



**Dr. YS PARMAR GOVERNMENT MEDICAL
COLLEGE NAHAN, HP**

**CLINICAL TEACHING SCHEDULE
&
CLINICAL COMPETENCIES**

**THIRD PROFESSIONAL PART-1
Year 2022 (BATCH 2019-20)**

**Clinical posting of 2 weeks duration in each department in batches A-H
(15 Students in each batch)**

| Date | Medicine | Surger y | OBG | Paediatrics | Community Medicine | Orthopaedic s | Otorhinolar yngology | Ophthalm ology |
|---------------------------|-------------------|-------------------|-------------------|-------------------|-----------------------|-------------------|-------------------------|-------------------|
| 01/02/2022- 14/02/2022 | A (RN 1-15) | B (RN 16-30) | C (RN 31-45) | D (RN 46-60) | E (RN 61-75) | F (RN 76-90) | G (RN 91-105) | H (RN 106-120) |
| 15/02/2022- 28/02/2022 | B (RN 16-30) | C (RN 31-45) | D (RN 46-60) | E (RN 61-75) | F (RN 76-90) | G (RN 91-105) | H (RN 106-120) | A (RN 1-15) |
| 01/03/2022- 14/03/2022 | C (RN 31-45) | D (RN 46-60) | E (RN 61-75) | F (RN 76-90) | G (RN 91-105) | H (RN 106-120) | A (RN 1-15) | B (RN 16-30) |
| 15/03/2022- 28/03/2022 | D (RN 46-60) | E (RN 61-75) | F (RN 76-90) | G (RN 91-105) | H (RN 106-120) | A (RN 1-15) | B (RN 16-30) | C (RN 31-45) |
| 29/03/2022- 11/04/2022 | E (RN 61-75) | F (RN 76-90) | G (RN 91-105) | H (RN 106-120) | A (RN 1-15) | B (RN 16-30) | C (RN 31-45) | D (RN 46-60) |
| 12/04/2022- 25/04/2022 | F (RN 76-90) | G (RN 91-105) | H (RN 106-120) | A (RN 1-15) | B (RN 16-30) | C (RN 31-45) | D (RN 46-60) | E (RN 61-75) |
| 26/04/2022- 09/05/2022 | G (RN 91-105) | H (RN 106-120) | A (RN 1-15) | B (RN 16-30) | C (RN 31-45) | D (RN 46-60) | E (RN 61-75) | F (RN 76-90) |
| 10/05/2022- 23/05/2022 | H (RN 106-120) | A (RN 1-15) | B (RN 16-30) | C (RN 31-45) | D (RN 46-60) | E (RN 61-75) | F (RN 76-90) | G (RN 91-105) |

**Clinical posting of 2 weeks duration in each department in batches A-E
(24 Students in each batch)**

| Date | Communi Medicin e | Psychiatry | Dermatology | Dentistry | Anaesthesia | Causality |
|--|-------------------------|------------------|------------------|--------------------|---------------------|------------------|
| 24/05/2022- 06/06/2022 | A (RN 1-24) | B (RN 25-48) | C (RN 49-72) | D-1 (RN 73-84) | D-2 (RN 85-96) | E (RN 97-120) |
| 07/06/2022- 20/06/2022 | B (RN 25-48) | C (RN 49-72) | D (RN 63-96) | E-1 (RN 97-108) | E-2 (RN 109-120) | A (RN 1-24) |
| 21/06/2022- 04/07/2022 | C (RN 49-72) | D (RN 63-96) | E (RN 97-120) | A-1 (RN 1-12) | A-2 (RN 13-24) | B (RN 25-48) |
| 05/07/2022- 18/07/2022 | D (RN 63-96) | E (RN 97-120) | A (RN 1-24) | B-1 (RN 25-36) | B-2 (RN 37-48) | C (RN 49-72) |
| 19/07/2022- 31/07/2022 & 11/08/2022 | E (RN 97-120) | A (RN 1-24) | B (RN 25-48) | C-1 (RN 49-60) | C (RN 61-72) | D (RN 63-96) |

01/08/2022 to 10/08/2022 MID TERM EXAMINATION

**Clinical posting of 15 days duration in each department in batches A-H
(15 Students in each batch)**

| Date | Medicine | Surge ry | OBG | Paediat rics | Communi ty Medicine | Orthopaed ics | Otorhinolaryng ology | Ophthalmology |
|-----------------------------------|-----------------------|--------------------------|--------------------------|--------------------------|---------------------------|-----------------------|-------------------------|-------------------|
| 12/08/2022 - 26/08/2022 | A (RN 1-15) | B (RN 16- 30) | C (RN 31- 45) | D (RN 46- 60) | E (RN 61- 75) | F (RN 76-90) | G (RN 91-105) | H (RN 106-120) |
| 27/08/2022 - 10/09/2022 | B (RN 16- 30) | C (RN 31- 45) | D (RN 46- 60) | E (RN 61- 75) | F (RN 76- 90) | G (RN 91- 105) | H (RN 106-120) | A (RN 1-15) |
| 11/09/2022 - 25/09/2022 | C (RN 31- 45) | D (RN 46- 60) | E (RN 61- 75) | F (RN 76- 90) | G (RN 91- 105) | H (RN 106- 120) | A (RN 1-15) | B (RN 16-30) |
| 26/09/2022 - 10/10/2022 | D (RN 46- 60) | E (RN 61- 75) | F (RN 76- 90) | G (RN 91- 105) | H (RN 106- 120) | A (RN 1-15) | B (RN 16-30) | C (RN 31-45) |
| 11/10/2022 - 25/10/2022 | E (RN 61- 75) | F (RN 76- 90) | G (RN 91- 105) | H (RN 106- 120) | A (RN 1-15) | B (RN 16-30) | C (RN 31-45) | D (RN 46-60) |
| 26/10/2022 - 09 /11/2022 | F (RN 76- 90) | G (RN 91- 105) | H (RN 106- 120) | A (RN 1- 15) | B (RN 16- 30) | C (RN 31-45) | D (RN 46-60) | E (RN 61-75) |
| 10/11/2022 - 24/11/2022 | G (RN 91- 105) | H (RN 106- 120) | A (RN 1-15) | B (RN 16- 30) | C (RN 31- 45) | D (RN 46-60) | E (RN 61-75) | F (RN 76-90) |
| 25/11/2022 - 09 /12/2022 | H (RN 106- 120) | A (RN 1-15) | B (RN 16- 30) | C (RN 31- 45) | D (RN 46- 60) | E (RN 61-75) | F (RN 76-90) | G (RN 91-105) |
| 10/12/2022 - 15 /12/2022 | A (RN 1-15) | B (RN 16- 30) | C (RN 31- 45) | D (RN 46- 60) | E (RN 61- 75) | F (RN 76-90) | G (RN 91-105) | H (RN 106-120) |

