Bharati Vidyapeeth (DTU) Medical College Pune

III MBBS Part I Academic Calendar 2020-21 Batch (VI and VII sem.) (9th January 2023 to 28th October 2023)

		Ja	nuar	/			F	ebru	ary				Marc	ch				A	pril					May					June	2	
Sun	1	8	15	22	29		5	12	19	26		5	12	19	26		2	9	16	23	30		7	14	21	28		4	11	18	25
Mon	2	9	16	23	30		6	13	20	27		6	13	20	27		3	10	17	24		1	8	15	22	29		5	12	19	26
Tue	3	10	17	24	31		7	14	21	28		7	14	21	28		4	11	18	25		2	9	16	23	30		6	13	20	27
Wed	4	11	18	25		1	8	15	22		1	8	15	22	29		5	12	19	26		3	10	17	24	31		7	14	21	28
Thu	5	12	19	26		2	9	16	23		2	9	16	23	30		6	13	20	27		4	11	18	25		1	8	15	22	29
Fri	6	13	20	27		3	10	17	24		3	10	17	24	31		7	14	21	28		5	12	19	26		2	9	16	23	30
Sat	7	14	21	28		4	11	18	25		4	11	18	25		1	8	15	22	29		6	13	20	27		3	10	17	24	
T. wee	eks	1	2	3	4		5	6	7	8		9	10	11	12		13	14	15	16		17	18	19	20	21		22	23	24	25

			July						Augu	st			Se	pten	ber			0	ctob	er			No	oveml	ber				Dece	embe	r	
Sun		2	9	16	23	30		6	13	20	27		3	10	17	24	1	8	15	22	29		5	12	19	26		3	10	17	24	31
Mon		3	10	17	24	31		7	14	21	28		4	11	18	25	2	9	16	23	30		6	13	20	27		4	11	18	25	
Tue		4	11	18	25		1	8	15	22	29		5	12	19	26	3	10	17	24	31		7	14	21	28		5	12	19	26	
Wed		5	12	19	26		2	9	16	23	30		6	13	20	27	4	11	18	25		1	8	15	22	29		6	13	20	27	
Thu		6	13	20	27		3	10	17	24	31		7	14	21	28	5	12	19	26		2	9	16	23	30		7	14	21	28	
Fri		7	14	21	28		4	11	18	25		1	8	15	22	29	6	13	20	27		3	10	17	24		1	8	15	22	29	
Sat	1	8	15	22	29		5	12	19	26		2	9	16	23	30	7	14	21	28		4	11	18	25		2	9	16	23	30	
T. we	eks	26	27	28	29	30		31	32	33	34		35	36	37	38	39	40	41	42												

Holiday Exams

Teaching: VI sem. -9th January 2023-24th June 2023; VII sem. -10th July 2023-28th October 2023

Exams:

VI sem.-27th June-8th July 2023;

Prelims -30th October 2023-10th November 2022;

Remedial Exam-24th November 2023-28th November 2023;

University exam: 11th Dec.2023-28th Dec.2023; Supplementary Prelim: Last week January 2024

Supplementary University Exam-third week of February 2024

BHARATI VIDYAPEETH (Deemed to Be University) MEDICAL COLLEGE PUNE III MBBS Part I: 2020-2021 Batch: VI sem: Teaching Time table: 9th Jan. 2023-24th June 2023

Day	8.30-9.30am	9.30am-12.30pm	12.30-1.30pm	1.30-2.30pm	2.30-4.30pm
Monday	L-Medicine (23)	Clinics	Lunch	L-Community Medicine (23)	SGT- Community Medicine (23)
Tuesday	L-Surgery (23)	Clinics	Lunch	L-Psychiatry (24)	SGT-FMT (odd dates 11 weeks) & ENT (even dates-13 weeks)
Wednesday	L-ENT (23)	Clinics	Lunch	*L-Radiology (10) L-Anesthesia (08) L-OB/GY (05)	SGT-Ophthalm (23)
Thursday	L-Ophthalm (23)	Clinics	Lunch	SGT-OB/GY (22)	** SGT-Surgery (18 weeks), L-Surgery (2+exam)
Friday	L-FMT (23)	Clinics	Lunch	#AETCOM-Community Medicine, FMT, Ophthalm, ENT	## SGT-Medicine (18 weeks) SGT-Pediatrics (5 weeks)
Saturday	\$SDL(hrs)-Medicine (5), Surgery (5), Anesthesia (2), Pediatrics(5),Ortho.(5)	Clinics	Lunch	[®] SDL-CM and Pandemic module-CM	

L-Radio-11 Jan-15 march; L-Anaesthesia-25 Mar-17 May; L-Ob/Gy-24May-21 June

@ SDL-CM upto 11th Feb, there after pandemic module Figures in bracket indicates number of TL activities of Lect/SDL unless mentioned in weeks for SGT

SGT -surgery +remaining lecture+Exam

AETCOM-CM, FMT, Opthalm., ENT-upto 23rd June

^{##} SGT-Medicine-up to 19th May; SGT-Pediatrics up to 23rd June

SDL-Medicine-13Jan-10 Feb; Surgery-17th Feb.-17th March; Anaesthesia-24th March-31st March; Pediatrics-7th April -12th May; Ortho.19th May-9th June

Day	8.309.30	9.30-12.30	12.30- 1.30pm	1.30-2.30	2.30-4.30
Monday	^a L- Medicine (2+E), L-Resp. Med. (10)	Clinic	Lunch	L-Community Medicine (16)	bSGT-Radiodiagnosis (4 weeks), SDL-Radiodiagnosis (1 wk) SGT-Community Medicine (7 wks),SGT Derma (3 wks)
Tuesday	L-Orthopedics (12+exam)	Clinic	Lunch	c L-Psychiatry (01)/ L- Derma (12)	dSGT- FMT (7 weeks) & ENT (6 wks)
Wednesday	^e L-ENT (3)/L-Pediatrics (12)	Clinic	Lunch	L-OB/GY (15)	fL-Derma (4wks) SGT-Opthalm. (7 wks) SGT Med.(4wks)
Thursday	g L-Ophthalm (08), SDL-Opthalm (8wks)	Clinic	Lunch	L-OB/GY (3), SGT-OBGY (13)	h SGT- Anesthesia (5 wks), SGT-Orthopedics (10 wks), SGT-Resp. Medicine (1 wk).
Friday	FMT-Lecture (2), SGT (5 wks) and SDL (5 hours)	Clinic	Lunch	'AETCOM (ENT), SDL-OBGY (5), Psychiatry (5+E)	^j SGT-Pediatrics (10 wks), SGT-Psychiatry (3 wks)
Saturday	kL- Pediatrics(8+Exam) SDL-ENT (5) SDL-Resp. Med. (2)	Clinic		L-OB/GY (2) + exam, L- surgery (1), L-Ortho (3), L-CM (1); Exam-Radio, Exam- Anaesthia.	m SDL-Derma (3 wks-5hrs); SDL Opthalm. (1 wk); SGT ENT(1wk)
a	L-Medicine-10 th July-24 th July with ex	am; L-Resp. Medi	cine -31st July-2n	^d October	
b	SGT-Radio 10 th July-31 st July; SDL-Rad	lio-7 th Aug; SGT-C	ommunity Medi	cine-14 th Aug25 th Sept; SGT-Derma-2 nd (Oct-16 th Oct
С	L-Psychiatry-11 th July; L-Derma-18 th J	uly-17 th Oct			
d	SGT- FMT odd dates (7 weeks) &ENT	even dates (6 we	eks)		
е	L-ENT-12 th July -26 th July; L-Pediatrics	-2 nd Aug25 th Oc	t.		
f	L-Derma-12 th July -2 nd Aug.; SGT-Oph	thalm9 th Aug -2	7 th Sept; SGT Re	sp. Med 4 th Oct-25 th Oct.	
g	L-Ophthalm-13 th July- 31 st August; SD	L-Opthalm-7 th Se	pt26 th Oct., per	nding SGT-Opthalm. (1 week) SDL 5 hrs	
h	SGT- Anesthesia-13 th July-10 th Aug; S	GT-Orthopedics-1	7th Aug19th Oct	.; SGT-Respiratory Medicine-26 th Oct.	
i	AETCOM (ENT); SDL-OBGY 21stJuly-18	^{8th} Aug; SDL-Psychi	atry-25 th Aug-6 th	Oct	
j	SGT-Pediatrics-14 th July-15ept.; SGT-	Psychiatry-22 nd Se	pt13 th Oct.		
k	L- Pediatrics 15th July- 9thSept; SDL-EN	NT-16 th Sept-14 th (Oct; Resp. Med.	21st Oct-28th Oct	
1	L-ObGY-15th-29th July; L-Surgery-5thA	ug.; L-Ortho.12th-2	26th Aug.; L-CM-2	2 nd sept. Exam-Radio-9 th sept; Exam Anae	sthesia16 th Sept
m	SDL-Derma-15 th July-29 th July; SDL Op	othalm5th Aug.;	SGT ENT-12 th Au	g.;	PRINC
	Available slots	Mon: 8:30-9:30	am:9 th -23 rd Oct	& Mon:2:30-4:30pm 23 rd Oct	Bharati Vid (Deemed to be



BHARATI VIDYAPEETH

(Deemed to be University) Pune, India



PUNE -SATARA ROAD, PUNE - 411 043.



III M.B.B.S (Part I) Batch: 2020-21

Roll Nos.: 01 to 150

CLINICAL POSTING SCHEDULE: Time: 9.30 am to 12.30

Posting Period: 09/01/2023 to 15/04/2023:

Anes: 2, EMD: 2, Psy:2, DER:2, CM:2, ENT+Opth: 1+1=2, Ortho+Ped:1+1: 2 =14

VI Semester: Posting Period	Anes	EMD	PSY	Der	CM	ENT	Opth	Ortho	Pediatrics
09/01/2023 TO 14/01/2023	A	В		D	_	F1	F2	G1	G2
16/01/2023 TO 21/01/2023	A	В	С	D	Е	F2	F1	G2	G1
23/01/2023 TO 28/01/2023	В	С	D	Е	F	G1	G2	A1	A2
30/01/2023 TO 04/02/2023			D	E	1	G2	G1	A2	A1
06/02/2023 TO 11/02/2023	С	D	Е	F	G	A1	A2	B1	B2
13/02/2023 TO 18/02/2023						A2	A1	B2	B1
20/02/2023 TO 25/02/2023	D	Е	F	G	A	. B1	B2	C1	C2
27/02/2023 TO 04/03/2023	,	22.00				. B2	B1	C2	C1
06/03/2023 TO 11/03/2023	Е	F	G	A	В	C1	C2	D1	D2
13/03/2023 TO 18/03/2023	1		,			C2	C1	D2	D1
20/03/2023 TO 25/03/2023	F	G	A	В	С	D1	D2	E1	E2
27/03/2023 TO 01/04/2023			h			D2	D1	E2	E1
03/04/2023 TO 08/04/2023			D	C.	D	E1	E2	F1	F2
10/04/2023 TO 15/04/2023	G	A	В	С	D	E2	E1 .	F2	F1

Batches:

A: 1 to 22	A1: 1 to 11	A2: 12 to 22	
B: 23to 44	B1: 23 to 33	B2: 34 to 44	
C: 45 to 66	C1: 45 to 55	C2: 56 to 66	
D: 67 to 88	D1:67 to 77	D2: 78to 88	
E: 89 to 110	E1: 89 to 99	E2: 100 to 110	
F: 111 to 132	F1: 111 to 121	F2: 122 to 132	N
G: 133to 150 +R	G1: 133 to 141	G2: 142 to 150 +R	PF



BHARATI VIDYAPEETH

(Deemed to be University) Pune, India

MEDICAL COLLEGE, PUNE

PUNE -SATARA ROAD, PUNE - 411 043.



III M.B.B.S (Part I) CLINICAL POSTING SCHEDULE: Time: 9.30 am to 12.30 Roll Nos.: 01 to 150

Posting Period: 17 /04/2023 to 28/10/2023

Med: 3, Surg: 3, Obgy:3, CM:3+1, ENT:3, OPTH:3, ORTH: 3, PED:3=25 wks

VI Semester: Posting Period 17/04/2023 to 22/4/2023				Commu	nity Medic	ine		
VI Semester: Posting Period	Med	Surg	Obgy	CM	ENT	ОРТН	ORTH	PED
24/04/2023 TO 13/05/2023	A	В	С	D	Е	F	G	Н
15/05/2023 TO 03/06/2023	В	С	D	Е	F	G	Н	A
05/06/2023 TO 24/06/2023	С	D	Е	F	G	Н	A	В

VI Semester Ending Examination: Theory and Practical: 26/06/2023 to 08/07/2023

			VII Semes	ter				
10/07/2023 to 29/07/2023	D	Е	F	G ·	Н	A	В	С
31/07/2023 to 19/08/2023	Е	F	G	Н	A	В	С	D
21/08/2023 to 09/09/2023	F	G /	Н	A	В	С	D	Е
11/09/2023 to 30/09/2023	G	Н	A	В	С	D	Е	F
02/10/2023 to 21/10/2023	Н	A 🖔	/ B	С	D	Е	F	G

23/10/2023 to 28/10/2023: Revision: ENT +Ophthalmology +CM+FMT

Batches:

A: 1 to 18	
B: 19 to 36	
C: 37 to 54	•
D: 55 to 72	
E: 73 to 90	
F:91 to 108	
G: 109 to 126	
H: 127 to 150	
G: 109 to 126	

BHARATI VIDYAPEETH (DEEMED TO BE) UNIVERSITY MEDICAL COLLEGE, PUNE

III MBBS Part I (Admission BATCH – 2020-21) VI sem. Internal Assessment Time-Table (27th June -8th July 2023)

Theory Examination									
Date	Day	Time	Subject	N/. 1					
27/06/2023	Tuesday	1 to 4 PM	Community Medicine	Marks					
28/06/2023	Wednesday	1 to 4 PM		100					
29/06/2023	Thursday		FMT	100					
30/06/2023		1 to 4 PM	ENT	100					
30/00/2023	Friday	1 to 4 PM	Ophthalmology	100					

Practical Examination including Viva
Time-9am onwards; Marks: [70(Practical)+ 30(Viva)+25(I

Date	Day	CM	The state of the s	$\frac{123(JLD)J}{123}$	Marks
03/07/2023	Monday	A	FMT	ENT	Opthalm.
04/07/2023	Tuesday	D	В	C	D
05/07/2023	Wednesday	<u> </u>	C	D	E
06/07/2023	Thursday	D	D	E	F
07/07/2023	Friday	E	E	F	A
08/07/2023	Saturday	E	F	A	В
	Saturday	r	A	В	C

Practical batches:	Roll no.s
A	1 to 25
В	26 to 50
C	51 to 75
D	76 to 1-00
E	101 to 125
F	126 to 150

Note: (1) Attendance is compulsory for all the examinations

(2) Scores of all these examinations contribute towards internal assessment

(3) Syllabus for the examinations will be declared by respective departments.

BHARATI VIDYAPEETH (DEEMED TO BE) UNIVERSITY MEDICAL COLLEGE, PUNE

III MBBS Part I (Admission BATCH - 2020)
VII sem. Prelim Theory Examination Time table (30th Oct 2023-10th Nov 2023)

		Theory]	Examination	
Date	Day	Time	Subject	Marks
30/10/2023	Monday	1 to 4 PM	Community Medicine paper I	100
31/10/2023	Tuesday	1, 10, 6		100
1/11/2023	Wednesday	1 to 4 PM	FMT	100
02/11/2023	Thursday	1 to 4 PM	ENT	100
03/11/2023	Friday	1 to 4 PM	Ophthalmology	100

Practical Examination including Viva

Time-9am onwards; Marks: [70(Practical)+ 30(Viva)+25(JLB)] = 125 Marks

Date	Day	CM	FMT	ENT	Opthalm.
4/11/2023	Saturday	A	В	С	D
6/11/2023	Monday	В	С	D	E
7/11/2023	Tuesday	С	D	Е	F
8/11/2023	Wednesday	D	Е	F	A
9/11/2023	Thursday	· E	F	A	В
10/11/2023	Friday	F	A	В	С

Practical batches:	Roll no.s
A	1 to 25 /
В	26 to 50
C	51 to 75
D	76 to 100
Е	101 to 125
F	126 to 150 🚁

Note: (1) Attendance is compulsory for all the examinations

- (2) Scores of all these examinations contribute towards internal assessment
- (3) Syllabus for the examinations will be declared by respective departments.
- Remedial Exam-24th November 2023-28th November 2023
- University exam: 11th Dec.2023-28th Dec.2023
- Supplementary Prelim: Last week January 2024
- Supplementary University Exam-third week of February 2024

Marenarkas

*		•	=	Bharati Vidyapeeth DTU Medical College, Pune III MBBS Part I: CBME admission batch 2020-21: Total Teaching hours	Bharati Vidyapeeth DTU Medical College, Pune rt I: CBME admission batch 2020-21: Total Tea	peeth D mission	TU Medic batch 20	cal College 20-21: Tot	, Pune tal Teac	hing hours			
Subject		lecture		*	SGT			SDL			AETCOM		Clinical Posting (weeks)
	VI sem	VII sem	Total	VI sem	VII sem	Total	VI sem	VII sem	Total	VI sem	VII sem	Total	Total
Medicine	23	2	25	35	0	35	5	0	5	0	0	0	3
Resp medicine	0	10	10	0	∞ .	∞	0	2	2	0	0	0	·
Surgery	24	н	25	35	0	35	5	0	2	0	0	0	3
Ortho	0	15	15	0	20	20	4	Н	5	0	0	0	4
Pediatrics	0	20	20	10	20	30	5	0	5	0	0	0	4
ENT	22	m	25	26	14	40	0	5	5	0	2	5	4
Opthalm	22	∞	30	46	14	09	0	10	10	5	0	5	4
FMT	23	2	25	22	23	45	0	5	5	10	0	10	
CM	23	17	40	46	14	09	5	0	5	S	0	5	9
Dermat	0	20	20	0	5	5	0	5	5	0	0	0	. 2
Psy	- 24	н	25	0	10	10	0	5	5	0	0	0	2
Radio	10	0	10	0	∞	8	0	2	2	0	0	0	
Anaesthesia	œ	0	∞	0	10	10	2	0	2	0	0	0	2
OBGY	2	20	25	22	13	35	0	5	5	0	0	0.	3
casualty	0	0	0	0	0	0	0	0	0	0	0	0	2
FMT/CM/ ENT/Opthalm	\$					•							Н
hours	184	119	303	242	159	401	56	40	99	20	5	25	40
						Total	Il hours						
Lecture		SGT			SDL			AETCOM		Clinical Posting (40 wks* 6 days	Clinical Posting (40 wks* 6 days* 3 hrs=720 hrs)	s=720 hrs)	Total
303		401			99			19+6= 2	25		720		1515
												TAKE .	- A COVERAGE KING

Bharati Vidyapeeth DTU Medical College, Pune III MBBS Part I: CBME admission batch 2020-21: Total Teaching hours

Subject		lecture			SGT			SDL			AETCOM		Clinical Posting (weeks)
	VI sem	VII sem	Total	VI sem	VII sem	Total	VI sem	VII sem	Total	VI sem	VII sem	Total	Total
Medicine	23	2	25	35	0	35	5	0	5	0	0	0	3
Resp medicine	0	10	10	0	8	8	0	2	2	0	0	0	
Surgery	24	1	25	35	0	35	5	0	5	0	0	0	3
Ortho	0	15	15	0	20	20	4	1	5	0	0	0	4
Pediatrics	0	20	20	10	20	30	5	0	5	0	0	0	4
ENT	22	3	25	26	14	40	0	5	5	0	5	5	4
Opthalm	22	8	30	46	14	60	0	10	10	5	0	5	4
FMT	23	2	25	22	23	45	0	5	5	10	0	10	
CM	23	17	40	46	14	60	5	0	5	5	0	5	6
Dermat	0	20	20	0	5	5	0	5	5	0	0	0	2
Psy	24	1	25	0	10	10	0	5	5	0	0	0	2
Radio	10	0	10	0	8	8	0	2	2	0	0	0	
Anaesthesia	8	0	8	0	10	10	2	0	2	0	0	0	2
OBGY	5	20	25	22	13	35	0	5	5	0	0	- 0	3
casualty	0	0	0	0	0	0	0	0	0	0	0	0	2
FMT/CM/ ENT/Opthalm													1
hours	184	119	303	242	159	401	26	40	66	20	5	25	40
						Tota	l hours			,			
Lecture		SGT			SDL			AETCOM		Clinical Po	osting 6 days* 3 hrs	s=720 hrs)	Total hours
303		401			66			19+6= 2	25		720		1515

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I VI and VII Semester

DEPARTMNT OF MEDICINE Lectures Schedule: Duration: One hr/Lecture

Lecture no.	Zopie	Content .	Competency	Integration
		 Disease susceptibility & comorbidties: DM, HTN, osteoporosis, Atherosclerosis: (Ischemic heart	CM12.1 CM12.2 CM12.3 CM12.4	CM

PRINCIPAL
Bharati Vidyapeeth
(Deemed to be University)

Medical College Pune - 411 043

2	Lentospirosis	1	Know etiological agent of lentospirosis	IM25 1	
2	Leptospirosis	 3. 4. 	Know etiological agent of leptospirosis-3 R's of leptospirosis-Rats,Rains and Rice fields Learn epidemiology and transmission-contaminated animal urine usually by rodents, as epidemic, endemic, or sporadic. Describe main clinical features of leptospirosis including fever,rash,systemic symptoms, jaundice, reduced urine output, shock etc Know about Weil's disease (severe icteric form of leptospirosis). Diagnosis –MAT(microscopic agglutination test),Blood and CSF	IM25.1, IM 25.2, IM25.3, IM25.4, IM25.5, IM25.8	
			cultures		
		6.	Learn treatment and prophylaxis of mild		
			and moderate, severe leptospirosis		
			(ceftriaxone,doxycycline).		
3	HIV Part 1	1.	Epidemiology Etiopathogenesis of HIV infection	IM6.3, IM6.7,	Microbiology, PSM
		2.	Transmission of HIV infection- Sexual,	· ·	
			Parenteral, Vertical		
		3.	•		
		4.	Western Blot, p24 Antigen assay Initial Evaluation of HIV patient-		
			general physical examination and		
			investigations CD4 count CHEST X		
			RAY, viral load, viral resistance test		
			etc.		
4	HIV II	1.	Complication of HIV infection and	IM6.1,	Pharmacology, PSM
•		1.	discuss opportunistic infections and	IM6.2,	i narmacology, i SW
			malignancies	IM6.4,	
		2.	ε	IM6.5,	
		2	conditions.	IM6.6,	
		3.	Treatment of HIV paient- discuss HAART and treatment complications.	IM6.10,	
			•	IM6.16,	
			Prophylaxis from HIV infections	IM6.17,	
5	PUO	1.	To know the definition & criteria of	IM6.18 IM4.8,	
		1.	PUO	IM4.8, IM4.4,	
		2.	Know about types of PUO	IM4.5,	
		3. 4.	Etiopathogenesis To understand (PDC's) potentially	IM4.9, IM4.11,	
		4.	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	IM4.11, IM4.12	
			taking, examination & investigations		
			about possible etiology.		

