is multiparous, what obstetric history will you get?

c. Why do you need to do urine culture in a patient with prolapse?

d. Name the conservative surgery for prolapse in a young patient who has not completed her family

e. What is the pre operative work up for a patient undergoing a hysterectomy?

CONTRACEPTION – MODULE

Case Scenarios **- Choice of Contraception**

1. 20 year old P1 L1.
2. 24 year old just married.
3. 32 year old P2 L2
4. 32 year old with Rheumatic heart disease
5. 35 year old Diabetic.
6. Breast feeding mother

PAEDIATRICS

PAEDIATRICS UG CURRICULUM

Goal

GOAL
The broad goal of the teaching of undergraduate students in Pediatrics is to acquire adequate knowledge and appropriate skills for optimally dealing with major health problems of children to ensure their optimal growth and development.

ii) SPECIFIC LEARNING OBJECTIVES

a. KNOWLEDGE

At the end of the course, the student should be able to:
(1)describe the normal growth and development during foetal life, neonatal period, childhood and adolescence and outline deviations thereof.
(2) describe the common paediatric disorders and emergencies in terms of epidemiology, etiopathogenesis, clinical manifestations, diagnosis, rational therapy and rehabilitation.
(3) state age related requirements of calories, nutrients, fluids, drugs etc. in health and disease.
(4) describe preventive strategies for common infectious disor
ders, malnutrition, genetic and metabolic disorders, poisonings, accidents and child abuse.
(5) outline national programmes relating to child health including immunisation programmes.
(6) Recognize a critically ill child based on the pediatric assessment triangle and effectively intervene to stabilize the child before transporting to a higher centre.

b. SKILLS

At the end of the course, the student should be able to:

- Obtain a proper relevant history and perform a humane and thorough clinical examination of all organs/systems in children including neonates
- Arrive at a logical working diagnosis after clinical examination
- Order appropriate investigations keeping in mind their need,relevance and cost effectiveness
- Plan and institute a line of treatment which is need based,cost effective and appropriate for common ailments taking into consideration

a.Patient

b.Disease

c.Socio economic status

d.Instituitional / governmental guidelines

5. Recognize situations which call for urgent or early treatment at secondary and tertiary centres and make prompt referral of such patients after giving first aid or emergency treatment

6. Monitor growth and development of children and differentiate normal and abnormal

7..Manage diarrhea /dysentery: assess dehydration; prepare and administer oral rehydration therapy

8. Participate in research activities like ICMR/UNICEF

9. Detect and institute corrective measures for nutritional deficiency

10.Write a complete case record with all necessary details

11.Write a proper discharge summary with all relevant information

12.Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details

13.Organise and give training in first aid

14. Adopt universal precautions for self protection against HIV and hepatitis and counsel patients

15.Maintain cold chain for vaccines

16.Perform and read mantoux test

17.Start i.v line and infusion in children and neonates

18.Give intradermal/s.c/i.m/i.v injection

19.Pass a nasogastirc tube

20. Manage hyperpyrexia

21.Permom CPR and first aid in all new born and children

22..Demostarte empathy and humane approach towards patients,relatives and attendants

23.Develop a proper attitude towards patients,colleaguesand other staff

24.Maintain an ethical behavior in all aspects of medical practice

25.Organise antenatal,postnatal,newborn and other clinics

26 .Motivate colleagues,community and patients to effectively participate in national health programmes

27. Blood Grouping and typing

C. INTEGRATION

The training in pediatrics should prepare the student to deliver preventive, promotive, curative and rehabilitative services for care of children both in the community and at hospital as part of a team in an integrated form with other disciplines, e.g. Anatomy, Physiolog,y, Biochemistry, Microbiology, Pathology, Pharmacology, Forensic Medicine,

Community Medicine and Physical Medicine and Rehabilitation.

TEACHING HOURS -100

6th and 7th sem - 30 hours

8th and 9th sem - 70 hours (including integrated teaching 10 hours)

6th and 7th sem

Didactic Lecture – (1/3 of the schedule)	- 10 hours
Demonstration / case scenarios	- 10 hours
Seminars/ Symposium with pre and post	
Test questionnaires	- 5 hours
Group Discussion with floor participation and	
Faculty as moderators	- 5 hours

TOTAL	**30 hours**

One lecture Communication Skill is mandatory

8th and 9th sem

Didactic Lecture – (1/3 of the schedule)	- 20 hours
Demonstration / case scenarios/general clinics	- 20 hours

Seminars/ Symposium with pre and post	
Test questionnaires	- 10 hours
Group Discussion with floor participation and	
Faculty as moderators	- 10 hours
Integrated Teaching	- 10 hours

TOTAL	**70 hours**

One lecture on communication skill is mandatory

TEACHING METHODOLOGY

- Didactic lectures
- Clinical Demonstrations,
- Seminars
- Case presentations
- General Clinics
- Group discussions
- Ward rounds
- Communicative Skill assessment – OSCE/VIVA
- Health Informatics
- Self assessment
- Observation of immunization procedures
- Observation of the management of critically ill children in Emergency / Pediatrics department
- Integrated Teaching

THEORY SYLLABUS

- **Growth and Development**

Must know

- Normal growth and it's assessment
- Normal development
- Growth charts
- Changes during adolescence(Tanner's staging)
- Overview of Intellectual disability (Mental retardation)
- Behavioural disorders (breath holding spells, nocturnal enuresis, temper tantrums,PICA)

