# Clinical Postings MBBS Phase 3 Part 1

## DEPARTMENT OF PEDIATRICS

### 10:30 AM- 1:30 PM

| Day | COMPETENCY | TEACHING LEARNING METHOD |
|---|---|---|
| DAY 1 | PE 2.2  Assessment of a child with failing to thrive including  eliciting an<br><br>PE 2.3  Counselling a parent with failing to thrive child | BED SIDE CLINICS Orientation to learner doctor method |
| DAY 2 | PE 2.5 Assessment of a child with short stature Elicit history, perform examination, document and present | BED SIDE CLINICS Orientation to learner doctor method |
| DAY 3 | PE 6.8 Discuss the etiology, clinical features and management of Enuresis<br><br>PE 6.9 Discuss the etiology, clinical features and management of Encopresis<br><br>PE 6.11 Visit to Child Guidance Clinic and observe functioning | BED SIDE CLINICS Orientation to learner doctor method |
| DAY 4 | PE 7.8 Educate mothers on ante natal breast care and prepare mothers for lactation<br><br>PE 7.9 Educate and counsel mothers for best practices in Breast feeding<br><br>PE 7.10 Respects patient privacy | BED SIDE CLINICS 8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge Learner doctor method |
| DAY 5 | PE 8.4  Elicit history on the Complementary Feeding habits<br><br>PE 8.5  Counsel and educate mothers on the best practices in Complimentary Feeding | BED SIDE CLINICS |
| DAY 6 | PE 9.7  Plan an appropriate diet in health and disease | BED SIDE CLINICS |
| DAY 7 | PE 10.4 Identify children with under nutrition as per IMNCI criteria and plan referral<br><br>PE 10.5 Counsel parents of children with SAM and MAM | BED SIDE CLINICS |
| DAY 8 | PE 15.3 Calculate the fluid and electrolyte requirement in health<br>PE 15.4 Interpret electrolyte report<br>PE 15.5 Calculate fluid and electrolyte imbalance | BED SIDE CLINICS |
| DAY 9 | PE 16.2 Assess children <2 months using IMNCI Guidelines<br>PE 16.3Assess children >2 to 5 years using IMNCI guidelines and Stratify Risk | BED SIDE CLINICS |
| DAY 10 | PE  18.6 Perform Postnatal assessment of newborn and mother, provide advice on breast feeding, weaning and on family planning | BED SIDE CLINICS |
| DAY 11 | PE 19.6 Assess patient for fitness for immunization and prescribe an age<br>PE 19.7 Educate and counsel a patient for immunization | BED SIDE CLINICS |
| DAY 12 | PE 19.10 Observe the handling and storing of vaccines<br>PE 19.11 Document Immunization in an immunization record<br>PE 19.12 Observe the administration of UIP vaccines<br>PE 19.14 Practice Infection control measures and appropriate handling of the  Sharps | BED SIDE CLINICS |

| DAY 13 | PE 19.13 Demonstrate the correct administration of different vaccines in a mannequin | BED SIDE CLINICS |
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| DAY 14 | PE 20.5 Assessment of a normal neonate | BED SIDE CLINICS |
| DAY 15 | PE 20.3 Perform Neonatal resuscitation in a manikin | BED SIDE CLINICS |
| DAY 16 | PE 20.5 Counsel / educate mothers on the care of neonates<br>PE 20.6 Explain the follow up care for neonates including Breast Feeding, Temperature maintenance, immunization, importance of growth monitoring and red flags<br>PE 20.18 Identify and stratify risk in a sick neonate using IMNCI guidelines | BED SIDE CLINICS |
| DAY 17 | PE 21.8 Elicit, document and present a history pertaining to diseases of the Genitourinary tract | BED SIDE CLINICS |
| DAY 18 | PE 21.9 Identify external markers for Kidney disease, like Failing to thrive, hypertension, pallor, Icthyosis, anasarca<br>PE 21.10 Analyse symptom and interpret the physical findings and arrive at an appropriate provisional / differential diagnosis | BED SIDE CLINICS |
| DAY 19 | PE 24.9 Elicit, document and present history pertaining to diarrheal diseases | BED SIDE CLINICS |
| DAY 20 | PE 24.10 Assess for signs of dehydration, document and present<br>PE 24.11 Apply the IMNCI guidelines in risk stratification of children with diarrheal dehydration and refer | BED SIDE CLINICS |
| DAY 21 | PE 24.12 Perform and interpret stool examination including Hanging Drop<br>PE 24.13 Interpret RFT and electrolyte report<br>PE 24.114 Plan fluid management as per the WHO criteria | BED SIDE CLINICS |
| DAY 22 | PE 26.5 Elicit document and present the history related to diseases of Gastrointestinal system | BED SIDE CLINICS |
| DAY 23 | PE 26.6 Identify external markers for GI and Liver disorders e.g.. Jaundice, Pallor, Gynaecomastia, Spider angioma, Palmar erythema, Icthyosis, Caput medusa, Clubbing, Failing to thrive, Vitamin A and D deficiency | BED SIDE CLINICS |
| DAY 24 | Ward leaving | |

**CLINICAL POSTINGS**
**COMMUNITY MEDICINE**
**Batch 2019**
**6 weeks (clinical postings)**
**1st week**
**10.30am-1.30pm**

| Day | Competency | Specific Learning Objectives | Teaching Learning method |
|-----|------------|------------------------------|--------------------------|
| Day 1 | CM 2.2 Family, family types, role in health and disease | 1. Define family 2. Describe various types of family 3. Discuss role of family in health and disease | Interactive Lecture Demonstration Orientation to learner doctor method |
| Day 2 | CM 2.1 Demographic assessment of the community | 1 Discuss the demographic indices of the allotted community | Visit to the allotted community (RHTC) Orientation to learner doctor method |
| Day 3 | CM 2.2 Family types, demographic characteristics of the family and socio-economic status scales. | 1. Describe the family allotted to you. 2. Discuss the demographic profile of its members. 3 Discuss different types socio-economic scales 4 Assess the socio-economic status of the family. | Visit to the allotted community (RHTC) Orientation to learner doctor method |
| Day 4 | CM 10.5, 10.6 Immunization status of the family. Methods of population control | 1 Discuss national immunization schedule 2. Define eligible couple. 3.Discuss various family planning methods | Interactive Lecture Demonstration |
| Day 5 | CM 10.5, 10.6 Immunization status of the family. | 1. Assess the immunization status of family including under 5 | Visit to the allotted community (RHTC) 8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge Learner doctor method |
| Day 6 | CM 10.6 Methods of population control | 1 Discuss various family planning methods used by eligible couples in the family. | Visit to the allotted community (RHTC) |