	5 T	o discuss different diagnostic tests	
		which may be needed to arrive at	
	d	iagnosis	
	Mana	gement of PUO- supportive Rx, cooling	
		res, antipyretics and specific treatment	
		cause	
6 Rikettsia		tiopathogenesis of rickettsial fever	
		Vectors associated with transmission	
		ickettsial fever	
		Explain RMSF (Rocky Mountain potted Fever), Scrub typhus, Murine	
		yphus and their mode of transmission	
		nd their signs and symptoms.	
		Evaluation of patient of suspected	
		ickettsial fever and investigations for	
		iagnosis- indirect immunofluresnce	
		nd PCR., importance and interpretation	
		f Weil Felix test	
		reatment of rickettsia- doxycycline,	
	te	etracycline and chloramphenicol.	
7 Herpes sin	nplex, At the	e end of lecture student should be able	
zoster and		know	
chickenpo	^X Simila	arity between the herpes zoster and	
	chicke	en pox i.e.	
	reacti	vation of varicella virus .	
	1. T	o know the causative agent of the	
	h	erpes zoster - DNA virus	
		o know the pathology of infection -	
		irus remains dormant in dorsal root or	
		ther sensory ganglia to activate later.	
		To know the most common organ	
		ystems involved: CNS, optical system ramsay hunt syndrome, auditory	
		ystem.	
		o know the most common risk	
		actors.:immuno-compromised states	
		.g. HIV	
		o know different clinical phases of lness: i.e. pre-eruptive, acute eruptive,	
		hronic phase	
		o arrive at the diagnosis using clinical	
	a	nd laboratory parameters:	
		ike painful skin lesions and direct	
		luoroscent antibody testing (DFA),	
		CR assay.	
		o know the treatment of the infection	
	***************************************	symptomatic and specific	
		which depends upon hosts immune tatus	
0 001775 1			
8 COVID-19	9 1. E	tiology and epidemiology	

	<u> </u>	2 D-41		
		2. Pathogenesis – inflammation,		
		thrombosis		
		3. Concept of quarantine		
		4. Concept of isolation		
		5. Treatment modalities– drugs and		
		therapeutics		
		Vaccines in COVID-19		
9	Adult immunization	1. Types of Immunisation – Active		
		- Passive		
		2. Different routes of vaccine		
		administration		
		3. Recommended immunization schedule4. Vaccination for health care workers and		
		before splenectomy		
		5. Post exposure immunization		
		6. Vaccination for travelers.		
	Introduction To	• •	IM1.11,	
	Cardiovascular	_	IM1.12,	
	System And Clinical	syncope, edema	IM1.13,	
	Examination	 NYHA classification General examination: Pulse, Blood 	IM1.14, IM1.15	
		pressure, JVP and pulse waveform,	11011.13	
		Pedal odema, cyanosis, clubbing, skin		
		eg. xanthelesma.		
		4. Systemic Examination:		
		a) Inspection :- Chest deformities, Apex		
		impulse (position and character), scars,		
		visible pulsations etc.		
		b) Palpation: – Apex, P2, Parasternal		
		heave, thrill etc		
		c) Percussion:- Heart borders to define		
		cardiac size		
		d) Ausculation:		
		- Areas (mitral ,aortic tricuspid,		
		pulmonary, neo aortic)		
		- Normal heart sounds character,		
		intensity		
		- Adventitious sounds: opening snaps clicks.		
		_		
		- Murmurs :Intensity, character, propagation, systolic /diastolic		
11	Acute	1 0 1	IM1.3,	
	Rheumatic		IM1.9,	
	Fever		IM1.27	
		Heart (Pancarditis), Joint (Migratory		
		Polyarthritis) Skin (Erythema Marginatum),		
		Chorea & Subcutaneous Nodules.		
		4. Revised Jones Criteria To Diagnose		
		Acute Rheumatic Fever		
		5. Importance Of ASO And CRP Titers In		
		Diagnosing ARF		

		6. Management – Salicylates, NSAIDS and Antibiotic (Dose, Duration)	
12	Valvular Heart Disease -Part I	Mitral Stenosis – 1. Etiology of Ms 2. Pathophysiology of MS 3. Clinical Features a) Symptoms b) Physical Findings c) Auscultatory Findings Including D/D of MDM 4. Rx- Medica, Surgical (Indication & Names)	
13	Valvular Heart Disease Part II	Mitral Regurgitation 1. Etiology Of Acute & Chronic MR 2. Pathophysiology Of Acute & Chronic MR 3. Clinical Features a) Symptoms b) Physical Findings c) Auscultatory Findings 4. Relevant Investigations For MR • Rx For MR – Medical, Surgical – Indication & Names) MVP 1. Know Various Names Of MVP 2. Etiopathogenesis For MVP 3. Clinical Features a. Symptoms b. Auscultatory Findings 4. Investigations For MVP Aortic Stenosis- 1. Etiology Of As 2. Pathophysiology Of As 3. Clinical Features a. Symptoms (Syncope ,Angina , Dyspnoea) b. Physical Findings c. Auscultatory Findings Investigations For AS Aortic Regurgitation- 1. Causes Of AR 2. Pathophysiology Of AR 3. Clinical Features a. Physical Findings —Especially Various Signs - Peripheral b. Auscultatory Findings c. Criteria To Determine Severity Of AR 4. Investigations For AR —Rule Of 55 5. Rx For AR — Medical Surgical —(Indication And Names)	

14 Infective Endocarditis	Causative Organism For Infective Endocarditis In Different Situation(Native Valve, Prosthetic Valve, Drug Users) Clinical Presentation(Cardiac & Non Cardiac Manifestation) Dukes Criteria, Blood Culture(Timing; how Many Samples) & Echocardiography In Empirical Diagnosis Of Infective Endocarditis Management According To Organism (Streptococci, Enterococci, Staphylococci & Hacek)	
Atherosclerosis & Anatomy Of Coronary Circulation	` '	IM2.1, IM2.2, IM2.3, IM2.4
	 Chest Pain Of Short Duration (<30 Min) 5 Important Risk Factors ECG findings in Stable, Unstable angina Clinical Presentation: Chest Pain, 	IM2.7, IM2.9, IM2.10, IM2.11, IM2.13, IM2.14, IM2.15, IM2.16, IM2.19, IM2.20, IM2.23

		Their Treatment-	
		 Explain Conduction System and Electrophysiology Of Heart. Explain Tacyarrhythmias And bradyarrythmias And Their Mechanisms. Know And Identify Arrythmias, Ectopics, Ventricular Tachycardia And Fibrillation, AIVR, SVT, Sinus Bradycardia And Heart Blocks In Ischemic Heart Diseases And Their Management. Discuss Anti Arrhythmic Drugs, Cpr And Defibrillations And Their Indications. Cardiogenic Shock Investigation In A Case Of Cardiogenic Shock Pharmacologic & Interventional. 	
17	Congenital Heart Disease	 Understand Normal Structure And Development Of Heart ASD: Types, Clinical Features, Ecg& 2d Echo Findings, Treatment VSD: Types, Clinical Features, Complications, Tetralogy Of Fallot: Pathophysiology, Clinical Features, Ecg& 2d Echo Findings, Treatment Eisenmengers Syndrome. Ebstein's Anomaly: Pathophysiology, Clinical Features, Treatment Know About Transposition Of Great Arteries, Tricuspid Atresia Complications Of Congenital Heart Disease 	IM1.28, IM1.29
18	Cardiac Failure	 Definition- Abnormality Of Cardiac Pumping Or Filling. Etiology: 4 Main Causes Of CCF - Congenital Or Acquired, Idiopathic, Valvular Heart Disease, Coronary Artery Disease. Classification: NYHA (New York Heart Association). 10 Precipitating Factors E.G., Arrhythmias High Output Status Etc. Risk Factors: Myopathy, Previous Myocardial Infarction, Alcohol. Clinical Presentation: Chest Pain, Breathlessness, Fatigue, Cerebral Symptoms. Types of Cardiac failure Clinical Features- Symptoms, Fatigue, Orthopanoea, Signs, S₃ Gallop, Basal Crepitations 	IM1.23,

9. Diagnosis: Labs, Chest Xray, Ecg, 2dechocardiography. 0. Treatment: Non Pharmacologic Like Diet And Parmacologic Like Diuretics, Angiotensin Converting Enzyme Inhibitors, B Blockers, Digoxin 1. Types – Acute – Secondary To Pulmonary Embolis And Chronic – Sec To Lung Diseases 2. Conditions Which Increases The Chances Of Dvt(Thrombhophilic States) 3. Clinical Features Suggestive Of Pulmonary Embolism 4. Diffrential Diagnosis 5. What Are The Investigations Treatment For Acute Pulmonary Embolism 20 Hypertension Part I Part I Pifferent Types Of Hypertension And IM8.4	
0. Treatment: Non Pharmacologic Like Diet And Parmacologic Like Diuretics, Angiotensin Converting Enzyme Inhibitors, B Blockers, Digoxin 1. Types – Acute – Secondary To Pulmonary Embolis And Chronic – Sec To Lung Diseases 2. Conditions Which Increases The Chances Of Dvt(Thrombhophilic States) 3. Clinical Features Suggestive Of Pulmonary Embolism 4. Diffrential Diagnosis 5. What Are The Investigations Treatment For Acute Pulmonary Embolism 20 Hypertension Part I Definition Of Hypertension By Jnc 7 & IM8.2, IM8.3,	
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20 Hypertension Part I 1. Definition Of Hypertension By Jnc 7 & IM8.2, IM8.3,	
Part I 8 , IM8.3,	
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Different Tomas Of Homentonia A. A. IMO A	
2. Different Types Of Hypertension And IM8.4,	
Classification: Primary, Second Staging IM8.5,	
According To Jnc 7 + 8 Classification./ IM8.7,	
White Coat, Masked, Secondary Etc. IM8.8,	
3. Clinical Features: Headache, Giddiness, IM8.9,	
Chest Pain ,Breathlesness . IM8.10	
4. Complications: Neurologic,	
Cardiovascular, Renal, Ophthalmologic.	
Cardiovascular, Renai, Ophthalmologic.	
21 Hypertension 1. Investigations Routine And Specific-,: IM8.6, Cardio	logy
Part II Lab Data, Electrocardiography, IM8.12,	Юду
Xray ,Fundoscopy, Urine Albumin Etc. IM8.14,	
2. Treatment: - Various Classes Of IM8.15,	
Medications Available i.e Angiotensin IM8.16,	
Receptor Blockade /Ace Inhibitors, Beta IM8.17	
Blockers,Ca Channel Blockers/	
Vasodilators, Diuretics, Centrally Acting	
,Etc.	
3. Definition Of Hypertensive Urgencies	
And Emergencies And Their	
Management	
4. Specific Conditions In Hypertension	
Like Pregnancy Induced Hypertension	
Etc And Their Specific Treatment.	
22 Pericarditis 1) Types Of Pericardial Layers	
2) Causes Of Pericarditis Or Effusion	
3) Clinical Features Of Pericarditis	
Including Pericardial Rub, Tachycardia	
Etc.	
4) Ecg Findings Of Pericarditis:Sinus	
Tachycardia, St Segment Elevation With	
Concavity Upwards ⪻ Segment	
Depression.	
5) Diagnostic Tests For Pericarditis-	
Pericardiocentesis And Fluid	
Biochemistry.	

23	Cardiomyopathy	1) Know Definition Of Cardiomyopathy		
	J 1 J	2) 3 Types Of Cardiomyopathies &		
		Specific Clinical Features If Any		
		3) Lab Evaluation OfCmp By Cxr, Ecg,		
		Echo, Cardiac Catheterization.		
		4) Rx Of Each Of Cmp Including Digoxin		
		Etc.		
		5) Follow Up & Prognosis Evaluations.		
24	Diseases Of Oral	(Apthous ulcer, GERD, Achalaria Cardia, Ca		Curgory
	Cavity &Oesphagus	esophagus)		Surgery
	Cavity &Ocspilagus	1. Causes & Management of apthous ulcers		
		2. Symptoms of esophageal disease – heart		
		burn,regurgitation,Chestpain,dysphagia,o		
		dynophagia, water , brash		
		3. To understand etiopathology of GERD &		
		complications like reflux esophagitis,		
		esophageal strictures ,Barrett's esophagus		
		4. To know about achalasia cardia-		
		neurologic dysphagia- absence of		
		ganglion cells in myentric plexus		
		5. Risk factor for ca esophagus		
		Types – Adenocarcinoma		
	<u></u>	- Squamous cell ca	77.51.5.0	
25	Diseases Of Stomach		IM15.9,	
		1	IM15.15,	
		2. To know different diseases of stomach e.g	IM15.16	
		Acute & chronic Gastritis, peptic ulcers		
		(Gastric & duodenal)		
		3. H.Pylori infection Pathophysiology &		
		4. management		
		5. Treatment - Antacid – various classes &		
		their action		
		6. Approach to dyspepsia		
		7. Names & indication for surgery in gastric		
		ulcer / duodanal ulcer		
26	Upper GI Bleeding	Causes of upper GI tract bleeding e.g.	IM15.1,	
		NSAIDs	IM15.2,	
		,H.Pyloriinfections,Varices,Ulcers	IM15.5,	
		1. Symptoms – Haematemesis	IM15.6,	
		- Malena	IM15.9,	
		- Complications- hypovolemic shock	IM15.10,	
		,anemia etc	IM15.11,	
		To diagnose upper GI bleed by	IM15.14	
		endoscopy.		
		2. Management of Upper GI bleed		
		- Medical Management		
		- Endoscopic therapy		
		Blood Transfusion – if severe anemia/shock		
27		Theory exam SAQ/LAQ/MCQ	I	I
_ ,		Theory exam strop med		

Bharati Vidyapeeth Deemed To Be University Medical College Pune DEPARTMNT OF MEDICINE III MBBS: Part I

VI and VII Semester

Small group teaching Schedule: Duration: Two hrs/SGT

Sr. No.	Торіс	Content	Competency No.	SGT Method*
1	ECG 1	To know about the normal cardiac electrical activity 1. To know basics of ECG machine- how to record ECG (12 leads), lead placement, standardizationetc. 2. To know about the basic concepts of ECG paper 3. How to read ECG- rate, rhythm, axis, individual waves, intervals etc. 4. To know about the characteristics of each wave, segment and interval	1.17, IM1.18	Tutorial
2	ECG 2	 Abnormalities of P wave - P mitrale, P pulmonale etc. Supraventricular arrhythmia, atrial flutter, atrial fibrillation Know about the PR interval and its significance Bradyarrhythmias and 1st, 2nd and 3rd degree AV blocks. To know about the QRS complex- Axis, duration and morphology Ventricular hypertrophy- LVH and RVH To identify bundle branch blocks- RBBB and LBBB Know the differential diagnosis of ST elevation in ECG Specific changes in ECG in myocardial infarction – STEMI and NSTEMI To differentiate between myocardial infarction and other causes of ST elevation in ECG Know about ventricular tachycardia and ventricular fibrillation 	IM12.10 IM2.10, IM8.13, IM8.17	Tutorial

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3		1. How to read a normal chest x	Tutorial
		ray	
		2. Homogenous opacity of	
	Chest X Ray	unilateral/ bilateral side	
		differentials	
		3. Miliary TB on chest x ray	
		4. Lung cavity/ abscess	
		5. Cannon ball appearance on x	
		ray	
		6. Cardiomegaly measurement	
		7. Atrial and ventricular	
		enlargement	
		8. Pneumonia	
		9. ARDS/ pulmonary edema	
4		1. Ideal prescription	Tutorial
•		2. Parts/ structure of prescription	
		3. Date	
		4. Superscription	
	Prescription	5. Inscription	
	writing	6. Subscription	
		7. Transcription	
		8. Signature	
5		How to interpret LFT report	Tutorial
		2. How to interpret pleural fluid	
		reports	
		3. CSF reports	
		4. Ascitic fluid report interpretation	
		5. Thyroid reports interpretation	
		6. Hemogram and peripheral smear	
		7. interpretation	
		les tube	
		1. Other names Description and	
		explaining various markingse.g	
	Lab data	405059 65Cardiac orifice Body	
		Pylorus1st part of	
		DuodenumStomach	
		2. Indications-	
		DiagnosticTherapeutic 3. Contraindications	
		Procedure- Technique of insertion	
		and confirmation of placement 4. Complications	
		a. Epistaxis	
		b. Rhinitis,Pharyngitis	
		c. Variceal bleed	
6	Tubes and	ETT	Tutorial
U	catheters	1. Description	1 atorial
		a. Portex	
		b. Cuffed /Uncuffed	
		c. Various sizes	
		2. Indication of Intubation	
		D ' (C')	
		a. Respiratory failureb. Cardio- respiratory arrest	
		c. General anasthesia	
		3. Contraindications	
		a. Trauma	

	1	T		
		b. Laryngospasm		
		4. Procedure-Consent, position of		
		pt., site, technique of insertion,		
		post intubation care.		
		5.Complications		
		a. Obstruction		
		b. Intubation either		
		Bronchus/esophagus		
		c. Trauma to cords intubation		
		Teeth dislodgement		
7	l Pleural Tapping	•	IM3.9	Tutorial
/	and Biopsy	1. Indications of pleural tapping-	11013.9	Tutoriai
	and Diopsy	diagnostic, therapeutic		
		2. Contraindications- local skin		
		infection, bleeding diathesis		
		3. Instruments- needle, syringe,		
		three way IV tubing etc.		
		4. Importance of Radioimaging		
		before and after the procedure		
		5. Procedure – position, site, how		
		much can be tapped		
		6. Analysis of pleural fluid		
		7. Complications - pneumothorax.		
		Hemothorax, empyema		
		8. Indications of pleural biopsy-		
		recurrent pleural effusion, pleural		
		mass		
		9. Instruments- Tru cut biopsy		
		needle		
•				
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8	Ascitic tapping	1. Indications of ascitic tapping-	IM5.15	Tutorial
8	Ascitic tapping	diagnostic, therapeutic		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites,		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe,		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic.		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped,		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid		Tutorial
8	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding,		Tutorial
	Ascitic tapping	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury		
8		diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments		Tutorial
	Ascitic tapping Lumbar Puncture	diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments needed-		
		diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments needed- a. Needle proper		
		diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments needed- a. Needle proper b. Stylus		
		diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments needed- a. Needle proper b. Stylus 2. Indications- Diagnostic and		
		diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments needed- a. Needle proper b. Stylus 2. Indications- Diagnostic and Therapeutic		
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		diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments needed- a. Needle proper b. Stylus 2. Indications- Diagnostic and Therapeutic 3. Contraindications- Absolute and		
		diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments needed- a. Needle proper b. Stylus 2. Indications- Diagnostic and Therapeutic 3. Contraindications- Absolute and relative		
		diagnostic, therapeutic 2. Contraindications- local skin infection, severe thrombocytopenia 3. Procedure – position of pt, sites, insertion of needle- Z technique 4. Instruments required-syringe, needle, local anesthetic. 5. How much fluid can be tapped, 6. Analysis of ascitic fluid 7. Complications- bleeding, infection, bowel injury 1. Description of the instruments needed- a. Needle proper b. Stylus 2. Indications- Diagnostic and Therapeutic 3. Contraindications- Absolute and relative 4. Procedure-Consent, position of		
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10	Liver Biopsy,	1. Description of the instruments		Tutorial
		needed-		
	Kidney	a. Outer hollow needle		
	Biopsy	b. Inner split needle		
		c. Solid stylet		
		2. Indication of Biopsy-Cirrhosis		
		,Carcinoma ,Chronic hepatitis,		
		Storage & metabolic disorders 3. Contraindications-		
		Coagulopathy, Hydatidcyst, Cong estedliver, massive,		
		ascites, Hemangioma etc.		
		4. Procedure-Consent, position of		
		patient, site, post procedure		
		orders etc.		
		5. Complications-Hemorrhage,		
		Biliary peritonitis, Precipitation		
		of hepatic coma etc.		
		6. Description of the instruments		
		needed-		
		- Outer hollow needle		
		- Inner split needle		
		- Solid stylet		
		7. Indications of Biopsy-		
		Nephroticsyndrome, Glomerulon		
		ephritis of any cause,		
		Proteinuria, Hematuria,		
		Systemic disorders with renal involvement, transplant		
		rejection, Malignancy etc		
		8. Contraindications-Coagulopathy,		
		ESRD, Solitary kidney etc.		
		9. Procedure - Consent, position of		
		pt., site, post procedure orders		
		etc		
		10. Complications - Hemorrhage,		
		infection etc.		
11		1. Description of the instruments	IM4.17	Tutorial
		needed-Needle		
		stylet,adjustableguard,e.gsalah,		
	Dama Mamary	klima		
	Bone Marrow	2. Indications- Anemia, pancytopenia, hematological		
	Aspiration and Biopsy	malignancies, pyrexia of		
	Diopsy	unknown origin		
		3. Contraindications- local		
		infection, coagulopathy etc.		
		4. Procedure-Consent, position of		
		patient, site, post procedure		
		orders etc.		
		5. Complications- hemorrhage,		
		infection		
		6. Analysis of bone marrow-		
		a. Cellularity of marrow		
		b. WBC, Megakaryocytes,		
		plasma cell c. M.E ratio		
		c. M.E ratio		

		1 '		<u> </u>
		d. parasite /tumour		
		cells/ fibrous		
12	P line insertion IV Fluids & Infusion set	tissue/iron CVP Line 1. Description of the instruments needed-Needle, Guide wire, Central line etc. 2. Procedure-Consent, position of pt., site, post procedure orders etc. Complications- Pneumothorax, Carotid artery puncture etc IV Fluids 1. Types a. Colloids- Hemaccel, Albumin etc. b. Crystalloids c.e.g NS, Dextrose, RL, Hypertonic saline 2. Indications- Hypovolemic shock, severe dehydration etc 3. ContraindicationCCF, other fluid overload states 4. Advantages of IV fluids Rapid connection of defici 5. Disadvantages	IM10.22	Tutorial
13	Blood transfusion		IM9.19	Tutorial
		group systems? 2. Which are the different blood components? 3. What pre transfusion testing or precautions are taken? 4. What are the indications for blood transfusion? 5. What are the contraindications for blood transfusion? What are the adverse reactions to blood transfusion?		
14	eat stroke and Near Drowning	 What is Heat stroke? Clinical manifestations of heat stroke Other causes of hyperthermia Complications of heat stroke Management of heat stroke 		Small group discussion
15	Acute alcohol intoxication & withdrawal syndrome	 Metabolism of alcohol in body. clinical features of acute alcohol intoxication Management of acute alcohol intoxication Manifestations of alcohol withdrawal Treatment of alcohol withdrawal 		Small group discussion

16	ine examination	 Methods of collection of urine specimens How is the gross & microbiological examination of urine done? Which are the different urinary casts? Evaluation of proteinuria Further reading – treatment of UTI 	IM25.7	Small group discussion
17	naphylaxis & Acute Urticaria	 Types of hypersensitivity reactions Etiology of anaphylaxis &urticaria Clinical features of anaphylaxis-3severe life threatening complications Treatment of anaphylaxis Treatment of acute urticaria 		Small group discussion
18	Exam on above topics	SAQ/ MCQ		

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab

Batches for small group: 30 students per batch:

Batch	Roll No.s
A	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

Bharati Vidyapeeth Deemed To Be University Medical College Pune DEPARTMNT OF MEDICINE

III MBBS: Part I VI and VII Semester

Clinical Posting Schedule:

(Total 3 weeks: 6 days x 3hours per day = 54 hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
Monday	CVS - History taking and General examination	IM1.10, IM2.6, IM8.9 IM1.11, IM1.12, IM1.13, IM1.14, IM2.7, IM8.10	3 (2+1)	Bedside Clinic + Clinical Clerkship
Tuesday	Systemic examination CVS	IM1.11, IM1.12, IM1.13, IM1.14, IM1.15	3 (2+1)	Bedside Clinic + Clinical Clerkship
Wednesday	Blood transfusion & Ryle's tube Insertion	IM9.19 IM1.11, IM1.14, IM2.7 ,IM4.9, IM4.10	3(2+1)	Skill Lab + Bedside clinic
Thursday	Mitral Stenosis (MS) & Mitral Regurgitation (MR)	IM1.11, IM1.12, IM1.13, IM1.14, IM1.15	3 (2+1)	Bedside Clinic + Clinical Clerkship
Friday	Aortic Stenosis (AS) & Aortic Regurgitation (AR)	IM1.11, IM1.12, IM1.13, IM1.14, IM1.15	3 (2+1)	Bedside Clinic + Clinical Clerkship
Saturday	Congenital heart disease (VSD/TOF)	IM1.11, IM1.12, IM1.13, IM1.14, IM1.15	3 (2+1)	Bedside Clinic + Clinical Clerkship
Monday	GIT- History & General examination	IM5.9, IM15.4, IM16.4 IM4.10, IM5.10, IM15.5, IM15.7, IM16.5	3 (2+1)	Bedside Clinic + Clinical Clerkship
Tuesday	Acute hepatitis	IM4.9, IM4.10, IM5.9, IM5.10	3 (2+1)	Bedside Clinic + Clinical Clerkship
Wednesday	Ascitic fluid Aspiration	IM 5.15 IM1.11, IM1.12, IM1.13, IM1.14, IM1.15	3(2+1)	Skill Lab + Bedside clinic

