Bharati Vidyapeeth (DTU) Medical College Pune III MBBS Part II Academic Calendar 2019-20 Batch (VIII and IX sem.) (13TH February 2023 to 23rd December 2023)

		J	anu	ary	202	3		
Week								
1	Su	Мо	Tu	We	Th	Fr	Sa	
	1	2	3	4	5	6	7	
	8	9	10	11	12	13	14	
	15	16	17	18	19	20	21	W
	22	23	24	25	26	27	28	W
	29	30	31					W:

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W1		31	30	29	28	27	26
W1	-	and a special free record on many					-

	P	April 2	2023						Ji	an-2	024			
							Week							
Su	Mo	Tu	We	Th	Fr	Sa		Su	Мо	Tu	We	Th	Fr	Sa
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2	3	4	5	6	7	8		7	8	9	10	11	12	13
9	10	11	12	13	14	15	Preparatory Leave	14	15	16	17	18	19	20
16	17	18	19	20	21	22	Remedial IA	21	22	23	24	25	26	27
23	24	25	26	27	28	29	Remedian	28	29	30	31			
30								- tangan basan abawa		_		A		

			Ma	y 20	23			-
	Su	Мо	Tu	We	Th	Fr	Sa	
W12		1	2	3	4	5	6	1
W13	7	8	9	10	11	12	13	1
W14	14	15	16	17	18	19	20	1
W15	21	22	23	24	25	26	27	1
W16	28	29	30	31				1

			Jur	ne 20	023			
	Su	Мо	Tu	We	Th	Fr	Sa	
16					1	2	3	W20
17	4	5	6	7	8	9	10	
18	11	12	13	14	15	16	17	
19	18	19	20	21	22	23	24	w21
20	25	26	27	28	29	30		w22

			Ju	ly 202	3		
	Su	Мо	Tu	We	Th	Fr	Sa
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	9	10	11	12	13	14	15
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2	23	24	25	26	27	28	29
3	30	31					

		Au	igust	202	3					F	eb-2	024			
	Su	Мо	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa
W23			1	2	3	4	5						1	2	3
w24	6	7	8	9	10	11	12		4	5	6	7	8	9	10
w25	13	14	15	16	17	18	19		11	12	13	14	15	16	17
w26	20	21	22	23	24	25	26	University	18	19	20	21	22	23	24
w27	27	28	29	30	31			Exam Theory & Practicals	25	26	27	28	29		

		Se	pte	mbe	r 20	23		
	Su	Мо	Tu	We	Th	Fr	Sa	
w27						1	2	
w28	3	4	5	6	7	8	9	
w29	10	11	12	13	14	15	16	
w30	17	18	19	20	21	22	23	
w31	24	25	26	27	28	29	30	1

		C)cto	ber	202	3		
	Su	Мо	Tu	We	Th	Fr	Sa	
w32	1	2	3	4	5	6	7	٧
w33	8	9	10	11	12	13	14	٧
w34	15	16	17	18	19	20	21	
w35	22	23	24	25	26	27	28	٧
N36	29	30	31					V

			November2023									
	Su	Мо	Tu	We	Th	Fr	Sa					
6				1	2	3	4	w39				
37	5	6	7	8	9	10	11	w40				
	12	13	14	15	16	17	18	w41				
88	19	20	21	22	23	24	25	w42				
19	26	27	28	29	30							

		Dec	emb	er20	23				March 2024						
	Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa
ſ						1	2							1	2
ľ	3	4	5	6	7	8	9		3	4	5	6	7	8	9
I	10	11	12	13	14	15	16		10	11	12	13	14	15	16
T	17	18	19	20	21	22	23		17	18	19	20	21	22	23
I	24	25	26	27	28	29	30	Internship Begins	24	25	26	27	28	29	30

III PART II MBBS 2019-20 Batch:

Block B Electives: (Clinical) 30/01/2023 to 11/02/2023: 9 am to 4 pm

Block A Electives: (Pre & Para Clinical & Research) 13/02/2023 to 25/02/2023: 1.30 to 4.30 pm

VIII Semester Teaching: 13/02/2023 To 01/07/2023

VIII Semester Ending Assessment: Theory and Practical: 06/07/2023 to 15/07/2023

IX Semester Teaching :17/07/2023 to 23/12/2023

Diwali Holidays: 10 to 15 November 2023 Preliminary Examination: 26/12/2023 to 08/01/2024 Remedial Examination: 17/01/2024 to 20/01/2024

Preparatory Leave: 09/01/2024 to 07/02/2024 University Examination: 08/02/2024 To 28/02/2024

Internship: 11/03/2024

Supplementary Preliminary Examination: Third Week of March 2024 Supplementary University Examination: Third Week of April 2024

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	III M.B.B.S PART II(2		PEETH (Deemed t				. Total 20 Wha	1		
Day	Lecture: 8.30-9.30 am: 9.30 am to 12.30-1.30 PM			Teaching Timetable (13/02/2023 TO 01/07/2023): Total 20 Wks SGT& SDL: 1.30PM to 4.00 PM Venue 4 th Floor Seminar Rooms Hospital /8 th Floor Individual Departments						
			*** *** *** *** *** *** *** *** *** **	Batch A(1-50)	Batch B	3(51-100)	Batch (C(101-150)		
Monday	Obstetrics and Gynecology (20)	Clinics	Lunch	General Medicine	General Surgery		Obstetrics and Gynecol			
Tuesday	Pediatrics:(Till 22/04/2023) (10) Orthopedics:(24 April to 1 July) (10)	Clinics	Lunch	General Surgery	Obstetrics and C	Gynecology	General Medic	cine		
Wednesday	General Medicine (20)	Clinics	Lunch	Obstetrics and Gynecology	General Medicin	ne	General Surge	ry		
Thursday	General Surgery (20)	Clinics	Lunch	First	Second	Third	Fourth	Fifth		
			2	A: 1 to 75 Pediatrics	A: 1 to 75 Orthopedics	A: 1 to 75 Pediatrics	A: 1 to75 Orthopedics	Pediatrics: 31/03/2023		
				B: 76 to 150 Orthopedics	B: 76 to 150 Pediatrics	B: 76 to 150 Orthopedics	B: 76 to 150 Pediatrics	Orthoped: 30/06/202		
Friday	General Medicine	Clinics	Lunch	First	Second	Third	Fourth	Fifth		
	(Till 22/04/2023) (10) General Surgery			A: General Medicine	A: General Surgery	A: Obstetrics & Gynecology	Pandemic Mo	Dept.:		
	(24 April to 1 July) (10)			B: General Surgery	B: Obstetrics & Gynecology	B: General Medicine	General Medic	cine		
				C: Obstetrics & Gynecology	C: General Medicine	C: General Surgery				
Saturday	Obstetrics & Gynecology (Till 22/04/2023) (10) Revision: Psychiatry (29/04/2023 to 13/05/2023), Dermatology, (20/05/2023 to 03/06/2023) Radiology (10/06/2023 &24/06/2023) Anesthesiology (01/07/2023)	Clinics (AETCOM)	Lunch				Maemarile			

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	III M.B.B.S PART II	= (2019, 2020 P	APEETH (Deemed	to Be University) MEDICAL C	OLLEGE PUNE		,		
Day	Lecture: 8.30-9.30 am ` Venue: IV Floor Conference Hall Bharati Hospital	9.30 AM to 12.30 PM	12.30-1.30 PM	r Teaching Time SGT& SDL: 1	Teaching Timetable (17/07/2023 TO 23/12 SGT& SDL: 1.30PM to 4.00 PM Venue 4th Floor Seminar Rooms Hospit			M . 4 40 4 20 DAV		
Monday	Obstetrics & Gynecology Lecture (22)	Batch A(1-50) Batch B(51-100)					th C(101-150)			
Tuesday	Pediatrics Lecture	Clinics	Lunch	General Medicine	General Surge	ery	Obstetrics an	d Gynecology		
	(Till 23/09/2023) (10) Orthopedics Lecture (24/09/2023 to 28/11/2023) (10) General Surgery Lecture (05/12/2023 to 19/12/2023):(2)	Clinics	Lunch	General Surgery	Obstetrics and	Obstetrics and Gynecology		icine		
Vednesday	General Medicine Lecture (22)	Clinics	Lunch	Obstetrics and General Medicine Gynecology		cine	General Surg	ery		
Thursday	General Surgery Lecture (22)	Clinics	Lunch	First	Second	Third	Fourth	Fifth		
				A: 1 to 75 Pediatrics	A: 1 to 75 Orthopedics	A: 1 to 75 Pediatrics	A: 1 to75 Orthopedics	Pediatrics: 29/09/2023		
Friday	General Medicine Lecture	Clinics	Lunch	B: 76 to 150 Orthopedics	B: 76 to 150 Pediatrics	B: 76 to 150 Orthopedics	B: 76 to 150 Pediatrics			
	(17/07/2023 to 4/11/2023) (16) General Surgery Lecture (6/11/2023 to 23/12/2023) (06)		Lunch	150 Students t General Medicine General Surgery- OBGYN – 1711/2	-21/1/2023 - 8/15/9/2023 - 3/11	1/2023 (8)	5 batches.	*		
aturday	Obstetrics & Gynecology Lecture (Till 4/11/2023) (16) General Surgery Lecture (18/11/2023 to 23/12/2023:(6)	Clinics (AETCOM)	Lunch	,			Masenwik			



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MEDICAL COLLEGE

PUNE -SATARA ROAD, PUNE - 411 043.

III M.B.B.S (Part II) 2019-2020 Batch (CBME Curriculum) VIII Semester Clinical Posting: 13/02/2023 to 03/06/2023

General Medicine: 4 wks General Surgery: 4 wks.

Obgy: 4 wks. Pediatrics: 2 wks Orthopedics: 2 wks

Total: 16 wks

VIII Semester	Medicine	Surgery	Obgy	Ortho	Paediatrics	
13/02/2023 TO 25/02/2023		D		D1	D2	
27/02/2023 TO 11/03/2023	A	В	С	D2	D1	
13/03/2023 TO 25/03/2023	D	0	D	A1	A2	
27/03/2023 TO 08/04/2023	В	С	D	A2	A1	
10/04/2023 TO 22/04/2023	С	D	_	B1	B2	
24/04/2023 TO 06/05/2023	C	D	A	B2	B1	
08/05/2023 TO 20/05/2023	D	A	В	C1	C2	
22/05/2023 TO 03/06/2023	D	A	Б	C2	C1	
Batches:						
A = 01 to 38	A1: 1 to 19			A2: 20 TO 38		
B = 39 to 75	B1: 39 to 57			B2: 58 TO 75	• .	
C = 76 to 113	C1: 76 to 95			C2: 96 TO 113		
D = 114 to 150+ Old Course	D1: 114 to 13	3		D2: 134 TO 150	% Old Course	

Clinical Clerkship:

Each Department should make a separate time table for Clinical Clerkship (Patient –Doctor Method of clinical training) to be conducted from 5 to 7 pm, every day for the batches posted for their clinical postings.



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MEDICAL COLLEGE

PUNE -SATARA ROAD, PUNE - 411 043.

III M.B.B.S (Part II) 2019-2020 Batch (CBME Curriculum)

VIII Semester Clinical Posting: 05/06/2023 to 01/07/2023

Posting Period	Medicine	Surgery	RM (Med)	PSY (Med)	Radio (Surg)	Anes (Surg)	Obgy	Dermat (Med)	Paeds
05/06/2023 TO 17/06/2023	A1	A2	В1	B2	C1	C2		E1	E2
19/06/2023 TO 01/07/2023	A2	A1	B2	B1	C2	C1	D	E2	E1

VIII Semester End Examination: Theory and Practical: 06/07/2023 to 15/07/2023

Batches:

A: 1 to 30	A1: 1 to 15	A2: 16 to 30
B: 31 to 60	B1: 31 to 45	B2: 46 to 60
C:61 to 90	C1: 61 to 75	C2: 76 to 90
D:91 to 120	D1: 91 to 105	D2: 106 to 120
E:121 to 150 + Old Course	E1: 121 to 135	E2: 131 to 150+ Old Course

Clinical Clerkship:

Each Department should make a separate time table for Clinical Clerkship (Patient –Doctor Method of clinical training) to be conducted from 5 to 7 pm, every day for the batches posted for their clinical postings.

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MEDICAL COLLEGE

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III M.B.B.S (Part II) 2019-2020 Batch (CBME Curriculum) IX Semester Clinical Posting: 17/07/2023 to 23/12/2023

General Medicine= 2+ Respiratory Medicine: 2 + Psychiatry: 2 =6wks

General Surgery: = 2+ Radiology: 2 + Anesthesiology: 2 =6wks

Obgy: 4 wks.
Pediatrics: 2 wks
Dermatology: 2 wks
General Medicine: 2 wks
General Surgery2 wks

Obgy: 2 wks

Total Weeks -26

Posting Period	Medicine	Surgery	RM (Med)	PSY (Med)	Radio (Surg)	Anes (Surg)	Obgy	Dermatology	Paediatric
17/07/2023 TO 29/07/2023	B1	B2	C1	C2	D1	D2	E	A1	A2
31/07/2023 TO 12/08/2023	B2	В1	C2	C1	D2	D1	E	A2	A1
14/08/2023 TO 26/08/2023	C1	C2	D1	D2	E1	E2		B1	B2
28/08/2023 TO 09/09/2023	C2	C1	D2	D1	E2	E1	A	B2	B1
11/09/2023 TO 23/09/2023	D1	D2	E1	E2	A1	A2	D	C1	C2
25/09/2023 TO 07/10/2023	D2	D1	E2	E1	A2	A1	В	C2	C1
09/10/2023 TO 21/10/2023	E1	E2	A1	A2	В1	B2	С	D1	D2
23/10/2023 TO 04/11/2023	E2	E1	A2	A1	B2	В1		D2	D1

Posting Period	Medicine	Surgery	Obgy
6/11/2023 to 09/11/2023 &16 to 25/11/2023	A	В	С
Diwali Break	: 10 to 15 No	ovember 2023	
27/11/2023 to 09/12/2023	В	С	A
11/12/2023 to 23/12/2023	С	A	В

Clinical Clerkship:

Each Department should make a separate time table for Clinical Clerkship (Patient –Doctor Method of clinical training) to be conducted from 5 to 7 pm, every day for the batches posted for their clinical postings.

III MBBS (PART II) Alingment and Integration Time Table Colour Codes To Be Used: Aligned & nonaligned topics

(Aligned topics are marked in red, Non Aligned Black).

Month	General Medicine Competancy	General Medicine Competancy Number	General Surgery Competancy	General Surgery Competancy Number	Obstretics & Gynecology Competancy	Obstretics & Gynecology Competancy Number	Pedciatrics Competancy	Pedciatrics Competancy Number	Orthopedics Competancy	Orthopedics Competancy Number
Feb			Abdomen	SU28.13 SU28.14	Multiple Pregnancies, Medical Disorders in Pregnancy	OG11.1, OG 12.1, OG 12.2, OG12.3,	1. Seizure Disorders, Status Epilepticus & Febrile Seizures 2. Cerebral Palsy 3. Floppy Infant	PE 30.08 PE 30.09 PE 30.07 PE 30.11 PE 30.06 PE 30.12		,
	Pancreatitis		Abdomen	SU28.14 SU28.15	Medical Disorders in Pregnancy	OG12.5, OG12.6,	4. Hydrocephalus and neural tube defects 5. Congenital Heart Disease Approch & Acynotic 6. Congenital Heart Disease Cyanotic 7. Rheumatic Fever and Heart Disease	PE30.03 PE30.05 PE 23.1 PE 23.2 PE 23.4		•
	Spinal cord Part II		Abdomen	SU28.15 SU28.14 SU28.16	in Pregnancy, Labour,	OG13.1	8. SLE& JRA 9. Hemolytic Anemia and Thalassemia 10. Nephrotic Syndrome, ANG & Hematuria	PE 22.1 PE 22.3 PE 29.04 PE 21.03 PE 21.02 PE 21.04	Musculoskele tal Infection Skeletal Tuberculosis PRINC	OR3.1 OR4.1

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May	Thyroid Disorders 2 (Hyperthyroi d And Ca Thyroid)	IM12.1, IM12.15	Abdomen	SU28.17 SU28.10	IIIrd Stage Complications, Abnormal Labor,	OG16.1, OG 16.3, OG14.3		Musculoskele tal Infection Metabolic bone disorders Skeletal Tuberculosis Peripheral nerve injuries	OR3.1 OR7.1 OR4.1 OR11.1
June	Nephrotic Syndrome	IM10.8	Abdomen	SU28.11 SU28.12 SU24.1	Uterine Prolapse, Menopause	OG31.1, OG32.1, OG32.2		Musculoskele tal Infection Bone Tumours Degenerative disorders Congenital lesions Congenital lesions	OR3.1 OR10.1 OR6.1 OR12.1 OR12.1

July			Abdomen	SU24.2 SU24.3	Benign and Pre- Malignant Lesions of Cervix	OG33.1, OG33.3, OG33.4	11. Acute Respiratory infections-1 12. Acute Respiratory infections-2	PE 28.01 PE 28.02 PE 28.03 PE 28.04 PE 28.05 PE 28.06 PE 28.07 PE 28.18		
Aug	Thalassemia	IM9.1,9.2,9.7,9 .8,9.11,9.12,9.1 4,9.17,9.18,9.2 1 PA 16.3	Adrenal gland Urinary system	SU23.1 SU23.3 SU29.1 SU29.2 SU29.3 SU29.4	Benign and Malignant Diseases of Uterus and Ovaries	OG34.1, OG34.2, OG34.3	13.Normal Newborn 14. Neonatal RDS 15. Neonatal Jaundice 16. Birth Asphxiya 17. Neonatal Sepsis	PE 20.1 PE 20.2 PE 20.8 PE 20.19 PE 20.07		
Sept	Rheumatoid Arthritis	IM 7.1-IM 7.10	Urinary system	SU29.5 SU29.6	Genital infections, Antenatal Care & Complications in Early Pregnancy	OG27.2. OG27.4, OG 8.7, OG8.8, OG9.1, OG9.3, OG9.5	18. Bronchial Asthma 19. Identification of sick neonate 20. Neonatal surgical conditions	PE 20.16 PE 20.17 PE 28.19 PE 31.05 PE 31.08 PE 31.10 PE 20.20	Metabolic Bone disorders	OR 7.1
Oct	Osteoarthritis & Infective Arthritis	IM 7.1-IM 7.10	Urinary system	SU29.7 SU29.8 SU29.9	Abnormal Labor, Infertility	OG13.2, OG14.2, OG28.1- OG28.4			Congenital lesions Fractures Rheumatoid Arthritis and associated inflammatory	OR 12.1 OR 2.15 OR 2.1 OR 5.1

Nov		Urinary system	SU29.9 SU29.11 SU30.1 SU30.2 SU30.3 SU30.4 SU30.5 SU30.6	Uterine Fibroids, Endometriosis, Operative Obstetrics & Gynaecology	OG29.1, OG26.1, OG34.4, OG34.2, OG15.1		Rheumatoid Arthritis and associated inflammatory Poliomyelitis Fractures Fractures Cerebral Palsy Fractures	OR 8.1 OR 5.1 OR 2.4 OR 9.1 OR 2.15
Dec		Cardio-Thoracic General Surgery-Chest- Heart and Lung Trauma Transplantation	SU26.1 SU26.3 SU26.4 SU17.3 SU17.8 SU17.9 SU17.4 SU17.5,SU17. 6 SU17.47 SU13.1 SU13.2	Antepartum haemorrhage, Lactation, Abnormal Puerperium, Amenorrhea	OG10.1, OG17.2, OG 17.3, OG19.1, OG25.1		Musculoskele tal Infection	OR 3.1
		Anaesthesia and pain management	SU11.5					