Desirable to know

- Failure to thrive
- Learning disabilities
- ADHD, Autism

Nice to know

- Developmental assessment tools & tests
- **Fluid and electrolyte disturbances**

Must know:

- Composition of body fluids
- Clinical assessment of dehydration
- Deficit therapy
- Normal maintenance requirements
- Sodium disturbances
- Potassium disturbances

Desirable to know

- Calcium disturbances
- Magnesium disturbances
- Acid base balance

Nice to know

- Perioperative fluid therapy

III) Nutrition

Must know

- Breast feeding, Weaning, complementary feeding
- Recommended dietary allowances
- Nutritive value of common foods
- Diet chart
- Classifications - IAP, Welcome, WHO
- Obesity
- Malnutrition/SAM – Recognition and management
- Vitamins- function and deficiencies
- Minerals : iron, zinc, iodine

Desirable to know

- National nutrition programs
- Prevention of malnutrition
- Hypervitaminosis
- Refeeding syndrome

Nice to know

- Nutrition Rehabilitation center
- Management of problems related to lactation failure

IV) Immunisation

Must know

- National immunisation schedule
- Vaccines and vaccine preventable diseases
- Principles of immunisation
- Cold chain
- AFP surveillance
- Pulse polio program

- Adverse events following immunization
- Passive immunization
- Rabies vaccination
- MMR,typhoid

Desirable to know

- Immunization in special circumstances
- Newer vaccines- pneumococcal,meningococcal,varicella,Hepatitis A, Rubella, influenza vaccine
- International –Polio vaccine switch
- Catch up vaccine

Nice to know

- IAP immunization schedule
- Rota virus, human papilloma virus
-

V) Newborn

Must know

- Identification of antenatal,intrapartum and immediate postnatal risk factors
- Identification and classification of high risk neonate, gestational age assessment
- Neonatal Resuscitation
- Normal newborn care
- Birth asphyxia, HIE
- Care of the preterm /Low birth weight, prevention of complications and management
- Neonatal jaundice and anemia
- Infection
- Danger signs in newborn
- Thermo regulation in newborn

- Metabolic problems like hypoglycemia, hypocalcemia
- Respiratory distress syndrome
- Physiological changes in a newborn

Desirable to know

- Baby friendly hospital initiative
- Human milk bank
- Common surgical problems in newborn
- Approach to a bleeding neonate
- Meconium aspiration syndrome & Persistent pulmonary hypertension.
- Neonatal seizure
- Transport of a sick new born

Nice to know

- Infant of diabetic mother
- Hemorrhagic disease of newborn
- Necrotizing enterocolitis

VI) Infections

Must know

- Natural history, clinical features, investigations, management and prevention of common bacterial viral and parasitic infections with special reference to vaccine preventable diseases
- Fever –definition, pathogenesis, PUO
- UTI
- Tuberculosis
- Enteric fever
- Viral hepatitis
- Dengue
- Pediatric HIV
- Malaria

- Leptospirosis
- Scrub typhus
- Amoebiasis, Giardiasis
- Pin worm, Ascariasis, Hookworm

Desirable to know

- Fungal infections
- Current epidemics and pandemics- ex:H1N1
- Zika virus
- Scabies
- Principles of anti bacterial therapy
- Scarlet fever

Nice to know

- Infections in immunocompromised children
- Health care associated infection
- Ka;a azar,Infectious mononucleosis

VII) Gastrointestinal system & liver

Must know

- Acute diarrhea
- Persistent diarrhea and chronic diarrhea
- Acute hepatic failure
- Constipation
- Gastroesophageal reflex
- Cirrhosis, portal hypertension, chronic liver disease
- Differential diagnosis of hepatosplenomegaly

Desirable to know

- GI bleed
- Wilson’s disease

- Malabsorption syndroms
- Acute abdomen including surgical causes like intussusceptions, malrotation, Hirschsprung's disease

Nice to know

- Biliary atresia
- Neonatal cholestasis

VIII) <u>Hematology</u>

Must know

- Nutritional anemias
- Hemolytic anemias- thalassemia, hereditary spherocytosis and others.
- Hemophilia
- ITP
- Approach to a bleeding child
- Leukemias and lymphomas

Desirable to know

- Hemopoietic stem cell transplantation
- Blood components transfusion
- DIC

Nice to know

- Thrombotic disorders

IX<u>) Respiratory system</u>

Must know

- Upper respiratory infections
- Bronchiolitis
- Community acquired Pneumonia
- Pleural effusion/pneumothorax/empyema
- Bronchial asthma
- ARI program

- Suppurative lung diseases
- Pulmonary tuberculosis
- Diagnosis and appropriate management of foreign body aspiration

Desirable to know

- Stridor/ALTB/ Laryngomalacia
- Epiglotitis
- Aerosol therapy
- Recurrent pneumonia

Nice to know

- Cystic fibrosis
- ARDS

X) Cardiovascular system

Must know

- Congestive cardiac failure-diagnosis and management
- Acute rheumatic fever
- Rheumatic heart disease
- Acyanotic congenital heart diseases-VSD, PDA, ASD, coarcation
- Cyanotic congenital heart diseases- TOF, management of cyanotic spell
- Infective endocarditis