Thursday	Hepatomegaly & Splenomegaly	IM4.9, IM4.10,	3 (2+1)	Bedside Clinic +
Thursday	reparonegary & Spienonegary	IM5.9, IM5.10	3 (2+1)	Clinical Clerkship
Friday	Case of Jaundice with approach to Jaundice	IM4.9, IM4.10, IM5.9, IM5.10	3 (2+1)	Bedside Clinic + Clinical Clerkship
Saturday	Decompensated Liver Cirrhosis	IM5.9, IM5.10	3 (2+1)	Bedside Clinic + Clinical Clerkship
Monday	Thyroid Disease – Grave's / Severe hypothyroidism	IM12.5, IM12.6, IM12.7	3 (2+1)	Bedside Clinic + Clinical Clerkship
Tuesday	Approach to Polyarthritis	IM7.11, IM7.12	3 (2+1)	Bedside Clinic + Clinical Clerkship
Wednesday	Lumbar Puncture	IM6.15 IM5.9, IM5.10	3 (2+1)	Skill Lab + Bedside Clinic
Thursday	Case Presentation (GIT /CVS)		3 (2+1)	Bedside Clinic + Clinical Clerkship
Friday	Case Presentation (GIT /CVS)		3 (2+1)	Bedside Clinic + Clinical Clerkship
Saturday	Term End Exam			Bedside Clinic

Bharati Vidyapeeth Deemed To Be University Medical College, Pune III.M.B.B.S – Part I

VI and VII Semester

Department of General Surgery Lecture Schedule: Duration: One hr /Lecture

Lecture no.	Topic	Content	Competency	Integration
1	Surgical infections	Define and describe the aetiology and pathogenesis of surgical Infections. Enumerate Prophylactic and therapeutic antibiotics Plan appropriate management	SU6.1 SU6.2	Microbiology
2	Basic surgical skills	Describe Aseptic techniques, sterilization and disinfection.	SU14.1	Microbiology
3	Anaesthesia and pain management	Describe principles of Preoperative assessment. Enumerate the principles of general, regional, and local Anaesthesia.	SU11.1 SU11.2	Anaesthesiolo gy
4	Development al anomalies of face, mouth and jaws	Describe the etiology and classification of cleft lip and palate. Describe the Principles of reconstruction of cleft lip and palate	SU19.1 SU19.2	
5	Investigation of surgical patient	Biological basis for early detection of cancer and multidisciplinary approach in management of cancer	SU9.2	
6	Oropharynge al cancer - I	Describe etiopathogenesis of oral cancer symptoms and signs of oropharyngeal cancer. Enumerate the appropriate investigations and discuss the Principles of treatment.	SU20.1 SU20.2	
7	Disorders of salivary glands - I	Describe surgical anatomy of the salivary glands, pathology, and clinical presentation of disorders of salivary glands	SU 21.1	
8	Disorders of salivary gland - II	Enumerate the appropriate Investigations and the Principles of treatment of disorders of salivary glands	SU 21.2	
9	Thyroid- I	Describe the applied anatomy and physiology of thyroid. Describe the etiopathogenesis of thyroidal swellings.	SU 22.1 SU 22.2	Human Anatomy
10	Thyroid - II	Describe the clinical features, classification and principles of management of thyroid cancer	SU22.4	

11	Parathyroid glands	Describe the applied anatomy of parathyroid. Describe and discuss the clinical features of hypo - and hyperparathyroidism and the principles of their management.	SU 22.5 SU 22.6
12	Adrenal gland	Describe the applied anatomy of adrenal glands. Describe the etiology, clinical features and principles of management of disorders of adrenal gland Describe the clinical features, principles of investigation and management of Adrenal	SU 23.1 SU 22.2 SU23.3
13	Breast - I	tumours Describe applied anatomy and appropriate investigations for breast disease	SU 25.1
14	Breast - II	Describe the etiopathogenesis, clinical features and principles of management of benign breast disease including infections of the breast	SU 25.2
15	Breast - III	Describe the etiopathogenesis, clinical features, Investigations and principles of treatment of benign and malignant tumours of breast.	SU 25.3
16	Minimally invasive General Surgery	Describe the Indications, advantages and disadvantages of Minimally invasive General Surgery	SU 16.1
17	Abdomen - peritoneum	Describe causes, clinical features, complications and principles of management of peritonitis	SU 28.3
18	Abdomen	Describe pathophysiology, clinical features, investigations and principles of management of Intra-abdominal abscess, mesenteric cyst, and retroperitoneal tumors	SU 28.4
19	Abdomen - esophagus	Describe the applied Anatomy and physiology of esophagus.	SU 28.5
20	Abdomen - esophagus	Describe the clinical features, investigations and principles of management of malignant disorders of esophagus.	SU 28.6
21	Abdomen - stomach	Describe the applied anatomy and physiology of stomach. Describe and discuss the aetiology, clinical features, investigations and principles of management of congenital hypertrophic pyloric stenosis.	SU 28.7 SU 28.8

22	Abdomen - stomach	Describe and discuss the aetiology, clinical features, investigations and principles of management of Peptic ulcer disease	SU 28.8	
23	Abdomen - Stomach	Describe and discuss the aetiology, clinical features, investigations and principles of management of Carcinoma stomach		
24	Pancreas - I	Describe the clinical features, principles of investigation, prognosis and management of pancreatitis.	SU 24.1	
25	Pancreas - II	Describe the clinical features, principles of investigation, prognosis and management of pancreatic endocrine tumours	SU24.2 SU24.3	
	Term end exai	m		2 Hours

Bharati Vidyapeeth Deemed To Be University Medical College Pune III.M.B.B.S – Part I

VI and VII Semester

Department of surgery

Small group teaching Schedule: Duration 2hrs/SGT

Sr.	Topic	Content	Competency No.	SGT Method
1	Wound healing and wound care	Differentiate the various types of wounds, plan and observe management of wounds. Discuss medico legal aspects of wounds.	SU5.3 SU5.4	Practical
2	Nutrition and fluid therapy	Describe and discuss the methods of estimation and replacement of the fluid and electrolyte requirements in the surgical patient	SU12.2	Tutorial / Group discussion
3	Anaesthesia and pain management	Describe Principles of safe General Surgery	SU11.6	Tutorial
4	Investigation of surgical patient	Choose appropriate biochemical, microbiological, pathological, imaging investigations Communicate the results of surgical investigations and counsel the patient appropriately and interpret the investigative data in a surgical patient	SU9.1 SU9.3	Tutorial
5	Pre, intra and post- operative management.	Observe common surgical procedures and assist in minor surgical procedures; Observe emergency lifesaving surgical procedures.	SU10.3	Practical
6	Pre, intra and post- operative management.	Perform basic surgical Skills such as First aid including suturing and minor surgical procedures in simulated environment	SU10.4	Skill lab
7	Anaesthesia and pain management	Demonstrate maintenance of an airway in a mannequin or equivalent	SU11.3	Tutorial
8	Basic Surgical Skills	Describe Aseptic techniques, sterilization and disinfection	SU14.1	Group Discussion
9	Basic Surgical Skills	Describe Surgical approaches, incisions.	SU14.2	Tutorial
10	Basic Surgical Skills	Describe the use of appropriate instruments in Surgery in general	SU14.2	Tutorial
11	Basic Surgical Skills	Describe the materials and methods used for surgical wound closure and anastomosis (sutures, knots and needles) Demonstrate the techniques of asepsis and suturing in a simulated environment	SU14.3 SU14.4	Tutorial
12	Trauma	Describe the Principles of FIRST AID. Demonstrate the steps in Basic Life Support. Transport of injured patient in a simulated environment.	SU17.1 SU17.2	Tutorial / DOAP
13	Trauma	Trauma Describe the clinical features of soft tissue injuries. Chose appropriate investigations and discuss the principles of management.		Seminar
14	Trauma	Describe the pathophysiology of chest injuries. Describe the clinical features and principles of management of chest injuries.	SU17.8 SU17.9	Tutorial
15	Trauma	Demonstrate Airway maintenance. Recognize and manage tension pneumothorax, hemothorax and flail chest in simulated environment.	SU17.10	Skill lab
16	Endocrine General Surgery: Thyroid and parathyroid	Describe the etiopathogenesis of thyroidal swellings	SU22.2	Tutorial

17	Breast	Demonstrate the correct technique to palpate the breast for breast	SU25.5	DOAP
		swelling in a mannequin or equivalent		
		Describe and identify the morphologic and microscopic features	PA31.3	
		of carcinoma of the breast		
18	Skill Module	Incision and drainage	10.3	Skill lab

*SGT Method-Group discussion/ Tutorial/ Seminar/ DOAP/ Practical/ Skill lab Batches for small group: 30 students per batch:

Batch	Roll No.s
A	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

Bharati Vidyapeeth Deemed To Be University Medical College, Pune III.M.B.B.S – Part I

VI and VII Semester Department of General surgery Clinical posting schedule

(Total 3 weeks: 6 days x 3hours per day = 54 hours)

Day of	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ skills lab/
post ing				clinical clerkship
1	Swelling: case presentation- discussion of investigation and treatment plan	SU18.3	3	Bedside clinic
2	Ulcer: case presentation- discussion of classification, investigations and treatment plan	SU5.2 SU5.3	3	Bedside clinic Clinical clerkship
3	Scrotal swellings: case presentation hydrocele/ varicocele- discuss investigations and treatment plan	SU30.4 SU30.5	3	Bedside clinic
4	Inguinal hernia- case presentation- discuss treatment plan	SU28.2	3	Bedside clinic
5	Breast: symptomatology, History taking and examination of breast lump.	SU25.5	3	Bedside clinic.
6	Breast: discussion of differential diagnosis with investigations and treatment plan	SU25.1	3	Clinical clerkship Bedside clinic
7	Breast: Case presentation- Breast Lump		3	Bedside clinic
8	Thyroid: symptomatology, history taking, physical examination	SU22.3	3	Bedside clinic
9	Thyroid: discussion of differential diagnosis with investigations and broad outline of management	SU22.3 SU22.4	3	Bedside clinic Clinical clerkship
10	Thyroid: Case presentation – Multinodular goitre	SU22.3	3	Bedside clinic
11	Case presentation: other neck swellings- cervical lymphadenopathy	SU22.8	3	Bedside clinic
12	Oral malignancy History taking, examination and investigations	SU20.1	3	Bedside clinic Clinical clerkship
13	Oral malignancy: Case presentation	SU20.2	3	Bedside clinic
14	Varicose veins: History taking, examination and investigations and various treatment modalities	SU27.5 SU27.6	3	Bedside clinic Clinical clerkship
15	Case presentation: varicose veins		3	Bedside clinic
16	Peripheral vascular disease: history taking and examination and investigations	SU27.1 SU27.2 SU27.3	3	Bedside clinic Clinical clerkship
17	Case presentation: Peripheral vascular disease		3	Bedside clinic
18	Clinical term end			

Bharati Vidyapeeth (Deemed To Be University) Medical College Pune DEPARTMENT OF OBSTETRICS AND GYNECOLOGY III.M.B.B.S – Part I VI and VII Semester

Lecture Schedule: Duration: One hr/Lecture

Lecture No.	Topics	Content	Competency	Integration
1.	Demographic and Vital Statistics	Birth Rate, Maternal Mortality and Morbidity: Define & Discuss Perinatal Mortality and Morbidity, Neonatal Mortality Audits	OG1.1 & 2	Community medicine
2.	Demographic and Vital Statistics	Still Birth and Abortions: Define & Discuss	OG1.3	
3.	Antepartum haemorrhage	Define, Classify APH. Aetiology, pathogenesis, clinical features and management of Placenta Previa	OG10.1	
4.	Antepartum haemorrhage	Aetiology, pathogenesis, differential diagnosis, clinical features and management of Placental Abruption	OG10.1	
5.	Operative Obstetrics	Caesarean section: Indications, Procedure, Complications	OG15.1	
6.	Operative Obstetrics	Forceps & Vaccum extraction	OG15.1	
7.	Operative Obstetrics	Cervical Cerclage: Indications, Procedure, Complications	OG15.1	
8.	Lactation	Mastitis & Breast abscess: Clinical features, diagnosis and Management	OG17.3	
9.	Abnormal Puerperium	Puerperal pyrexia and Puerperal Pyrexia	OG19.1	
10.	Normal and Abnormal Puberty	Precocious Puberty and Delayed Puberty	OG23.2	
11.	Vaginal Discharge and Genital Infections	Vaginal Infections: Etiology, characteristics, hygiene, management and syndromic approach	OG22.2	
12.	Vaginal Discharge and Genital Infections	STDs: Etio-pathogenesis, CF, DD, Investigation, Management and long term implications	OG27.1	
13.	Vaginal Discharge and Genital Infections	Genital Tuberculosis: Etio-pathogenesis, CF, DD, Investigation, Management and long term implications	OG27.2	
14.	Vaginal Discharge and Genital Infections	HIV: Etio-pathogenesis, CF, DD, Investigation, Management and long term implications	OG27.3	
15.	Vaginal Discharge and Genital Infections	PID: Etio-pathogenesis, CF, DD, Investigation, Management and long term implications	OG27.4	
16.	Abnormal Uterine Bleeding	AUB I:Definition, Classification, Aetiology, Clinical Features	OG24.1	

17.	Abnormal Uterine Bleeding	AUB II: Investigations & Management	OG24.1
18.	Infertility	Infertility: Causes, Types, CF, Differential Diagnosis, Baseline Investigations including semen analysis	OG28.1
19.	Infertility	Infertility Investigations: Tubal Patency Tests & Restoration of tubal patency	OG28.2
20.	Infertility	Infertility: Ovulation Induction drugs, principles and monitoring	OG28.3
21.	Infertility	Assisted Reproductive Techniques	OG28.4
22.	PCOS and Hirsutism	PCOS: Etio-pathogenesis, Clinical Features, Diagnosis & Investigations, Management long term complications	OG30.1
23.	Fibroids & Endometriosis	Fibroid I: Aetiology, Pathology, CF, DD	OG29.1
24.	Fibroids & Endometriosis	Fibroid II: Investigations, Management Principles & Complications including degenerations	OG29.1
25.		Term end theory	

Bharati Vidyapeeth (Deemed To Be University) Medical College Pune DEPARTMENT OF OBSTETRICS AND GYNECOLOGY III.M.B.B.S – Part I VI and VII Semester

Small Group Teaching: Duration: 1 hr/Small Group Teaching

Serial No.	Topic	Content	Competency	SGT Method
1.	Antenatal Care	Objectives of Antenatal Care	OG8.1	Group discussion
2.	Antenatal Care	Obstetrics History & Clinical Importance	OG8.2	Tutorial
3.	Antenatal Care	Obstetrics Examination	OG8.3	DOAP
4.	Antenatal Care	Monitoring of Maternal and Fetal Well-being	OG8.4	Group Discussion
5.	Antenatal Care	Nutrition in Pregnancy	OG8.6	Seminar
6.	Antenatal Care	Role of Ultrasound and Doppler in Obstetrics	OG16.3	Tutorial
7.	Labour & Operative Obstetrics	Physiology of Normal Labor & Stages of Labour	OG13.1	Seminar
8.	Labour & Operative Obstetrics	Mechanism Of Labor	OG13.1	DOAP
9.	Labour & Operative Obstetrics	Management of First and Second Stage of Labour	OG13.1	Tutorial
10.	Labour & Operative Obstetrics	Management of third stage of Labour	OG13.1	Practical
11.	Labour & Operative Obstetrics	Indications and Suturing of Episiotomy	OG15.1	Group discussion
12.	Labour & Operative Obstetrics	Pain Relief in Labor	OG 13.1	Tutorial
13.	Labour & Operative Obstetrics	Induction & Augmentation of Labor	OG 13.1	Seminar
14.	Labour & Operative Obstetrics	Preterm Labor & PROM	OG 13.2	Tutorial
15.	Labour & Operative Obstetrics	Post Dated & Post Term Pregnancy	OG 13.2	Seminar
16.	Complications in Third Stage of labour	PPH: Causes, Definition, Drug Treatment of Atonic PPH	OG16.1	Group discussion

17.	Complications in Third Stage of labour	PPH: Traumatic and Surgical Management of PPH	OG16.1	Group discussion
18.	Lactation	Physiology of Lactation and Breast Feeding	OG17.1	Seminar
19.	Lactation	Counselling of Breast Feeding in a Simulated Environment and breast feeding problems	OG17.2	DOAP
20.	Contraception	Classification of Temporary and Permanent Methods. Discussion on Natural Methods, Pearl's Index	OG21.1	Seminar
21.	Contraception	Barrier Methods of Contraception	OG21.1	Tutorial
22.	Contraception	Oral Contraceptives: Classification, Mechanism Of action. Side Effects	OG21.1	Seminar
23.	Contraception	Injectable Contraceptives and Emergency Contraceptives	OG21.1	Tutorial
24.	Contraception	Intrauterine Contraceptive Devices: Classification, Mechanism of Action, Side Effects and PPIUCD programme	OG21.1 OG21.2	DOAP
25.	Contraception	Female Sterilization	OG21.1	Tutorial
26.	Contraception	Male Sterilization and Medical Eligibility Criteria [MEC] for various contraceptive methods	OG22.1	Seminar
27.	Medical Termination of Pregnancy	MTP Act & Law, PCPNDT Act	OG20.1	Seminar
28.	Medical Termination of Pregnancy	1 st Trimester MTP	OG20.1	Group discussion
29.	Medical Termination of Pregnancy	2 nd Trimester MTP	OG20.1	Seminar
30.	Medical Termination of Pregnancy	Abortions I [Definition, aetiology, types and management of first trimester abortions]	OG9.1	Tutorial
31.	Medical Termination of Pregnancy	Abortions II [Second trimester abortion and Incompetent Os]	OG9.1	Group discussion
32.	Complications in early pregnancy	Acute Abdomen in Early Pregnancy with focus on ectopic pregnancy [Aetiology, Clinical features, Differential Diagnosis and Management]	OG9.3	Group discussion
33.	Complications in early pregnancy	Vesicular Mole	OG9.4	Seminar
34.	Complications in early pregnancy	Hyperemesis Gravidarum	OG9.5	Tutorial
35.	Neonatology	Care of New-born	OG18.1	DOAP

Bharati Vidyapeeth (Deemed To Be University) Medical College Pune DEPARTMENT OF OBSTETRICS AND GYNECOLOGY III.M.B.B.S – Part I VI and VII Semester

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

(Total 3 weeks: 6 days x 3hours per day = 54 hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method
1.	Obstetric examination, Lie, Presentation, Attitude, Leopold Manoeuvres [excluding internal examination]	OG35.1	3	Clinical clerkship
2.	Objectives of Antenatal Care Including ANC visits and Antenatal Investigations	OG8.1	3	Clinical clerkship
3.	Partograph	OG8.4	3	Clinical clerkship
4.	Monitoring of fetal well-being [NST, DFMC, BPP, USG]	OG16.3	3	Clinical clerkship
5.	Screening of high risk pregnancy & Nutrition in Pregnancy	OG8.1, OG8.6	3	Clinical clerkship
6.	Types of Maternal Pelvis and Clinical importance in Obstetrics & Fetal skull	OG14.1, OG14.2	3	Skills lab
7.	Mechanism of normal labour	OG14.2	3	Skills lab
8.	Episiotomy: Indications, Procedure, Complications	OG15.1	3	Skills lab
9.	PPH: Causes, Definition	OG16.1	3	Clinical clerkship
10.	PNC Case Discussion	OG19.1	3	bedside clinic
11.	Caesarean section: Indications, Procedure, Complications	OG15.1	3	Clinical clerkship
12.	Case discussion Multiple Pregnancy:	OG11.1	3	bedside clinic
13.	Case discussion Hypertensive Disorders in Pregnancy:	OG12.1	3	bedside clinic
14.	Case discussion Intra Uterine Growth Retardation	OG16.3	3	bedside clinic
15.	Case discussion Anaemia in pregnancy	OG12.2	3	bedside clinic
16.	Case discussion Preterm Labour, PROM & Post-Dated Pregnancy	OG13.2	3	bedside clinic
17.	Cervical Cerclage: Indications, Procedure, Complications	OG15.1	3	Clinical clerkship
18.	Vaginal Infections: syndromic approach	OG22.2	3	Clinical clerkship
19.	End of Posting Exam		3	

Bharati Vidyapeeth Deemed To Be University Medical College Pune

DEPARTMENT OF PEDIATRICS III MBBS: Part I VI and VII Semester

Lectures: Duration One hr/Lecture

No.	Topic	Content	Competency	Integration
1.	Normal Growth and	Anthropometry measurement	PE1.1, PE1.2, PE1.3,	
	development in child	and assessment, growth chart	PE1.4 PE1.5, PE1.6,	
		plotting. Principles of normal	PE1.7	
		development. Milestones in		
		infancy and childhood in all		
2	D 1 (1 1	domains.	DE2 1 DE2 2 DE2 2	
2.	Developmental and	Enumerate and discuss the	PE3.1, PE3.2, PE3.3,	
	behavioural disorders	causes of developmental delay.	PE3.4, PE4.2, PE4.3,	
		Etiology, clinical features, diagnosis and management of	PE4.4, PE4.5	
		child with learning disabilities.		
3.	Short stature	Etiology, diagnosis and	PE2.4, PE2.5, PE2.6	
٥.	Short statute	management of short stature;	FE2.4, FE2.3, FE2.0	
		physiological short stature		
4.	Breast feeding and	Physiology of lactation,	PE7.1, PE7.2, PE7.3,	
т.	lactation management	composition of breast milk,	PE7.4, PE7.5, PE7.6	
	nactation management	initiation and teaching of	PE7.7, PE7.8	
		feeding. Hazards of pre lacteal	12/1/,12/10	
		feed, bottle feeding		
5.	Infant feeding	Normal requirement of	PE8.1, PE8.2, PE8.3,	
		proteins, CHO, fats for infants	PE8.4, PE8.5	
		and children. Complementary		
		feeds and method of weaning		
6.	Normal fluid and	Normal fluid and electrolyte	PE15.1, PE15.2,	
	electrolyte balance	composition of body fluids.	PE15.3, PE15.5	
		Regulation of fluid and		
		electrolyte balance esp. Na and		
		K. Causes and treatment of		
		hypo and hypernatremia, hypo		
	D: 1 11	and hyperkalaemia.	DECA 1 DECA 2	
7.	Diarrhea with	Etiopathogenesis, clinical	PE24.1, PE24.2,	
	dehydration	differentiation of watery and	PE24.3, PE24.4,	
		invasive diarrhea,	PE24.5, PE24.8, PE24.9	
		complications of diarrheal illnesses.	FE24.9	
8.	Acute maculopapular	Epidemiology, basic	PE34.15, PE34.18,	
0.	exanthematous	pathology, natural history,	PE34.20	
	illnesses	symptoms, signs,	1 1254.20	
	Hillesses	complications, investigations,		
		differential diagnosis of		
		maculopapular illnesses.		
9.	Acute vesicobullous	Epidemiology, basic	PE34.15, PE34.18,	
	exanthematous	pathology, natural history,	PE34.20	
	illnesses	symptoms, signs,		
		complications, investigations,		
		differential diagnosis of		
		vesicobullous illnesses.		
10.	Nutritional anaemia	Clinical approach to child with	PE13.3, PE13.4,	
		anaemia.	PE13.5, PE13.6,	
10.	Traditional anacima	~ ~		