Proposed SEND UP Examination after 15 /12/2022

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF OPHTHALMOLOGY

| FIRST CLINICAL POSTING OF 2 WEEKS | | | | |
|-----------------------------------|---|---|-----------------------------------|-------------|
| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
| 1 | OP1.3 | Demonstrate the visual acuity assessment for distance vision, near vision, the pin hole test, colour vision test and the menace and blink reflex | In dark room DOAP session | Physiology |
| 2 | AN-1 | Demonstrate parts and layers of eye ball | In Wet-Lab DOAP | Anatomy |
| 3 | PY10.17 | Demonstrate of papillary reflexes | Bed side Skill teaching | Physiology |
| 4 | OP9.1 | Demonstrate the correct technique to examine extra ocular movements (Uniocular & Binocular) | DOAP session | Anatomy |
| 5 | OP4.1, OP4.2 OP4.3 ,OP5.1, OP5. | Demonstrate document and present the correct method of examination of corneal ulceration with differential diagnosis of infective keratitis Demonstrate document and present the correct method of examination corneal edema, Episcleritis and Scleritis | DOAP session/ Bed side clinics | |
| 6 | OP9.2 | Demonstrate methods of diagnosis of heterotropia/ strabismus | DOAP session Bed side | |
| 7 | OP2.2 | Counsel patients regarding the eye disease about their diagnosis, therapy and prognosis in an empathetic manner in a simulated environment Demonstrate the symptoms & clinical signs of common conditions of the lid and adnexa including Hordeolum externum/ internum, blepharitis, | Bed side clinics / Skill lab | |
| 8 | OP2.2 | Demonstrate the symptoms & clinical signs of dacryocystitis, hemangioma, dermoid, preseptal cellulitis, ptosis, entropion, lid lag, lagophthalmos | Bed side clinics | |
| 9 | OP2.3 | Demonstrate under supervision | Bed side | |

| | | clinical procedures performed in the lid including: bells phenomenon, assessment of entropion/ ectropion, | clinics | |
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| 10 | OP2.3 | Demonstrate under supervision to perform the regurgitation test of lacrimal sac. massage technique in cong. dacryocystitis, and trichiatic cilia removal by epilation Submission of LOGBOOK | DOAP session/ Bed side clinics | |
| 11 | OP3.1, OP3.2 | Demonstrate document and present the correct method of examination of a "red eye" including vision assessment, corneal lustre, pupil abnormality, ciliary tenderness | Bed side clinics | |
| 12 | Ward leaving / Clinical assessment Test -1 | | | |
| SECOND CLINICAL POSTING OF 2 WEEKS | | | | |
| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
| 1 | OP3.3, | Demonstrate document and present the correct method of examination of a various causes ofconjunctivitis | Bed side clinics | Microbiology |
| 2 | OP3.5, OP3.6, OP3.7 | Demonstrate document and present the correct method of examination of vernal catarrh, pterygium, symblepharon | Bed side clinics | |
| 3 | OP3.8, OP3.9 | Demonstrate correct technique of removal of foreign body from the eye in a simulated environment Demonstrate the correct technique of instillation of eye drops in a simulated environment | Bed side clinics / Skill lab | |
| 4 | OP1.2 | Define, classify and describe the types and methods of correcting refractive errors including retinoscopy | Skill session in Dark room | |
| 5 | OP4.4 | Counsel patients with diseases of eye in an empathetic manner in a simulated environment Demonstrate document and present the correct method of examination management of dry eye | DOAP session | |
| 6 | OP4.7 | Demonstrate document and present the correct method of correcting tarsorrhaphy | In OT Observation | |
| 7 | OP4.8, OP6.4 | Demonstrate technique of removal of foreign body in the cornea in a simulated environment | Bed side clinics / Skill lab | |

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| | | Demonstrate hyphema and hypopyon | | |
| 8 | OP4.9, OP4.10 | Describe and discuss the importance and protocols involved in eye donation and eye banking and Counsel patients and family about eye donation in a simulated environment | Eye Donation Center Skill | |
| 9 | OP6.1, OP6.2, OP6.8,6.9 OP6.3 | Demonstrate the clinical signs of intraocular inflammation and distinguish granulomatous from non-granulomatous inflammation. Identify acute iridocyclitis from chronic condition. Discuss appropriate investigation for patients with conditions affecting the Uvea with correct local and systemic therapy for conditions of the anterior chamber with systemic conditions that can present as iridocyclitis and with their ocular manifestations | DOAP session/ Bed side clinics | |
| 10 | OP7.3 OP8.3 | Demonstrate the correct technique of a fundus examination and describe and distinguish the fundoscopic features in a normal condition and in conditions causing an abnormal retinal exam | DOAP session/Skill Lab | |
| 11 | OP7.4 OP7.5 | Enumerate the types of cataract surgery and describe the steps, intra-operative and post-operative complications of extracapsular cataract extraction surgery. To participate as team for cataract surgery Submission of LOG BOOK | OT | |
| 12 | Ward leaving / Clinical assessment Test-2 | | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF OTORHINOLARYNGOLOGY

