SETH GS MEDICAL COLLEGE & KEM HOSPITAL

Course Content

Second MBBS (from Feb/March 2021)

Subject- Respiratory Medicine (Practical)

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol.2/3)

- 1. Total Teaching hourse:30
- 2. A. Lectures (hours): NIL
 - B. Self-directed learning (hours): NIL
 - C. Clinical posting (hours): 30

D. Small group teachings/tutorials/Integrated teaching/ Practicals (hours): NIL

Wee k/ Day	Day of the week	Competen cy Nos.	Topics & Subtopics	Duration/ Time	TL Method
1/1	Monday	Cardinal symptoms – I (cough/ sputum/fever/hemoptysis)		9.00 am to 10.30 am	Bed side clinic DOAP session
		CT 1.5	History taking –II Cardinal symptoms- II (Breathlessness/Chest pain/ Wheezing)	10.30 am to 12.00pm	Bed side clinic DOAP session
1/2	1/2 Tuesday CT 1.6		Case presentation General examination Respiratory system examination Other systems examination	9.00 am to 10.30 am	Bed side clinic DOAP session
		CT 1.8	Generate differentials diagnosis & most likely diagnosis	10.30 am to	Bed side clinic DOAP session

Term I/II

		CT 1.9	Communication with patients family members about diagnosis &treatment	12.00pm	Bed side clinic DOAP session
1/3	Wednesday	CT 1.9	Investigation of a case based on clinical presentation like. CBC Chest x-ray, sputum examination, Montoux test, HIV Test, Pleural fluid examination	9.00 am to 10.30 am	Bed side clinic DOAP session
		CT 1.11	Assist in the performance, outline the correct tests that require to be performed and interpret the results of a pleural fluid aspiration	10.30 am to 12.00pm	Bed side clinic DOAP session
		CT 1.7	Tuberculin testing & Interpretation of test result		Bed side clinic DOAP session
1/4	Thursday	CT 2.8	Case presentation Obstructive airway disease, etiologies, severity and precipitants	9.00 am to 10.30 am	Bed side clinic DOAP session
		CT 2.9	General examination (OAD) Respiratory system examination	10.30 am to 12.00pm	Bed side clinic DOAP session
1/5	Friday	CT 2.10	Generate a differential diagnosis and Most possible diagnosis	9.00 am	
		CT 2.27 CT 2.24	Investigation, Treatment Modalities, Communication with patients relative. Impact on patients Quality of life wellbeing, work & family	to 10.30 am	Bed side clinic DOAP session
		CT 2.11	Pulmonary function test, visit to lab, describe Spirometry – I	10.30 am to 12.00pm	Bed side clinic DOAP session

2/1	Monday	CT 2.14	Normal Chest radiology- I	9.00 am to 10.30 am	Bed side clinic DOAP session
		CT 2.18 CT 2.19 CT 2.20 CT 2.22	Aerosol therapy/ inhaled bronchodilator inhaled steroids Oxygen therapy	10.30 am to 12.00pm	Bed side clinic DOAP session
2/2	Tuesday	CT 1.15 CT 1.1.6	Visit to RNTCP DOTS Center-I Orientation of National TB Elimination Program. DOTS, DOTS Plus. Chemoprophylaxis in Health Care Worker	9.00 am to 10.30 am	Bed side clinic DOAP session
		CT 2.21 CT2.28 CT2.27 CT2.25	Smoking ceasation and impact of OAD On society and work place	10.30 am to 12.00pm	
2/3	Wednesday	CT 2.14	Abnormal Chest radiology-II	9.00 am to 10.30 am	Bed side clinic DOAP
			Discuss and interpret spirometry	10.30 am to 12.00pm	session
2/4	Thursday	CT 1.7	Principles of arterial blood gas analysis and pulse Oxymetry	9.00 am to 10.30 am	Bed side clinic DOAP session
			Ward Procedure, Tuberculin testing and interpretation of result. Indication and pit falls of test	10.30 am to 12.00pm	Bed side clinic DOAP session

2/5	Friday	CT 2.9	Case presentation,Respiratory system symptoms and signs Short cases-Pleural effusion/Consolidation/Pneumonia/	9.00 am to 10.00 am	
			Term Exam	10.00 am to 12.00pm	Viva and maintenan ce of log book

DEPARTMENT OF COMMUNITY MEDICINE

SETH G S MEDICAL COLLEGE AND KEM HOSPITAL

Day	Week	Sr. No.	Activity
1	1	1	Public Health Visit – 1
2	1	2	Public Health Visit – 2
3	1	3	Public Health Visit – 3
4	1	4	Public Health Visit – 4
5	1	5	Public Health Visit – 5
1	2	6	Public Health Visit – 6
2	2	7	Public Health Visit – 7
3	2	8	Family Visits – 1
4	2	9	Family Visits – 2
5	2	10	Family Visits – 3
1	3	11	Family Visits – 4
2	3	12	Biostatistics – 1
3	3	13	Biostatistics – 2
4	3	14	Biostatistics – 3
5	3	15	Biostatistics – 4
1	4	16	Biostatistics – 5
2	4	17	Biostatistics – 6
3	4	18	Biostatistics – 7
4	4	19	Self Directed Learning
5	4	20	Self Directed Learning

FIRST CLINICAL POSTING TIMETABLE

Seth GS Medical College & KEM Hospital

Course Content

Second MBBS

Subject: Dermatology

Total Teaching Hours:

- 1. Clinical Posting: 30 hours
- 2. Lectures: -
- 3. Self-Directed learning: -
- 4. Small group/Tutorials/Integrated teaching: -
- 5. Distribution: 24 hours teaching and 6 hours examination

Week/Day	Day	Competency	Topic And Subject	Duration	TL method
		nos			
1/1		1.2	Identify and grade the various common types of acne	1.5 hour	Bedside clinic
1/1			Cautery- Chemical and Electrical	1.5 Hour	Bedside Clinic / Skills Lab
1/2		3.1	Identify and distinguish psoriatic lesions from other causes	1 hour	Bedside clinic
1/2		3.2	Demonstrate the grattage test	0.5 hours	Bedside clinic
1/2		4.1	Identify and distinguish lichen planus lesions from other causes	1.5 hour	Bedside clinic
1/3		5.2	Identify and differentiate scabies from other lesions in adults and children	1 hour	Bedside clinic
1/3		6.2	Identify and differentiate pediculosis from other skin lesions in adults and children	1 hour	Bedside clinic
1/3			Tissue Smear	1 Hour	Bedside Clinic / Skills Lab
1/4		15.1	Identify and distinguish folliculitis impetigo and carbuncle from other skin lesions	1 hour	Bedside clinic
1/4		15.2	Identify staphylococcus on a gram stain	1 hour	Bedside Clinic / Skills Lab
1/4		15.4	Enumerate the indications for surgical referral	1 hour	DOAP session
			WEEK 2		
1/5		8.2	Identify and distinguish herpes simplex and herpes labialis from other skin lesions	1 hour	DOAP session
1/5		8.3	Identify and distinguish herpes zoster and varicella from other skin lesions	1 hours	DOAP session
1/5		13.1	Distinguish bulla from vesicles	0.5 hours	Bedside clinic
1/5			PRACTISE SESSION FOR SKILLS LAB/WARD ROUND	0.5 hour	Bedside Clinic / Skills Lab

2/1	8.4	Identify and distinguish viral warts from other skin lesions	1 hours	DOAP session
2/1	8.5	Identify and distinguish molluscum contagiosum from other skin lesions	1 hours	DOAP session
2/1	13.3	Calculate the body surface area of involvement of vesiculobullous lesions	1 hours	Bedside clinic
2/2	13.2	Demonstrate the Tzanck test, nikolsky sign and bulla spread sign	2 hours	Bedside Clinic / Skills Lab
2/2		PRACTISE SESSION FOR SKILLS LAB/WARD ROUND	1 hour	Bedside Clinic / Skills Lab
2/3	2.1	Identify and differentiate vitiligo from other causes of hypopigmented lesions	3 hours	Bedside clinic
2/4		Clinical Assessment	3 Hours	Case presentation
2/5		Skills Assessment – Certifiable Skills	3 Hours	OSCE skills / Logbook documentation

Seth GS Medical College & KEM Hospital Course Content

Second MBBS (from Feb/ March 2021)

Subject: ENT (Practical)