Marankas

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) DEPARTMENT OF MEDICINE

VII & IX semester Theory Lecture Schedule

Lect. No.	Topic	Content	Competency	Integration
	Rabies	At the end of the lecture student should be able to know The causative agent for rabies: rabies virus -Lyssavirus, bullet shaped, RNA. To understand the pathology of rabies infection: incubation period/spread of the virus/site of attachment in the CNS To know at least 3 important clinical features of Rabies: e.g. convulsions/coma/ hydro and aerophobia To know the most common differentials: encephalitis, seizure disorder, ADEM. Workup: To arrive at the diagnosis using clinical and laboratory parameters: e.g. history and lab diagnosis like viral culture and polymerase chain reaction, serology. classical Negri bodies To know what are Negri bodies - round cytoplasmic inclusions To know the treatment and prevention of disease: severity and classification of the bites and wound care.	IM25.1-IM25.3, IM25.8	Integration

Menarka

2	Adult Immunization	 Types of Immunization – Active Passive Different routes of vaccine administration Recommended immunization schedule Vaccination for health care workers and before splenectomy Post exposure immunization Vaccination for travelers. 	
3	Common Fungal Infections	 Common fungal infections Etiopathogenesis of fungal infections Clinical manifestations Diagnosis – PAS and GMSA stain – India ink preparation of CSF for Cryptococcus. Treatment of fungal infections-Amphotericin B, Fluconazole, Caspofungin etc. 	
4	Abdominal Tuberculosis	 To understand etiopathogenesis, routes of spread & people at risk for abdominal tuberculosis Clinical Presentations of abdominal tuberculosis e.g ascites, abd LN pathy Diagnosis –high index of suspicion e.g Ascitic fluid analysis –ADA levels Ct Abdomen, endoscopy, biopsy. Management – Medical Management – antitubercular therapy Surgical Management – for e.g Stricture /obstruction 	
5	Liver Cirrhosis Part 1	2. Know different causes of liver	IM5.1-IM5.8, IM5.13, IM5.16, IM5.18

		symptoms and signs 5. Describe lab features of liver		
		cirrhosis		
		6. Prognosis –Child Pugh scoring		
6	Liver Cirrhosis Part 2	Portal hypertension: definition, mechanism,	IM5.1-IM5.8, IM5.13, IM5.16, IM5.18	
7	Hepatic Encephalopathy	1	IM5.1-IM5.8, IM5.13, IM5.16, IM5.18	
8	Pancreatitis	 At the end of lecture student should be able to tell 1. Definition of Acute pancreatitis 2. Important point about pathophysiology: i.e. disturbed cellular homeostatsis. Release of proteolytic enzymes. 3. Most common etiologic factors of: 1) alcohol. 2) gall stones 3) trauma 4) drugs 4. To arrive at the diagnosis by 		Surgery

	T .	
		clinical examination and USG
		and laboratory parameters like
		lipase, amylase
		5. Grading of severity of acute
		pancreatitis- modified Ranson
		Imrie score, Bisap, Apache II
		etc
		6. To know in brief about
		treatment of Acute pancreatitis
		monitring of vital and fluid
		therapy, antibiotics/ surgical
		intervention, supportive care
		7. To know in brief about
		complications of acute
		pancreatitis: like multiple
		organ dysfunction, shock.
		Chronic pancreatitis: At the end of lecture student
		should be able to tell
		1. Definition of chronic
		pancreatitis, : continuing
		chronic inflammatory process
		in pancreas –irrversible
		2. To know important points in
		pathogenesis of C.P. i.e.
		pancreatic fibrogenesis
		3. To know important causative
		factors: ethanol, direct toxins,
		oxidative stress
		4. To know about work up of
		chronic pancreatitis i.e.
		diagnostic tests pancreatic
		function tests/ radiography/ct
		scanning. ERCP, MRCP
		5. To know in brief about the
		management of chronic
		pancreatitis. i.e.
		pharmacologic- relief of pain
		and surgical treatment – Names
		& indications
	CNS - Introduction	Describe the functional anatomy of the IM 19.1
9	And Applied	locomotor system of the brain.
	Anatomy	
-		· · · · · · · · · · · · · · · · · · ·

		Define and classify headache	IM 17.1, IM
		Describe the presenting features,	17.3,IM17.6,IM
		precipitating factors, aggrevating and	17.7, IM
		relieving factors of various kinds of	17.10,IM 17.11,
		headache	IM 17.12, IM
		1. The 2 major types of headache-	17.13
		primary (migraine) and	
		secondary.	
		2. The common causes of headache.	
	Headache	3. The emergency medical causes of	
	Treatache	headache usually (secondary)	
		mainly meningitis, Intracranial	
		bleed,brain tumor,temporal	
10		arteritis, and glaucoma.	
		4. Evaluation of headache-brain	
		imaging, CSF studies, etc.	
		5. Diagnostic criteria of migraine,	
		Diagnosis of other headaches.	
		Treatment - nonpharmacological and	
		pharmacological therapy	
		F	
		1. Definition of seizures and	-
		epilepsy.	
		2. Classification of seizures-main 2	
		types focal and generalised with	
		further subtypes of tonic, clonic,	
		atonic, myoclonic etc.	
		3. Causes according to age.	
		4. Overview of epilepsy syndromes	
		inc juvenile myoclonic epilepsy.	
		5. Approach to a epilepsy patient by	
		history, general and systemic	
		examination.	
		6. Investigations in various types of	
		epilepsy-laboratory studies ,EEG,	
		brain imaging	
11		7. Differential diagnosis of epilepsy	
	Epilepsy	-differentiate between syncope	
		and seizure, psychogenic seizure	
		etc.	
		8. Treatment modes with –Rx of	
		underlying disorders, various	
		antiepileptics-traditional drugs	
		and newer antiepileptics, the	
		firstline and alternative agents for	
		each of specific epilepsy type.	
		9. Treatment of status epilepticus incl Phenobarbital anaesthesia.	
		10. Resistant epilepsy- surgical	
		management	
		11. Psychosocial issues-employment,	
		driving, epilepsy in pregnancy	
L		diving, cpilepsy in pregnancy	

		rehabilitation of epileptics etc.		
12	Coma	rehabilitation of epileptics etc. 1) Introduction to Coma a) Definition b) Know meaning of various other terminologies used for states of reduced alertness e.g Drowsiness, stupor, vegetative state, locked in etc 2. Know pathophysiology of coma -Role of Reticular activating system(RAS) 3. Know causes of Coma 4. Approach to a patient with coma a) History b) General Physical examination c) CNS examination (GCS scale & others) 5. Investigations to be done in a case of coma e.g CT/MRI/EEG/CSF/Blood Investigations etc. 6. Know the diffrential diagnosis of coma 7. Know about treatment of coma ABC approach ,General measures,Specific measures 8. Know about the prognosis e.g Metabolic better than traumatic		
13	CVA Part – 1	ischemic attacks (TIA) ➤ Risk of stroke following TIA- The ABCD² Score ➤ Primary and secondary prevention of TIA	IM 18.1, IM 18.2, IM 18.6, IM 18.7, IM 18.8, IM 18.11, IM 18.12, IM 18.13, IM 18.14, IM 18.15	

	1	A data to describe the second of the second
		Antithrombotic treatment
		Neuroprotection
		Stroke centres and
		rehabilitation > Discuss Cardioembolic stroke IM 18.1, IM
		Discuss cardioembolic stroke IM 18.1, IM Discuss artery-to-artery embolic 18.2, IM 18.6,
		stroke IM 18.7, IM 18.8
		Discuss carotid atherosclerosis, IM 18.11, IM
		and its treatment 18.12, IM 18.13,
		> Discuss pathophysiology and IM 18.14, IM
		clinical manifestation of Small – 18.15
14		vessel stroke
		➤ Enumerate less common causes
		of stroke
	CVA Part-2	> Stroke syndromes
	0 111 ur 2	Stroke within the anterior
		circulation
		Stroke within the posterior
		circulation D.117.7
		1. Etiology of pyogenic IM 17.7
		meningitis 2. Approach to a case of pyogenic
		meningitis – 3 important signs
		symptoms Neck stiffness
1		(kernig,Brudzinski sign)
15		3. CSF picture of pyogenic
		meningitis – Increase cells
	CNS Infections- I	(neutrophils), high proteins, very
		low sugar ,gram stain
		4. Treatment of acute bacterial
		meningitis -Ceftriaxola
		1. Etiopathogenesis of TBM IM 17.7
	CNS Infections- II	2. Clinical features of TBM 3. CSE analysis of TB Maniporities
		3. CSF analysis of TB Meningitis – cobweb appearance
		,lymphocytosis in CSF,raised
16		ADA levels.
		4. Treatment of TB meningitis &
		Complications – ATT, Steroid
		,(duration) surgery-
		hydrocephalus
		Discuss infective eitiology of
		SOL like brain
		abscess, Tuberculoma, Neurocysti
		cercosis etc.Clinical features in brief
		Investigations in ICSOL-CT, MRI.
17		D/D of Ring enhancing lesion
		Treatment- According to cause
		Discuss non infective causes-
		Brain tumours etc
		Discuss primary Malignancies
		of brain -gliomas,
		meningiomas, pituitary
		adenomas, and acoustic

	Ţ.,	
	Intracranial Space Occupying Lesion	 Discuss metastastic tumour of brain. Discus clinical features according to parts of brain affected like temporal lobe, frontal lobe, parietal lobe, occipital lobe, cerebellopontine angle. Other modes of presentations-Headache, convulsions, raised ICT etc. Discuss focal neurological and localising signs.
18	Extrapyramidal System – Parkinson (Movement Disorder)	1. Definition- neurodegenerative disorder due to degeneration of dopaminergic neurons in substantia nigra 2. Causes- Primary :- Idiopathic Secondary :- drug induced: metoclopramide, lithium, vascular, infections etc 3. Clinical features- Parkinsonism (bradykinesia, rigidity, tremor) 4. Atypical parkinsonism- multiple system atrophy, progressive supranuclear palsy 5. Other extrapyramidal syndromes-dystonia, chorea, tardive dyskinesia 6. Treatment – l Pharmacological (levodopa, dopamine agonists, MAO-B inhibitors, COMT inhibitors etc) and supportive and rehabilitative
19	Cerebellar Disorder	1. Diseases involving cerebellum give rise to ataxia 2. Causes of cerebellar ataxia- a. Symmetrical- 1. acute: acute viral infection 2. Subacute: alcoholic 3. Chronic: inherited diseases- Friedreich's ataxia b. Focal – 1. acute: vascular 2. Subacute: neoplastic, demyelinating Chronic: dandy- walker malformation 3. Other cerebellar signs- nystagmus, dysdiadochokinesia, positive finger nose test,pendular knee jerk 4. Management- diagnosis and treatment of underlying cause.

20	Spinal Cord Disorders Part-1	1. Basic Anatomy of Spinal Cord a. Different sensory & motor tracts b. Terminology 2. Classification of Spinal cord Disorders a. Compressive /Non compressive b. Extramedullary / Intramedullary	
		c. Conus medullaris / cauda equina 3. a. Relevance of anatomy with classification b. UMN & LMN manifestations	
21	Spinal Cord Disorders Part-2	 Compressive Disorders Classification Clinical features Investigation – Imaging Management Management As per etiology General care of a spinal cord patient Management of urinary Bladder 	Orthopedics
22	Peripheral Neuropathies	1. Common causes:- Systemic disease (Diabetes Mellitus leprocy), vitamin deficiency , medication (chemotherapy) etc. 2. Classsification:- • Mononeyuropathy • Polyneuropathy • Mononeuritis multiplex 3. Symptoms and signs • Sensory- imbalance of patient, tingling, pain. • Motor- weakness , cramps, fasciculation, • Autonomic-constipation, dry mouth, difficulty urinating dizziness. 4. Diagnosis- Electromygraphy (EMG) and nervconduction studies, sweat test , tilt table test Blood test- Vitamin B12 levels, complete blood count, thyroid function test, blood sugar levels 5. Treatment – strict blood sugar control, intravenous immunoglobulin, steroids antidepressants, antiepileptics for pain e.g. gabapentin, vitamin	

		gymalomonta	
		supplements	
23	GBS	1. Definition & Types AIDP,AMAN,AMSAN,Miller Fischer etc. 2. Etiopathogenis — a) Role of C.jejuni & other infections b) Pathophysiology of immune mediated demyleination 3. Clinical Features - Motor > Sensory - Distal > Proximal - Respiratory involvement - Cranial Nerve - Autonomic 4. Investigation a) CSF -albuminocytological dissociation b) NCS c) Autoantibody assays 5. Diagnostic criteria GBS — Modified Asbury's criteria 6. Treatment - • IV Ig v/s Plasmapheresis • Supportive care including ventilatory support	
24	Trigeminal Neuralgia And Bells Palsy	• Rehabilitation Introduction Definition Classification Etiology and pathogenesis Clinical features Diagnosis Treatment and management	
25	Myasthenia Gravis	 Etiology it is a autoimmune disorders Clinical features- Age & sex incidence Pattern of muscle weakness Drugs causing myasthenia like weakness ,β-blockers, aminoglycosides, quinolones,antiarrythmics ,myopathic pattern of weakness Investigations Tensilon test EMG pattern Serum antibodies Treatment Acetylcholinesterase inhibitors Immunosuppressive treatment Short term- steroids e.g. prednisolone 	

	T		
		- Medium term-Azathioprine	
		- Long term- Mycophenolate	
		mofetil	
		Use of plasmapheresis &	
		intravenous	
		immunoglobulin	
		Mechanical ventilation	
		Surgery- Thymectomy	
		1 .Many types – the common ones are	
		Muscle dystrophies	
		- Duchennes and Beckers	
		- limb girdle muscular	
		dystrophy	
		• Polymyositis	
		Hypokalemic and	
		Hyperkalemic periodic	
		paralysis	
		2 Clinical features	
		Duchenne's	
		• onset 2-3 yearschair bound	
		by 12 yrs	
		• pattern of muscle	
		involvement	
		pseudohypertrophy of calf	
		muscle	
		- Gower's sign	
		- Treatment	
		Polymyositis	
26		- Association with certain	
	Muscle Disorders	cancers	
		- Treatment	
		a.Glucocorticoids	
		b.immunosuppression	
		Hypokalemic periodic	
		paralysis	
		- Common in males	
		- Provoked by high	
		carbohydrate or sodium or rest	
		following exercise	
		- Association with	
		thyrotoxicosis - Treatment	
		a. Oral pottasium ,rarely IV	
		supplementation	
		Investigations	
		Serum enzymes- creatine	
		kinase CK	
		Electrodiagnostic studies -	
		EMG	
		Muscle biopsy	
		To identify the focal neurological	
		deficit	
		Hemiplegia/hemiparesis-	
27		Upper motor neuron type	
		Cranial nerve involvement-	
		most commomnly 7 th cranial	
	1	<u> </u>	

	T			Г
		nerve involvement		
		Ataxia		
		 Speech disorder- aphasia: 		
		motor, sensory, global		
		2. To localize the lesion acc to the		
		neurological deficit		
		3. Hemiplegia (UMN)- lesion in		
		contralateral hemisphere or		
		brainstem		
		4. Hemiplegia with same side UMN		
		facial palsy- lesion in contralateral		
	Localization Of CNS	hemisphere		
	Lesions	5. Hemiplegia with opp side LMN		
	Lesions	facial N palsy- lesion in pons,		
		same side of facial N palsy		
		6. Ataxia – lesion in cerebellum or		
		CP angle		
		7. Left (dominant) hemisphere		
		lesion- hemiplegia with aphasia		
		8. It pt has seizures or decreased		
		consciousness level; lesion can be		
		in cerebral cortex.	IN 12.2	
		25	IM -12.3	
		Developmental,traumatic,		
		neoplastic ,vascular etc.		
		2 Pitutary Apoplexy- Acute		
		intrapituitary vascular event		
		(sheehan syndrome)		
		Acute presentation-		
28		hypoglycemia, hypotension, death Lab investigations - Low levels of		
20		respiratory pituitary trophic		
		hormones e.g low TSH		
	Disorders Of	,GHRH,ACTH,CRH.		
	Hypothalamus And	4 Treatment- hormone replacement		
	Pituitary Gland	therapy gluco –corticoide ,thyroid		
		hormones, sex steroids GH		
		increased gluco –corticoids dose		
		during stress.		
			IM -	
		1 3 23 3	12.1,12.2,12.4,12	
		regulation of thyroid axis.	.12,12.13	
		2) Know the causes of hypothyrodism	,	
		a) Dietary factors		
		b) Geographical factors		
		3) Know about congenital		
		hypothyrodism		
29	Thyroid Disorders-1	4) Know signs & symptoms of		
2)	{ Hypothyroidism	hypothyrodism & Myxedema		
	And Thyroiditis}	5) Know the appropriate		
	injividitioj	investigations needed for diagnosis		
		6) Know about various types of		
		hypothyrodism-		
		Clinical,Subclinical etc		
		7) Know appropriate treatment		
		protocol& monitoring of Rx		
		outcome.		