Desirable to know

- Other congenital heart diseases
- Pericarditis,Myocarditis
- Hypertension

Nice to know

- Cardiomyopathy
- Arrythmias

XI) Renal system

Must know

- Acute glomerulonephritis
- Nephrotic syndrome
- Urinary tract infection
- Acute kidney injury

Desirable to know

- HenochSchonlein Purpura
- Hemolytic uremic syndrome

Nice to know

- Evaluation of proteinuria, hematuria
- Renal transplatation

XII) ENDOCRINOLOGY

Must know

- Hypothyroidism and goiter
- Short stature

Desirable to know

- Diabetes mellitus & DKA

Nice to know

Disordersof sex development (Ambiguous genitalia)

XIII) Central Nervous System

Must know

- Febrile seizures
- Seizure disorder and treatment
- Acute bacterial meningitis & Tuberculous meningitis
- Encephalitis
- Cerebral palsy

- Hydrocephalus
- Microcephaly
- Chorea
- Infantile hemiplegia
- Stroke in children

Desirable to know

- Acute flaccid paralysis
- Duchenne muscular dystrophy
- Post meningitic and encephalitic sequelae
- Neural tube defects

Nice to know

- Neurodegenerative disorders
- Floppy infant

XIV) <u>RHEUMATOLOGY</u>

Must know

- **When to suspect collagen vascular disorders**

Desirable to know

- JRA,SLE

Nice to know

- Kawasaki disease

<u>XV) GENETICS</u>

Must know

- Downs syndrome
- Genetic counseling

Desirable to know

- Turner syndrome
- Karyotyping

Nice to know

- Dermatoglyphics
- Prenatal diagnosis

XVI) INBORN ERRORS OF METABOLISM(IEM)

Must know

When to suspect IEM

Newborn metabolic screening

Desirable to know

- Phenylketonuria

Nice to know

- Lysosomal disorders- Hurlers and Hunters disease

XVII) SKIN

Must know

- Impetigo
- Urticaria
- Pediculosis
- Scabies

Desirable to know

- Steven Johnson syndrome
- Capillary hemangiomas

Nice to know

- Staphylococcal scalded skin syndrome

XVIII) POISONING AND ENVENOMATION

Must know

- When to suspect a poison

- Principles of management of poisoning
- Snake bite
- Scorpion sting

Desirable to know

- Hydrocarbon poisoning
- Organophosphorus poisoning

Nice to know

- Toxidromes

XIX) PEDIATRIC EMERGENCIES AND CRITICAL CARE

Must know

- How to recognize a sick child and identify the physiologic status
- Pediatric assessment triangle
- Shock- recognition and management of hypovolemic, cardiogenic, septic and anaphylactic shock.
- Status epilepticus
- Status asthmaticus
- Stridor
- Hypertensive emergencies
- Acute pulmonary edema
- Pediatric basic life support

Desirable to know

- Nosocomial infections
- Oxygen delivery devices
- Positive pressure ventilation
- Head injury and Polytrauma

Nice to know

- Indication and principles of mechanical ventilation
- Inotropes

XX) PROCEDURES

Must know

- Injection techniques-intramuscular, intravenous, subcutaneous
- Bag and mask ventilation
- Lumbar puncture
- Bone marrow aspiration

Desirable to know

- Naso-gastric feeding,
- Paracentesis

Nice to know

- Intraosseous access

XXI) Pediatric surgery:

Must know

- Tracheo- esophageal fistula,
- Diaphragmatic hernia,
- Umbilical hernia,
- Hypertrophic pyloric stenosis.
- Intusussception
- Appendicitis

Desirable to know

- Diagnosis and timing of surgery of cleft lip/palate, phimosis
- Anorectal malformation
- Malrotation
- Hirschsprung disease
- Undescended testes

Nice to know

- Cystic hygroma
- Tortion testes

XXII) Dosages of common drugs (Must know)

XXIII) IMNCI (Must know)

XXIV Radiology (Must know)

Common Pediatric X-ray interpretation

- Pneumonia & Consolidation
- Miliary tuberculosis
- Pleural effusion
- Pneumothorax
- Rickets
- Scurvy
- Diaphragmatic hernia
- Tracheoesophageal fistula
- Congenital heart disease with increased or decreased blood flow

XXV) VITAL STATISTICS/NATIONAL HEALTH PROGRAMMES

Must know

- ICDS
- RCH,
- Vitamin A prophylaxis
- ARI
- Diarrhea control programme

Desirable to know

- Maternal, perinatal, neonatal, infant and preschool mortality rates. Definition, causes, present status

Nice to know

- FIMNCI
- CEMONC
- BEMONC

PRACTICAL SYLLABUS

II M.B.B.S PART -I

Introductory Batch (2 weeks)

Must Know

1. History taking :General and system wise .

2.General examination

3. Examination of all systems

4.Anthropometry:Measurement and interpretation of height, weight, head circumference, chest circumference, mid arm circumference

5.Measurement of vital signs in pediatrics

6.Writing a pediatric case sheet

7.Over view of difference between child and adult

Desirable to know:

1.Nutrition –normal protein, calorie, fat requirements

2. Formulation of diet chart to one year old child

3. Immunisation schedule

4. History taking in newborn

Nice to know:

1.Understanding normal growth and development

2. Evaluation and management of common OPD conditions

UG CURRICULAM (4 WEEKS)- (III M.B.B.S – Part I)

Must Know:

1.Taking a detailed Pediatric history

2.Conducting physical examination of children

3. Normal growth and development

4.Performing anthropometry and its interpretation

5.Developmental assessment of a child

6.Assessment of calorie/ protein intake and advise regarding feeding practice

7.Immunization schedule

8.Evaluation and management of common OPD conditions like diarrhea, common cold, upper and lower respiratory infections, asthma.