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 2 / 3)

- 1. Total Teaching hours : 25+ 60
- 2. A. Lectures(hours): 25

B. Self-directed learning (hours) : NIL

- C. Clinical Postings (hours): 60
- D. Small group teachings/tutorials/Integrated teaching/Practicals (hours): NIL

Term	I/II
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Wee k / Day	Day of the week	Comp etenc y Nos.	Competency	Topic and sub topics	Durati on	TL Method			
1/1	Mond ay	EN 2.1	Elicit document and present an appropriate history in a patient presenting with an ENT complaint	-History taking in ENT -complaints in Ear,Nose, Throat	3 hours	Bed side clinic			
1/2	Tuesd ay	EN2.2	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat	Examination using the Bulls eye lamp	1 hour	Bed side clinic			
		EN 2.3	Demonstrate the correct technique of examination of the ear including Otoscopy	-Examination of Ear, Otoscopy -Diagram of tympanic membrane	1 hour	Bed side clinic			
		EN 2.5	Demonstrate the correct technique of examination of the nose & paranasal sinuses including the use of nasal speculum	rhinoscopy, posterior rhinoscopy -Elicit sinus tenderness	0.5 hour	Bed side clinic			
		EN 2.6		-Indirect laryngoscopy examination -examination of neck - neck group of lymphnodes -examination of neck swelling	0.5 hour	Bed side clinic			
1/3	Wedn esday	EN2.4	•	-Rinnes test, webers test, ABC test -interpretaion of above tests	1 hour	Bed side clinic/ DOAP			
		EN 2.8	technique to perform and	-Basics of audiometry -interpreting an audiogram -tympanometry and its interpretation	2 hours	Bed side clinic			

4/4			Observe and development			
1/4	Thurs day	EN 3.1	Observe and describe the indications for and steps involved in the performance of Otomicroscopic examination in a simulated environment	-otomicroscopy procedure -Indications for otomicroscopy	1 hours	Bed side clinic/ DOAP
		EN 3.2	 Observe and describe the indications for and steps involved in the performance of diagnostic nasal Endoscopy 	- Nasal endoscopy procedure Its indications, precautions, findings		
		EN 3.3	 Observe and describe the indications for and steps involved in the performance of Rigid/Flexible Laryngoscopy 	 -Laryngoscopy procedure (rigid and flexible) -Indications , preacutions 	2 hour	Bed side clinic/DOAP
1/5	Friday	EN 4.1	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Otalgia	-Causes of Otalgia -Refered pain Management principles	1 hour	Bed side clinic
		EN 4.2	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of diseases of the external Ear	-diseases of external ear, their presentation -Otitis externa, malignant otitis externa, Wax, Otomycosis.	1 hour	Bed side clinic
		EN 4.3	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of ASOM	-Stages of ASOM and presentaion -Complications and Management	1 hour	Bed side clinic

Wee k / Day	of the wee	Compete ncy Nos.	Competency	Topics & Subtopics	Duration	TL Method
2/1	k Mon day	EN 4.6	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Discharging ear	-Types of ear discharge -Causes of Ear discharge -Investigations and management of Discharging ear	1 hour	Bed side clinic
		EN 4.7	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of CSOM	-Types of CSOM Presentaion ,investigation and management of CSOM -Complications of CSOM	1 hour	Bed side clinic
		EN 4.8	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of CSOM	-Squamosal CSOM , presentation, investigations and management -Complications of Cholesteotoma	1 hour	Bed side clinic
2/2	Tues day	EN 4.9	Demonstrate the correct technique for syringing wax from the ear in a simulated environment	Ear syringing	1 hour	Bed side clinic /DOAP
		EN 4.10	Observe and describe the indications for and steps involved in myringotomy and myringoplasty	 -Indications of Myringotomy, Myringoplasty -Procedure, complications 	2 hours	Bed side clinic /DOAP
2/3	Wed nesd ay	EN 4.22	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Nasal Obstruction	-Causes of nasal obstruction -Types of obstruction Investigation for nasal obstruction,management -Ethmoidal polyp, AC polyp	2 hours	Bed side clinic
		EN 4.23	Describe the clinical features, investigations and principles of management of DNS	-parts of nasal septum -Septoplasty, SMR -Complications of each	1 Hour	Bed side clinic
2/4	Thur sday	EN4.26	demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Adenoids	-Adenoid facies -Xray Nasopharynx -Methods of adenoidectomy	1.5 hours	Bed side clinic/DOAP
		EN 4.39	present a correct history,	-layers of tonsillar bed Presentaion of Acute and Chronic tonsillitis	1.5 hours	Bed side clinic/DOAP

			investigations and describe	- Management and complication of tonsillitis -Methods and procedure of tonsillectomy		
2/5	Frid ay	EN 4.39	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of type of dysphagia	-Causes of dysphagia,odynophagia Investigations, management of dysphagia -Plummer Vinson syndrome, Achalasia cardia	1.5 hour	Bed side clinic
		EN 4.47	Describe the clinical features, investigations and principles of management of Stridor	-Causes and types of stridor - Ca Larynx	1.5 hours	Bed side clinic

Wee k /	Day of the	Compete ncy Nos.	Competency	Topics & Subtopics	Duration	TL Method
Day 3/1	wee k Mon day	EN4.50	Observe and describe the indications for and steps involved in tracheostomy	Tracheostomy indications, types, procedure, -types of tubes, complications of tracheostomy	2 hours	DOAP
		EN4.51	Observe and describe the care of the patient with a tracheostomy	-Post op care of tracheostomy -Long term complications	1 hour	DOAP
3/3	Wed nesd ay	DE4.1	Discuss the prevalence of oral cancer and enumerate the common types of cancer that can affect tissues of the oral cavity.	TNM staging of Oral cancer	1 hour	Bed side clinic
		DE4.2	Discuss the role of etiological factors in the formation of precancerous /cancerous lesions	-premalignant lesions of oral cavity	1 hour	Bed side clinic
3/4 3/5	Thur	DE4.3 DE 4.4	Identify potential pre- cancerous /cancerous lesions Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors	-Erythroplakia, Leucoplakia, Dysplasia - risk of malignant transformation - Counselling of Risk factors, deaddiction	1 hour	Bed side clinic
		PE.28.9		-causes of stridor in Child, Laryngomalacia, congenital causes of stridor, Laryngeal webs	3 hour	Bed side clinic
		PE28.10	Perform otoscopic examination of the ear	-Examination of ear in child -ASOM, SOM	1hour	DOAP
		PE28.11	Perform throat examination using tongue depressor	-Examination of oral cavity, throat in child	1hour	DOAP
		PE28.12	Perform examination of the nose	-Examination of nose in child	1hour	DOAP

Wee k /	Day of the week	Compete ncy Nos.	Competency	Topics & Subtopics	Duratio n	TL Method
/ Day	WEEK					
4/1	Mond ay	PE 28.17	Interpret X-ray of the paranasal sinuses and mastoid; and /or use written report in case of management. Interpret CXR in foreign body aspiration and lower respiratory tract infection, understand the significance of thymic shadow in pediatric chest X-rays	Nasopharynx, Neck, Foreign body - Adenoids, foreign body aspiration, parapharyngeal and retropharyngeal abscess	1 hour	Bed side clinic
		Practice ses skills/ ward	sion for clinical and other rounds		2 hours	Bed side clinic / skills lab
4/2	Tuesd ay	PY10.20	Demonstrate (i) hearing (ii) testing for smell and (iii) taste sensation in volunteer/ simulated environment	-Tuning fork tests,test for olfaction, Taste -Cranial nerves VII,VIII, I	2 hours	Bed side clinic / skills lab
		Practice ses skills/ ward	sion for clinical and other rounds		1 hour	Bed side clinic / skills lab
4/3	Wedn esday	EN 2.13 EN 2.14	 a simulated environment (including tracheostomy, anterior nasal packing, removal of foreign bodies in ear, nose, throat and upper respiratory tract) Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated environment 	Cricothyroidotomy,Intubation, Tracheostomy	2 hours	Bed side clinic/ DOAP
		Practice ses skills/ward	sion for clinical and other rounds		1 hour	Bed side clinic / skills lab
4/4	Thurs day	Clinical Ass	essment		3 hours	Case presentation
4/5	Friday	Skills Asses soft skills	sment – Certifiable skills and		3 hours	OSCE stations/ skills stations
	1	will be poste	d in admission area, Wards and	– on the emergency day/ admission day allotted a case/ cases, which they will be the same will be entered in the Logbool	e	nical unit, students