		I	Γ	T
		8) Know about various type of		
		thyroiditis		
		Hashimoto: de quervain's etc.		
		9) Know the spectrum of clinical		
		manifestation in various types of		
		thyroiditis.		
		10) Management of thyroiditis		
		,	IM-	Surgery
		hormone synthesis & secretion &	12.1,12.15	201801)
		regulation of thyroid axis.	12.1,12.10	
		12) Know the causes of hypothyrodism		
		c) Dietary factors		
		d) Geographical factors		
		13) Know about congenital		
		hypothyrodism		
		14) Know signs & symptoms of		
		hypothyrodism & Myxedema		
		15) Know the appropriate		
		investigations needed for diagnosis		
		16) Know about various types of		
30		hypothyrodism-		
	Thyroid Disorders-2	Clinical, Subclinical etc		
	{Hyperthyroid And	17) Know appropriate treatment		
	CA Thyroid}	protocol& monitoring of Rx		
	CA Thyrolus	outcome.		
		18) Know about various type of		
		thyroiditis		
		Hashimoto: de quervain's etc.		
		19) Know the spectrum of clinical		
		manifestation in various types of		
		thyroiditis.		
		20) Management of thyroiditis		
		j		
		1) - Calcium metabolism in the body-		
		Role of parathyroid		
		2) Causes of hypo &		
		hyperparathyroidism		
		3) Signs and symptoms hypo &		
31		hyper parathyroidism		
		4) Diagnostic evaluation of		
	Calcium Metabolism	parathyroid gland & its		
	And Disorders Of	interpretation		
	Parathyroid Gland	5) Rx of hypo & hyper		
	_	parathyroidism		
		1. Introduction		
		2. Pituitary hormones and adrenals		
		3. Definition		
		4. Causes of Cushing's		
32		5. Pathophysiology		
	Disease Of Adrenals	6. Symptoms of Cushing's disease		
		7. Diagnostic evaluation		
	Part 1 (Cushing's	8. Medical management		
	Syndrome}	9. Surgical management		
		10. Complication		
22		1. Definition		
33		2. Incidence		
		3. Causes primary and secondary		

		4 D:10 4
		4. Risk factors
	Disease Of Adrenals	5. Symptoms
	Part 2 {Addison's	6. Diagnosis
	Disease}	7. Treatment
	-	1. Introduction
		2. Definition
	Metabolic Syndrome	3. Epidemiology
	Wictabolic Syndrollic	4. Pathophysiology
34		5. Treatment
		Define and classify diabetes IM -
		2. Describe and discuss the 11.1, 11.2, 11.6,
		epidemiology and pathogenesis 11.9, 11.16,
		and risk factors and clinical 11.17, 11.18, 11
		evaluation of type 1 diabetes22, 11.24
		Describe and discuss the
		pathogenesis precipitating
		factors, recognition and
		management of diabetic
		emergencies. 2. Describe and recognize the
		clinical features of patients
		who present with a diabetic
		emergency.
		3. Discuss and describe the
		pharmacology therapies for
		diabetes their indications,
		contraindications, adverse
		reactions and interactions.
		4. Outline and therapeutic
	Diabetes Mellitus	approach to therapy of T2
	Type 1	diabetes based on presentation
		, severity and complications in
35		a cost effective manner
		5. Describe and discuss the
		pharmacology, indications,
		adverse reactions and
		interactions of drugs used in the prevention and treatment
		of target organ damage and
		complications of type 2
		Diabetes including
		neuropathy, nephropathy,
		retinopathy, hypertensions,
		Dyslipidaemia and cardiovascular
		disease
		6. Enumerate the causes of
		hypoglycaemia and describe
		the counter hormone
		response and the initial
		approach and treatment.
		7. Describe the precipitating
		causes, pathophysiology,
		recognition, clinical features, diagnosis, stabilization and
		management of hyperosmolar
		non-ketotic state.
L		non retotte state.

36	Diabetes Mellitus Type 2	 Describe and discuss the pathogenesis precipitating factors, recognition and management of diabetic emergencies. Describe and recognize the clinical features of patients who present with a diabetic emergency. Discuss and describe the pharmacology therapies for diabetes their indications, contraindications, adverse reactions and interactions. Outline and therapeutic approach to therapy of T2 diabetes based on presentation, severity and complications in a cost effective manner Describe and discuss the pharmacology, indications, adverse reactions and interactions of drugs used in the prevention and treatment of target organ damage and complications of type 2 Diabetes including neuropathy, nephropathy, retinopathy, nephropathy, retinopathy, hypertensions, Dyslipidaemia and cardiovascular disease Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment. Describe and discuss the epidemiology and pathogenesis and risk factors economic impact and clinical evaluation of type 2 Diabetes. 		
37	Glomerulonephritis	a) introduction to glomerular diseases, presentations and causes, pathogenesis, history and physical examination, laboratory tests b)individual diseases: IgA Nephropathy, PIGN, RPGN, MPGN, Lupus Nephritis		
38		 Definition Etiology Pathophysiology Process of hypoalbuminemia Various metabolic consequences Acute Kidney Injury in 	IM10.8	Pediatrics

	Nephrotic Syndrome	Nephrotic Syndrome		
	- Spar out Synai onic	- Treatment of nephrotic syndrome		
39	Acute Kidney Injury 1	 Definition Causes – prerenal, renal, post renal and pathophysiology of each Pathogenesis – initiation, progression and recovery phase Nephrotoxic agents and mechanism of toxicities Pigment nephropathy – rhabdomyolysis, hemoglobinuria AIN Tumour lysis syndrome 	IM 10.1,10.2,10.3,10 .4,10.7,10.16,10. 19,10.25	
40	Acute Kidney Injury- 2	 Biomarkers in AKI for early detection Diagnostic approach to AKI Labs – BUN-creatinine ratio, urinalysis and microscopy, fractional excretion of sodium and urea Imaging studies Renal biopsy Complications – fluid overload, metabolic acidosis, hyperkalemia, uremia, encephalopathy, and management of complications Management of AKI – general, fluid and electrolyte management, drugs to promote recovery 	IM 10.1,10.2,10.3,10 .4,10.7,10.16,10. 19,10.25	
41	CKD Part 1	 Causes and risk factors Investigations – creatinine, urinalysis, GFR, imaging, CBC, bone and mineral metabolism Blood gas analysis 	IM 10.5,10.6,10.9,10 .10,10.11,10.19,1 0.26,10.27,10.28, 10.29,10.30,10.3	
42	CKD Part 2	Nutrition in CKDMethods to retard progression	IM 10.5,10.6,10.9,10 .10,10.11,10.19,1 0.26,10.27,10.28, 10.29,10.30,10.3	

		dialysis, renal transplant
43	Iron Deficiency Anemia	 Know about Iron Metabolism Be familiar with stages of Iron deficiency Know about causes of Iron deficiency Be well versed with clinical symptoms & signs of Iron deficiency anemia Be able to order & interpret laboratory Investigations needed for diagnosis of iron deficiency anemia including peripheral smear examination Be able to give appropriate Rx for Iron deficiency anemia (Oral & Parenteral)
44	Megaloblastic Anemia	1. Know about dietary sources & IM requirment its obsorption of unit B12 & Folate 2. Be able to enumerate the causes of Megaloblastic Anemia 3. Clinical presentation of Megaloblastic Anemia & its complications 4. Order & interpret laboratory findings including peripheral smear examination 5. Institute appropriate Rx for Megaloblastic Anemia
45	Aplastic Anemia And Anemia Of Chronic Disease	1. Definition of Aplastic anemia 2. Signs and symptoms of Aplastic anemia 3. Causes of Aplastic anemia 4. Diagnosis of Aplastic anemia 5. Treatment and follow up of Aplastic anemia 6. Prognosis of Aplastic anemia Anemia of chronic diseases 1. Pathophysiology of anemia of chronic diseases 2. Survival advantage 3. Severity of anemia of chronic diseases 4. Diagnosis of anemia of chronic diseases 5. Treatment ofanemia of chronic diseases 6. Treatment ofanemia of chronic diseases 7. Treatment ofanemia of chronic diseases 8. Treatment ofanemia of chronic diseases
46		1) Classify hemolytic anemias – according to intra & extra corpuscular defects, acquired & hereditary 2) Clinical features of hemolytic disorders –Common & specific 3) Tests for diagnosis of

		Hemolytic anemia & the
		etiology
		Osmotic fragility
		Hb electrophoresis
		Enzyme Assays
	Hemolytic Anemia	Coombs test
	Tiemorytic Anemia	4) Treatment – splenectomy,steroid
		as per etiology,
		immunosuppressive
		5) Know in brief about G6PD
		deficiency
		1) Classification of alpha & beta IM Pediatrics
		thalassemias 9.1,9.2,9.7,9.8,9.
		2) Clinical features & diagnosis of 11,9.12,9.14,9.17 beta thalassemia 9.18,9.21
47		beta thalassemia ,9.18,9.21 3) Management of beta PA 16.3
4/		thalassemia –
	Thalassemia	• BT
		BM transplant
		Genetic councelling
		1. Describe the clinical IM 13.1, 13.2,
		epidemiology and inherited and 13.3, 13.4,13.5,
		modifiable risk factors for 13.6
		common malignancies in India
		2. Describe the genetic basis of
		selected cancers
		3. Describe the relationship
		between infection and cancers
		4. Describe the natural history,
		presentation, course,
		complications and cause of
		death for common cancers.
		5. Describe the common issues
		encountered in patients at the
	T 1 ' D / 1	end of life and principles of
	Leukemia Part -1	management.
	(Acute)	6. Describe and distinguish the difference between curative
48		and palliative care in patient
10		with cancer.
		ALL
		1. Etiology& pathogenesis of
		ALL
		2. Clinical Features of ALL &
		Differential Diagnosis
		3. Elaborate on the Laboratory
		diagnosis of ALL - L1,L2 &
		L3 types
		4. Treatment of ALL
		AML
		1 Etiology& nothogenesis of
		1. Etiology& pathogenesis of AML
		2. Clinical Features of AML –
		Gum hypertrophy
		3. FAB classification of AML
	L	J. ITID VIMODITOMION OF THILE

		4. Lab diagnosis of AML
		including Cytogenetics &
		Immunohistochemistry
		5. Treatment of AML
		1. Describe the clinical IM 13.1, 13.2,
		epidemiology and inherited and 13.3, 13.4,13.5,
		modifiable risk factors for 13.6
		common malignancies in India
		2. Describe the genetic basis of
		selected cancers
		3. Describe the relationship
		between infection and cancers
		4. Describe the natural history,
		presentation, course, complications and cause of
		death for common cancers.
	Leukemia Part-2	5. Describe the common issues
	(Chronic)	encountered in patients at the
		end of life and principles of
		management.
		Describe and distinguish the difference
		between curative and palliative care in
		patient with cancer.
		CML
4.0		1. Aetiopathogenesis of CML
49		2. Philadelphia chromosome –
		molecular pathogenesis,BCr-
		AbL translocations
		3. Clinical Features &
		differential diagnosis of CML
		4. Lab diagnosis of CML
		including Cytogenetics &
		Immunohistochemistry 5. Treatment of CML –
		Role of imatinib
		mesylate
		Stem cell transplant
		CLL
		1. Actionathogenesis of CLL
		2. Clinical features of CLL3. Diagnostic Work-up in CLL
		3. Diagnostic Work-up in CLL along with Differential
		diagnosis
		4. Severity grading of CLL –
		Binnet& RAI grading
		5. Treatment principles of CLL
		1. Lymphoma- basic IM 13.1, 13.2,
		definition, classification 13.3, 13.4,13.5,
		2. Aetio-pathogenesis of 13.6
50	Lymphoma	Hodgkin's lymphoma
30		3. Clinical features of Hodgkin's Lymphoma
		4. 4 types of Hodgkin's
		Lymphoma with molecular
		diagnosis
	J	

	1	
		5. Investigations in a case of
		Hodgkin's Lymphoma
		6. Treatment of Hodgkin's
		Lymphoma
		Non-hodgkins Lymphoma
		1. Aetiopathogenesis of NHL
		2. Clinical features of NHL
		3. Diagnostic work-up in a case
		of NHL
		4. Differential diagnosis of NHL
		5. Treatment of NHL
		1) Etiology of multiple myeloma–IM 13.1, 13.2,
		radiation, occupation 13.3, 13.4,13.5,
		2) Clinical features – 13.6 hypercalcemia, pathological
		fractures, renal failure, anemia,
		bleeding, clotting disorders,
51		recurrent infections
		3) Diagnosis – bone marrow
		findings, routine lab findings,
		protein electrophoresis, Bence
	Multiple Myeloma	Jones proteins in urine
	ividitiple iviyelollid	4) Treatment – transplantation,
		novel agents
		1. Platelet disorders leads to
		defect in primary hemostasis.
		2. Etiology
		Decreased number of platelet
		Defective function of
		platelet
		- Inherited(Rar
		- Acquired
		a. Immune e.g
		autoimmune ,drug
		induced
		b. Increased consumption
		(TTP)
		Thrombotic
		thrombocytopenic purpura
		Decreased production 3.Disorders of platelet function
		1. von willebrand inherited
		autoimmune bleeding
		disorders
		2. Disorders of aggregation
	Disorders Of	3. Disorders of secretion
	Hemostasis	4. Disorders of thromboxane
		synthesis
		5. Acquired – e.g drugs
52		Aspirin, NSAID,
		alcohol
		,uremia
		6. Myelodysplasia4. Clinical presentation:-
		Symptoms – Bleeding from
	l .	- Symptoms Dissaing nom

		any site, Epistaxis,bleeding gums, Signs - petechiae,ecchymosis splenomegaly etc Diagnosis - Complete blood count, peripheral smear,giant platelets, high lactate dehydrogenase, invitro platelet function analyzer,Bone marrow Treatment- as per etiology & Guidelines for platelet transfer
53	Coagulation disorders- hemophilia/DIC	 DIC is characterised by systemic activation of blood coagulation. Consumption of coagulation factors, protein, platelets induces severe bleeding. Derangement of fibrinolytic system contributes to clot formation & can present with simultaneous bleeding and thrombotic problem Etiology- Sepsis ,trauma, necrotic pancreatitis etc Complication – Acute kidney injury respiratory & hepatic dysfunction e Lab investigation- Thrombocytoper clotting time prolonged measuring coagulation factors V ,VII, PT/INR,APTT,BT,CT ,electrolyte imbalance Treating underlying disorders , corr hypokalemia ,basic hemostasis, coagulation factor replacement ,plat replacement and heparin where indicated.
54	Approch to Rheumatic Disorder	 Common symptoms of Rheumatic disorders Important diagnostic clinical signs Articular vs periarticular pain Inflammatory vs non — inflammatory pain Important investigations in arthritis Diagnostic algorithm
55	Rheumatoid Arthritis.	 It is a type of inflammatory arthritis ,systemic disorder EULAR/ACR 2010 classification Pathology -pannus formation & Immunology –TNF α Clinical Features: - Articular Extraarticular Diagnosis – Laboratory test ESR, CRP,RA factor,

	T.	
		antiCCp,X-Rays 6. Treatment – NSAIDS, corticosteroids DMARDs Biologics
56	SLE	 What is SLE- a multisystem autoimmune disorder Clinical Features, diagnostic criteria Investigations-Hemogram, renal functions, immunological tests – ANA Complications , Lupus nephritis (class I – VI), Antiphospholipid (APLA) syndrome Treatment – Corticosteroids, hydroxychloroquine , Rituximab
57	Spondyloarthropathi es & Reactive Artheile	 Concept of Spondyloarthritis and disease subgroups in spondyloarthropathy Clinical features: Rheumatological manifestations; Extra articular features, specific features Genetic background: Family history, Role of HLA-B27 antigen Ankylosing spondylitis: clinical features, assessment & measurements, treatment Reactive arthritis: features, triggering bacteria, clinical course, treatment
58	Osteoarthritis & Infective Arthritis	1. Osteoarthritis :definition, pathogenesis, clinical features, radiologic features 2. Osteoarthritis treatment: pharmacologic – analgesics, intra articular steroids, non pharmacological- role of exercise, physiotherapy 3. Distinguish between infectious arthritis and inflammatory arthritis 4. Septic arthritis :features, risk factors, treatment, complications 5. Viral arthritis :viruses, features, treatment, prognosis 6. Tubercular and other infectious arthritis :diagnosis and treatment
59	Scleroderma & MCTD	IM 7.1-IM 7.10 1. Typical clinical appearance skin over – face ,hands 2. Systemic involvement – GIT ,joints ,lungs 3. Types – limited cutaneous & diffuse scleroderma

60	Gout & Pseudogout	 Immunological markers Management of skin changes, arthritis ,pulmonary hypertension Definition / few word on MCTD. Typical clinical appearance skin over – face ,hands Systemic involvement – GIT ,joints ,lungs Types – limited cutaneous & diffuse scleroderma Immunological markers Management of skin changes, arthritis ,pulmonary hypertension Definition / few word on MCTD. 	IM 7.1-IM 7.10
62	Dermatomyositis & Polymyositis	DERMATOMYOSITIS 1 Definition 2 Symptoms 3 Diagnosis 4 Treatment 5 Outlook prognosis 6 Complications 7 Differential diagnosis POLYMYOSITIS 1. Definition 2. Classification of Myositis 3. Epidemiology 4. Clinical manifestations 5. Myositis prognosis 6. Polymyositis 7. Signs and symptoms 8. Complications 9. Associated conditions 10. Diagnostic criteria 11. Laboratory test 12. Treatment	IM 7.1-IM 7.10
63	Vasculitis	 Classification and nomenclature of vasculitis Pathogenesis, Common features and approach to diagnose vasculitis ANCA associated vasculitis: Granulomatosis with polyangitis(Wegeners), Eosinophilic Granulomatosis with polyangitis (Churg-Strauss), microscopic polyangitis: clinical 	

		C		
64	Sarcoidosis.	features and treatment 5. Polyarteritis Nodosa :clinical features, association with Hepatitis B Virus, treatment 6. Takayasu arteritis , Giant cell arteritis: features, management 1. Definition of sarcoidosis and differentiating from similar granulomatous lesions 2. Etiopathogenesis of sarcoidosis 3. Clinical features: lung, skin, eyes, Lymph nodes, Liver, Spleen, cardiac, neurologic involvement 4. Laboratory features, Serum ACE levels, Biopsy features 5. Management: Glucocorticoids, alternative drugs, anti TNF drugs	IM 7.1-IM 7.10	
65	Chikungunya	 Know about chikungunya virus. Describe clinical spectrum and laboratory tests Know about complications Laboratory test Treatment 	IM4.1 – IM4.8	
66	UTI	 Definition of complicated and uncomplicated UTI Epidemiology Asymptomatic bacteriuria Pathogenesis of complicated and uncomplicated UTI Actiologic agents Clinical syndromes – acute cystitis, acute pyelonephritis complicated infections – renal abscess, prostatitis, emphysematous pyelonephritis, papillary necrosis Catheter-associated UTI Imaging Treatment Tuberculosis of urinary tract also to be covered 		
67	Multiple sclerosis	1. Etiology of disease is autoimmune		

		,characterised by demyelination
		2. Type of disease can be- relapsing,
		remitting, progressive
		3. Lesions of MS develop at different
		times and in different locations
		4. Genetic consideration in MS in
		short
		5. Clinical features like pyramidal signs (weakness, spasticity etc) Optic neuritis, INO, Diplopia, sensory,
		symptoms,Ataxia,dysfunction
		6. What are ancilliary symptoms like heat sensitivity and Lhermitte symptoms
		7. Role of MRI,evoked potential and CSF examination in diagnosis.
		8. Diagnostic ctriteria of MS
		9. Treatment modalities like
		a) methyl prednisolone, b) Disease modifying therapies like IFNB, Glatiramer acetate, natalizumab.
68	Obesity	 Etiology and pathogenesis. Assessment & Quantification of Obesity Obesity Syndromes -Mention Names only Complications Management - Lifestyle / Diet therapy/ Drugs/Bariatric procedures.
		Etiology of disease is neurodegenerative Pathological hallmark is
69	Motor Neuron Disease	Involvement of lower motor neurons (Anterior horn cell in spinal cord and and their brainstem analogues)and/or motor neurons in Area4
		3. Types of motor neutron disease a) Amyotrophic lateral sclerosis(upper motor neuron + lower motor neuron
		b) Primary lateral sclerosis(upper motor neuron) c) Prognosive muscular atrophy (Lower motor
		neuron) 4. Clinical features may be either predominantly LMN or UMN or both

		 5. Importance of fasciculations ,preservation of sensory,bowel and bladder function. 6. Diagnostic guidelines of the disease 7. Use of MRI – Motor neuron loss 8. Riluzole – Role in AlS 9. Rehabilitation measures in ALS 	
1 70	Alcohol and its effects		
		Total Hours	70

VIII Semester

Small group teaching (SGT) Schedule:

Sr. No	Topic	Competency	SGT Method
1	Pleural tap, biopsy and	IM3.9	Group discussion / tutorial
	pleural fluid analysis		
2	Ascitic tap and ascitic	IM5.15	Group discussion / tutorial
	fluid analysis		
3	LP and CSF analysis		Group discussion / tutorial
4	Liver Biopsy		Group discussion / tutorial
5	BMA, Biopsy and	IM4.17	Group discussion / tutorial
	analysis		
6	Kidney Biopsy		Group discussion / tutorial
7	ABG	IM3.8	Group discussion / tutorial
8	Revision of drugs		Group discussion / tutorial
9	Revision of instruments		Group discussion / tutorial
10	Revision of CXR		Group discussion / tutorial
11	Revision of ECG		Group discussion / tutorial
12	Heat Stroke		Group discussion / tutorial
13	Alcohol intoxication and		Group discussion / tutorial
13	withdrawal		Group discussion / tutoriar
14	Anaphylaxis and		Group discussion / tutorial
17	urticaria		Group discussion / tutoriai
15	Snake bite	IM20.1, IM20.2,	Group discussion / tutorial
13	Shake one	IM20.1, IM20.2, IM20.3, IM20.4,	Group discussion / tutoriai
		IM20.5, IM20.4, IM20.5, IM20.6,	
		IM20.3, IW20.0, IM20.7	
16	Scorpion sting	IM20.7	Group discussion / tutorial
10	Scorpion sting	110120.0	Group discussion / tutoriar
17	Medical problems in old	Im24.1, IM24.2,	Group discussion / tutorial
1 /	age	IM24.3, IM24.4,	Group discussion / tutorial
		IM24.5, IM24.6,	
		Im24.7, IM24.8,	
		IM24.9,	
		IM24.10,	
		IM24.11,	
		IM24.12, IM24,	
		14, IM24.15,	
		IM24.16,	
		IM24.10, IM24.17,	
		IM24.17, IM24.18,	
		IM24.19,	
		IM24.19, IM24.20,	
		IM24.20, IM24.21,	
		IM24.21, IM24.22,	
		IM24.22, IM24.33,	
		IM24.33, IM24.24	
18	Falls in elderly	IM24.24 IM24.13	Group discussion / tutorial
10	Talls in cidelly	11/12 1.13	Group discussion / tutorial
19	Trigeminal neuralgia		Group discussion / tutorial

20	Medical emergencies	Group discussion / tutorial
	Part 1 Revision	

*SGT

Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab 1 session: 2.5 hrs

DEPARTMENT OF MEDICINE <u>IX Semester</u> Small group teaching (SGT) Schedule

Sr. No	Topic	Competency	SGT Method
1	ECG Revision	IM 1.17-1.18, IM2.10, IM12.10, IM813, IM8.17	Group discussion / tutorial
2	Chest X Ray (CXR) Revision	IM1.17, IM2.11, IM3.7	Group discussion / tutorial
3	Instruments Revision		Group discussion / tutorial
4	Drugs Revision		Group discussion / tutorial
5	Prescription Revision		Group discussion / tutorial
6	Diabetic Ketoacidosis (DKA)	IM11.6-IM11.13, IM11.15, IM11.23	Group discussion / tutorial
7	Organophosphorus Poisoning (OPP)	IM21.1-21.2, IM21.5-21.8	Group discussion / tutorial
8	Status Asthmaticus		Group discussion / tutorial
9	Status Epilepticus		Group discussion / tutorial
10	Acute LVF	IM1.1-1.9, IM1.17-IM1.29	Group discussion / tutorial
11	Management of Acute MI	IM2.6-IM2.24	Group discussion / tutorial
12	CPR	IM2.21, IM2.22	Group discussion / tutorial
13	Approach to Fever with Rash	IM4.3-4.12, IM6.6	Group discussion / tutorial
14	Approach to Fever with Thrombocytopenia	IM4.3-4.12	Group discussion / tutorial
15	Management of Dengue Shock Syndrome		Group discussion / tutorial
16	ARDS	IM3.1-3.8, IM3.11-3.19	Group discussion / tutorial
17	Respiratory Failure	IM3.1-3.8, IM3.11-3.19	Group discussion / tutorial

18	Approach to Comatose patient		Group discussion / tutorial
19	Dyslipidemia	IM2.12, IM2.18	Group discussion / tutorial
20	Wilson's Disease, Hemochromatosis and Porphyrias	IM5.1-5.3, IM5.9-5.18	Group discussion / tutorial
21	Smoking		Group discussion / tutorial
22	Consumer Protection Act		Group discussion / tutorial
23	Extra Pulmonary TB		Group discussion / tutorial
24	Revision of Medical Emergencies- Part II		Group discussion / tutorial

*SGT

Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab 1 session: 2.5 hrs.

DEPARTMENT OF MEDICINE

VIII Semester

Clinical Posting Schedule:

(Total weeks: 6) Monday to Saturday Timing – 9.30am to 12.30pm

*Saturday- AETCOM/Skill Lab (as per skill lab availability)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1	CNS –INTRODUCTION I CLINICAL APPLIED ANATOMY OF THE BRAIN	IM18.1,IM19.1,I M19.6	3 hrs	Bedside Clinic & Clinical Clerkship
2	CNS –INTRODUCTION II CLINICAL APPLIED ANATOMY OF SPINAL CORD AND PNS	AN57.4,PM7.1,P M7.3	3 hrs	Bedside Clinic & Clinical Clerkship
3	CNS HISTORY TAKING I	IM 5.9, IM 7.11, IM 8.9, IM 17.1, IM 17.2, IM 17.5, IM 18.3, IM 18.4, IM 18.8, IM 19.3, IM 19.6	3 hrs	Bedside Clinic & Clinical Clerkship
4	CNS HISTORY TAKING II	IM 5.9, IM 7.11, IM 8.9, IM 17.1, IM 17.2, IM 17.5, IM 18.3, IM 18.4, IM 18.8, IM 19.3, IM 19.6	3 hrs	Bedside Clinic & Clinical Clerkship
5	AETCOM 4.4 –Unit 1		3 hrs	Bedside Clinic & Clinical Clerkship
6	CNS SYMPTOMATOLOGY	IM 17.1, IM 17.3, IM 17.5 ,IM 18.7,IM 18.8,IM 19.2,IM 19.4	3 hrs	Bedside Clinic & Clinical Clerkship
7	CNS SYMPTOMATOLOGY	IM 17.1, IM 17.3, IM 17.5 ,IM 18.7,IM 18.8,IM 19.2,IM 19.4	3 hrs	Bedside Clinic & Clinical Clerkship
8	CNS SYMPTOMATOLOGY	IM 17.1, IM 17.3, IM 17.5 ,IM 18.7,IM 18.8,IM 19.2,IM 19.4	3 hrs	Bedside Clinic & Clinical Clerkship
9	HIGHER MENTAL FUNCTION EXAMINATION PART I	IM 18.7 , PM 8.2,PS 2.3	3 hrs	Bedside Clinic & Clinical Clerkship

10	HIGHER MENTAL FUNCTION	IM 18.7, PM	3 hrs	Bedside Clinic &
	EXAMINATION PART II	8.2,PS 2.3		Clinical Clerkship
11	AETCOM 4.4- Unit 1		3 hrs	Bedside Clinic & Clinical Clerkship
12	CRANIAL NERVE 1-6		3 hrs	Bedside Clinic & Clinical Clerkship
13	CRANIAL NERVE VII	AN 28.7	3 hrs	Bedside Clinic & Clinical Clerkship
14	CRANIAL NERVE 8-12		3 hrs	Bedside Clinic & Clinical Clerkship
15	MOTOR SYSTEM	IM19.1, AN 7.5	3 hrs	Bedside Clinic & Clinical Clerkship
16	AETCOM 4.5 –UNIT 2		3 hrs	Bedside Clinic & Clinical Clerkship
17	MOTOR SYSTEM	IM19.1, AN 7.5	3 hrs	Bedside Clinic & Clinical Clerkship
18	REFLEXES-SUPERFICIAL		3 hrs	Bedside Clinic & Clinical Clerkship
19	REFELEXES-PRIMITIVE		3 hrs	Bedside Clinic & Clinical Clerkship
20	REFLEXES-DEEP		3 hrs	Bedside Clinic & Clinical Clerkship
21	INVOULANTRY MOVEMENTS-I	IM 19.2, IM 19.3	3 hrs	Bedside Clinic & Clinical Clerkship
22	INVOULANTRY MOVEMENTS-II	IM 19.2, IM 19.3	3 hrs	Bedside Clinic & Clinical Clerkship
23	AETCOM 4.5- UNIT 2		3 hrs	Bedside Clinic & Clinical Clerkship
24	GAIT		3 hrs	Bedside Clinic & Clinical Clerkship
25	CEREBELLUM -I		3 hrs	Bedside Clinic & Clinical Clerkship
26	CEREBELLUM -II		3 hrs	Bedside Clinic & Clinical Clerkship
27	SKILL LAB		3 hrs	Bedside Clinic & Clinical Clerkship
28	SENSORY-I	AN 7.5,PM 6.1	3 hrs	Bedside Clinic & Clinical Clerkship
	<u> </u>	1		

29	SENSORY-II	AN 7.5,PM 6.1	3 hrs	Bedside Clinic & Clinical Clerkship
30	CORTICAL SENSATION		3 hrs	Bedside Clinic & Clinical Clerkship
31		IM 17.4	3 hrs	Bedside Clinic & Clinical Clerkship
32	REVISION OF CVS HISTORY TAKING	IM 1.1, IM 1.10, IM 1.11, IM 1.12, IM 1.13, IM 1.14,IM 1.15, IM 1.20, IM I.22, IM 1.25	3 hrs	Bedside Clinic & Clinical Clerkship
33	REVISION OF CVS GENERAL & SYSTEMIC EXAMINATION	IM 1.1, IM 1.10, IM 1.11, IM 1.12, IM 1.13, IM 1.14,IM 1.15, IM 1.20, IM I.22, IM 1.25	3 hrs	Bedside Clinic & Clinical Clerkship
34	SKILL LAB	IM 1.1, IM 1.10, IM 1.11, IM 1.12, IM 1.13, IM 1.14,IM 1.15, IM 1.20, IM I.22, IM 1.25	3 hrs	Bedside Clinic & Clinical Clerkship
35	REVISION OF PER ABDOMEN HISTORY & SYSTEMIC EXAMINATION	PA 25.1, PA 25.6,CM3.3, PE 26.6,IM 15.5,IM25.5,IM5 .10,IM5.9,IM5.1 1,IM5.15,IM5.16		Bedside Clinic & Clinical Clerkship
36	Term End Exam		3 hrs	Bedside Clinic & Clinical Clerkship

End of Posting Examination at the end of Each clinical Posting.

DEPARTMENT OF MEDICINE

IX Semester

Clinical Posting Schedule:

(Total weeks: 6) Monday to Saturday Timing – 9.30am to 12.30pm

*Saturday- AETCOM/Skill Lab (as per skill lab availability

Sr.No	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
	CASE PRESENTATION AND APPROACH TO CASE OF HEMIPLEGIA – 1	IM 18.3, IM 18.4, IM 18.5, IM 18.6, IM 18.7, IM 18.7, IM 18.8, IM 18.9, IM 18.10, IM 18.11, PM 2.2	3 hrs	Bedside Clinic & Clinical Clerkship
	CASE PRESENTATION AND APPROACH TO CASE OF HEMIPLEGIA – 2	IM 18.3, IM 18.4, IM 18.5, IM 18.6, IM 18.7, IM 18.7, IM 18.8, IM 18.9, IM 18.10, IM 18.11, PM 2.2	3 hrs	Bedside Clinic & Clinical Clerkship
	CASE PRESENTATION AND APPROACH TO CASE OF HEMIPLEGIA – 3	IM 18.3, IM 18.4, IM 18.5, IM 18.6, IM 18.7, IM 18.7, IM 18.8, IM 18.9, IM 18.10, IM 18.11, PM 2.2	3 hrs	Bedside Clinic & Clinical Clerkship
4	AETCOM 4.8 - Unit 3		3 hrs	Bedside Clinic & Clinical Clerkship
	CASE PRESENTATION AND APPROACH TO A CASE OF PARAPLEGIA – PART 1	IM 18.5, IM 18.8, IM 18.9	3 hrs	Bedside Clinic & Clinical Clerkship
6		IM 18.5, IM 18.8, IM 18.9	3 hrs	Bedside Clinic & Clinical Clerkship
	CASE PRESENTATION AND APPROACH TO A CASE OF QUADRIPLEGIA	IM 18.5, IM 18.8, IM 18.9, PM 7.4	3 hrs	Bedside Clinic & Clinical Clerkship
	CASE PRESENTATION TO A CASE OF BELL'S PALSY	AN 28.7	3 hrs	Bedside Clinic & Clinical Clerkship
	CASE PRESENTATION TO A CASE OF CEREBELLAR ATAXIA – PART 1	IM 19.3	3 hrs	Bedside Clinic & Clinical Clerkship
10	AETCOM 4.8 - Unit 3		3 hrs	Bedside Clinic & Clinical Clerkship
	CASE PRESENTATION OF APPROACH TO CASE OF CEREBELLAR ATXIA- PART 2	IM 19.3	3 hrs	Bedside Clinic & Clinical Clerkship
	CASE PRESENTATION OF RAMSAY HUNT SYNDROME		3 hrs	Bedside Clinic & Clinical Clerkship
13	CASE PRESENTATION AND APPROACH TO A CASE OF PARKINSON'S	IM 19.4, IM 19.5, IM 19.8	3 hrs	Bedside Clinic & Clinical Clerkship

14	CASE PRESENTATION OF PARKINSON PLUS		3 hrs	Bedside Clinic & Clinical Clerkship
15	APPROACH TO A CASE OF MIGRAINE	IM 17.2 , IM 17.3, IM 17.4,IM 17.5, IM 17.10 , IM 17.12	3 hrs	Bedside Clinic & Clinical
I	APPROACH TO A CASE OF	17.3, IM 17.10 , IM 17.12	3 hrs	Clerkship Bedside Clinic & Clinical
	MYASTHENIA GRAVIS		2.1	Clerkship
	SKILL LAB		3 hrs	Bedside Clinic & Clinical Clerkship
18	APPROACH TO CASE OF GBS		3 hrs	Bedside Clinic & Clinical Clerkship
19	APPROACH TO A CASE OF PERIPHERAL NEUROPATHY	PM 6.1	3 hrs	Bedside Clinic & Clinical Clerkship
20	APPROACH TO A CASE OF PERIPHERAL NEUROPATHY – 2	PM 6.1	3 hrs	Bedside Clinic & Clinical Clerkship
21	APPROACH TO A CASE OF YOUNG STROKE	IM 18.3, IM 18.4, IM 18.5, IM 18.6, IM 18.7, IM 18.7, IM 18.8, IM 18.9, IM 18.10, IM 18.11	3 hrs	Bedside Clinic & Clinical Clerkship
22	REVISION OF SPLENOMEGALY		3 hrs	Bedside Clinic & Clinical Clerkship
23	SKILL LAB		3 hrs	Bedside Clinic & Clinical Clerkship
24	1	IM 5.9 , IM 5.10, IM 5.11, IM 5.15, IM 5.16	3 hrs	Bedside Clinic & Clinical Clerkship
25	REVISION OF MITRAL REGURGITATION	IM 1.1, IM 1.10, IM 1.11, IM 1.12, IM 1.13, IM 1.14,IM 1.15, IM 1.20, IM I.22, IM 1.25	3 hrs	Bedside Clinic & Clinical Clerkship
26	REVISION OF MITRAL STENOSIS	IM 1.1, IM 1.10, IM 1.11, IM 1.12, IM 1.13, IM 1.14,IM 1.15, IM 1.20, IM I.22, IM 1.25	3 hrs	Bedside Clinic & Clinical Clerkship
27	REVISION OF THYROID DISORDERS	IM 12.5, IM 12.6, IM 12.7, IM 12.8, IM 12.9	3 hrs	Bedside Clinic & Clinical Clerkship
28	APPROACH TO POLYARTHRITIS	IM 7.12, IM 7.15,	3 hrs	Bedside Clinic & Clinical Clerkship
29		PA 25.1, PA 25.6,CM3.3, PE 26.6,	3 hrs	Bedside Clinic & Clinical Clerkship
30	SKILL LAB		3 hrs	Bedside Clinic & Clinical Clerkship
31	REVISION OF CRANIAL NERVES AND HIGHER MENTAL FUNCTION	IM 18.4, PM 8.2, IM 18.6	3 hrs	Bedside Clinic & Clinical Clerkship
32	REVISION OF MOTOR SYSTEM	IM19.1, AN 7.5	3 hrs	Bedside Clinic & Clinical Clerkship
33	REVISION OF SENSORY SYSTEM	AN 7.5 , PM 6.1	3 hrs	Bedside Clinic & Clinical Clerkship
34	REVISION OF CEREBELLUM	IM 19.3	3 hrs	Bedside Clinic & Clinical Clerkship
35	REVISION OF INVOLUNTARY MOVEMENTS AND GAIT	IM19.1, IM 19.3, IM 19.7,	3 hrs	Bedside Clinic & Clinical Clerkship

36 SKILL LAB	3 hrs	Bedside Clinic & Clinical
		Clerkship

DEPARTMENT OF GENERAL SURGERY Lecture Schedule

Lect ure	Торіс	Content	Compe tency	Integration
no				
1.	Abdomen	Describe the applied anatomy of small and large intestine.	SU28.1	Human
			3	Anatomy
2.	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of disorders of small and large	4	
		intestine including neonatal obstruction and Short gut		
		syndrome		
3.	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of disorders of small and large	4	
		intestine – intestinal obstruction I		
4.	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of disorders of small and large	4	
		intestine – intestinal obstruction II		
5.	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of disorders of small and large	4	
		intestine – abdominal Koch's - I		
6.	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of disorders of small and large	4	
		intestine – abdominal Koch's - II		
7.	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of diseases of Appendix	5	
		including appendicitis and its complications.		
8.	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of diseases of Appendix	5	
		including appendicitis and its complications. –		
		appendicular lump, abscess		
9.	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of disorders of small and large	4	
		intestine: IBD		
10	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of disorders of small and large	4	
		intestine: CA colon I		
11	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of disorders of small and large	4	
		intestine: CA colon II		
12	Abdomen	Describe applied anatomy including congenital anomalies	SU28.1	Human
		of the rectum and anal canal	6	Anatomy
13	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of common anorectal diseases-	7	
		Rectal prolapse		
14	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of common anorectal diseases –	7	
		CA rectum I		
15	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of common anorectal diseases –	7	
		CA rectum II		
16	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of common anorectal diseases –	7	

