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	Thu		7	14	21	28			11	18	25		2		16		30		6	13	20	27		4	11	18	25		1	8	15	22	29
	Fri	1	8	15	22	29		5	12	19	26		3	10	17	24	31		7	14	21	28		5	12	19	26		2	9	16	23	30
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	III MBBS Part I: 21-22 Batch VI sen			emed To Be University) Medical (ch 2024-3 rd Aug 2024) Venue: Dr	
Day	8.30-9.30	9.30-12.30	12.30-1.30	1.30-2.30	2.30-4.30
Monday	L-Medicine (18)	Clinic	Lunch	L- Ophthalmology (18)	\$GT-Community Medicine (18)
Tuesday	L-Surgery (18)	Clinic	Lunch	L-Psychiatry (18)	**SGT- FMT (1 st ,3 rd ,5 th Tues -10) and ENT (2 nd , 4 th Tues -8)
Wednesday	L-ENT (18)	Clinic	Lunch	*L-Radiology (10) L-Anesthesia (08)	\$GT-Ophthalmology (18 weeks)
Thursday	^a L- Community Medicine (15)	Clinic (15)/Autopsy posting as per TT	Lunch	^a SGT-OB/GY (15)	^a SGT-Surgery (15 weeks)
	F	amily Adoption Pro	gram (4)/Pand	emic Module/ SDL-CM/SGT (Jun	e)
Friday	L-Forensic Medicine (17)	Clinic/ Autopsy posting as per TT	Lunch	***AETCOM-Community Medicine (5), AETCOM-FMT (10), AETCOM- Ophthalmology (2)	[#] SGT-Medicine (12 weeks) SGT-Pediatrics (5 weeks)
Saturday	##SGT- ENT (8), SDL-Medicine (4), SDL-Pediatrics (4), SDL-Surgery (3)	Clinic	Lunch	^{\$} L-Surgery (5), Medicine (5), Community Medicine (6), Psychiatry (3)	 [®] SGT-Medicine (4), SGT-Surgery (2), SDL-OB/GY (3), SDL- Psychiatry (3), SDL-Orthopedics (3) SDL-Anesthesia (1)

**SGT- FMT (1st,3rd,5th Tues) and ENT (2nd, 4th Tues)

*L-Radio-27th March- 5th June; L-Anesthesia- 12th June-31st July

^aL- Community Medicine, ^aSGT-OB/GY, ^aSGT-Surgery 28th March-30th May, 4th July-1st August (FAP in the month of June)

***AETCOM CM upto 3rd May, FMT- 17th May-19th July; Opthalm-26th July-2nd Aug

*SGT-Medicine upto 28th June, SGT-Pediatrics-5th July-2nd Aug

##SGT- ENT-30th March-18th May; SDL-Medicine-25th May-15th June, SDL-Pediatrics-22nd June-13th July, SDL- Surgery-20th July-3rd Aug

^sL-Surgery-30th March-27th April, Medicine-4th May-1stJune; CM-8th June-13th July, Psychiatry-20th July-3rd Aug

[@] SGT-Medicine-30th March-20th April; SGT Surgery-27th April-4th May, SDL-OB/GY- 11th May-25th May, SDL-Psychiatry 1st June-15th June, SDL-Ortho 22nd June-6th July, SDL Anesthesia-13th July

Slots available for exam: 20th July to 3rd Aug (Saturday 2:30-4:30pm)

FAP (Family Adoption Program): Every Thursday 6th June-27th June- FAP/ CM SDL/ CM Pandemic Module in batches

Autopsy posting (April, May-Thursday & Friday 9:30-12:30 pm, Separate Schedule will be share by FMT dept)

VI Semester Ending Examination-05/08/2024-14/08/2024

PRINCIPAL Bharati Vidue

	Bharat III MBBS Part I: 21-22 Batch VII so			niversity) Medical College Aug 2024-21 st Dec 2024)	
Day	8.30-9.30	9.30-12.30	12.30-1.30	1.30-2.30	2.30-4.30
Monday	L-Resp.Med (10), SGT-Resp Med (5) SDL- Resp Med (2)	Clinic	Lunch	L-Ophthalmology (12) SDL-Opthalm (5)	*SGT-Radiodiagnosis (4 weeks), SDL-Radiodiagnosis (1 week) L-Community Medicine (2 weeks) SGT-Community Medicine (10 weeks)
Tuesday	L-Orthopedics (16+E)	Clinic	Lunch	L-Dermatology (17)	SGT- FMT (1 st ,3 rd ,5 th Tues - 9) & ENT (2 nd , 4 th Tues -8)
Wednesday	[#] L-ENT (7)/L-Pediatrics (8)	Clinic	Lunch	L-OBGY (15)	^{##} SGT-Dermat (3 weeks), SGT-Ophthalm (12 weeks)
Thursday	^a L-Community Medicine (9)	Clinic (9)	Lunch	^a SGT-OBGY (9)	^{\$} SGT- Anesthesia (4 weeks) SGT Orthopedics (5 weeks)
Inursunj		Family Adopt	ion Program (8)/Pandemic Module/ SDI	L-CM/SGT
Friday	L-FMT (8) SGT-FMT (4), SDL-FMT (5)	Clinic	Lunch	^{SS} AETCOM- Ophthalmology (2), AETCOM –ENT (5) SGT-OB/GY (10)	[@] SGT-Pediatrics (10 weeks), SGT-Psychiatry (5 weeks)
Saturday	^{@@} SDL-ENT (5) L-Pediatrics (10)	Clinic	Lunch	[^] L-Community Medicine (4); SDL-Opthalm (5); L- OB/GY (3)	[^] L-Dermatology (2 weeks) SDL-Dermat (2 weeks) SGT-Orthopedics (5 weeks)

*SGT-Radiodiagnosis-19th Aug-9th Sept; SDL-Radiodiagnosis 16th Sept; L-CM-23th Sept-30th Sept; SGT-CM-7th Oct-16th Dec

[#]L-ENT-21st Aug-16th Oct, L-Pediatrics-23rd oct-18th Dec

##SGT-Dermat-21st Aug -4thSept, SGT Opthalm 11th Sept-18th Dec

^aL-Community Medicine ^aSGT-OBGY-22nd Aug-29th Aug, 7th Nov-19th Dec (FAP in Sept and Oct)

^{\$}SGT- Anesthesia-22nd Aug-29th Aug, 7th Nov-14th Nov, SGT-Orthopedics-21st Nov-19th Dec

^{\$\$} AETCOM – Ophthalmology -23rd Aug-30th Aug, AETCOM ENT-6th Sept-4th Oct, SGT-11th Oct-20th Dec

[@] SGT-Pediatrics 23rd Aug-25th Oct , SGT-Psychiatry-8th Nov-6th Dec

@@ SDL-ENT- 24th Aug-28th Sept, L-Pediatrics, -5th Oct-21th Dec

^{AL}Community Medicine 24th Aug-21st Sept, SDL-Opthalm 28th Sept -9th Nov, L-OB/GY 16th Nov-30th Nov

^{^^}L-Dermatology 24th Aug -31st Aug, SDL-Dermatology 14th Sept-21st Sept, SGT-Orthopedics-28th Sept-9th Nov

FAP: Every Thursday 5th Sept-24th Oct- FAP/ CM SDL/ CM Pandemic Module/SGT in batches

Slots available: 13th Dec & 20th Dec (2:30-4:30 pm), 7th, 14th 21st Dec (1:30-2:30 pm), 16th Nov-21st Dec (Saturday: 2:30-4:30 pm)

Preliminary Examination- 02/01/2025-14/01/2025

Maranarekas

PRINCIPAL Bharati Vidyapeeth (Deemed to be University) Medical College Pune-411043.

Community Medicine:

(Every Thursday- June, September, October)

Family Adoption Program/SGT/SDL/Pandemic Module

(Roll numbers as per Phase I)

A Batch (1-75) A1:1-38, A2: 39-75,

B Batch (76-150) B1:76-113, B2 :114-150

Date & Date	FAP 8.30 am 4.30 pm	SGT/SDL/Pandemic module (CM) 8.30 am 4.30 pm	SGT/SDL/Pandemic module (CM) 8.30 am 4.30 pm
06/06/2024, Thursday	A1	A2	В
13/06/2024 Thursday	B1	B2	A
20/06/2024 Thursday	A2	A1	В
27/06/2024 Thursday	B2	B1	A
05/09/2024 Thursday	A1	A2	В
12/09/2024 Thursday	B1	B2	A
19/09/2024 Thursday	A2	A1	В
26/09/2024 Thursday	B2	B1	A
03/10/2024 Thursday	A1	A2	В
10/10/2024 Thursday	B1	B2	A
17/10/2024 Thursday	A2	A1	В
24/10/2024 Thursday	B2	B1	A

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Schedule of Autopsy Posting

Time: 9.30am to 12.30pm

Bharati Vidyapeeth (DTU) Medical College, Pune

Forensic Medicine & Toxicology

III MBBS (Part 1)

Schedule of visits to AFMC for autopsy demo

Sr. No.	Batch	Roll No.	Date	Day	Clinical posting to adjust
1	A	01-25	4/4/24 and 5/4/24	Thursday and Friday	Anaesthesia
2	В	26-50	11/4/24 and 12/4/24	Thursday and Friday	Anaesthesia
3	с	51-75	18/4/24 and 19/4/24	Thursday and Friday	Psychiatry
4	D	76-100	2/5/24 and 3/5/24	Thursday and Friday	Psychiatry
5	E	101-125	16/5/24 and 17/5/24	Thursday and Friday	Psychiatry
6	F	126 Onwards	23/5/24 and 24/5/24	Thursday and Friday	Psychiatry

Professor & Head Forensic Medicine Dept. B, V, Medical College, Pune 43

NAKovenackens



BHARATI VIDYAPEETH (Deemed to be University) Pune, India MEDICAL COLLEGE, PUNE PUNE –SATARA ROAD, PUNE – 411 043.



III M.B.B.S (Part I) Batch: 2021-22

Roll Nos.: 01 to 150

CLINICAL POSTING SCHEDULE: Time: 9.30 am to 12.30

Posting Period: 26/03/2024 to 01/06/2024

Anes: 2, Psy:2, DER:2, CM:2, ENT+Opth: 1+1=2, Ortho+Ped:1+1: =12

VI Semester: Posting Period	Anes	PSY	Der	СМ	ENT	Opth	Ortho	Pediatrics
26/03/2024 To 30/03/2024		D	0	D	E1	E2	F1	F2
01/04/2024 To 06/04/2024	- A	В	C	D	E2	E1	F2	F1
08/04/2024 To 13/04/2024	В	С	D	Е	F1	F2	A1	A2
15/04/2024 To 20/04/2024					F2	F1	A2	A1
22/04/2024 To 27/04/2024		D			A1	A2	B1	B2
29/04/2024 To 04/05/2024	C	D	E	F	A2	A1	B2	B1
06/05/2024 To 11/05/2024	D	F			B1	B2	C1	C2
13/05/2024 To 18/05/2024	- D	E	F	A	B2	B1	C2	C1
20/05/2024 To 25/05/2024					C1	C2	D1	D2
27/05/2024 To 01/06/2024	- E	F	A	В	C2	C1	D2	D1
03/06/2024 To 08/06/2024					D1	D2	E1	E2
10/06/2024 To 15/06/2024	F	A	В	C	D2	D1	E2	E1

Batches:

A: 1 to 25	A1: 1 to 12	A2: 13 to 25
B: 26to 50	B1: 26 to 37	B2: 38 to 50
C: 51 to 75	C1: 51 to 62	C2: 63 to 75
D: 76 to 100	D1:76 to 87	D2: 88to 100
E: 101to 125	E1: 101 to 112	E2: 113 to 125
F: 126 to 150+R	F1: 126 to 137	F2: 138 to 150

Noracemarchers



BHARATI VIDYAPEETH (Deemed to be University) Pune, India MEDICAL COLLEGE, PUNE PUNE –SATARA ROAD, PUNE – 411 043.



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

Posting Period: 03 /06/2023 to 28/10/2023

Medicine: 3, Surgery:3, Obgy:3, CM:3, ENT:3, OPTH:3, ORTH: 3, PED:3=24 wks

VI Semester: Posting	Med	Surg	Obgy	СМ	ENT	ОРТН	ORTH	PED
17/06/2024 To 06/07/2024	A	В	С	D	Е	F	G	Н
08/07/2024 To 27/07/2024	В	C	D	Е	F	G	Н	A
29/07/2024 To 03/08/2024	C	D	Е	F	G	Н	A	В

VI Semester Ending Examination: Theory and Practical: 05/08/2024 to 14/08/2024

Semester End Break: 15/08/2024 to 18/08/2024										
VII Semester: Posting	Med	Surg	Obgy	СМ	ENT	OPTH	ORTH	PED		
19/08/2024 to 31/08/2024	C	D	E	F	G	Н	A	В		
2/09/2024 to 21/09/2024	D	E	F	G	Н	A	В	C		
23/09/2024 to 12/10/2024	E	F	G	Н	А	В	С	D ·		
14/10/2024 to 26/10/2024	F	G	Н	A	В	С	D	E		
Diwali Vacation				27/10/202	4 To 02/11/	2024				
04/11/2024 to 09/11/2024	F	G	Н	A	В	C	D	E		
11/11/2024 to 30/11/2024	G	Н	A	В	С	D	E	F		
02/11/2024 to 21/12/2024	Н	A	В	С	D	Е	F	G		

Batches:	
A: 1 to 18	
B: 19 to 36	
C: 37 to 54	
D: 55 to 72	
E: 73 to 90	
F:91 to 108	
G: 109 to 126	1.25
H: 127 to 150	

Natarararchas

PRINCIPAL Bharati Vidyapeeth (Deemed to be University) Medical College Pune-411043.

	1.1.1.1.1.1.		The second second	2	Teaching	g hours in	Phase III	Part I MB	BS (CBME	batch 21-22)					
Subject	Lec	ture		s	GT		S	DL		AETCO	M		FAP	Pandemic module	CP(weeks)
	B-I	B-II	total	B-I	B-II	total	B-I	B-II	total	B-I	B-II	total			Total
Medicine	23	0	23	32	0	32	4	0	4	0	0	0		1.00	3
Resp medicine	0	10	10	0	5	5	0	2	2	0	0	0			19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
Surgery	23	0	23	34	0	34	3	0	3	0	0	0			3
Ortho	0	16	16	0	20	20	6	0	6	0	0	0			4
Pediatrics	0	18	18	10	20	30	4	0	4	0	0	0			4
ENT	18	7	25	24	16	40	0	5	5	0	5	5			4
opthalm	18	12	30	36	24	60	0	10	10	2	2	4			4
FMT	17	8	25	26	22	48	0	5	5	10	0	10			
CM	21	17	38	36	26	62	5	0	5	5	0	5	21	18	5
Dermat	0	21	21	0	6	6	0	4	4	0	0	0			2
Psy	21	0	21	0	10	10	6	0	6	0	0	0			2
Radio	10	0	10	0	8	8	0	2	2	0	0	0			
Anaesthesia	8	0	8	0	8	8	2	0	2	0	0	0			2
OBGY	0	18	18	15	19	34	6	0	6	0	0	0		1	3
Casualty	0	0	0	0	0	0	0	0	0	0	0	0			
Total hours	159	127	286	213	184	397	36	28	64	17	7	24			36
Total hours		Lecture			SGT			SDL		A	ETCOM FAP		Pandemic module	CP (36 wks*6days *3hours= hours)	
		286			397		1	64			24		21	18	648
	-						Tot	al hours							
Lectures	S	GT	SI	DL	AET	сом	Clinical	posting	FAP	Pandemic module	Total hours				
286	3	97		4		24		48	21	18	1	1458			

8-2 -

Teaching hours in Phase III Part I MBBS (CBME batch 21-22)

Marmarekas

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

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

Lecture no.	Topic	Content	Competency	Integration
1	Medical problems in old age	 Disease susceptibility & comorbidities: DM, HTN, osteoporosis, Atherosclerosis: (Ischemic heart disease, stroke, peripheral vascular disease), recurrent infections, prolonged recovery, drug intolerance, problems with polytherapy Disabilities & Recurrent falls: risk factors, multidisciplinary approach ,assessment and management, balance exercises, physiotherapy, walking aids, hearing aids Anorexia & malnutrition: causes, clinical manifestations, nutritional supplementation Urinary problems :overflow incontinence ,prostate enlargement (males) stress and urge incontinence (females) Neuropsychiatric :sleep disorders, cognitive impairment, Delirium ; assessment of causes , management Screening in elderly, exercise, nutrition 	CM12.1 CM12.2 CM12.3 CM12.4	СМ