Seth GS Medical College & KEM Hospital

Course Content

Subject: General Surgery (clinical posting)

Clinical posting : phase 2 4 weeks (Mon to Fri)

Day/Week	Day Of	Competenc y Nos.	Skill	Торіс	Suggested Teaching	Hour s
	The Week	y 1105.			Learning Method	5
Day1/Week 1	Monday		Obtain logical sequence of history in a surgical patient K/S	History taking in general surgery	Bed side teaching	3
Day 2 /Week 1	Tuesday		Perform general examination in a surgical patient S SH	General examination in general surgery	Bed side teaching	3
Day 3 /Week 1	Wednesda y	SU 18.3	Demonstrate clinical examination of a swelling/ relevant investigations and diagnosis S SH	Examination of swelling Different types of swelling Clinical test to be done Management	Bed side teaching	3
Day 4 /Week 1	Thursday	SU 5.3	Elicit history in a patient presenting with ulcer and examination, management K S SH	Ulcer. Etiopathogenesis Various types Management	Bed side teaching	3
Day 5/ Week1	Friday	SU 25.5	Demonstrate correct technique to palpate breast for a breast swelling History taking K S SH	Breast examination: Well informed consent, different methods of examination Palpation of axillary nodes	Bed side teaching	3
Day1/Week			Demonstrate	Abdominal	Bed side	3

3	SU 22.4	demonstrate examination of thyroid swelling	Different methods of palpation Various signs of	teaching	
Day1/Week	SU 22.3/	SKILL STATION Elicit history and	Thyroid	Bed side	3
Day5/Week 2		Elicit history and demonstrate examination of cervical lymphadenopat hy Discuss various differential diagnosis and management K S SH	Neck:lymphadenopat hy Differential diagnosis Different levels of nodes Management Knotting and suturing	Bed side teaching	2
Day4/Week 2	SU 30.5	Elicit history and demonstrate method of examination in a case of hydrocele K S SH	Hydrocele Differentials of purely scrotal swellings Etiology Diagnostic tests Management	Bed side teaching	3
Day3/Week 2	SU 28.1/ SU 28.2	Elicit History, clinical examination in a case of ventral hernia, discuss its management K S SH	Hernia: ventral Etiology Types Incisional hernias management	Bed side teaching	3
Day2/Week 2	SU 28.1/ SU 28.2	Elicit History, clinical examination in a case of inguinal hernia, discuss its management K S SH	Hernia : Etiology inguinal Examinations of hernial orifices Various clinical tests for diagnosis of inguinal hernia management	Bed side teaching	3
2		correct method of abdominal examination S SH	examination: Examination of different quadrants Examination of organomegaly Examinations for signs of peritonitis	teaching	

		Discuss various differential diagnosis and management K S SH	hyperthyroidism Differential diagnosis Management		
Day2/Week 3	SU 21.1/ SU 21.2	Elicit history and demonstrate examination of salivary gland swelling Discuss various differential diagnosis and management K S SH	Salivary gland Differential diagnosis Clinical tests Management	Bed side teaching	3
Day3/Week 3	SU 20.1/ SU 20.2	Elicit history and demonstrate examination of oral cavity carcinoma Discuss various differential diagnosis and management K S SH	Oral cavity: malignancy Etiology Clinical examination Examination of neck nodes- its importance Management	Bed side teaching	3
Day4/Week 3	SU 27.6	Elicit history and demonstrate examination of varicose veins Discuss management K S SH	Varicose veins Etiology Various clinical tests Management	Bed side teaching	3
Day5/Week 3	SU 27.2/ SU 27.3	Elicit history and demonstrate examination of PVD Discuss various differential diagnosis and management K S SH	PVD: Etiology Palpation of peripheral pulses Clinical tests Management	Bed side teaching	3
Day1/Week 4	SU 27.4	Elicit history and demonstrate examination of amputation stump Discuss	Amputation: Indications Ideal amputation stump Types Rehabilitation	Bed side teaching	3

Day2& Day3/Week 4	SU 18.1	indications and management K S SH Elicit history and demonstrate examination of abscess, necrotizing fasciitis, carbuncle & cellulitis Discuss	Skin & subcutaneous tissue Etiology management	Opd Emergenc y ward clinic Emergenc y OT	6
		management K S SH			
Day4/Week 4	SU 9.1	Describe chest & abdominal xray	Imaging	Bed side teaching	2
		Skill Station	Knotting & Suturing		1
Day5/Week 4		End post exams			3

Student doctor method of clinical teaching- daily ward visits , attending ward rounds, attending OPD and emergency wards

Students will be allotted case/ cases which they will be following over the period of indoor stay and the same will be entered in logbook

Course Content

Second MBBS (from Feb/ March 2021) Subject: Medicine (Practical)

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 2 / 3)

- 1. Total Teaching hours : **25+60**
- 2. A. Lectures(hours): 25

- B. Self-directed learning (hours) : NIL
- C. Clinical Postings (hours): 60

D. Small group teachings/tutorials/Integrated teaching/Practicals (hours): NIL

Term I/II Week Day of the **Topics & Subtopics** Duration Competency **TL Method** / Day week Nos. 1/1 Monday Bed side 1.10 **Orientation to History Taking** 3 hours clinic 1/2 9.3 Bed side Tuesday History taking and causes of anemia 1 hour clinic Evaluation of all risk factors and co-8.9 1 hour Bed side morbidities for patient with hypertension clinic 11.7 Elicit document and present a medical history that will differentiate the etiologies Bed side 1 hour diabetes including risk clinic of factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease Elicit and document and present an 1/3 Wednesday 16.4 1 hour Bed side appropriate history that includes the clinic natural history, dietary history, travel, sexual history and other concomitant illnesses 25.4 Elicit document and present a medical Bed side 2 hours history that helps delineate the aetiology clinic of zoonotic diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and travel 1/4 26.20 Thursday Demonstrate ability to communicate to patients in a patient, respectful, non-2 hours Bed side threatening, non-judgmental and clinic empathetic manner 26.21 & - Demonstrate respect to patient privacy 26.22 1 hour Bed side -Demonstrate ability maintain to confidentiality in patient care clinic 1/5 Friday 26.35 Demonstrate 1 hour Bed side empathy in patient encounters clinic 6.7 Elicit document and present a medical 1 hour Bed side history that helps delineate the aetiology clinic of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks

Week / Day	Day of the week	Competency Nos.	Topics & Subtopics	Duration	TL Method
			for opportunistic infections and nutritional status		
		26.19 , 26.24 & 26.25	 Demonstrate ability to work in a team of peers and superiors Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers Demonstrate responsibility and work ethics while working in the health care team 	1 hour	Bed side clinic
2/1	Monday	1.11, part 1.29	Orientation to General Exam	3 hours	Bed side clinic
2/2	Tuesday	1.12	Pulse examination with demonstration	3 hours	Bed side clinic /DOAP
2/3	Wednesday	1.13	Measure BP accurately	2 hours	Bed side clinic /DOAP
		1.14	JVP	1 Hour	Bed side clinic /DOAP
2/4	Thursday	4.9	Evaluation of fever	1.5 hours	Bed side clinic/DOAP
		4.10	Examination of skin ,lymph node, chest and abdominal examination	1.5 hours	Bed side clinic/DOAP
2/5	Friday	9.4	Perform a systematic examination that includes : general examination for pallor, oral examination	1 hour	Bed side clinic
		4.21	Orientation to Clinical decision making	2 hours	Bed side clinic
3/1	Monday	7.11 and 7.12	Orientation to medical history and examination of joints ,muscle and skin rheumatological diseases	1hour	Bed side clinic
		11.8	Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries) in a patient with diabetes	1 hour	Bed side clinic
		Practice sess Measurement/	6	1 hour	Bed side clinic
3/2	Tuesday	1.30	Skill Acquisition - IM injection	3 hour	Skills lab
3/3	Wednesday	5.9	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination and family history in patient with liver disease.	1 hour	Bed side clinic
		16.5	Perform, document and demonstrate a physical examination based on the history that includes general examination,	1 hour	Bed side clinic