		Haemorrhoids, Anal fissure		
17	Abdomen	Describe the clinical features, investigations and	SU28.1	
		principles of management of common anorectal diseases:	7	
		Anorectal abscess, fistula in ano		
18	Abdomen	Describe the applied anatomy of liver and injuries of the	SU28.1	Human
10		liver	0	Anatomy
19	Abdomen	Describe the clinical features, Investigations and	SU28.1	
•		principles of management of liver abscess	0	
20	Abdomen	Describe the clinical features, Investigations and	SU28.1	
2.1	. 1 1	principles of management of hydatid disease of liver	0	
21	Abdomen	Describe the clinical features, Investigations and	SU28.1	
22	A1 1	principles of management tumors of the liver	0	
22	Abdomen	Describe the applied anatomy of spleen, physiology and	SU28.1	
22	A 1 1	function	I CI IOO 1	
23	Abdomen	Describe the clinical features, investigations and	SU28.1	
2.4	A 1 1	principles of management of splenic injuries	l CI IOO 1	
24	Abdomen	Describe the post-splenectomy sepsis - prophylaxis	SU28.1	
2 =	A la doctron	Describe the applied anothers of hills	SU28.1	I I year are
23	Abdomen	Describe the applied anatomy of biliary system.		Human
26	Abdomen	Describe the clinical features, investigations and	2 SU28.1	Anatomy
20	Abdomen			
		principles of management of diseases of biliary system – cholelithiasis I	2	
27	Abdomen	Describe the clinical features, investigations and	SU28.1	
Z /	Abdomen	principles of management of diseases of biliary system –	2	
		cholelithiasis II	2	
20	Abdomen		SU28.1	
۷٥	Abdomen	Describe the clinical features, investigations and principles of management of diseases of biliary system –	2	
		bilirubin metabolism and obstructive jaundice	2	
29	Abdomen	Describe the clinical features, principles of investigation,	SU24.1	
29	Abdomen	prognosis and management of pancreatitis – Acute	3024.1	
		pancreatitis		
30	Abdomen	Describe the clinical features, principles of investigation,	SU24.1	
90	Trodomen	prognosis and management of pancreatitis – Chronic	5021.1	
		pancreatitis		
31	Abdomen	Describe the clinical features, principles of investigation,	SU24.2	
	110 00111011	prognosis and management of pancreatic endocrine	5522	
		tumours		
32	Abdomen	Describe the principles of investigation and management	SU24.3	
		of Pancreatic disorders - Periampullary carcinoma		
33	Adrenal glands	Describe the applied anatomy of adrenal glands	SU23.1	
	Č	Describe the clinical features, principles of investigation		
		and management of Adrenal tumors	SU23.3	
34	Adrenal glands	Describe the applied anatomy of adrenal glands	SU23.1	
	-	Describe the clinical features, principles of investigation		
		and management of Adrenal tumors	SU23.3	
35	Urinary System	Describe the causes, investigations and principles of	SU29.1	
		management of Hematuria		
36	Urinary System	Describe the clinical features, investigations and	SU29.2	Human
		principles of management of congenital anomalies of		Anatomy
		genitourinary system		
37	Urinary System	Describe the Clinical features, Investigations and	SU29.3	Microbiology
		principles of management of urinary tract infections		
38	Urinary System	Describe the clinical features, investigations and	SU29.4	
		principles of management of Hydronephrosis		
39	Urinary System	Describe the clinical features, investigations and	SU29.5	
			•	*

		principles of management of renal calculi - I		
40	Urinary System	Describe the clinical features, investigations and	SU29.5	
		principles of management of renal calculi – II		
41	Urinary System	Describe the clinical features, investigations and	SU29.5	
		principles of management of renal calculi – ureteric		
		calculi		
42	Urinary System	Describe the clinical features, investigations and	SU29.6	
		principles of management of renal tumours		
43	Urinary System	Describe the principles of management of acute and	SU29.7	
	Simaly System	chronic retention of urine	5027.7	
44	Urinary System	Describe the clinical features, investigations and	SU29.8	
•	Simaly System	principles of management of bladder cancer	5027.0	
45	Urinary System	Describe the clinical features, investigations and	SU29.8	
73	Officially System	principles of management of bladder cancer	3027.0	
16	Urinary System	Describe the clinical features, investigations and	SU29.9	
40	Officery System	principles of management of disorders of prostate - BPH	3029.9	
47	II.i C4	1 1	CI IOO O	
4 /	Urinary System	Describe the clinical features, investigations and	SU29.9	
4.0		principles of management of disorders of prostate - BPH	CT 120 0	
48	Urinary System	Describe the clinical features, investigations and	SU29.9	
		principles of management of disorders of prostate – CA		
		prostate		
49	Urinary System	Describe clinical features, investigations and management	SU29.1	
		of urethral strictures	1	
50	Urinary System	Describe clinical features, investigations and management	SU29.1	
		of urethral strictures – urethral injuries	1	
51	Urinary System	Describe the clinical features, investigations and	SU30.1	
		principles of management of Phimosis, paraphimosis		
52	Urinary System	Describe the clinical features, investigations and	SU30.1	
		principles of management of carcinoma penis.		
53	Urinary System	Describe the applied anatomy clinical features,	SU30.2	Human
		investigations and principles of management of		Anatomy
		undescended testis.		
54	Urinary System	Describe the applied anatomy, clinical features,	SU30.5	Human
٠.	Simaly System	investigations and principles of management of Hydrocele	0000.0	Anatomy
55	Urinary System	Describe classification, clinical features, investigations	SU30.6	Timeterry
33	Cimary Bystem	and principles of management of tumours of testis	5030.0	
56	Cardio-thoracic	Outline the role of surgery in the management of coronary	SU26.1	
30	General	heart disease, valvular heart diseases and congenital heart	3020.1	
		diseases		
	Surgery- Chest - Heart and	diseases		
	Lungs		CI IO	
5/	Cardio-thoracic	Describe the clinical features of mediastinal diseases and	SU26.3	
	General	the principles of management		
	Surgery- Chest			
	- Heart and			
	Lungs			
58	Cardio-thoracic	Describe the etiology, pathogenesis, clinical features of	SU26.4	
	General	tumors of lung and the principles of management		
	Surgery- Chest			
	- Heart and			
	Lungs			
59	Trauma	Describe the Principles in management of mass casualties	SU17.3	
	Trauma	Describe the pathophysiology of chest injuries.	SU17.8	
<i>6</i> 1	Trauma	Describe the clinical features and principles of	SU17.9	
01	Hauma			

62	Trauma	Describe the clinical features and principles of	SU17.9	
		management of chest injuries – Flail chest, Hemothorax		
63	Trauma	Describe Pathophysiology, mechanism of head injuries	SU17.4	
64	Trauma	Describe clinical features for neurological assessment and	SU17.5	
		GCS in head injuries		
65	Trauma	Chose appropriate investigations and discuss the	SU17.6	
		principles of management of head injuries - EDH		
66	Trauma	Chose appropriate investigations and discuss the	SU17.6	
		principles of management of head injuries – SDH, SAH		
67	Trauma	Describe the clinical features of soft tissue injuries. Chose	SU17.7	
		appropriate investigations and discuss the principles of		
		management.		
68	Transplantation	Describe the immunological basis of organ transplantation	SU13.1	Microbiology
		Discuss the Principles of immunosuppressive therapy.		Pharmacology
69	Transplantation	Enumerate Indications, describe surgical principles,		
	•	management of organ transplantation		
			SU13.2	
70	Anesthesia and	Describe principles of providing post-operative pain relief	SU11.5	Anesthesiology
	pain	and management of chronic pain.		
	management	_		

DEPARTMENT of SURGERY

Small group teaching Schedule:

Sr. No.	Topic	Content	Competency No.	SGT Method*
1	Wound healing and wound care	Describe normal wound healing and factors affecting healing.	SU5.3	Practical
		Differentiate the various types of wounds, plan and observe management of wounds. (dressing trolley, wound dressing)	SU5.1	
2	Basic Surgical Skills	Describe Surgical approaches, incisions and the use of appropriate instruments in Surgery in general.	SU14.2	Tutorial
3	Basic Surgical Skills	Describe Surgical approaches, incisions and the use of appropriate instruments in Surgery in general. (Instruments)	SU14.2	Tutorial
4	Investigation of surgical patient	Choose appropriate biochemical, microbiological, pathological, imaging investigations and interpret the investigative data in a surgical patient (introduction to radiodiagnosis – plain and contrast xrays)	SU9.1	Tutorial
	Pre, intra and post- operative management.	Describe the principles of perioperative management of common surgical procedures (NGT insertion)	SU10.1	Skill lab
6	Nutrition and fluid therapy	Discuss the nutritional requirements of surgical patients, the methods of providing nutritional support and their complications	SU12.3	Group discussion
7	Oropharyngeal cancer	Enumerate the appropriate investigations and discuss the Principles of treatment. (Discuss - triangles of neck, cervical lymph nodes. Types and incisions for neck dissection Surgical pathology specimen)	SU20.2	Tutorial
8	Endocrine General Surgery: Thyroid and parathyroid	Describe the clinical features, classification and principles of management of thyroid cancer. (surgical pathology specimen - MNG Principles of thyroid surgery)	SU22.4	Tutorial
9	Breast	Describe the etiopathogenesis, clinical features, Investigations and principles of treatment of benign and malignant tumours of breast.	SU25.3	Tutorial
		Counsel the patient and obtain informed consent for treatment of malignant conditions of the breast. (surgical pathology specimen – CA breast True cut biopsy Mammography Principles of breast surgery)	SU25.4	DOAP
10	Vascular diseases	Describe the applied anatomy of venous system of lower limb(Venesection Central venous catheterization)	SU27.5	Skill lab
11	Anaesthesia and pain management	Enumerate the principles of general, regional, and local Anaesthesia.	SU11.2	Tutotial

		(discuss common drugs)		
12	Trauma	Describe the Principles in management of mass casualties (early management of trauma, trauma life support)	SU17.3	Group discussion
13	Trauma	Demonstrate Airway maintenance. (Tracheostomy)	SU17.10	Skill lab
14	Abdomen	Describe pathophysiology, clinical features, Investigations and principles of management of Hernias (surgical anatomy of inguinal hernia Surgeries for inguinal hernia)	SU28.1	Tutorial
15	Basic Surgical Skills	Describe Surgical approaches, incisions (Abdominal incisions. Exploratory laparotomy)	SU14.2	Tutorial
16	Abdomen	Describe the clinical features, investigations and principles of management of benign and malignant disorders of esophagus (surgical pathology specimen – CA esophagus Barium swallow, barium meal)	SU28.6	Tutorial
17	Abdomen	Describe and discuss the aetiology, the clinical features, investigations and principles of management of congenital hypertrophic pyloric stenosis, Peptic ulcer disease, Carcinoma stomach (surgical pathology specimen- CA stomach)	SU28.8	Tutorial
18	Abdomen	Describe the clinical features, Investigations and principles of management of liver abscess, hydatid disease, injuries and tumors of the liver (surgical pathology specimen – liver abscess)	SU28.10	Tutorial
19	Abdomen	Describe the applied anatomy of biliary system. Describe the clinical features, investigations and principles of management of diseases of biliary system (surgical pathology specimen- Gall Bladder)	SU28.12	Tutorial
20	Abdomen	Describe the clinical features, investigations and principles of management of disorders of small and large intestine (surgical pathology specimen- typhoid ulcer, tubercular ulcer)	SU28.14	Tutorial
21	Abdomen	Describe the clinical features, investigations and principles of management of disorders of small and large intestine (surgical pathology specimen – Meckel's diverticulum)	SU28.14	Tutorial
22	Abdomen	Describe the clinical features, investigations and principles of management of disorders of small and large intestine (surgical pathology specimen – intussusception)	SU28.14	Tutorial
23	Abdomen	Describe the clinical features, investigations and principles of management of disorders of small and large intestine (x rays – multiple air fluid levels, free gas under diaphragm)	SU28.14	Group discussion

24	Abdomen	Describe the clinical features, investigations and	SU28.15	
		principles of management of diseases of Appendix		
		including appendicitis and its complications.		Tutorial
		(surgical pathology specimen,		
		Appendix)		
25	Abdomen	Describe the clinical features, investigations and	SU28.17	
		principles of management of common anorectal		Tutorial
		diseases		1 0001101
		(surgical pathology specimen- carcinoma colon)		
26	Abdomen	Describe the clinical features, investigations and	SU28.17	
		principles of management of common anorectal		Tutorial
		diseases		
27	A la d a a	(surgical pathology specimen- carcinoma rectum)	CL 120 17	
27	Abdomen	Describe the clinical features, investigations and	SU28.17	
		principles of management of common anorectal diseases		Tutorial
28	Abdomen	(surgical pathology specimen- polyposis coli)	SU28.17	
_ Zð	Audomen	Describe the clinical features, investigations and principles of management of common anorectal	SU28.1/	Crour
		diseases		Group discussion
		(xray – large bowel obstruction, sigmoid volvuluss,		uiscussion
		barium enema)		
		barrum chema)		
29	Abdomen	Describe the clinical features, investigations and	SU28.17	
	110 40111011	principles of management of common anorectal	5620.17	
		diseases		Tutorial
		(procedure – intestinal stoma)		
30	Urinary System	Describe the Clinical features, Investigations and	SU29.3	
		principles of management of urinary tract.		
		Describe the clinical features, investigations and		C1 '11 1 1
		principles of management of bladder cancer	SU29.8	Skill lab
		(urinary catheterization,		
		SPC)		
31	Urinary System	Describe the clinical features, investigations and	SU29.2	
		principles of management of congenital anomalies of		Tutorial
		genitourinary system		Tutoriai
		(surgical pathology specimen – polycystic kidney)		
32	Urinary System	Describe the clinical features, investigations and	SU29.4	
		principles of management of Hydronephrosis		Tutorial
		(surgical pathology specimen –		1 dtollal
		Hydronephrosis)		
33	Urinary System	Describe the clinical features, investigations and	SU29.6	_
		principles of management of renal tumours		Tutorial
		(surgical pathology specimen – RCC)		
34	Urinary System	Describe the clinical features, investigations and	SU29.5	m
		principles of management of renal calculi.		Tutorial
2.5		(plain x-ray- kidney, ureter, bladder calculi)	G1.12.0. 7	
35	Urinary System	Describe the clinical features, investigations and	SU29.5	m
		principles of management of renal calculi.		Tutorial
26	D ' T ' '	(X-ray – IVP)	G1120.1	
36	Penis, Testis and	Describe the clinical features, investigations and	SU30.1	TD .
	scrotum	principles of management of carcinoma penis.		Tutorial
27	D ' T ' 1	Surgical pathology specimen – CA penis)	CI 120 7	
37	Penis, Testis and	Describe the applied anatomy, clinical features,	SU30.5	Group
	scrotum	investigations and principles of management of		discussion

		Hydrocele		
		(surgeries for hydrocele)		
38	Penis, Testis and scrotum	Describe classification, clinical features, investigations and principles of management of tumours of testis (surgical pathology specimen – seminoma)	SU30.6	Tutorial
39	Basic Surgical Skills	Describe the materials and methods used for surgical wound closure and anastomosis (sutures, knots and needles)	SU14.3	Practical
40	Basic Surgical Skills	Demonstrate the techniques of asepsis and suturing in a simulated environment (Suturing)	SU14.4	Skill lab
41	Pre, intra and post- operative management	Observe common surgical procedures and assist in minor surgical procedures (Incision and drainage of abscess)	SU10.3	Skill lab
42	Trauma	Describe the clinical features and principles of management of chest injuries. (chest xrays)	SU17.9	Tutorial
43	Trauma	Demonstrate Airway maintenance. Recognize and manage tension pneumothorax, hemothorax and flail chest in simulated environment (ICD insertion)	SU17.10	Skill lab
44	Pre, intra and post- operative management.	Describe the steps and obtain informed consent in a simulated environment	SU10.2	DOAP

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

DEPARTMENT OF GENERAL SURGERY

Clinical Posting Schedule:

(Total weeks:12, 72days x 3hours per day = 216 hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1	Skin and subcutaneous tissue: Swelling – clinical examination	SU18.3	3	Bedside clinic
2	Skin and subcutaneous tissue: Swelling: relevant Investigations, differential diagnosis	SU18.3	3	Bedside clinic
3	Skin and subcutaneous tissue: Swelling – case presentation (Lipoma/ Dermoid cyst/ sebaceous cyst	SU18.3	3	Bedside clinic
4	Skin and subcutaneous tissue: Swelling: treatment Excision of lipoma / sebaceous cyst	SU10.3	3	Skill lab
5	Wound healing and wound care: Elicit, document and present a history in a patient presenting with wounds.	SU5.2	3	Bedside clinic
6	AETCOM Module 4.3: case studies in medico-legal and ethical situations (introduction of case) Discuss medico legal aspects of wounds	SU5.4	2	Clinical clerkship
7	Wound healing and wound care: Differentiate the various types of wounds, plan and observe management of wounds.	SU5.3	3	Clinical clerkship
8	Wound healing and wound care: Ulcer: differential diagnosis, clinical and pathological classification	SU5.2	3	Bedside clinic
9	Wound healing and wound care: Ulcer: case presentation – discuss investigation and treatment	SU5.3	3	Bedside clinic

10	Wound healing and wound care: Diabetic foot – case presentation discuss pathophysiology and management.	SU5.3	3	Bedside clinic
11	Vascular diseases: Describe the etiopathogenesis, clinical features, investigations and principles of treatment of occlusive arterial disease.	SU27.1	3	Bedside clinic
12	AETCOM module 4.3: case studies in medico-legal and ethical situations (Anchoring lecture) Ward rounds		2	Clinical clerkship
13	Vascular diseases: Demonstrate the correct examination of the vascular system and enumerate and describe the investigation of vascular disease	SU27.2	3	Bedside clinic
14	Vascular diseases: case presentation: peripheral vascular disease	SU27.2	3	Bedside clinic
15	Vascular diseases: Dry gangrene – case presentation Discuss types of gangrene	SU27.4	3	Bedside clinic
16	Vascular diseases: Amputation stump: case presentation Discuss principles of amputation	SU27.4	3	Bedside clinic
17	Vascular diseases: Varicose veins: applied anatomy and pathophysiology	SU27.5 SU27.6	3	Bedside clinic
18	AETCOM module 4.3: case studies in medico-legal and ethical situations (discussion and closure of case) Principles of management of DVT	SU27.6	2	Clinical clerkship
19	Vascular diseases: case presentation- varicose vein	SU27.6	3	Bedside clinic
20	Vascular diseases: case presentation: varicose ulcer	SU27.6	3	Bedside clinic
21	Vascular diseases: Management of varicose veins and its complications	SU27.6	3	Clinical clerkship

22	Oropharyngeal cancer:	SU20.1	3	Bedside clinic
	etiopathogenesis, symptoms and	<u>l</u>		
	signs			
23	Oropharyngeal cancer:	SU20.2	3	Bedside clinic
	investigations and principles of			
	treatment			
2.4				
24	End of posting exam			
25	Oropharyngeal cancer:	SU20.1	3	Bedside clinic
	case presentation – CA oral			
	cavity			
26	Conviced lymphedenenathy	SU27.8	3	Bedside clinic
20	Cervical lymphadenopathy:	3027.8	3	Bedside clinic
	Differential diagnosis,			
	investigation and management			
27	Case presentation:	SU20.2	3	Bedside clinic
21	Case presentation: Tuberculous / metastatic	3020.2	3	Deusiue ciinic
	Cervical lymphadenopathy			
28	Disorders of salivary glands:	SU21.1	3	Bedside clinic
	clinical presentation,			
	investigation and principles of			
	treatment			
29	Disorders of salivary glands	SU21.1	3	Bedside clinic
	Case presentation: parotid			
	tumor			
30	AETCOM module 4.5: Case		1	
30	studies in ethics: the doctor-		1	
	industry relationship			
	(introduction of case)			
	Ward rounds		2	Clinical clerkship
31	Penis, Testis and scrotum:	SU30.3	3	Bedside clinic
31	Scrotal swelling: clinical	SU30.4		Deuside cillie
	features,	SU30.5		
	investigations and management			
32	Penis, Testis and scrotum:	SU30.3	3	Bedside clinic
32	Scrotal swelling- history taking	SU30.4	3	Deusiue cillic
	And examination	SU30.4 SU30.		
33	Penis, Testis and scrotum:	SU30.3	3	Bedside clinic
	Scrotal swelling D/D –	SU30.4		
	hydrocele,			
	varicocele, Epididymoorchitis,			
	epididymal cyst			
34	Penis, Testis and scrotum:	SU30.5	3	Bedside clinic
	Case presentation: Hydrocele			
35	Abdomen:	SU28.1	3	Bedside clinic
33	Inguinal hernia -	5020.1		Doubled offilio
	pathophysiology and principals			
	of management			
36	AETCOM module:	+	1	
30	Case studies in ethics: the		1	
	doctor-industry relationship			
	doctor-made y relationship			