Asaenwekan

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

	 5. To discuss different diagnostic tests which may be needed to arrive at diagnosis Management of PUO- supportive Rx,cooling measures,antipyretics and specific treatment as per cause 	
6 Rikettsial Diseases	 Etiopathogenesis of rickettsial fever Etiopathogenesis of rickettsial fever Vectors associated with transmission rickettsial fever Explain RMSF (Rocky Mountain Spotted Fever), Scrub typhus, Murine typhus and their mode of transmission and their signs and symptoms. Evaluation of patient of suspected rickettsial fever and investigations for diagnosis- indirect immunofluresnce and PCR., importance and interpretation of Weil Felix test Treatment of rickettsia- doxycycline , tetracycline and chloramphenicol. 	
7 Herpes simplex, zoster and chickenpox	 At the end of lecture student should be able to know Similarity between the herpes zoster and chicken pox i.e. reactivation of varicella virus . 1. To know the causative agent of the herpes zoster - DNA virus To know the pathology of infection - virus remains dormant in dorsal root or other sensory ganglia to activate later . 2. To know the most common organ systems involved : CNS, optical system .ramsay hunt syndrome , auditory system. 3. To know the most common risk factors.:immuno-compromised states e.g. HIV 4. To know different clinical phases of illness :i.e. pre-eruptive, acute eruptive, chronic phase 5. To arrive at the diagnosis using clinical and laboratory parameters : Like painful skin lesions and direct 	
	 fluoroscent antibody testing (DFA), PCR assay. 6. To know the treatment of the infection : symptomatic and specific which depends upon hosts immune status 	
8 COVID-19	1. Etiology and epidemiology	

		2. Pathogenesis – inflammation,	
		thrombosis	
		3. Concept of quarantine	
		4. Concept of isolation	
		5. Treatment modalities– drugs and	
		therapeutics	
		······································	
		Vaccines in COVID-19	
9	Adult immunization	1. Types of Immunisation – Active	
		- Passive	
		2. Different routes of vaccine	
		administration	
		3. Recommended immunization schedule	
		4. Vaccination for health care workers and	
		before splenectomy	
		5. Post exposure immunization6. Vaccination for travelers.	
		0. Vaccillation for travelets.	
10	Introduction To	1. Know five cardinal cardiac symptoms:	IM1.11,
	Cardiovascular	• •	IM1.12,
	System And Clinical	syncope, edema	IM1.13,
	Examination	2. NYHA classification	IM1.14,
		3. General examination: Pulse, Blood	IM1.15
		pressure, JVP and pulse waveform,	
		Pedal odema, cyanosis, clubbing, skin	
		eg. xanthelesma.	
		4. Systemic Examination:	
		a) Inspection :- Chest deformities, Apex	
		impulse (position and character), scars,	
		visible pulsations etc.	
		b) Palpation: – Apex, P2, Parasternal	
		heave, thrill etc	
		c) Percussion:- Heart borders to define	
		cardiac size	
		d) Ausculation:	
		- Areas (mitral ,aortic tricuspid,	
		pulmonary, neo aortic)	
		- Normal heart sounds character,	
		intensity	
		- Adventitious sounds: opening	
		snaps clicks.	
		-	
		- Murmurs :Intensity, character, propagation, systolic /diastolic	
11	Acute		IM1.3,
	Rheumatic		IM1.9,
	Fever		IM1.27
		Heart (Pancarditis), Joint (Migratory	
		Polyarthritis) Skin (Erythema Marginatum),	
		Chorea & Subcutaneous Nodules.	
		4. Revised Jones Criteria To Diagnose	
		Acute Rheumatic Fever	
		5. Importance Of ASO And CRP Titers In	
		Diagnosing ARF	

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

14 Infective Endocarditis	 Causative Organism For Infective Endocarditis In Different Situation(Native Valve, Prosthetic Valve ,Drug Users) Clinical Presentation(Cardiac & Non Cardiac Manifestation) Dukes Criteria, Blood Culture(Timing; how Many Samples) & Echocardiography In Empirical Diagnosis Of Infective Endocarditis 	
	4. Management According To Organism (Streptococci , Enterococci, Staphylococci & Hacek)	
	1. Chest Pain Of Short Duration (<30 Min)	IM2.1, IM2.2, IM2.3, IM2.4
	 Chest Pain Of Short Duration (<30 Min) 5 Important Risk Factors ECG findings in Stable, Unstable angina Clinical Presentation: Chest Pain, Sweating, Nausea, Breathlessness. Diagnosis: Clinical, Ecg, Cardiac Enzymes Treatment-For Stable and Unstable Angina Myocardial Infarction Definition and Distinguishing Features From Ischemia. Risk Factors: Modifiable And Non Modifiable. Clinical Presentation And Types: Silent, ChestPain, Sweating, Nausea, Breathlessness STEMI ,NSTEMI Diagnosis: ECG, Cardiac Enzymes, Troponin, 2Dechocardiography. Complication: Arrhythmias (Bradyarrhythmias & Tachyarrythmias), Pump Failure, Cardiogenic Shock Etc. Treatment: Thrombolysis, Heparin, Beta - Blockers, Nitrates, Statins, Antiplatelets, ACEI, Angioplasty CABG. 	IM2.7, IM2.9, IM2.10, IM2.11, IM2.13, IM2.14, IM2.15, IM2.16, IM2.19, IM2.20, IM2.23
	Electrical Complications Of IHD And	

[Their Treatment-		
		 Explain Conduction System and Electrophysiology Of Heart. Explain Tacyarrhythmias And bradyarrythmias And Their Mechanisms. Know And Identify Arrythmias, Ectopics, Ventricular Tachycardia And Fibrillation, AIVR, SVT, Sinus Bradycardia And Heart Blocks In Ischemic Heart Diseases And Their Management. Discuss Anti Arrhythmic Drugs, Cpr And Defibrillations And Their Indications. Cardiogenic Shock Investigation In A Case Of Cardiogenic Shock Treatment Modalities In Cardiogenic Shock Pharmacologic & Interventional. 		
17	Congenital Heart Disease	 Understand Normal Structure And Development Of Heart ASD: Types, Clinical Features, Ecg& 2d Echo Findings, Treatment VSD :Types, Clinical Features, Complications, Tetralogy Of Fallot: Pathophysiology, Clinical Features, Ecg& 2d Echo Findings, Treatment Eisenmengers Syndrome . Ebstein's Anomaly: Pathophysiology, Clinical Features, Treatment Know About Transposition Of Great Arteries, Tricuspid Atresia Complications Of Congenital Heart Disease 	IM1.28, IM1.29	
18		Congenital Or Acquired, Idiopathic, Valvular Heart Disease, Coronary Artery	IM1.23,	

		0	Diagnosis: Labs Chast Vroy Ess		
		9.	Diagnosis: Labs, Chest Xray, Ecg,		
		0	2dechocardiography.		
		0.	Treatment : Non Pharmacologic Like		
			Diet And Parmacologic Like Diuretics,		
			Angiotensin Converting Enzyme		
			Inhibitors, B Blockers, Digoxin		
19	Cor Pulmonale	1.	Types –Acute – Secondary To		
			Pulmonary Embolis And Chronic – Sec		
			To Lung Diseases		
		2.	Conditions Which Increases The		
			Chances Of Dvt(Thrombhophilic States)		
		3	Clinical Features Suggestive Of		
			Pulmonary Embolism		
		и	Diffrential Diagnosis		
		4.	What Are The Investigations		
		р. т	0		
		11	reatment For Acute Pulmonary Embolism		
20	Hypertension	1.	Definition Of Hypertension By Jnc 7 &	IM8.2,	
	Part I		8,	IM8.3,	
		2.	Different Types Of Hypertension And	IM8.4,	
			Classification: Primary, Second Staging	IM8.5,	
			According To Jnc 7 + 8 Classification./	IM8.7,	
			-	IM8.8,	
		3.	Clinical Features: Headache, Giddiness,	· ·	
		5.	Chest Pain ,Breathlesness .	IM8.10	
		4	Complications:Neurologic,	1110.10	
		4.	1 0		
			Cardiovascular, Renal, Ophthalmologic.		
21	Hypertension	1	Investigations Routine And Specific-,:	IM8.6,	Cardiology
	Part II	1.	Lab Data , Electrocardiography,	IM8.12,	Curdiology
			••••	IM8.13,	
			5 15	IM8.14,	
		2.		IM8.15,	
			e	IM8.16,	
			Receptor Blockade /Ace Inhibitors, Beta	IM8.17	
			Blockers, Ca Channel Blockers/		
			Vasodilators, Diuretics, Centrally Acting		
			,Etc.		
		3.	Definition Of Hypertensive Urgencies		
			And Emergencies And Their		
			Management		
		4.	Specific Conditions In Hypertension		
		4.			
			Like Pregnancy Induced Hypertension		1
			Eta And Thain Crasifia Traster and		
		1 \	Etc And Their Specific Treatment.		
22	Pericarditis		Types Of Pericardial Layers		
22	Pericarditis	2)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion		
22	Pericarditis	2)	Types Of Pericardial Layers		
22	Pericarditis	2)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion		
22	Pericarditis	2)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis		
22	Pericarditis	2)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc.		
22	Pericarditis	2) 3)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc. Ecg Findings Of Pericarditis:Sinus		
22	Pericarditis	2) 3)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc. Ecg Findings Of Pericarditis:Sinus Tachycardia, St Segment Elevation With		
22	Pericarditis	2) 3)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc. Ecg Findings Of Pericarditis:Sinus Tachycardia, St Segment Elevation With Concavity Upwards ⪻ Segment		
22	Pericarditis	2) 3) 4)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc. Ecg Findings Of Pericarditis:Sinus Tachycardia, St Segment Elevation With Concavity Upwards ⪻ Segment Depression.		
22	Pericarditis	2) 3) 4)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc. Ecg Findings Of Pericarditis:Sinus Tachycardia, St Segment Elevation With Concavity Upwards ⪻ Segment Depression. Diagnostic Tests For Pericarditis-		
22	Pericarditis	2) 3) 4)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc. Ecg Findings Of Pericarditis:Sinus Tachycardia, St Segment Elevation With Concavity Upwards ⪻ Segment Depression. Diagnostic Tests For Pericarditis- Pericardiocentesis And Fluid		
22	Pericarditis	2) 3) 4)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc. Ecg Findings Of Pericarditis:Sinus Tachycardia, St Segment Elevation With Concavity Upwards ⪻ Segment Depression. Diagnostic Tests For Pericarditis- Pericardiocentesis And Fluid Biochemistry.		
22	Pericarditis	2) 3) 4)	Types Of Pericardial Layers Causes Of Pericarditis Or Effusion Clinical Features Of Pericarditis Including Pericardial Rub, Tachycardia Etc. Ecg Findings Of Pericarditis:Sinus Tachycardia, St Segment Elevation With Concavity Upwards ⪻ Segment Depression. Diagnostic Tests For Pericarditis- Pericardiocentesis And Fluid		

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23	Cardiomyopathy	1) Know Definition Of Cardiomyopathy		
		2) 3 Types Of Cardiomyopathies &		
		Specific Clinical Features If Any		
		3) Lab Evaluation OfCmp By Cxr, Ecg,		
		Echo, Cardiac Catheterization.		
		4) Rx Of Each Of Cmp Including Digoxin		
		Etc.		
		5) Follow Up & Prognosis Evaluations.		
24	Diseases Of Oral	(Apthous ulcer, GERD, AchalariaCardia, Ca		Surgery
	Cavity &Oesphagus	esophagus)		
	J I C	1. Causes & Management of apthous ulcers		
		2. Symptoms of esophageal disease – heart		
		burn, regurgitation, Chestpain, dysphagia, o		
		dynophagia,water ,brash		
		3. To understand etiopathology of GERD &		
		complications like reflux esophagitis,		
		esophageal strictures ,Barrett's esophagus		
		4. To know about achalasia cardia-		
		neurologic dysphagia- absence of		
		ganglion cells in myentric plexus		
		5. Risk factor for ca esophagus		
		Types – Adenocarcinoma		
		- Squamous cell ca		
25	Diagona Of Stomach		IN 15 0	
25	Diseases Of Stomach	1. Basic physiology of gastric mucocal	IM15.9,	
		lining & secretions	IM15.15,	
		2. To know different diseases of stomach e.g	11115.10	
		Acute & chronic Gastritis, peptic ulcers		
		(Gastric & duodenal)		
		3. H.Pylori infection Pathophysiology &		
		4. management		
		5. Treatment - Antacid – various classes &		
		their action		
		6. Approach to dyspepsia		
		7. Names & indication for surgery in gastric		
		ulcer / duodanal ulcer		
26	Upper GI Bleeding	Causes of upper GI tract bleeding e.g.	IM15.1,	
		NSAIDs	IM15.2,	
		,H.Pyloriinfections,Varices,Ulcers	IM15.5,	
		1. Symptoms – Haematemesis	IM15.6,	
		- Malena	IM15.9,	
		- Complications- hypovolemic shock	IM15.10,	
		,anemia etc	IM15.11,	
		To diagnose upper GI bleed by	IM15.14	
		endoscopy.		
		2. Management of Upper GI bleed		
		- Medical Management		
		- Endoscopic therapy		
		Blood Transfusion – if severe anemia/shock		
27		Theory exam SAQ/LAQ/MCQ		

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

Small group teaching Schedule: Duration: Two hrs/SGT

Sr. No.	Торіс	Content	Competency No.	SGT Method*
1	ECG 1		1.17, IM1.18	Tutorial
2	ECG 2	 Abnormalities of P wave - P mitrale, P pulmonale etc. Supraventricular arrhythmia, atrial flutter, atrial fibrillation 	IM12.10 IM2.10, IM8.13, IM8.17	Tutorial

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

		b. Laryngospasm		
		4. Procedure-Consent, position of		
		pt., site, technique of insertion,		
		post intubation care.		
		5.Complications		
		a. Obstruction		
		b. Intubation either		
		Bronchus/esophagus		
		c. Trauma to cords intubation		
		Teeth dislodgement		
7	1 Pleural Tapping and Biopsy	 Indications of pleural tapping- diagnostic, therapeutic Contraindications- local skin infection, bleeding diathesis Instruments- needle, syringe, three way IV tubing etc. Importance of Radioimaging before and after the procedure Procedure – position, site, how much can be tapped Analysis of pleural fluid Complications - pneumothorax. Hemothorax, empyema Indications of pleural biopsy- recurrent pleural effusion, pleural mass Instruments- Tru cut biopsy- needle 	IM3.9	Tutorial
8	Ascitic tapping	1. Indications of ascitic tapping-	IM5.15	Tutorial
		diagnostia therepoutia		
		diagnostic, therapeutic		
		2. Contraindications- local skin		
		2. Contraindications- local skin infection, severe		
		2. Contraindications- local skin infection, severe thrombocytopenia		
		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, 		
		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique 		
		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, 		
		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique 		
		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, 		
		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. 		
		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, 		
		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid 		
9		 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, 	IM17.8	Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and Therapeutic 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and Therapeutic Contraindications- Absolute and 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and Therapeutic Contraindications- Absolute and relative 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and Therapeutic Contraindications- Absolute and relative Procedure-Consent, position of 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and Therapeutic Contraindications- Absolute and relative Procedure-Consent, position of pt., site, post procedure orders 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and Therapeutic Contraindications- Absolute and relative Procedure-Consent, position of pt., site, post procedure orders etc. 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and Therapeutic Contraindications- Absolute and relative Procedure-Consent, position of pt., site, post procedure orders etc. Complications- local and 		Tutorial
9	Lumbar Puncture	 Contraindications- local skin infection, severe thrombocytopenia Procedure – position of pt, sites, insertion of needle- Z technique Instruments required-syringe, needle, local anesthetic. How much fluid can be tapped, Analysis of ascitic fluid Complications- bleeding, infection, bowel injury Description of the instruments needed- a. Needle proper b. Stylus Indications- Diagnostic and Therapeutic Contraindications- Absolute and relative Procedure-Consent, position of pt., site, post procedure orders etc. 		Tutorial

10	L'	1 Description Culture of		TT / 1
10	Liver Biopsy,	1. Description of the instruments needed-		Tutorial
	Kidney	a. Outer hollow needle		
	Biopsy	b.Inner split needle		
	- 1 - 2	c.Solid stylet		
		2. Indication of Biopsy-Cirrhosis		
		,Carcinoma ,Chronic hepatitis,		
		Storage & metabolic disorders		
		3. Contraindications-		
		Coagulopathy,Hydatidcyst,Cong		
		estedliver, massive,		
		ascites,Hemangioma etc.		
		4. Procedure-Consent, position of		
		patient, site, post procedure		
		orders etc.		
		5. Complications-Hemorrhage,		
		Biliary peritonitis, Precipitation		
		of hepatic coma etc.		
		6. Description of the instruments		
		needed-		
		- Outer hollow needle		
		- Inner split needle		
		- Solid stylet		
		7. Indications of Biopsy-		
		Nephroticsyndrome,Glomerulon		
		ephritis of any cause,		
		Proteinuria, Hematuria,		
		Systemic disorders with renal		
		involvement, transplant rejection, Malignancy etc		
		8. Contraindications-Coagulopathy,		
		ESRD, Solitary kidney etc.		
		9. Procedure - Consent, position of		
		pt., site, post procedure orders		
		etc		
		10. Complications - Hemorrhage,		
		infection etc.		
11		1. Description of the instruments	IM4.17	Tutorial
		needed-Needle		
		stylet,adjustableguard,e.gsalah,		
		klima		
	Bone Marrow	2. Indications- Anemia,		
	Aspiration and	pancytopenia, hematological		
	Biopsy	malignancies, pyrexia of		
		unknown origin		
		3. Contraindications- local		
		infection, coagulopathy etc.		
		4. Procedure-Consent, position of		
		patient, site, post procedure		
		orders etc.		
		5. Complications- hemorrhage,		
		infection		
		6. Analysis of bone marrow-		
		a. Cellularity of marrow		
		b. WBC, Megakaryocytes,		
		plasma cell		
		c. M.E ratio		