Week / Day	Day of the week	Competency Nos.	Topics & Subtopics	Duration	TL Method
			including an appropriate abdominal examination		
		5.14	Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology	1 hours	Bed side clinic
3/4	Thursday	2.7	CVS Examination with demonstration	3 hour	Bed side clinic/DOAP
3/5	Friday	3.4 & 3.5	Orientation to history taking, general examination & systemic examination of Respiratory system	3 hours	Bed side clinic/DOAP
4/1	Monday	18.3	Elicit and document and present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident	2 hours	Bed side clinic
		Practice sessio	n for clinical and other skills/ ward rounds	1 hour	Bed side clinic / skills lab
4/2	Tuesday	18.5	Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate based on the history	2 hours	Bed Side clinic
		Practice sessio	n for clinical and other skills/ ward rounds	1 hour	Bed side clinic / skills lab
4/3	Wednesday	20.4 & 20.5	 Medical emergency Elicit and document and present an appropriate history, the circumstance, time, kind of snake, evolution of symptoms in a patient with snake bite Perform a systematic examination, document and present a physical examination that includes general examination, local examination, appropriate cardiac and neurologic 	2 hours	Bed side clinic
		Practice sessio	examination in a case of snake bite n for clinical and other skills/ward rounds	1 hour	Bed side clinic / skills
4/4	Thursday	Clinical Assess	ment	3 hours	lab Case
4/5	Friday	Skills Assessm	ent – Certifiable skills and soft skills	3 hours	presentatio OSCE stations/ skills stations

Course Content SETH GS MEDICAL COLLEGE & KEM HOSPITAL Subject: Obstetrics and Gynecology Skills (clinical posting)

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 3; page nos. 102-129)

Clinical Postings: phase II 4 weeks – (Mon-Fri)

Suggested assessment method of skills is viva voce, skill assessment on mannequins/ models, clinical assessment, Log book

Competency Nos.	skill	topic	Suggested Teaching learn- ing method	Hours
OG35.1	Obtain a logical sequence of history, and per- form a humane and thorough clinical exami- nation, excluding internal examinations (per rectal and per-vaginal) K/S SH	History taking in obstetrics Informed consent for examination	Bed side clinics	15 hours(1 week)
OG35.5	Determine gestational age, EDD and obstetric formula K/S SH	obstetric examination and provisional diagnosis	Manne-	
OG35.7	Obtain informed consent for any examination / procedure S SH		quin/demonstra tion on patient	

Competency Nos.	skill	topic	Suggested Teaching learn- ing method	Hours
OG35.2.	Arrive at a logical provisional diagnosis after examination K/S SH			
OG36.2	Organise antenatal clinics K/S KH	Antenatal clinic, (with an aim to intro- duce them to set up of OPD) Routine antenatal invesigations, Antenatal care, birth planning (Im- portance of counselling the patient about place of delivery and labor pre- paredness	OPD tour, Demonstration of the set up and how OPD functioning is carried out	3 hrs
OG8.6	Assess and counsel a patient in a simulated environment regarding appropriate nutrition in pregnancy K/S SH	Nutritional counselling in pregnancy with focus on patient centered ap- proach, based on her choice of food, culture, socioeconomic status etc.	Case based learning.	3 hrs

Competency Nos.	skill	topic	Suggested Teaching learn- ing method	Hours
OG 35.1	History taking in gynecology, demonstrate P/S, P/V examination		Bed side clinic /OPD demon- stration, skill lab for PS PV prac- tice	3 hrs
OG8.5	Describe and demonstrate pelvic assessment in a model K/S SH	Maternal pelvis , Pelvic assessment Fetal skull	Model,	3 hrs
OG8.4	Describe and demonstrate clinical monitoring of maternal and fetal well-being K/S SH	Antepartum monitoring of fetal well being- screening, USG doppler, NST, BPP,	Demonstration	3 hrs
OG13.4	Demonstrate the stages of normal labor in a simulated environment / mannequin	Mechanism of labor Management of Labor stage 1 Intrapartum monitoring of fetal well being- Partogram, CTG	Skill lab Models and mannequins Labor room	15 hrs
OG35.13	Demonstrate the correct technique to per- form artificial rupture of membranes in a simulated / supervised environment S SH	ARM	– demonstrations	

Competency Nos.	skill	topic	Suggested Teaching learn- ing method	Hours
OG35.14	Demonstrate the correct technique to per- form and suture episiotomies in a simulated/ supervised environment S SH	Management of labor stage 2- Episiotomy		
OG35.16	Diagnose and provide emergency manage- ment postpartum hemorrhage in a simulated / guided environment K/S SH	Manage ment of labor stage 3 Emergency management of PPH oxytocics		
Su 14.1, 14.2, 14.3 Integrated	Basic surgical skills, Aseptic techniques, steri- lization and disinfection. Surgical approaches, incisions and the use of appropriate instruments in Surgery in general.	Theatre etiquettes and basic tech- niques	Visit to the surgical thea- tre	1 hour
OG 35.15 OG 36.2 + PE 18.6 inte- grated	advice family planning	Family planning counseling	Family plan- ning clinic + SKILL LAB	1 hour

Competency Nos.	skill	topic	Suggested Teaching learn- ing method	Hours
OG 12.7	Management of mothers and babies with HIV	PPTCT counseling	PPTCT coun- seling clinic	1 hour
PE 7.7 + 7.9 INTEGRATED	identify common problems during lactation such as retracted nipples, cracked nipples, breast engorgement, breast abscess Educate and counsel mothers for best practic- es in breast feeding	Lactation management + postna- tal care	Well baby clinic Postnatal ward visit	1 hour
OG 34.4, 35.9	management of postoperative complications Write a proper discharge summary with all relevant information	Post op management	Post op ward visit	1 hour
OG 35.6	Understand and demonstrate respect	Examination with Dignity	SGT, Role play	1
OG 35.6	Confidentiality and privacy	HIV in pregnancy, Domestic violence	SGT, Role play	1
OG 35.7	Autonomy : Consent	Medicolegal cases	SGT, Role play	1
AETCOM 2.8	Bad news breaking	IUFD, Neonatal death	SGT, Role play	1

Competency Nos.	skill	topic	Suggested Teaching learn- ing method	Hours	
AETCOM 2.5	Communication with adolescents	Sexuality	SGT, Role play	1	
		Conduction of 2 exams and feed- back And remedial teaching		4 hours	
Student Doctor					

	Phase 2 clinical 60 hours(4 weeks posting Total mon -fri)
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and a second second second			Course Content Second Year MBBS (from February/March 2021)		
			Subject: Ophtahlmology (Knowledge & Practical)		au (Menine Meri e 1970) 1
1. Tota	al teach	ning hours:30+	(Based on Medical Council Of India Competency Guidelines)	an a	•
		ours) : 30 hou			
	•	tings(hours):			
14/					
vveeк /Days		Compentency Nos.	Topics & Subtopics	Duration	TL Method
/Days	Week	1105.			
1/1	Mon	a. 10000	Anatomy & Physiology Of The Eye:	3 Hours	Lecture &
		AN 41.1	1.Parts & Layers Of The Eye	2 E	Small Group
		AN 41.2	2. Anatomical Aspects Of Cataracts, Glaucoma and Central Retinal Artery Occlusion		Discussion
		AN 41.3	3. Position, Nerve Supply and Actions Of Intraocular Muscles		(#1-10)
		AN 30.5	4. The Cortical Visual Pathway & The Effect Of Pituitary Tumors On the Cortical Visual Pathway and		
			what the Visual Field Perimetry Testing would Demonstrate		
		AN 31.3	5. Anatomical Basis of Horner's Syndrome		
		AN 31.5	6. Anatomical Basis of Oculomotor, Trochlear and Abducens Nerve Palsies along with Strabismus		
		OP 1.1	7. Physiology Of Vision	•	
		PY 10.17	8.Functional Anatomy of Eye, Physiology of Image Formation, Physiology of Vision including Colour		
			Vision, Refractive Errors, Colour Blindness, Physiology of the Pupil and Light Reflex		
		PY 10.18	9. Physiological Basis of Lesions in the Visual Pathway the Visual Field Perimetry Testing Results for		
		DV(40.40			
		PY 10.19	10. Auditory & Visual Evoked Potentials		
			·		
	Males	the second s		2 Houre	Lecture &
1/2	Tue	-	Visual Acuity Assessment:	SHOUIS	Small Group
		OP 1.2	1. Classification of Types and Methods of Correcting Refractive Errors with Convex & Concave Lenses;		Discussion
			Conoid of Sturm, Retinoscopy		(#1-5),
		PY 10.20	2. Testing of Visual Acuity, Colour and Field Of Vision in a Volunteer/Simulated Environment		Demonstrate
	A000 10 10.0	OP 1.3	3. Practically Performing Steps in Performing Visual Acuity Assessment for Distance, Near Vision,	ay young a set	(by student),
		0044	Colour Vision, Pinhole Test, Menace and Blink Reflexes	100 C	Observe,
		OP 1.4	 Indications and Principles of Refractive Surgery Types & Mechanisms By Which Strabismus Leads to Amblyopia 		Assist,
		OP 1.5	5. Types & mechanisms by which strabismus Leads to Ambryopia		Perform with
					Logbook(#1,