	(Anaharing laatura)	<u> </u>		
	(Anchoring lecture) Ward rounds		2	Clinical clerkship
	ward rounds		2	Cilincal cicikship
37	Abdomen:	SU28.2	3	Bedside clinic
	Case presentation: inguinal			
	hernia			
	-to differentiate between direct			
	and indirect hernia			
38	Abdomen:	SU28.2	3	Bedside clinic
	Ventral hernia:			
	etiopathogenesis and different			
	types			
39	Abdomen:	SU28.2	3	Bedside clinic
	Case presentation: umbilical /			
	paraumbilical hernia			
40	Abdomen:	SU28.2	3	Bedside clinic
40	Case presentation: epigastric	3020.2	3	Deuside cillile
	hernia			
	Пенна			
41	Abdomen:	SU28.2	3	Bedside clinic
	Case presentation: Incisional			
	hernia			
	Discuss etiological factors and			
	treatment options			
42	AETCOM module: Case		1	
	studies in ethics: the doctor-			
	industry relationship			
	(discussion and closure of case			
		SU28.1	2	Clinical clerkship
	Complications of hernia			
43	Breast:	SU25.1	3	Bedside clinic
	CA breast examination and	SU25.3		
	management			
	(discuss mammography,			
	FNAC, true cut biopsy)			
44	Breast:	SU25.5	3	Skill lab
	Demonstrate the correct			
	technique to palpate the breast			
	for breast swelling in a			
	mannequin or equivalent.			
45	Breast:	SU25.2	3	Bedside clinic
	Case presentation: benign			
	breast lump			
46	•	SU25.3	3	Bedside clinic
40	Breast:	3023.3	3	Deuside Cillic
	Case presentation: CA breast			
47	Endocrine General Surgery:	SU22.3	3	Bedside clinic
	Thyroid - Demonstrate and			
	document the correct clinical			
	examination of thyroid			
	swellings and discus the			
	differential diagnosis and their			
<u></u>	management			

48	End of posting exam			
49	Endocrine General Surgery:	SU22.3	3	Bedside clinic
	Thyroid Case presentation: Multinodular goitre			
50	Endocrine General Surgery: Thyroid Case presentation: SNT/ thyroid carcinoma	SU22.4	3	Bedside clinic
51	Endocrine General Surgery: Thyroid Thyroidectomy: complications and management	SU22.4	3	Clinical clerkship
52	Case presentation: other neck swellings- thyroglossal cyst, Dermoid cyst etc.		3	Bedside clinic
53	Abdomen: Describe and demonstrate clinical examination of abdomen. Order relevant investigations. Describe and discuss appropriate treatment plan Demonstrate the correct technique of examination of a patient with disorders of the stomach	SU28.18 SU28.9	3	Bedside clinic
54	Abdomen: Abdominal lump: approach to the case and differential diagnosis	SU28.18	3	Bedside clinic
55	Abdomen: Abdominal lump: case presentation	SU28.18	3	Bedside clinic
56	Abdomen: Abdominal lump: case presentation	SU28.18	3	Bedside clinic
57	Abdomen: Abdominal lump: management as per differential diagnosis	SU28.18	3	Clinical clerkship
58	Abdomen: Case presentation: Intestinal stoma Indications, procedure and complications	SU28.14	3	Bedside clinic
59	Abdomen: Intestinal stoma: stoma care	SU28.14	3	Clinical clerkship

60	Urinary System: Demonstrate a digital rectal examination of the prostate in a mannequin or equivalent	SU29.10	3	Skill lab Clinical clerkship
61	Minimally invasive General Surgery: Describe indications advantages and disadvantages of Minimally invasive General Surgery		3	Skill lab
62	Abdomen: Describe causes, clinical features, complications and principles of management of peritonitis	SU28.3	3	Clinical clerkship
63	Revision: swellings / Ulcer	SU18.3 SU5.2	3	Bedside clinic
63	Revision: peripheral vascular disease	SU27.2	3	Bedside clinic
64	Revision: varicose vein	SU27.6	3	Bedside clinic
65	Revision: breast examination	SU25.3	3	Bedside clinic
66	Revision: Goitre	SU22.3	3	Bedside clinic
68	Revision: scrotal swellings	SU30.5	3	Bedside clinic
69	Revision: inguinal hernia	SU28.2	3	Bedside clinic
70	Revision: ventral hernia	SU28.2	3	Bedside clinic
71	Revision: abdominal lump examination	SU28.18	3	Bedside clinic
72	End of posting examination	1	ı	-1

- Students will apply their knowledge during their clinical posting
 Student will enter case record in journal and skill competency in logbook
 Students will write reflection of AETCOM modules in log book

Clinical clerkship –

- students will remain with admission unit till 6 pm (except during designated class hours)
- Each student will be assigned patients admitted in ward and they will follow the patient's progress throughout hospital stay until
- discharge.

- Students will participate in ward round and present the assigned patient to the supervising
- physician, and will participate in procedures and surgeries under supervision.

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY VIII and IX Semester

Lecture Schedule

Lect.				
no.	Topic	Content	Competency	Integration
	Multiple Pregnancies	Multiple Pregnancy:	OG11.1	
1		Etiopathology, Clinical		
1		features, Diagnosis and		
		Investigations		
_		Multiple Pregnancy:	OG11.1	
2	Multiple Pregnancies	Complications and		
		Management		
		Hypertensive Disorders in	OG12.1	Medicine
3	Medical Disorders in	Pregnancy: Definition,		
Ü	Pregnancy	Classification and Patho-		
		Physiology, Early Detection.		
		Hypertensive Disorders in	OG12.1	Medicine
4	Medical Disorders in	Pregnancy: Investigations,		
	Pregnancy	Complications and		
		Management		
5	Medical Disorders in	Hypertensive Disorders in	OG12.1	Medicine
	Pregnancy	Pregnancy: Eclampsia		
		Anaemia: Definition,	OG12.2	Medicine
6	Medical Disorders in	Classification, Aetiology,		
	Pregnancy	Patho-Physiology and		
		Diagnosis	0.012.2	
_	Medical Disorders in	Anaemia: Adverse effects in	OG12.2	Medicine
7	Pregnancy	mother and foetus, management		
	3 3	and complications	0.012.2	
	N. 1' 1D' 1 '	Diabetes in Pregnancy:	OG12.3	Medicine
8	Medical Disorders in	Definition, Classify, Aetiology,		
	Pregnancy	Patho-Physiology,		
		investigations and criteria	0.012.2	3.6.11.1
9	Medical Disorders in	Diabetes in Pregnancy: Adverse	OG12.3	Medicine
9	Pregnancy	effects on mother and foetus,		
	Medical Disorders in	management and complications	OG12.4	M 1: :
10		Heart Disease in Pregnancy:	OG12.4	Medicine
	Pregnancy Medical Disorders in	Luin aux Tua at infa ation in	OC12.5	
11		Urinary Tract infection in	OG12.5	
	Pregnancy Medical Disorders in	Pregnancy	OG12.6	Madiaina
12	Pregnancy	Liver Disease in Pregnancy	0012.0	Medicine
	Medical Disorders in	IIIV in Dragman av	OC12.7	Madiaina
13		HIV in Pregnancy	OG12.7	Medicine
	Pregnancy Medical Disorders in	Dh iso immunization in	OG12.8	
14		Rh iso-immunization in	OG12.8	
	Pregnancy Madical Disarders in	Pro Concention Councilling in	OC5 1	
15	Medical Disorders in	Pre Conception Counselling in	OG5.1	
	Pregnancy	High Risk Pregnancy		

16	Labour	Pain Relief in Labour	OG13.1	Anesthesiology
17	Labour	Induction and Augmentation of labour	OG13.1	
18	3 rd Stage complications	Post-Partum Haemorrhage: Definition, Classification, Prevention	OG16.1	
19	3 rd Stage complications	Post-Partum Haemorrhage: Medical and Surgical Management	OG16.1	
20	3 rd Stage complications	Rupture Uterus: Causes, Diagnosis and Management	OG14.3	
21	3 rd Stage complications	Uterine inversion: causes, prevention, diagnosis and management	OG16.2	
22	Abnormal Labor	Intra Uterine Growth Retardation	OG16.3	
23	Labor	Monitoring of fetal well being	OG16.3	
24	Uterine Prolapse	Prolapse I: Supports of Uterus & Aetiology of Prolapse	OG31.1	
25	Uterine Prolapse	Prolapse II: Classification & Clinical Features including Decubitus ulcer	OG31.1	
26	Uterine Prolapse	Prolapse III: Diagnosis, Investigations and Principles of Management & Prevention	OG31.1	
27	Uterine Prolapse	Conservative Surgeries for Prolapse: Indications & Principles of Surgeries	OG31.1	
28	Menopause	Menopause: Physiology, Symptoms, Investigations	OG32.1	
29	Menopause	Menopause: Prevention, Management & HRT	OG32.1	
30	Menopause	Post-Menopausal Bleeding: Causes and Management	OG32.2	
31	Benign and Pre- Malignant Lesions of Cervix	Screening of Ca Cervix	OG33.4	
32	Benign and Pre- Malignant Lesions of Cervix	Pre-Malignant & Benign Lesions of Cervix [CIN] and HPV, HPV Vaccine	OG33.2	
33	Benign and Pre- Malignant Lesions of Cervix	Ca Cervix I: Aetiology, Pathology, Clinical Features, Differential Diagnosis	OG33.1	
34	Benign and Pre- Malignant Lesions of Cervix	Ca Cervix II: Investigations & Staging	OG33.1	
35	Benign and Pre- Malignant Lesions of Cervix	Ca cervix III: Principles of Surgery and Radiotherapy	OG33.2	
36	Benign and Malignant Diseases of Uterus and Ovaries	Ca Endometrium	OG34.1	
37	Benign and Malignant Diseases of Uterus and Ovaries	Ca Ovary I: Etiology, Pathology, Classification	OG34.2	

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20	Benign and Malignant	Ca Ovary II: Clinical Features,	OG34.2	
38	Diseases of Uterus and	Staging, Management		
	Ovaries	Principles		
	Benign and Malignant	Gestational Trophoblastic	OG34.3	
39	Diseases of Uterus and	Disease		
	Ovaries			
		Genital Tuberculosis: Etio-	OG27.2	Pulmonary
40	G : 1T C :	pathogenesis, CF, DD,		Medicine
40	Genital Infections	Investigation, Management and		
		long term implications		
		PID: Etio-pathogenesis, CF,	OG27.4	
41	Genital Infections	DD, Investigation, Management		
71	Genital infections	and long term implications		
	A 1 C . 0	<u> </u>	0.00.7	D 11
40	Antenatal Care &	Vaccination in Pregnancy	OG8.7	Pediatrics
42	Complications in Early			
	Pregnancy			
	Antenatal Care &	Role of Ultrasound in initial	OG8.8	Radiology
43	Complications in Early	assessment and monitoring of		
	Pregnancy	Pregnancy		
	Antenatal Care &	Clinical Features, Investigation,	OG9.1	
44	Complications in Early	Diagnosis and Management of		
	Pregnancy	Abortions		
	Antenatal Care &	Ectopic Pregnancy	OG9.3	
45	Complications in Early	Letopic Fregnancy	009.5	
43	-			
	Pregnancy	TI : C : 1	0.00.5	
4.6	Antenatal Care &	Hyperemesis Gravidarum	OG9.5	
46	Complications in Early			
	Pregnancy			
		Preterm Labour: Definition,	OG13.2	
47	Abnormal Labor	Causes, Patho-Physiology,		
4/	Abhormai Labor	Diagnosis, Investigation &		
		Management		
40		PROM & Post-Dated	OG13.2	
48	Abnormal Labor	Pregnancy		
		Obstructed Labour: Clinical	OG14.2	
49	Abnormal Labor	Features, Prevention and	0011.2	
77	7 tonormai Lacor	Management		
	+		0020.1	
		Infertility: Causes, Types, CF,	OG28.1	
50	Infertility	Differential Diagnosis, Baseline		
		Investigations including semen		
		analysis		
		Infertility Investigations: Tubal	OG28.2	
51	Infertility	Patency Tests & Restoration of		
	<u> </u>	tubal patency		
		Infertility: Ovulation Induction	OG28.3	
52	Infertility	drugs, principles and		
		monitoring		
	<u> </u>	Assisted Reproductive	OG28.4	
53	Infertility	Techniques	J J Z U. T	
	+	PCOS: Etio-pathogenesis,	OG30.1	
		1 2	0030.1	
54	PCOS and Hirsutism	Clinical Features, Diagnosis &		
		Investigations, Management		
		long term complications		
55	Uterine Fibroids	Fibroid I: Aetiology, Pathology,	OG29.1	
23	Cterme rioroids	CF, DD		
56	Uterine Fibroids	Fibroid II: Investigations,	OG29.1	
56				

		Management Principles &		
		Complications including		
		degenerations		
		Endometriosis I:	OG26.1	
57	Endometriosis		0020.1	
37	Endometriosis	Etiopathogenesis, Theories,		
		Clinical Features	00001	
50		Endometriosis II: Management,	UG26.1	
58	Endometriosis	Health & Fertility Implications.		
		Adenomyosis.	0.024.4	
59	Operative Obstetrics &	Laparoscopy & Hysteroscopy	OG34.4	
	Gynaecology	in Gynaecology		
		Assisted Breech Delivery &	OG15.1	
60	Operative Obstetrics &	External Cephalic Version:		
	Gynaecology	Indications, Technique and		
		Complications		
61	Operative Obstetrics &	Dermoid cyst & Torsion Ovary	OG34.2	
01	Gynaecology			
		Define, Classify APH.	OG10.1	
62	Antepartum haemorrhage	Aetiology, pathogenesis,		
02	interpartam naemormage	clinical features and		
		management of Placenta Previa		
		Aetiology, pathogenesis,	OG10.1	
63	Antepartum haemorrhage	differential diagnosis, clinical		
05	Antepartum naemormage	features and management of		
		Placental Abruption		
		Breast Feeding: Technique,	OG17.2	Pediatrics
64	Lactation	Importance, Care of Breasts,		
		Self Breast Examination		
		Mastitis & Breast abscess:	OG17.3	Pediatrics
65	Lactation	Clinical features, diagnosis and		
		Management		
66	A lan amon al Divama anivers	Puerperal pyrexia and Puerperal	OG19.1	
66	Abnormal Puerperium	Sepsis		
		HIV: Etio-pathogenesis, CF,	OG27.3	Medicine
67	Genital Infections	DD, Investigation, Management		
		and long term implications		
		Primary Amenorrhea:	OG25.1	
68	A a a	Definition, Diagnosis, CF,		
08	Amenorrhea	Investigations and Management		
		Principles		
		Secondary Amenorrhea:	OG25.1	
(0)	A	Definition, Diagnosis, CF,		
69	Amenorrhea	Investigations and Management		
		Principles		
70	0		OG15.1	
70	Operative Obstetrics	Procedure, Complications		
		Total hours		70

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Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) DEPARTMENT OF OBSTETRICS & GYNECOLOGY VIII and IX Semester

Small group teaching Schedule:

Sr. No.	Topic	Content	Competency No.	SGT Method*
1	Diagnosis of Pregnancy & Antenatal Care	Diagnosis of Pregnancy including Differential Diagnosis	OG6.1	Group discussion
2	Diagnosis of Pregnancy & Antenatal Care	Screening of High Risk Pregnancy	OG8.1	Group discussion
3	Diagnosis of Pregnancy & Antenatal Care	Investigations in Pregnancy including Ultrasound	OG8.8	Group discussion
4	Diagnosis of Pregnancy & Antenatal Care	DOAP Pelvic assessment on Model and Maternal Pelvis	OG8.5	DOAP
5	Diagnosis of Pregnancy & Antenatal Care	Vaccination in Pregnancy	OG8.7	Group discussion
6	Diagnosis of Pregnancy & Antenatal Care	Nutrition in Pregnancy	OG8.6	Seminar
7	Complications in early pregnancy	Classify abortions, aetiology and management of First Trimester Abortions	OG9.1	Group discussion
8	Complications in early pregnancy	2 nd Trimester abortions and Cervical Cerclage	OG9.1	Group discussion
9	Complications in early pregnancy	MTP D&E technique, instruments, complications DOAP	OG9.2	Group discussion
10	Complications in early pregnancy		OG9.3	Tutorial
11	Complications in early pregnancy	Hydatidiform Mole with Specimen and Drug [Methotrexate]	OG9.4	Tutorial
12	Complications in early pregnancy	Hyperemesis Gravidarum Investigations and Management Principles	OG9.5	Tutorial
13	Antepartum Haemorrhage	APH: Definition, Causes Placenta Preiva	OG10.1	Group discussion
14	Antepartum Haemorrhage	APH: Placental Abruption	OG10.1	Group discussion
15	Antepartum Haemorrhage	Blood Products in ObGY, Indications and Complications. Overview of DIC.		Seminar
16	AUB, Amenorrhea	Define, Classify AUB with PALM-COEIN	OG24.1	Group discussion

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17	AUB, Amenorrhea	Drugs and Conservative surgeries in AUB	OG24.1	Group discussion
18	AUB, Amenorrhea	Primary & Secondary Amenorrhea	OG25.1	Group discussion
19	Uterine Fibroids & Adenomyosis	Fibroid uterus: Case scenario, clinical features, diagnosis	OG29.1	Group discussion
20	Uterine Fibroids & Adenomyosis	Fibroid: Specimen, Management including Myomectomy	OG29.1	Group discussion
21	Uterine Fibroids & Adenomyosis	Adenomyosis: Specimen and Case Sheet	OG26.1	Group discussion
22	Uterine Fibroids & Adenomyosis	Endometriosis: Clinical Presentation and Drugs	OG26.1	Group discussion
23	Genital Infections	Sexually Transmitted Infections & HIV in Pregnancy	OG27.1	Tutorial
24	Genital Infections	Genital Tuberculosis	OG27.2	Tutorial
25	Genital Infections	Pelvic Inflammatory Diseases	OG27.3	Tutorial
26	Physiology of Conception & Multiple Pregnancies	Placenta and Abnormalities of Placenta	OG4.1	Seminar
27	Physiology of Conception & Multiple Pregnancies	Multiple Pregnancy	OG11.1	Group discussion
28	Medical Disorders in Pregnancy	HDP: Classification, Clinical Features and Investigations	OG12.1	Group discussion
29	Medical Disorders in Pregnancy	HDP: Management Drugs	OG12.1	Group discussion
30	Medical Disorders in Pregnancy	Anemia in Pregnancy	OG12.2	Group discussion
31	Medical Disorders in Pregnancy	Gestational Diabetes Mellitus	OG12.3	Group discussion
32	Medical Disorders in Pregnancy	Heart Disease in Pregnancy	OG12.4	Group discussion
33	Medical Disorders in Pregnancy		OG12.5	Group discussion
34	Medical Disorders in Pregnancy	Liver Disease in Pregnancy including IHCP		Group discussion
35	Medical Disorders in Pregnancy	Rh Negative Pregnancy	OG12.8	Group discussion
36	Medical Disorders in Pregnancy	HIV in Pregnancy	OG12.7	Group discussion
37	Medical Disorders in Pregnancy	Fetal Growth Restriction	OG16.3	Group discussion
38	Medical Disorders in Pregnancy	Puerperal Pyrexia and Sepsis	OG19.1	Group discussion
39	Abnormal Lie and Presentation, Maternal Pelvis	Maternal Pelvis with Diameters and Types	OG14.1	DOAP
40	Abnormal Lie and Presentation, Maternal Pelvis	Obstructed Labor: Diagnosis, Prevention and Management	OG14.2	Tutorial
41	Abnormal Lie and Presentation,	Rupture Uterus and Inversion of Uterus	OG14.3	Group discussion