11.	Haemolytic anaemia	Concept of haemolytic	PE29.1, PE29.3,	
		anaemia, different causes, lab approach	PE29.3	
12.	Childhood TB	Tuberculous infection versus disease, primary and post primary TB, diagnostic criteria in children vs adults, Technique and interpretation of Mantoux and BCG test, Xray patterns *Routes of transmission, common clinical features, establishing diagnosis by appropriate investigations, categorization and RNTCP guidelines for treatment	PE34.1, PE34.2, PE34.4, PE34.7, PE34.10, PE34.13	Pulmonary medicine
13.	Hypothyroidism	Congenital hypothyroidism,. Neonatal screening for hypothyroidism	PE33.1, PE33.2, PE33.3	
14.	illnesses	Approach to a child with respiratory distress, stridor, and wheezing, grading severity. National ARI program	PE28.1, PE28.2, PE28.3, PE28.4, PE28.5, PE28.6,	
15.	Upper respiratory tract infections - Croup syndrome	Etiopathogenesis, clinical features, complications, investigations, differential diagnosis and management of -*Upper respiratory conditions-Croup syndrome, foreign body	PE28.1, PE28.2, PE28.3, PE28.4, PE28.5, PE28.6,	
16.	Lower respiratory tract infections	Etiopathogenesis, clinical features, complications, investigations, differential diagnosis and management of - LRTI	PE28.9, PE28.11, PE28.14, PE28.17, PE28.18	
17.	Urinary tract infections	Prevalence and aetiology of urinary tract infections, clinical manifestations, classification, pathogenesis, complications, diagnosis and treatment. Predisposing factors especially conditions like Posterior urethral valves,	PE21.1	
18.	nephritis, Haemolytic uremic syndrome	Causes and diagnosis of haematuria. Etiopathogenesis, clinical features, diagnosis, complications and management of acute post-streptococcal glomerulonephritis	PE21.2, PE21.4	
	Nephrotic syndrome	Causes and diagnosis of haematuria. Etiopathogenesis, clinical features, diagnosis, complications and management of nephrotic syndrome	PE21.3	
20.	Acute flaccid paralysis	Common causes of AFP- Polio, GBS. Clinical localization of the lesion	PE30.13	

		causing AFP. Relevant investigations to confirm diagnosis.	
Theory	Examination		

DEPARTMENT OF PEDIATRICS III MBBS: Part I VI and VII Semester

• Small Group Teaching: Duration: 2hrs/SGT

Sr. No.	Topic	Content	Competency No.	SGT Method
1.	Immunization-1	Vaccines in NIS	PE19.1, PE19.3,	SGD in
			PE19.4, PE19.7,	immunization
			PE19.8	OPD
2.	Immunization-2	Optional vaccines	PE19.5, PE19.10,	SGD in
			PE19.11, PE19.16	immunization
				OPD
3.	Growth-1	Anthropometry and	PE1.1, PE1.2,	SGD -
		plotting on growth	PE1.3, PE1.4	seminars
		charts		
4.	Growth - 2	Growth disorders	PE2.1, PE2.2,	SGD- case
			PE2.3, PE2.4,	based
			PE2.5, PE2.6	discussion
5.	Development-1	Normal milestones	PE1.5, PE1.6,	SGD seminars
	1		PE1.7	
6.	Development-2	Approach to	PE3.1, PE3.2,	SGD- case
	1	developmental delay	PE3.3, PE3.4	based
		1	,	discussion
7.	PEM-1	Nutritional assessment	PE9.2, PE9.3,	SGD, bedside
			PE9.4, PE9.5	, , , , , , , , , , , , , , , , , , , ,
8.	PEM-2	Marasmus and	PE9.6, PE10.1,	SGD, bedside
0.		Kwashiorkor	PE10.2, PE10.3,	S GB, S castac
		Tiwasinor Kor	PE10.4, PE10.5,	
			PE10.6	
9.	AGE-1	Clinical features and	PE24.1, PE24.2,	SGD, bedside
) .	NOL 1	various types	1 1524.1, 1 1524.2,	bob, bedside
10.	AGE - 2	Management of	PE24.3, PE24.4,	SGD, bedside
10.	1102 2	dehydration	PE24.5, PE24.8,	S GB, S castac
			PE24.13, PE24.14	
11.	Vitamin-1 (A and B	Etiopathogenesis,	PE12.1, PE12.2,	SGD
11.	complex)	clinical features,	PE12.3, PE12.4,	SGD
	complexy	management	PE12.5, PE12.15,	
		management	PE12.16, PE12.17,	
			PE12.18	
12.	Vitamin-2 (C, D K)	Etiopathogenesis,	PE12.19, PE12.20,	SGD
12.	, manini 2 (C, D K)	clinical features,	PE19.21, PE12.6,	JOD
		management	PE12.7, PE12.8,	
		management	PE12.9, PE12.10,	
			PE12.13, PE12.14	
13.	Childhood Tb	Evaluation and	PE34.1, PE34.2,	SGD
13.	Ciniunoou 10	management	PE34.1, PE34.2, PE34.3, PE34.4,	200
		management	PE34.5, PE34.4,	
14.	Introduction to	Neonatal nomenclature,	PE20.1, PE20.2,	SGD, bedside
14.	newborn	characteristics of normal	PE20.1, PE20.2, PE20.4	SOD, beaside
	HEWDOLII		1 1520.4	
		neonate, assessment and care of normal newborn		
1.5	Intermedation of		DE20 14	CCD
15.	Interpretation of	How to interpret CBC	PE29.14	SGD
	CBC			

DEPARTMENT OF PEDIATRICS III MBBS: Part I VI and VII Semester

• <u>Clinical Postings:</u> (Total weeks: 4, Days- 24 x 3 hours per day =72 hours)

Day of posting	Topic/s	Compenets	Competency	Hours	Teaching learning method
2 day	Fever with rash (3 cases)	Identify different types of rash and their causes e.g. Measles, Chicken Pox etc.	PE34.15, PE34.18, PE34.20	6 hours	Small group discussion
3 days	Respiratory system examination with 2 cases	Differentiate –Upper versus lower respiratory affection. Localise in the respiratory tract along with type of affection. e.g. Bronchiolitis, Bronchopneumonia, Pneumonia, Croup, Empyema, Asthma	PE28.1, PE28.2, PE28.3, PE28.4, PE28.5, PE28.6, PE28.7, PE28.8, PE28.9, PE28.11, PE28.14, PE28.17, PE28.18	9 hours	Small group discussion, DOAP
1 days	Perabdominal examination	To be able to identify Hepato/ splenomegaly and free fluid in abdomen	PE29.12, PE29.13	3 hours	Bedside clinic
2 days	Hepato Splenomegaly (2 cases)	Clinical approach to Differential diagnosis (Malaria. Typhoid, Hemolytic anemia, Leukemia)	PE26.6, PE26.7, PE29.4, PE29.11, PE29.12, PE29.13, PE29.16, PE29.19, PE29.20	6 hours	Bedside clinic
2 days	CNS examinatiuon	Common symptoms indicative of CNS affection- spasticity, seizures	PE30.18, PE30.19	6 hours	Bedside clinic
2 days	Newborn (2 cases)	History taking, differentiating FT from PT, identifying sick newborn. Eliciting clinical signs like icterus	PE20.2, PE20.4, PE20.5, PE20.6 PE20.7, PE20.19, PE20.20, PE20.22	6 hours	Bedside clinic, DOAP

2 days		Examination of CVS and Ask relevant history and perform examination to differentiate between cyanotic and Acyanotic heart disease History and clinical	PE23.3, PE23.7, PE23.8, PE23.9, PE23.10 PE24.1,	6 hours	Bedside clinic DOAP
		features to identify grades of dehydration To be able to prepare and advise ORS therapy	PE24.2, PE24.3	hours	
1 day	PEM	Dietary history taking, Identify and classify SAM and MAM	PE10.1, PE10.2, PE10.3, PE10.5, PE10.6	3 hours	DOAP, bedside clinic
2 days	Anemia	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell	PE13.3, PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3	6 hours	Bedside clinic
5 days	IMNCI	IMNCI Module: 2 months to 2 years: Danger signs, identification of severe pneumonia, severe dehydration, Severe malnutrition, meningitis, severe measles, mastoiditis etc.	PE16.1, PE16.2, PE16.3, PE21.1, PE21.11, PE24.9, PE24.10, PE24.11, PE28.15	15 hours	DOAP
	E	and of Clinical posting Exa	mination		

Bharati Vidyapeeth (DTU) Medical College, Pune

DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

III MBBS: Part I VI and VII Semester

Lectures Schedule: Duration: One hr/Lecture

Lecture no.	Topic	Content	Competency	Integration
		Mechanical injuries and wounds: Define injury, assault & hurt. Describe IPC pertaining to injuries Mechanical injuries and wounds: Describe accidental,	FM3.4	
1	MLA of Injury	suicidal and homicidal injuries. Describe simple, grievous and dangerous injuries. Describe ante-mortem and post-mortem injuries	FM3.5	-
		Describe factors influencing infliction of injuries and healing, examination and certification of wounds and wound as a cause of death: Primary and Secondary	FM3.7	
2	Thermal Death	Describe types of injuries, clinical features, pathophysiology, post- mortem findings and medico-legal aspects in cases of burns, scalds, lightening, electrocution and radiations	FM2.25	-
3	Thermal Death	Describe types of injuries, clinical features, pathophysiology, post- mortem findings and medico-legal aspects in cases of burns, scalds, lightening, electrocution and radiations	FM2.25	-
4	Mechanical Asphyxia	Mechanical asphyxia: Define, classify and describe asphyxia and medico-legal interpretation of post-mortem findings in asphyxial deaths	FM2.20	-
5	Mechanical Asphyxia	Mechanical asphyxia: Describe and discuss different types of hanging and strangulation including clinical findings, causes of death, post-mortem findings and medico-legal aspects of death due to hanging and strangulation including examination, preservation and dispatch of ligature material	FM2.21	-
6	Mechanical Asphyxia	Mechanical asphyxia: Describe and discuss pathophysiology, clinical features, post- mortem findings and medico-legal aspects of traumatic asphyxia, obstruction of nose & mouth, suffocation and sexual asphyxia	FM2.22	-
7	Mechanical Asphyxia	Describe and discuss types, patho-physiology, clinical features, post mortem findings and medico-legal aspects of drowning, diatom test and, gettler test.	FM2.23	-
8	Sexual	Describe different types of sexual offences. Describe various sections of IPC regarding rape including definition of rape (Section 375 IPC), Punishment for Rape (Section 376 IPC) and recent amendments notified till date	FM3.13	Obstetrics &
	Offences	SEXUAL OFFENCES: Describe and discuss the examination of the victim of an alleged case of rape, and the preparation of report, framing the opinion and preservation and dispatch of trace evidences in such cases	FM3.14	Gynaecology
		SEXUAL OFFENCES: Describe and discuss examination of accused and victim of sodomy, preparation of report, framing of opinion, preservation and dispatch of trace evidences in such cases	FM3.15	
9	Sexual Offences	SEXUAL OFFENCES: Describe and discuss adultery and unnatural sexual offences- sodomy, incest, lesbianism, buccal coitus, bestiality, indecent assault and preparation of report, framing the opinion and preservation and dispatch of trace evidences in such cases	FM3.16	-

Describe the functions and role of Medical Council of India and State Medical Councils Describe the Indian Medical Register Describe the Indian Medical Register Describe the Indian Medical Register Describe Medical Ethics and explain its historical emergence Etiquette and Ethics in medical practice and unethical practices & the dichotomy Demonstrate respect to laws relating to medical practice and Ethical Code of Conduct prescribed by Medical Council of India and rules and regulations prescribed by it from time to time Rights/privileges of a medical practitioner, penal erasure, infamous conduct, disciplinary Committee, disciplinary procedures, warning notice and penal erasure Describe the Laws in Relation to medical practice and the duties of a medical practitioner towards patients and society Enumerate rights, privileges and duties of a Registered Medicine Medicine The Medicine State Medicine Describe communication between doctors, public and media Describe discuss the challenges in managing medicolegal cases including development of skills in relationship management – Human behaviour, communication skills, conflict resolution techniques Describe the principles of handling pressure – definition, types, causes, sources and skills for managing medicolegal cases including development of skills in relationship management – Human behaviour, communication skills, conflict resolution techniques Describe and discuss ethical Principles: Respect for autonomy, non-mulfeasance, beneficence & justice Clinical research & Ethics Discuss human experimentation including clinical trials Discuss the constitution and functions of ethical committees Describe and discuss Ethical Guidelines for Biomedical Research on Human Subjects & Animals Discuss legal and ethical issues in relation to stem cell research
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Discuss legal and ethical issues in relation to stem cell research FM4.12
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Describe and discuss medical negligence including civil
and criminal negligence, contributory negligence, corporate negligence, vicarious liability, Res Ipsa FM4.18
Loquitor, prevention of medical negligence and defenses
in medical negligence litigations
State Define Consent Describe different types of consent and AETCOM
Medicine ingredients of informed consent. Describe the rules of
consent and importance of consent in relation to age, FM4.19
emergency situation, mental illness and alcohol

		Therapeutic Misadventure, Professional		
		Secrecy, Human Experimentation		
		Describe Products liability and Medical Indemnity Insurance	FM4.21	
		Explain Oath – Hippocrates, Charaka and Sushruta and procedure for administration of Oath.	FM4.22	
		Describe the modified Declaration of Geneva and its relevance	FM4.23	
		Describe the history of Toxicology	FM8.1	
	General	Define the terms Toxicology, Forensic Toxicology, Clinical Toxicology and poison	FM8.2	
14	Toxicology	Describe the various types of poisons, Toxicokinetics, and Toxicodynamics and diagnosis of poisoning in living and dead	FM8.3	—Pharmacology
		Describe the general symptoms, principles of diagnosis and management of common poisons encountered in	FM8.6	
15	General Toxicology	India Describe basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination	FM8.8	-
		Describe Medico-legal autopsy in cases of poisoning	FM8.5	
		Describe the Laws in relations to poisons including NDPS Act, Medico-legal aspects of poisons	FM8.4	
16	General Toxicology	Describe the procedure of intimation of suspicious cases or actual cases of foul play to the police, maintenance of records, preservation and dispatch of relevant samples for laboratory analysis.	FM8.9	-
17	Caustics	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Caustics Inorganic – sulphuric, nitric, and hydrochloric acids	FM9.1	-
18	Caustics	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Caustics Organic- Carboloic Acid (phenol), Oxalic and acetylsalicylic acids	FM9.1	-
19	Metallic irritants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Arsenic, lead	FM9.3	-
20	Metallic irritants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to mercury, copper, iron, cadmium and thallium	FM9.3	-
		Classify common mental illnesses including post- traumatic stress disorder (PTSD)	FM5.1	
21	Forensic	Define, classify and describe delusions, hallucinations, illusion, lucid interval and obsessions with exemplification	FM5.2	Psychiatry
21	Psychiatry	Describe Civil and criminal responsibilities of a mentally ill person	FM5.3	1 Sycinativ
		Differentiate between true insanity from feigned insanity Describe & discuss Delirium tremens	FM5.4 FM5.5	
L		Describe & discuss Delittuili delitelis	1 1713.3	

DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

Lectures Schedule: Duration: One hr/lecture

Lecture no.	Topic	Content	Competency	Integration
		Define and discuss impotence, sterility, frigidity, sexual dysfunction, premature ejaculation. Discuss the causes of impotence and sterility in male and female	FM3.22	
1	Impotency,	Discuss Sterilization of male and female, artificial insemination, Test Tube Baby, surrogate mother, hormonal replacement therapy with respect to appropriate national and state laws	FM3.23	
1	Sterility	Discuss the relative importance of surgical methods of contraception (vasectomy and tubectomy) as methods of contraception in the National Family Planning Programme	FM3.24	-
		Discuss the major results of the	FM3.25	
		National Family Health Survey Discuss the national Guidelines for accreditation, supervision & regulation of ART Clinics in India	FM3.26	
2	Abortion	Define, classify and discuss abortion, methods of procuring MTP and criminal abortion and complication of abortion. MTP Act 1971	FM3.27	Obstetrics &
		Describe evidences of abortion - living and dead, duties of doctor in cases of abortion, investigations of death due to criminal abortion	FM3.28	Gynaecology,
		Define and discuss infanticide, foeticide and stillbirth	FM2.27	
3	Infanticide	Describe and discuss signs of intrauterine death, signs of live birth, viability of foetus, age determination of foetus, DOAP session of ossification centres, Hydrostatic test, Sudden Infants Death syndrome and Munchausen's syndrome by proxy	FM2.28	Pediatrics
		Describe and discuss child abuse and battered baby syndrome	FM3.29	
4	Agricultural poisons	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced	FM9.5	General Medicine

	1			
		elimination with regard to		
		Organophosphates, Carbamates		
5	Agricultural poisons	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organochlorines, Pyrethroids, Paraquat, Aluminium and Zinc phosphide	FM9.5	General Medicine
6	Biotoxicology	Describe features and management of Snake bite, scorpion sting, bee and wasp sting and spider bite	FM11.1	General Medicine
7	Alcohol	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ethanol	FM9.4	-
8	Alcohol	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to methanol, ethylene glycol	FM9.4	-
9	Anti-pyretics	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: i. Antipyretics – Paracetamol, Salicylates	FM10.1	Pharmacology
10	cology	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Neuropsychotoxicology Barbiturates, benzodiazepins phenytoin, lithium, haloperidol, neuroleptics, tricyclics	FM10.1	Pharmacology
11	Narcotic Analgesics, Anaesthetics, and Muscle Relaxants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Narcotic Analgesics, Anaesthetics, and Muscle Relaxants	FM10.1	Pharmacology
12	Narcotic Analgesics, Anaesthetics, and Muscle Relaxants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced	FM10.1	Pharmacology

		elimination with regard to: Narcotic Analgesics, Anaesthetics, and Muscle Relaxants		
	Substance abuse	Describe features and management of abuse/poisoning with following camicals: Tobacco, cannabis, amphetamines, cocaine, hallucinogens, & solvent	FM12.1	-
		Describe and discuss issues relating to torture, identification of injuries caused by torture and its sequalae, management of torture survivors	FM3.30	
	Torture	Torture and Human rights Describe and discuss guidelines and Protocols of National Human Rights Commission regarding torture	FM3.31	
13		Should be able to demonstrate the professionalism while dealing with victims of torture and human right violations, sexual assaults-psychological consultation, rehabilitation	FM3.33	AETCOM
		Describe special protocols for conduction of medico-legal autopsies in cases of death in custody or following violation of human rights as per National Human Rights Commission Guidelines	FM2.15	

Bharati Vidyapeeth Deemed To Be University Medical College Pune

DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY III MBBS: Part I VI and VII Semester

Small group teaching Schedule:Duration: One hr/SGT

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Sr. No.	Topic	Content	Competency No.	SGT Method*
110.		Describe the importance of documentation in medical practice in	140.	Method.
		regard to medicolegal examinations, Medical Certificates and		
1	Sickness certificate	medicolegal reports especially	FM1.9	Demonstration
		- documents of issuance of sickness and fitness certificate.		
		Conduct & prepare post-mortem examination report of varied		Group
2	Demo- Autopsy	etiologies (at least 15) in a simulated/ supervised environment	FM14.5	discussion
		Mechanical injuries and wounds: Define injury, assault & hurt.		discussion
		Describe IPC pertaining to injuries	FM3.4	
		Mechanical injuries and wounds: Describe accidental, suicidal and		
3	MLA of Injury	homicidal injuries. Describe simple, grievous and dangerous	FM3.5	Tutorial
3	WIEN OF Highly	injuries. Describe ante-mortem and post-mortem injuries Describe factors influencing infliction of injuries and healing,		Tutoriai
		examination and certification of wounds and wound as a cause of	FM3.7	
		death: Primary and Secondary	1.1013.7	
		Describe the clinical features, post-mortem finding and medicolegal		
		aspects of injuries due to physical agents like heat or cold	FM2.24	
4	Thermal Death	Describe types of injuries, clinical features, patho-physiology, post-		Tutorial
		mortem findings and medico-legal aspects in cases of burns, scalds,	FM2.25	
		lightening, electrocution and radiations		
_	Samples for DNA	To collect, preserve, seal and dispatch exhibits for DNA-Finger	EN (1.4.01	Group
5	Fingerprinting	printing using various formats of different laboratories.	FM14.21	discussion
	Radiographs	Identification	FM3.2	
6		Mechanical Injuries	FM3.6	Demonstration
		Firearm Injuries	FM3.10	
7	Expert witness	To give expert medical/ medico-legal evidence in Court of law	FM14.22	Group
,	Expert withess		171114.22	discussion
8	Dying declaration	To record and certify dying declaration in a simulated/ supervised	FM14.20	Group discussion
0		environment		discussion
9	Photographs		FM3.2	Demonstration
		Identification, Forensic Pathology, Mechanical Injuries, Firearm	FM2.9	
10	a .	Injuries, Toxicology	FM3.3	
10	Specimens		FM3.10	Demonstration
			FM14.17	
11	F	To examine & prepare medico-legal report of a victim of sexual	FN 41 4 1 7	Group
11	Examination of victim	offence/unnatural sexual offence in a simulated/ supervised environment	FM14.15	discussion
	Examination of	To examine & prepare report of an alleged accused in rape/unnatural		Group
12	alleged accused	sexual offence in a simulated/ supervised environment	FM14.14	discussion
	uneged decused	Describe and discuss the sexual perversions fetishism, transvestism,		discussion
13	Sexual paraphilia	voyeurism, sadism, necrophagia, masochism, exhibitionism,	FM3.17	Seminar
	- .	frotteurism, Necrophilia		
		Mechanical injuries and wounds:		
14	Injury 1 (Mechanical)	Define, describe and classify different types of mechanical injuries, abrasion, bruise, laceration, stab wound, incised wound, chop	FM3.3	Tutorial
	J - J - (==============================	wound, defense wound, self-inflicted/fabricated wounds and their		_ 5.532442
		medico-legal aspects	1	
	Forensic Laboratory	Describe different types of specimen and tissues to be collected both		Group
15	investigation in	in the living and dead: Body fluids (blood, urine, semen, faeces saliva), Skin, Nails, tooth pulp, vaginal smear, viscera, skull,	FM6.1	discussion