1/3 \	Wed		Lids and Adnexa, Orbit:	3 Hours	Lecture &
Anna colare goo ca		OP 2.1, 2.2	1. & 2. Etiology, Clinical Presentations and Diagnostic Features, Symptoms & Signs of Common		Small Grou
			Conditions of the Lid and Adnexa, including Hordeolum Externum/Internum, Blepharitis, Preseptal		Discussion
- Valance - Valander			Cellulitis, Dacryocystitis, Hemangioma, Dermoid, Ptosis, Entropion, Lid Lag, Lagophthalmos, Empty		(#1-8),
			Socket, Phthis Bulbi, Atrophic Bulbi		Demonstra
an a		OP 2.3	3. Bell's Phenomenon, Assessment of Entropion/Ectropion, Performing the Regurgitation Test of the		(by
PALICO PROVING			Lacrimal Sac, Massage Technique in Conj. Dacryocystitis and Trichiatic Cilia Removal by Epilation		student),
And a second		OP 2.4	4. Etiology, Clinical Presentation, Complications and Management of Orbital Cellulitis		Observe,
•		OP 2.5	5. Clinical features on Ocular Examination and Management of Sinus Thrombosis		Assist,
1. 1.11.11.11.11.11		OP 2.6	6. Examination Techniques and Evaluation of Ptosis, Proptosis, Sac Syringing; Causes and		Perform
		-	Differentiating Features, Clinical Features and Management of Proptosis		(#3)
Garly of Street Addition		OP 2.7	7. Classification with Differentiating Symptoms and Signs of Various Orbital Tumor		
y da po go do de son y - romano e roman o a roma de son		OP 2.8	8. Investigations used in Diagnosis of Orbital Tumors and Indications for Appropriate Referral ; Indications forDacryocystorhinostomy (DCR) and Dacryocystectomy (DCT) ndications for		
der versaktenske som en so			Enculeation and Evisceration		

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4 Thurs		Conjunctiva:	3 Hours	Lecture &
AL THREE IS NOT A REAL OFFICE	OP 3.1	1. Elicit, Document and Present An Appropriate History In A Patient Presenting With A "Red Eye"		Small Group
		including Congestion, Discharge, Pain		Discussion
A N N V	OP 3.2	2.Demonstrate, Document and Present The Correct Method Of Examination of a "Red Eye" including		(#1-9),
100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		Vision Assessment, Corneal Lustre, Pupil Abnormality, Ciliary Tenderness		Demonstrate
and a state of the	OP 3.3	3. Etiology, Pathophysiology, Ocular Features, Differential Diagnosis, Complications And Management		(by
1000 / MAY		of Various Causes of Conjunctivitis		student),
A. A	OP 3.4	4. Etiology, Pathophysiology, Ocular Features, Differential Diagnosis, Complications And Management		Observe,
A MARINA CONTRACTOR		of Various Causes of Trachoma		Assist,
	OP 3.5	5. Etiology, Pathophysiology, Ocular Features, Differential Diagnosis, Complications And Management		Perform
		of Various Causes of Vernal Catarrh		(#1,2,8,9)
	OP 3.6	6. Etiology, Pathophysiology, Ocular Features, Differential Diagnosis, Complications And Management		
		of Pterygium		
and a constraint of	OP 3.7	7. Etiology, Pathophysiology, Ocular Features, Differential Diagnosis, Complications And Management		
		of Symblepharon		
	OP 3.8	8. Correct Technique of Foreign Body Removal from the Eye in a Simulated Environment		
	OP 3.9	9. Correct Technique of Instillation of Eye Drops in a Simulated Environment		

1/5 Fri	1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (Cornea:	3 Hours	Lecture &
	OP 4.1	1.Types and Causes of Corneal Ulcers		Small Group
and a subject	OP 4.2	2.Differential Diagnosis Of Infectious Keratitis		Discussion
and a second second second	OP 4.3	3. Etiologies Of Corneal Edema; Corneal Opacities, Adherent Leukoma		(#1-9),
and a data of the	OP 4.4	4. Etiologies And Management Of Dry Eye		Demonstrat
riteria and	OP 4.5	5. Causes Of Corneal Blindness		(by
	OP 4.6	6. Indications and Types of Keratoplasty		student),
and an and the second second	OP 4.7	7. Indications and Methods of Tarsorraphy		Observe,
	OP 4.8	8. Correct Technique of Foreign Body Removal from the Eye in a Simulated Environment		Assist,
	OP 4.9	9. Correct Technique of Instillation of Eye Drops in a Simulated Environment		Perform
	OP 4.10	10. How to Counsel Patients and Family About Eye Donation In A Simulated Environment		(#8,10)
2/1 Mon		Sclera & Drugs:	3 Hours	Lecture &
	OP 5.1	1. Etiology, Associated Systemic Conditions, Clinical Features, Complications and Indications for		Small Grou
		Referral and Management of Episcleritis		Discussion
	OP 5.2	2. Etiology, Associated Systemic Conditions, Clinical Features, Complications and Indications for		(#1-3)
		Referral and Management of Scleritis		
	PH1.58	3. Drugs Used In Ocular Disorders		

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2/2 Tue		Iris & Anterior Cahmber:	Hours	Lecture &
the state and state and state and	OP 6.1	1. Clinical Signs Of Intraocular Inflammation with Distinguishing Features Between Granulomatous	. 10010	Small Group
		versus Non-Granulomatous Inflammation and Distinguishing Features Between Acute Iridocyclitis and		Discussion
		Chronic Uveitic Conditions; Occlusion Pupillae		(#1-10),
Para contra da como c	OP 6.2	2. Distinguishing Features Between Acute Iridocyclitis and Chronic Uveitic Conditions		Demonstrat
and a set of the set of	OP 6.3	3. Systemic Conditions that can present as Iridocyclitis and their Ocular Manifestations		(by
MAN AND AND AND AND AND AND AND AND AND A	OP 6.4	4. Hypopyon versus Hyphema		student),
Annotation advances of	OP 6.5	5. Angle of the Anterior Chamber and its Clinical Correlates		Observe,
	OP 6.6	6. Identify and Demonstrate Clinical Features and Distinguish and Diagnose Common Clinical		Assist,
		Conditions affecting the Anterior Chamber		Perform
ale a constante a la	OP 6.7	7. Etiology & Clinical Distinguishing Features of various Glaucomas associated with a Shallow Anterior		(#6,10)
		Chamber versus a Deep Anterior Chamber, with Appropriate Investigations and Treatment for each		
		Condition. Know the Indications for an Iridectomy and for a Filtering Bleb.		
	OP 6.8	8. Investigations & Work-Up for a patient with Uveitic Conditions		
	OP 6.9	9. Local & Systemic Therapies for Conditions of the Anterior Chamber, Indications, Adverse Events and		
		Interactions		
	OP 6.10	10. Counsel Patients with Conditions of the Iris and Anterior Chamber about their Diagnosis, Therapy		
The Control of Control		and Prognosis in an Empathetic Manner in a Simulated Environment		