	Maternal Pelvis			
42	Abnormal Lie and Presentation, Maternal Pelvis	Breech Presentation	OG15.2	Group discussion
43	Abnormal Lie and Presentation, Maternal Pelvis	Pre-Term Labour and PROM	OG13.2	Group discussion
44	Operative Obstetrics	Caesarean Section: Indications & Procedure	OG15.1	Tutorial
45	Operative Obstetrics	Forceps and Vaccum Delivery	OG15.2	Tutorial
46	Vaginal Discharge	Vaginitis: Types, Discharge, Features and Treatment	OG22.2	Group discussion
47	& Menopause	Case Discussion on Prolapse I	OG31.1	Group discussion
48	Prolapse, Ca Cervix & Menopause	Case Discussion on Prolapse II [Conservative Surgeries]	OG31.1	Group discussion
49	Prolapse, Ca Cervix & Menopause	Post-Menopausal Bleeding	OG32.2	Group discussion
50	Prolapse, Ca Cervix & Menopause	Screening of Cancer Cervix	OG33.4	DOAP
51	_	Staging and Management of Cancer Cervix	OG33.1	Group discussion
52	Demographics	Birth Rate, Maternal Mortality and Perinatal Mortality	OG1.1	Group discussion
53	Demographics	Stillbirths causes & Fetal Autopsy	OG1.3	Group discussion
54	Newborn	Care of Newborn including resuscitation and Diagnosis of Birth Asphyxia	OG18.3	Group discussion
55	Puberty	Puberty disorders	OG23.1	Tutorial
56	Complications in Third Stage of labour	PPH: Causes, Definition, Drug Treatment of Atonic PPH	OG16.1	Group discussion
57		PPH: Traumatic and Surgical Management of PPH	OG16.1	Group discussion
58	Labour & Operative Obstetrics	Physiology of Normal Labor & Stages of Labour	OG13.1	Group discussion
59	Obstetrics	Mechanism Of Labor in Occipito- anterior position	OG13.1	DOAP
60		Management of First and Second Stage of Labour	OG13.1	Group discussion
61	Labour & Operative Obstetrics	Management of third stage of Labour	OG13.1	Group discussion
62	Labour & Operative Obstetrics	Indications and Suturing of Episiotomy	OG15.1	Group discussion
63	Antenatal Care	Monitoring of Maternal and Fetal Well-being	OG8.4	Group discussion
64	Antenatal Care	Role of Ultrasound and Doppler in Obstetrics	OG16.3	Group discussion
65	Lactation	Counselling of Breast Feeding in a Simulated Environment DOAP	OG17.2	DOAP

*SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab 1 session: 2.5hrs

DEPARTMENT OF Obstetrics & Gynecology

VIII and IX Semester

Clinical Posting Schedule:

(Total weeks: 12, 72days x 3hours per day = 216 hours)

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1	History taking in Obstetrics & Gynecology including Immunization,	OG5.1, OG 5.2, OG 8.1, OG8.2	3	Clinical Clerkship & Bed Side clinic
2	Investigations and Examination of Antenatal Patient, Arriving at Provisional Diagnosis	OG5.1, OG 8.1, OG35.1	3	Bed Side clinic
3	Emergency Situations in Obs & Gyn, Stabilization, emergency treatment and referral to tertiary centres. MOEWS chart	OG35.3	3	Bed Side clinic
4	Identification of Pre-Existing medical disorders and high Risk Pregnancy	OG 35.1	3	Bed Side clinic Clinical Clerkship
5	Ethics in aspects of Medical Practice, Interpersonal & Communication skill in discussion of illness and outcome with patient and family, Importance of informed consent.	OG35.4, OG35.6, OG35.7	3	Bed Side clinic
6	Diagnosis of pregnancy	OG6.1	3	Bed Side clinic
7	Clinical Monitoring of Maternal & Fetal Wellbeing	OG 8.3, OG8.4	3	Bed Side clinic
8	AETCOM	4.1	3	Bed Side clinic
9	AETCOM	4.2	3	Bed Side clinic
10	Steps of MTP evacuation [DnE]	OG9.2	3	Bed Side clinic
11	Multiple Pregnancy	OG11.1	3	Bed Side clinic
12	Pre Eclampsia: Detection & Investigation	OG 12.1	3	Bed Side clinic
13	Pre Eclampsia: Principles of management & Complications	OG 12.1	3	Clinical Clerkship
14	Anaemia in Pregnancy	OG 12.2	3	Bed Side clinic

15	Diabetes in Pregnancy GDM	OG12.3	3	Bed Side clinic
16	Heart Disease in Pregnancy	OG12.4	3	Bed Side clinic
17	Urinary tract infection in Pregnancy, Complications and Management	OG12.5	3	Bed Side clinic
18	Liver Disease in Pregnancy	OG12.6	3	Bed Side clinic
19	HIV in Pregnancy: Effect and Impact of disease including effect on newborn	OG12.7	3	Bed Side clinic
20	Rh-isoimmunization	OG12.8	3	Bed Side clinic
21	Preterm Labor, PPROM	OG13.2	3	Bed Side clinic
22	Post-Dated & Post-Term Pregnancy, Induction of Labor including drugs	OG13.2	3	Bed Side clinic
23	Maternal Pelvis & Fetal Skull	OG14.1	3	Skills Lab
24	End of Posting Examination		3	
25	Normal Labor: Stages and Management	OG14.2	3	Bed Side clinic
26	Abnormal Labor and Partograph	OG14.4	3	Bed Side clinic
27	Rupture Uterus, Post LSCS Pregnancy	OG14.3	3	Bed Side clinic
28	Episiotomy: Indications, Technique, Suturing & Complications	OG15.1	3	Bed Side clinic
29	Forceps & Vacuum Delivery	OG15.2	3	Bed Side clinic
30	Steps & Indications of LSCS	OG 15.2	3	Bed Side clinic
31	PPH: Atonic PPH with Drugs	OG16.1	3	Bed Side clinic
32	PPH: Traumatic with Blood Component in PPH	OG16.1	3	Bed Side clinic
33	Uterine Inversion: Causes, Prevention and Mgt. Collapse in Post-Partum Women	OG16.2	3	Bed Side clinic
34	Fetal Growth Restriction	OG16.3	3	Bed Side clinic
35	Puerperium: Case based discussion	OG19.1	3	Bed Side clinic Clinical Clerkship

36	Counseling of a post-partum women for contraception, tubal ligation, steps of tubal ligation and technique	OG19.1, OG19.2, OG19.3	3	Clinical Clerkship
37	Vaginal Infections: Clinical Diagnosis, Management Genital Hygiene.	OG22.2	3	Bed Side clinic
38	Puberty: Abnormalities, common problems and management	OG23.1	3	Bed Side clinic
39	Infertility: Causes, Clinical Features, Tubal Patency Tests, Instruments	OG 28.1, OG28.2	3	Bed Side clinic
40	Infertility: Ovulation induction Drugs, Overview of ART	OG28.3, OG28.4	3	Bed Side clinic
41	Fibroids: Symptoms, Management, Model and Specimen	OG29.1	3	Bed Side clinic
42	Adenomyosis, AUB: Case discussion, Specimen, Myomectomy	OG 29.1	3	Bed Side clinic
43	Prolapse, POP-Q with Decubitus ulcer	OG31.1	3	Bed Side clinic
44	Young Prolapse with conservative surgeries, Pessary	OG31.1	3	Bed Side clinic
45	Post-Menopausal Bleeding and HRT	OG32.1, OG32.2	3	Bed Side clinic
46	DnC, DnE, Fractional Curettage, Cervical biopsy	OG34.4, OG37.4, OG37.5, OG36.3	3	Bed Side clinic
47	Indications, Steps, complications of Abdominal & Vaginal hysterectomy.	OG34.4	3	Bed Side clinic
48	End of Posting Examination		3	
49	Screening of Ca Cervix, Etiology, Clinical Features, Investigations & Staging	OG33.1, OG33.4	3	Bed Side clinic
50	Ca Cervix: Surgical Management, Radiotherapy, HPV vaccine	OG33.2	3	Bed Side clinic
51	Case based discussion on Benign and malignant ovarian tumors including staging laparotomy	OG 34.1, OG34.2	3	Bed Side clinic

52	Role of Laparoscopy and Hysteroscopy, Robotic Surgery Overview	OG38.1, OG38.2	3	Bed Side clinic
53	Diagnose & Provide Emergency Management of antepartum and postpartum hemorrhage in simulated/guided environment	OG35.16	3	Bed Side clinic Clinical Clerkship
54	Instruments and Techniques for LSCS, Tubal Ligation, Hysterectomy, Laparotomy	OG37.1, OG37.2, OG37.3	3	Bed Side clinic
55	Forceps & Vaccum Delivery. Instruments in LR: Sims, Sponge Holder, Kochers, Cord Cutting scissor, cord clamp,	OG36.6	3	Bed Side clinic
56	Specimens: Abortus, Anencephaly, Placenta, Vesicular Mole, uterine anomalies, Polyps	OG29.1, OG34.3,	3	Bed Side clinic
57	Plan and institute a line of treatment which is need based, cost effective and appropriate for common conditions taking into consideration: Patient, Disease, Socio-economic status and Government/Institutional guidelines [Pre-Eclampsia, Anemia, Post LSCS pregnancy, 3FGr]	OG36.1	3	Bed Side clinic Clinical Clerkship
58	Discussion on Antenatal, Post- natal, well baby and family welfare clinics. Drugs on Contraception, Hematinic	OG36.2	3	Bed Side clinic
59	Observe n Assist LSCS. Discuss Post LSCS Pregnancy	OG37.1	3	Bed Side clinic
60	Laparoscopic Sterilization, Instruments for Abdominal Sterilization	OG38.3	3	Bed Side clinic
61	Instruments, Procedure for First Trimester MTP	OG37.7	3	Bed Side clinic
62	Malpresentations: Breech & Transverse Lie	OG15.2	3	Bed Side clinic
63	PPH: Drugs, Surgeries, Tamponade	OG16.1	3	Bed Side clinic
64	Role of Ultrasonography and Doppler in Obstetrics	OG16.3	3	Bed Side clinic

65	IUCD: Insertion and removal on simulator	OG19.4	3	Skills Lab
66	Vaginitis: Clinical Features and Management. PID Clinical features and Mgt	OG22.2	3	Bed Side clinic
67	Bartholins cyst, Bartholins abscess and Gartners Cyst	OG22.2	3	Bed Side clinic
68	Polycystic Ovarian Syndrome & Hyperandrogenism	OG30.1, OG30.2	3	Bed Side clinic
69	Examination of cervix and vagina [uses of Sims Speculum, Cusco's speculum, AV retractor, Uterine Sound]	OG35.1	3	Bed Side clinic
70	Urinary Catheterization: Technique, Uses, Indications, Side Effects	OG35.17	3	Bed Side clinic
71	Issue proper medical certificate to various patients. Discuss the Discharge summary and its importance		3	Bed Side clinic
72	End of Posting Examination		3	

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) <u>DEPARTMENT OF ORTHOPAEDICS</u> <u>VIII semester</u>

Lecture schedule

Sr. No	Торіс	Orthopedics Competancy	Orthopedics Competancy Number
1.	Osteo Articular TB – Hip - & Knee	Musculoskeletal Infection Skeletal Tuberculosis	OR3.1 OR4.1
2.	Acute & Chronic Osteomyelitis	Musculoskeletal Infection	OR3.1
3.	Osteoporosis	Metabolic bone disorders	OR7.1
4.	Pott's spine	Skeletal Tuberculosis	OR4.1
5.	Peripheral Nerve Injuries of Upper limb	Peripheral nerve injuries	OR11.1
6.	Peripheral Nerve Injuries of Lower limb	Musculoskeletal Infection	OR3.1
7.	Benign Bone Tumours & Malignant Bone Tumours	Bone Tumours	OR10.1
8.	Prolapsed intervertebral disc & Lumbar Canal Stenosis	Degenerative disorders	OR6.1
9.	CTEV	Congenital lesions	OR12.1
10.	DDH	Congenital lesions	OR12.1

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) <u>DEPARTMENT OF ORTHOPAEDICS</u>

IX semester

Lecture schedule

Sr. No	Торіс	Orthopedics Competancy	Orthopedics Competancy Number	Integration
1.	Rickets	Metabolic Bone disorders	OR 7.1	
2.	Perthes Disease	Congenital lesions	OR 12.1	
3.	Mal-Unions of Fractures	Fractures	OR 2.15	
4.	Proximal Femur Fractures	Fractures	OR 2.1	
5.	Supracondylar Humours Fractures in Children's	Fractures	OR 2.4	
6.	Sero Negative Spondylo Arthropathies	Rheumatoid Arthritis and associated inflammatory	OR 5.1	
7.	Post-Polio Residual Paralysis	Poliomyelitis	OR 8.1	
8.	Rheumatoid Arthritis	Rheumatoid Arthritis and associated inflammatory	OR 5.1	Medicine
9.	Cerebral Palsy	Cerebral Palsy	OR 9.1	Paediatrics
10.	Non-Unions of Fractures	Fractures	OR 2.15	
11.	Acute Pyogenic / Septic Arthritis	Musculoskeletal Infection	OR 3.1	

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) DEPARTMENT OF ORTHOPAEDICS

VIII Semester SMALL GROUP TEACHING SCHEDULE

Sr. No.	Торіс	Content	Competency No.	SGT Metho d*
1	Osteology of Upper	Fractures	OR2.5	
	Limb	Human Anatomy	AN8.4	
		Human Anatomy	AN8.6	
2	Osteology of Lower	Fractures	OR2.5	
	Limb	Human Anatomy	AN8.4	
	0.1.00.1	Human Anatomy	AN8.6	
3	Osteology of Spine	Fractures	OR2.5	
		Human Anatomy	AN8.4	
		Human Anatomy	AN8.6	
4	Osteology of Shoulder	Fractures	OR2.5	
	and Pelvic Girdle	Human Anatomy	AN8.4	
		Human Anatomy	AN8.6	
5	Tourniquet	Procedural Skills	OR13.1	
6	Plaster Techniques	Skeletal Trauma, Poly trauma	OR1.6 OR2.15	
		Skeletal Trauma, Poly	OR2.16	
		trauma	OR13.1	
		Skeletal Trauma, Poly trauma	OR13.2	
		Procedural Skills Procedural Skills		
7	X-Ray's Upper Limb	Skeletal Trauma, Poly trauma	OR2.15	
8	X-Ray's Lower Limb	Skeletal Trauma, Poly trauma	OR2.15	
9	X-Ray's Spine + Pelvis	Skeletal Trauma, Poly trauma	OR2.15	
10	Implants Plates + Screws	Skeletal Trauma, Poly trauma	OR2.15	
-		T + ' 1/ ' /DOAD/	. 1/ 1/11 1 1	

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

1 session: 2.5 hrs

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) IX Semester <u>DEPARTMENT of ORTHOPAEDICS</u>

SMALL GROUP TEACHING SCHEDULE

Sr. No.	Topic	Content	Competency No.	SGT Method*
1	Implants Nails	Procedural Skills	OR13.1	
2	Specimens	Musculoskeletal Infection Musculoskeletal Infection Bone Tumors Counselling Skills Counselling Skills	OR3.1 OR3.3 OR10.1 OR14.2 OR14.3	
3	Nerve Examination Upper Limb	Peripheral nerve injuries	OR11.1	
4	Nerve Examination Lower Limb	Peripheral nerve injuries	OR11.1	
5	Traction Devices & systems in Orthopaedics	Skeletal Trauma, Poly trauma Procedural Skills Procedural Skills Counselling Skills	OR2.16 OR13.1 OR13.2 OR14.1	
6	Orthotics & Prosthetics	Counselling Skills Counselling Skills	OR14.1 OR14.2	
7	Implants External Fixator + UMEX	Fractures Procedural Skills Counselling Skills	OR2.16 OR13.1 OR14.1	
8	Hip & Knee Examination, Examination of Non Union / malunion and chronic ostcomyelitis	Skeletal Trauma, Poly trauma	OR2.15	

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab 1 session: 2hrs

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) DEPARTMENT of ORTHOPAEDICS

VIII and IX Semester Clinical Posting Schedule:

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

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1.	Ulnar Nerve Palsy + Median Nerve	OR 2.15	3 hours	Bedside Clinic /
	Palsy	OR 11.1		
2.	Radial Nerve Palsy	OR 2.15	3 hours	Clinical
		OR 11.1		Clerkship
3.	CTEV	OR 12.1	3 hours	Bedside Clinic /
4.	Infected Non Union Fracture Shaft Of	OR 2.15	3 hours	Bedside Clinic /
	Tibia Fibula	OR 2.16		
5.	Genu Varum Deformity Of Knees	OR 7.1	3 hours	Bedside Clinic /
6.	Internal Derangement Of Knee ACL	OR 1.6	3 hours	Clinical
	Tear	OR 2.3		Clerkship
	T Cui	OR 3.2		
		OR 13.1		
7.	Genu Valgum Deformity Of	OR 7.1	3 hours	Clinical
	Knees			Clerkship
8.	Malunited Fracture Lower End	OR 2.15	3 hours	Bedside Clinic /
	Radius			Clinical
				Clerkship
9.	Foot Drop	OR 2.15	3 hours	Bedside Clinic /
		OR 11.1		
10.	Osteochondroma Lower End Femur	OR 10.1	3 hours	Bedside Clinic /
11.	Cubitus Varus Deformity Of Elbow	OR 2.15	3 hours	Bedside Clinic /
12.	Giant Cell Tumor Upper End Tibia	OR 10.1	3 hours	Clinical
				Clerkship
End of l	Posting Examination at the end of I	Each clinical pos	sting.	1