11.Approach to a child with acute fever (evaluation and management of common febrile conditions

including viral fever, enteric fever, malaria, UTI)

12.Approach to a child with prolonged / persistent fever (evaluation and management of pulmonary tuberculosis

13. Approach to respiratory distress

14. IMNCI

Desirable to know

1.Care of normal newborn at birth and in postnatal ward

2.Counseling for breast feeding/ infant feeding

3.All about normal newborn

4. Evaluation and management of common infectious diseases(viral hepatitis, malaria, typhoid)

5. Evaluation and management of acute gastroenteritis, persistent diarrhea

6. Evaluation and management of cardiovascular problems like congenital acyanotic and cyanotic heart diseases and rheumatic heart disease

7. Evaluation and management of common CNS conditions febrile seizures, epilepsy, cerebral palsy, developmental delay, microcephaly, hydrocephalus

III M.B.B.S. PART –II PEDIATRICS (4 weeks)

MUST TO KNOW

- Diagnose and appropriately treat common pediatric and neonatal illness.
- Identify pediatric and neonatal illnesses and problems that
- require secondary and tertiary care and refer them appropriately.
- Provide emergency cardiopulmonary resuscitation to newborns and older children.
- Recognize a critically ill child based on the pediatric assessment triangle and effectively intervene to stabilize the child before transporting to a higher centre.
- Ask for only relevant investigations and interpret it appropriately.
- Perform routine investigations and therapeutic procedures in a child.
- Administer vaccines.
- Manage and refer children and neonates based on IMNCI
- Counsel the parents and relatives of the patient regarding the illness, possible

complications and the prognosis.

- Participate in National programmes effectively.
- Manage patients with empathy, respect and ethically.

Nice to know

1.Adolescent Pediatrics

2.Pediatric emergencies –status epilepticus, status asthmaticus, recognition of critically ill child

3. Medical conduct during patient examination(empathy,privacy, Communication skill etc)

Recommended reading books

Textbooks for Pediatrics

1. “Essentials of Pediatrics” by OP Ghai, Vinod K Paul and Piyush Gupta (latest edition)

2. “Care of the Newborn” by Meharban Singh (latest edition)

Reference Books 1. “Nelson Textbook of Pediatrics” by Richard E. Behrman, Robert M. Kliegman, Waldo E. Nelson and Victor C. Vaughan (latest edition)

2. “Rudolph’s Pediatrics” by Abraham M. Rudolph, Julien IE Hoffman, Colin D. Rudolph and Paul Sagan (latest edition)

3.IAP Text book of Pediatrics (latest edition)

Clinical Methods

1. “Hutchison’s Clinical Methods” by M Swash (latest edition)

2. “Pediatrics Clinical Methods” by Meharban Singh (latest edition

3. “Pediatric Clinical Examination” by Dr. A. Santhosh Kumar (latest edition)

THEORY EXAMINATIONS

Question		Marks	
1	Essay	1 x 10 marks =	10 marks
2	Brief Answers	5 x 4 marks =	20 marks

3	Short Notes	5 x 2 marks	=	10 marks

	Total			40 marks

PRACTICAL EXAMINATIONS

Clincial Examination

	Case	Duration	Maximum
Long Case	1	35 minutes	13 marks

(5 marks for history, clinical examination and eliciting signs; 3marks for discussion on differential diagnosis; 5 marks for management)

Short case	2 (2x3marks)	20 minutes	6 marks
Spotters	2 (2x3 marks)	20 minutes	6 marks

	Total		25 marks

OSCE

5 stations x I mark each 5 marks

(demonstration of clinical signs-observed station, Case scenario , IMNCI, counseling, recent advances)

---

30 marks

VIVA 10 marks (4 stations- drug and vaccines, radiology, instruments, nutrition 2.5 marks each)

One Short case may be assigned as per the IMNCI (Integrated Management of Neonatal and Childhood illness) approach.

Eg. New born

Anemia

Malnutrition

Pneumonia

Jaundice

Diarrhea

Severe bacterial infection .

Formative Assessment

At the end of every clinical posting a practical evaluation should be conducted

and assessment marks with attendance to be submitted to the university at end of everyclinical posting – both hard and soft copy

Theory test should be conducted periodically at end of three / four chapters during theory classes.

Internal Assessment (20 marks)

The final Internal assessment marks will be the average of all tests conducted from II MBBS part I to III MBBS part I – Theory 10, Practical -10.

For III MBBS part II Theory 10,Practicals 5 and Record 5

Medical ethics

- Human values
- Conflicts
- Informed consent
- Confidentiality
- Conflicts of interest
- Cultural concerns
- Importance of communication
- A theory class on medical ethics is allotted each year.

Integrated teaching

Theory classes should include integrated teaching.

Vertical integration with involvement of Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Pharmacology

Horizontal integration with involvement of General Medicine, Surgery, Orthopediatrics, Community Medicine , Physical Medicine and Rehabilitation.