2/3 Wed		Lens:	3 Houro	Lecture &
	OP 7.1	1. Surgical Anatomy & Metabolism of the Lens		Small Group
	OP 7.2	2. Etiology & Pathogenesis, Stages of Maturation and Complications of Cataract		Discussion
	OP 7.3	3. Correct Technique of Ocular Examination In A Patient with A Cataract		(#1-7),
	OP 7.4	4. Types of Cataract Surgery, Pre-Operative Investigations, Intra-Operative and Post-Operative Steps		Demonstrate
		and Possible Complications of each type; Management of Posterior Capsular Opacification with YAG		(by
		Capsulotomy		student),
	OP 7.5	5. Participate in the Team For Cataract Surgery		Observe,
	OP 7.6	6. Administer Informed Consent & Counsel Patients for Cataract Surgery In a Simulated Environment		Assist,
	IM 24.15	7. Pathogenesis, Clinical Presentation, Identification, Functional Changes, Acute Care, Stabilization,		Perform
		Management and Rehabilitation of Vision and Vision Loss In The Elderly		(#3,4, 5 wi
				logbook, 6)
2/4 Thurs		Retina, Retinoblastoma, Optic Nerve:	3 Hours	s Lecture &
den er er er de seneret det er	OP 8.1	1. Etiology, Pathophysiology, Clinical Features, And Management of Vascular Occlusions of the Retina,		Small Group
a approach to the		Direct versus Indirect Ophthalmoscopy		Discussion
	OP 8.2	2. Indications for Laser Therapy in the Treatment of Retinal Diseases, including Retinal Detachment,		(#1-6),
		Retinal Degenerations, Diabetic Retinopathy & Hypertensive Retinopathy		Demonstrat
	OP 8.3	3. Demonstrate the Correct Technique of a Fundus Examination; Describe & Distinguish the		(by
		Fundoscopic Features In a Normal Eye Versus In Eyes with Disease		student),
	OP 8.4	4. Treatment Modalities In the Management of Diseases Of The Retina		Observe,
	OP 8.5	5. Correlative Anatomy, Etiology, Clinical Manifestations, Diagnostic Tests, Imaging and Management		Assist,
		Of Diseases Of the Optic Nerve and Visual Pathway		Perform
	PA 36.1	6.Etiology, Genetics, Pathogenesis, Pathology, Presentation, Sequelae and Complications of		(#3)
		Retinoblastoma		A university of Advancements of the second

2/5 Fri		Additional Ophthalmic Skills	3 Hours	Lecture &
	OP 9.1	1.Demonstrate the Correct Technique to Examine Extraocular Movements (Uniocular & Binocular)	e i louro	Small Group
	OP 9.2	2. Types, Methods of Diagnosis, Indications for Referral In a Patient with Hetertropia/Strabismus		Discussion
o deserva e a como como como como como como como co	OP 9.3	3. Role of Refractive Error Correction In A Patient With Headache and Indications For Referral		(#1-5),
	OP 9.4	4. List, Describe and Discuss the Causes of Avoidable Blindness and the National Programmes for the		Demonstrat
ad address states in d		Control of Blindness, including Vision 2020		(by
- Martin - Appendix A	OP 9.5	5. Evaluation & Steps in the Stabilisation, Initial Management and Indications for Referral In a Patient		student),
-		with Ocular Traumatic Injury and Ocular Chemical Injury		Observe,
				Assist,
				Perform
				(#1)

Student Doctor method of clinical teaching- Students on the day of the clinical unit will be posted in the out patient area and operation theatre and where they will be alloted cases. Cases and surgerical procdures will be entered in the log book.

Seth GS Medical College & KEM Hospital Course Content Second MBBS Subject: Orthopaedics

(Based on Medical Council of India, Competency based Undergraduate Curriculum for the Indian Medical Graduate, 2018. Vol 2/3)

- 1. Total Teaching Hours : 30 hours
- 2. A. Lectures(hours) : Nil
 - B. Self-directed learning (hours): Nil
 - C. Clinical Postings (hours): 30 hours
 - D. Small group teachings/tutorial/Integrated teaching/Practical's (hours): Nil

Week/Day	Day of the	Competency	Topics &	Duration	TL Method
	week	No.	Subtopics		
1/1	Monday	OR1.1	Principles of pre-	1 hour	Small group
			hospital care and		discussion
			Causality		
			management of a		
			trauma victim		
			including		
			principles of		
			Triage.		
		OR 1.2	Describe and	1 hour	Lecture
			discuss the		
			aetiopathogenesis,		
			clinical features,		
			investigations,		
			and principles of		
			management of		
			shock		
		OR1.3	Etiopathogenesis,	1 hour	Bedside
			clinical features,		Clinics/Lecture
			Investigations,		
			and principles of		
			management of		
			soft tissue		
			injuries.		
1/2	Tuesday	OR 1.4	Principles of	1 hour	Bedside
			management of		Clinics/
			soft tissue		Lecture
			Injuries.		
		OR1.5	Describe and	1 hour	Bedside
			discuss the		Clinics/
			aetiopathogenesis,		Lecture
			clinical features,		
			investigations,		
			and principles of		
			management of		

Term: II/I

			dialaa-ti f		
			dislocation of		
			major joints,		
			shoulder, knee,		
		00.1.6	hip	1.1	DO AD/
		OR 1.6	Participate as a	1 hrs	DOAP/
			member in the		Stimulation
			team for closed		
			reduction of		
			shoulder		
			dislocation / hip		
			dislocation / knee		
			dislocation		
1/3	Wednesday	OR2.16	Describe and	2hour	Lecture, Small
	j		discuss the		group
			mechanism of		discussion,
			injury, clinical		Bedside clinic
			features,		Dediside chine
			investigations and		
			principles of		
			management of		
			open fractures		
			with focus on		
			secondary		
			infection		
			prevention and		
			management		
		OR2.3	Plan and interpret	1 hour	Bedside
			the investigations		Clinics
			to diagnose		
			complications of		
			fractures like		
			malunion, non-		
			union, infection,		
			compartmental		
			syndrome		
1/4	Thursday	OR 3.3	Participate as a	2 hours	DOAP session,
1/4	Thursday	OK 5.5		2 110013	Video
			member in team		demonstration
			for procedures		demonstration
			like drainage of		
			abscess,		
			sequestrectomy/		
			saucerisation and		
			arthrotomy		
		OR3.1	Describe and	1 hours	Bedside
			discuss the		Clinics
			aetiopathogenesis,		
			clinical features,		
			investigations and		
			principles of		
			management of		
			Bone and Joint		
			infections		
			a) Acute		
				1	
			Osteomyelitis b)		
			Osteomyelitis b) Subacute		
			Osteomyelitis b)		

			Suppurative		
			arthritis d) Septic		
			arthritis & HIV		
			infection e)		
			Spirochaetal		
			infection f)		
			Skeletal		
1 / 5	D · 1		Tuberculosis		X7. / XX7
1/5	Friday	Assessment	3 hours		Viva/Written
2/1	Monday	OR11.1	Etiopathogenesis,	2 hours	Bedside
			clinical features,		Clinics
			investigations and		
			principles of		
			management of		
			peripheral nerve		
			injuries in		
			diseases like foot		
			drop, wrist drop,		
			claw hand, palsies		
			of		
			Radial, Ulnar,		
			Median, Lateral		
			Popliteal and		
			Sciatic Nerves		
		OR3.2	Participate as a	1 hours	Small group
		010.2	member in team	1 nouis	Discussion.
			for aspiration of		DOAP session
			joints under		DOIN SUBJOI
			supervision		
2/2	Tuesday	OR13.2	Participate as a	2 hours	Bedside
2/2	Tuesday	0113.2	member in team	2 110013	Clinics
			for Resuscitation		Chines
			of Polytrauma		
			victim by doing		
			all of the		
			following :		
			(a) I.V. access		
			central -		
			peripheral		
			(b) Bladder		
			catheterization		
			(c) Endotracheal		
			intubation		
	 		(d) Splintage		
		OR2.1	Describe and	1 hours	Lecture, Small
			discuss the		group
			mechanism of		discussion,
			Injury, clinical		Bed side clinic
			features,		
			investigations and		
			plan management		
			of fracture of		
			clavicle		
2/3	Wednesday	OR5.1	Describe and	1.5 hours	Bedside clinic.
	,		discuss the		Lecture, Small
			aetiopathogenesis,		group
I		1		1	
1			clinical features,		discussion,