| FIRST CLINICAL POSTING OF 2 WEEKS | | | | |
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| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
| 1 | EN2.1 PY10.20 | Elicit document and present an appropriate history in a patient presenting with an ENT complaint Demonstrate (i) hearing (ii) testing for smell and (iii) taste sensation in volunteer/ simulated environment | Bedsideclinic DOAP session | Physiology |
| 2 | EN2.2 EN2.3 EN2.4 EN2.5, | Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat. Demonstrate the correct technique of examination of the ear including Otoscopy. Demonstrate the correct technique of performance and interpret tuning fork tests and examination of Paranasal sinuses with nasal speculum | Bedsideclinic DOAP session | |
| 3 | EN2.8 | Demonstrate the correct technique to perform and interpret pure tone audiogram & impedance audiogram | Skill Lab | Physiology |
| 4 | EN2.10 | Identify and describe the use of common instruments used in ENT surgery | In OT demonstration | |
| 5 | EN2.9 | Choose correctly and interpret radiological, microbiological & histological investigations relevant to the ENT disorders | Bedsideclinic | Microbiology |
| 6 | EN2.12 EN2.14 | Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated environment Counsel and administer informed consent to patients and their families in a simulated environment | Bedsideclinic | |
| 7 | EN4.40 | Observe and describe the indications for and steps involved in tonsillectomy / adenoidectomy | In OT demonstration | |
| 8 | EN4.42 | Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of hoarseness | Bedsideclinic | |

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| | | of voice | | |
| 9 | EN2.13 | Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostomy, anterior nasal packing, removal of foreign bodies in ear, nose, throat and upper respiratory tract) | Bedsideclinic | |
| 10 | EN4.2 | 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 | Bedsideclinic DOAP session | |
| 11 | EN4.3 | 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 Submission of LOG BOOK | Bedsideclinic | |
| 12 | Ward leaving / Clinical assessment Test -1 | | | |
| SECOND CLINICAL POSTNG OF 2 WEEKS | | | | |
| DAY | | | | INTEGRATION |
| 1 | EN4.6 | 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 | Bedsideclinic | |
| 2 | EN4.7 | 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 | DOAP session, Bedsideclinic | |
| 3 | EN2.14 | Counsel and administer informed consent to patients and their families in a simulated environment | Skill lab | |
| 4 | EN4.8 | 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 | Bedsideclinic | |
| 5 | EN4.9 | Demonstrate the correct technique for syringing wax from the ear in a simulated environment | DOAP session, | |
| 6 | EN4.10 | Observe and describe the | In OT | |

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| | | indications for and steps involved in Myringotomy and myringoplasty | demonstration | |
| 7 | EN4.17 | Enumerate the indications and interpret the results of an audiogram | Bedsideclinic | |
| 8 | EN4.18 EN4.13 | Describe the clinical features, investigations and management of Facial Nerve palsy Describe the clinical features, investigations management of Otosclerosis | Bedsideclinic | |
| 9 | DE4.3 | Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors | Bedsideclinic Skill teaching | |
| 10 | DE4.3 | Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors | Bedsideclinic | |
| 11 | | Submission of LOG BOOK | | |
| 12 | Ward leaving / Clinical assessment Test-2 | | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF INTERNAL MEDICINE

| FIRST CLINICAL POSTNG OF 2 WEEKS | | | | |
|----------------------------------|--|---|------------------------------|--|
| DAY | CODE NO. | NAME OF COMPETENCY | Teaching and learning method | Learner-Doctor method |
| 1 | IM 1.11 | Perform & demonstrate a systematic examination including pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses | Bedside Clinic | Introduction & Allocation of patient |
| 2 | IM 1.14 | Demonstrate and measure jugular venous distension | Bedside Clinic | Admission & work-up of patient |
| 3 | IM 1.16 | Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis | Bedside Clinic | Admission & work-up of patient |
| 4 | IM 1.18 | Perform and interpret a 12 lead ECG | DOAP Session / Skill lab | Admission & work-up of patient |
| 5 | IM 2.6 | Elicit risk factors , complications, history of atherosclerosis IHD and coronary syndromes | Bedside Clinic | Follow-up & document progress of patient |
| 6 | IM 2.9 | Distinguish & differentiate between stable & unstable angina & AMI based on the clinical presentation | Bedside Clinic | Follow-up & document progress of patient |
| 7 | IM 2.10 | Order, perform and interpret an ECG | DOAP Session | Log-book |
| 8 | IM 3.7 IM 4.20 | Order & interpret diagnosis tests based on the clinical presentation including CBC, Chest X-Ray PA view, Mantoux, sputum gram stain, HIV testing and ABG Interpret a PPD | Bedside Clinic | Participation in rounds & presentation of assigned patient |
| 9 | IM 5.10 | Diagnosis & severity includes nutritional status mental , Jaundice abdominal features of portal hypertension and encephalopathy | Bedside Clinic | Participation in rounds & presentation of assigned patient |
| 10 | IM 5.15 | Assist in the performance & interpret the findings of an ascitic fluid analysis | DOAP Session/ Skill lab | Participation in rounds & presentation of assigned patient |
| 11 | IM 9.4 | Perform a systematic examination for pallor, oral , DOAP session of hyper dynamic circulation, lymph node and splenic examination Submission of LOG BOOK | Bedside Clinic | Reflections in log-book |
| 12 | Ward leaving / Clinical assessment Test-1 | | | |