				T	
		specimen for histo-pathological examination, blood grouping, HLA			
		Typing and DNA Fingerprinting.			
		Describe Locard's Exchange Principle Describe the methods of sample collection, preservation, labelling,		-	
		dispatch, and interpretation of reports	FM6.2		
1.0	Comanaia I ahamatamu	Demonstrate professionalism while sending the biological or trace			
16	invectigation in				
	l medical legal practice	evidences to Forensic Science laboratory, specifying the required	FM6.3		
		tests to be carried out, objectives of preservation of evidences sent for examination, personal discussions on interpretation of findings			
		1			
		Describe the importance of documentation in medical practice in			
		regard to medicolegal examinations, Medical Certificates and		Cassa	
17	Records	medicolegal reports especially	FM1.9	Group discussion	
	Records	- maintenance of patient case records, discharge summary, prescribed registers to be maintained in Health Centres.		discussion	
		- maintenance of medico-legal register like accident register.			
		Demonstrate and interpret medico-legal aspects from examination			
		of hair (human & animal) fibre semen & other biological fluids	FM14.6		
	Examination of blood,	Demonstrate & identify that a particular stain is blood and identify		Group	
18	man, moor, semien and	the species of its origin	FM14.7	Group discussion	
10	orner noav tillias	Demonstrate the correct technique to perform and identify ABO &		discussion	
		RH blood group of a person	FM14.8		
		Define, classify and describe asphyxia and			
		medico-legal interpretation of post-mortem findings in	FM2.20		
		asphyxial deaths	1112120		
	Mechanical Asphyxia	Describe and discuss different types of hanging and strangulation			
		including clinical findings, causes of death, post-mortem findings			
		and medico-legal aspects of death due to hanging and strangulation including examination, preservation and dispatch of ligature material		Tutorial	
19		Describe and discuss patho-physiology, clinical features, post-			
		mortem findings and medico-legal aspects of traumatic asphyxia,	FM2.22		
		obstruction of nose & mouth, suffocation and sexual asphyxia	1 1412.22		
		Describe and discuss types, patho-physiology, clinical features, post		-	
		mortem findings and medico-legal aspects of drowning, diatom test	FM2.23		
		and, gettler test.	1 1012.23		
		Conduct & prepare post-mortem examination report of varied		Group	
20	Liemo- Alifoney	etiologies (at least 15) in a simulated/ supervised environment	FM14.5	discussion	
		Demonstrate ability to use local resources whenever required like in		discussion	
		mass disaster situations	FM2.33		
21	Mass disaster	Demonstrate ability to use local resources whenever required like in		Seminar	
		mass disaster situations	FM2.34		
		Describe basic methodologies in treatment of poisoning:			
		decontamination, supportive therapy, antidote therapy, procedures of		Group	
22	(÷actric lavage	enhanced elimination	FM8.8	discussion	
				discussion	
	Clinical Examination	Demonstrate the correct technique of clinical examination in a		C	
23		suspected case of poisoning & prepare medico-legal report in a	FM14.2	Group	
	poisoning	simulated/ supervised environment		discussion	
		Assist and demonstrate the proper technique in collecting,			
		preserving and dispatch of the exhibits in a suspected case of	FM14.3		
	***	poisoning, along with clinical examination			
24		Describe and discuss examination of clothing, preservation of		Demonstration	
24		viscera on post-mortem examination for chemical analysis and other	FM2.14		
		medico-legal purposes, post-mortem artefacts			
		Describe preservation and dispatch of viscera for chemical analysis	FM8.5		
		Describe General Principles and basic methodologies in treatment of			
<u>.</u> [.					
<u> </u>	NT	poisoning: decontamination, supportive therapy, antidote therapy.	F3 40 2	Seminar	
25		poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Phosphorus,	FM9.2	Seminar	
25	Non-metanic irritants		FM9.2	Seminar	
25	Injury 2	procedures of enhanced elimination with regard to Phosphorus,	FM9.2 FM3.9	Seminar Tutorial	

components. Along with description of ammunition propellant charge and mechanism of fire-arms, different types of cartridges and bullets and various terminology in relation of firearm – caliber, range, choking		
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	FM3.10	
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	FM3.11	
Regional Injuries Describe and discuss injuries related to fall from height and vehicular injuries – Primary and Secondary impact, Secondary injuries, crush syndrome, railway spine	FM3.12	

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab

Batches for small group: 30 students per batch:

Batch	Roll No.s
A	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I

VI and VII Semester

Small group teaching Schedule: Duration : One hr/SGT

DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

Sr. No.	Lonic	Content	Competency No.	SGT Method*
1 100		Define, describe and discuss death and its types including	1100	1VICTIO
		somatic/clinical/cellular, molecular and brain-death, Cortical Death and Brainstem Death	FM2.1	
		Describe and discuss natural and unnatural deaths	FM2.2	
		Describe and discuss issues related to sudden natural deaths	FM2.3	
1	Forensic	Describe salient features of the Organ Transplantation and The Human Organ Transplant (Amendment) Act 2011 and discuss ethical issues regarding organ		Tutorial
	Pathology 1	donation Discuss moment of death, modes of death - coma, asphyxia and syncope	EMO 5	
		Discuss presumption of death and survivorship	FM2.5 FM2.6	
		Describe and discuss suspended animation	FM2.7	
		Describe and discuss suspended animation Describe and discuss postmortem changes including signs of death, cooling of body, post-mortem lividity, rigor mortis, cadaveric spasm, cold stiffening and heat stiffening	FM2.8	
		Describe putrefaction, mummification, adipocere and maceration	FM2.9	
		Discuss estimation of time since death	FM2.10	
2	Forensic Pathology 2	Describe and discuss autopsy procedures including post-mortem examination, different types of autopsies, aims and objectives of post-mortem examination	FM2.11	Tutorial
	r attiology 2	Describe the legal requirements to conduct post-mortem examination and procedures to conduct medico-legal post-mortem examination	FM2.12	
		Describe and discuss obscure autopsy	FM2.13	
3	Veg Irritants	To identify & draw medico-legal inference from common poisons e.g. castor, marking nut, abrus seeds, capsicum	FM14.17	Seminar
4	Metallic irritants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Arsenic, lead, mercury, copper, iron, cadmium and thallium	FM9.3	Tutorial
5	Delirients	To identify & draw medico-legal inference from common poisons e.g. dhatura, cannabis, calotropis	FM14.17	Seminar
6	Agricultural poisons	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates, Carbamates, Organochlorines, Pyrethroids, Paraquat, Aluminium and Zinc phosphide	FM9.5	Tutorial
7	Asphyxiants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl isocyanate, tear (riot control) gases	EMO 6	Saminar
8	Asphyxiants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl isocyanate, tear (riot control) gases	FM9.6	Seminar
9	Spinal poisons	To identify & draw medico-legal inference from common poisons- Nux vomica	FM14.17	Seminar
10	Cardiotoxic plants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Cardiovascular Toxicology Cardiotoxic plants – oleander, odollam, aconite, digitalis	FM10.1	Seminar

11	Medico-legal report on Alcohol intoxication	To examine & prepare medico-legal report of drunk person in a simulated/ supervised environment	FM14.16	Demonstration
12	Snake nite	Describe features and management of Snake bite, scorpion sting, bee and wasp sting and spider bite	FM11.1	Tutorial
13	Toxicology Demo	To identify & draw medico-legal inference from common poisons		
14	Toxicology Demo	e.g. dhatura, castor, cannabis, opium, aconite copper sulphate, pesticides compounds, marking nut, oleander, Nux vomica, abrus seeds, Snakes, capsicum, calotropis, lead compounds & tobacco.	FM14.17	Demonstration
15	Toxicology Demo	To identify & draw medico-legal inference from common poisons		
16	Toxicology Demo	e.g. dhatura, castor, cannabis, opium, aconite copper sulphate, pesticides compounds, marking nut, oleander, Nux vomica, abrus seeds, Snakes, capsicum, calotropis, lead compounds & tobacco.	FM14.17	Demonstration
		Describe anatomy of male and female genitalia, hymen and its types. Discuss the medico-legal importance of hymen. Define virginity, defloration, legitimacy and its medicolegal importance	FM3.18	
17	Virginity, Pregnancy,	Discuss the medicolegal aspects of pregnancy and delivery, signs of pregnancy, precipitate labour superfoctation, superfecundation and signs of recent and remote delivery in living and dead	FM3.19	Tutorial
	Delivery	Discuss disputed paternity and maternity	FM3.20	1
		Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC&PNDT) - Prohibition of Sex Selection Act 2003 and Domestic Violence Act 2005	FM3.21	
10		Define, classify and discuss abortion, methods of procuring MTP and criminal abortion and complication of abortion. MTP Act 1971	FM3.27	
18	Abortion	Describe evidences of abortion - living and dead, duties of doctor in cases of abortion, investigations of death due to criminal abortion	FM3.28	- Tutorial
19	Emerging technologies	Enumerate the indications and describe the principles and appropriate use for: DNA profiling, Facial reconstruction, Polygraph (Lie Detector), Narcoanalysis, Brain Mapping, Digital autopsy, Virtual Autopsy, Imaging technologies	FM7.1	Seminar

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab

Batches for small group: 30 students per batch:

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Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I

VI and VII Semester DEPARTMENT OF Community Medicine

Lecture: Duration: One hr/Lecture

Lecture no.	Topic	Content	Competency No.	Integratio n
1	Epidemiology and Prevention of Airborne Infection: I	(Chickenpox, Rubella, Measles, Mumps,Influenza.)	CM 8.1	
2	Airborne Infection:	II Acute Respiratory Tract Infection	CM 8.1	
3	Airborne Infection III -	Tuberculosis and NTEP	CM 8.1, CM 8.3	
4	Airborne Infection IV –	SARS/COVID 19	CM 8.1	
5	Epidemiology and Prevention of Intestinal Infections - I	Diarrheal diseases, Cholera	CM 8.1	Vertical- Medicine
6	Intestinal Infections - II	Viral Hepatitis, Typhoid,Polio	CM 8.1	Vertical- Medicine
7	Test	On topics 1-6	CM 8.1 CM8.3	
8	Epidemiology and Prevention of Arthropod borne diseases - I	Malaria,dengue fever,chickenguniya and Filariasis	CM 8.1	
9	Zoonotic diseases - II	Rabies ,Plague, Japanese encephalitis, leptospirosis	CM 8.1	
10	Surface Infections - I	Leprosy, STD, AIDS	CM 8.1	
11	Hospital acquired infections	Epidemiology and prevention	CM 8.1	Vertical Medicine
12	Guest lecture on IDSP	Definition, types of Surveillance, infectious disease	CM 8.1,8.5,8.7	
13	MCQ test	On topics 7-12	CM 8.1,8.5,8.7	
14	MCH-I	ANC, PNC, New-born care	CM10.1,CM 10.2, CM 10.3,CM 10.4	Vertical - OBGY
15	MCH-II	Programmes related to MCH-JSY, JSSK and other MCH programme	CM 10.5	Vertical - Pediatrics
16	MCH-III	Adolescent health ,ARSH clinic	CM 10.8, CM 9.1	Vertical - Pediatrics
17	Geriatric health	Epidemiology, health problems, prevention and various schemes related to old age	CM 12.1-12.4	Vertical Medicine
18	Mental health I	Problem statement	CM 15.1, CM 15.2	
19	Mental health II	Prevention, National	CM 15.3	

		Mental health problem		
20	Disaster management (alignment with FMT)	Definition, types, disaster cycle, disaster preparedness	CM 13.1-13.4	Horizontal Forensic Medicine
21	Genetics	Classification of genetic disorders, preventive genetics		
22	Guest lecture on organ donation	Importance, laws related to donation, organ retrieval and donation center criteria	CM 20.4	
23	Health care delivery system in India I	Central and state level organization	CM 17.1	
24	Health care delivery system in India II	District and village level organization	CM 17.3	
25	Demographic and family planning	National population policy, causes of population explosion, vital statistics, Epidemiological transition	CM 9.3,CM 9.4,CM 9.6	
26	Cancers-	Types of cancer, Epidemiology of common cancers	CM 8.2	Vertical - OBGY
27	Hypertension with NPCDCC	Epidemiology, risk factors, prevention, DASH diet, National programme, NPCDCS	CM 8.2, CM 8.3	Vertical Medicine
28	Diabetes with NPCDCC	Epidemiology, risk factors, prevention, diet, management, National programme, NPCDCS	CM 8.2, CM 8.3	Vertical Medicine
29	Obesity	Epidemiology, various methods of assessment, prevention, diet, management, National programme, NPCDCS	CM 8.2	
30	Blindness	Epidemiology, types of blindness, prevention, VISION 2020	CM 8.2	
31	Accidents	Epidemiology, prevention including legislations	CM 8.2	
32	Nutrition	Surveillance and Rehabilitation	CM 5.5	
33	National nutritional programmes	Description of seven nutritional programmes in detail	CM 5.6	
34	Student seminar on National health mission	Content- objectives, strategy, evaluation	CM 8.3	
35	Essentials of management I		CM 8.5,16.1, 16.2	

		management, qualities of a leader and management		
36	Essentials of management II	Modern management techniques	CM 16.3,16.4	
37	Recent advances	Digital India , Health Insurance		
38	Tribal health	Health issues, challenges		
39	Essential Medicine		CM 19.1 ,19.2,19.3	Vertical- Pharmac
40				

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I

VI and VII Semester

DEPARTMENT OF COMMUNITY MEDICINE

Small group teaching Schedule: Duration: 2hrs/SGT

Sr. No.	Topic	Content	Competency No.	SGT Method*
1	Bio medical waste management (Vertical Integration with Micro)	Sources, hazards, Classification, method of disposal, Bio Medical Waste Management Law-2016	14.1,14.2,14.3	Practical demonstration
2	Principles and measures to control disease epidemic	Definition, types of epidemic, measures to control	CM 8.4 CM 20.2	Scenario based small group discussion
3	Investigation of food poisoning	Steps of investigations including report writing, types of food poisoning	CM 8.1 CM 7.7	Scenario based small group discussion
4	Planning cycle	Steps of planning cycle, preplanning phase, implementation, evaluation, modification suggested if any	CM 16.2	Small group discussion
5	Debate on gender issues and empowerment	Gender inequality, status in India, women empowerment, laws related	CM 10.9	Debate in small group
6	Quiz on TB	Epidemiology, problem statement, measurement of the TB burden, management, NTEP	CM 8.1	Quiz participation
7	Evaluation of health education programme	Demonstrate and description of the health education programme indicators		Small group discussion
8	Family Planning I	methods with advantages and short comings evaluation of contraceptive devices, Family welfare programme, National population policy evaluation of contraceptive devices, Family welfare programme	CM 10.6 CM 10.7	Small group discussion
9	Mindfulness session by Psychiatry faculty	Introduction to the concept,	CM 15.1, CM 15.2, CM 15.3	Practical
10	Epidemiology Exercises I	measurements in epidemiology, problems on descriptive studies, problems on analytical studies	CM 7.4,CM 7.5 CM 7.4, CM 7.5,	Small group discussion
11	Epidemiology Exercises II	problems on experimental studies, environment health (water)	CM 7.4, CM 3.2, CM 3.6	Small group discussion
12	Biostat Exercises I	Sources, types of data, presentation of data,measures of central tendency and variability,probability and normal curve	CM 6.2, 6.4	Small group discussion
13	Biostat Exercises II	sampling, standard errors of mean and proportions, Test of significance	CM 6.3, CM 6.4	Small group discussion
14	Biostat Exercises III	Corelation, fallacies in Biostatiscyics, Health information system, statistical	CM 6.2, CM 7.3, CM 7.4, CM 8.7, CM 9.7, CM 6.2,	Small group discussion

		software, role of computer in	CM 7.9, CM 7.6	
		statistics and epidemiology and	CIVI 7.9, CIVI 7.0	
		screening for disease		
15		sources of nurtrients,		Demonstration in small
13	Nutrition I	classification of food cereals,	CM 5.1, CM 5.3	groups
	Nutrition 1	pulses	CIVI 5.1, CIVI 5.5	groups
16		Nutritional significance of		small group disaussion
10	Nutrition II		CM 5.1, CM 5.3	small group discussion
17		various food groups		11
17		Balanced diet, nutritional		small group discussion
	Nutrition III	requirement of various	CM 5 1 CM 5 2	
	Nutrition III	physiological groups including	CM 5.1, CM 5.2	
		pregnancy lactation Nutritional		
10		assessmentt		
18		Therapeutic diet, community	CM 5 2 CM 5 4	Case scenario
	Nutrition IV	Nutritional assessment,	CM 5.2, CM 5.4,	
		nutritional education, nutritional	CM 5.5	
10		surveillance		
19		Man and Medicine, concept of		Writing of the theory
		Health and disease Principles of	CM1.1-CM1.10	questions, discussion of
	Tutorial 1	Epidemiology and	CM7.1-CM7.9	the ideal answers by the
		epidemiological methods,		teacher, Peer assessment
		screening for the disese		and feedback
20		Epidemiology of Respiratory		Writing of the theory
		and intestinal infections		questions, discussion of
	Tutorial 2		CM8.1,CM 8.3	the ideal answers by the
				teacher, Peer assessment
				and feedback
21		Epidemiology of arthropod		Writing of the theory
		borne diseases and zoonotic		questions, discussion of
	Tutorial 3	diseases,	CM8.1,CM 8.3	the ideal answers by the
				teacher, Peer assessment
				and feedback
22		surface infections, emerging		Writing of the theory
		reemerging infections and		questions, discussion of
	Tutorial 4	hospital acquired infections	CM8.1,CM 8.3	the ideal answers by the
				teacher, Peer assessment
				and feedback
23		epidemiology of non		Writing of the theory
		communicable diseses Health	CMQ 2 CMO 2	questions, discussion of
	Tutorial 5	information and Basic Medical	CM8.2,CM8.3,	the ideal answers by the
		statistics	CM6.1-CM6.4	teacher, Peer assessment
				and feedback
24		Environment and health,		Writing of the theory
			CM2.1-M2.5,CM	questions, discussion of
	Tutorial 6	, ·	3.1-CM3.8,	the ideal answers by the
				teacher, Peer assessment
				and feedback
25		Demography and Family	CM9.1-	Writing of the theory
		Planning Reproductive maternal		questions, discussion of
	Tutorial 7-	and child health and Geriatrics		the ideal answers by the
				teacher, Peer assessment
			CM12.4	and feedback
26		Nutrition and Health		Writing of the theory
		1. William and Houldi		questions, discussion of
	Tutorial 8		CM 5.1-CM 5.8	the ideal answers by the
	2 0001101		21.13.1 21.13.0	teacher, Peer assessment
				and feedback
27		Occupational health and Mental		Writing of the theory
21		health		questions, discussion of
	Tutorial 9	nearm		the ideal answers by the
			CIVI 13.1-CIVI 13.3	teacher, Peer assessment
		L		neacher, reer assessment

				and feedback
28	Tutorial 10	Communication for heaalth education, Health planning and management	CM 4.1-CM 4.3,CM16.1- CM16.4	Writing of the theory questions, discussion of the ideal answers by the teacher, Peer assessment and feedback
29	Tutorial 11-	Hospital waste management, disaster management, MDG to SDG	CM 13.1-13.4,CM 14.1-CM14.3	Writing of the theory questions, discussion of the ideal answers by the teacher, Peer assessment and feedback
30				

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab

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A	1-30
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Bharati Vidyapeeth Deemed To Be University Medical College Pune MBBS-Phase III- Part I

DEPARTMENT OF Community Medicine

Clinical Posting Schedule: 4 weeks

(Total weeks 4; 24 days x 3hours per day = 72hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1		CM10.2-CM10.5,CM2.1-	3	
	Orientation of the posting	CM2.5		Small group discussion
2	#UHC visit	CM 17.5, CM 8.3, CM 19.1 to CM 19.3	3	Educational visit and Small group discussion
3	UHC-Hospital Waste disposal	01/1 17.0	3	diseassion
	methods	CM 14.1 to CM 14.3, CM 8.7		DOAP, Small group discussion
4	UHC- Family planning OPD	CM 9.5,CM9.6, CM 10.6, CM4.3	3	Educational visit and Small group discussion
5	UHC- Immunization OPD	CM 10.5,CM 8.3	3	Educational visit and Small group discussion
6	Reflection		3	
7	UHC- DOTS Center	CM 8.3	3	Educational visit and Small group discussion
8	UHC- ANC OPD	CM 10.3,CM 10.4	3	Small group discussion
9	UHC -Medicine OPD	CM 8.1 to CM 8.5	3	Simil group discussion
10	Training session for health workers	CM 8.6	3	DOAP
11	*Extension activity	CM 4.2	3	DOAP
12	Biostatistics revision I	CM 6.2 to CM 6.4	3	Small group discussion
13	Biostatistics revision II	CM 6.2 to CM 6.4	3	Small group discussion
14	Biostatistics revision III	CM 6.2 to CM 6.4	3	Small group discussion
15	Introduction to family health survey	CM 2.1 to CM 2.5	3	Small group discussion
16	Orientation of RHTC	CM 17.1 to Cm 17.5	3	Small group discussion
17	[®] Family health survey I	CM 2.1 to CM 2.5	3	Small group discussion
18	Family health survey II	CM 2.1 to CM 2.5	3	Small group discussion
19	Reflection and feedback		3	Small group discussion
20	Family health survey III	CM 2.1 to CM 2.5	3	Small group discussion
21	Family health survey IV	CM 2.1 to CM 2.5	3	Small group discussion
22	Reflection and community diagnosis	CM 17.2	3	Small group discussion
23	Visit to milk dairy	CM 5.7	3	Small group discussion
24	Anganwadi visit	CM 5.6, CM 10.2 to CM 10.5	3	Small group discussion
	·	ting exam	3	

Instructions: *Extension activity- Health education session to be planned on the topic of public health importance allotted by the batch teacher and activity to be conducted in the field practice area of UHTC, reflection to be written in the log book. RHTC/UHTC.

*Urban Health Centre of corporation affiliated to the BVDTUMC Pune. To write the reflections of visit in the log book. Vehicle will start at 9:30 am sharp from college porch. Attendance to be signed at two places in vehicle and at UHTC.

[®]Family health survey each student will be allotted five families the information to be filled via KOBO tool and information of two families to be written in the journal.

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I

VI and VII Semester

DEPARTMENT OF Community Medicine

Clinical Posting Schedule: 2weeks

(Total weeks 2; 12 days x 3hours per day = 36hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1	Introduction to case discussion format, Hospital Case discussion- Antenatal		3	
	case	CM 10.1 -10.4		Small group discussion
2	Hospital Case discussion-Post natal case	CM10.1 - CM 10.6	3	Small group discussion
3	*Family Case discussion-Diabetes	CM 8.2- CM 8.5	3	Small group discussion
4	*Family Case discussion-Hypertension	CM 8.2 - CM 8.5	3	Small group discussion
5	Hospital Case discussion-	CM 8.1 ,CM8.3, CM	3	G 11 1: :
	Diarrhea/ARI	8.5		Small group discussion
6	Hospital Case discussion-Tuberculosis	CM 8.1 ,CM 8.3 ,CM 8.5	3	
7	Hospital Case discussion-Protein energy malnutrition	CM 8.1 , CM 8.3, CM 8.5	3	Small group discussion
8	Case studies revision	CM 8.1 to CM 8.5	3	
9	Visit to Primary health center	CM 17.1-CM17.5, CM8.1-CM 8.3	3	Small group discussion
10	Museum visit	Multiple competencies	3	
11	Visit to leprosy hospital	CM 8.1 and CM 8.3	3	Small group discussion
12	Reflection		3	Small group discussion
	End of clinical posting exam		3	

^{*-}History taking, examination and presentation to be done in the patients house in the field practice area of UHTC/RHTC.