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

16	ine examination	 Methods of collection of urine IM25.7 specimens How is the gross & microbiological examination of urine done? Which are the different urinary casts? Evaluation of proteinuria Further reading – treatment of UTI 	Small group discussion
17	naphylaxis &	1. Types of hypersensitivity	Small group
	Acute Urticaria	reactions	discussion
		 Etiology of anaphylaxis &urticaria 	
		3. Clinical features of anaphylaxis-	
		3severe life threatening	
		complications	
		4. Treatment of anaphylaxis	
		5. Treatment of acute urticaria	
18	Exam on above topics	SAQ/ MCQ	

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

Batches for small group: 30 students per batch:

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

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

VI and VII Semester

Clinical Posting Schedule:

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

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

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

Bharati Vidyapeeth Deemed To Be University Medical College, Pune III.M.B.B.S – Part I VI and VII Semester Department of General Surgery Lecture Schedule: Duration: One hr /Lecture

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

11	Parathyroid glands	Describe the applied anatomy of parathyroid. Describe and discuss the clinical features of hypo - and hyperparathyroidism and the principles of their management.	SU 22.5 SU 22.6
12	Adrenal gland	Describe the applied anatomy of adrenal glands. Describe the etiology, clinical features and	SU 23.1
		principles of management of disorders of adrenal gland Describe the clinical features, principles of	SU 22.2
		investigation and management of Adrenal tumours	SU23.3
13	Breast - I	Describe applied anatomy and appropriate investigations for breast disease	SU 25.1
14	Breast - II	Describe the etiopathogenesis, clinical features and principles of management of benign breast disease including infections of the breast	SU 25.2
15	Breast - III	Describe the etiopathogenesis, clinical features, Investigations and principles of treatment of benign and malignant tumours of breast.	SU 25.3
16	Minimally invasive General Surgery	Describe the Indications, advantages and disadvantages of Minimally invasive General Surgery	SU 16.1
17	Abdomen - peritoneum	Describe causes, clinical features, complications and principles of management of peritonitis	SU 28.3
18	Abdomen	Describe pathophysiology, clinical features, investigations and principles of management of Intra- abdominal abscess, mesenteric cyst, and retroperitoneal tumors	SU 28.4
19	Abdomen - esophagus	Describe the applied Anatomy and physiology of esophagus.	SU 28.5
20	Abdomen - esophagus	Describe the clinical features, investigations and principles of management of malignant disorders of esophagus.	SU 28.6
21	Abdomen - stomach	Describe the applied anatomy and physiology of stomach. Describe and discuss the aetiology, clinical features, investigations and principles of	SU 28.7 SU 28.8
		management of congenital hypertrophic pyloric stenosis.	50 20.0

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

Bharati Vidyapeeth Deemed To Be University Medical College Pune III.M.B.B.S – Part I VI and VII Semester Department of surgery Small group teaching Schedule: Duration 2hrs/SGT

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

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

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

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

Bharati Vidyapeeth Deemed To Be University Medical College, Pune III.M.B.B.S – Part I VI and VII Semester Department of General surgery Clinical posting schedule

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

Day	Topic/s	Competency	Hours	Teaching learning method:
of	1 opicio	competency	nours	bedside clinic/ skills lab/
post				clinical clerkship
ing				
1	Swelling: case presentation- discussion of	SU18.3	3	Bedside clinic
	investigation and treatment plan			
2	Ulcer: case presentation- discussion of	SU5.2	3	Bedside clinic
	classification, investigations and treatment plan	SU5.3		Clinical clerkship
3	Scrotal swellings: case presentation	SU30.4	3	Bedside clinic
	hydrocele/ varicocele- discuss investigations and treatment plan	SU30.5		
4	Inguinal hernia- case presentation- discuss treatment plan	SU28.2	3	Bedside clinic
5	Breast: symptomatology, History taking and examination of breast lump.	SU25.5	3	Bedside clinic.
6	Breast: discussion of differential diagnosis	SU25.1	3	Clinical clerkship
	with investigations and treatment plan			Bedside clinic
7	Breast: Case presentation- Breast Lump		3	Bedside clinic
8	Thyroid: symptomatology, history taking, physical examination	SU22.3	3	Bedside clinic
9	Thyroid: discussion of differential diagnosis	SU22.3	3	Bedside clinic
	with investigations and broad outline of management	SU22.4		Clinical clerkship
10	Thyroid: Case presentation – Multinodular goitre	SU22.3	3	Bedside clinic
11	Case presentation: other neck swellings- cervical lymphadenopathy	SU22.8	3	Bedside clinic
12	Oral malignancy History taking, examination	SU20.1	3	Bedside clinic
	and investigations			Clinical clerkship
13	Oral malignancy: Case presentation	SU20.2	3	Bedside clinic
14	Varicose veins:	SU27.5	3	Bedside clinic
	History taking, examination and	SU27.6		Clinical clerkship
	investigations and various treatment			
15	modalities		3	Bedside clinic
15 16	Case presentation: varicose veins Peripheral vascular disease: history taking and	SU27.1	3	Bedside clinic Bedside clinic
10	examination and investigations	SU27.1 SU27.2	5	Clinical clerkship
		SU27.2 SU27.3		
17	Case presentation: Peripheral vascular disease	2021.0	3	Bedside clinic
18	Clinical term end	1		

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

Lecture Schedule: Duration: One hr/Lecture

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

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

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

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

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

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

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

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

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

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

Bharati Vidyapeeth Deemed To Be University Medical College Pune

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

Lectures: Duration One hr/Lecture

No.	Торіс	Content	Competency	Integration
1.	Normal Growth and	Anthropometry measurement	PE1.1, PE1.2, PE1.3,	
	development in child	and assessment, growth chart plotting. Principles of normal development. Milestones in infancy and childhood in all domains.	PE1.4 PE1.5, PE1.6, PE1.7	
2.	Developmental and	Enumerate and discuss the	PE3.1, PE3.2, PE3.3,	
۷.	behavioural disorders	causes of developmental delay.	PE3.4, PE4.2, PE4.3,	
	benavioural disorders	Etiology, clinical features,	PE4.4, PE4.5	
		diagnosis and management of	1 L4.4, 1 L4.5	
		child with learning disabilities.		
3.	Short stature	Etiology, diagnosis and	PE2.4, PE2.5, PE2.6	
5.	Short Stature	management of short stature; physiological short stature	1221,1122,0,122,0	
4.	Breast feeding and	Physiology of lactation,	PE7.1, PE7.2, PE7.3,	
	lactation management	composition of breast milk,	PE7.4, PE7.5, PE7.6	
	C	initiation and teaching of	PE7.7, PE7.8	
		feeding. Hazards of pre lacteal		
		feed, bottle feeding		
5.	Infant feeding	Normal requirement of	PE8.1, PE8.2, PE8.3,	
		proteins, CHO, fats for infants	PE8.4, PE8.5	
		and children. Complementary		
		feeds and method of weaning		
6.	Normal fluid and	Normal fluid and electrolyte	PE15.1, PE15.2,	
	electrolyte balance	composition of body fluids.	PE15.3, PE15.5	
		Regulation of fluid and		
		electrolyte balance esp. Na and K. Causes and treatment of		
		hypo and hypernatremia, hypo		
		and hyperkalaemia.		
7.	Diarrhea with	Etiopathogenesis, clinical	PE24.1, PE24.2,	
	dehydration	differentiation of watery and	PE24.3, PE24.4,	
	5	invasive diarrhea,	PE24.5, PE24.8,	
		complications of diarrheal	PE24.9	
		illnesses.		
8.	Acute maculopapular	Epidemiology, basic	PE34.15, PE34.18,	
	exanthematous	pathology, natural history,	PE34.20	
	illnesses	symptoms, signs,		
		complications, investigations,		
		differential diagnosis of		
9.	Acute vesicobullous	maculopapular illnesses.	DE2/ 15 DE2/ 10	
9.	exanthematous	Epidemiology, basic pathology, natural history,	PE34.15, PE34.18, PE34.20	
	illnesses	symptoms, signs,	1 1.54.20	
	111105505	complications, investigations,		
		differential diagnosis of		
		vesicobullous illnesses.		
10.	Nutritional anaemia	Clinical approach to child with	PE13.3, PE13.4,	
		anaemia.	PE13.5, PE13.6,	

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

	causing AFP. Relevant investigations to confirm diagnosis.				
Theory Examination : As per available Slot					

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

• <u>Small Group Teaching: Duration: 2hrs/SGT</u>

Sr. No.	Торіс	Content	Competency No.	SGT Method
1.	Immunization-1	Vaccines in NIS	PE19.1, PE19.3,	SGD in
			PE19.4, PE19.7,	immunization
			PE19.8	OPD
2.	Immunization-2	Optional vaccines	PE19.5, PE19.10,	SGD in
		-	PE19.11, PE19.16	immunization
				OPD
3.	Growth-1	Anthropometry and	PE1.1, PE1.2,	SGD -
		plotting on growth	PE1.3, PE1.4	seminars
		charts		
4.	Growth - 2	Growth disorders	PE2.1, PE2.2,	SGD- case
			PE2.3, PE2.4,	based
			PE2.5, PE2.6	discussion
5.	Development-1	Normal milestones	PE1.5, PE1.6,	SGD seminars
	1		PE1.7	
6.	Development-2	Approach to	PE3.1, PE3.2,	SGD- case
	The second se	developmental delay	PE3.3, PE3.4	based
		1 5	,	discussion
7.	PEM-1	Nutritional assessment	PE9.2, PE9.3,	SGD, bedside
			PE9.4, PE9.5	,
8.	PEM-2	Marasmus and	PE9.6, PE10.1,	SGD, bedside
		Kwashiorkor	PE10.2, PE10.3,	
			PE10.4, PE10.5,	
			PE10.6	
9.	AGE-1	Clinical features and	PE24.1, PE24.2,	SGD, bedside
		various types	, , ,	,
10.	AGE - 2	Management of	PE24.3, PE24.4,	SGD, bedside
		dehydration	PE24.5, PE24.8,	
			PE24.13, PE24.14	
11.	Vitamin-1 (A and B	Etiopathogenesis,	PE12.1, PE12.2,	SGD
	complex)	clinical features,	PE12.3, PE12.4,	
		management	PE12.5, PE12.15,	
			PE12.16, PE12.17,	
			PE12.18	
12.	Vitamin-2 (C, D K)	Etiopathogenesis,	PE12.19, PE12.20,	SGD
		clinical features,	PE19.21, PE12.6,	
		management	PE12.7, PE12.8,	
		_	PE12.9, PE12.10,	
			PE12.13, PE12.14	
13.	Childhood Tb	Evaluation and	PE34.1, PE34.2,	SGD
		management	PE34.3, PE34.4,	
		-	PE34.5, PE34.8	
14.	Introduction to	Neonatal nomenclature,	PE20.1, PE20.2,	SGD, bedside
	newborn	characteristics of normal	PE20.4	
		neonate, assessment and		
		care of normal newborn		
15.	Interpretation of	How to interpret CBC	PE29.14	SGD
	CBC	*		

Bharati Vidyapeeth Deemed To Be University Medical College Pune

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

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

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

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

Bharati Vidyapeeth (DTU) Medical College, Pune DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY III MBBS: Part I VI and VII Semester

Lectures Schedule: Duration: One hr/Lecture

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

		Describe the functions and role of Medical Council of		
		India and State Medical Councils	FM4.3	
		Describe the Indian Medical Register	FM4.4	-
		Describe Medical Ethics and explain its historical	FM4.1	
		emergence	1114.1	
10	State	Describe the Code of Medical Ethics 2002 conduct,		-
10	Medicine	Etiquette and Ethics in medical practice and unethical	FM4.2	
		practices & the dichotomy		_
		Demonstrate respect to laws relating to medical practice		
		and Ethical code of conduct prescribed by Medical Council of India and rules and regulations prescribed by	FM4.28	
		it from time to time		
		Rights/privileges of a medical practitioner, penal erasure,		
		infamous conduct, disciplinary Committee, disciplinary	FM4.5	
		procedures, warning notice and penal erasure	111110	
		Describe the Laws in Relation to medical practice and		-
		the duties of a medical practitioner towards patients and	FM4.6	
		society		
		Enumerate rights, privileges and duties of a Registered		
11	State	Medical Practitioner. Discuss doctor- patient	FM4.24	_
11	Medicine	relationship: professional secrecy and privileged	1114.24	-
		communication		
		Describe communication between doctors, public and	FM4.10	
		media		_
		Describe the Consumer Protection Act-1986 (Medical Indemnity Insurance, Civil Litigations and		
		Compensations), Workman's Compensation Act & ESI	FM4.8	
		Act		
		Describe and discuss euthanasia	FM4.11	
		Describe & discuss the challenges in managing medico-		_
		legal cases including development of skills in	FN4 14	
		relationship management – Human behaviour,	FM4.14	
		communication skills, conflict resolution techniques		
		Describe the principles of handling pressure – definition,		
		types, causes, sources and skills for managing the	FM4.15	
		pressure while dealing with medico-legal cases by the		
10	State	doctor Describe and discuss Bioethics	EN4 1 C	_
12	Medicine	Describe and discuss Bloetines Describe and discuss ethical Principles: Respect for	FM4.16	
		autonomy, non- malfeasance, beneficence & justice	FM4.17	
		Clinical research & Ethics	FM4.25	
		Discuss human experimentation including clinical trials Discuss the constitution and functions of ethical	1 101-1.25	_
		committees	FM4.26	
		Describe and discuss Ethical Guidelines for Biomedical	FR (4 0 7	-
		Research on Human Subjects & Animals	FM4.27	
		Discuss legal and ethical issues in relation to stem cell	FM4.12	
		research	FIM14.12	
		Describe and discuss medical negligence including civil		
		and criminal negligence, contributory negligence,		
		corporate negligence, vicarious liability, Res Ipsa	FM4.18	
		Loquitor, prevention of medical negligence and defenses		
13	State	in medical negligence litigations		AETCOM
15	Medicine	Define Consent. Describe different types of consent and ingredients of informed consent. Describe the rules of		ALICOM
		consent and importance of consent in relation to age,	FM4.19	
		emergency situation, mental illness and alcohol		
		intoxication		
		Describe therapeutic privilege, Malingering,	FM4.20	1
	1		111 T.4U	

		Therapeutic Misadventure, Professional		
		Secrecy, Human Experimentation		
		Describe Products liability and Medical Indemnity Insurance	FM4.21	_
		Explain Oath – Hippocrates, Charaka and Sushruta and procedure for administration of Oath.	FM4.22	
		Describe the modified Declaration of Geneva and its relevance	FM4.23	
		Describe the history of Toxicology	FM8.1	
		Define the terms Toxicology, Forensic Toxicology,		
14	General	Clinical Toxicology and poison	FM8.2	
14	Toxicology	Describe the various types of poisons, Toxicokinetics, and Toxicodynamics and diagnosis of poisoning in living and dead	FM8.3	-r nannacology
		Describe the general symptoms, principles of diagnosis		
	Conoral	and management of common poisons encountered in India	FM8.6	
15	General Toxicology	Describe basic methodologies in treatment of poisoning:		
		decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination	FM8.8	
		Describe Medico-legal autopsy in cases of poisoning	FM8.5	
		Describe the Laws in relations to poisons including NDPS Act, Medico-legal aspects of poisons	FM8.4	
16	General Toxicology	Describe the procedure of intimation of suspicious cases		
		or actual cases of foul play to the police, maintenance of		
		records, preservation and dispatch of relevant samples	FM8.9	
		for laboratory analysis.		
	Caustics	Describe General Principles and basic methodologies in		
		treatment of poisoning: decontamination, supportive		
17		therapy, antidote therapy, procedures of enhanced	FM9.1	-
		elimination with regard to: Caustics Inorganic – sulphuric, nitric, and hydrochloric acids		
		Describe General Principles and basic methodologies in		
18	Constian	treatment of poisoning: decontamination, supportive	FM9.1	
18	Caustics	therapy, antidote therapy, procedures of enhanced elimination with regard to: Caustics Organic- Carboloic		-
		Acid (phenol), Oxalic and acetylsalicylic acids		
		Describe General Principles and basic methodologies in		
19	Metallic	treatment of poisoning: decontamination, supportive	FM9.3	_
17	irritants	therapy, antidote therapy, procedures of enhanced	1117.0	
		elimination with regard to Arsenic, lead		
		Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive		
20	Metallic	therapy, antidote therapy, procedures of enhanced	FM9.3	_
	irritants	elimination with regard to mercury, copper, iron,		
		cadmium and thallium		
		Classify common mental illnesses including post-	FM5.1	
		traumatic stress disorder (PTSD)	1 1015.1	
		Define, classify and describe delusions, hallucinations,	TD 45 0	
21	Forensic	illusion, lucid interval and obsessions with	FM5.2	D
21	Psychiatry	exemplification		Psychiatry
		Describe Civil and criminal responsibilities of a mentally ill person	FM5.3	
		Differentiate between true insanity from feigned insanity	FM5.4	
		Describe & discuss Delirium tremens	FM5.5	—

DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

Lectures Schedule: Duration: One hr/lecture

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

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

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

Bharati Vidyapeeth Deemed To Be University Medical College Pune

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

Small group teaching Schedule:Duration: One hr/SGT

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

		specimen for histo-pathological examination, blood grouping, HLA Typing and DNA Fingerprinting.		
		Describe Locard's Exchange Principle Describe the methods of sample collection, preservation, labelling, dispatch, and interpretation of reports	FM6.2	
16	Forensic Laboratory investigation in medical legal practice	Demonstrate professionalism while sending the biological or trace evidences to Forensic Science laboratory, specifying the required tests to be carried out, objectives of preservation of evidences sent for examination, personal discussions on interpretation of findings	FM6.3	
17		Describe the importance of documentation in medical practice in regard to medicolegal examinations, Medical Certificates and medicolegal reports especially - maintenance of patient case records, discharge summary, prescribed registers to be maintained in Health Centres. - maintenance of medico-legal register like accident register.	FM1.9	Group discussion
		Demonstrate and interpret medico-legal aspects from examination of hair (human & animal) fibre, semen & other biological fluids	FM14.6	
18	other body fluids	the species of its origin	FM14.7	Group discussion
ļ		Demonstrate the correct technique to perform and identify ABO & RH blood group of a person	FM14.8	
		Define, classify and describe asphyxia and medico-legal interpretation of post-mortem findings in asphyxial deaths	FM2.20	
		Describe and discuss different types of hanging and strangulation including clinical findings, causes of death, post-mortem findings and medico-legal aspects of death due to hanging and strangulation including examination, preservation and dispatch of ligature material	FM2.21	
19	Mechanical Asphyxia	¹ Describe and discuss patho-physiology, clinical features, post- mortem findings and medico-legal aspects of traumatic asphyxia, obstruction of nose & mouth, suffocation and sexual asphyxia	FM2.22	Tutorial
		Describe and discuss types, patho-physiology, clinical features, post mortem findings and medico-legal aspects of drowning, diatom test and, gettler test.	FM2.23	
20	Demo- Autopsy	Conduct & prepare post-mortem examination report of varied etiologies (at least 15) in a simulated/ supervised environment	FM14.5	Group discussion
21	Mass disaster	Demonstrate ability to use local resources whenever required like in mass disaster situations Demonstrate ability to use local resources whenever required like in	FM2.33	- Seminar
		mass disaster situations Describe basic methodologies in treatment of poisoning:	FM2.34	
22	Gastric lavage	decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination	FM8.8	Group discussion
23	of patient of	Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico-legal report in a simulated/ supervised environment	FM14.2	Group discussion
		Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination	FM14.3	
24	Viscera preservation technique	Describe and discuss examination of clothing, preservation of viscera on post-mortem examination for chemical analysis and other medico-legal purposes, post-mortem artefacts	FM2.14	Demonstration
		Describe preservation and dispatch of viscera for chemical analysis	FM8.5	
25	Non-metallic irritants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Phosphorus, Iodine, Barium	FM9.2	Seminar
26	Injury 2	Firearm injuries: Describe different types of firearms including structure and	FM3.9	Tutorial

components. Along with description of ammunition propellant charge and mechanism of fire-arms, different types of cartridges and bullets and various terminology in relation of firearm – caliber, range, choking		
Firearm injuries:		
Describe and discuss wound ballistics-different types of firearm		
injuries, blast injuries and their interpretation, preservation and	FM3.10	
dispatch of trace evidences in cases of firearm and blast injuries,		
various tests related to confirmation of use of firearms		
Regional Injuries:		
Describe and discuss regional injuries to head (Scalp wounds,		
fracture skull, intracranial haemorrhages, coup and contrecoup	FM3.11	
injuries), neck, chest, abdomen, limbs, genital organs, spinal cord		
and skeleton		
Regional Injuries		
Describe and discuss injuries related to fall from height and	FM3 12	
vehicular injuries – Primary and Secondary impact, Secondary	1/1/13.12	
injuries, crush syndrome, railway spine		
	 charge and mechanism of fire-arms, different types of cartridges and bullets and various terminology in relation of firearm – caliber, range, choking Firearm injuries: Describe and discuss wound ballistics-different types of firearm injuries, blast injuries and their interpretation, preservation and dispatch of trace evidences in cases of firearm and blast injuries, various tests related to confirmation of use of firearms Regional Injuries: Describe and discuss regional injuries to head (Scalp wounds, fracture skull, intracranial haemorrhages, coup and contrecoup injuries), neck, chest, abdomen, limbs, genital organs, spinal cord and skeleton Regional Injuries Describe and discuss injuries related to fall from height and vehicular injuries – Primary and Secondary impact, Secondary 	charge and mechanism of fire-arms, different types of cartridges and bullets and various terminology in relation of firearm – caliber, range, chokingFirearm injuries: Describe and discuss wound ballistics-different types of firearm injuries, blast injuries and their interpretation, preservation and dispatch of trace evidences in cases of firearm and blast injuries, various tests related to confirmation of use of firearmsFM3.10Regional Injuries: Describe and discuss regional injuries to head (Scalp wounds, fracture skull, intracranial haemorrhages, coup and contrecoup injuries), neck, chest, abdomen, limbs, genital organs, spinal cord

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

Batches for small group: 30 students per batch:

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

DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

Small group teaching Schedule: Duration : One hr/SGT

Sr. No.	Торіс	Content	Competency No.	SGT Method*
		Define, describe and discuss death and its types including		
		somatic/clinical/cellular, molecular and brain-death, Cortical Death and Brainstem Death	FM2.1	
		Describe and discuss natural and unnatural deaths	FM2.2	
		Describe and discuss issues related to sudden natural deaths	FM2.3	
1	Forensic Pathology 1	Describe salient features of the Organ Transplantation and The Human Organ Transplant (Amendment) Act 2011 and discuss ethical issues regarding organ donation	FM2.4	Tutorial
		Discuss moment of death, modes of death - coma, asphyxia and syncope	FM2.5	
		Discuss presumption of death and survivorship	FM2.6	
		Describe and discuss suspended animation	FM2.7	
		Describe and discuss postmortem changes including signs of death, cooling of body, post-mortem lividity, rigor mortis, cadaveric spasm, cold stiffening and heat stiffening	FM2.8	
		Describe putrefaction, mummification, adipocere and maceration	FM2.9	
		Discuss estimation of time since death	FM2.10	
	. .	Describe and discuss autopsy procedures including post-mortem examination,		
2	Forensic	different types of autopsies, aims and objectives of post-mortem examination	FM2.11	Tutorial
	Pathology 2	Describe the legal requirements to conduct post-mortem examination and procedures to conduct medico-legal post-mortem examination	FM2.12	
		Describe and discuss obscure autopsy	FM2.13	
3	Veg Irritants	To identify & draw medico-legal inference from common poisons e.g. castor, marking nut, abrus seeds, capsicum	FM14.17	Seminar
4	Metallic irritants Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Arsenic, lead, mercury, copper, iron, cadmium and thallium		FM9.3	Tutorial
5	Delirients	To identify & draw medico-legal inference from common poisons e.g. dhatura, cannabis, calotropis	FM14.17	Seminar
6	Agricultural poisons	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates, Carbamates, Organochlorines, Pyrethroids, Paraquat, Aluminium and Zinc phosphide	FM9.5	Tutorial
7	Asphyxiants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl isocyanate, tear (riot control) gases	FM9.6	Seminar
8 Asphyxiants		Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl isocyanate, tear (riot control) gases	11113.0	Semmar
9	Spinal poisons	To identify & draw medico-legal inference from common poisons- Nux vomica	FM14.17	Seminar
10	Cardiotoxic plants	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Cardiovascular Toxicology Cardiotoxic plants – oleander, odollam, aconite, digitalis	FM10.1	Seminar

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

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

Batches for small group: 30 students per batch:

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

Department of Community Medicine Lectures

Total hours (40*1 hours each=40 hours)

Lecture no.	Topic	Content	Competency No.	Integration
1	Introduction to Phase III	Introduction to Phase III - Lectures, SGT, Pandemic Module, AETCOM, SDL, Clinical postings and FAP, Exam pattern, Marks distribution and Attendance policy. Overview of portion completed in Phase I and Phase II		
2	Epidemiology and Prevention of Airborne Infection: I	Chickenpox, Rubella, Measles, Mumps	CM 8.1	
3	Airborne Infection:II	Acute Respiratory Tract Infection, Influenza	CM 8.1	
4	Airborne Infection III -	Tuberculosis and NTEP	CM 8.1, CM 8.3	
5	Airborne Infection IV –	SARS/COVID 19 Post Covid pulmonary rehabilitation	CM 8.1	
6	Epidemiology and Prevention of Intestinal Infections - I (Integration with Medicine-Cholera)	Diarrheal diseases, Cholera	CM 8.1	Vertical- Medicine
7	Epidemiology and Prevention of Intestinal Infections - II	Food poisoning	CM 8.1	
8	Intestinal Infections - II (Integration with Medicine- Polio)	Viral Hepatitis, Typhoid, Polio	CM 8.1	Vertical- Medicine
9	Epidemiology and Prevention of Arthropod borne diseases - I	Malaria, Dengue fever	CM 8.1	
10	Epidemiology and Prevention of Arthropod borne diseases - II	Chickenguniya and Filariasis	CM 8.1	
11	Zoonotic diseases - I	Rabies ,Plague, Leptospirosis, Brucellosis	CM 8.1	
12	Zoonotic diseases - II	Japanese encephalitis	CM 8.1	
13	Guest lecture on IDSP	Definition , types of Surveillance, infectious disease	CM 8.1,8.5,8.7	
14	Surface Infections I	Leprosy + NLEP	CM 8.1,8.3	

15	Surface Infections II	STD, AIDS	CM 8.1	
		Surveillance and		
16	Nutrition	Rehabilitation	CM 5.5	
	National nutritional	Description of seven		
17	programmes	nutritional programmes in		
		detail	CM 5.6	
	Demographic and family	National population policy, causes of population		
18	planning	explosion, vital statistics,	CM 9.3,CM	
	presiming	Epidemiological transition	·	
		Problem statement,		
19	Mental health	Prevention, National	CM 15.1, CM	
		Mental health problem	15.2, 15.3	
		Introduction, material,		
20		manpower management,		
20	Essentials of management	qualities of a leader and	CM 8.5,16.1,	
		management & Modern management techniques	16.2 CM 16.3,16.4	
		Definition, types , disaster		Horizontal
21	Disaster management	cycle, disaster		Forensic
		preparedness	CM 13.1-13.4	Medicine
		• •	CM10.1,CM	Vertical -
22	MCH-I	ANC, PNC, New-born care	10.2, CM	OBGY
			10.3,CM 10.4	ODOT
		Programmes related to		Vertical -
23	MCH-II	MCH-JSY, JSSK and	CN 10.5	Pediatrics
		other MCH programme	CM 10.5	Vartical
24	MCH-III	Adolescent health ,ARSH clinic	CM 10.8, CM 9.1	Vertical - Pediatrics
		Epidemiology, risk factors,		rediatrics
	Hypertension with	prevention, DASH diet,		Vertical
25	NPCDCC	National programme,		Medicine
		NPCDCS	CM 8.2, CM 8.3	
		Epidemiology, risk factors,		
26	Diabetes with NPCDCC	prevention, diet,		Vertical
		management, National	CM82 CM02	Medicine
		programme, NPCDCS Epidemiology, various	CM 8.2, CM 8.3	
		methods of assessment,		
27	Obesity	prevention, diet,		
		management, National		
		programme, NPCDCS	CM 8.2	
		Epidemiology, types of		
28	Blindness	blindness, prevention,		
		VISION 2020	CM 8.2	
29	Cancers-	Types of cancer, Epidemiology of common		Vertical -
29	CallCIS-	Epidemiology of common cancers	CM 8.2	OBGY
		Epidemiology, prevention		
30	Accidents	including legislations	CM 8.2	
		Epidemiology, health		
31	Geriatric health	problems, prevention and		Vertical
51		various schemes related to		Medicine
		old age	CM 12.1-12.4	
32	Genetics	Classification of genetic		

		disorders, preventive		
		genetics		
	Guest lecture on organ	Importance, laws related to		
33	donation	donation, organ retrieval		
	donation	and donation center criteria	CM 20.4	
		Demonstrate awareness		
		about laws pertaining to		
		practice of		
34	Laws related to Medicine	medicine such as Clinical		
54	including Public health	Establishment Act and		
		Human Organ		
		Transplantation Act and its		
		implications		
25	Student seminar on	Content- objectives,		
35	National health mission	strategy, evaluation	CM 8.3	
26		Digital India , Health		
36	Recent advances	Insurance		
	Hospital acquired	Epidemiology and		Vertical
37	infections	prevention	CM 8.1	Medicine
20		-	CIVI 0.1	
38	Tribal health	Health issues, challenges		
20	Essential Madiaina		CM 19.1	Vertical-
39	Essential Medicine		,19.2,19.3	Pharmac
40	MCQ test/Theory paper			
40	pattern explanation			

Bharati Vidyapeeth Deemed To Be University Medical College Pune MBBS-Phase III- Part I VI and VII Semester Department of Community Medicine

Small group teaching(SGT): Total hours (30*2 hours each=60 hours)

Sr. No.	Topic	Content	Competency No.	SGT Method*
1	Biostat Exercises I	Sources, types of data, presentation of data,measures of central tendency and variability,probability and normal curve		Small group discussion
2	Biostat Exercises II	sampling, standard errors of mean and proportions,Test of significance	CM 6.3, CM 6.4	Small group discussion
3	Biostat Exercises III	Corelation, fallacies in Biostatiscyics, Health information system, statistical software, role of computer in statistics and epidemiology and screening for disease	CM 6.2, CM 7.3, CM 7.4, CM 8.7, CM 9.7, CM 6.2, CM 7.9, CM 7.6	Small group discussion
4	Debate on gender issues and empowerment	Gender inequality, status in India, women empowerment, laws related	CM 10.9	Debate in small group
5	Quiz on TB	Epidemiology, problem statement, measurement of the TB burden, management, NTEP	CM 8.1	Quiz participation
6	Principles and measures to control disease epidemic	Define epidemic, Steps in an investigation of epidemic	CM 8.4 CM 20.2	Small group discussion
7	Investigation of food poisoning	Definition of food poisoning, types of food poisoning, steps in investigation of food poisoning	CM 8.1 CM 7.7	Small group discussion
8	Bio medical waste management (Vertical Integration with Micro)	Definition, Classification, health hazards, categories, demonstration of color coding, discussion of treatment and disposal technologies of biomedical waste management	CM 14.1,14.2,14.3	Practical
9	Mindfulness session by Psychiatry faculty	Introduction to the concept, importance, hands on session	CM 15.1, CM 15.2, CM 15.3	Practical
10	Family Planning-I	Methods with advantages and short comings evaluation of contraceptive devices	CM 10.6	Small group discussion
11	Family Planning-II	Family welfare programme, National population policy evaluation of contraceptive devices, Evaluation of health education programme,	CM 10.7	Small group discussion
12	Evaluation of health education programme	Demonstrate and description of the health education programme indicators		Small group discussion
13	Epidemiology Exercises I	measurements in epidemiology, problems on descriptive studies,	CM 7.4,CM 7.5 CM 7.4, CM 7.5,	Small group discussion

		problems on analytical studies		
14	Epidemiology Exercises II	problems on experimental studies, environment health (water)	CM 7.4, CM 3.2, CM 3.6	Small group discussion
15	Nutrition I	sources of nurtrients, classification of food cereals, pulses	CM 5.1, CM 5.3	Demonstration in small groups
16	Nutrition II	Nutritional significance of various food groups,Food hygiene,Food adulteration, Food fortification, Food additives	CM 5.1, CM 5.3	Small group discussion
17	Nutrition III	Balanced diet, nutritional requirement of various physiological groups including pregnancy lactation Nutritional assessment	CM 5.1, CM 5.2	Small group discussion
18	Nutrition IV	Therapeutic diet, community Nutritional assessment, nutritional education, nutritional surveillance	CM 5.2, CM 5.4, CM 5.5	Case scenario
19	Planning cycle	Planning cycle demonstrate and describe the steps in evaluation of health education programme		Small group discussion
20	Revision	Revision		Small group discussion
21	Tutorial 1	Man and Medicine, concept of Health and disease Principles of Epidemiology and epidemiological methods, screening for the disese	CM1.1-CM1.10 CM7.1-CM7.9	Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback
22	Tutorial 2	Epidemiology of Respiratory and intestinal infections	CM8.1,CM 8.3	Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback
23	Tutorial 3	Epidemiology of arthropod borne diseases and zoonotic diseases,	CM8.1,CM 8.3	Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback
24	Tutorial 4	surface infections, emerging reemerging infections and hospital acquired infections	CM8.1,CM 8.3	Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback
25	Tutorial 5	epidemiology of non communicable diseses Health information and Basic Medical statistics	CM8.2,CM8.3, CM6.1-CM6.4	Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback
26	Tutorial 6	Environment and health, genetics and health,Medicine and social sciences	CM2.1-M2.5,CM 3.1-CM3.8, CM20.1-CM 20.4	Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback
27	Tutorial 7-	Demography and Family Planning Reproductive maternal and child health and Geriatrics	CM10.9 CM 10.1-	Writing of the theory questions, discussion of