**2ⁿᵈ week**

| Day | Competency | Specific Learning Objectives | Teaching Learning method |
|---|---|---|---|
| Day 1 | CM 3.2,3.4 Macroenvironment | 1. Discuss the environmental status outside the allotted house (type of lanes, drainage, waste disposal) | Interactive Lecture Demonstration |
| Day 2 | CM 3.2,3.4 Macroenvironment | 1 Assess the type of lanes, source of water supply and waste disposal in the outside community. | Visit to the allotted community (RHTC) |
| Day 3 | CM 3.5 Housing standards | 1 Discuss the type of house (including types of floor and walls) 2 Discuss the overcrowding, lighting and ventilation standards of the family 3 Discuss the source of water supply in the house 4. Waste disposal both solid and liquid | Interactive Lecture Demonstration |
| Day 4 | CM 3.5 Housing standards | 1 Draw the sketch map of the allotted house. 2. Discuss the type of floor and walls | Visit to the allotted community (RHTC) |
| Day 5 | CM 3.5 Housing standards | 1. Comment on the overcrowding, ventilation and lighting status of the family. | Visit to the allotted community (RHTC) |
| Day 6 | CM 3.5 Housing standards | 1 Comment on the methods of solid waste and sewage disposal in the family. | Visit to the allotted community (RHTC) |

**3ʳᵈ week**

| Day | Competency | Specific Learning Objectives | Teaching Learning method |
|---|---|---|---|
| Day 1 | CM 5.2, 5.4 Nutritional status of the family | 1. Discuss the methods of nutritional assessment of the family | Interactive Lecture Demonstration |
| Day 2 | CM 5.2, 5.4 Nutritional status of the family | 1 Assess the nutritional status of the family by 24-hour recall method | Visit to the allotted community (RHTC) |
| Day 3 | CM 5.2, 5.4 Nutritional status of the family | 1 Assess the nutritional status of the family by 24-hour recall method | Visit to the allotted community (RHTC) |
| Day 4 | CM 5.2, 5.4 Nutritional status of the index case | 1 Assess the nutritional status of the index case by 24-hour recall method | Visit to the allotted community (RHTC) |
| Day 5 | CM 5.2, 5.4 Nutritional status of the index case | 1. Assess the nutritional status of the index case by 24-hour recall method | Visit to the allotted community (RHTC) |
| Day 6 | CM | File completion and checking | |

**4ᵗʰ week**

| Day | Competency | Specific Learning Objectives | Teaching Learning method |
|---|---|---|---|
| Day 1 | CM 10.2, 10.3 Describe the antenatal, lactating, infant, under 5, adolescent and elderly cases in the family | 1. Discuss the antenatal, lactating, infant, under 5, adolescent and elderly cases | Interactive Lecture Demonstration |
| Day 2 | CM 10.2,10.3 Antenatal and lactating mother | 1 Assess the antenatal case in the family | Visit to the allotted community (RHTC) |
| Day 3 | CM 10.2,10.3 Infant | 1 Assess the anthropometry and nutritional status of an infant | Visit to the allotted community (RHTC) |
| Day 4 | CM 10.2,10.3 under -five | 1 Assess the anthropometry and nutritional status of an under five | Visit to the allotted community (RHTC) |
| Day 5 | CM 10.2,10.3 adolescent and elderly | 1. Assess the health problems and nutritional status of the adolescent and elderly in the family | Visit to the allotted community (RHTC) |
| Day 6 | CM | File completion and checking/ward leaving | |

**5ᵗʰ Week**

| Day | Teaching Learning method |
|---|---|
| Day 1 | Visit to the family |
| Day 2 | Family presentation by the students |
| Day 3 | Family presentation by the students |
| Day 4 | Visit to the family |
| Day 5 | Family presentation by the students |
| Day 5 | Family presentation by the students |

**6ᵗʰ Week**

| Day | Teaching Learning method |
|---|---|
| Day 1 | Visit to the family |
| Day 2 | Family presentation by the students |
| Day 3 | Family presentation by the students |
| Day 4 | Visit to the family |
| Day 5 | Family presentation by the students |
| Day 5 | Family presentation by the students |

**Clinical Posting MBBS Phase 3**
**Department of Dermatology**
**10:30AM- 1:30PM**

| DAY | COMPETENCY | TEACHING LEARNING METHOD |
|---|---|---|
| Day 1 | DR1.2 Identify and grade the various types of acne | BED SIDE CLINICSOrientation to learner doctor method |
| Day 2 | DR2.1 Identify and differentiate vitiligo from other causes of hypopigmented lesions | BED SIDE CLINICS<br><br>Orientation to learner doctor method |
| Day 3 | DR3.1 Identify and distinguish psoriatic lesions from other causes DR3.2 Demonstrate the grattage test<br> DR4.1 Lichen planus | BED SIDE CLINICS |
| Day 4 | DR5.2, 6.2 Scabies, pediculosis | BED SIDE CLINICS<br>8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge Learner doctor method |
| Day 5 | DR7.2 Identify Candida species in fungal scrapings and KOH mount | BED SIDE CLINICS |
| Day 6 | DR8.1 to 8.5 Viral infections | BED SIDE CLINICS |
| Day 7 | DR8.6 Enumerate the indications, describe the procedure and perform a Tzanck smear | BED SIDE CLINICS |
| Day 8 | DR9.2,3 Clinical features of leprosy, nerve examination, slit skin smear | BED SIDE CLINICS |
| Day 9 | DR 10.1,2 Identify and classify syphilis, dark ground microscopy<br> DR10.5 STD counseling<br>  DR10.7 Non-syphilitic STDs | BED SIDE CLINICS |
| Day 10 | DR11.2 Dermatologic manifestations of HIV, complications, opportunistic infections and adverse reactions | BED SIDE CLINICS |
| Day 11 | DR12.5,6  Erythroderma<br> DR12.7 FDE, SJS<br>DR 13.1,2,3 Vesiculobullous lesions, urticaria | BED SIDE CLINICS |
| Day 12 | Ward leaving | |