DEPARTMENT OF DERMATOLOGY Lecture: Duration: One hr/Lecture

Lecture no.	Topic	Content	Competency	Integration
1		Enumerate the causative and risk factors of acne	DR1.1	
		Describe the treatment and preventive measures for various kinds of acne	DR1.3	
2	Vitiligo	Describe the treatment of vitiligo	DR2.2	
3	disorders	Enumerate the indications for and describe the various modalities of treatment of psoriasis including topical, systemic and phototherapy	DR3.3	
4		Enumerate and describe the treatment modalities for lichen planus	DR4.2	
5		Describe the etiology, microbiology, pathogenesis, natural history, clinical features, presentations and complications of scabies in adults and children	DR5.1	Pediatrics
		Enumerate and describe the pharmacology, administration and adverse reaction of pharmacotherapies for scabies	DR5.3	Pediatrics Pharmacology
6		Describe the etiology pathogenesis and diagnostic features of pediculosis in adults and children	DR6.1	Pediatrics Microbiology
7	Infections	Describe the etiology, microbiology, pathogenesis and clinical presentations and diagnostic features of dermatophytes in adults and children	DR7.1	Microbiology
		Describe the pharmacology and action of antifungal (systemic and topical) agents. Enumerate side effects of antifungal therapy	DR7.3	Microbiology Pharmacology
8		Describe the etiology, microbiology, pathogenesis and clinical presentations and diagnostic features of common viral infections of	DR8.1	Pediatrics Microbiology

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		the skin in adults and children		
		Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for common viral illnesses of the skin	DR8.7	Pharmacology
9	Leprosy	Classify, describe the epidemiology, etiology, microbiology, pathogenesis, clinical presentations and diagnostic features of Leprosy	DR9.1	General Medicine Community Medicine Microbiology
		Enumerate, describe and identify lepra reactions and supportive measures and therapy of lepra reactions	DR9.4	General Medicine Pharmacology
10	Leprosy	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for various classes of leprosy based on national guidelines	DR9.5	General Medicine Pharmacology Community Medicine
		Describe the treatment of Leprosy based on the WHO guidelines	DR9.6	General Medicine Pharmacology Community Medicine
		Enumerate and describe the complications of leprosy and its management, including understanding disability and stigma	DR9.7	General Medicine Pharmacology Psychiatry
11	Sexually Transmitted Diseases	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for syphilis	DR10.3	General Medicine Pharmacology Microbiology
		Describe the prevention of congenital syphilis	DR10.4	General Medicine
12	Sexually Transmitted Diseases	Describe the etiology, diagnostic and clinical features of nonsyphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	DR10.6	General Medicine Microbiology
		Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the nonsyphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	DR10.8	General Medicine Pharmacology Microbiology

13	Sexually Transmitted Diseases	Describe the syndromic approach to ulcerative sexually transmitted diseases	DR10.9	General Medicine
		Describe the etiology, diagnostic and clinical features and management of gonococcal and nongonococcal urethritis	DR10.10	General Medicine
		Describe the etiology, diagnostic and clinical features and management of vaginal discharge	DR10.11	Obstetrics & Gynaecology
14	HIV	Describe the etiology, pathogenesis and clinical features of the dermatologic manifestations of HIV and its complications including opportunistic infections	DR11.1	General Medicine Microbiology
		Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for dermatologic lesions in HIV	DR11.3	General Medicine Microbiology Pharmacology
15	Dermatitis and Eczema	Describe the aetiopathogenesis of eczema	DR12.1	
		Classify and grade eczema	DR12.3	
		Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the treatment of eczema	DR12.4	
16	Urticaria Angioedema	Describe the etiology, pathogenesis and clinical precipitating features and classification of Urticaria and angioedema	DR14.1	Microbiology Pathology
		Enumerate the indications and describe the pharmacology indications and adverse reactions of drugs used in urticaria and angioedema	DR14.5	Pharmacology
17	Pyoderma	Enumerate the indications and describe the pharmacology, indications and adverse reactions of topical and systemic drugs used in treatment of Pyoderma	DR15.3	General Surgery Microbiology Pharmacology
18	Nutritional Deficiencies and Skin	Enumerate and identify the cutaneous findings in vitamin A Deficiency	DR17.1	General Medicine Pediatrics

	1			T
				Biochemistry
		Enumerate and describe the various skin changes in Vitamin B complex deficiency	DR17.2	General Medicine Pediatrics Biochemistry
		Enumerate and describe the various changes in Vitamin C deficiency	DR17.3	General Medicine Pediatrics Biochemistry
		Enumerate and describe the various changes in Zinc deficiency	DR17.4	General Medicine Pediatrics Biochemistry
19	Systemic diseases and the skin	Enumerate the cutaneous features of Type 2 diabetes	DR18.1	General Medicine
		Enumerate the cutaneous features of hypo/hyper-thyroidism	DR18.2	General Medicine
20	_	Describe structure & function of skin with its appendages	AN4.2	Dermatology, Venereology & Leprosy
		Describe modifications of deep fascia with its functions	AN4.4	Dermatology, Venereology & Leprosy
		Explain principles of skin incisions	AN4.5	Dermatology, Venereology & Leprosy
21		Describe the risk factors, pathogenesis, pathology and natural history of squamous cell carcinoma of the skin	PA34.1	Dermatology, Venereology & Leprosy
		Describe the risk factors, pathogenesis, pathology and natural history of basal cell carcinoma of the skin	PA34.2	Dermatology, Venereology & Leprosy
		Describe the distinguishing features between a nevus and melanoma. Describe the etiology, pathogenesis, risk factors, morphology, clinical features and meatstases of melanoma	PA34.3	Dermatology, Venereology & Leprosy
22		Describe the etio-pathogenesis of Skin and soft tissue infections and discuss the clinical course, and the laboratory diagnosis.	MI4.3	Dermatology, Venereology & Leprosy General Surgery

	Describe the etio-pathogenesis and discuss the laboratory diagnosis of sexually transmitted infections. Recommend preventive measures, wherever relevant.	MI7.2	Dermatology, Venereology & Leprosy Obstetrics & Gynaecology
	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of antileprotic drugs	PH1.46	Dermatology, Venereology & Leprosy Microbiology
	Describe drugs used in skin disorders	PH1.57	Dermatology, Venereology & Leprosy
Tern	n end Theory examination		

DEPARTMENT OF DERMATOLOGY Small group teaching Schedule: Duration: One hr /SGT

S No.	Topic	Content	Competency No.	SGT Method*
1	Fungal Infections	Identify Candida species in fungal scrapings and KOH mount	DR7.2	DOAP session
2	Viral infections	Identify and distinguish herpes simplex and herpes labialis from other skin lesions Identify and distinguish herpes zoster	DR8.2	DOAP session
		and varicella from other skin lesions Identify and distinguish viral warts from other skin lesions	DR8.3	
		Identify and distinguish molluscum contagiosum from other skin lesions	DR8.4	
		Enumerate the indications, describe the procedure and perform a Tzanck smear	DR8.5	
			DR8.6	
3	Leprosy	Enumerate the indications and observe the performance of a slit skin smear in patients with leprosy	DR9.3	DOAP session
4	Sexually Transmitted Diseases	Identify spirochete in a dark ground microscopy Counsel in a non-judgemental and	DR10.2	DOAP session
		empathetic manner patients on prevention of sexually transmitted disease	DR10.5	
5	Pyoderma	Enumerate the indications for surgical referral	DR15.4	DOAP session
6	Pathology	Identify, distinguish and describe common tumors of the skin	PA34.4	DOAP session
7	Pediatrics	Identify Atopic dermatitis and manage	PE31.4	Skills lab

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab Batches for small group: 30 students per batch

Batch	Roll No
A	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

Bharati Vidyapeeth Deemed To Be University Medical College Pune DEPARTMENT OF DERMATOLOGY

III MBBS: Part I VI and VII Semester

Clinical Posting Schedule:

(Total weeks 2; 12 days x 3hours per day = 36hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: Bedside clinic/ Skills lab/ Clinical clerkship
1	Identify and grade the various common types of acne	DR1.2	6	Bedside clinic
	Identify and differentiate vitiligo from other causes of hypopigmented lesions	DR2.1		
2	Identify and distinguish psoriatic lesions from other causes	DR3.1	3	Bedside clinic
	Demonstrate the grattage test	DR3.2		
3	Identify and distinguish lichen planus lesions from other causes	DR4.1	6	Bedside clinic
	Identify and differentiate scabies from other lesions in adults and children	DR5.2		
	Identify and differentiate pediculosis from other skin lesions in adults and children	DR6.2		
4	Demonstrate (and classify based on) the clinical features of leprosy including an appropriate neurologic examination	DR9.2	3	Bedside clinic
5	Identify and classify syphilis based on the presentation and clinical manifestations	DR10.1	3	Bedside clinic
	Identify and differentiate based on the clinical features non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	DR10.7		
6	Identify and distinguish the dermatologic manifestations of HIV, its complications, opportunistic infections and adverse reactions	DR11.2	3	Bedside clinic
7	Identify eczema and differentiate it from lichenification and changes of aging	DR12.2	3	Bedside clinic

	Define erythroderma. Enumerate and identify the causes of erythroderma. Discuss the treatment	DR12.5		
	Identify and distinguish exfoliative dermatitis from other skin lesions	DR12.6		
	Identify and distinguish fixed drug eruptions and Steven Johnson syndrome from other skin lesions	DR12.7		
8	Distinguish bulla from vesicles	DR13.1	3	Bedside clinic
	Demonstrate the Tzanck test, nikolsky sign and bulla spread sign	DR13.2		
	Calculate the body surface area of involvement of Vesiculobullous lesions	DR13.3		
9	Identify and distinguish urticarial from other skin lesions	DR14.2	3	Bedside clinic
	Demonstrate dermographism	DR14.3		
	Identify and distinguish angioedema from other skin lesions	DR14.4		
10	Identify and distinguish folliculitis impetigo and carbuncle from other skin lesions	DR15.1	2	Bedside clinic
	Identify staphylococcus on a gram stain	DR15.2		
	Identify and distinguish skin lesions of SLE	DR16.1		
	Identify and distinguish Raynaud's phenomenon	DR16.2		
	End of Posting Examination			
I			•	

DEPARTMENT OF PSYCHIATRY Lectures Schedule: Duration : One hr/Lecture

Lecture	75		~	
no.	Topic	Content	Competency	Integration
1.	Introduction to Psychiatry	Describe the growth of Psychiatry as a medical specialty, its history and contribution to society	PS 3.1	
2.	Diagnosis of common mental disorders and classificatory systems	Enumerate, describe and discuss important signs and symptoms of common mental disorders	PS 3.2	
3.	Neurological basis of behaviour	Functions of cerebral cortex, basal ganglia, thalamus, hypothalamus, limbic system with circuits	PY 8.7 PS 3.6	Physiology
4.	Biopsychosocial model of disease	Describe biological, psychological and social factors and their interactions in the causation of mental disorders	PS 3.6	
5.	Organic Psychiatric disorders	-Enumerate and describe common organic Psychiatric disorders, magnitude, etiology, clinical	PS 3.7 PS 3.8	General Medicine
		features Enumerate essential investigations in organic Psychiatric disorders Enumerate pharmacological basis of treatment	PS 3.10	
6.	Schizophrenia	Classify and describe the magnitude and etiology of Schizophrenia and other psychotic disorders	PS 5.1	
7.	Bipolar disorders	Classify and describe the magnitude and etiology of Bipolar disorders	PS 7.1	
8.	Psychopharmacolo gy	-Enumerate and describe the pharmacological basis and side effects of drugs used to treat in Psychiatric disorders -Enumerate and describe the	PS 3.10	Pharmacology
		pharmacological basis and side effects of drugs used in Schizophrenia -Enumerate and describe the	PS 5.5	
		pharmacological basis and side effects of drugs used in Bipolar disorders	PS 7.6	

9.	Depression	Classify and describe the magnitude and etiology of depression	PS 6.1	
10.	Anxiety disorders- GAD, Panic, Phobias	Enumerate and describe the magnitude and etiology of anxiety disorders	PS 8.1	
11.				
	OCD and stress	Enumerate and describe the	PS 8.1	
	related disorders-	magnitude and etiology of anxiety	PS 9.1	
	Stress reaction,	and stress related disorders		
	PTSD			
12.	TD 4 C	Describe the treatment of	PS 6.4	Pharmacology
	Treatment of	depression including behavior and		
	Depression and	pharmacotherapy	DC 0.4	
	anxiety and stress related disorders	Describe the treatment of anxiety	PS 8.4	
	related disorders	including behavior and pharmacotherapy		
		Describe the treatment of stress	PS 9.4	
		disorder including behavior and	FS 9.4	
		pharmacotherapy		
13.	Somatoform and	Enumerate and describe the	PS 10.1	General
	Conversion	magnitude and etiology of	15 10.1	Medicine
	disorders	somatoform and conversion		5.20 0.20 2.20
		disorders		
14.	Personality	Enumerate and describe the	PS 11.1	
	disorders	magnitude and etiology, clinical	PS 11.2	
		features of personality disorders		
		To describe treatment of		
		personality disorders including	PS 11.4	
		behavioral, psychosocial and		
15.	Davahagamatia	pharmacologic therapy Enumerate and describe the	PS 12.1	C 1
13.	Psychosomatic disorders	magnitude and etiology, clinical	PS 12.1	General Medicine,
	disorders	features of psychosomatic	PS 12.2	Dermatology
		disorders	15 12.2	Bermatology
		To describe treatment of		
		psychosomatic disorders		
		including behavioral,	PS 12.4	
		psychosocial and pharmacologic		
		therapy		
16.	Alcohol use	-To describe the magnitude and	PS 4.1	General
	disorders	etiology of alcohol use disorders	DG 4.2	Medicine
		-To describe indications and	PS 4.3	
		interpret lab results in alcohol use disorders	DC 4.6	
		-Pharmacological basis and side	PS 4.6	
		effects of drugs used in alcohol		
		use disorders	PS 4.4	
		-Treament with psychological	15 1.7	
		management and behavior therapy		
17.	Other Substance	-To describe the magnitude and	PS 4.1	General
	use disorders	etiology of other substance use		Medicine
		disorders		
		-To describe indications and	PS 4.3	
		interpret lab results in other		
		substance use disorders		

		-Pharmacological basis and side	PS 4.6	
		effects of drugs used in other		
		substance use disorders		
		-Treatment with psychological	PS 4.4	
		management and behavior therapy		
18.	Psychosexual and	To describe the magnitude and	PS 13.1	
	gender identity	etiology, clinical features of		
	disorders	psychosexual disorders and GID	PS 13.2	
		-To describe indications and		
		interpret lab results in	PS 13.3	
		psychosexual disorders and GID		
		-Pharmacological basis and side		
		effects of drugs used in	PS 13.6	
		psychosexual disorders and GID		
		-Treatment with psychological		
		management and behavior therapy	PS 13.4	
19.	Psychiatric	-Enumerate and describe common	PS 16.1	General
	disorders in elderly	Psychiatric disorders in elderly –		Medicine
		depression, dementia, psychosis		
		- Etiology and magnitude	PS 16.2	
		-Therapy including psychosocial	PS 16.3	
		and behavioral therapy		
20.	Psychiatric	-Enumerate and describe the	PS 17.1	
	emergencies	recognition, presentation of		
		psychiatric emergencies- suicide,	PS 17.2	
		DSH, violence		
		- Initial stabilization and		
		management of emergencies	PS 17.3	
		- Specialist referral		
21	Montal natandation	Describe the sticle are and	PS 15.1	Pediatrics
21.	Mental retardation	-Describe the etiology and magnitude of mental retardation	PS 15.1	Pediatrics
		-Interventions in mental	DC 15 4	
		retardation	PS 15.4	
22.	Childhood &	-Enumerate describe the etiology	PS 14.1	Dadietrica
22.	adolescence	of child psychiatric disorders	F3 14.1	Pediatrics
	Psychiatric Psychiatric	-Types and clinical features	PS 14.2	
	disorders	-Behavioral and psychological	F3 14.2	
	disorders	management	PS 14.3	
		-Pharmacotherapy	PS 14.5 PS 14.6	
23.	Community			Community
23.	Psychiatry	-Relevance, role of Community Psychiatry	PS 19.1	Community Medicine
	i sycinati y	Objective strategies of national	PS 19.2	Modicille
		mental health programme	1.5 17.4	
		-Salient features of Prevalent	DC 10 4	
		mental health laws in India	PS 19.4	
24.		Theory assessment	<u> </u>	
		Theory assessment		

VI and VII Semester DEPARTMENT OF PSYCHIATRY

Small group teaching Schedule: _ Duration: One hr/SGT

Sr. No.	Topic	Content	Competency No.	SGT Method*
1.	Stress	Define stress, describe components and causes	PS 2.1	Tutorial
2.	Stress management	Describe the role of time management, study skills, lifestyles in stress avoidance	PS 2.2	Group discussion
3.	Suicide assessment	Evaluation of suicide risk	PS 17.1	Tutorial
4.	Intervention in suicidality	Management of suicidality	PS 17.2	Group discussion
5.	Principles of psychotherapy	Enumerate and describe the principles of psychosocial interventions in Psychiatric illnesses	PS 18.3	Tutorial
6.	Disorder specific psychotherapy	Describe psychological treatment of depression, anxiety and stress related disorders	PS 6.4 PS 8.4 PS 9.4	DOAP
7.	Investigations	Assessment of cognition	PS 3.5	Tutorial
8.	Investigations	Assessment of IQ Introduction to psychodiagnostic tests	PS 15.2 PS 18.3	Tutorial
9.	Physical treatments	Enumerate indications for modified electroconvulsive therapy	PS 18.2	DOAP
10.	Ethical and legal issues	Describe and discuss basic ethical and legal issues	PS 19.3	Tutorial Group discussion

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab

Batches for small group: 30 students per batch:

Batch	Roll No.s
A	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

VI and VII Semester

DEPARTMENT OF PSYCHITRY

Clinical Posting Schedule:

(Total weeks 2; 12 days x 3hours per day = 36hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1.	Revision on Clinical assessment- History taking and mental status examination	PS 3.3- Elicit, present and document history in patients with mental disorder PS 3.5- Ennumerate, demonstrate mental status examination	3	Clinical clerkship
2.	Case discussion- Organic Psychiatric disorder	PS 3.7- Elicit clinical features of a patient with organic Psychiatric disorder PS 3.9- Describe the steps and demonstrate in a simulated environment family education in patients with organic Psychiatric disorders	3	Clinic
3.	Clinical case discussion- Schizophrenia	PS 5.2- Enumerate, elicit, describe and document symptoms of Schizophrenia PS 5.4- Demonstrate family education in patients of Schizophrenia		Clinic
4.	Clinical case discussion- Bipolar disorder	PS 7.2- Enumerate, elicit, describe and document clinical features of patient	3	Clinic

		of bipolar disorders PS 7.5- Demonstrate family education in a patient of bipolar disorder in a simulated environment		
5.	Clinical case discussion- Depression	PS 6.1- Enumerate, elicit, describe and document clinical features of patient of depression PS 6.5-Demonstrate family education in a patient of depression in a simulated environment		Clinic
6.	Clinical case discussion- Substance use disorders	PS 4.2- Elicit, describe and document clinical features of alcohol and substance use disorders PS 4.5- Demonstrate family education in a patient with alcohol and substance use disorders		Clinic
7.	Clinical case discussion on anxiety disorders	PS 8.2 - Enumerate, elicit, describe and document clinical features of patient of anxiety disorders PS 8.5- Demonstrate family education in a patient of anxiety disorder in a simulated environment	3	Clinic

8.	Clinical case discussion on OCD/ stress related disorder	PS 9.2 - Enumerate, elicit, describe and document clinical features of patient of anxiety disorders PS 9.5- Demonstrate family education in a patient of anxiety disorder in a simulated environment		Clinic
9.	Clinical case discussion- Child and adolescent Psychiatric disorder	PS 14.1Enumerate, elicit, describe and document clinical features of child/adolescent with psychiatric disorder PS 14.5-Demonstrate family education in a child/adolescent with psychiatric disorder in a simulated environment		Clinic
10.	End of posting assessment	1	3	

DEPARTMENT OF RESPIRATORY MEDICINE Lectures Schedule: Duration: One hr/Lecture

Lecture				
no.	Topic	Content	Competency	Integration
1	ТВ	Describe and discuss the epidemiology of tuberculosis and its impact on the work, life and economy of India	CT 1.1	Community medicine
2	ТВ	TB Describe and discuss the microbiology of tubercle bacillus, mode of transmission, pathogenesis, clinical evolution and natural history of pulmonary and extra pulmonary forms (including lymph node, bone and CNS)		Microbiology
3	ТВ	Discuss and describe the impact of co- infection with HIV and other co-morbid conditions. Like diabetes on the natural history of tuberculosis Describe the epidemiology, the predisposing factors and microbial and therapeutic factors that determine resistance to drugs	CT 1.3 CT 1.4	Community medicine Microbiology Pharmacology
4	ТВ	Describe and discuss the pharmacology of various anti-tuberculous agents, their indications, contraindications, interactions and adverse reactions	CT 1.14	Pharmacology
5	ТВ	Define criteria for the cure of Tuberculosis; describe and recognise the features of drug resistant tuberculosis, prevention and therapeutic regimens Prescribe an appropriate antituberculosis regimen based on the location of disease, smear positivity and negativity and comorbidities based on current national guidelines including directly observed tuberculosis therapy (DOTS)	CT 1.15 CT1.17	Community medicine Pharmacology
6	Obstructive airway disease	Define and classify obstructive airway	CT 2.1 CT 2.2 CT 2.5	Pathology Physiology
7	Obstructive	Enumerate and describe the causes of	CT 2.3	Pathology
	airway disease	acute episodes in patients with	CT 2.4	Physiology

		obstructive airway disease Describe and	CT 2.6	
		discuss the physiology and	CT 2.7	
		pathophysiology of hypoxia and		
		hypercapneia		
		Describe the role of the environment in		
		the cause and exacerbation of obstructive		
		airway disease		
		Describe and discuss allergic and non-		
		allergic precipitants of obstructive airway		
		disease		
8	Obstructive	Discuss and describe therapies for OAD	CT 2.16	Pharmacology
	airway disease	*	CT 2.17	
		inhibitors, mast cell stabilisers,	CT 2.20	
		theophylline, inhaled and systemic		
		steroids, oxygen and immunotherapy		
		Describe and discuss the indications for		
		vaccinations in OAD		
		Describe and discuss the principles and		
		use of oxygen therapy in the hospital and		
		at home		
9	Obstructive	Discuss and describe the impact of OAD	CT2.25	Community
	airway disease	on the society and	CT 2.26	medicine
	j	Workplace		
		Discuss and describe preventive		
		measures to reduce OAD in workplaces		
10		Term end examination		10 hours
10		Tomi one oranimation		10 110 615

VI and VII Semester DEPARTMENT OF RESPIRATORY MEDICINE

Small group teaching Schedule: Duration: One hr/SGT_

Sr. No.	Topic	Content	Competency No.	SGT Method*
1	ТВ	Describe and discuss the epidemiology of tuberculosis and its impact on the work, life and economy of India Discuss and describe the impact of co-infection with HIV and other co-morbid conditions. Like diabetes on the natural history of tuberculosis Describe the epidemiology, the predisposing factors and microbial and therapeutic factors that determine resistance to drugs	CT 1.1 CT 1.3 CT 1.4	Seminar
2	ТВ	Describe and discuss the origin, indications, technique of administration, efficacy and complications of the BCG vaccine	CT 1.13	Tutorial
3	ТВ	Enumerate the indications for tests including: serology, special cultures and polymerase chain reaction and sensitivity testing Perform and interpret a PPD (mantoux) and describe and discuss the indications and pitfalls of the test	CT 1.12 CT 1.7	DOAP Group discussion
4	TB	Define criteria for the cure of Tuberculosis; describe and recognise the features of drug resistant tuberculosis, prevention and therapeutic regimens Prescribe an appropriate antituberculosis regimen based on the location of disease, smear positivity and negativity and comorbidities based on current national guidelines including directly observed tuberculosis therapy (DOTS)	CT 1.15 CT 1.17	Group discussion
5	ТВ	Educate health care workers on National Program of Tuberculosis and administering and monitoring the DOTS program Communicate with patients and family in an empathetic manner about the diagnosis, therapy	CT 1.18 CT 1.19	DOAP

6	Obstructive	Describe, discuss and interpret	CT 2.11	Group
	airway disease	pulmonary function tests	CT 2.12	discussion
		Perform and interpret peak		DOAP
		expiratory flow rate		
7	Obstructive	Describe the appropriate diagnostic	CT 2.13	Group
	airway disease	work up based on the presumed	CT 2.14	discussion
		aetiology		DOAP
		Enumerate the indications for and		
		interpret the results of : pulse		
		oximetry, ABG, Chest Radiograph		
8	Obstructive	Recognise the impact of OAD on	CT 2.24	Seminar
	airway disease	patient's quality of life, well being,	CT 2.25	
		work and family		
		Discuss and describe the impact of		
		OAD on the society and workplace		

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab

Batches for small group: 30 students per batch:

Batch	Roll No.s
A	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

VI and VII Semester

DEPARTMENT OF RESPIRATORY MEDICINE

Clinical Posting Schedule:

(Total weeks-2, 12 days x 3hours per day = 36hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship	
1	History taking	CT 1.5, CT 1.8	6	Bedside clinic Clinical clerkship	
2	Respiratory system examination	CT 1.6	3	Clinical skill	
3	Asthma/COPD case presentation	CT 2.8, CT 2.9, CT 2.10, CT 2.21, CT 2.23, CT 2.24	3	Bedside clinic Clinical clerkship	
4	ABG/ Pulse oximetry	CT 2.14	6	Bedside clinic Clinical clerkship	
5	Spirometry PEFR	CT 2.11, CT 2.12	3	Clinical skill/clinical clerkship	
6	Pulmonary TB case presentation	CT 1.5, CT 1.6, CT 1.9	3	Bedside clinic Clinical clerkship	
7	Daily DOTS—DS/DR TB treatment	CT1.14, CT 1.15, CT 1.16, CT 1.17, CT 1.18	3	Clinical clerkship	
8	Drugs- COPD/Asthma Devices- MDI/DPI/Spacer/nebulization	CT 2.16, CT 2.18, CT 2.19, CT 2.22, CT	3	Clinical skill/clinical clerkship	
9	Chest CXR interpretation	CT 2.14	3	Clinical skill	
	Term end examSAQ/MCQ		3		

Instructions:

Batch will be divided in groups of three and each group will be allotted three beds. Students are supposed to interact with patients on the allotted beds daily and discuss the clinical findings with teacher.