28	Tutorial 8	Nutrition and Health	CM 5.1-CM 5.8	Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback
29	Tutorial 9	Occupational health and Mental health	CM 11.1- CM11.5 CM 15.1-CM 15.3	Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback
30	Tutorial 10	Communication for heaalth education, Health planning and management		Writing of the theory questions, discussion of the ideal answers by the teacher,Peer assessment and feedback

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

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

Department of Community Medicine

Clinical Posting Schedule: 3 weeks

(Time: 9:30-12:30, Total weeks 3; 18 days x 3hours per day =54hours)

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

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

Department of Community Medicine

Clinical Posting Schedule: 2weeks

(Time: 9:30-12:30, Total weeks 2; 12 days x 3hours per day =36hours)

Day of	Topic/s	Competency	Hour	Teaching learning
posting		competency	S	method: bedside
1 0				clinic/ Skills lab/
				Clinical clerkship
1	Introduction to case discussion format,		3	1
	Hospital Case discussion- Antenatal			Small group
	case	CM 10.1 -10.4		discussion
2	Hospital Case discussion-Post natal		3	Small group
	case	CM10.1 - CM 10.6		discussion
3			3	Small group
	*Family Case discussion-Diabetes	CM 8.2- CM 8.5		discussion
4			3	Small group
	*Family Case discussion-Hypertension	CM 8.2 - CM 8.5		discussion
5	Hospital Case discussion-	CM 8.1 ,CM8.3, CM	3	Small group
	Diarrhea/ARI	8.5		discussion
6		CM 8.1 ,CM 8.3 ,CM	3	
	Hospital Case discussion-Tuberculosis	8.5		
7	Hospital Case discussion-Protein	CM 8.1 , CM 8.3, CM	3	Small group
	energy malnutrition	8.5		discussion
8	Case studies discussion with OSCE		3	
	simulation	CM 8.1 to CM 8.5		
9		CM 17.1-CM17.5,	3	Small group
	Visit to Primary health center	CM8.1-CM 8.3		discussion
10	Museum visit	Multiple competencies	3	
11			3	Small group
	Visit to leprosy hospital	CM 8.1 and CM 8.3		discussion
12	Reflection, JLB completion		3	
	End of clinical posting (OSCE-			
	Clinical Skills)			Small group
				discussion

Bharati Vidyapeeth Deemed To Be University Medical College Pune MBBS-Phase III- Part I Department of Community Medicine Self Directed Learning:Total Hour 5

Sl. No	No. of Hours	Topics	Competencies
1.	5	List important public health events of last five years	CM 20.1

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

Department of Community Medicine

Pandemic Module: Total Hour 18

Sl. No	Subjects	No. of Hours	Topics	Competencies
1.	Community Medicine	5	 -Outbreak Management including Quarantine, Isolation, Contact Tracing 1.Introduction of case scenarios (4) -1 hour 2. Self-directed learning -1 hour 3. Interactive Lecture – 1 hour 4. Preparation of epidemic curve, spot map and calculating attack rate from a given data 5. Discussion and closure- 1 hour 	Pandemic Module 3.1
2.		5	 Interdisciplinary collaboration, Principles of Public Health Administration, Health Economics 1.Introduction of topic based on previous case scenario -1 hour 2. Self -directed learning -1 hour 3. Interactive Lecture – 1 hour 4. Role play on forming RRT- 1 hour (based on one case scenario) 5. Discussion and closure- 1 hour 	Pandemic Module 3.2
3.		5	 -Operational research, field work, surveillance 1.Introduction of topics based on previous case scenario -1 hour 2. Self –directed learning -1 hour 3. Interactive Lecture – 2 hours (surveillance, operational research) 	Pandemic module 3.3

		4. Discussion and closure- 1 hour	
4.	3	Visit to PHC/sub-centre and field area	Pandemic module 3.3
		along with field staff of sub-centre	

Bharati Vidyapeeth Deemed To Be University Medical College Pune MBBS-Phase III- Part I Department of Community Medicine AETCOM: Total Hour 5

SI. No	Subjects	No. of Hours	Topics	Competencies
1.	Community Medicine	1	Introductory small group session	Module 3.1: The foundations of
2.		1	Focused small group session with role play or video	communication – 3 Demonstrate ability to
3.		1	Focused small group session with role play or video	communicate to patients in a patient, respectful,
4.		1	Task on standardized patients and evaluation by facilitator	nonthreatening, non- judgmental and empathetic manner
5.		1	Task on standardized patients and evaluation by facilitator	

Family Adoption Programme:	Total Hour 24
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SI. No	Subjects	No. of Hours	Topics	Competencies
1.	Community Medicine	8	Demographic details	• Collect demographic profile of allotted families, take history and conduct clinical examination of all family members
2.		8	Health Check up camp and Blood investigations	• Organize health check- up and coordinate treatment of adopted family under overall guidance of mentor
3.		8	- Environmental awareness	 By the end of visit, students should be able provide details of communication maintained with family members for follow-up of treatment and suggested remedial measures. By the end of visit, students should be able to report activities undertaken for environment protection and sustenance like study of environment of families, tree plantation activities conducted in the village.

DEPARTMENT OF DERMATOLOGY Lecture: Duration : One hr/Lecture

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

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

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

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

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

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

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

Batches for small group: 30 students per batch

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

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

Clinical Posting Schedule:

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

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

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

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

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

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

			56.4.4	
		-Pharmacological basis and side	PS 4.6	
		effects of drugs used in other		
		substance use disorders		
		-Treatment with psychological	PS 4.4	
		management and behavior therapy		
18.	Psychosexual and	To describe the magnitude and	PS 13.1	
	gender identity	etiology, clinical features of		
	disorders	psychosexual disorders and GID	PS 13.2	
		-To describe indications and		
		interpret lab results in	PS 13.3	
		psychosexual disorders and GID		
		-Pharmacological basis and side		
		effects of drugs used in	PS 13.6	
		psychosexual disorders and GID	10 10:0	
		-Treatment with psychological		
		management and behavior therapy	PS 13.4	
19.	Psychiatric	-Enumerate and describe common	PS 16.1	General
	•		PS 10.1	
	disorders in elderry	Psychiatric disorders in elderly –		Medicine
		depression, dementia, psychosis	DG 16 0	
		- Etiology and magnitude	PS 16.2	
		-Therapy including psychosocial	PS 16.3	
		and behavioral therapy		
20.	Psychiatric	-Enumerate and describe the	PS 17.1	
		recognition, presentation of		
		psychiatric emergencies- suicide,	PS 17.2	
		DSH, violence		
		- Initial stabilization and		
		management of emergencies	PS 17.3	
		- Specialist referral		
1				
21.		-Describe the etiology and	PS 15.1	Pediatrics
		magnitude of mental retardation		
		-Interventions in mental	PS 15.4	
		retardation		
22.	Childhood &	-Enumerate describe the etiology	PS 14.1	Pediatrics
	adolescence	of child psychiatric disorders		
	Psychiatric	-Types and clinical features	PS 14.2	
	disorders	-Behavioral and psychological		
		management	PS 14.3	
		-Pharmacotherapy	PS 14.6	
23.	Community	-Relevance, role of Community	PS 19.1	Community
	•	Psychiatry	~ - / • •	Medicine
	, <u>, , , , , , , , , , , , , , , , , , </u>	Objective strategies of national	PS 19.2	
		mental health programme	1,5 17.2	
		-Salient features of Prevalent	PS 19.4	
		mental health laws in India	1017.4	
24.		Theory assessment		
		I DEATY ACCECEMENT		

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I VI and VII Semester DEPARTMENT OF PSYCHIATRY Small group teaching Schedule: _ Duration: One hr/SGT

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

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

Batches for small group: 30 students per batch:

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

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

Clinical Posting Schedule:

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

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

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

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

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

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

	discus: pathophy	irway disease Describe and s the physiology and siology of hypoxia and	CT 2.6 CT 2.7	
	Describe the the cause and	hypercapneia role of the environment in exacerbation of obstructive		
	Describe and	airway disease d discuss allergic and non- bitants of obstructive airway		
		disease		
	v disease including br inhibitor theophyllin steroids, ox Describe and vac Describe and	lescribe therapies for OAD onchodilators, leukotriene rs, mast cell stabilisers, ne, inhaled and systemic ygen and immunotherapy discuss the indications for cinations in OAD discuss the principles and therapy in the hospital and at home	CT 2.16 CT 2.17 CT 2.20	Pharmacology
	v disease or Discuss a	lescribe the impact of OAD a the society and Workplace and describe preventive reduce OAD in workplaces	CT2.25 CT 2.26	Community medicine
10	Тег	rm end examination		10 hours

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

Small group teaching Schedule: Duration: One hr/SGT_

Sn No	Tonia	Content	Competerer	SOT
Sr. No.	Торіс	Content	Competency No.	SGT Method*
1	TB	Describe and discuss the	CT 1.1	Seminar
		epidemiology of tuberculosis and	CT 1.3	
		its impact on the work, life and	CT 1.4	
		economy of India		
		Discuss and describe the impact of		
		co-infection with HIV and other co-		
		morbid conditions. Like diabetes on		
		the natural history of tuberculosis		
		Describe the epidemiology, the		
		predisposing factors and microbial		
		and therapeutic factors that		
		determine resistance to drugs		
2	TB	Describe and discuss the origin,	CT 1.13	Tutorial
		indications, technique of		
		administration, efficacy and		
		complications of the BCG vaccine		
3	TB	Enumerate the indications for tests	CT 1.12	DOAP
		including: serology, special cultures	CT 1.7	Group
		and polymerase chain reaction and		discussion
		sensitivity testing Perform and		
		interpret a PPD (mantoux) and		
		describe and discuss the indications		
		and pitfalls of the test		~
4	TB	Define criteria for the cure of	CT 1.15	Group
		Tuberculosis; describe and	CT 1.17	discussion
		recognise the features of drug		
		resistant tuberculosis, prevention		
		and therapeutic regimens		
		Prescribe an appropriate		
		antituberculosis regimen based on the location of disease, smear		
		positivity and negativity and		
		comorbidities based on current		
		national guidelines including		
		directly observed tuberculosis		
		therapy (DOTS)		
5	TB	Educate health care workers on	CT 1.18	DOAP
-	10	National Program of Tuberculosis	CT 1.10 CT 1.19	DOM
		and administering and monitoring	~~	
		the DOTS program		
		Communicate with patients and		
		family in an empathetic manner		
		about the diagnosis, therapy		

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

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

Batches for small group: 30 students per batch:

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

DEPARTMEMT OTORHINOLARYNGOLOGY Lectures Schedule: Duration: One hr/Lecture

Lecture				
no.	Торіс	Content	Competency	Integration
1.	Management of	External ear pathology	EN 4.1, EN 4.2	-
	diseases of Ear,			
	nose and throat			
2.	Management of	Serous otitis media	EN 4.5	-
	diseases of Ear,			
	nose and throat			
3.	U	Acute otitis media with	EN 4.3	PE 28.4
	diseases of Ear,	complication		
	nose and throat			
4.	Management of	Chronic otitis media mucosal and		
	diseases of Ear,	squamosal	4.8	
	nose and throat			
5.	Management of	Squamosal chronic otitis media	EN 4.8	
	diseases of Ear,	Complication of otitis media		
	nose and throat	intracranial and extra cranial		
6.	Management of	Otosclerosis	EN 4.13	
	diseases of Ear,			
_	nose and throat			
7.	Management of	Inner ear (meiniers disease,	EN 4.20, EN 4.19,	
	diseases of Ear,	vestibular schwannoma, BPPV)	EN 4.21	
	nose and throat			
8.	Management of	Deaf and mute child evaluation	EN 4.12	PY10.15,
	diseases of Ear,	and cochlear implant		PY10.16
0	nose and throat		EN 4 10	
9.	Management of	Facial nerve	EN 4.18	
	diseases of Ear,			
10	nose and throat	Desisted as a location	EN 4 02 4 04	
10.	Management of diseases of Ear,	Deviated nasal septum	EN 4.23, 4.24	
11.	nose and throat	Allergia rhinitis (specific and non	EN 4.27 , EN 4.28	
11.	Management of diseases of Ear,	Allergic rhinitis (specific and non	EIN 4.27, $EIN 4.20$	
	nose and throat	specific rhinitis)		
12.	Management of	Acute rhinosinusitis with	EN 4.29, EN 4.33	
12.	diseases of Ear,	complication	EIN 4.29, $EIN 4.33$	
	nose and throat	complication		
13.	Management of	Chronic rhinosinusitis with and	EN 4.25	
15.	diseases of Ear,	without polys / antrochoanal	LIN 4.23	
	nose and throat	polyp		
14.	Management of	Benign lesion of nose and	EN 4.32	
17.	diseases of Ear,	paranasal sinuses (JNA)	1.11 7.32	
	nose and throat			
15.	Management of	Malignant legion of nose and	EN 4.34 . EN 4.35	
10.	diseases of Ear,	paranasal sinuses /	LIT 1.5 I I LIT 1.55	

	nose and throat	Nasopharyngeal tumors		
16.	Management of diseases of Ear, nose and throat	Facial trauma and facial plastic surgery in ENT	EN 4.31	
17.	Management of diseases of Ear, nose and throat	Acute and chronic tonsillitis with adenoid	EN 4.39, EN 4.26	PE 28.2, PE 28.3
18.	Management of diseases of Ear, nose and throat	Complications of various abscesses – neck space abscesses (Ludwigs)	EN 4.37, EN 4.41	
19.	Management of diseases of Ear, nose and throat	Acute and chronic laryngitis	EN 4.43	PE 28.6
20.	Management of diseases of Ear, nose and throat	Benign lesions of larynx (hoarseness and laryngeal paralysis)	EN 4.44, EN 4.42, EN 4.45	
21.	Management of diseases of Ear, nose and throat	Malignancy of larynx laryngopharynx	EN 4.46	
22.	Management of diseases of Ear, nose and throat	Malignancy of laryngopharynx	EN 4.46	
23.	Management of diseases of Ear, nose and throat	Dysphagia and Cao esophagus	EN 4.38	
24.	Management of diseases of Ear, nose and throat	Foreign body in airway and food passage	EN 4.49	PE 28.8
25.	Management of diseases of Ear, nose and throat	Stridor (Peadiatric stridor and epiglottitis	EN 4.47	PE 28.5, PE 28.6, PE 28.7, PE 28.9

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

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

13.	Management of diseases of Ear	Tinnitus Clinical features	EN 4.21	Tutorial
	, nose and throat	investigation and		
		management		
14.	Management of diseases of Ear	Vasomotor rhinitis	EN4.28	Tutorial
	, nose and throat			
15.	Management of diseases of Ear	Tumors of nasopharynx	EN 4.35	Tutorial
	, nose and throat			
16.	Management of diseases of Ear	Salivary gland diseases	EN4.36	Tutorial
	, nose and throat			
17.	Management of diseases of Ear	Presbycusis	EN 4.12	Group discussion
	, nose and throat			
18.	Management of diseases of Ear,	HIV manifestation of ENT	EN 4.53	Seminar
	nose and throat			

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

Batches for small group: 30 students per batch:

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

DEPARTMENT OF OTORHINOLARYNGOLOGY

Clinical Posting Schedule:

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

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

		4.25 TO EN 4.30,EN 4.33		
14	Ear case - signs and symptoms ,investigation and management with surgical videos	EN2.1, EN2.2, EN2.3, EN2.4 EN3.1,EN3. 4,EN3.5,EN 4.1 To 4.8, EN 4.10 TO EN 4.12	3 hours	OPD station clinic (Beside clinic)
15	Head and Neck case - signs and symptoms ,investigation and management with surgical videos	EN2.7, EN 2.11, EN 2.12EN3.3, EN3.5, EN 4.38	3 hours	OPD station clinic (Beside clinic)
16	Pure tone audiometry, Specimens	EN2.8, EN 4.16 ,EN 4.17	3 hours	OPD station clinic (Beside clinic)
17	Nose case -signs and symptoms ,investigation and management with surgical videos	EN 2.1 , EN 2.2 , EN 2.5, EN.3.2EN3. 2,EN3.4, EN3.5, EN 4.25 TO EN 4.30,EN 4.33	3 hours	OPD station clinic (Beside clinic)
18	Head and Neck case - signs and symptoms ,investigation and management with surgical videos	EN2.7, EN 2.11, EN 2.12EN3.3, EN3.5, EN 4.38	3 hours	OPD station clinic (Beside clinic)
19	Xray, OT Instruments	EN2.10, EN2.9	3 hours	OPD station clinic (Beside clinic)
20	Throat case – signs and symptoms, investigation and management with surgical videos	EN 2.1, EN 2.2, EN 2.6 , EN2.7 EN3.4,EN3. 5, EN4.39, EN4.42 , EN 4.48 EN 4.49 EN 4.49 EN 4.50 EN 4.50	3 hours	OPD station clinic (Beside clinic)
21	Ear case - signs and symptoms ,investigation and management with surgical videos	EN2.1, EN2.2, EN2.3, EN2.4 EN3.1,EN3. 4,EN3.5,EN 4.1 To 4.8, EN 4.10 TO EN 4.12	3 hours	OPD station clinic (Beside clinic)
22	Revision		3 hours	OPD station clinic (Beside clinic)
23 & 23	End of Posting Examination		3 hours	

	vestigation of that particular case during clinic.
Cases	
Ear:	COM (Mucosal, squamosal, with/without complication), AOM, Otosclerosis,
	Peripheral vertigo, Ototoxicity, DDSL
Nose :	DNS, Nasal polyposis, Epistaxis
Throat:	Acute tonsillitis ,Membranous tonsillitis ,Chronic tonsillitis ,Deep neck space abscesses Vocal nodule /
	palsy/ polyp
Head and Neck :	Ca maxilla, Ca larynx, Thyroid, Neck masses
Surgical videos	
Ear :	Tympanoplasty, cortical mastoidectomy, canal wall down mastoidectomy, myringotomy,
	stapedotomy
Nose:	Septoplasty, fuctional endoscopic sinus surgery, DCR
Throat :	tonsillectomy and TAR
Head and neck :	ML scopy, DL scopy, thyroid, parotid, laryngectomy
Head and HECK .	WE scopy, DE scopy, myrold, parolid, laryngeelolliy