Vertical integration-	Horizontal Integration
1.Rheumatic heart disease 2,Bronchiectasis 3.Rickets 4.Portal hypertension 5.Anemia 6.Thalassemia 7.Infective endocarditis 8.Urinary tract infection 9.Diarrheal diseases 10.Pneumonia 11. Immunization Schedule	1. Cerebral Palsy 2. Nephritic/nephritic syndrome 3. Downs syndrome 4. Immunization in children 5. Pediatric HIV 6. Acute CNS infections 7. Hypothyroidism/short stature 8. .Cyanotic heart diseases 9. Chronic liver disease 10. Stroke in children 11. Common Poisoning in children

Record/ Log book

Record should be submitted at the end of the postings during the internal assessment practical test.

The record should contain a detailed case sheet of ten cases admitted in the ward along with the investigations done for those patients and treatment given.

The cases should include atleast one newborn, one emergency, and one from IMNCI.

LOG BOOK:

Log Book should be followed as recommended by the University.

CRRI orientation in Pediatrics

Skills

1. Diagnose and appropriately treat common pediatric and neonatal illness.
2. Should know to write a pediatric and newborn case sheet.
3. Identify pediatric and neonatal illnesses and problems that require secondary and tertiary care and refer them appropriately.
4. Provide emergency cardiopulmonary resuscitation to newborns and older children.
5. Recognize a critically ill child based on the pediatric assessment triangle and effectively intervene to stabilize the child before transporting to a higher centre.
6. Do only relevant investigations and interpret it appropriately.
7. Administer all vaccines in national immunization schedule
8. Manage and refer children and neonates based on IMNCI
9. Counsel the parents and relatives of the patient regarding the illness, possible complications and the prognosis.
10. Participate in National programmes effectively.
11. Manage patients with empathy, respect and ethically.
12. Should know to manage the following Pediatric emergencies –
    status epilepticus, status asthmaticus, stridor, various types of shock, snake bite, scorpion sting.
13. Should know to identify manage the following neonatal emergencies- neonatal seizures, Hypoglycemia, hypocalcemia, sepsis,life threatening surgical emergencies
14. Should identify a child with poisoning and manage appropriately.
15. Should know basics of fluid therapy in children including preparation and dose of ORS.
16. Should know about oxygen delivery devices.
17. Should have knowledge of the drug dosage in relation to body weight (commonly used drugs)

Therapeutic and diagnostic procedures

1. Start an intra venous line
2. Lumbar puncture
3. Bone marrow aspiration
4. Pleural tap
5. Ascitic tap
6. Urinary catheterization
7. Collection of blood sample for investigations
8. Intramuscular injections
9. Bag mask ventilation

Should have completed PEMC module for CRRI and BLS

Assessment

A test will be conducted at the end of the posting.

Log book should be maintained

UNIT TEST I

1.Normal growth and its disorders

2.Development

3. Adolescent health and development

4.Fluid and electrolyte disorders

Unit TEST II

1.Nutrition

2.Micronutrients in health and disease

3 Newborn infants

UNIT TEST III

1.Infections and infestations

2.Immunization and Immunodeficiency

UNIT TEST IV

1.Diseases of gastrointestinal system and liver

2.Haematological disorder

3.Otolaryngology

UNIT TEST V

1.Disorders of respiratory system

2.Disorders of cardiovascular system

3.Disorders of kidney and urinary tract

UNIT TEST VI

1.Endocrine and metabolic disorders

2.Central nervous system

3.Neuromuscular disorders

UNIT TEST VII

1.Childhood malignancies

2.Rheumatological disorders

3.Genetic disorders

UNIT TEST VIII

1.Inborn errors of metabolism

2.Eye disorders

3.Skin disorders

UNIT TEST IX

1.Poisoning ,injuries and accidents

2.Paediatric critical care

UNIT TEST X

1.Rational drug therapy

2.Integrated management of neonatal and childhood illness

3.Rights of children

Mock clinical exam / Theory test will be conducted unit-wise and evaluated accordingly for Internal Assessment.

Name of the college:

Telephone & fax number:

E-mail id:

Log book : Pediatrics

THE TAMILNADU DR.MGR MEDICAL UNIVERSITY
69,ANNA SALAI, GUINDY,

CHENNAI – 600 032

TAMILNADU, INDIA

Basic information:

The logbook system is introduced mainly for the candidates and the faculty to get familiarized with the nature of clinical and academic activities to which candidates have to be exposed, and bring uniformity in teaching and training among various medical colleges affiliated to this university. More over the primary objective of the log book is to record the details of students clinical and theoretical learning. Also, it makes the students to participate in various forms of learning activities and ensures his/ her participation. Log book shall be of **o**ne quire note book of legal size and in bound manner.

In fact log book becomes a reflective record of his/ her learning and achievements, and faculty contribution towards learning. In view of that every student has to be motivated to document what he has learned in the respective department / specialty in the log book and make it as a permanent record for him/ her after an approval by the examiners duly appointed by the university.

Hence, all the Unit Chiefs and Prof & Head belonging to different clinical departments / specialty are requested to inform their clinical students belonging to 3rd,4th,5th, 6th,7th, 8th and 9th semester, to maintain a structured log book. Each discipline / department shall have their own logbook, but the basic structure shall be the same. Pediatric log book shall include clinical activities related to allied specialities like New Born,Emergency Paediatrics.