Students will apply their knowledge(whatever they have been taught during lecture) during clinical posting.

Students will enter the case record in his/her journal during clinical posting.

Note:-

For bedside teaching time allotted for

- 1. History taking-30 min
- 2. Clinical examination-30 min
- 3. Discussion 60 min
- 4. Interaction with student group regarding beds allotted and discussion 60 min

DEPARTMEMT OTORHINOLARYNGOLOGY Lectures Schedule: Duration: One hr/Lecture

Lecture					
no.	Topic Content		Competency	Integration	
1.	Management of	External ear pathology	EN 4.1, EN 4.2	-	
	diseases of Ear,				
	nose and throat				
2.	Management of	Serous otitis media	EN 4.5	-	
	diseases of Ear,				
	nose and throat				
3.	Management of	Acute otitis media with	EN 4.3	PE 28.4	
	diseases of Ear,	complication			
	nose and throat				
4.	Management of	Chronic otitis media mucosal and	EN 4.6 EN 4.7, EN		
	diseases of Ear,	squamosal	4.8		
	nose and throat	_			
5.	Management of	Squamosal chronic otitis media	EN 4.8		
	diseases of Ear,	Complication of otitis media			
	nose and throat	intracranial and extra cranial			
6.	Management of	Otosclerosis	EN 4.13		
	diseases of Ear,				
	nose and throat				
7.	Management of	Inner ear (meiniers disease,	EN 4.20, EN 4.19,		
	diseases of Ear,	vestibular schwannoma, BPPV)	EN 4.21		
	nose and throat	,			
8.	Management of	Deaf and mute child evaluation	EN 4.12	PY10.15,	
	diseases of Ear,	and cochlear implant	21,2	PY10.16	
	nose and throat				
9.	Management of	Facial nerve	EN 4.18		
	diseases of Ear,		211 1110		
	nose and throat				
10.	Management of	Deviated nasal septum	EN 4.23, 4.24		
	diseases of Ear,	Be viacea masar septam	21, 1123, 1121		
	nose and throat				
11.	Management of	Allergic rhinitis (specific and non	EN 4.27, EN 4.28		
	diseases of Ear,	specific rhinitis)			
	nose and throat	specific rimins /			
12.	Management of	Acute rhinosinusitis with	EN 4.29, EN 4.33		
12.	diseases of Ear,	complication	21 (11.25 , 21 (11.88		
	nose and throat				
13.	Management of	Chronic rhinosinusitis with and	EN 4.25		
15.	diseases of Ear,	without polys / antrochoanal	21, 1.25		
	nose and throat	polyp			
14.	Management of	Benign lesion of nose and	EN 4.32		
11.	diseases of Ear,	paranasal sinuses (JNA)	DI \ T.52		
	nose and throat	paramasar sinases (31111)			
15.	Management of	Malignant legion of nose and	EN 4.34 . EN 4.35		
15.	diseases of Ear,	paranasal sinuses /	LIV 1.51 . LIV 7.33		
	nose and throat	Nasopharyngeal tumors			
16.	Management of	Facial trauma and facial plastic	EN 4.31		
10.	ivialiagellielli Ol	raciai trauma and faciai piastic	LIN 4.31		

	diseases of Ear, nose and throat	surgery in ENT		
17.	Management of diseases of Ear, nose and throat	Acute and chronic tonsillitis with adenoid	EN 4.39, EN 4.26	PE 28.2, PE 28.3
18.	Management of diseases of Ear, nose and throat	Complications of various abscesses – neck space abscesses (Ludwigs)	EN 4.37, EN 4.41	
19.	Management of diseases of Ear, nose and throat	Acute and chronic laryngitis	EN 4.43	PE 28.6
20.	Management of diseases of Ear, nose and throat	Benign lesions of larynx (hoarseness and laryngeal paralysis)	EN 4.44, EN 4.42, EN 4.45	
21.	Management of diseases of Ear, nose and throat	Malignancy of larynx laryngopharynx	EN 4.46	
22.	Management of diseases of Ear, nose and throat	Malignancy of laryngopharynx	EN 4.46	
23.	Management of diseases of Ear, nose and throat	Dysphagia and Cao esophagus	EN 4.38	
24.	Management of diseases of Ear, nose and throat	Foreign body in airway and food passage	EN 4.49	PE 28.8
25.	Management of diseases of Ear, nose and throat	Stridor (Peadiatric stridor and epiglottitis	EN 4.47	PE 28.5, PE 28.6, PE 28.7, PE 28.9

DEPARTMENT of Otorhinolaryngology Small group teaching Schedule: Duration: 2 hrs/SGT

Sr. No.	Topic	Content	Competency No.	SGT Method*
1.	Anatomy and physiology of ear , nose , throat and head and neck	Anatomy of ear	EN1.1	Group discussion
2.	Anatomy and physiology of ear , nose , throat and head and neck	Physiology of hearing and balance	EN1.1	Tutorial
3.	Anatomy and physiology of ear , nose , throat and head and neck	Anatomy of nose	EN1.1	Seminar
4.	Clinical skills	Premalignant condition in ENT	EN 2.11	Tutorial
5.	Clinical skills/ Management of diseases of Ear, nose and throat	National program for prevention of cancer, deafness, noise and environmental pollution including noise induced hearing loss	EN 2.15, EN 4.15	Seminar
6.	Clinical skills/ Management of diseases of Ear, nose and throat	ENT emergencies (kerosene ingestion, sudden SNHL, Epistaxis, Stridor, Air way emergency tracheostomy	EN 2.13, P 14.2 ,EN 4.14, EN 4.47, EN4.30, EN 4.48, EN 4.50, EN3.6	Tutorial
7.	Anatomy and physiology of ear , nose , throat and head and neck	Anatomy & physiology of pharynx , anatomy and clinical significance of pyriform fossa	EN 1.1, AN 36.3	Group Discussion
8.	Anatomy and physiology of ear , nose , throat and head and neck	Anatomy and physiology of larynx	EN 1.1	Seminar
9.	Management of diseases of Ear , nose and throat	Otalgia	EN 4.1	Tutorial
10.	Management of diseases of Ear , nose and throat	Indication and steps of myringoplasty and myringotomy	EN 4.10 AN 40.4 EN 3.5	Demonstration
11.	Management of diseases of Ear , nose and throat	Indication and steps of mastoidectomy	EN 4.11 EN3.5	Demonstration
12.	Management of diseases of Ear , nose and throat	Facial nerve palsy	EN 4.18	Tutorial
13.	Management of diseases of Ear , nose and throat	Tinnitus Clinical features investigation and management	EN 4.21	Tutorial

14.	Management of diseases of Ear	Vasomotor rhinitis	EN4.28	Tutorial
	, nose and throat			
15.	Management of diseases of Ear	Tumors of nasopharynx	EN 4.35	Tutorial
	, nose and throat			
16.	Management of diseases of Ear	Salivary gland diseases	EN4.36	Tutorial
	, nose and throat			
17.	Management of diseases of Ear	Presbycusis	EN 4.12	Group discussion
	, nose and throat			_
18.	Management of diseases of Ear,	HIV manifestation of ENT	EN 4.53	Seminar
	nose and throat			

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab

Batches for small group: 30 students per batch:

Batch	Roll No.s
A	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

VI and VII Semester

DEPARTMENT OF OTORHINOLARYNGOLOGY

Clinical Posting Schedule:

(Total weeks-4, 24 days x 3hours per day = 72hours)

Days Alloted for the posting	Topics to be covered	Competenc y number for each topic	Hours required to cover one topic	Teaching, learning method:Bedside clinic/skills lab/Clinical clerkship
1	Throat case – signs and symptoms, investigation and management	EN 2.1, EN 2.2, EN 2.6 , EN2.7	3 hours	OPD station clinic (Beside clinic)
2	Nose case -signs and symptoms ,investigation and management	EN 2.1, EN 2.2, EN 2.5, EN.3.2	3 hours	OPD station clinic (Beside clinic)
3	Ear case - signs and symptoms ,investigation and management	EN2.1, EN2.2, EN2.3, EN2.4	3 hours	OPD station clinic (Beside clinic)
4	Head and Neck case - signs and symptoms, investigation and management	EN2.7, EN 2.11, EN 2.12	3 hours	OPD station clinic (Beside clinic)
5	Pure tone audiometry , Specimens	EN2.8, EN 4.16 ,EN 4.17	3 hours	OPD station clinic (Beside clinic)
6	Nose case -signs and symptoms ,investigation and management	EN 2.1, EN 2.2, EN 2.5, EN.3.2	3 hours	OPD station clinic (Beside clinic)
7	Otoscopy	EN 2.3	3 hours	Skill Lab
8	Xray, OT Instruments	EN2.10, EN2.9	3 hours	OPD station clinic (Beside clinic)
9	Throat case – signs and symptoms, investigation and management	EN 2.1, EN 2.2, EN 2.6 , EN2.7	3 hours	OPD station clinic (Beside clinic)
10	Ear case - signs and symptoms ,investigation and management	EN2.1, EN2.2, EN2.3, EN2.4	3 hours	OPD station clinic (Beside clinic)
11	Anterior nasal packing	EN2.13	3 hours	Skill lab
12	Throat case – signs and symptoms, investigation and management with surgical videos	EN 2.1, EN 2.2, EN 2.6 , EN2.7 EN3.4, EN3. 5, EN4.39, EN4.42, EN 4.48 EN 4.49 EN 4.50 EN 4.50 EN	3 hours	OPD station clinic (Beside clinic)
13	Nose case -signs and symptoms ,investigation and management with surgical videos	EN 2.1, EN 2.2, EN 2.5, EN.3.2EN3. 2,EN3.4, EN3.5, EN	3 hours	OPD station clinic (Beside clinic)

		4.25 TO EN		
		4.30,EN		
		4.33		
14	Ear case - signs and symptoms ,investigation and management	EN2.1, EN2.2,	3 hours	OPD station clinic (Beside clinic)
	with surgical videos	EN2.2, EN2.3,		(Deside clinic)
	with surgical videos	EN2.3, EN2.4		
		EN3.1,EN3.		
		4,EN3.5,EN		
		4.1 To 4.8,		
		EN 4.10 TO		
		EN 4.12		
15	Head and Neck case - signs and	EN2.7, EN	3 hours	OPD station clinic
	symptoms, investigation and	2.11, EN		(Beside clinic)
	management with surgical videos	2.12EN3.3,		
		EN3.5, EN		
1.6	B	4.38	2.1	ODD 111 111
16	Pure tone audiometry, Specimens	EN2.8, EN	3 hours	OPD station clinic
		4.16 ,EN 4.17		(Beside clinic)
17	Nose assessions and symptoms	EN 2.1, EN	3 hours	OPD station clinic
17	Nose case -signs and symptoms ,investigation and management	2.2 , EN	3 Hours	(Beside clinic)
	with surgical videos	2.5,		(Deside Clinic)
	with surgical videos	EN.3.2EN3.		
		2,EN3.4,		
		EN3.5, EN		
		4.25 TO EN		
		4.30,EN		
		4.33		
18	Head and Neck case - signs and	EN2.7, EN	3 hours	OPD station clinic
	symptoms, investigation and	2.11, EN		(Beside clinic)
	management with surgical videos	2.12EN3.3,		
		EN3.5, EN		
10	V. OTT.	4.38	2.1	ODD 1111
19	Xray, OT Instruments	EN2.10,	3 hours	OPD station clinic
20	The section of the se	EN2.9	2 1	(Beside clinic)
20	Throat case – signs and symptoms, investigation and management with	EN 2.1, EN	3 hours	OPD station clinic
	investigation and management with surgical videos	2.2, EN 2.6 , EN2.7		(Beside clinic)
	Surgical videos	EN3.4,EN3.		
		5, EN4.39,		
		EN4.42,		
		EN 4.48 EN		
		4.49 EN		
		4.49 EN		
		4.50 EN		
		4.50		
21	Ear case - signs and symptoms	EN2.1,	3 hours	OPD station clinic
	,investigation and management	EN2.2,		(Beside clinic)
	with surgical videos	EN2.3,		
		EN2.4		
		EN3.1,EN3.		
		4,EN3.5,EN		
		4.1 To 4.8, EN 4.10 TO		
		EN 4.10 10 EN 4.12		
22	Revision	LITTIL	3 hours	OPD station clinic
	200		5 110415	(Beside clinic)
23 &23	End of Posting Examination		3 hours	(= 1222 0 0 11110)
25 0025	Zas or r comis Damination	i	2 110013	1

Instructions:

To discuss relevant investigation of that particular case during clinic.

Cases

Ear: COM (Mucosal, squamosal, with/without complication), AOM, Otosclerosis,

Peripheral vertigo, Ototoxicity, DDSL

Nose: DNS ,Nasal polyposis ,Epistaxis

Throat: Acute tonsillitis ,Membranous tonsillitis ,Chronic tonsillitis ,Deep neck space abscesses Vocal nodule /

palsy/ polyp

Head and Neck: Ca maxilla ,Ca larynx ,Thyroid ,Neck masses

Surgical videos

Ear: Tympanoplasty, cortical mastoidectomy, canal wall down mastoidectomy, myringotomy,

stapedotomy

Nose: Septoplasty, fuctional endoscopic sinus surgery, DCR

Throat: tonsillectomy and TAR

Head and neck: ML scopy, DL scopy, thyroid, parotid, laryngectomy

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III MBBS: Part I

VI and VII Semester DEPARTMENT OF RADIODIAGNOSIS

SL NO	TOPIC	COMPETENCY	CONTENT	INTEGRATION
1	Introduction Radiation And its Protection	RD1,1 RD1.2	 Dept layout Equipment Electromagnetic spectrum Xrays production properties interaction with matter Units Radiation protection 	
2	Respiratory system	RD 1.5,1.8, 1.10,1,11 AN 25.7, IM 3.7 3.11,6.12, 8.9,13.12.18.9 PE 34.8	 Radiological anatomy in Xray chest CT and MRI Methods to investigate Basic radiological appearances in diseases of Diaphragmeventration, diaphragmatic hernia, phrenic nerve palsy Pleura- pleural effusion, loculated effusion, pneumothorax hydropneumot horax Pleural tumors Lung- collapse consolidation , infective pneumonias , Covid 19 and tuberculosis 	
3	Respiratory system	RD 1.5, 1.6,1.8, 1.7 AN 25.7, IM 3.7,13.12.18.9 3.11,6.12,18.9 PE 34.8, 23.13	Radiological appearances of Lung tumors Mediastinal anatomy masses in anterior, middle and posterior mediastinum Pediatric respiratory diseases	
4	Cardiovascular systen	RD 1.5 ,1.7, AN 25.7, IM 1.19, 3.7, 6.12, PE 23.13, ,34.8 RD 1.10 IM 18.9	 Radiological anatomy on Xray ,CT and MRI Methods to investigate CVS 	

5	Gastro intestinal and Hepatobiliary systen	RD 1.5 ,1.6 ,1.7 PE 21.12 AN 54.1 AN 54.2 AN 54.3 AN 25.8 RD 1.8 RD 1.10 IM 18.9	 Radiological appearances of common congenital heart disease - cyanotic and acyanotic Valvular heart disease -mitral aortic tricuspid and pulmonary Acquired heart disease - ischemic and hypertensive Cardiomyopathy Pericardial effusion Radiological anatomy on X-ray & CT Methods of Imaging (Plain X-ray, USG, CT) Plain Radiograph appearances in
			appearances in acute abdomen. Imaging in common malignancies of GIT. Paediatric abdominal masses Disorders of heapto biliary system & pancreas (Congenital & acquired)
6	Genitourinary System	RD 1.5, 1.6, 1.7, 1.8, 1.10, 1.11, IM 10.19, PE 21.12, PE 21.13	 Radiological anatomy X-ray KUB/IVU/USG/CT/MRI Methods to inv GUS Basic Radiological appearance Common medical conditions, Common surgical conditions, Paediatric diseases, Common Malignancies
7	Musculo skeletal system (MSK)	Competency RD 1.5, 1.6, 1.7, 1.8, 1.9, 1.10 AN 13.4, 20.6, 43.7 IM 7.18 PE 28.17	 Indications & methods of Imaging of MSK. Imaging of fractures Soft tissue injuries Skeletal dysplasias. Metabolic & hormonal disorders of bones. Infections of bones & joints. Bone tumours.

8	CNS	RD 1.5, 1.6, 1.7 AN 43.7 IM 6.12 IM 18.9 IM 19.7	 Radiological anatomy on X-ray /CT/MRI Evaluation of head injury Imaging in movement disorders. Congenital & inflammatory conditions of CNS. CNS tumours in paediatric & adults.
9	Interventional radiology	RD 1.9 AN 43.8 IM 18.9	Modalities Biopsy procedures Drainage procedures Vascular procedures Arterial route of carotid & vertebral angiography. venous Non vascular procedures Hepatobiliary Git Gus bones joints
10	Emergency Radiology		 Polytrauma Stroke Pulmonary embolism Acute Abdomen Acute Limb Ischemia
	End of Theory	Examination	

VI and VII Semester DEPARTMENT OF RADIODIAGNOSIS

Small group teaching Schedule: Duration: 2 hrs/SGT

Sl no	Topic	Competency	Content	Integration
1	Abd Ultrasound small parts and Colour doppler	RD1,4,1,5,1.6,1.8	 Basic physics of generation of ultrasound and colour doppler Probes Common lesions of abdomen covering GIT, Hepatobiliary ,urogenital, vascular systems and Small parts 	
2	Antenatal ultrasound and PNDT	RD 1.4,1.12, 1,13	 Antenatal ultrasound of the first second and third trimester and disease coditions PNDT ACT Forms that are to be filled Returns 	
3	CT BRAIN + MR Brain	RD 1.5, 1.6 RD 1.10 IM 6.12	 CT MRI Eqpt & Physics MR sequences & application CT Brain anatomy. MRI Brain anatomy. Role of CT in evaluation of Headache, Head injury, Stroke Infection & tumours. Role of MRI in Stroke, Head injury CNS infection & tumours 	
4	CT BODY	RD 1.5, 1.6, 1.7 RD 1.10 AN 54.3 IM 6.12	 CT Chest & Abdomen anatomy CT Chest in paediatric congenital / acquired condition. CT in interstitial lung disease. CT in abdomen & chest trauma CT Abdomen in inflammatory / neoplastic conditions of abdomen. 	
5	MRI Body & Spine	RD 1.5, 1.6, 1.7 AN 54.3 IM 5.13, IM 18.9 IM 19.7 PE 30.23	 Basic MRI sequences for body & spine imaging. MRI safety & interpretation MRI in musculoskeletal disorders Role of MRI in abdominal disease (including hepatobiliary system). MRI evaluation of spine Degenerative disorders Infections Spinal Trauma Spinal tumours 	
6	EYE IMAGING	AN 43.7 RD 1.2 IM 18.9	 Basic Radiologic anatomy Orbit. Radiologic modality relevant to eye disease X-ray/USG/CT/MRI Imaging in in common congenital conditions. 	

7	ENT & DENTAL IMAGING	RD1.3 RD1.8 AN 43.7 IM 6.12 IM 18.9 PE 28.17	 Orbital Trauma Acquired eye diseases / benign masses Orbital tumours Radiologic Anatomy PNS / Mandible Radiologic modality for ENT diseases X-ray/OPT/CT/MR. Imaging in sinonasal infections Sinonasal masses benign / malignant. Facial Trauma
8	Mammography and Procedures	SU25.3 RD 1.4 ,1.5,1,6 AN59.2,25.8	 Mammography Sonomammography Ba swallow Ba meal Ba enema HSG IVU RGU MCU

VI and VII Semester DEPARTMENT OF Anaesthesiology Lectures Schedule

Lect.				
no.	Topic	Content	Competency	Integration
1	-Anaesthesiology as a specialty.	- Evolution of Anaesthesiology as a modern specialty - History	AS1.1	
		- Sub specialties	AS1.2	
	-Preoperative evaluation	- History taking ,clinical examination as a part of PAC,	AS3.1, AS3.5	Horizontal General surgery
2	-Preanaesthesia	fitness /readiness for surgery		General surgery
	medication		AS3.6	
2	-Pharmacology of drugs	- Sedatives, IV Induction agents	AS4.1	Vertical
3	for general anaesthesia	- Inhalational agents	PH1.18	Pharmacology
4	-Drugs and Adjuvants for regional anaesthesia	- Local Anaesthetic Agents - LAST	AS5.4	
	regional anaestnesia	- Adjuvants		
	Navana maya ay la a bla akin a	-Anatomy & physiology of NM Junction	AS4.1 PY 3.4	Vertical Physiology
5	-Neuromuscular blocking agents		PH1.15	<i>y = = = = = = = = = = = = = = = = = = =</i>
		-Depolarising & Non-depolarising muscle relaxants		
		- Anatomy, Indications,	AS5.1	
6	-Spinal anaesthesia	Contraindications, Technique and Complications	AS5.2	
7	Epidural and Caudal anaesthesia	- Anatomy , Indications , Contraindications, Technique and Complications	AS5.5	
	-Brachial plexus block	- Anatomy and techniques of	AS5.3	Vertical
8	nerve blocks	Brachial plexus - Upper and Lower extremity nerve blocks		Anatomy
		Term end examination		8hours

DEPARTMENT of ANAESTHESIOLOGY Small group teaching Schedule: ____

Sr. No.	Topic	Content	Competency No.	SGT Method*
1	General Anaesthesia	-Anatomy of airway & implications -Technique of GA -Monitoring	AS4.2 AS4.4 AS4.5	Group discussion
2	Post Anaesthesia recovery	-Principles of monitoring and resuscitation in recovery room. -common complications and principles of management	AS6.1 AS6.3	Group discussion
3	Day care anaesthesia: Anaesthesia outside operating Room(OR)	-Ambulatory surgeries Selection, discharge criteria -Outlets, Procedures, Challenges, Equipment	AS4.6 AS4.7	Seminar
4	Pain	-Anatomical correlates and physiology of pain -Pharmacology of drugs used in acute pain management, -Principles of pain management in palliative care and terminally ill	AS8.1 AS8.3 AS8.4 AS8.5	Group discussion
5	IV Fluids Blood	-Principles of fluid therapy in perioperative period -Blood products and their use in perioperative settings	AS9.3 AS9.4	Tutorial

^{*}SGT M7ethod-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab

1 session: 2hrs

• Internal assessment of 25 marks will be conducted after completion of lectures and SGT. Batches for small group: 30 students per batch:

Batch	Roll No.s
A	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

DEPARTMENT OF Anesthesiology Clinical Posting Schedule:

(Total weeks; 2, 12 days x 3hours per day = 36 hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1	Preoperative Anaesthetic Evaluation: -Elicit, and document history -Clinical examination in a patient undergoing surgery.	AS3.2 AS3.3	3	Bedside clinic Visit to PAC OPD
	- Choose, interpret appropriate testing and readiness for surgery.	AS3.4 AS3.5		
2	General Anaesthesia:Observe and describe principles and the practical aspects of induction and maintenance of anaesthesia	AS4.3	3	Visit to Operation Theatre
3	Steps/techniques in monitoring patients during anaesthesia	AS4.5	3	Bed side clinic
4	Regional Anaesthesia: -Observe and describe the steps/techniques involved in spinal, epidural and peripheral nerve blocks	AS5.1 AS5.3	3	Video sessions Introduce to equipments used for regional blocks
5	Post anaesthesia recovery: -Observe and enumerate the contents of crash cart and describe equipments used in recovery room	AS6.2	3	Bed side clinic Visit to Post anaesthesia care unit (PACU)
6	Intensive care management: -Visit to ICU, functions,basic setup -Admission/discharge criteria to ICU -Observe and describe management of unconscious patient	AS7.1,AS7.2 AS7.3	3	Visit to ICU DOAP session
7	Cardiopulmonary Resuscitation: - Enumerate the indications, describe the steps and demonstrate in a simulated environment, Basic Life Support(BLS) in adults, children and neonates	AS2.1	3	Skills lab visit DOAP Manikin training

8	Enumerate the indications, describe the steps and demonstrate in a simulated environment, Advanced Cardiac Life Support(ACLS) in adults and children	AS2.2	3	Skills Lab Visit DOAP Manikin training
9	-Establish intravenous and central venous access in a simulated environment	AS9.1,AS9.2 OR13.2	3	Skills lab session Case discussion
	-Participate as a member in team for resuscitation of Polytrauma victim by doing all of the following: (a) IV access central-peripheral (b) Bladder catheterisation (c) Endotracheal Intubation (d) Splintage	OR15.2		
10	Demonstrate airway maintenance and recognize and management of tension pneumothorax.	SU17.10	3	DOAP session Skills lab
11	Instruments		3	
12	Term End			

Instructions: Internal examination of 25 marks at the end of clinical posting.