**Clinical Posting MBBS Phase 3**
**Department of ENT**
**10:30 AM – 1:30 PM**

| DAY | COMPETENCY | | TEACHING LEARNING METHOD |
|---|---|---|---|
| DAY 1 | EN4.12.4 EN4.12.7 EN4.12.8 | Present correct history of hearing loss Enumerate tuning fork tests Demonstrate tuning fork tests | BED SIDE CLINICS  Orientation to learner doctor method |
| DAY 2 | EN4.9.3 | Demonstrate the method of syringing wax on mannequin in a simulated environment | BED SIDE CLINICS Orientation to learner doctor method |
| DAY 3 | EN4.8.2 EN4.7.2 | Present correct history of squamosal type of CSOM Elicit etiological features for CSOM present correct history of CSOM | BED SIDE CLINICS |
| DAY 4 | EN4.4.2 EN4.4.3  EN4.4.4 | Enumerate the correct techniques to use siegels speculum Demonstrate the correct techniques of using siegels speculum Identify the mobility of tympanic membrane | BED SIDE CLINICS 8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge  Learner doctor method |
| DAY 5 | EN4.3.1 | At the end of the session/lecture student must be able to present correct history of ASOM | BED SIDE CLINICS |
| DAY 6 | EN4.1.1 | At the end of (Clinical posting)session student must be able to present the correct history of the patient of Otalgia | BED SIDE CLINICS |
| DAY 7 | EN3.6.1 | Should observe the skills involved in emergency procedures of ent | BED SIDE CLINICS |
| DAY 8 | EN3.3.1 | Observe the procedure of Rigid and flexible laryngoscopy involved in performance | BED SIDE CLINICS |
| DAY 9 | EN3.2.2 EN3.2.3 | Describe the indications for diagnostic nasal endoscopy Demonstrate the steps of diagnostic nasal endoscopy | BED SIDE CLINICS |
| DAY 10 | EN3.1.1 | Demonstrate the steps of otomicroscopy in the simulation lab | BED SIDE CLINICS |
| DAY 11 | EN4.19.3 | Differential between peripheral & central vertigo | BED SIDE CLINICS |
| DAY12 | EN4.22.4 | Should be able to Formulate with correct treatment plan based on the above criteria of with case of Nasal Obstruction | BED SIDE CLINICS |
| DAY 13 | EN4.33.1 | document and present a correct history in a case of Acute & Chronic Sinusitis | BED SIDE CLINICS |
| DAY 14 | EN4.34.1 | Discuss the etiopathogenesis of benign and malignant Tumors of Maxilla | BED SIDE CLINICS |
| DAY 15 | EN4.18.6 | Discuss various investigations to diagnose facial Nerve palsy | BED SIDE CLINICS |
| DAY 16 | EN4.23.3 | Discuss the investigations and prescribe a treatment plan for a case of DNS | BED SIDE CLINICS |

| DAY 17 | EN4.24.1 EN4.24.2 | List the indications of septoplasty and SMR. Describe the steps of septoplasty and SMR. | BED SIDE CLINICS |
|---|---|---|---|
| DAY 18 | EN4.25.2 | demonstrate and describe the clinical features of a case of Nasal Polyps | BED SIDE CLINICS |
| DAY 19 | EN4.26.2 | Demonstrate and describe the clinical features of a case of adenoids hypertopathy | BED SIDE CLINICS |
| DAY 20 | EN4.27.2 EN4.30.1 | Demonstrate and describe the clinical features of a case of Allergic Rhinitis | BED SIDE CLINICS |
| | | document and present a correct history in a case of Epistaxis | BED SIDE CLINICS |
| DAY 21 | EN4.38.4 EN4.38.5 | Describe the principles of management of dysphagia At the end of the lecture student should be able to document & present history of Dysphagia patients | BED SIDE CLINICS |
| DAY 22 | EN4.39.6 At the end of lecture student must be able to present proper history & examine the case of Tonsillitis | | BED SIDE CLINICS |
| DAY 23 | EN4.42.2EN4.42.3EN4.46.4 Describe the clinical features of patient with hoarseness of voice Discuss investigations for patient of hoarseness of voice Describe the investigations needed for management of Malignancy of the Hypopharynx | | BED SIDE CLINICS |
| DAY 24 | Ward Leaving | | |

## Clinical Posting MBBS Phase 3
## Department of Orthopaedics
## 10:30AM- 1:30PM

| Day | Topic | TEACHING LEARNING METHOD |
|---|---|---|
| Day 1 | **OR2.3** Select, prescribe and communicate appropriate medications for relief of joint pain. | BED SIDE CLINICS Orientation to learner doctor method |
| Day 2 | **OR3.2** Participate as a member in team for aspiration of joints under supervision. | BED SIDE CLINICS Orientation to learner doctor method |
| Day 3 | **OR3.3** Participate as a member in team for procedures like drainage of abscess, sequestrectomy/ saucerisation and arthrotomy. | BED SIDE CLINICS Orientation to learner doctor method |
| Day 4 | **OR13.1** Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: Above elbow plaster | BED SIDE CLINICS Orientation to learner doctor method |
| Day 5 | **OR13.1** Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: Below knee plaster | BED SIDE CLINICS 8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge Learner doctor method |
| Day 6 | **OR1.1** Describe and discuss the principles of Pre-hospital care and casuality management of a trauma victim including principles of triage | BED SIDE CLINICS |
| Day 7 | **OR13.1** Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: Above knee plaster | BED SIDE CLINICS |
| Day 8 | **OR13.1** Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: Thomas splint | BED SIDE CLINICS |
| Day 9 | **OR13.1** Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: splinting for long bone fractures | BED SIDE CLINICS |
| Day 10 | **OR13.1** Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: Strapping for shoulder and clavicle trauma. | BED SIDE CLINICS |
| Day 11 | **OR13.2** Participate as a member in team for Resuscitation of polytrauma victim by doing all of the following. I.V. access centre –peripheral. | BED SIDE CLINICS |
| Day 12 | **OR 13.2** Participate as a member in team for Resuscitation of Polytrauma victim by doing all of the following: a. I.V. access central- peripheral b. Bladder catheterization c. Endotracheal intubation d. Splintage | BED SIDE CLINICS |