SECOND CLINICAL POSTNG OF 2 WEEKS

| DAY | CODE NO. | NAME OF COMPETENCY | Teaching and learning method | INTEGRATION |
|-----|--|--|------------------------------|-------------|
| 1 | IM 9.9 IM 25.9 | Order and interpret tests for anemia including hemogram, red cell indices, reticulocyte count, iron studies, B12 and folate Assist in the collection of blood and other specimen cultures | Bedside Clinic | |
| 2 | IM 10.17 | Describe renal function based on available laboratories including FENa | Bedside Clinic | |
| 3 | IM 10. 12 | Elicit document & present a medical history, distinguish acute and chronic disease, identify predisposing conditions | Bedside Clinic | |
| 4 | IM 10.18 IM 10. 24 | Identify the ECG findings in hyperkalemia Counsel patients on a renal diet | Bedside Clinic/ Skill lab | |
| 5 | IM 20.2 IM 20.6 IM 20.9 | Describe initial management and diagnostic testing in patients with snake bites and bee sting allergy | SGD | |
| 6 | IM 11.11 | Order & interpret laboratory tests to diagnosis diabetes including glucoses tolerance test glycosylated hemoglobin, urinary micro albumin, ECG,ABG, ketones,renal function tests & lipid profile | Bedside Clinic | |
| 7 | IM 16.3 | Describe chronic effects of diarrhea including malabsorption | SGD | |
| 8 | IM 12.10 | Identify atrial fibrillation, pericardial effusion and bradycardia on ECG | Bedside Clinic/SGD | |
| 9 | IM 15.13 | Observe cross matching and blood/ blood component transfusion | SGD | |
| 10 | IM 11.19 | Demonstrate & counsel patients on the correct technique to administer insulin | Bedside Clinic/ Skill lab | |
| 11 | IM 18.3 | Elicit history including onset, progression, precipitating and relieving factors/ cause of the cerebrovascular accident | Bedside Clinic | |
| 12 | Ward leaving / Clinical assessment Test-2 | | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF DERMATOLOGY

| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
|-----|-----------------|---|---------------------------|-------------|
| 1 | DR 1.2 | Identify and grade the types of Acne | Bedside Clinic | |
| 2 | DR 2.1 | Identify and differentiate vitiligo from other causes of Hypopigmented lesions | Bedside clinic | |
| 3 | DR 3.2 | Demonstrate Grattage test | DOAP Session | |
| 4 | DR4.1 | Identify and classify Lichen Planus | Bedside Clinic | |
| 5 | DR5.2 | Identify and differentiate Scabies from other lesions in adults and children | Bedside Clinic | Paediatrics |
| 6 | DR 6.2 | Identify and differentiate Pediculosis from other skin lesions | Bedside Clinic | |
| 7 | DR 8.4 | Identify and distinguish Viral warts | DOAP Session | |
| 8 | DR 9.2 | Demonstrate and perform neurological examination of Leprosy patient. | Bedside Clinic | Medicine |
| 9 | DR 10.7 | Identify and differentiate based on clinical features non syphilitic sexual transmitted diseases. | STD Lab Skill | OBG |
| 10 | DR 10.9 | Syndromic approach to ulcerative sexually transmitted diseases. | STD Lab Skill | OBG |
| 11 | DR 11.2, DR12.1 | Dermatological manifestations of HIV, Eczema manifestations. | STD Lab Bedside Clinic | Medicine |
| 12 | | Ward leaving / Clinical assessment Test | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF PSYCHIATRY

| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
|-----|----------------------------|---|--------------------------|-------------|
| 1 | PS9.2 PS9.3 PS9.5 | Elicit, describe and document clinical features and interpret laboratory and other tests used in stress related disorders Demonstrate family education in a patient with stress related disorders in a simulated environment | Bed side clinic | |
| 2 | PS10.2 PS10.3 PS10.5 | Elicit, describe and document clinical features and interpret laboratory and other tests used in somatoform, dissociative and conversion disorders Demonstrate family education in a patient with somatoform, dissociative and conversion disorders in a simulated environment | Bed side clinic | |
| 3 | PS11.2 PS11.3 PS11.5 | Elicit, describe and document clinical features and interpret laboratory and other tests with personality disorders Demonstrate family education in a patient with personality disorders in a simulated environment | Bed side clinic | |
| 4 | PS12.2 PS12.3 PS12.5 | Elicit, describe and document clinical features and interpret laboratory and other tests with psychosomatic disorders Demonstrate family education in a patient with psychosomatic disorders in a simulated environment | Bed side clinic | |
| 5 | PS13.2 PS13.3 | Elicit, describe and document clinical features, interpret laboratory other tests in patients with magnitude and etiology of psychosexual and gender | Bed side clinic | |

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| | PS13.5 | | | |
| 6 | PS14.2 | Elicit and document clinical features in patients with psychiatric disorders occurring in childhood and adolescence | Bed side clinic | |
| 7 | PS14.4 | Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence in a simulated environment | Bed side clinic | |
| 8 | PS15.3 | Elicit and document a history and clinical examination and choose appropriate investigations in a patient with mental retardation | Bed side clinic | |
| 9 | PS16.4 | Demonstrate family education in a patient with psychiatric disorders. occurring in the elderly in a simulated environment | Bed side clinic | |
| 10 | PS12.2 PS12.3 PS12.5 | Elicit, describe and document clinical features and interpret laboratory and other tests with psychosomatic disorders Demonstrate family education in a patient with psychosomatic disorders in a simulated environment | Bed side clinic | |
| 11 | PS14.4 | Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence in a simulated environment | Bed side clinic | |
| 12 | | Ward leaving / Clinical assessment Test -1 | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF COMMUNITY MEDICINE