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I VI and VII Semester DEPARTMENT OF RADIODIAGNOSIS Lecture schedule

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

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

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

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I VI and VII Semester DEPARTMENT OF RADIODIAGNOSIS Small group teaching Schedule: Duration: 2 hrs/SGT

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

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

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS: Part I VI and VII Semester DEPARTMENT OF Anaesthesiology Lectures Schedule

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

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DEPARTMENT of ANAESTHESIOLOGY Small group teaching Schedule: ____

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

*SGT M7ethod-Group discussion/ Tutorial/seminar/DOAP/Practical/ skills lab 1 session: 2hrs

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

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

DEPARTMENT OF Anesthesiology Clinical Posting Schedule:

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

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

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

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

Bharati Vidyapeeth Deemed To Be University Medical College Pune III MBBS-: Part I DEPARTMENT OF OPHTHALMOLOGY VI and VIII Semester DEPARTMENT OF OPTHALMOLOGY Lectures Schedule: Duration: One hr/Lecture

Lecture				
no.	Topic	Content	Competency	Integration
1	Anatomy of the eye and embryology	 a) Anatomy of the eye b) Draw diagram of the cross section of eye ball and label accurately its various parts. c) Describe various parts of eye ball and their functions d) Vascular and nervous supply to the eye Embryology of the eye 	AN 41.1	Anatomy
2	Physiology of vision ➤ Vision ➤ Color vision Binocular single vision	 a) Name the types of vision b) Enumerate the tests for vision c) Enumerate the types of visual pigments d) Describe the bleaching cascade e) Name the theories of color vision f) Name the tests for color vision Mention the grades of Binocular Single Vision 	PY 10.17,OP 1.1	Physiology
3	Refractive errors – I > Emmetropi a > Myopia > Hypermetr opia	 Define emmetropia Describe the optics of the emmetropic eye Define Myopia Draw a ray diagram of myopia Classify myopia Mention 4 features of pathological myopia Discuss the treatment modalities of myopia Define Hypermetropia Draw a ray diagram of hyperrmetropia Classify Hypermetropia Mention the treatment modalities of hyperrmetropia 	OP 1.2, 1.4	
4	Refractive errors – II	Define astigmatism	OP 1.2, 1.4	

1			
 Astigmatism Presbyopia Analytic (neoud) 	Mention the classification of astigmatism		
Aphakia/pseud	• Draw a ray diagram of		
ophakia	types of astigmatism		
Retinoscopy	• Draw and explain the		
	Sturm's conoid		
	• Discuss the management		
	of astigmatism		
	• Define presbyopia		
	• Discuss the treatment		
	modalities of Presbyopia		
	• Define Aphakia		
	• Enumerate the ocular signs of Aphakia		
	 Enumerate the 3 modes of 		
	Aphakia correction and		
	their		
	advantages and		
	disadvantages of each		
	mode of aphakic		
	correction		
	• Define anisometropia and		
	aniseikonia		
5 Conjunctiva – I	• Enumerate the 5 parts of	OP 3.3	
> Anatomy	conjunctiva		
and	• Enumerate functions of		
functions ➤ Classificatio	conjunctiva		
n of	- Enumerate the anterenees		
conjunctivit	between conjunctival and		
is	ciliary congestion		
➢ Bacterial	• Classify conjunctivitis Enumerate 3 signs of		
conjunctivit	each type of		
is	conjunctivitis.		
Viral	 Mention the etiology and 		
conjunctivit	clinical features of		
is	bacterial conjunctivitis		
	• Describe the symptoms		
	and signs of bacterial		
	conjunctivitis		
	• Discuss the treatment of		
	bacterial conjunctivitis		
	• Mention the		
	etiopathogenesis and		
	management of		
	Ophthalmia Neonatorum		
	• Discuss clinical features		
	and management of viral conjunctivitis		
6 Conjunctiva – II	Describe the clinical	OP 3.4, 3.5, 3.6	
\rightarrow Trachoma	• Describe the clinical features , classification,	01 5.4, 5.5, 5.0	
Allergic	complications		
conjunctivit	-		
is	prophylaxis of trachoma		
	• Enumerate the types of		
	allergic conjunctivitis.		

Degenerati ons of conjunctiva	 Discuss symptoms and signs of allergic conjunctivitis Classify groups of drug used in allergic conjunctivitis with their mechanism of action in detail Define Pterygium. discuss the etiopathogenesis, clinical features and management of Pterygium Discuss etiology ,clinical features and management of conjunctival verseis
 7 Cornea – I Anatomy Of Cornea Transparen cy Of Cornea Methods of examinatio n of cornea Precorneal tear film and dry eye 	of conjunctival xerosis• Draw diagram of cross section of cornea and label its layers.OP 4.3,4.4• Enumerate reasons for corneal transparency.• Function of cornea• Describe various methods of assessment of cornea• Precorneal Tear film• Etiology, clinical features of dry eye• Various tests for dry eye• Management of dry eye
8 Cornea – II > Bacterial And Fungal Corneal Ulcer	 Write definition of corneal ulcer and stages. Enumerate symptoms and signs of corneal ulcer Write groups of drugs in management of bacterial corneal ulcer. Enumerate specific features of fungal corneal ulcer. Enumerate fungi causing fungal Keratitis Mention classes of antifungal drugs Causes of non healing corneal ulcer Complications of corneal
 9 Cornea – III ▶ Viral keratitis ▶ Keratoconu s ▶ Non infective keratitis ▶ Corneal dystrophies 	ulcerOP 4.1, 4.2• Describe specific signs of viral Keratitis.OP 4.1, 4.2• Write etiology, clinical features and management of H.simplex keratitis.Image: Comparison of the system

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and degeneratio ns	 Name topical antiviral agents. Write etiology, clinical features and management of keratoconus Exposure Keratitis, interstitial keratitis, neuroparalytic Keratitis Discuss differences between dystrophy and degeneration. Enumerate five corneal dystrophies. 	
10 Cornea – IV	 Definition of keratoplasty Types of keratoplasty Surgical steps and complications of keratoplasty Eye donation –indications, contraindications, procedure of cornea harvesting and methods of preservation of corneal tissue, Eye banking –organization and functions of eye bank 	OP 4.6,4.9
 11 Uvea – I ➢ Anatomy of the Uvea ➢ Classification of uveitis ➢ Anterior uveitis 	 Enumerate parts of the Uvea. Discuss functions of each part. Describe the methods of classification of uveitis with their subtypes. Discuss the causes of uveitis. Enumerate symptoms of acute anterior uveitis. Describe signs of acute anterior uveitis . Classify the two groups of drugs used for treatment of acute anterior uveitis. Discuss their mechanism of action. Discuss the complications of acute anterior uveitis 	OP 6.1,6.2,6.3,6.6,6.8
 12 Uvea – II ➢ Intermediat e uveitis ➢ Chorioretin itis ➢ Endophthal mitis ➢ Panophthal mitis 	 of acute anterior uvertis Enumerate symptoms and signs of intermediate uveitis Enumerate etiology, clinical features and management of chorioretinitis Define Endophthalmitis/ Panophthalmitis 	OP 6.2, 6.3

Sympathetic ophthalmitis	 Enumerate etiological causes of endophthalmitis. Discuss signs and symptoms of endophthalmitis. Enumerate treatment modalities Differentiate between phthisis bulbi and atrophic 	
	 bulbi Define Panophthalmitis. Write its etiology clinical features and management. 	
 13 Lens & Cataract I Anatomy of lens classificatio n of cataract congenital cataract stages of cataract stages of cataract clinical features of cataract preoperativ e evaluation of a case of cataract 	 Draw a diagram of cross section of the crystalline lens and label its parts. Describe the functions of the lens and cataractogenesis Mention the etiological classification of cataract. Mention the anatomical classification of cataract. Write etiology, clinical features and management of congenital cataract Enumerate stages of cortical cataract. Enumerate grades of nuclear sclerosis. Discuss symptoms of senile cataract 	OP 7.1,7.2
14 Lens and cataract II Cataract surgeries Post op manageme nt Complicati ons of cataract surgeries IOLs		OP 7.3, 7.4
15Glaucoma – I15Glaucoma – IAngle of anterior chamberIOP regulationPathophysi ology of glaucomato us changesInvestigatio ns in a case	 Draw a labeled diagram of angle of AC. Discuss methods of secretion of aqueous humour. Discuss the circulation and drainage of Aq. Humour. Discuss factors affecting IOP Define glaucoma. 	

	of glaucoma Classificati on of glaucoma	• Describe the classification of glaucoma and its subtypes		
	coma – II Congenital glaucoma , Angle closure glaucoma	 Define Buphthalmos. write differential diagnosis of cloudy cornea. Enumerate signs of Buphthalmos. Enumerate surgical procedures for treatment of congenital glaucoma Mention the D/D of acute red eye Define PACG. Describe stages of ACG. Describe management Primary angle closure glaucoma 	OP 6.5, 6.7	
	coma – III Open angle glaucoma, Secondary Glaucomas	 Define ocular hypertension and POAG Describe the disc changes in POAG Describe the visual field changes in POAG Describe management Primary open angle glaucoma Enumerate major causes of secondary glaucoma. Aetiopathogenesis of secondary glaucoma 	OP 6.7	
	 Anatomy of the Retina & functions Rhodopsin cycle Methods of examinatio n of retina, 	 Draw and label correctly a diagram of the gross anatomy of retina. Describe the zones of the retina Draw and label correctly a cross section of retina Mention the vascular supply and drainage of the retina What are the methods of examination of retina Discuss the aetiopathogenesis of Diabetic Retinopathy. Discuss the stages of DR. Discuss modalities of laser therapy for treatment of DR 	AN 41.1 OP 8.2,8.3,8.4	
19 Retir	na - II	• Discuss the grades of the hypertensive retinopathy	OP 8.1, 8.2,8.4	

 Hypertensi ve retinopathy CRAO, CRVO, Retinal Detachmen t, Retinitis pigmentosa 20 Optic Nerve Papilloede ma Papillitis Optic atrophy 	 Mention the fundus findings in Retinitis pigmentosa Mention the etiology of vascular occlusive diseases of retina Enumerate diagnostic Signs of CRAO. Enumerate diagnostic Signs of CRVO Definition of RD. Classify types of RD and its subtypes. Mention predisposing factors for RD Describe mechanisms of RD Discuss symptoms and 3 signs of RD. Enumerate Modalities of treatment for RD. Describe parts of Optic nerve Describe the anatomy of the optic nerve head Definition of Papilloedema Enumerate causes of Papilloedema Describe Signs of Papilloedema Define Optic Neuritis. Classify optic neuritis Write symptoms and 2 diagnostic signs of Optic Neuritis. Describe types of Optic Atrophy with diagnostic signs of each
21 Neuro- ophthalmology Visual pathway Pupillary pathway	 Draw a well labeled diagram of the visual pathway Describe basic visual field Describe the basic types of visual field defects a) Draw well labeled diagrams of the pupillary pathways b) Name 2 afferent and 3 efferent pupillary defects c) Causes of mydriasis, miosis and RAPD OP 8.5, PY 10.17 PY 10.17 PY 10.18

22	Lid I anatomy of the lid Ptosis > Entropion > ectropion, > lagophthal mos, Lid infections	 Define and classify ptosis Name surgical procedures for ptosis correction Define entropion/ ectropion. Enumerate types of entropion/ ectropion. Describe clinical signs and treatment of lagophthalmos Stye ,Chalazion Hordeolum Internum 	OP 2.1, 2.3	
	Lacrimal apparatus Acute Dacryocystitis- ➤ Chronic dacryocysti tis ➤ Congenital NLD obstruction	 Enumerate types of Dacryocystitis. Describe signs of acute and chronic Dacryocystitis Mention surgical procedures for chronic Dacryocystitis. Enumerate surgical steps of DCT and DCR. Describe etiopathogenesis and management of congenital nasolacrimal duct obstruction 	OP 2.1, 2.3	
	Lecture Orbit - I ➤ Anatomy, ➤ Spaces of orbit, ➤ Proptosis	 Enumerate the spaces of the orbit Draw and label a diagram of the apex of the orbit Enumerate the contents of the orbit Enumerate types of orbital cellulitis. Describe diagnostic signs of orbital cellulitis 	OP 2.4	Anatomy
	Lecture Orbit - II, Orbital cellulitis, Cavernous sinus thrombosis Thyroid orbitopathy	 Draw and correctly label a diagram of the cavernous sinus with its tributaries. Discuss diagnostic signs of cavernous sinuses thrombosis Mention common causes of proptosis in adults Mention common causes of proptosis in children Discuss investigation of proptosis Classify thyroid orbitopathy Mention management of 	OP 2.5, 2.6	
26	Ocular Injuries ➤ Ocular injuries-	 proptosis Classify ocular injuries. Mention miscellaneous causes of ocular injuries 	OP 9.5	

Classificati on Chemical injuries Blunt injuries - Anterior segment Blunt injuries - Posterior segment	 Describe mechanism of blunt injuries of the globe Mention two types of chemical injuries Discuss emergency treatment of chemical ocular injuries Enumerate blunt injuries of the anterior segment Mention the emergency treatment of contusion injuries Describe traumatic Hyphaema and its management Enumerate the posterior segment injuries of the globe 		
 27 Lecture Squint - I ➢ Extra- ocular muscles- anatomy ➢ Actions and nerve supply ➢ Binocular vision ➢ monocular and binocular ocular movement s ➢ Classificati on of squint ➢ Paralytic squint 	 Describe the origin and insertion of 6 extra ocular muscles Mention the actions of EOMs Mention the nervous control of EOMs Mention grades of binocular single vision Define squints Classify squints Enumerate sensory and motor adaptations to squint Definition of phoria and tropia Discuss signs of paralytic squint. Discuss etiological factors of paralytic squint. 	AN 41.3 OP 9.1	Anatomy
28 Lecture Squint - II → Concomita nt squint → Assessment of squint → Amblyopia - causes assessment and reference → Manageme nt of squint	 Describe the diagnostic signs of concomitant squint. Differences between concomitant squint and paralytic squint. Describe tests for detection of phorias. Assessment of squint Management of squint Classify amblyopia Mention test for amblyopia Enumerate treatment modalities of amblyopia 	OP 1.5, 9.2	

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 29 Intraocular Tumors Retinoblast oma Malignant melanoma Enucleation , Evisceratio n Exenteratio n 	 Write clinical features and management of retinoblastoma Write differential diagnosis of leucocoria Write clinical features and management of malignant melanoma Define Enucleation, evisceration and exenteration. write indications and contraindications of each of them 	PA 36.1	
 30 Ocular Therapeutics Ocular drug delivery systems Mydriatics and cycloplegic s NSAIDs Steroids and immune suppressive agents Artificial tear substitutes Antiglauco ma drugs Miscellan eous 	 Write pharmacological action, indications and contraindications of each of the following drugs Atropine sulphate 1% Steroids Tear substitutes Timolol maleate eye drops pilocarpine Acetazolamide 	PH 1.58	Pharmacology
31 Community Ophthalmology > Blindness- definition causes and prevention > NPCB and DBCS > Ophthalmic camps > Vitamin A deficiency & Keratomala cia, > Basics of Eye donation &Keratopla sty,	 Mention WHO classification of blindness Describe types of blindness Enumerate 5 important causes of blindness. Vision 2020 Name diseases identified in vision 20-20. Enumerate goals of vision 20-20. Enumerate levels of eye care seen in the community with services available in each. Rehabilitation of blind, school health programmes WHO classification of Vit A deficiency 		Community Medicine

Trachoma control programme	 Enumerate natural sources of Vit A Write the daily requirement of Vit A, therapeutic dose of Vit A, prophylactic dose of Vit A. Mention the role of Vitamin A in the eye Define keratomalacia Mention causes , clinical features and management of keratomalacia 	