| Day 13 | **OR13.2** Participate as a member in team for Resuscitation of polytrauma victim by doing all of the following. Bladder catheterization. | BED SIDE CLINICS |
|---|---|---|
| Day 14 | **OR13.2** Participate as a member in team for Resuscitation of polytrauma victim by doing all of the following. Endotracheal intubation | BED SIDE CLINICS |
| Day 15 | **OR13.2** Participate as a member in team for Resuscitation of polytrauma victim by doing all of the following. Splintage. | BED SIDE CLINICS |
| Day 16 | **OR14.1** Demonstrate the ability to counsel patients regarding prognosis in patients with various orthopedic illnesses like fractures with disabilities | BED SIDE CLINICS |
| Day 17 | **OR14.1** Demonstrate the ability to counsel patients regarding prognosis in patients with various orthopedic illnesses like. fractures that require prolonged bed stay | BED SIDE CLINICS |
| Day 18 | **OR14.1** Demonstrate the ability to counsel patients regarding prognosis in Patients with various orthopedic illnesses like.<br><br>Bone Tumors | BED SIDE CLINICS |
| Day 19 | **OR14.1** Demonstrate theability to counsel patients regarding prognosis in Patients with various orthopedic illnesses like. Congenital disabilities | BED SIDE CLINICS |
| Day 20 | **OR14.2** Demonstrate the ability to counsel patients to obtain consent for various orthopedic procedures like limb amputation, permanent fixations etc | BED SIDE CLINICS |
| Day 21 | **OR14.2** Demonstrate the ability to counsel patients to obtain consent for various orthopedic procedures like limb amputation, permanent fixations etc | BED SIDE CLINICS |
| Day 22 | **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. | BED SIDE CLINICS |
| Day 23 | **OR6.1** Describe and discuss the clinical features, investigations and principles of management of degenerative condition of spine | BED SIDE CLINICS |
| Day 24 | Ward leaving | |

**Clinical Posting MBBS Phase 3**
**Department of Psychiatry**
**10:30AM -1: 30 PM**

| DAY | COMPETENCY | TEACHING LEARNING METHOD |
|---|---|---|
| Day 1 | PS4.2   Elicit, describe and document clinical features of alcohol    and substance abuse disorders | BED SIDE CLINICS Orientation to learner doctor method |
| Day 2 | PS5.4    Demonstrate family education in a patient with Schizophrenia in a simulated environment | BED SIDE CLINICS Orientation to learner doctor method |
| Day 3 | PS6.2,6.3,6.5  Clinical features in Depression, indications and Interpretations of lab tests, family education in a simulated environment | BED SIDE CLINICS 8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge Learner doctor method |
| Day 4 | PS7.3,7.5Indications and interpretations of lab tests in Bipolar Disorder, family education in a simulated environment | BED SIDE CLINICS |
| Day 5 | PS8.3,8.5    Indications and interpretations of lab tests in Anxiety                                                Disorders, family education in a simulated Environment | BED SIDE CLINICS |
| Day 6 | PS9.2,9.3,9.5  Clinical features in stress related disorders, its Indications   And interpretations of lab test,family education in a                                Simulated environment | BED SIDE CLINICS |
| Day 7 | PS10.2,10.3,10.5                  Clinical features in patients with Somatoform,dissociative And conversion disorders,lab tests and family education | BED SIDE CLINICS |
| Day 8 | PS 11.2,11.3,11.5                  Clinical features in patients with personality disorders, Lab tests and family education | BED SIDE CLINICS |
| Day 9 | PS12.2,12.3,12.5                  Magnitude and Etiology of Psychosomatic Disorders,its Lab tests and family education | BED SIDE CLINICS |
| Day 10 | PS 13.2,13.3                  Psychosexual and Gender Identity Disorders | BED SIDE CLINICS |
| Day 11 | PS13.5 Family Education in patient with Psychosexual and Gender Identity Disorders PS 14 Family Education in patient with Psychiatric disorders in Childhood and adolescence | BED SIDE CLINICS |
| Day 12 | Ward leaving | |

# CLINICAL POSTINGS MBBS Phase 3

## Department of Anaesthesia

### 10:30 am – 1:30 pm

| WEEKS | COMPETENCY | TOPIC | Teaching learning method |
|---|---|---|---|
| DAY 1 | AS 2.1 | BLS | BED SIDE CLINICS<br>Orientation to learner doctor method |
| DAY 2 | AS 2.2 | ACLS | BED SIDE CLINICS<br>Orientation to learner doctor method |
| DAY 3 | AS 3.2, 3.3, 3.4 | Preoperative history taking and examination , routine clinical test before surgery | BED SIDE CLINICS<br>8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge<br>Learner doctor method |
| DAY 4 | AS 3.5,3.6 | Specific test required for different surgeries preoperatively<br>Appropriate premedication for patients undergoing surgery. | BED SIDE CLINICS |
| DAY 5 | AS 4.3, 4.4, 4.5<br>AS 9.1-9.2 | Practical aspect of induction , maintenance, monitoring and reversal of a patient under GA .<br>I.V. Access establishment , central and peripheral. | BED SIDE CLINICS |