From semesters 3 to 9, each student undergoes various clinical postings after an introductory course of two weeks each in clinical methods in Medicine and Surgery, as per Medical Council of India (MCI) and University norms. The minimum period of posting in Paediatrics as per MCI is given in a table displayed in page ‘5’ of the log book. As per MCI and university, the total duration of clinical posting comes to 10 weeks,.

This log book though provides some titles and examples for the clinical and academic learning in the contents, students’ participation in various other clinical and academic programmes organized at department or institutional level, other than those mentioned in the contents are welcome. All such activities shall be documented in the log book. Certain guidelines for the maintenance of log book are given in the ensuing pages. These may be adhered by students, faculty and resident of the institution, and they may be motivated to adhere to the guidelines for the maintenance of log book.

The coordinator of medical education unit (MEU) and the members of MEU along with the Head of Clinical departments shall take initiatives for the clinical and academic learning of the candidates. They along with their clinical supervisors and unit chiefs are responsible for carrying out the various forms of learning activities and monitor students’ participation regularly

with the support of Medical Superintendent and the Dean. Also, the MEU shall maintain the summary of the clinical and academic learning activities of different batches of medical students for the purposes of MCI and University.

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BASIC INFORMATION OF THE CANDIDATE

PARTICULARS OF THE STUDENT:

Name of the student:

University Register number:

Mobile No:

Email ID :

Photo shall be duly attested by unit chief with seal.

PARTICULARS OF MENTOR

Name:

Designation

Mobile No:

Email ID

STATEMENT FOR TOTAL NUMBER OF PAGES IN THE LOG BOOK

This log book contains……..pages and are serially numbered

Asst Professor Unit chief.

(Name……) (Name……)

Date:

BONAFIDE CERTIFICATE

This is to certify that this log book is the Bonafide record of

Mr. /Ms…….. whose particulars along with photo is given above.

His /her clinical and academic activities along with attendance are documented in the ensuing pages of this log book.

Signature of Unit Chief with seal **Signature of Head of Dept. with seal**

(Name …….) **(Name …….)**

Approval by the examiners:

Internal

External

1. **1.**
2. **2.**

Date of university clinical examination:

CLINICAL ACTIVITIES

No.	**Contents**	**Page No.**	**No. Achieved**
8	Details of Clinical cases allotted to student during clinical posting in the department (One/ Week)		
9	Cases presented and Clinical signs learned including the ability to demonstrate and explain its implications in detail (One/ Week)		
10	Cases discussed in Grand Rounds (Once in two weeks)		
11	Small group discussion (one per month)		
12	Clinical demonstrations (One/ Week)		
13	Procedures observed / assisted / done or carried out		
14	Evening clinics/Case sheet writing(clerkship)		
15	Emergencies learned / Observed		
16	Training on OSCE (Actual)		
17	Training on Instruments		

	/Medical Equipments & Devices (Actual)		
18	Clinical Assignments given by the unit chief & Answers written by the candidate. (One week)		
19	Any other clinical assignments as instructed		
	PARTICIPATION IN ACADEMIC PROGRAMMES		
1	Didactic lecture (Actual)		
2	Seminar (one per month)		
3	Symposia (one per month)		
4	General Clinics- (one per month)		
5	Integrated teaching (one per month) Horizontal/Vertical		
6	Problem based learning		
7	Revision topics (one per month)		
8	Tutorials (one per month)		
9	Participation of candidate in various forms of examination conducted by the department along with the marks scored.**(Actual)**		
10	Participation in other Competitive examination(s) or any other academic activities like quiz/sports etc., at colleges / inter colleges level **(Optional)**		
11	Participation in research activities, CMEs / Guest Lectures, conferences etc., (Actual)		
12	Awards / achievements received.(optional)		
13	Learning Resucitation skill		
14	Assessment of communication skill		
15	Assessment of Doctor patient Relationship		
	OTHERS----SPECIFY		
1	Participation in out reach		

	activities/medical camps/Disaster Relief		
2	Any other as desired and approved by the unit chief/ Prof. and Head or Dean/University		
3	Details of leave taken		
CLINICAL RECORDING OF CASES ALLOTTED			

Details of the clinical postings and candidate's participation in Pediatrics

Semester	Pediatrics	NB	Emergency	Weeks	Time Period From …To	No of days not attended	Remarks	Signature of clinical supervisor /Teacher
4th Sem.	12 days	2 days	---	2				
6th Sem.	10 days	2 days	2 days	2				
7th Sem.	10 days	2 days	2 days	2				
8th Sem.	10 days	2 days	1 day	2				
9th Sem.	10 days	2 days	1 day	2				

GUIDELINES FOR LOG BOOK

I. INFORMATION TO STUDENTS

1. Students shall be directed to carry the respective log book daily while proceeding to the ward during their clinical posting.
2. Each medical student is the owner of his/ her log book and hence, he/ she have to maintain their logbook safely.
3. The log book shall be kept as record work of the candidate for that department /specialty and allied sciences and be submitted to university as a Bonafide record of the candidate
4. It is the responsibility of the student to enter their activity in respective pages and get them duly signed by the Unit Assistant Professor / Senior Resident (clinical supervisor) at 12 noon before leaving the hospital
5. Students are informed to keep a copy of the log book for safety, which shall be used at the time of loss of log book