		OR7.1	investigations and principles of management of various inflammatory disorder of joints Describe and discuss the	1.5 hour	Lecture, Small group
			aetiopathogenesis, clinical features, investigation and principles of management of metabolic bone disorders in particular osteoporosis, osteomalacia, rickets, Paget's disease		discussion,
2/4	Thursday	OR14.3	Demonstrate the ability to convince the patient for referral to a higher centre in various orthopedic illnesses, based on the detection of warning signals and need for sophisticated management	1.5 hour	Case discussion, Video assisted Lecture, Small group discussion,
		OR14.2	Demonstrate the ability to counsel patients to obtain consent for various orthopedic procedures like limp amputation, permanent fixations etc	1.5 hour	Case discussion, Video assisted Lecture, Small group discussion,
2/5	Friday	Assessment	3 hours		Viva/Written/ Stimulation based assessment

Seth GS Medical College & KEM Hospital Course Content Second MBBS (from Feb/ March 2021) Subject: Pediatrics (Practical)

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 2 / 3)

1. Total Teaching hours :25+ 30

2. A. Lectures(hours): 25 B. Self-directed learning (hours): NIL

C. Clinical Postings (hours): 30

D. Small group teachings/tutorials/Integrated teaching/Practicals (hours): NIL

Week/Day	Day of the	C No.	Topics &Subtopics	Duration	TL Method					
	week			(hours)						
1. Growth&	1. Growth& Failure to Thrive									
1/1	Monday	PE 1.4	Perform Anthropometric measurements ,document in growth	2	Bedside clinic					
			charts and interpret.							
		1.4.1	Perform anthropometric measurements in children of different Age		Bedside clinic					
			groups.							
		1.4.2	Document the measured parameters in growth charts and interpret		Bedside clinic					
			the findings on growth charts.							
		PE 2.2	Assessment of a child with failure to thrive including eliciting an appropriate history and examination	1	Bedside clinic					
		2.2.1	Elicit an appropriate history in a child with failure to thrive.		Bedside clinic					
		2.2.2	Perform a complete physical examination in a child with failure to thrive.		Bedside clinic					

1/2	Tuesday	PE2.3	Counseling a parent with failing to thrive child	1	Bedside clinic
		2.3.1	Counsel a parent of a child with failure to thrive.		Bedside clinic
		2. Develo	pment & developmental delay		
		PE1.6	Discuss the methods of assessment of development	2	Bedside clinic
		1.6.1	Discuss the methods of assessment of development		Bedside clinic
1/3	Wednesday	PE1.7	Perform development assessment and interpret	1	Bedside clinic
		1.7.1	Perform Developmental assessment in infants and children and interpret		Bedside clinic
			the findings		
		PE 3.3	Assessment of a child with developmental delay- elicit	2	Bedside clinic
			document and present history		
		3.3.1	Elicit developmental history from a parent/caretaker		Bedside clinic
		3.3.2	Elicit the current developmental milestones of the child.		Bedside clinic
		3.3.3	Interpret developmental status of a child based on the history and examination.		Bedside clinic
		3.3.4	Document and present the developmental assessment		Bedside clinic
1/4	Thursday	PE 3.4	Counsel a parent of a child with developmental delay	1	Bedside clinic
		3.4.1	Communicate the developmental status of the child to the parent.		Bedside clinic
		3.4.2	Counsel the parents of a child with developmental delay		Bedside clinic
		3. Infant	& young child feeding		
		PE 7.5	Observe the correct technique of breastfeeding and	2	Bedside clinic
			distinguish right from wrong technique		
		7.5.1	Observe correct technique of breastfeeding noting signs of good		Bedside clinic
			attachment and correct positioning of mother and baby		
		7.5.2	Distinguish correct feeding technique from wrong one on the		Bedside clinic
			mother baby dyad.		
1/5	Friday	PE 7.7	Perform breast examination and Identify common problems	1	Bedside clinic

			during lactation such asretracted nipples, cracked nipples,		
			breast engorgement, breast abscess		
		7.7.1	Enumerate common problems in the mother during lactation		Bedside clinic
		7.7.2	Examine breast of a lactating mother in an appropriate manner		Bedside clinic
		PE 7.8	Educate mothers on ante natal breast care and prepare	2	Bedside clinic
			mothers for lactation		
		7.8.1	Educate and counsel pregnant woman during antenatal period in		Bedside clinic
			preparation for breastfeeding.		
2/1	Monday	PE 7.9	Educate and counsel mothers for best practices in	1	Bedside clinic
			Breastfeeding		
		PE7.10	Respects patient privacy		Bedside clinic
		7.10.1	Demonstrate respect for a mothers privacy		Bedside clinic
		PE 8.3	Enumerate the common complementary foods	1	Bedside clinic
		8.3.1	Enumerate common locally available complementary foods.		Bedside clinic
		PE 8.4	Elicit history on complementary feeding habits	1	Bedside clinic
		.8.4.1	Elicit a focused and detailed history for complementary feeding		Bedside clinic
		PE 8.5	Counsel and educate mothers on the best practices in		Bedside clinic
			complementary feeding		
		4. Dietary	and Nutritional Assessment		
2/2	Tuesday	PE 9.4	Elicit document and present an appropriate nutritional history	1	Bedside clinic
			and perform a dietary recall.		
		9.4.1	Take focussed dietary history based on recall method from the		Bedside clinic
			caregiver.		
		9.4.2	Document the dietary history and calculate calorie and protein		Bedside clinic
			content.		

		9.4.3	Present the dietary history.		Bedside clinic
		PE 9.5	Calculate the age appropriate calorie requirements in health	2	Bedside clinic
			and disease and identify gaps.		
		9.5.1	Calculate the recommended calorie and protein requirement for		Bedside clinic
			children of all age groups.		
		9.5.2	Calculate the calorie and protein content of 24 hour dietary intake		Bedside clinic
			by a child.		
		9.5.3	Calculate the gap (deficit) between recommended intake of calorie		Bedside clinic
			and protein and actual intake.		
2/3	Wednesday	PE 9.6	Assess and classify Nutritional status of infants, children and	3	Bedside clinic
			adolescents and recognize deviations		
		9.6.1	Assess nutritional status from anthropometric parameters for		Bedside clinic
			children of all age groups.		
		9.6.2	Interpret the anthropometric measurement data by plotting in		Bedside clinic
			appropriate WHO growth charts for children of all age groups and		
			gender		
		9.6.3	Classify the type and degree of undernutrition using the WHO		Bedside clinic
			charts.		
		9.6.4	Identify overnutrition (overweight and obesity) by using WHO		Bedside clinic
			charts		
		5. Severe	Acute Malnutrition		
2/4	Thursday	PE10.3	Assessment of a patient with SAM and MAM, diagnosis,	1	Bedside clinic
			classification and planning management including hospital		
			and community-based intervention, rehabilitation and		
			prevention		

		10.3.1	Take clinical history including focussed dietary history from the caregiver.		Bedside clinic
		10.3.2	Examine the child including anthropometry and signs of vitamin deficiency.	1	Bedside clinic
		10.3.3	Diagnose and classify the patient as having SAM or MAM based on clinical history, examination and anthropometry.	1	Bedside clinic
2/5	Friday	10.3.4	Plan the individualised home-based management in a child with MAM or uncomplicated SAM.	1	Bedside clinic
		10.3.5	Plan the hospital-based management of complicated SAM in a child.		Bedside clinic
		10.3.6	Plan the hospital-based rehabilitation phase management of complicated SAM in a child.	1	Bedside clinic
		10.3.7	Plan prevention of malnutrition at all levels.	1	Bedside clinic

Course Content

Second MBBS (from March 2021) Subject: Psychiatry (Clinical Posting)

(Based on Medical Council of India, Competency based Undergraduate curriculum

for the Indian Medical Graduate, 2018. Vol. 2 / 3)

- 1. Total Teaching hours : 30
- 2. A. Lectures(hours):NIL B. Self-directed learning (hours): NIL