| First Posting: 2 weeks (12 working days) | | | | |
|---|----------------------|---|--------------------------|--------------------|
| Day | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
| 1 | CM 8.2, 8.3 | Introduction to posting UIP schedule, Vaccines | SGT | |
| 2 | CM 8.3, PE 19.12 | Cold chain, AEFI Visit to MCH Centre | SGT, Field visit | |
| 3 | CM 8.3, PE 34.3 | Visit to DOTS Centre | Field visit , SGT | |
| 4 | CM 5.7 | Describe food hygiene (Milk). Visit to milk plant. | Field visit, SGT | |
| 5 | CM 14.1, 14.2, 14.3 | Define and classify hospital waste. Visit to hospital for Hospital waste management | SGT Field visit | |
| 6 | CM 5.6 | Visit to Anganwadi Centre | Field visit | |
| 7 | CM 17.5 | Visit to Primary Health Centre/ Sub centre, IPHS Standards | Field visit | |
| 8 | CM, 10.6, OG 21.1 | Contraceptives, emergency contraceptives DOAP | DOAP | Visit to skill lab |
| 9 | CM 8.3, PH 1.55 | Spotters: Medicines/ kits pertaining to National health programs. | SGT | |
| 10 | CM 3.6, 3.7,3.8 | Entomology slides, insecticides, rodenticides | SGT | |
| 11 | | Submission of log book | | |
| 12 | | Ward Leaving | | |
| SECOND POSTING :2 Weeks (12 working days) | | | | |
| 1 | CM 5.1, BI 8.5 | Nutritive value of common dietary foods | SGT | |
| 2 | CM2.1 & 2.2 | Clinico socio-cultural and demographic assessment of family | DOAP | |
| 3 | CM6.2 | Demonstrate collection, classification, analysis, interpretation and presentation of statistical data | DOAP | |
| 4 | CM5.2 CM 3.5 | Nutritional assessment of family Assessment of housing standard | DOAP | |
| 5 | CM 2.2, CM 2.5 | Correct assessment of socio- economic status of individual, family | DOAP | |
| 6 | PE 9.4, PE 9.5 | Elicit, document and present appropriate nutritional history and perform dietary recall | DOAP | |
| 7 | CM 6.1 & CM6.4 | How to Frame a Research Question, Simple | DOAP | |

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| | | statistical methods, frequency distribution, measures of central tendency and dispersion | | |
| 8 | CM2.3 | Assessment of barriers to good health, Effective communication skills | DOAP | Skill lab |
| 9 | | Family presentation by students | SGT | |
| 10 | | Family presentation by students | SGT | |
| 11 | | Submission of log book | | |
| 12 | | Ward leaving | | |
| THIRD POSTING : <u>2 Weeks (12 working days)</u> | | | | |
| 1 | CM 9.1, 9.2 | Revision: Demographic cycle, vital statistics, Fertility rates | SGT | |
| 2 | CM 6.2 | Presentation and interpretation of statistical data | SGT | |
| 3 | CM 6.4 | Measures of central tendency and dispersion, Normal distribution | SGT | |
| 4 | CM 6.4 | Tests of significance: enumerate, discuss, Chi square tests, T tests | SGT | |
| 5 | CM 7.6 | Enumerate and evaluate the need of screening tests | SGT | |
| 6 | CM 1.10 | Clinico social case Presentation by students: Hypertension, Diabetes, Geriatric | | |
| 7 | CM1.10 | Clinico social case presentation: ANC, PNC, | | |
| 8 | CM 1.10 | Clinico social case presentation: Infant, under 5 child with ARI, Diarrhoea, PEM, vitamin A def, worm infestation, anaemia, CSOM- (IMNCI) | | |
| 9 | CM 1.10 | Clinico social case presentation by students: Medical / surgical problem | | |
| 10 | | Revision: Spotters Immunization, nutrition | SGT | |
| 11 | | Submission of log book | | |
| 12 | | Ward Leaving | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF DENTISTRY

| CLINICAL POSING OF 2 WEEKS | | | | |
|----------------------------|------------------------------------|--|--|-------------|
| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
| 1 | DE1.3 | Identify Dental caries | Observation, Bed sideclinics Skill | |
| 2 | DE1.5 | Counsel patients with respect to oral hygiene, diet and the directbearing on systemic health | DOAP session Document in Log book | |
| 3 | DE2.3 | Identify complete complement of teeth and identify missing teeth | Observation, Bed sideclinics | |
| 4 | DE3.3 | Identify malocclusion | Identify malocclusion | |
| 5 | DE3.4 | Counsel patients with respect to correction of malocclusion and the role it might have on oral health specifically on the TMJ | DOAP session | |
| 6 | DE2.5 | Counsel patients on the importance of restoring missing teeth/tissues with respect to the benefits on oral and systemichealth. | DOAP session | |
| 7 | DE2.3 | Identify complete complement of teeth and identify missing teeth | Bed sideclinics Skill | |
| 8 | DE4.4 | Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors. | DOAP session | |
| 9 | DE5.3 | Identify Periodontal disease | Bed sideclinics | |
| 10 | DE4.3 | Identify potential pre-cancerous /cancerous lesions | Bed sideclinics | |
| 11 | DE5.2 | Identify periodontium and peridontitis &Submission of Log book | Bed side clinics | |
| 12 | Clinical assessment Test -1 | | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF ORTHOPEDICS

| FIRST CLINICAL POSTING OF 2 WEEKS | | | | |
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| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | Learner-Doctor method |
| 1 | | History taking and in and Examination of a poly-trauma patient a poly-trauma patient | Small group Discussion | Introduction & Allocation of patient |
| 2 | OR1.6 | Participate as a member in the team for closed reduction of shoulder dislocation / hip dislocation / knee dislocation | Small group Discussion. DOAP session | Admission & work-up of patient |
| 3 | OR3.2 | Participate as a member in team for aspiration of joints under supervision | Small group Discussion. DOAP session | Admission & work-up of patient |
| 4 | OR3.3 | Participate as a member in team for procedures like drainage of abscess, sequestrectomy/ saucerisation and arthrotomy Cast application in lower and upper limb Demonstration of external fixator | Plaster room | Admission & work-up of patient |
| 5 | OR13.1 | Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: i. Above elbow plaster ii. Below knee plaster iii. Above knee plaster iv. Thomas splint v. splinting for long bone fractures Strapping for shoulder and clavicle trauma | Small group discussion, Skill lab sessions | Follow-up & document progress of patient; Participate in procedure |
| 6 | OR13.2 | 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 Splintage | Small group discussion, Skill lab sessions | Follow-up & document progress of patient; Participate in procedure |
| 7 | PM4.5 | Demonstrate correct assessment of muscle strength and range of movements | BED SIDE CLINIC | Log-book |
| 8 | PM5.3 | Demonstrate the correct use of crutches in ambulation and posture to correct contractures and deformities | BED SIDE CLINIC | Participation in rounds & presentation of assigned patient |
| 9 | PM5.3 | Demonstrate the correct use of crutches in ambulation and posture to correct contractures and deformities | BED SIDE CLINIC | Participation in rounds & presentation |