| WEEK 2 | | | |
|--------|--------|--------|--------|
| DAY 6 | AS 4.6,4.7<br>AS 6.1-6.3 | NORA and day care anaesthesia<br>Post anaesthesia recovery. | BED SIDE CLINICS |
| DAY 7 | AS 5.3-5.6 | practical aspect of spinal , epidural, caudal(neuraxial blocks).<br>Peripheral nerve blocks. | BED SIDE CLINICS |
| DAY8 | AS 9.3,9.4<br>AS 10.1-10.4 | Perioperative fluid therapy,<br>Blood transfusion and its complications,<br>Patient safety- incorrect patient positioning, communication and complication of medication errors. | BED SIDE CLINICS |
| DAY 9 | AS 7.1-7.5<br>AS 8.1-8.5 | ICU management practical aspect.<br>Management of acute and chronic pain.<br>Palliative care practical aspect. | BED SIDE CLINICS |
| DAY 10 | Ward leaving | | |
| DAY 11 | DE1.1-1.5<br>DE2.1-2.5 | Dental caries ,Edentulous state | BED SIDE CLINICS |
| DAY 12 | DE3.1-3.4,4.1-4.4,5.1-5.5<br>BED SIDE CLINICS | Malocclusion, Oral cancer,Periodontal disease | |

## Clinical Posting MBBS Phase 3
## Department of Obstetrics/Gynaecology
## 10:30AM – 1:30 PM

| Day | Competency | Teaching / Learning method |
|---|---|---|
| Day 1 | OG8.2 Elicit document and present an obstetric history including menstrual history, last menstrual period, previous obstetric history, comorbid conditions, past medical history and surgical history | Bedside Clinic<br><br>Orientation to learner doctor method |
| Day 2 | OG. 8.3 Describe, demonstrate, document and perform an obstetrical examination including a general and abdominal examination and clinical monitoring of maternal and fetal well-being; | Bedside Clinic<br>Orientation to learner doctor method |
| Day 3 | OG.35.1 Obtain a logical sequence of history, and perform a humane and thorough clinical examination, excluding internal examinations (per- rectal and per-vaginal) | Bedside Clinic<br><br>8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge<br><br>Learner doctor method |
| Day 4 | OG.35.5 Determine gestational age, EDD and obstetric formula<br>OG.35.6 Demonstrate ethical behavior in all aspects of medical practice | Bedside Clinic |
| Day 5 | OG.35.7 Obtain informed consent for any examination / procedure | Bedside Clinic |
| Day 6 | OG.35.8 Write a complete case record with all necessary details | Bedside Clinic |
| Day 7 | OG. 36.2 Organise antenatal, postnatal, well-baby and family welfare clinics | Bedside Clinic |
| Day 8 | OG. 36.1 Plan and institute a line of treatment, which is need based, cost effective and appropriate for common conditions taking into consideration<br>(a) Patient<br>(b) Disesae<br>(c) Socio- economic status<br>(d) Institution / Government guidelines | Bedside Clinic |
| Day 9 | OG.35.9 Write a proper discharge summary with all relevant information | Bedside Clinic |
| Day 10 | OG.35.12 Obtain a PAP smear in a stimulated environment | Bedside Clinic |
| Day 11 | OG.35.10 Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details. | Bedside Clinic |
| Day 12 | OG.35.13 Demonstrate the correct technique to perform artificial rupture of membranes in a simulated / supervised environment | Bedside Clinic |
| Day 13 | OG.35.14 Demonstrate the correct technique to perform and suture episisiotomies in a simulated/ supervised environment | Bedside Clinic |
| Day 14 | OG.35.15<br>Demonstrate the correct technique to insert and remove an IUD in a simulated/ supervised environment | Bedside Clinic |
| Day 15 | OG.35.17<br>Demonstrate the correct technique of urinary catheterisation in a simulated/ supervised environment | Bedside Clinic |
| Day 16 | OG.35.11 Demonstrate the correct use of appropriate universal precautions for self-protection against HIV and hepatitis and counsel patients | Bedside Clinic |
| Day 17 | OG.12.1 Define, classify and early detection, investigations of hypertensive disorders of pregnancy and eclampsia | Bedside Clinic |

| Day 18 | OG.12.1 Principles of management of hypertensive disorders of pregnancy and complications of eclampsia, | Bedside Clinic |
|---|---|---|
| Day 19 | OG.36.3Demonstrate the correct technique of punch biopsy of uterus in a simulated/ supervised environment | Bedside Clinic |
| Day 20 | OG.35.16 Diagnose and provide emergency management of antepartum and postpartum hemorrhage in a simulated / guided environment | Bedside Clinic |
| Day 21 | OG.35.4 Demonstrate interpersonal and communication skills befitting a physician in order to discuss illness and its outcome with patient and family | Bedside Clinic |
| Day 22 | OG.11.1 Clinical features; diagnosis and investigations OG.11.1 Complications, principles of management of multiple pregnancies | Bedside Clinic |
| Day 23 | OG.35.3 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. | Bedside Clinic |
| Day 24 | Ward leaving | |

# Clinical postings MBBS Phase 3 Part 1

## DEPARTMENT OF MEDICINE

## 10:30 AM- 1:30 PM

| Day | COMPETENCY | TEACHING LEARNING METHOD |
|---|---|---|
| DAY 1 | IM 1.10 Elicit document and present an appropriate history that will establish the diagnosis, cause and severity of heart failure including: presenting complaints, precipitating and exacerbating factors, risk factors exercise tolerance, changes in sleep patterns, features suggestive of infective endocarditis | BED SIDE CLINICS Orientation to learner doctor method |
| DAY 2 | IM 1.11 Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation | BED SIDE CLINICS Orientation to learner doctor method |
| DAY 3 | IM 1.12Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure<br>IM 1.13 Measure the blood pressure accurately, recognise and discuss alterations in blood pressure in valvular heart disease and other causes of heart failure and cardiac tamponade | BED SIDE CLINICS Orientation to learner doctor method |
| DAY 4 | IM 7.11 Elicit document and present a medical history that will differentiate the aetiologies of disease<br>IM 7.12 Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease | BED SIDE CLINICS 8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge Learner doctor method |
| DAY 5 | IM 7.18 Communicate diagnosis, treatment plan and subsequent follow up plan to patients<br>IM 7.20 Select, prescribe and communicate appropriate medications for relief of joint pain<br>IM 7.21 Select, prescribe and communicate preventive therapy for crystalline arthropathies | BED SIDE CLINICS |
| DAY 6 | IM 7.22 Select, prescribe and communicate treatment option for systemic rheumatologic conditions<br>IM 7.24 Communicate and incorporate patient preferences in the choice of therapy. | BED SIDE CLINICS |
| DAY 7 | IM 3.6 Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation of Pneumonia.<br>IM 4.13 Perform and interpret a sputum gram stain<br>IM 4.14, IM 6.14 Perform and interpret a sputum AFB | BED SIDE CLINICS |
| DAY 8 | IM 3.7 Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG for Pneumonia. | BED SIDE CLINICS |
| DAY 9 | IM 4.9 Elicit document and present a medical history that helps delineate the aetiology of fever that includes the evolution and pattern of fever, associated symptoms, immune status, comorbidities, risk factors, exposure through occupation, travel and environment and medication use. | BED SIDE CLINICS |