DEPARTMENT OF RESPIRATORY MEDICINE

Lectures Schedule---10

Lecture no.	Торіс	Content	Competen cy	Integration
1	ТВ	Describe and discuss the epidemiology of tuberculosis and its impact on the work, life and economy of India	CT 1.1	Community medicine
2	ТВ	Describe and discuss the microbiology of tubercle bacillus, mode of transmission, pathogenesis, clinical evolution and natural history of pulmonary and extra pulmonary forms (including lymph node, bone and CNS)	CT 1.2	Microbiology
3	ТВ	Discuss and describe the impact of co- infection with HIV and other co-morbid conditions. Like diabetes on the natural history of tuberculosis Describe the epidemiology, the predisposing factors and microbial and therapeutic factors that determine resistance to drugs	CT 1.3 CT 1.4	Community medicine Microbiology Pharmacology
4	ТВ	Describe and discuss the pharmacology of various anti-tuberculous agents, their indications, contraindications, interactions and adverse reactions	CT 1.14	Pharmacology
5	ТВ	Define criteria for the cure of Tuberculosis; describe and recognise the features of drug resistant tuberculosis, prevention and therapeutic regimens Prescribe an appropriate antituberculosis regimen based on the location of disease, smear positivity and negativity and comorbidities based on current national guidelines including directly observed tuberculosis therapy (DOTS)	CT 1.15 CT1.17	Community medicine Pharmacology
6	Obstructive airway disease	Define and classify obstructive airway	CT 2.1 CT 2.2 CT 2.5	Pathology Physiology
7	Obstructive airway disease	Enumerate and describe the causes of acute	CT 2.3 CT 2.4 CT 2.6	Pathology Physiology

				1
		hypercapneia	CT 2.7	
		Describe the role of the environment in the		
		cause and exacerbation of obstructive airway		
		disease		
		Describe and discuss allergic and non-		
		allergic precipitants of obstructive airway		
		disease		
8	Obstructive	Discuss and describe therapies for OAD	CT 2.16	Pharmacology
	airway disease	including bronchodilators, leukotriene	CT 2.17	
		inhibitors, mast cell stabilisers, theophylline,	CT 2.20	
		inhaled and systemic steroids, oxygen and		
		immunotherapy		
		Describe and discuss the indications for		
		vaccinations in OAD		
		Describe and discuss the principles and use		
		of oxygen therapy in the hospital and at		
		home		
9	Obstructive	Discuss and describe the impact of OAD on	CT2.25	Community medicine
	airway disease	the society and	CT 2.26	
		Workplace		
		Discuss and describe preventive measures to		
		reduce OAD in workplaces		
		Term end examination		
1	1			

Bharati Vidyapeeth Deemed To Be University Medical College Pune

DEPARTMENT OF EMERGENCY MEDICINE Clinical Posting Schedule:

(Total weeks 2; 12 days x 3hours per day = $_36$ _hours)

Day of posting	Topicis	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship		
	Introduction to Emergency Medicine Department	3 Hrs.	bedside clinic/		
2	Preliminary Assessment of the Patient.	3 Hrs.	bedside clinic/		
3	Plan for Definitive Management	3 Hrs.	bedside clinic/		
4	Basic of ECG analysis / Arrythmias	3 Hrs.	bedside clinic/		
;	Basics of ACS	3 Hrs.	bedside clinic/		
	CNS - Stroke	3 Hrs.	bedside clinic/		
	Trauma Assessment	3 Hrs.	bedside clinic/		
	Basic Emergency Equipments	3 Hrs.	bedside clinic/		
. I	Basic Emergency Drugs	3 Hrs.	bedside clinic/		
F	Basic Life Support	3 Hrs.	bedside clinic/		
В	Basic EMD Procedures	3 Hrs.	bedside clinic/		
Co	ourse Completion Examination	3 Hrs.			

PRINCIPAL Bharati Vidyapeeth (Deemed to be University) Medical College

Marenarches

Pune - 411 043

	III N		Feaching block	k 9 th January 20	23-28 th Octob	per 2023		
		Colour codes to differentiate differentiate Blue - AETCOM, Brown - Pandemic		ssions: Black- le	ctures, Red -	SGT-Practicals/ tut, Violet	t - Aligned / Integra	aed Topics, Green - SDL,
Month	TL type	CM Topics	CM Comp Nos.	FMT Topics	FMT Comp numbers	ENT Topics	ENT Comp Nos	opth Topics
Jan	Lecture	Epidemiology and Prevention of Airborne Infection: I (Chickenpox, Rubella, Measles, Mumps,Influenza), Airborne InfectionII Acute Respiratory Tract Infection, Airborne Infection III Tuberculosis and NTEP, Airborne Infection IV –SARS/COVID 19	CM 8.1,8.3	MLA of Injury, Thermal Death, Asphyxia	FM3.4, FM3.5, FM3.7, FM2.25, FM2.20	Management of diseases of Ear, nose and throat (External ear pathology; Serous otitis media ;Acute otitis media with complication ;Chronic otitis media mucosal and squamosal)	EN 4.1 , EN 4.2;EN 4.5;EN 4.3;EN 4.6 EN 4.7 , EN 4.8 ;PE 28.4	Anatomy and embryology of eye,Physiology of vision-vision, colour vision, binocular single vision,Refractive errors I-emmetropia,myopia,hypermetropia,refractive errors II-astigmatism, presbyopia,aphakia
	SGT	Biostatistics exercises Biostat Exercises II-(sampling, standard errors of mean and proportions, Test of significance) Biostat Exercises III-Correlation, fallacies in Biostatics, Health information system, statistical software, role of computer in statistics and epidemiology and screening for disease Bio medical waste management;	CM 6.2-6.4, 7.3, 7.4, 8.7 9.7, 7.9, 7.6 14.1-14.3	Sickness certificate, Demo- Autopsy, MLA Injury, Thermal death	FM1.9, FM14.5, M3.4, FM3.5, FM3.7, FM2.24, FM2.25	Anatomy and physiology of ear, nose, throat and head and neck (Anatomy of ear, Physiology of hearing and balance)	EN1.1	Anatomy and embryology of eye,Physiology of vision,Refractive errors I,refractive errors II
	SDL	muste management,		-	-			
	AETCOM	AETCOM- Introductory small group session (5 groups) Focused small group session-with role play/ video where students have an opportunity to observe and discuss common mistakes when dealing with emotions. Skills lab session-where students can perform tasks on standardized patients with opportunity for self-critique, critique by patient and by facilitator	3.1	-	-			

Feb	Lecture	Epidemiology and Prevention of Intestinal Infections - I (Diarrheal diseases, Cholera), Intestinal Infections - II (Viral Hepatitis, Typhoid,Polio), Test, Epidemiology and Prevention of Arthropod borne diseases - I (Malaria ,dengue ,chickenguniya and Filariasis)Zoonotic diseases - II (Rabies ,Plague, Japanese encephalitis, leptospirosis) Principles and measures to control disease epidemic ;Investigation of food poisoning Planning cycle	8.4, 20.2, 8.1, 7.7, 16.2, 10.9	Mechanical Asphyxia, Sexual Offences Samples for DNA Finger printing,	FM2.21 to FM2.23, FM3.13, FM3.14	Management of diseases of Ear, nose and throat (Squamosal chronic otitis media Complication of otitis media intracranial and extra cranial, Otosclerosis, Inner ear (meiniers disease, vestibular schwannoma, BPPV), Deaf and mute child evaluation and cochlear implant, Facial nerve) Anatomy and physiology of ear, nose, throat and head and	EN 4.8PY10.15 , PY10.16 EN 4.13 EN 4.20 , EN 4.19, EN 4.21 EN 4.12 EN 4.18	Conjunctiva I-anatomy and functions, classification of conjuctivitis, Conjunctiva II- trachoma, allergic onjuctivitis and degenerations, Cornea I-anatomy, transperancy and methods of examination, Cornea II-bacterial and fungal corneal ulcers Conjunctiva I, Conjunctiva II, Cornea II, Cornea II
		emonstrate and describe the steps in evaluation of health education programme, Debate on gender issues and empowerment	10.2, 10.9	Radiographs, Expert witness, Dying declaration, Photographs, Specimens	FM14.22, FM3.2FM 3.6FM3.1 0 FM2.9FM 3.3FM14.	neck(Anatomy of nose) Clinical Skills (Premalignant condition in ENT)		Comea II
	SDL	Public health events in last five years	20.1	-	-	Ophthalmic manifestations of ENT Pathologies	EN4.34	SDL-1-Refractive surgeries
	AETCOM	Skills lab session-where students can perform tasks on standardized patients with opportunity for self-critique, critique by patient and by facilitator.	3.1	Case studies in bioethics - Disclosure of medical errors	AETCOM 3.2			
	Pandemic module	Outbreak Management including Quarantine, Isolation, Contact Tracing((4 hrs)	Pandemic module 3.1					

March	Lecture	Guest lecture on IDSP Surface Infections - I (Leprosy, STD, AIDS) Genetics	CM 8.1,	Sexual Offences, State Medicine	FM3.15, FM3.16, FM4.1 to FM4., FM4.10 to FM4.12, FM4.8, FM4.14 to FM4.28,	Management of diseases of Ear, nose and throat (Deviated nasal septum; Allergic rhinitis (specific and non specific rhinitis; Acute rhinosinusitis with complication; Chronic rhinosinusitis with and without polys / antrochoanal polyp	EN 4.23, 4.24 ;EN 4.27 , EN 4.28;EN 4.29 , EN 4.33;EN 4.25	cornea III-viral keratitis, keratoconus, corneal dystrophies and degenerations,Cornea IV- keratoplasty and eye banking
	SGT	Dr Psychiatry faculty Family 1	3.1, 4.3, 10.6, 10.7, 15.1 -15.3	Examination of victim, Examination of alleged accused, Sexual paraphilia, Injury 1 (Mechanical)	FM14.15, FM14.14, FM3.17, FM3.3	Clinical skills/ Management of diseases of Ear , nose and throat(National program for prevention of cancer , deafness, noise and environmental pollution including noise induced hearing loss ;ENT emergencies (kerosene ingestion, sudden SNHL , Epistaxis , Stridor , Air way emergency tracheostomy)	EN 2.15,EN 2.13, P 14.2,EN 4.14, EN 4.47, EN4.30, EN 4.48, EN 4.50, EN 3.6 EN 4.15;	Tutorial -Cornea III,Cornea IV
	SDL	Public health events in last five years		-	-	Neonatal screening and Rehabilitation of Deafness	EN2.15	SDL 2-Infectious Conjunctivitis
	AETCOM			Case studies in bioethics - Disclosure of medical errors, The foundations of comm- 4	AETCOM 3.2, AETCOM 3.3			
	Pandemic module	Quarantine, Isolation, Contact n	Pandemic nodule 3.1 3.2					

April	Lecture	Hospital acquired infections , Geriatric health Essentials of management I and II	CM 8.1 CM 12.1- CM 12.4 8.5 16.1 16.2	General Toxicology	FM8.1 to FM8.3, FM8.6, FM8.8	Management of diseases of Ear, nose and throat(Benign lesion of nose and paranasal sinuses (JNA;Malignant legion of nose and paranasal sinuses / Nasopharyngeal tumors;Facial trauma and facial plastic surgery in ENT;Acute and chronic tonsillitis with adenoid)	EN 4.32;EN 4.34 . EN 4.35;EN 4.31;EN 4.39, EN 4.26;PE 28.2, PE 28.3	Uvea I-anatomy of uvea and classification of uveitis, anterior uveitis, Uvea II- intermediate uveitis, endophthalmtis, panophthalmitis, Lens & Cataract I- anatomy of lens and classification of cataract, stages of cataract, pre operative evaluation of cataract
	SGT	Nutrition IV - Therapeutic diet, community Nutritional assessment, nutritional education, nutritional surveillance Nutrition I - sources of nurtrients, classification of food cereals , pulses Nutrition II-Nutritional significance of various food groups Nutrition III-Balanced diet, nutritional requirement of various physiological groups including pregnancy lactation Nutritional assessment	5.1-5.5	Forensic Laboratory investigation in medical legal practice, Documents, Medical Records, Examination of blood, hair, fiber, semen and other body fluids, Mechanical Asphyxia, Demo- Autopsy,	FM6.1 to FM6.3, FM1.9, FM14.5 to FM14.8, FM2.20 to FM2.23	Anatomy and physiology of ear , nose , throat and head and neck(Anatomy & physiology of pharynx;Anatomy and physiology of larynx) , anatomy and clinical significance of pyriform fossa)	EN 1.1,EN 1.1 AN 36.3	Tutorial- Cornea IV,Uvea I,Uvea II

				Social aspects of Medico- legal cases with respect to victims of domestic violence, dowry- related cases. Domestic Violence Act 2005, Analyatical Toxicology,	FM4.13, FM8.7, FM8.10	Palliative care in terminal Head & Neck Malignancies	EN2.15;DE 4.4	SDL 3-Eye donation and Eye Banking
	AETCOM			The foundations of comm 4	AETCOM 3.3			AETCOM bioethics- confidentiality
	pandemic module	Interdisciplinary Collaboration, Principles of Public Health Administration, Health Economics, International Health (4 hrs) Operational Research, Field work, Surveillance (4 hrs)	Pandemic module 3.2 Pandemic module 3.3					
May	Lecture	Essentials of management III, MCH-I(ANC, PNC, New-born), Mental health I, Mental health II,	16.3 16.4 , 15.1- 15.3,10.1- 10.4	General Toxicology, Caustics, Metallic irritants	FM8.5, FM8.4, FM8.9, FM9.1, FM9.3	Management of diseases of Ear, nose and throat(Complications of various abscesses – neck space abscesses Ludwigs; Acute and chronic laryngitis; Benign lesions of larynx (hoarseness and laryngeal paralysis); Malignancy of larynx laryngopharynx; Malignancy of laryngopharynx	EN 4.37, EN 4.41;EN 4.43;EN 4.44, EN 4.42, EN 4.45;EN 4.46;PE 28.2, PE 28.6	Lens & Cataract II-cataract surgeries and complications, post operative management of cataract, IOLs,Glaucoma I-IOP regulations, angle of anterior chamber, pathophysiology of glaucoma,Glaucoma II-ACG and congenital glaucoma,Glaucoma III-open angle and secondary glaucoma,Retina I-anatomy and functions of retina, rhodopsin cycle, methods of retinal examinations, diabetic retinopathy

	SGT	Exercises I- measurements in epidemiology, problems on descriptive studies, problems on analytical studies pidemiology Exercises II- problems on experimental studies, environment health Tutorial 1- Man and Medicine, concept of Health and disease Principles of Epidemiology and epidemiological methods, screening for the disese Tutorial2-Epidemiology of Respiratory and intestinal infections	7.4, 7.5, 3.2, 3.6, 1.1-1.10 7.1-7.9, 8.1, 8.3	Mass disaster, Gastric lavage, Clinical Examination of patient of poisoning, Viscera preservation technique,	FM2.33, FM2.34, FM8.8, FM14.2, FM14.3, FM2.14, FM8.5	Management of diseases of Ear, nose and throat(Otalgia ;Indication and steps of myringoplasty and myringotomy)	EN 4.1;EN 4.10 AN 40.4 EN 3.5	Tutorial -Lens & Cataract I,II, Glaucoma I,Glaucoma II,Glaucoma III,Retina I
	SDL			-	-			LEMMONT II II
	AETCOM			-	-			AETCOM bioethics- confidentiality
June	lecture	MCH-II(JSY,JSSK and other MCH programme), MCH -III(Adolescent, ARSH clinic), Disaster management (aligned with FMT)	10.5 10.8 9.1 13.1- 13.4	Metallic irritants, Forensic Psychiatry	FM9.3, FM5.1 to FM5.5	Management of diseases of Ear , nose and throat(Dysphagia and Cao esophagus ;Foreign body in airway and food passage)	EN 4.38;EN 4.49;PE 28.8	Retina II
	SGT	Tutorial 3-(Epidemiology of Respiratory and intestinal) Tutorial 4- (Epidemiology of arthropod borne diseases and zoonotic diseases, surface infections, emerging reemerging infections and hospital acquired infections) Tutorial 5-epidemiology of non-communicable diseases Health information and Basic Medical statistics	8.1, 8.3, 8.2 15.1-15.3 13.1-13.4	Non-metallic irritants, Injury 2	FM9.2, FM3.9, FM3.10 to FM3.12	Management of diseases of Ear, nose and throat(Indication and steps of mastoidectomy)	EN 4.11 EN3.5	Tutorial - Retina I,II
	SDL			The Mental Health Act	FM5.6	Prepare 10 MCQs and 10 OSCE questions in ENT with answers	EN1.1 TO EN 4.53	SDL 4-Diabetic Retinopathy
	AETCOM			-	-			
Block II July	Lecture	Health care delivery system in India I, Health Care Delivery system in India II, Demographic and family planning (National population policy, causes of population explosion, vital statistics, Laws related to medicine including public health	9.3,9.4,9.6, 17.1,17.3,	Impotency, Sterility, Abortion, Infanticide	FM3.22 to FM3.29, FM2.27, FM2.28	Management of diseases of Ear, nose and throat(Stridor (Peadiatric stridor and epiglottitis)	EN 4.47;PE 28.5, PE 28.6, PE 28.7, PE 28.9	Optic nerve- papilledema,papilitis, optic atrophy, Neuroophthalmology- visual and pupillary pathways, Eyelid I - ptosis,

								ectropion,entropion, lid infections.
	SGT			Forensic Pathology, Veg Irritants, Metallic irritants, Delirients, Agricultural poisons	FM2.1 to FM2.13, FM14.17, FM9.3, FM14.17, FM9.5	Management of diseases of Ear, nose and throat(Facial nerve palsy;Tinnitus Clinical features investigation and management)	EN 4.18;EN 4.21	Tutorial- optic nerve, neuroophthalmology, visual and pupillary pathways
	SDL			Crime Scene Investigation	FM2.18	Anatomy of Larynx- Model Making	AN38.1, AN38.2	SDL 5-Retinopathy of prematurity
	AETCOM			-	-	Case studies in bioethics- Fuduciary duty	3.5	
Aug	Lecture	Epidemiological transition , Cancers(CA cervix linker case from OBGY), Hypertension with NPCDCS, Diabetes with NPCDCC, , Accidents	CM 8.2,8.3	Agricultural poisons, Biotoxicology , Alcohol	FM9.5, FM11.1, FM9.4			lacrimal apparatus-dacryocystitits, Orbit I-anatomy and spaces of orbit , Orbit II- orbital cellulitis, cavernous sinus thrombosis, Thyroid orbitopathy, Ocular injuries- blunt trauma, penetrating trauma, chemical injuries
	SGT	Tutorial 6-Environment and health, genetics and health, Medicine and social sciences Tutorial 7-Demography and Family Planning Reproductive maternal and child health and Geriatrics Tutorial 8-Nutrition and Health	9.1-9.7 10.1-10.9 12.1-12.4 5.1-5.8 2.1-2.5 3.1-3.8 11.1-11.5 14.1-14.3	Asphyxiants	FM9.6	Management of diseases of Ear , nose and throat(Vasomotor rhinitis; Tumors of nasopharynx)	EN4.28;EN 4.35	Tutorial- lacrimal apparatus-dacryocystitis, Orbit I-anatomy and spaces of orbit , Orbit II-orbital cellulitis, cavernous sinus thrombosis, Thyroid orbitopathy, Ocular injuries- blunt trauma, penetrating trauma, chemical injuries
	SDL			-	-			SDL 6-blunt trauma

Sept	Lecture	Obesity, Blindness, Nutritional surveillance and rehabilitation, Guest lecture on organ donation	8.2,8.3, CM 8.5 , 20.4,19.1- 19.3	Alcohol Anti-pyretics Neuropsychot oxicology (Barbiturates and all)- 1 Narcotic Analgesics, Anaesthetics, and Muscle Relaxants	FM9.4, FM10.1			Squint I- Extraocular muscle anatomy, actions and nerve supply, binocular vision, classification of squint, paralytic squint, Squint II- concomittant squint, amblyopia, causes, assessment, management of squint, Intraocular tumours- retinoblastoma, malignant melanoma, enucleation, evisceration
	SGT	Tutorial - 9 (Occupational health and Mental health), Tutorial - 10 (Communication for heaalth education, Health planning and management),	17.1- 17.5 16.1-16.4 6.1-6.4 4.1-4.3 18.1 18.2 19.1-19.3 20.1-20.4	Spinal poisons, Cardiotoxic plants, Medico-legal report on Alcohol intoxication, Snake bite	FM14.17, FM10.1, FM14.16, FM11.1	Management of diseases of Ear, nose and throat(Salivary gland diseases)	EN4.36	Tutorial- lid 1-anatomy and ptosis, squint I, intra ocular tumors SDL 7-Chemical injuries
	Lecture	National nutritional programmes, National health mission, Recent advances(Digital India,Health insurance,), Tribal health, Essential Medicine(Nesting with Pharmac)	5.5, 5.6, 8.3,	Narcotic Analgesics, Anaesthetics, and Muscle Relaxants, Substance abuse, Torture	FM10.1, FM12.1, FM3.30, FM3.31, FM3.33, FM2.15			ocular therapeutics- ocular drug delivery system, mydiatrics and cycloplegics, steroids and immunosupressants, anti glaucoma drugs, artificial tears, Community ophthalmology- NPCB,DBCS, Blindness definition ,causes and prevention, vitamin A deficiency, Trachoma control

Tutorial - intra ocular tumors- retinoblastoma, malignant melanoma, sqint II-concomittant squint, ambylopia, causes and assessment, mangement of squint, community ocular	therapeutics SDL 8- low vision aids; SDL 9- school health screening; SDL 10 - ocular complications of systemic medications
EN 4.12;EN 4.53	
Management of diseases of Ear, nose and throat(Presbycusis;HI V manifestation of ENT)	
FM14.17, FM3.18 to FM3.21, FM3.27, FM3.28 FM7.1	FM12.1, FM13.1, FM13.2
Toxicology Demo, Virginity, Pregnancy, Delivery, Abortion Emerging technologies	Designer drugs, Environmenta I Toxicology
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	Toxicology Demo, Virginity, Pregnancy, Delivery, Abortion Emerging technologies	FM14.17, FM3.18 to FM3.21, FM3.27, FM3.28 FM7.1	Management of diseases of Ear, nose and throat(Presbycusis; HI V manifestation of ENT)	EN 4.12;EN 4.53	Tutorial - intra ocu tumors- retinoblastor malignant melanon sqint II-concomitta squint, ambylopia, caus and assessme mangement of squin
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