Bharati Vidyapeeth Deemed To Be University Medical College Pune DEPARTMENT OF OPHTHALMOLOGY III MBBS-: Part I DEPARTMENT OF OPHTHALMOLOGY VI and VIII Semester Small group teaching Schedule: Duration: 2 hrs/SGT__

Sr. No.	Торіс	Content	Competenc y No.	SGT Method*
1	Tutorial- Anatomy of the eye and embryology		AN 41.1	Tutorial
2	Tutorial- Physiology of vision		PY 10.17 OP 1.1	Tutorial
3	Refractive errors – I	 Emmetropia Myopia Hypermetropia 	OP 1.2 OP1.4	Tutorial
4	Refractive errors – II		OP 1.2 OP1.4	Tutorial
5	Refractive Error	 Aphakia/pseudophakia Retinoscopy 	OP 1.2 OP1.4	Tutorial
6	Conjunctiva – I	 Anatomy and functions Classification of conjunctivitis Bacterial conjunctivitis Viral conjunctivitis 	OP3.4,3.5,3.6	Tutorial
7	Conjunctiva – II	 Trachoma Allergic conjunctivitis Degenerations of conjunctiva 	OP3.4,3.5,3.6	Tutorial
8	Cornea I	 Anatomy Of Cornea Transparency Of Cornea Methods of examination of cornea Precorneal tear film and dry eye 	OP 4.3,4.4	Tutorial
9	Cornea II	 Viral keratitis Keratoconus Non infective keratitis Corneal dystrophies and degenerations 	OP 4.1,4.2	Tutorial
10	Cornea		OP 4.3,4.4	Tutorial
11	Cornea		OP 4.1,4.2	Tutorial
12	Cornea III	 Viral keratitis Keratoconus Non infective keratitis Corneal dystrophies and degenerations 	OP 4.1,4.2	Tutorial

13	Cornea IV	• Keratoplasty	OP 4.1,4.2	Tutorial
15	Comea IV	KeratoplastyEye banking	01 4.1,4.2	1 utoriai
14	Uvea	 Anatomy of the Uvea Classification of uveitis Anterior uveitis 	OP 6.1,6.2,6.3,6.6, 6.8	Tutorial
15	Uvea – I	 Intermediate uveitis Chorioretinitis Endophthalmitis Panophthalmitis Sympathetic ophthalmitis 	OP 6.1,6.2,6.3,6.6, 6.8	Tutorial
16	Uvea – II		OP 6.2,6.3	Tutorial
17	Lens & Cataract - I	 Anatomy of lens classification of cataract congenital cataract stages of cataract clinical features of cataract preoperative evaluation of a case of 	OP 7.1,7.2	Tutorial
		cataract		
	Lens & Cataract - II	 Cataract surgeries Post op management Complications of cataract surgeries IOLs 	OP 7.3,7.4	Tutorial
19	Glaucoma – I	 Angle of anterior chamber IOP regulation Pathophysiology of glaucomatous changes Investigations in a case of glaucoma Classification of glaucoma 	OP 6.5,6.6,6.7	Tutorial
20	Glaucoma – II	 Congenital glaucoma , Angle closure glaucoma 	OP 6.5,6.7	Tutorial
21	Glaucoma – III	 Open angle glaucoma, Secondary Glaucomas 	OP 6.7	Tutorial
22	Retina I	 Anatomy of the Retina & functions Rhodopsin cycle Methods of examination of retina, Diabetic Retinopathy 	OP 8.2, 8.3, 8.4	Tutorial
23	Anatomy and Blood Supply of Retina	Anatomy and blood supply of retina	AN 41.1	Tutorial
24	Retina II	 Hypertensive retinopathy CRAO, CRVO, Retinal Detachment, Retinitis pigmentosa 	OP 8.1,8.2,8.4	Tutorial
	Diabetic Retinopathy		OP 8.2,8.4	Tutorial

25	Ontio Norwo	> Papilloedema	OP 8.5	Tutorial
25	Optic Nerve	 Papilloedema Papillitis 	OP 8.5	Tutoriai
		Optic atrophy		
26	Neuro-		OP 8.5,	Tutorial
20	ophthalmology	Neuro ophthalmology	PY 10.17	Tutonai
	Visual pathway	Visual pathway	PY 10.18	
	Pupillary pathway	Pupillary pathway	F I 10.16	
27	Lacrimal apparatus		OP 2.1,2.3	Tutorial
21	Acute	Acute Dacryocystitis-	01 2.1,2.3	Tutonai
	Dacryocystitis	 Chronic dacryocystitis 		
	Duciyocystitis	Congenital NLD obstruction		
28	Orbit – I	 Anatomy, 	OP 2.4	Tutorial
20	olon 1	Spaces of orbit,	01 2.4	i utoriui
		Proptosis		
29	Orbit II	 Orbital cellulitis, 	OP.2.5,2.6	Tutorial
2)	Olon II	 Cavernous sinus thrombosis 	01.2.3,2.0	i utoriui
		Thyroid orbitopathy		
30	Ocular Injuries	Blunt trauma	OP 9.5	Tutorial
50	Ocular injulies	Penetrating trauma	01 9.5	1 utoriai
		Chemical injuries		
31	Lid I anatomy of	anatomy of the lid	OP 2.1,2.3	Tutorial
51	the lid	Ptosis	01 2.1,2.3	1 4101141
	Ptosis	 Entropion 		
	1 (0515	ectropion,		
		 lagophthalmos, 		
		Lid infections		
32	Squint – I	 Extra-ocular muscles- 	AN 41.3	Tutorial
52	Squint I	anatomy	OP 9.1	1 dtorrar
		 Actions and nerve supply 	01).1	
		 Binocular vision 		
		 monocular and binocular 		
		ocular movements		
		 Classification of squint 		
		 Paralytic squint 		
33	Squint – II	Concomitant squint	OP 1.5,9.2	Tutorial
		 Assessment of squint 		
		 Amblyopia- causes 		
		assessment and reference		
		 Management of squint 		
34	Intraocular Tumors		OP 2.7	Tutorial
		 Malignant melanoma 	PA 36.1	
		 Enucleation, 		
		 Evisceration 		
		Exenteration		
35	Ocular	 Ocular drug delivery 	PH 1.58	Tutorial
	Therapeutics	systems		
	1	 Mydriatics and cycloplegics 		
		 NSAIDs 		
		Steroids and immune		
		suppressive agents		
		 Artificial tear substitutes 		
		 Antiglaucoma drugs 		
		Miscellaneous		
36	Community	Blindness- definition causes	OP 9.4	Tutorial
	Ophthalmology	and prevention		

NPCB and DBCSOphthalmic camps	
Vitamin A deficiency	
&Keratomalacia,	
 Basics of Eye donation &Keratoplasty, 	
 Trachoma control 	
programme	

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

Batches for small group: 30 students per batch:

Batch	Roll Nos.
А	1-30
В	31-60
С	61-90
D	91-120
Е	121-150

Bharati Vidyapeeth Deemed To Be University Medical College Pune DEPARTMENT OF OPHTHALMOLOGY III MBBS-: Part I

DEPARTMENT OF OPHTHALMOLOGY

VI and VIII Semester

Clinical Posting Schedule: ____

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

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1	History taking /symptomatology Examination of the eye	OP 2.1	3 Hrs.	bedside clinic/
2	 Refractive errors Visual acuity (with and without Pin hole) Retinoscopy Autorefractometer Stenopic slit Subjective correction Duochrome test Lenses Mydriatics and cycloplegics 	OP 1.3,2.3	3 Hrs.	bedside clinic/
3	Conjunctiva • Infective and allergic conjunctivitis • Pterygium Surgical videos and instruments	OP3.1,3.2	3 Hrs.	bedside clinic/
4	 Case presentation – Corneal ulcer History taking and Examination of case and management Complications of corneal ulcer Antibiotics, antiviral and antifungal agents cycloplegics 	OP 4.1,4.2,4.7,4.8	3 Hrs.	bedside clinic/
5	Case presentation - iridocyclitis History taking and Examination and management Steroids and NSAIDS	OP 6.2,6.3,6.4	3 Hrs.	bedside clinic/
6	Case presentation -Cataract (examination of a cataract case) Pre-Operative preparation for Cataract surgery • IOP • Sac syringing	6	3 Hrs.	bedside clinic/

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	• A scan Biometry			
	Lab investigations			
	Preoperative preparation of			
	patient(consent, xylocaine			
	sensitivity test, dilatation of			
	pupil			
7	Surgical management of	OP7.4,7.5,7.6	3 Hrs.	bedside clinic/
	cataract (live demo -			
	operation theatre)			
	• IOLs			
	Surgical instruments for			
	cataract surgery			
	Case presentation -Post			
	operative management and			
0	complications of cataract		3 Hrs.	hadaida alimin/
8	Case presentation -	OP7.4	3 Hrs.	bedside clinic/
	Pseudophakia/Aphakia			
	History taking and Examination and management			
0	Case presentation -		3 Hrs.	bedside clinic/
9	Glaucoma	OP6.6,6.7	5 mrs.	Deuside cillinc/
	History taking and Examination			
	and management se			
	IOP			
	Gonioscopy			
	Perimetry			
	Fundus photographs			
	 Pundus photographs OCT 			
	• OCT Antiglaucoma drugs			
10	Case presentation -	OP2.1,2.3	3 Hrs.	bedside clinic/
10	Dacryocystitis	UF 2.1,2.3	5 1115.	
	History taking and Examination			
	and management e			
	DCT and DCR			
	Surgical videos			
	Surgical instruments			
11	Squint Examination	OP9.1,9.2,9.3	3 Hrs.	bedside clinic/
**	Ocular movements	GI 7.1,7.4,7.J	L LLLUP	
	Cover test			
	 Prism bar cover test 			
	Worth four dot test			
	 Maddox rod test 			
	 Diplopia charting 			
	Synaptophore			
	Synaptophote			
		1	1	

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

DEPARTMENT OF OPHTHALMOLOGY

VI and VIII Semester

Clinical Posting Schedule:

Day of posting	Topic/s	Competency	Hours	Teaching learning method: bedside clinic/ Skills lab/ Clinical clerkship
1	Cataract history taking & examination of a cataract case) Pre-Operative preparation for Cataract surgery	OP 7.3 OP7.5 OP7.6	3 Hrs.	bedside clinic/
2	Surgical management of cataract(Videos - operation theatre) Post-operative management of cataract	OP7.4 OP7.5	3 Hrs.	bedside clinic/
3	Case presentation History taking and Examination and management of case Pseudophakia/Aphakia	OP 7.4	3 Hrs.	bedside clinic/
4	 Case presentation History taking and Examination and management of case of Glaucoma Investigation of a case of Glaucoma 	OP 6.7	3 Hrs.	bedside clinic/
5	Case presentation History taking and Examination and management of a case of Pterygium	OP 3.6	3 Hrs.	bedside clinic/
6	Case presentation - History taking , Examination and management of a case of Dacryocystitis	OP2.3	3 Hrs.	bedside clinic/
7	Case presentation	OP 4.7	3 Hrs.	bedside clinic/

	History taking and Examination of a case of Corneal ulcer and management History taking and Examination and	on		
8	Squint Examination	OP 9.1 OP9.2 OP9.3	3 Hrs.	bedside clinic/
9	Surgical instruments	OP7.5	3 Hrs.	bedside clinic/
10	Optics Retinoscopy and refraction		3 Hrs.	bedside clinic/
11	Posting ending Assessment		4 Hrs.	

	History taking and Examination of a case of Corneal ulcer and management History taking and Examination and	n		
8	Squint Examination	OP 9.1 OP9.2 OP9.3	3 Hrs.	bedside clinic/
9	Surgical instruments	OP7.5	3 Hrs.	bedside clinic/
10	Optics Retinoscopy and refraction		3 Hrs.	bedside clinic/
11	Posting ending Assessment		4 Hrs.	

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Marenavekas

BHARATI VIDYAPEETH (DEEMED TO BE) UNIVERSITY MEDICAL COLLEGE, PUNE III MBBS Part I (Admission BATCH – 2021-22) VI sem. Internal Assessment Time-Table (5th August-14th August 2024)

	Theory Examination									
Date	Day	Time	Subject	Marks						
05/08/2024	Monday	1 to 4 PM	Community Medicine	100						
06/08/2024	Tuesday	1 to 4 PM	FMT	100						
07/08/2024	Wednesday	1 to 4 PM	ENT	100						
08/08/2024	Thursday	1 to 4 PM	Ophthalmology	100						

Practical Examination including Viva

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

Date	Day	СМ	FMT	ENT	Opthalm.
09/08/2024	Friday	A	В	D	Е
10/08/2024	Saturday	В	С	E	F
12/08/2024	Monday	С	D	F	А
13/08/2024	Tuesday	D	E	A	В
14/08/2024	Wednesday	Е	A	В	С

Practical batches:	Roll no
А	1 to 30
В	31 to 60
С	61 to 90
D	91 to 120
E	121 to 150

Note:

(1) Attendance is compulsory for all the examinations.

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

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

Nakienartha

BHARATI VIDYAPEETH (DEEMED TO BE) UNIVERSITY MEDICAL COLLEGE, PUNE III MBBS Part I (Admission BATCH – 2021-22)

	Theory Examination									
Date	Day	Time	Subject	Marks						
23/12/2024	Monday	1 to 4 PM	Community Medicine paper I	100						
24/12/2024	Tuesday	1 to 4 PM	Community Medicine paper II	100						
26/12/2024	Thursday	1 to 4 PM	FMT	100						
27/12/2024	Friday	1 to 4 PM	ENT	100						
28/12/2024	Saturday	1 to 4 PM	Ophthalmology	100						

VII sem. Prelim Theory Examination Time table (23rd Dec 2024-3rd Jan 2025)

Practical Examination including Viva

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

Date	Day	CM	FMT	ENT	Opthalm.
30/12/2024	Monday	A	B	С	D
31/12/2024	Tuesday	В	C	D	E
01/01/2025	Wednesday	C	D	E	A
02/01/2025	Thursday	D	E	A	В
03/01/2025	Friday	E	A	B	C

Practical batches:	Roll no			
А	1 to 30			
В	31 to 60			
С	61 to 90			
D	91 to 120			
Е	121 to 150			

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

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

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

- Remedial Exam-11st Jan 2025-15th Jan 2025
- University exam: 27th Jan 2025-13rd Feb 2025
- Supplementary Prelim: Second week of March 2025
- Supplementary University Exam- First week of April 2025
- Preparatory leave university examination: 4th Jan 25-26th Jan 25.

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	III MB	BS Part I (2021-22 admissio				pics and corresponding competend I-21st December 2024	ey numbers f	for the year 2024	
Month	TL type	CM Topics	CM Comp Nos.	FMT Topics	FMT Comp numbers	ENT Topics	ENT Comp Nos	Ophth Topics	Ophth Comp numbers
March	Lecture	Introduction to Phase III - Lectures, SGT, Pandemic Module, AETCOM, SDL, Clinical postings and FAP, Exam pattern, Marks distribution and Attendance policy.Overview of portion completed in Phase I and Phase II		Asphyxia	FM2.20	Management of diseases of Ear, Nose and Throat (External ear pathology)	EN 4.1, EN 4.2	Anatomy and embryology of eye	
	SGT					Anatomy and physiology of ear, nose, throat and head and neck, Clinical Skills	EN 1.1, EN 2.11,	Anatomy and embryology of eye,	
	SDL								
	AETCOM	AETCOM- Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non- judgmental and empathetic manner - Introductory small group session (5 groups)	Module 3.1						
	Pandemic module								
	FAP								

April	Lecture	Epidemiology and Prevention of Airborne Infection: I (Chickenpox, Rubella, Measles, Mumps) Airborne Infection-II (Acute Respiratory Tract Infection, Influenza) Airborne Infection III- (Tuberculosis and NTEP), , Airborne Infection IV – SARS/COVID 19,	CM 8.1, CM 8.3	Mechanical Asphyxia	FM2.21, FM2.22,	Management of diseases of Ear, Nose and Throat (Serous otitis media, Acute otitis media with complication, Chronic otitis media mucosal and squamosal, Squamosal chronic otitis media /Complications of otitis media (intracranial and extra cranial))	EN 4.5, EN 4.3, EN 4.6, EN 4.7, EN 4.8	Physiology of vision- vision, colour vision, binocular single vision,Refractive errors I- emmetropia,myopia,h ypermetropia,refracti ve errors II- astigmatism, presbyopia,aphakia	OP1.1,O P 1.2,OP1. 4,OP1.5
	SGT	Biostat Exercises I - Sources, types of data, presentation of data, measures of central tendency and variability,probability and normal curve Biostat Exercises II-(sampling, standard errors of mean and proportions,Test of significance) Biostat Exercises III-Correlation, fallacies in Biostatics, Health information system, statistical software, role of computer in statistics and epidemiology and screening for disease, Quiz on TB;,Debate on gender issues and empowerment,	CM 6.2-6.4, 7.3, 7.4, 8.7 9.7, 7.9, 7.6	Samples for DNA Fingerprintin g, Specimens, Demo- Autopsy, visits to AFMC for autopsy	FM14.21 , FM3.2, FM3.6, FM3.10, FM2.9, FM3.3, FM14.17 , FM14.5	Management of diseases of Ear, nose and throat, Anatomy and physiology of ear, nose, throat and head and neck (Otosclerosis, Inner ear (Meniere's disease, Vestibular schwannoma, BPPV), Deaf and Mute child Evaluation and Cochlear Implant, Facial nerve)	EN 4.1, EN 4.11, EN 3.5, EN 4.21, EN 1.1, EN 4.28	Physiology of vision,Refractive errors I,refractive errors II	OP1.1,O P 1.2,OP1. 4,OP1.5
	SDL								