| DAY 10 | IM 4.10 Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen. <br> IM 4.11 Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes. | BED SIDE CLINICS |
|---|---|---|
| DAY 11 | IM 4.12 Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC <br> IM 4.19 Assist in the collection of blood and wound cultures <br> IM 4.20 Interpret a PPD (Mantoux) <br> IM 4.24 Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis | BED SIDE CLINICS |
| DAY 12 | IM 4.15 Perform and interpret a malarial smear <br> IM 4.21 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner. <br> IM 4.25 Communicate to the patient and family the diagnosis and treatment. <br> IM 4.26 Counsel the patient on malarial prevention | BED SIDE CLINICS |
| DAY 13 | IM 5.11 Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom of Liver disease/ Cirrhosis | BED SIDE CLINICS |
| DAY 14 | IM 5.12 Choose and interpret appropriate diagnostic tests including: CBC, bilirubin, function tests, Hepatitis serology and ascitic fluid examination in patient with liver diseases. | BED SIDE CLINICS |
| DAY 15 | IM 6.7 Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status. | BED SIDE CLINICS |
| DAY 16 | IM 16.4 Elicit and document and present an appropriate history that includes the natural history, dietary history, travel , sexual history and other concomitant illnesses <br> IM 16.5 Perform, document and demonstrate a physical examination based on the history that includes general examination, including an appropriate abdominal examination | BED SIDE CLINICS |
| DAY 17 | IM 16.7 Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis. <br> IM 16.9 Identify common parasitic causes of diarrhea under the microscope in a stool specimen. <br> IM 16.10 Identify vibrio cholera in a hanging drop specimen. | BED SIDE CLINICS |
| DAY 18 | IM 26.19 Demonstrate ability to work in a team of peers and superiors. <br> IM 26.20 Demonstrate ability to communicate to patients in a patient, respectful, non threatening, non judgemental and empathetic manner. <br> IM 26.21 Demonstrate respect to patient privacy. <br> IM 26.22 Demonstrate ability to maintain confidentiality in patient care. <br> IM 26.24 Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers. | BED SIDE CLINICS |
| DAY 19 | IM 9.3 Elicit document and present a medical history of anaemia that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, and family history. | BED SIDE CLINICS |

| | IM 9.4 Perform a systematic examination that includes : general examination for pallor, oral examination, DOAP session of hyper dynamic circulation, lymph node and splenic examination | |
|---|---|---|
| DAY 20 | IM 9.5 Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology.<br>IM 9.6 Describe the appropriate diagnostic work up based on the presumed aetiology<br>IM 9.9 Order and interpret tests for anemia including hemogram, red cell indices, reticulocyte count, iron studies, B12 and folate<br>IM 9.10 Describe, perform and interpret a peripheral smear and stool occult blood. | BED SIDE CLINICS |
| DAY 21 | IM 11.7 Elicit document and present a medical history that will differentiate the aetiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease<br>IM 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) | BED SIDE CLINICS |
| DAY 22 | IM 11.11 Order and interpret laboratory tests to diagnose diabetes and its complications including: glucoses, glucose tolerance test, glycosylated hemoglobin, urinary micro albumin, ECG, electrolytes, ABG, ketones, renal function tests and lipid profile.<br>IM 11.12 Perform and interpret a capillary blood glucose test<br>IM 11.13 Perform and interpret a urinary ketone estimation with a dipstick. | BED SIDE CLINICS |
| DAY 23 | IM 14.6 Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history, clues for secondary causes and motivation to lose weight<br>IM 14.7 Perform, document and demonstrate a physical examination based on the history that includes general examination, measurement of abdominal obesity, signs of secondary causes and comorbidities.<br>IM 14.8 Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis. | BED SIDE CLINICS |
| DAY 24 | Ward leaving | |

# Clinical postings MBBS Phase 3 Part 1

## DEPARTMENT OF OPHTHALMOLOGY

### 10:30 AM- 1:30 PM

### 1ST WEEK

| DAY | COMPETENCY | TLM |
|---|---|---|
| DAY 1 | OP 1.3 Demonstrate the steps in performing the visual acuity assessment for distance vision, near vision, colour vision, the pin hole test and the menace and blink reflexes | DOAP, SGD<br>Orientation to learner doctor method |
| DAY 2 | OP 1.3 Demonstrate the steps in performing the visual acuity assessment for distance vision, near vision, colour vision, the pin hole test and the menace and blink reflexes | DOAP<br>Orientation to learner doctor method |
| DAY 3 | OP3.2 Demonstrate document and present the correct method of examination of a "red eye" including vision assessment, corneal lustre, pupil abnormality, ciliary tenderness | DOAP, SGD |
| DAY 4 | OP3.2 Demonstrate document and present the correct method of examination of a "red eye" including vision assessment, corneal lustre, pupil abnormality, ciliary tenderness | DOAP<br>8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge<br><br>Learner doctor method |
| DAY 5 | OP 3.8 Demonstrate correct technique of removal of foreign body from the eye in a simulated environment<br>OP3.9 Demonstrate the correct technique of instillation of eye drops in a simulated environment | DOAP, SGD |
| DAY 6 | OP 3.8 Demonstrate correct technique of removal of foreign body from the eye in a simulated environment<br>OP3.9 Demonstrate the correct technique of instillation of eye drops in a simulated environment | DOAP, SGD |