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| | | | | of assigned patient |
| 10 | | Case demonstration of ulnar nerve injury | BED SIDE CLINIC | Reflections in log-book |
| 11 | | Close reduction of shoulder joint dislocation Demonstration of close reduction of hip joint Submission of LOG BOOK | BED SIDE CLINIC | |
| 12 | | Ward leaving / Clinical assessment Test -1 | Major OT | |
| SECOND Clinical Posting of 2 weeks | | | | |
| 1 | FM3.11 | Regional Injuries: Describe and discuss regional injuries to head (Scalp wounds, fracture skull, intracranial haemorrhages, coup and contrecoup injuries), neck, chest, abdomen, limbs, genital organs, spinal cord and skeleton | BED SIDE CLINIC | General Surgery, Forensic Medicine |
| 2 | IM7.21 | Select, prescribe, communicate appropriate medications for relief of joint pain | BED SIDE CLINIC | |
| 3 | 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 | Case discussion, Smallgroup discussion | AETCOM |
| 4 | FM3.10 | Firearm injuries: Describe and discuss wound ballistics- different types of firearm injuries, blast injuries and their interpretation, preservation and dispatch of trace evidences in cases of firearm and blast injuries, various tests related to confirmation of use of firearms | BED SIDE CLINIC | General Surgery, Forensic Medicine |
| 5 | OR14.1 | Demonstrate the ability to counsel patients regarding prognosis in patients with various orthopedic illnesses like fractures with disabilities; fractures that require prolonged bed stay; bone tumours congenital disabilities | Videoassisted lecture, Skills lab sessions | AETCOM |
| 6 | OR14.2 | Demonstrate the ability to counsel patients to obtain consent for various orthopedic procedures like limb amputation, permanent fixations etc.. | Smallgroup discussion, Skills lab sessions | |
| 7 | PM5.4 | Identify the correct prosthesis for common amputations | DOAP session | |
| 8 | | Case demonstration of foot drop deformity | BED SIDE CLINIC | |
| 9 | | History taking and examination in case of bony swelling | BED SIDE CLINIC | |
| 10 | | History and examination of Spine | BED SIDE CLINIC | |
| 11 | | History and examination of hip joint, Knee Joint Submission of LOG BOOK | BED SIDE CLINIC | |
| 12 | | Ward leaving / Clinical assessment Test -1 | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF ANESTHESIA

| SN | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
|----|-----------------|---|---|-------------|
| 1 | AS2.1 AS2.2 | Enumerate the indications, describe the steps and demonstrate in a simulated environment, Basic Life Support in adults, children and neonates | In operation theatre DOAP | |
| 2 | SU11.3 | Intubation training on manikin, use of LMA, use of laryngoscope | In recovery area DOAP | |
| 3 | AS3.5 AS3.6 | PAC, practical demonstration | Bed side | |
| 4 | AS7.4 AS7.5 | CPR demonstration on manikins and ICU Protocols /management & ventilators | In recovery area /ICU DOAP | |
| 5 | AS6.2 | Demonstration of airway management. and recovery room management | In OT ,In recovery area DOAP | |
| 6 | AS4.3 | GA | in OT, observation | |
| 7 | AS5.4 | spinal anaesthesia, theory revision and practical ,Epidural anaesthesia, theory revision and practical | In OT, observation | |
| 8 | AS5.3 | Brachial plexus and other nerve blocks | In OT ,observation | |
| 9 | AS9.1 AS9.2 | Securing IV line , on manikins, patients | In OT recovery, observation and practice | |
| 10 | AS8.4, AS8.5 | Blocks used in chronic pain managements | In OT Pain clinic | |
| 11 | AS10.2 | Practical demonstration of general anaesthesia Submission of Log book | IN OT | |
| 12 | | Clinical assessment Test | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF OBG

| FIRST POSTING: 2 WEEKS (12 WORKING DAYS) | | | | |
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| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | Learner-Doctor method |
| 1 | OG 6.1 | Describe and the clinical features of pregnancy correctly | Bed side clinic | Introduction & Allocation of patient |
| 2 | OG 8.1 | Establish the accurate gestational age bynaegle's formula, clinical history and examination and USG | Bed side clinic | Admission & work-up of patient |
| 3 | OG8.1 | Define antenatal care correctly. Enumerate a list of relevant antenatal investigation for a normal risk antenatal femaleand interpret them according to pregnancy cut off value accurately | Bed side clinic | Admission & work-up of patient |
| 4 | OG 8.2 | Elicit, organize and present the chief complaints, history of present illness, past obstetric history menstrual history, medicalhistory Gravid and para in structured manner | Bed side clinic | Follow-up & document progress of patient |
| 5 | OG 8.3 | Demonstrate general examination of an antenatal women correctly. | Bed side clinic | Participate in procedure |
| 6 | OG 8.3 | Demonstrate the measurement of fundal height clinically and by measuring tape correctly | Bed side clinic | Participate in procedure |
| 7 | OG 8.3 | Demonstrate abdominal examination of an antenatal patient using Leopold's maneuvers to the satisfaction of the observer | Bed side clinic | Participation in rounds & presentation |
| 8 | OG 8.4 | Demonstrate the localization of fetal heart sound in an antenatal patient using stethoscope or a fetal Doppler correctly | DOAP | Participation in rounds & presentation of assigned patient |
| 9 | OG 8.6 | Calculate the recommended weight gain , caloric and protein requirement during pregnancy Based on the pre pregnancy BMI of the given case according to WHO guideline | Bed side clinic | Participation in rounds & presentation of assigned patient |