	AETCOM	Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non- judgmental and empathetic manner - Focused small group session with role play or video,Task on standardized patients and evaluation by facilitator	Module 3.1						
	Pandemic module								
	FAP								
May	Lecture	Epidemiology and Prevention of Intestinal Infections - I (Diarrheal diseases, Cholera), Epidemiology and Prevention of Intestinal Infections - II(Food poisoning), Intestinal Infections - II (Integration with Medicine-Polio)- Viral Hepatitis, Typhoid , Polio, Epidemiology and Prevention of Arthropod borne diseases - I (Malaria, Dengue Fever) Epidemiology and Prevention of Arthropod borne diseases - II(Chikengunya, Flirariasis)	CM 8.1	Mechanical Asphyxia, Sexual Offences	FM2.23, FM3.13 to FM3.17	Management of diseases of Ear, Nose and Throat	EN 4.20, EN 4.19, EN 4.21, EN 4.12, EN 4.18,	Conjunctiva I- anatomy and functions, classification of conjuctivitis, Conjunctiva II- trachoma, allergic onjuctivitis and degenerations,Cornea I-anatomy, transperancy and methods of examination, Cornea II- bacterial and fungal corneal ulcers	OP3.3, 3.4, OP 3.5, OP 3.6,3.7, OP 4.1,OP4. 2,4.3,4.4

	SGT	Principles and measures to control disease epidemic ;Investigation of food poisoning Bio medical waste management (Vertical Integration with Micro), Mindfulness session by Dr Psychiatry faculty	8.4, 20.2, 8.1, 14.1,14.2 ,14.3, CM 15.1, 15.2, 15.3	Examination of victim, Examination of alleged accused, Sexual paraphilia, visits to AFMC for autopsy	FM14.15 , FM14.14 , FM14.5	Anatomy and physiology of ear , nose , throat and head and neck, Clinical skills/ Management of diseases of Ear , nose and throat	EN 4.12, EN 1.1, EN 2.15, EN 4.15	Conjunctiva I, Conjunctiva II,Cornea I, Cornea II	OP3.3, 3.4, OP 3.5, OP 3.6,3.7, OP 4.1,OP4. 2,4.3,4.4
	SDL							SDL-1-Refractive surgeries	
	AETCOM	Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non- judgmental and empathetic manner- Task on standardized patients and evaluation by facilitator	Module 3.1	Case studies in bioethics- Disclosure of medical errors	AETCO M3.2				
	Pandemic module								
	FAP								
June	Lecture	Zoonotic diseases - I(Rabies ,Plague, Leptospirosis, Brucellosis),Zoonotic diseases - II(Japanese Encephalitis),	CM8.1	State Medicine	FM4.1 to FM4.30	Management of diseases of Ear, Nose and Throat	EN 4.23, EN 4.24, EN 4.27, EN 4.28, EN 4.29, EN 4.29, EN 4.33, EN 4.25	cornea III-viral keratitis, keratoconus, corneal dystrophies and degenerations,Cornea IV- keratoplasty and eye banking,Episcleriis ,Scleritis	OP 4.5,4.6,4. 7,4.8,4.9, OP 5.1,OP 5.2

SGT	Family Planning I- methods with advantages and short comings evaluation of contraceptive devices, Family planning -II- Family welfare programme, National population policy evaluation of contraceptive devices,Evaluation of health education programme, Exercises I- measurements in epidemiology, problems on descriptive studies,problems on analytical studies pidemiology, Revision OSPE	CM 10.6, 10.7, 15.1 - 15.3, CM 7.4,, 7.5. 7.4 &7.5	Forensic Laboratory investigation in medical legal practice, Documents, Medical Records, Examination of blood, hair, fiber, semen and other body fluids, Demo- Autopsy	FM6.1 to FM6.3, FM1.9, FM14.6 to FM14.8, FM14.5	Clinical skills/ Management of diseases of Ear, nose and throat, Anatomy and physiology of ear, nose, throat and head and neck	EN 2.13, EN 3.6, P 14.2, EN 4.14, EN 4.47, EN 4.30, EN 4.48, EN 4.50, EN 36.3. EN 1.1	Tutorial -Cornea III,Cornea IV,Episcleriis ,Scleritis	OP 4.5,4.6,4. 7,4.8,4.9, OP 5.1,OP 5.2
SDL	·						SDL 2-Infectious Conjunctivitis	
AET	COM		Case studies in bioethics- Disclosure of medical errors, The foundations of communicati on- 4	AETCO M3.2, AETCO M3.3				
Pane mod	demic lule Outbreak Management including Quarantine, Isolation, Contact Tracing	Pandemi c module g 3.1						

July	Lecture	Guest lecture on IDSP(Definition , types of Surveillance, infectious disease), Surface Infections I-Leprosy & NLEP, Surface Infections II(STD, AIDS),Nutrition(Surveilla nce and Rehabilitation), National nutritional programmes(Description of seven nutritional programmes in detail) Demographic and family planning(National population policy,causes of population explosion, vital statistics, Epidemiological transition) Mental health(Problem statement,	CM 8.1,8.5,8. 7,8.3,5.5, 5.6, 9.3, 9.4,9.6,1	State Medicine, General Toxicology	FM4.1 to FM4.30, FM8.1to FM8.6,	Management of diseases of Ear, Nose and Throat	EN 4.32, EN 4.34, EN 4.35, EN 4.31, EN 4.39, EN 4.26, EN 4.26, EN 4.37, EN 4.41	Uvea I-anatomy of uvea and classification of uveitis, anterior uveitis,Uvea II- intermediate uveitis,endophthalmti s, panophthalmitis,Lens & Cataract I- anatomy of lens and classification of cataract, stages of cataract, pre	OP 6.1,6.2,6. 3,6.4,OP 6.8,OP7. 1,7.2
	SGT	Prevention, National Mental health problem)Nutrition I - sources of nurtrients, classification of food cereals , pulses Nutrition II-Nutritional significance of various food groups Nutrition III- Balanced diet, nutritional requirement of various physiological groups including pregnancy lactation Nutritional assessment, Nutrition IV - Therapeutic diet, community Nutritional assessment, nutritional	5.1, 15.2, 15.3 CM 5.1- 5,5	Mass disaster, Gastric lavage, Clinical Examination of patient of poisoning, Viscera preservation technique, certificate writing revision	FM2.33, FM2.34, FM8.8, FM14.2, FM14.3, FM2.14, FM8.5	Management of diseases of Ear , nose and throat	EN 1.1, EN 4.10, EN 40.4, EN 3.5	operative evaluation of cataract	OP 6.1,6.2,6. 3,6.4,OP 6.8,OP7. 1,7.2

		education, nutritional surveillance, Exercises II- problems on experimental studies, environment health		Handling of				SDL 3-Eye donation	
	SDL AETCOM			MLCs The foundations of communicati	FM1.8 AETCO M3.3			and Eye Banking AETCOM bioethics-	
	Pandemic module			on- 4				confidentiality	
August	FAP Lecture	 Essentials of management(Introduction , material , manpower management, qualities of a leader and management & Modern management techniques ,Disaster management (Definition, types , disaster cycle, disaster preparedness)	CM 8.5,16.1, 16.2 CM 16.3,16.4 ,13.1- 13.4	Caustics, Metallic irritants	FM9.1, FM9.3	Management of diseases of Ear, Nose and Throat	EN 4.43, EN 4.44, EN 4.42, EN 4.45	Lens & Cataract II- cataract surgeries and complications, post operative management of cataract, IOLs,Glaucoma I- IOP regulations, angle of anterior chamber, pathophysiology of glaucoma,Glaucoma II- ACG and congenital glaucoma,Glaucoma III- open angle and secondary	OP 7.4,OP6. 5,6.7,6.9, 8.1,8.2

								glaucoma,Retina I- anatomy and functions of retina, rhodopsin cycle, methods of retinal examinations, diabetic retinopathy	
	SGT	Planning cycle demonstrate and describe the steps in evaluation of health education programme, Revision	CM 16.2, 4.3	journal completion		Management of diseases of Ear, nose and throat	EN 4.18	Tutorial -Lens & Cataract I,II, Glaucoma I,Glaucoma II,Glaucoma III,Retina I	OP 7.4,OP6. 5,6.7,6.9, 8.1,8.2
	SDL			Blast injuries	FM3.10				
	AETCOM							AETCOM bioethics- confidentiality	
	Pandemic module								
September	Lecture	MCH-I(ANC, PNC, New- born care),MCH- II(Programmes related to MCH-JSY, JSSK and other MCH programme),MCH- III(Adolescent health ,ARSH clinic)	CM10.1, 10.2, 10.3,10.4 ,10.5,10. 8, 9.1	Forensic Psychiatry, Non-metallic irritants, The Mental Health Act	FM5.1 to FM5.5, FM5.6, FM9.2	Management of diseases of Ear, Nose and Throat	EN 4.46, EN 4.38	Retina II	OP 8.4
	SGT	Revision OSPE	CM 8.1, 8.3, 8.2 15.1-15.3 13.1-13.4	Veg Irritants, Delirients, Agricultural poisons	FM14.17 , FM9.5	Management of diseases of Ear, nose and throat	EN 4.35, EN 4.36	Tutorial - Retina I,II	OP 8.4

	SDL			Expert witness, Dying declaration, Analyatical Toxicology	FM14.22 , FM14.20 , FM8.10	Neonatal Screening and rehabilitation of Deafness, Ophthalmic Manifestations of ENT Pathologies, Palliative care in terminal Head Neck Malignancies	EN 2.15, EN 24.17; EN1.2, EN1.1, Su20.1, DE 4.1, DE4.2, DE4.3, DE4.4, EN4.46	SDL 4-Diabetic Retinopathy	
	AETCOM								
	Pandemic module	Interdisciplinary collaboration, Principles of Public Health Administration, Health Economics	Pandemi c Module 3.2						
	FAP	Helath check up camp and Laboratory Investigations							
October	Lecture	Hypertension with NPCDCC(Epidemiology, risk factors, prevention, DASH diet, National programme, NPCDCS),Obesity (Epidemiology, various methods of assessment, prevention, diet, management, National programme, NPCDCS), Blindness (Epidemiology, types of blindness, prevention, VISION 2020), Cancers (Types of cancer, Epidemiology of common cancers),Diabetes with NPCDCC(Epidemiology,	CM 8.2, 8.3,12.1- 12.4	Infanticide, Biotoxicolog y, Alcohol	FM2.27, FM2.28, FM3.29, FM11.1, FM9.4	Management of diseases of Ear, Nose and Throat	EN 4.49, EN 4.47	Optic nerve- papilledema,papilitis, optic atrophy, Neuroophthalmology - visual and pupillary pathways, Eyelid I - ptosis, ectropion,entropion, lid infections.	OP 8.5,OP 2.1

	risk factors, prevention, diet, management, National programme, NPCDCS),Accidents(Epi demiology, prevention including legislations),Geriatric health(Epidemiology, health problems, prevention and various schemes related to old age), Genetics (Classification of genetic disorders, preventive genetics)							
SGT			Asphyxiants, Medico-legal report on Alcohol intoxication	FM9.6, FM14.16	Management of diseases of Ear, nose and throat	EN 4.53	Tutorial- optic nerve, neuroophthalmology, visual and pupillary pathways,lid	OP 8.5,OP 2.1
SDL	Introduction and allotment of topics to the students and Presentation of SDL-Public health events in last five years and public health achievements in last 10 years	CM 20.1			Prepare 10 MCQs and 10 OSCE questions in ENT with answers, Anatomy of Larynx : Model Making	EN1.1, EN1.2, EN 1.1	SDL 5-Retinopathy of prematurity	
AETCOM								
Pandemic module	Operational research, field work, surveillance	Pandemi c module 3.3						
FAP	Environmental awraeness							

November				Anti-pyretics	FM10.1			
November	Lecture	,Guest lecture on organ donation(Importance, laws related to donation, organ retrieval and donation center criteria), Laws related to Medicine including Public health(Demonstrate awareness about laws pertaining to practice of medicine such as Clinical Establishment Act and Human Organ Transplantation Act and its implications),Student seminar on National health mission, Recent advances(Digital India , Health Insurance)	CM 20.4,8.3	Anti-pyretics Neuropsychot oxicology (Barbiturates and all)- 1 Narcotic Analgesics, Anaesthetics, and Muscle Relaxants	FM10.1		lacrimal apparatus- dacryocystitits, Orbit I- anatomy and spaces of orbit , Orbit II- orbital cellulitis, cavernous sinus thrombosis, Thyroid orbitopathy, Ocular injuries- blunt trauma, penetrating trauma, chemical injuries	OP 2.1,2.4,0 P2.5,0P2 .6,0P2.7, OP2.8, OP 9.5
	SGT	Tutorial 1- Man and Medicine, concept of Health and disease Principles of Epidemiological methods, screening for the disese, Tutorial 2-Epidemiology of Respiratory and intestinal infections, Tutorial 3-(Epidemiology of arthropod borne diseases and zoonotic diseases, surface infections, emerging reemerging infections and hospital acquired infections) Tutorial 4-	CM 17.1- 17.5 16.1-16.4 6.1-6.4 4.1-4.3 18.1 18.2 19.1-19.3 20.1-20.4	Spinal poisons, Cardiotoxic plants, Emerging technologies	FM14.17 , FM10.1, FM7.1	Revision classes/MCQ tests	Tutorial- lacrimal apparatus- dacryocystitits, Orbit I- anatomy and spaces of orbit , Orbit II- orbital cellulitis, cavernous sinus thrombosis, Thyroid orbitopathy, Ocular injuries- blunt trauma, penetrating trauma, chemical injuries	OP 2.1, OP 2.4,OP2. 5,OP2.6, OP2.7,O P2.8,OP 9.5

		(surface infections, emerging reemerging infections and hospital acquired infections						
	SDL						SDL 6-blunt trauma	
	AETCOM							
	Pandemic module							
	FAP							
December	Lecture	Tribal health(Health issues, challenges),Essential Medicine,Hospital acquired infections(Epidemiology and preventio),MCQ test/Theory paper pattern explanation	CM8.1,1 9.1 ,19.2,19. 3	Substance abuse, Torture	FM12.1, FM3.30, FM3.31, FM3.33, FM2.15		Squint I- Extraocular muscle anatomy, actions and nerve supply, binocular vision, classification of squint, paralytic squint, Squint II- concomittant squint, amblyopia, causes, assessment, managem ent of squint, Intraocular tumours- retinoblastoma, malignant melanoma, enucleation, eviscerati on, Ocular Theruapuetics, Community Ophthal	OP 9.2, OP 2.7,OP 2.8,9.4

SGT	Tutorial 5- epidemiology of non-communicable diseses Health information and Basic Medical statistics Tutorial 6-Environment and health, genetics and health, Medicine and social sciences Tutorial 7- Demography and Family Planning Reproductive maternal and child health and Geriatrics Tutorial 8- Nutrition and Health Tutorial - 9 (Occupational health and Mental health) , Tutorial - 10 (Communication for heaalth education, Health planning and management),	8.2,8.3, 6.1- 6.4,2.1- 2.5, 3.1- 3.8, 20.1- 20.4,11.1 - 11.5 15.1- 15.3, 4.1- 4.3,16.1- 16.4,13.1 -13.4, 14.1-14.3 9.1- 9.7,10.1- 10.9 10.1- 10.9,12.1 - 2.4,5.1,5. 8	Toxicology Demo, Certificate writing revision	FM14.17 , FM3.18, FM3.20, FM3.21		Tutorial- squint I, intra ocular tumors	OP 9.2, OP 2.7,OP 2.8,9.4
SDL			Designer drugs, Environment al Toxicology	FM12.1, FM13.1, FM13.2		SDL 7-Chemical injuries	
AETCOM							
Pandemic module							
FAP							

		SDI	(surface infections, emerging reemerging infections and hospital acquired infections						-
A.	1	SDL	•••					SDL 6-blunt trauma	
	1.1	AETCOM							
		Pandemic module							
	Sec. 1	FAP				The second			
	December	Lecture	Tribal health(Health issues, challenges),Essential Medicine,Hospital acquired infections(Epidemiology and preventio),MCQ test/Theory paper pattern explanation	CM8.1,1 9.1 ,19.2,19. 3	Substance abuse, Torture	FM12.1, FM3.30, FM3.31, FM3.33, FM2.15		Squint I- Extraocular muscle anatomy, actions and nerve supply, binocular vision, classification of squint, paralytic squint, Squint II- concomittant squint, amblyopia, causes, assessment, managem ent of squint, Intraocular tumours- retinoblastoma, malignant melanoma, enucleation, eviscerati on, Ocular Theruapuetics, Community Ophthal	OP 9.2, OP 2.7,OP 2.8,9.4

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