II. INFORMATION TO FACULTY:

1. **Clinical supervisor:** Unit Assistant Professor (AP) / Senior Resident (SR) shall be their immediate clinical supervisor who shall review their clinical activities, monitor their participation in academic programmes and learning, and make an entry of the student's activities in the log book during their posting in their unit.
2. **Case allotment:** The clinical supervisor (AP/ SR) of the respective department/ specialty shall allot cases to students every week, and the students shall be motivated to see the case allotted to him / her and follow the case till the patient gets discharged. He / she shall write the **twenty case records** (related to Digestive system, Endocrine system, Renal system, Vascular system and Emergencies) of the cases allotted in detail, get it corrected by the clinical supervisor and unit chief under whom the he / she has been posted. Patients Name, IP No, admission and discharge dates, clinical history, thorough clinical examination of the case, clinical course, differential diagnosis, investigations, diagnosis, therapy, referral, discussion on discharge plan and follow up, discharge data etc., shall be written in detail for each case allotted. Cases allotted to the students shall tally with the hospital record, as these shall be scrutinized / verified by the duly appointed university examiners.

3. **Case Presentation:** Kindly make each student to present one case per week to the clinical supervisor /Unit chief. The details of the case such as Name, IP No, Age, Sex,

Diagnosis and Admission, discharge date of such cases shall be stated in the respective pages.

4. **Clinical signs learned:** Kindly ask the students to write the names of various clinical signs learned / demonstrated to him / her during the course of his clinical postings.
5. **Cases discussed in grand rounds:** Students shall be included in the grand rounds taken by the unit chief once a week. During grand rounds make the students to learn the art of integrating key knowledge, skills and techniques applicable across the disciplines. The students may be encouraged to demonstrate their understanding of the patho-physiological basis of health and disease. Also, during grand rounds involve the students as a member of service team and interact with him/ her on various issues (clinical, diagnostic, therapeutic, preventive, ethical and social issues/ challenges posed in the case under discussion). Let the students be trained to apply evidence based medicine in decision making and be highlighted on the professional and ethical aspects related to the case. Finally ask the students to enter the case discussed in grand rounds in the respective pages of the log book and get the signature from the clinical supervisor.
6. **Clinical demonstration: S**tudents shall be exposed to clinical demonstration programme once a week where in the clinical supervisor / unit chief reinforce the importance of making a clinical diagnosis based on clinical history at the bed side, differentiate it from others (differential diagnosis), investigation and interpretation, and management plan including discharge and rehabilitation. The details of such cases discussed in clinical demonstration shall be entered.
7. **Procedures / Surgeries** seen observed / assisted / done or carried out; participation in night clinics, emergencies attended, training undergone on OSCE/ OSPE and instruments, clinical assignments written by the candidate or any similar clinical activities carried out shall be entered in respective pages of the log book and be signed by the concerned clinical supervisor.
8. **Entry of Academic Programmes / activities:** Kindly motivate each student posted to their unit to enter the academic programme in which he / she has participated in the respective pages of the log book. While entering the details, please ensure them to write the date and the title covered, and get them signed by clinical supervisor on weekly basis.
9. **Assessment:** The clinical supervisors and the unit chief shall assess the candidate during their posting and grade them as given in the respective table.
10. **Signature:** The faculty, shall record the students' partivic

III. ADMINISTRATIVE MATTERS:-

1. Over all each and every activity / participation of the candidate shall be entered in the logbook and be signed daily by AP/ SR i/c of the unit. The unit chief shall review the clinical and academic learning of the students posted to their unit at the end of the week and sign. The unit chief shall monitor the attendance on weekly basis and share his observation with students and then bring it to the notice of Head of Dept
2. The entire log book of the candidate shall be verified by the unit chief again at the end of final posting. The unit chief shall also verify whether the students have achieved the learning objectives of their department before the student completes his / her posting in that department.
3. The Head of department shall countersign in the record once in 15 days and again at the end of postings which shall be shown as Bonafide work of the candidate for the respective examination and countersigned by all the internal and external examiners.
4. Prof. & Head of the department shall note down the attendance of the students and their leave particulars for the respective week in a ledger and maintain the record for university purposes.
5. The internal assessment marks shall be awarded based on the activities recorded / assessed as per the log book.

OVERALL ASSESSMENT OF CANDIDATE FOR PEDIATRICS

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Punctuality			
3	Academic Ability			
4	Analytical Skills			
5	Practical Skills			
6	Leadership Quality			
7	Teamwork Ability			
8	Communication Skills			
9	Teaching Ability			
10	Innovation willingness			
11	Research Aptitude			
12	Case presentation			
13	Interactive participation			
14	Relationship with paramedical staff			
Signature of Unit chief with date				

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

OVERALL ASSESSMENT OF CANDIDATE FOR Neonatology

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			

7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with date				

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

Signature of Unit chief with date	

OVERALL ASSESSMENT OF CANDIDATE FOR EMERGENCY

S.No.	Criteria	Grade		
		I-Posting	II-Posting	III-Posting
1	Regularity			
2	Academic Ability			
3	Analytical Skills			
4	Practical Skills			
5	Leadership Quality			
6	Teamwork Ability			
7	Communication Skills			
8	Teaching Ability			
9	Innovation willingness			
10	Research Aptitude			
11	Case presentation			
12	Interactive participation			
Signature of Unit chief with date				

Grade: 1. Fair, 2. Satisfactory 3. Good, 4. Excellent

Signature of Unit chief with date	

DETAILS OF CLINICAL CASES ALLOTTED TO STUDENT DURING CLINICAL POSTING IN THE DEPARTMENT (ONE / WEEK)