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) DEPARTMENT OF PEDIATRICS

VIII and IX SEMESTER Lecture Schedule

Lect. no.	Торіс	Content	Competenc	Integrati on
1	Seizure Disorders , Febrile Seizures & Status Epilepticus	1.Pathogenesis, Types, Presentation & Management of Epilepsy in children 2. Status Epileptics, Clinical Presentation & Management	PE 30.08	
		3.Etio-Pathagenesis, C/F, Complications & Management	PE 30.09 PE 30.07	
2	Cerebral Palsy	1.Etio-Pathagenesis, C/F, Management 2. In futile hemiplegia	PE 30.11	
3	Floppy Infant	1. Causes of Floppiness in in futile & discuss the C/F, differential diagnosis, management	PE 30.06 PE 30.12	
4	Hydrocephalus and Neural Tube Defects	1. Etio-Pathagenesis, Classification, C/F, Complications & Management of Hydrocephalus in Children. 2. Enumerate NTD. C/F, Types & Management.	PE 30.03 PE 30.05	Pediatric Surgery
5		Hemodynamic changes, Clinical presentation, Complication and Management.	PE 23.1	
6	Congenital Heart Disease Cyanotic	Hemodynamic changes, Clinical presentation, Complication and Management.	PE 23.2	
7	Rheumatic Fever and Heart Disease	1.Etio-Pathagenesis, Clinical presentation & Management of ARF in children 2. Prevention of ARF	PE 23 4 PE 23.5	
8	SLE& JRA	1.Enumerate common rheumatological problems in children. Discus clinical approach to recognition and referral. 2. Diagnosis, management of -> HSP, Kawasaki Ds, SLE, JRA	PE 22.1 PE 22.3	
9	Hemolytic Anemia and Thalassemia	Etio-Pathagenesis, C/F & Management of hemolytic anemia, Thalassemia major, Sickle cell anemia	PE 29.04	
10	Nephrotic Syndrome, AGN & Hematuria	1.Proteinuria, Approach to proteinuria Nephrotic Syndrame 2.Approch & referral criteria for hematuria 3. Etio-pathogenesis, C/F, Complications, Management of AGN & Hematuria	PE 21.03 PE 21.02 PE 21.04	
	Acute Respiratory infections-1	1.Nasopharyngitis - Etiopathogenesis, C/F & Management 2.Tonsillopharyngitis- Etiopathogenesis, C/F & Management 3.AOM- Etiopathogenesis, C/F & Management 4.Epiglottitis- Etiopathogenesis, C/F & Management	PE 28.01 PE 28.02 PE 28.03 PE 28.04	

		5.ALTB- Etiopathogenesis, C/F & Management 6.Stridor- Etiopathogenesis, C/F & Management	PE 28.05	
		creature Eneparategraters, err et management	PE 28.06	
			PE 28.07	
12	Acute Respiratory infections-2	Etiopathogenesis, C/F & Management, Bronchiolitis, WALRI, Pneumonia, Empyema	PE 28.18	
13	Normal Newborn	1.Comman nomenclature, classification. 2.Characteristics of normal term neonate. 3.Care of normal newborn.	PE 20.1 PE 20.2	
14	Neonatal RDS	Etiology, CIF management of RDS meconium aspiration & TTN	PE 20.8	
15	Neonatal Jaundice	Etiology, C/F, management of neonatal hyperbilirubinenia	PE 20.19	
16	Birth Asphxiya	Etiology, C/F, management of birth asphxiya	PE 20.07	
17	Neonatal Sepsis	Etiology, C/F, management of Neonatal Sepsis & Perinatal infections	PE 20.16 PE 20.17	
18	Bronchial Asthma	1.Etiopathogenesis, Diagnosis, C/F & Management & Prevention of asthma on children.2.Enumerate criteria for referral3.Enumerate indirect for PET	PE 28.19 PE 31.05 PE 31.08 PE 31.10	
19	Neonatal Thermo- Regulation	 Discuss temp. regulate in neonates CI/F and management of hypoglycemia. Advantages & correct method of keeping an infant warm by skin to skin contact 	PE 20.12 PE 27.24 PE 27.25	
20	Neonatal surgical conditions	TEF, Esophageal atresia, Cleft lip & palate, Congenital diaphragmatic hernia, causes of acute abdomen.	PE 20.20	Pediatric Surgery
		Total hours : 20	1	

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Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum) VIII and IX SEMESTER

DEPARTMENT OF PEDIATRICS

Small Group Teaching Schedule___

Sr. No.	Торіс	Content	Competency No.	SGT Method*
1	PEM-1	1.SAM, MAM types PEM & causes of Role of locally . 2.Prepared therapeutic diet.	PE 10.01 PE 10.02	Small Group Discussion
2	PEM-2	1.SAM, MAM types PEM & causes of Role of locally . 2.Prepared therapeutic diet.	PE 10.06 PE 18.02	Small Group Discussion
3	Immunization-1	1.Component of NIS -Epidemiology 2.vaccine preventable 3.Vaccine description 4.Optional Vaccines	PE 19.01 PE 19.02 PE 19.03	SGD in Immunization OPD
4	Immunization-2	1.Cold chain 2.Vaccinate in special Situation 3.Safe vaccine practice ALE 4.Consent	PE 19.03	SGD in Immunization OPD
5	Growth & development	development and discuss factors affecting them. 2. Patterns of growth in infants, children	PE 01.01 PE 01.02 PE 01.03 PE 01.05 PE 01.06	SGD Case Based Discussion
6	Gastroenteritis and fluid management	 Etiopathogenesi, Classification, Clinical presentation & Management. Classification of various types of dehydration Persistent diarrhea, Chronic diarrhea 	PE 24.01 PE 24.02 PE 24.03 PE 24.05 PE 24.06 PE 24.07 PE 24.08	SGD Case Based Discussion
7	Pediatric TB	 Etiology, C/F, types, complication Diagnostic tools Regimens Prevention strategies 	PE 34.01 PE 34.02 PE 34.03 PE 34.04 PE 34.10 PE 34.12 PE 34.13	Small Group Discussion
8	Vitamin Deficiencies		PE 12.01 PE 12.02 PE 12.05 PE 12.06 PE 12.07 PE 12.10 PE 12.11 PE 12.12 PE 12.13	SGD Seminar

			L	1
			PE 12.14	
			PE 12.15	
			PE 12.16	
			PE 12.19	
			PE 12.20	
9	Down Syndroma &	1.Genetic Basis, Fisk Factors,	PE 32.01	
9	_			
		Complications,	PE 32.04	
	Anomalies		PE 32.06	SGD
		3.Genetic counseling-Down Syndrome,	PE 32.09	Seminar
		4.Turner's Syndrome, klinefelter	PE 32.11	
		syndrome		
10	Hemolytic Anemia	· ·	PE 29.01	
10			PE 29.04	SGD
		Hemolytic anemia, That major, sickle cell		Case Based
		anenia		Discussion
- 44	G 't 1 II		DE 22 01	
11	Congenital Heart	Hemodynamic changes, C/F,	PE 23.01	
	Content	complications, management of -	PE 23.02	SGD
		Acyanotic heart disease (USD, ASD.		Case Based
		RDA)		Discussion
		Cyanotic Heart diseases.		
12	Acute Rheumatic	Etiopathogenesis, C/F & management of	PE 23.03	SGD
12	fever	acute rheumatic fever, and cardiac Failure		Case Based
	icvci	acute medinatic rever, and cardiae randic	PE 23.05	
	7 11 0 0			Discussion
13	Epilepsy & Status	1.Pathogenesis, Types, Presentation &	PE 30.08	
	Epilepticus	Management of Epilepsy in children		
		2. Status Epileptics, Clinical Presentation		SGD
		& Management		
			PE 30.09	Seminar
		& Management	PE 30.07	
		a management	1 2 30.07	
1.4		1 Proteinurio Annucesh to mustainuria	PE 21.03	
14		, 11		
		Nephrotic Syndrame	PE 21.02	SGD
		2.Approch & referral criteria for		Case Based
	, AGN & Hematuria		PE 21.04	Discussion
		3. Etio-pathogenesis, C/F, Complications,		Discussion
		Management of AGN & Hematuria		
15	Fever with rash	Identify different types of rash and their	PE34.15,	
		causes e.g. Measles, Chicken Pox etc.	PE34.18,	Small Group
		land of the state		Discussion
			PE34.20	
16			PE 28.19	
		Management & Prevention of asthma on	PE 31.05	SCD
	Bronchial Asthma	children.	PE 31.08	SGD
		2.Enumerate criteria for referral	PE 31.10	Seminar
		3.Enumerate indirect for PET		
17			PE 20.19	SGD
1 /	Neonatal Jaundice		IL 20.19	
		hyperbilirubinenia		Seminar
18	Instruments, X			
	RAYS & DRUGS			
1	1	1	1	1

^{*}SGT Method-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab 1 session: 2.5 hrs

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS PART II 2019-2020 (CBME Curriculum)

DEPARTMENT OF PEDIATRICS

Clinical Posting Schedule:

(Total weeks: 4, =6days x 3hours per 18day = 72hours)

Day of posting	Topic/s	Compete ncy	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
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	CVS Examination (2) Examination of CVS and Ask relevant history and perform examination to differentiate between cyanotic and Acyanotic heart disease	PE23.3, PE23.7, PE23.8, PE23.9, PE23.1	6 hours	Bedside clinic
2 days	CNS examination Common symptoms indicative of CNS affection- spasticity, seizures	PE30.1 8PE30. 19	6 hours	Bedside clinic
2 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, PE28.1 1PE28. 14PE28 .17PE2 8.18	6 hours	Small group discussion, DOAP
2 days	Hepato Splenomegaly (2 cases) Clinical approach to Differential diagnosis (Malaria. Typhoid, Hemolytic anemia, Leukemia)	PE26.6, PE26.7, PE29.4, PE29.1 1PE29. 12PE29 .13PE2 9.16PE 29.19P	6 hours	Bedside clinic

		E29.20	1	
2.1		DE241		G 11
2 day	Fever with rash (3 cases)	PE34.1	6 hours	Small group
	Identify different types of rash and their causes e.g. Measles, Chicken Pox etc.	5PE34. 18PE34	nours	discussion
	causes e.g. ivieasies, Chicken Fox etc.	.20		
1 day			3	DOAD hadaida
1 day	PEM	PE10.1, PE10.2,	hours	DOAP, bedside clinic
	Dietary history taking, Identify and	PE10.2, PE10.3,	liours	Clinic
	classify SAM and MAM	PE10.5,		
		PE10.5,		
1 day	AGE	PE24.1,	3	DOAP
1 day	History and clinical features to identify	PE24.1,	hours	DOAL
	grades of dehydration To be able to	PE24.3	nours	
	prepare and advise ORS therapy	1 1 1 2 7.3		
1 day	Hepatitis	PE26.5,		
	History Taking	PE26.8,		
	Clinical manifestation	PE26.9,	3 hours	Bad Side Clinic
	External markers For GI & liver disorders	PE26.13		
2 day	AGN & Nephrotic Syndrome			
2 day	Proteinuria, Approach to proteinuria	PE 21.03		
	Nephrotic Syndrame	PE 21.02	C 1	D 10:1 CI: :
	Approch & referral criteria for hematuria		6 hours	Bad Side Clinic
	Etio-pathogenesis, C/F, Complications,	PE 21.04		
	Management of AGN & Hematuria			
1 days		PE13.3,	3	Bed side clinic
1		1	-	200 5100 5111115
	Anemia	PE13.4,	hours	
	Identify anemia. Appropriate history to	PE13.4, PE13.5,	-	20000000
	Identify anemia. Appropriate history to identify the cause. Clinical signs in	PE13.4, PE13.5, PE13.6,	-	200000000000000000000000000000000000000
	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and	PE13.4, PE13.5, PE13.6, PE29.1,	-	
	Identify anemia. Appropriate history to identify the cause. Clinical signs in	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3,	-	
·	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3	-	
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3	hours	Case Based
·	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3 PE22.1, PE22.3	-	
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3	hours	Case Based
·	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3 PE22.1, PE22.3	hours	Case Based
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3 PE22.1, PE22.3	hours 3 hours	Case Based
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3 PE22.1, PE22.3 PE22.2	hours	Case Based Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.3 PE22.2	hours 3 hours	Case Based Discussion Case Based
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.3 PE22.2	hours 3 hours	Case Based Discussion Case Based
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem,	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.2 PE33.2, PE33.3 PE6.8, PE6.9,	hours 3 hours	Case Based Discussion Case Based Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem, eating disorders	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3 PE22.1, PE22.3 PE22.2 PE33.2, PE33.3	hours 3 hours	Case Based Discussion Case Based Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem, eating disorders How to maintain patient privacy and	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.2 PE33.2, PE33.3 PE6.8, PE6.9,	hours 3 hours	Case Based Discussion Case Based Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem, eating disorders How to maintain patient privacy and confidentiality while dealing adolescent	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.2 PE33.2, PE33.3 PE6.8, PE6.9,	hours 3 hours	Case Based Discussion Case Based Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem, eating disorders How to maintain patient privacy and confidentiality while dealing adolescent Assessment of a child with obesity	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.2 PE33.2, PE33.3 PE6.8, PE6.9, PE11.3	hours 3 hours	Case Based Discussion Case Based Discussion Small Group Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem, eating disorders How to maintain patient privacy and confidentiality while dealing adolescent Assessment of a child with obesity Pediatric TB	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.2 PE33.2, PE33.3 PE6.8, PE6.9, PE11.3	hours 3 hours	Case Based Discussion Case Based Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem, eating disorders How to maintain patient privacy and confidentiality while dealing adolescent Assessment of a child with obesity Pediatric TB Etiology, C/F, types, complication	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.2 PE33.2, PE33.3 PE6.8, PE6.9, PE11.3	3 hours 3 hours	Case Based Discussion Case Based Discussion Small Group Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem, eating disorders How to maintain patient privacy and confidentiality while dealing adolescent Assessment of a child with obesity Pediatric TB Etiology, C/F, types, complication Dirignastic tools	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE22.3 PE22.2 PE33.2, PE33.3 PE6.8, PE6.9, PE11.3	hours 3 hours	Case Based Discussion Case Based Discussion Small Group Discussion
1 day	Identify anemia. Appropriate history to identify the cause. Clinical signs in Nutritional anemia and Thalassemia/Sickle cell Rheumatoid Arthritis History taking Examination Counseling of chronic illness Hypothyroidism Recognize Clinical Signs of hypothyroidism Interpret & explain neonatal Thyroid Screening report Adolescent Heath & Obesity Conman adolescent health problem, eating disorders How to maintain patient privacy and confidentiality while dealing adolescent Assessment of a child with obesity Pediatric TB Etiology, C/F, types, complication	PE13.4, PE13.5, PE13.6, PE29.1, PE29.3, PE29.3 PE22.1, PE22.3 PE22.2 PE33.2, PE33.3 PE6.8, PE6.9, PE11.3	3 hours 3 hours	Case Based Discussion Case Based Discussion Small Group Discussion

		PE 34.13		
Asses Histor habits Identi	fy nutritional gap in appropriate diet in health a	PE2.2, PE8.4, PE9.4, PE9.6, PE9.7	3 hours	Case Based Discussion

End of Posting Examination at the end of Each clinical Posting.

		PE 34.13		
	-			
l day	FTT-Failure to thrive			
	Assessment of a child with FTT	PE2.2,		
	History for complementary feeding	PE8.4,		G D 1
	habits	PE9.4,	3 hours	Case Based
	Identify nutritional gap	PE9.6,		Discussion
	Plan an appropriate diet in health a	PE9.7		
	disease.			

End of Posting Examination at the end of Each clinical Posting.

PRINCIPAL Bharati Vidyapeeth

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Medical College

Pune - 411 043

BHARATI VIDYAPEETH (DEEMED TO BE) UNIVERSITY MEDICAL COLLEGE, PUNE. TIME-TABLE FOR INTERNAL ASSESSMENT EXAMINATIONS OF III MBBS PART II (BATCH - 2019-2020)

VIII SEMESTER END INTERNAL ASSESSMENT (Theory+Practical):

Theory Examination:

Date	Day	Time	Subject
6.7.2023	Thursday	10.00 am to	General
0.7.2025	Thursday	01.00 pm	Medicine
7.7.2023	Friday	10.00 am to	General
7.7.2025	Filuay	01.00 pm	Surgery
8.7.2023	Saturday	10.00 am to	OBGYN
8.7.2025	Saturday	01.00 pm	OBGTN
10.7.2023		10.00 am to	Paediatrics
10.7.2025	Monday	01.00 pm	raeulatrics

Practical Examination will be from 11th to 15th July 2023

Date	Day	General medicine	General surgery	Obgy	Paediatrics	Orthopedics
11.7.2023	Tuesday	А	В	С	D	Е
12.7.2023	Wednesday	В	C	D	Е	А
13.7.2023	Thursday	С	D	Е	А	В
14.7.2023	Friday	D	Е	Α	В	С
15.7.2023	Saturday	E	Α	В	· C	D

(Individual departments will put details of the Syllabus of Theory and Practical Examination)

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Pune - 411 043

IX SEMESTER PRELIMINARY EXAMINATION

Data		T		
Date	Day	Time	Subject	MARKS
		10.00 am to	General	2
26.12.2023	Tuesday	01.00 pm	medicine	
		01.00 pm	Paper I	100
27 42 2000		10.00 am to	General	
27.12.2023	Mada and a	01.00 pm	medicine	
	Wednesday	01.00 pm	Paner II	100
		10.00 am to	General	
28.12.2023	Thursday	01.00 pm	surgeryPaper	
	01.00 pm		1	100
		10.00 am to		
29.12.2023	Friday	01.00 pm	General	
		01.00 pm	surgeryPaper II	100
30.12.2023	Saturday	10.00 am to	ORCVALL	
00.12.2025	Saturday	01.00 pm	OBGYN I	100
1.1.2024	1 2024 Manday	10.00 am to	ODGVALII	
1.1.2024	Monday	01.00 pm	OBGYN II	100
2.1.2024	Tuesday	10.00 am to	D 11	
2.1.2024	Tuesday	01.00 pm	Paediatrics	100

PRELIMINARY EXAMINATION ASSESSMENT PRACTICALS

Date	Day	General medicine (200)	General surgery (200)	Obgy (200)	Paediatrics (100)	Orthopedics
3.1.2024	Wednesday	Α	В	С	D	F
4.1.2024	Thursday	В	С	D	F	^
5.1.2024	Friday	С	D	F	Δ	A D
6.1.2024	Saturday	D	F	Δ	В	<u> </u>
8.1.2024	Monday	E	A	В	С	D

(Individual departments will put details of the Syllabus of Theory and Practical Examination)

Remedial Internal Assessment: 17/1/2024- 21/1/2024

Remedial Teaching program for Repeaters and Detained Students: January - March 2024

Supplementary Preliminary Examination: Third Week of March 2024 Supplementary University Examination: Third Week of April 2024

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Marmarka

70 70 70 70	12.5 HRS per week X 20 wks=	12.5 HRS per week X 22 wks=	VIII Sem 5	10 10	Total	VIII Sem & IX Sem	
70 70	per week X 20 wks=	per week	5		15	12	
70	per week X 20 wks=	per week		10		12	
	X 20 wks=				15	12	
			5	10	15	10	
20	250 HRS	275HRS	4	6	10	4	
20				5	5	2	
						2	
4(100 hrs)							
ing clinic	al rotation on	Saturdays. Th	ne format fo	r conductir	ng AETCO	uct the AETCOM module M will be as per AETCON hrs	
	53	25	•	60		42 wks*6days*3hours 756 hours	
		5		28 hrs * 525	28 hrs * 525 60	525 60	

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