### 2ND WEEK

| DAY | COMPETENCY | TLM |
|---|---|---|
| DAY 1 | OP4.8 Demonstrate technique of removal of foreign body in the cornea in a simulated environment<br>OP 4.10 Counsel patients and family about eye donation in a simulated environment | L, DOAP |
| DAY 2 | OP 6.1.3 Identify acute iridocyclitis from chronic condition<br>OP 6.2 Identify and distinguish acute iridocyclitis from chronic iridocyclitis | L, DOAP |
| DAY 3 | OP 6.6 Identify and demonstrate the clinical features and distinguish and diagnose common clinical conditions affecting the anterior chamber | L, DOAP |
| DAY 4 | OP 6.6 Identify and demonstrate the clinical features and distinguish and diagnose common clinical conditions affecting the anterior chamber | DOAP, SGD |
| DAY 5 | OP 6.10 Counsel patients with conditions of the iris and anterior chamber about their diagnosis, therapy and prognosis in an empathetic manner in a simulated environment | DOAP, SGD |
| DAY 6 | OP 6.10 Counsel patients with conditions of the iris and anterior chamber about their diagnosis, therapy and prognosis in an empathetic manner in a simulated environment | DOAP, SGD |

## 3<sup>RD</sup> WEEK

| DAY | COMPETENCY | TLM |
|---|---|---|
| DAY 1 | OP 7.3 Demonstrate the correct technique of ocular examination in a patient with a cataract | DOAP, SGD |
| DAY 2 | OP 7.3 Demonstrate the correct technique of ocular examination in a patient with a cataract | DOAP, SGD |
| DAY 3 | OP 7.4 Enumerate the types of cataract surgery and describe the steps, intra-operative and post-operative complications of extracapsular cataract extraction surgery. | L, DOAP |
| DAY 4 | OP 7.4 Enumerate the types of cataract surgery and describe the steps, intra-operative and post-operative complications of extracapsular cataract extraction surgery. | SGD, Video assisted training |
| DAY 5 | OP 7.4 Enumerate the types of cataract surgery and describe the steps, intra-operative and post-operative complications of extracapsular cataract extraction surgery. | SGD, Video assisted training |
| DAY 6 | OP 7.4 Enumerate the types of cataract surgery and describe the steps, intra-operative and post-operative complications of extracapsular cataract extraction surgery. | SGD, Video assisted training |

## 4<sup>th</sup> WEEK

| DAY | COMPETENCY | TLM |
|---|---|---|
| DAY 1 | OP 7.5 To participate in the team for cataract surgery<br>OP 7.5.1 To Identify the steps for cataract surgery | DOAP, SGD |
| DAY 2 | OP 7.5.2 Demonstrate the steps for cataract surgery | DOAP, SGD |
| DAY 3 | OP 7.5.2 Demonstrate the steps for cataract surgery | SGD, Video assisted training |
| DAY 4 | OP 7.5.3 Administer informed consent & counsel patients for cataract surgery in a simulated environment<br>OP 7.5.4 To document informed consent of patients for cataract surgery in a simulated environment | SGD, Video assisted training |
| DAY 5 | OP 7.5.5 To demonstrate how to counsel patients for cataract surgery in a simulated environment<br>OP7.6 Administer informed consent and counsel patients for cataract surgery in a simulated environment | SGD, Video assisted training |
| Day 6 ward leaving | | |

# Clinical Duty Roster Casualty phase 3part 1

| DAY | COMPETENCY | TLM |
|-----|-----------|-----|
| 1 | IM 2.21 Observe And Participate in controlled environment an ACLS program | DOAP |
| 2 | IM 2.21 Observe And Participate in controlled environment an ACLS program | DOAP |
| 3 | IM 2.22 perform and demonstrate in a mannequin BLS | DOAP |
| 4 | IM 2.22 perform and demonstrate in a mannequin BLS | DOAP |
| 5 | SU 11.3 demonstrate maintenance of airway in a mannequin or equivalent | DOAP |
| 6 | SU 11.3 demonstrate maintenance of airway in a mannequin or equivalent | DOAP |
| 7 | OR 13.2 participate as a member in team for resuscitation of polytrauma victim by doing IV access central peripheral | Case discussion |
| 8 | OR 13.2 participate as a member in team for resuscitation of polytrauma victim by doing bladder catherization | Case discussion |
| 9 | OR 13.2 participate as a member in team for resuscitation of polytrauma victim by doing endotracheal intubation | Case discussion |
| 10 | OR 13.2 participate as a member in team for resuscitation of polytrauma victim by doing splintage | Case discussion |
| 11 | IM 2.17 Descibe and discuss indication and methods of cardiac rehabilitation | Case discussion |
| 12 | Ward leaving | |