S.No.	Date	Details of the Clinical cases allotted (Name, age, gender, ward, bed no.)	Page No	Signature of Student	Signature of the Teacher
1					
2					
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DETAILS OF CLINICAL CASES PRESENTED BY THE STUDENT DURING CLINICAL POSTING IN THE DEPARTMENT (ONE/ WEEK)

S.No.	Date	Details of the Clinical cases presented (Name, age, gender, ward, bed no.)	Page No.	Signature of Student	Signature of the Teacher

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CLINICAL SIGNS LEARNED DURING CLINICAL POSTING IN THE DEPARTMENT

S.No.	Date	Details of the Clinical signs learned	Page No.	Signature of Student	Signature of the Teacher
1					
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34					

DETAILS OF CASES DISCUSSED DURING GRAND ROUNDS

S.No.	Date	Details of the Cases discussed (Name, age, gender, ward, bed no.)	Page No	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1					

2					
3					
4					
5					
6					
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10					

CLINICAL DEMONSTRATIONS

S.No.	Date	Details of the Cases discussed (Name, age, gender, ward, bed no.)	Page No	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
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PROCEDURES

S.No.	Date	Procedures / assisted/observed /done	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
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4				
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10				

EVENING CLINICS/ CASE SHEET WRITING/CLERKSHIP

S.No.	Date	Details of the Cases discussed (Name, age, gender, ward, bed no.)	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
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10				

EMERGENCIES LEARNED/ OBSERVED

S.No.	Date	Details of the Emergencies discussed (Name, age, gender, ward, bed no.)	Page No	Signature of Student	Signature of the clinical Supervisor/Teacher Unit Chief
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TRAINING ON OSCE

S.No.	Date	Training on OSCE	Signature of Student	Signature of the clinical Supervisor/ Unit Chief	
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TRAINING ON INSTRUMENTS/Equipments/Medical devices (ACTUAL)

S.No.	Date	Training on instruments Equipments/Medical devices	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
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Clinical Assignments given to candidates (Actual)

S.No.	Date	Clinical Assignments	Page No	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1					
2					
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ANY OTHER CLINICAL ACTIVITIES CARRIED OUT (ACTUAL)

S.No.	Date	Clinical Assignments	Page No	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1					
2					
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Didactic lecture

S.No.	Date	Title of the didactic lecture	Signature of Student	Signature of the clinical Supervisor/ Unit Chief	
1					
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Seminar

S.No.	Date	Seminar title and candidate's contribution	Signature of Student	Signature of the clinical Supervisor/ Unit Chief	
1					
2					
3					
4					
5					

Symposia

S.No.	Date	Symposia title and candidate's contribution	Signature of Student	Signature of the clinical Supervisor/ Unit Chief	
1					
2					
3					
4					
5					

Small group discussion

S.No.	Date	Activity	Signature of Student	Signature of the clinical Supervisor/Teacher Unit Chief
1				
2				
3				
4				
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6				
7				

Integrated teaching

S.No.	Date	Tilte	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Problem based learning

S.No.	Date	Tilte	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Revision topics

S.No.	Date	Revision topic	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Tutorials

S.No.	Date	Tilte discussed	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation of candidate in various forms of examination conducted by the department along with the marks scored.(Actual)

S.No.	Date	Nature of examination and marks scored	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in other Competitive examination(s) or any other academic activities like quiz etc., at colleges / inter colleges level (Optional)

S.No.	Date	Competitive examination/ other activities -specify	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in research activities, CMEs / Guest Lectures, Conferences etc., (Actual)

S.No.	Date	Nature of the activity	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
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Awards / Achievements received.(optional)

S.No.	Date	Awards / achievements	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
4				
5				
6				

Participation in out reach activities/medical camps/disaster relief

S.No.	Date	Out reach activities	Signature of Student	Signature of the clinical Supervisor/ Unit Chief
1				
2				
3				
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Any other as desired and approved by the unit chief/ Prof. and Head or Dean/University

S.No.	Date	Other approved activities	Signature of Student	Signature of the clinical Supervisor/ Unit Chief	
1					
2					
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6					

Model Pediatric case record

(Students should use this format for writing the case records of cases allotted to them during their posting, case presentation, case discussed in grand rounds and clinical demonstration)

Name: Op/ Ip no:

Age: sex: date of admission:

Address: date of discharge:

Ward no:

Socio economic status: Diagnosis:

Education:

Occupation:

Aadhar no/Family card: Mobile no:

CHIEF COMPLAINTS:

History of presenting illness:

Past history:

Treatment history

Antenatal /Birth /neonatal history:

Family History

Developmental history:

Immunisation History

Diet history

Socioeconomic history:

Allergy history

H/O contact with TB patient

GENERAL PHYSICAL EXAMINATION:

VITALS: PULSE: BP:

RESP.RATE:

ANTHROPOMETRY TEMP:

Ht:LENGHT BMI:

Wt: OFC CC :

SYSTEMIC EXAMINATION:

PROVISIONAL DIAGNOSIS:

DIFFFERENTIAL DIAGNOSIS:

INVESTIGATIONS:

TREATMENT AND PROGRESSON:

DISCHARGE AND FOLLOW UP ADVICE:

This syllabus and curriculum is applicable for the Final MBBS Part - II students admitted from the academic year 2013-2014 and appearing for the examination from February 2018 session onwards