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| 10 | OG 8.6 | Elicit dietary history and calculate the calorie and protein deficit in a pregnant mother | Bed side clinic | Reflections in log-book |
| 11 | OG 8.5 | Demonstrate the steps of pelvic assessment on an anatomical model correctly according to the checklist provided | Skill lab | Submission of LOGBOOK |
| 12 | | CLINICAL ASSESSMENT TEST/WARD LEAVING | | |
| SECOND POSTING: 2 WEEKS (12 WORKING DAYS) | | | | |
| 1 | OG 8.7 | Discuss the indications, contra indications, safety profile, dosage and route of administration of all vaccines recommended by WHO / EPI during pregnancy correctly | Bed side clinic | |
| 2 | OG 8.8 | Enumerate the list of investigations advised to a pregnant lady in the first trimester booking visit | Bed side clinic | |
| 3 | OG 8.8 | Enumerate and describe clinical ultrasonography and cardiotocography method of antepartum fetal surveillance and their interpretation in each trimester of pregnancy correctly | Bed side clinic | |
| 4 | OG 9.2 | Identify the instrument and equipment used in performing MTP by D and E | DOAP | |
| 5 | OG 9.2 | Describe and observe all the steps of MTP evaluation (D and E) correctly | DOAP | |
| 6 | OG 10.2 | Describe the clinical features of placenta previa | Bed side clinic | |
| 7 | OG 10.2 | List the investigations for diagnosis and management of placenta previa | Bed side clinic | |
| 8 | OG 10.2 | Define and classify abruption placentae on the basis of clinical features correctly | Bed side clinic | |
| 9 | OG 10.2 | Describe the clinical features of abruption placentae correctly | Bed side clinic | |
| 10 | OG 10.2 | List the investigations for diagnosis and management of a case of abruption placentae | Bed side clinic | |
| 11 | OG 10.2G 10.2 | Discuss the management of abruption placentae and placenta previa Correctly Submission of LOGBOOK | Skill lab | |
| 12 | | CLINICAL ASSESSMENT TEST/WARD LEAVING | | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF SURGERY

| FIRST CLINICAL POSTING OF 2 WEEKS | | | | |
|-----------------------------------|--------------------------|---|-------------------------------|--|
| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | Learner-Doctor method |
| 1 | SU 14.4 | Demonstrate the techniques of asepsis and suturing in a simulated environment | Skill lab | Introduction & Allocation of patient |
| 2 | SU 17.2 | Demonstrate the steps in Basic Life Support. Transport of injured patient in a simulated environment | Skill lab | Admission & work-up of patient |
| 3 | SU 13.4 | Counsel patients and relatives on organ donation in a simulated environment | Bed side clinic&DOAP session | Admission & work-up of patient |
| 4 | SU 12.1 SU 12.2 | Consequences of malnutrition in the surgical patient Replacement of the fluid and electrolyte requirements in the surgical patient | Bed side clinic&DOAP session, | Follow-up & document progress of patient |
| 5 | SU 12.3 | Nutritional requirements of surgical patients | Bed side clinic&DOAP session | Participate in procedure |
| 6 | SU 17.5 | Neurological assessment and GCS in head injuries | Bed side clinic&DOAP session | Participate in procedure |
| 7 | SU 17.10 | Manage tension pneumothorax, hemothorax and flail chest in simulated environment. | Bed side clinic&DOAP session | Participation in rounds & presentation |
| 8 | SU 18.3 SU 21.1 | Clinical examination of surgical patient including swelling | Bed side clinic&DOAP session | Participation in rounds & presentation of assigned patient |
| 9 | SU 21.1 | Clinical presentation of disorders of salivary glands | Bed side clinic&DOAP session | Participation in rounds & presentation of assigned patient |
| 10 | SU 21.3 | Clinical examination of thyroid swellings | Bed side clinic&DOAP session | Reflections in log-book |
| 11 | SU 22.4 | Clinical features and principles of management of thyroid cancer | Bed side clinic&DOAP session | Submission of LOGBOOK |
| 12 | | Ward leaving / Clinical assessment Test -1 | | |

SECOND CLINICAL POSTING OF 2 WEEKS

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| 1 | SU 25.5 | Correct technique to palpate the breast | Skill lab | |
| 2 | SU 25.4 | Counsel the patient and informed consent for treatment of malignant conditions of the breast | Skill lab | |
| 3 | SU 24.3 | Investigation and management of Pancreatic disorders | Bed side clinic&DOAP session | |
| 4 | SU 25.3 | Clinical features and principles of treatment | Bed side clinic&DOAP session | |
| 5 | SU 23.3 | Clinical features and management of Adrenal tumors | Bed side clinic&DOAP session | |
| 6 | SU 24.2 | Clinical features and management of pancreaticendocrine tumours | Bed side clinic&DOAP session | |
| 7 | SU 26.4 | Clinical features of tumors of lung and examination of chest | Bed side clinic&DOAP session | |
| 8 | SU 27.2 | Examination of the vascular system | Bed side clinic&DOAP session | |
| 9 | SU 27.6 | Principles of management of DVT andVaricose veins | Bed side clinic&DOAP session | |
| 10 | SU 27.8 | Examination of the lymphatic system | Bed side clinic&DOAP session | |
| 11 | SU 28.2SU 28.2 | Examination and treatment of inguinal hernias Examination of ventral hernias. Submission of LOGBOOK | Bed side clinic&DOAP session | |
| 12 | | Ward leaving / Clinical assessment Test -2 | Bed side clinic | |