# Clinical postings MBBS Phase 3 Part 1

## DEPARTMENT OF SURGERY

### 10:30 AM- 1:30 PM

| DAY 1 | SU5.1-5.3 Normal wound healing, factors affecting healing<br>Document and present history in a patient with wounds<br>Types of wounds, plan and observe management | BED SIDE CLINICS<br>Orientation to learner doctor method |
|---|---|---|
| DAY 2 | SU28.8,28.9, 28.18<br>Demonstrate clinical examination of abdomen, order relevant investigations and discuss appropriate treatment<br>Correct examination of a patient with stomach disorder<br>Etiology, presentation, investigations and management of pyloric stenosis, peptic ulcer disease, carcinoma stomach | BED SIDE CLINICS<br>Orientation to learner doctor method |
| DAY 3 | SU28.8,28.9, 28.18<br>Demonstrate clinical examination of abdomen, order relevant investigations and discuss appropriate treatment<br>Correct examination of a patient with stomach disorder<br>Etiology, presentation, investigations and management of pyloric stenosis, peptic ulcer disease, carcinoma stomach | BED SIDE CLINICS<br>Orientation to learner doctor method |
| DAY 4 | SU28.3, 28.10, 28.12<br>Applied anatomy of liver, clinical features, investigations and management of liver abscess, hydatid disease, injuries, liver tumors<br>Causes, clinical features, complications and management of peritonitis<br>Applied anatomy of biliary system, clinical features, investigations and management of biliary system diseases | BED SIDE CLINICS<br>8 students will be divided into two groups and will be assigned one patient to each group from day of admission till discharge<br>Learner doctor method |
| DAY 5 | SU28.3, 28.10, 28.12<br>Applied anatomy of liver, clinical features, investigations and management of liver abscess, hydatid disease, injuries, liver tumors<br>Causes, clinical features, complications and management of peritonitis<br>Applied anatomy of biliary system, clinical features, investigations and management of biliary system diseases | BED SIDE CLINICS |
| DAY 6 | SU28.4, 28.11, 28.15<br>Pathophysiology, clinical features, investigations and management of intra-abdominal abscess, mesenteric cyst, retroperitoneal tumors<br>Applied anatomy of spleen, splenic injuries, post splenectomy sepsis, prophylaxis<br>Features, investigations and management of appendicitis and its complications | BED SIDE CLINICS |
| DAY 7 | SU28.4, 28.11, 28.15<br>Pathophysiology, clinical features, investigations and management of intra-abdominal abscess, mesenteric cyst, retroperitoneal tumors<br>Applied anatomy of spleen, splenic injuries, post splenectomy sepsis, prophylaxis<br>Features, investigations and management of appendicitis and its complications | BED SIDE CLINICS |
| DAY 8 | SU22.3, 22.4, 22.6 | BED SIDE CLINICS |

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|---|---|---|
| | Demonstrate clinical examination of thyroid swellings, discuss differential diagnosis and their management<br>Clinical features, classification and management of thyroid cancer<br>Clinical features of hypo- and hyper-parathyroidism and principles of management | |
| DAY 9 | SU10.1, 10.2, 10.3<br>Principles of perioperative management<br>Describe steps and obtain informed consent in simulated environment<br>Observe common surgical procedures and assist in minor surgical procedures<br>Observe emergency lifesaving surgeries | BED SIDE CLINICS |
| DAY 10 | SU10.4, 11.1, 11.2<br>Perform basic surgical skills- first aid, suturing, minor surgeries in simulated environment<br>Describe principles of preoperative assessment<br>Enumerate principles of general, regional local anesthesia | BED SIDE CLINICS<br>BED SIDE CLINICS |
| DAY 11 | SU 11.3, 11.4, 11.5<br>Demonstrate maintenance of airway in a mannequin or equivalent<br>Indications and principles of day care general surgery<br>Principles of post-operative pain relief | BED SIDE CLINICS |
| DAY 12 | SU 21.1, 21.2<br>Surgical anatomy of salivary glands, pathology, clinical presentation of disorders of salivary glands<br>Investigations and principles of treatment of salivary gland disorders | BED SIDE CLINICS |
| DAY 13 | SU 28.13, 28.14<br>Applied anatomy of small and large intestine<br>Clinical features, investigations and principles of management of small and large intestine disorders, neonatal obstruction and short gut syndrome | BED SIDE CLINICS |
| DAY 14 | SU 28.16, 28.17<br>Applied anatomy including congenital anomalies of rectum and anal canal<br>Clinical features, investigations and management of anorectal diseases | BED SIDE CLINICS |
| DAY 15 | SU12.1, 12.2, 12.3<br>Causes and consequences of malnutrition in surgical patient<br>Methods of estimation and replacement of fluid and electrolyte requirements<br>Nutritional requirements of surgical patients, methods of providing nutritional support and complications | BED SIDE CLINICS |
| DAY 16 | SU12.1, 12.2, 12.3<br>Causes and consequences of malnutrition in surgical patient<br>Methods of estimation and replacement of fluid and electrolyte requirements<br>Nutritional requirements of surgical patients, methods of providing nutritional support and complications | BED SIDE CLINICS |
| DAY 17 | SU27.1, 27.2, 27.3<br>Etiopathogenesis, presentation, investigations and management of occlusive arterial disease<br>Demonstrate clinical examination of vascular system<br>Clinical features, investigations and management of vasospastic disorders; buerger's disease, raynaud's phenomenon | BED SIDE CLINICS |
| DAY 18 | SU27.1, 27.2, 27.3<br>Etiopathogenesis, presentation, investigations and management of occlusive arterial disease<br>Demonstrate clinical examination of vascular system | BED SIDE CLINICS |

| | Clinical features, investigations and management of vasospastic disorders; buerger's disease, raynaud's phenomenon | |
|---|---|---|
| DAY 19 | SU27.4 <br> Types of gangrene and principles of amputation | BED SIDE CLINICS |
| DAY 20 | SU27.5, 27.6 <br> Applied anatomy of venous system of lower limb <br> Pathophysiology, clinical features, investigations and management of DVT and varicose veins | BED SIDE CLINICS |
| DAY 21 | SU27.7, 27.8 <br> Pathophysiology, clinical features, investigations and management of lymphedema, lymphangitis, lymphomas <br> Demonstrate clinical examination of lymphatic system | BED SIDE CLINICS |
| DAY 22 | SU 30.1- 30.6 <br> Clinical features, investigations and management of phimosis, paraphimosis, carcinoma penis, undescended testis, epidydimo-orchitis, varicocele, hydrocele <br> Classification and management of testicular tumors | BED SIDE CLINICS |
| DAY 23 | SU 30.1- 30.6 SU 28.1, 28.2 <br> Clinical features, investigations and management of phimosis, paraphimosis, carcinoma penis, undescended testis, epidydimo-orchitis, varicocele, hydrocele <br> Classification and management of testicular tumors <br> Pathophysiology, clinical features, investigations and management of hernias <br> Demonstrate clinical examination of a patient with hernia, identify different types of hernia | BED SIDE CLINICS |
| DAY 24 | Ward leaving | |