C. Clinical Postings (hours): 30

D. Small group teachings/tutorials/Integrated teaching/Practicals (hours): NIL

Phase II [March-Dec 2021] {Mon-Fri; 9am -12noon}

Week	Day of the	Competency	Topics & Subtopics	Duratio	TL Method
/ Day	week	Nos.		n	
1/1	Monday	1.1,1.2,3.4	Establishing Rapport, components of communication for history taking	1 hour	Bedside clinic /
		3.2, 3.3	Signs And Symptoms Of common Mental Disorders & Elicit ,present and document history in patients presenting with mental disorders	1 hour	DOAP/ Small group Discussion
		3.5	Perform, demonstrate Mental Status Examination	1 hour	DOAP
1/2 Tu	Tuesday	5.2	Enumerate, elicit, describe and document clinical features in patients with positive symptoms of Schizophrenia	1 hour	Bed side clinic ,DOAP session
		5.4	Demonstrate family education in patient with schizophrenia in a simulated environment	1 hour	Bed side clinic, DOAP session
		5.3	Describe treatment of schizophrenia: pharmacologic therapy	1 hour	Small group discussion
		5.5	Enumerate the side effects of the drugs used in schizophrenia		
1/3	Wednesday	5.2	Enumerate, elicit, describe and document clinical features in patients with negative symptoms of Schizophrenia	1 hour	Bed side clinic ,DOAP session
		17.1	Enumerate and describe the recognition and clinical presentation of psychiatric emergencies: Violent behavior	30 min	Small group discussion
		17.2	Describe the initial stabilization and management of violent patient	30min	Small group discussion
			n for clinical and history taking skills/ ward udent Doctor Teaching -learning	1 hour	Bed side clinic

1/4	Thursday	6.2	Enumerate, elicit ,describe and document clinical features in a patient of Depression	1 hour	Bed side clinic,
					DOAP session
		6.3	Enumerate and describe the indications and interpret laboratory and psychological tests used in depression	1 hour	Bed side clinic,
					DOAP session
		6.4	Describe treatment of depression: pharmacologic therapy	1 hour	Small group discussion
		6.5	Enumerate the side effects of the drugs used in depression		
1/5	Friday	17.1	Enumerate, elicit, document and describe the recognition and clinical presentation of a patient of Deliberate Self harm or suicidal	1 hour	Bed side clinic ,
			attempt		Small group discussion
		18.2	Enumerate the indications for modified electroconvulsive therapy	30min	Small group discussion
		18.3	Enumerate and describe the principles of psychosocial interventions in patients of Deliberate Self harm or suicidal attempt		Small group discussion
			 on for clinical and history taking skills/ ward udent Doctor teaching- learning	1 hour	Bed side clinic

Week / Day	Day of the week	Competency Nos.	Topics & Subtopics	Duratio n	TL Method
2/1	Monday	7.2	Enumerate, elicit ,describe and document clinical features in a patient of Mania	1 hour	Bed side clinic, DOAP session
		7.3	Enumerate and describe the indications and interpret laboratory and psychological tests used in bipolar disorders	30 min	Bed side clinic, DOAP session
		7.5	Demonstrate family education in patient with mania in a simulated environment	30 min	Bed side clinic, DOAP session
		7.6	Enumerate and describe the pharmacologic basis and side used of drugs used in the treatment of bipolar disorders	1 hour	Small group discussion
2/2	Tuesday	4.2	Enumerate, elicit ,describe and document clinical features in a patient of Alcohol use disorder	1 hours	Bed side clinic /DOAP
		4.3	Enumerate and describe the indications and interpret laboratory tests used in alcohol use disorders	30 min	Bed side clinic, DOAP session
		4.5	Demonstrate family education in patient with alcohol use disorder in a simulated environment	30 min	Bed side clinic, DOAP session
		on for clinical and or Teaching-learn	history taking skills/ ward rounds and hing	1 hour	Bed side clinic
2/3	Wednesday	8.2	Enumerate, elicit, describe and document clinical features in patients of panic disorder	1 hour	Bed side clinic ,DOAP session
		8.5	Demonstrate family education in patient with panic disorder in a simulated environment	1 hour	Bed side clinic, DOAP session
		8.4	Describe treatment of panic disorder: pharmacologic therapy	1 hour	Small group
		8.6	Enumerate the side effects of the drugs used in panic disorder		discussion
		18.3	Enumerate and describe principles of Behavior therapy in panic disorders		
2/4	Thursday	14.2	Enumerate, elicit, describe and document clinical features in children having behavioral disorders like ADHD / Conduct disorder	1 hour	Bed side clinic/ DOAP session
		14.4	Demonstrate family education in children having behavioral disorders like ADHD /Conduct disorder in a simulated environment	1 hour	Bed side clinic/ DOAP session
		14.5	Enumerate the drugs and their side effects used in children having behavioral disorders like ADHD / Conduct disorder	1 hour	Small group discussion

2/5	Friday	Internal assessment: Clinical Posting [50 marks]	3hours	Assessment Method
		Theory : 20 marks		Written (MCQs) (10 marks) Modified SAQs (10 marks)
		Practical : 20 marks Log book : 5 marks		(10 marks) OSCE station for attitudinal skill
		Journal : 5 marks		assessment (20 marks)
Ch. Jac				
		bd of clinical teaching – Students will be allocated cases on the in which they are posted from the General male and female psy	-	
-		hich they will be following over the period of indoor stay and the	•	
the Log				

DEPT. OF RADIOLOGY, SETH G.S. MEDICAL COLLEGE AND KEM HOSPITAL

COURSE CONTENT (FOR SECOND YEAR MBBS – FEBRUARY/MARCH 2021)

SUBJECT: RADIODIAGNOSIS

(BASED ON MEDICAL COUNCIL OF INDIA COMPETENCY GUIDELINES)

1. Total teaching course: 30

2. Lectures (hours): 30 hours

3. Clinical posting (hours): 30 hours

Week/Day	Day of week	Competenc y nos.	Topics and subtopics	Duration	Teaching Learning Method
1/1	Monday	RD1.1 RD1.2	Introduction to radiology and radiation protection -Define radiation and the interaction of radiation and importance of radiation protection -Describe the evolution of Radiodiagnosis. Identify various radiological equipments In the current era	3 hours	Lecture, Group discussion
1/2	Tuesday	RD1.3 RD1.4 RD1.5 RD1.6 RD1.7	Utility of radiology in various fields -Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to disorder of ENT,OBGY, Internal Medicine, Surgery and Paediatrics	3 hours	Lecture, Group discussion
1/3	Wednesday	AN25.7 AN25.8 AN54.2	Understanding plain X-rays and Barium procedures -Identify structures seen on a plain x-ray chest (PA view) Identify and describe in brief a barium swallow -Describe & identify the special radiographs of abdominopelvic region (contrast X ray Barium swallow, Barium meal, Barium enema, Cholecystography, Intravenous pyelography & Hysterosalpingography)	3 hours	Lecture, Group discussion, Observe, Assist and Perform
1/4	Thursday	RD1.9 AN43.8 AN43.9	Basics of intervention -Describe the role of Interventional Radiology in common clinical Conditions -Describe the anatomical route used for carotid angiogram and vertebral angiogram Identify anatomical structures in	3 hours	Lecture, Group discussion

			carotid angiogram and vertebral angiogram		
1/5	Friday	RD1.10	Emergency Radiology -Describe the role of Emergency Radiology, miscellaneous & applied aspects, interaction with clinical departments	3 hours	Lecture, Group discussion, MCQ test
2/1	Monday	FM1.9 RD1.13	Medicolegal issues in radiology -Describe the importance of documentation in medical practice in regard to medicolegal examinations, Medical Certificates and medicolegal reports -Describe the components of the PC & PNDT Act and its medicolegal implications	3 hours	Lecture
2/2	Tuesday	IM10.19 PE21.13	Understanding Ultrasonography -Enumerate the indications and describe the findings in renal Ultrasound -Enumerate the indications for and Interpret the written report of Ultra sonogram of KUB	3 hours	Lecture, Group discussion
2/3	Wednesday	PE23.13 PE23.16	Cardiovascular Imaging -Interpret a chest radiograph and recognize Cardiomegaly -Use the ECHO reports in management of cases.	3 hours	Lecture, Group discussion
2/4	Thursday	SU25.3	Breast Imaging -Describe the etiopathogenesis, clinical features, Investigations and principles of treatment of benign and malignant tumours of breast.	3 hours	Lecture, Group discussion, Viva voce
2/5	Friday	AN54.3 IM6.12 IM5.13	Advanced and Oncoimaging -Describe role of ERCP, CT abdomen, MRI, Arteriography in radiodiagnosis of abdomen. -Enumerate the indications and describe the findings for CT of the chest and brain and MRI. -Enumerate the indications for ultrasound and other imaging studies including MRCP and ERCP and describe the findings in liver disease.	3 hours	Lecture. Group discussion, Viva voce.