Dr. YS PARMAR GOVERNMENT MEDICAL COLLEGE NAHAN, HP

DEPARTMENT OF PEDIATRICS

| FIRST CLINICAL POSTING OF 2 WEEKS | | | | |
|-----------------------------------|----------|---|--------------------------|-------------|
| DAY | CODE NO. | NAME OF COMPETENCY | TEACHING LEARNING METHOD | INTEGRATION |
| Day 1/2 | PE 1.4 | Perform Anthropometric measurements, document in growth charts and interpret | Bedside/SGD | |
| Day ½ | PE 1.7 | Perform Developmental assessment and interpret | Bedside | |
| ¾ | PE 2.2 | Assessment of a child with failure to thrive including eliciting an appropriate history and examination | Bedside clinics | |
| ¾ | PE 2.3 | Counseling a parent with failing to thrive child | OSCE | AETCOM |
| 5 | PE2.5 | Assessment of a child with short stature: Elicit history; perform examination, document and present. | Bedside / OPD | |
| 6 | PE3.3 | Assessment of a child with developmental delay- elicit document and present history | Bedside /OPD | |
| 6/7 | PE3.4 | Counsel a parent of a child with developmental delay | DOAP Session | |
| 6/7 | PE3.7 | Visit a Child Developmental Unit and Observe its functioning | Lecture, SGD | Com Med |
| 8 | PE6.8 | Respecting patient privacy and maintaining confidentiality while dealing with adolescence | Bedside | |
| 8 | PE6.9 | Perform routine Adolescent Health checkup including eliciting history, performing examination including SMR (Sexual Maturity Rating), growth assessments (using Growth charts) and systemic exam including thyroid and Breast exam and the HEADSS screening | Bedside clinic | |
| 8 | PE6.11 | Visit to the Adolescent Clinic | DOAP session | |
| 9 | PE 7.5 | Observe the correct technique of breastfeeding and distinguish right from wrong technique | Bedside, Skills lab | |
| 9 | PE 7.7 | Perform breast examination Identify common problems during lactation such as retracted nipples, cracked nipples, breast-engorgement;breastabscess | Bedside, Skills lab | |

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| 10 | PE 7.8 | Educate mothers on ante natal breast care and prepare mothers for lactation | DOAP session | |
| 10 | PE7.9 | Educate and counsel mothers for best practices in Breastfeeding | DOAP session | |
| 10 | PE 7.10 PE 7.11 | Respects patient privacy Participate in Breastfeeding Week Celebration | DOAP session | |
| 10 | PE 8.4 | Elicit history on the Complementary Feeding habits | BEDSIDE, SKILL LAB | |
| 10 | PE 8.5 | Counsel and educate mothers on the best practices in complementary feeding | DOAP session | PE 8.5 |
| 11 | P E 9.4 | Elicit, document and present an appropriate nutritional history and perform a dietary recall Normal nutrition, assessment and monitoring | Bedside, skill lab | P E 9.4 |
| 11 | P E 9.5 | Calculate the age appropriate calorie requirement in health and disease and Identify gaps | Bedside clinic, SGD | P E 9.5 |
| 11 | P E 9.6 | Assess and classify the nutrition status of infants, children and adolescents and recognize deviations | Bedside clinic, SGD | P E 9.6 |
| 11 | P E 9.7 | Plan an appropriate diet in health and disease Submission of log book | Bedside clinic, SGD | P E 9.7 |
| 12 | | Ward leaving / Clinical assessment Test -1 | | |
| SECOND CLINICAL POSTING OF 2 WEEKS | | | | |
| Day1/2 | P E 10.3 | Assessment of a patient with SAM and MAM, diagnosis, classification and planning management including hospital and community-based intervention, rehabilitation and prevention | Bedside | |
| Day 3 | P E 10.4 | Identify children with under nutrition as per IMNCI criteria and plan referral | DOAP session | Com Med |
| Day ½ | P E 10.5 | Counsel parents of children with SAM and MAM | Bedside clinic, Skills Station | AETCOM |
| Day4 | P E 11.3 | Assessment of a child with obesity with regard to eliciting history including physical activity, charting and dietary recall | Bedside, Standardized Patients | |
| Day 4 | P E 11.4 | Examination including calculation of BMI, measurement of waist hip ratio, Identifying external markers like acanthosis, striae, etc | Bedside, Standardized patients, Videos | |

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| Day 5 | PE 11.5 | Calculate BMI, document in BMI chart and interpret | Bedside, SGD | |
| Day 6 | PE 12.3 | Identify the clinical features of dietary deficiency /excess of Vitamin A | Bedside, SGD | |
| Day 6 | PE 12.4 | Diagnose patients with Vitamin A deficiency (VAD), classify and plan management | Bedside, Skill Station | |
| Day 7 | PE 12.8 | Identify the clinical features of dietary deficiency of Vitamin D | Bedside | |
| Day 7 | PE 12.9 | Assess patients with Vitamin D deficiency, diagnose, classify and plan management | Bedside | |
| Day 7 | PE 12.17 | Identify the clinical features of Vitamin B complex Deficiency | Bedside | |
| Day 7 | PE 12.18 | Diagnose patients with vitamin B complex deficiency and plan management | Bedside | |
| Day 7 | PE 12.21 | Identify the clinical features of vitamin C deficiency | Bedside | - |
| Day 8 | PE 13.3 | Identify the clinical features of dietary deficiency of Iron and make a diagnosis | Bedside | Path, |
| Day 8 | PE 13.4 | Interpret hemogram and Iron Panel | Bedside clinic/ Small group discussion | |
| Day 8 | PE 13.5 | Propose a management plan for IRON deficiency Anemia | Bedside | |
| Day 9 | PE 15.6 | Demonstrate the steps of inserting an IV cannula in a Model | Skill lab | |
| Day 9 | PE 15.7 | Demonstrate the steps of inserting an interosseous line in a mannequin Submission of LOG BOOK | Skill lab | |
| Day 10 | PE 13.9 | Identify the clinical features of Iodine deficiency Disorders | Bedside Clinic | |
| Day 10 | PE 15.3 | Calculate the fluid and electrolyte requirement in Health | Bedside, SGD | |
| Day 11 | PE 15.4 | Interpret electrolyte report | Bedside /SGD | |
| Day 11 | PE 15.5 | Calculate fluid and electrolyte imbalance | Bedside /SGD | |
| 12 | | Ward leaving / Clinical assessment Test -2 | | |

SKILL LABORATORY SCHEDULE

| 2 WEEK CLINICAL POSTINGS | |
|---------------------------------|---------------------------|
| DAY 1 | Surgery |
| DAY 2 | Surgery |
| DAY 3 | ENT |
| DAY 4 | Internal Medicine |
| DAY 5 | Orthopaedics |
| DAY 6 | Orthopaedics |
| DAY 7 | Ophthalmology |
| DAY 8 | Community Medicine |
| DAY 9 | Paediatrics |
| DAY 10 | Internal Medicine |
| DAY 11 | Obs & Gynae |