

MBBS Phase III Part II Clinical Posting – 2019 batch

Period	Medicine (8 Weeks)	Surgery (8 Weeks)	Obs-gyn (8 Weeks)	Peds (4 Weeks)	Ortho (2 Weeks)	Derma (2 Weeks)
01/04/2023 to 14/04/2023	A	B	C	D1+D2	D3	D4
15/04/2023 to 28/04/2023	A	B	C	D1+D2	D4	D3
29/04/2023 to 12/05/2023	A	B	C	D3+D4	D1	D2
13/05/2023 to 26/05/2023	A	B	C	D3+D4	D2	D1
27/05/2023 to 09/06/2023	D	A	B	C1+C2	C3	C4
10/06/2023 to 23/06/2023	D	A	B	C1+C2	C4	C3
24/06/2023 to 07/07/2023	D	A	B	C3+C4	C1	C2
08/07/2023 to 21/07/2023	D	A	B	C3+C4	C2	C1
22/07/2023 to 04/08/2023	C	D	A	B1+B2	B3	B4
05/08/2023 to 15/08/2023	C	D	A	B1+B2	B4	B3
16/08/2023 to 31/08/2023	Examinations (Internal Assessment)					
Postings continued after term examinations	Medicine	Surgery	Obs-gyn	Peds	Ortho	Derma
01/09/2023 to 05/09/2023	C	D	A	B1+B2	B4	B3
06/09/2023 to 19/09/2023	C	D	A	B3+B4	B1	B2
20/09/2023 to 03/10/2023	C	D	A	B3+B4	B2	B1
04/10/2023 to 17/10/2023	B	C	D	A1+A2	A3	A4
18/10/2023 to 31/10/2023	B	C	D	A1+A2	A4	A3
02/11/2023 to 14/11/2023	B	C	D	A3+A4	A1	A2
15/11/2023 to 28/11/2023	B	C	D	A3+A4	A2	A1
29/11/2023 to 05/12/2023	A	B	C			
06/12/2023 to 12/12/2023	B	C	D			
13/12/2023 to 19/12/2023	C	D	A			
20/12/2023 to 26/12/2023	D	A	B			
01/01/2024 to 31/01/2024	Examinations (Sent -up)					

A= 1 to 42

B= 43 to 83

C= 84 to 127

D= 128 onwards

A1= 1 to 10

B1= 43-52

C1= 84-94

D1= 128-138

A2= 11-21

B2= 53-63

C2= 95-105

D2= 139-149

A3= 21-30

B3= 64-73

C3= 106-116

D3= 150-159

A4= 31-42

B4= 74-83

C4= 117-127

D4= 160 onwards

Phase III Part II Clinical Posting

Posted for Monday – Saturday, between 9am – 12pm.

Total Duration of posting **24 days x 3 hours = 72 hours (51 Paediatrics + 21 Hours Neonatology)** in Phase III part II. Competencies to be covered are as detailed in the Table below.

Primary Focus would be on clinical case based approach including management

Try to cover a variety of cases, rather than repeating same type of cases.

Revision of instruments, Drugs, vaccines and X-rays have to be repeated again after phase III part I

Day	Topic	Competency
D1	Clinical case- Undernutrition	History (PE 9.4), Examination (PE 9.6, 9.7, 10.4) & Management - SAM
D2	Clinical case – Fever >7 days	PE 34.14 -34.20
D3	Clinical Case - Abdomen	History (PE 21.8, 26.5), Examination (21.9, 26.6, 26.7, 26.8, 26.9) & Management – HSM, Ascites, CLD
D4	Clinical Case - Diarrhea	History (PE 24.9), Examination (24.10, 24.11, 24.13, 24.14) & Management – AGE with dehydration / Chronic diarrhea
D5	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management – ACHD/CCHD/RHD/CHF
D6	Clinical case – Respiratory system	History (PE 28.9), Examination & Management (PE 28.10,28.11,28.12,28.13, 28.14, 28.15,28.16, 28.17, 31.2, 31.4, 31.6, 31.7, 31.9) – Pneumonia/ Empyema/Wheezy child
D7	Clinical Case – Genito-urinary System	History (21.8), Examination (21.9, 21.10, 21.11, 21.12, 21.13, 21.14) & Management – Nephrotic syndrome, PSGN Interpretation of urine analysis
D8	Clinical Case - Hemato-oncology	History (PE 29.10), Examination (PE 29.11,29.12, 29.13, 29.14, 29.15) & Management – anemia with / without Organomegaly

		Interpret hemogram and Iron Panel, Propose a management plan for IRON deficiency anemia
D9	Clinical Case - CNS	History (PE 30.17, 30.18,30.19), Examination (PE 30.18,30.19, 30.21, 30.22, 30.23) & Management - Meningitis, Paralysis, epilepsy, Cerebral Palsy
D10	Fluid therapy in Paediatrics	1. Calculate the fluid and electrolyte requirement in health, Interpret electrolyte report 2. Choose the type of fluid and calculate the fluid requirement in shock
D11	Clinical Case - Abdomen	History (PE 21.8, 26.5), Examination (21.9, 26.6, 26.7, 26.8, 26.9) & Management
D12	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management
D13	Clinical case – Respiratory system	History (PE 28.9), Examination (PE 28.10,28.11,28.12,28.13, 28.14, 28.15,28.16, 28.17, 31.2, 31.4, 31.6, 31.7, 31.9) & Management
D14	Clinical Case - Hemato-oncology	History (PE 29.10), Examination (PE 29.11,29.12, 29.13, 29.14, 29.15) & Management
D15	Clinical Case - CNS	1. Unconscious child - History (PE 30.17, 30.18,30.19), Examination (PE 30.18,30.19, 30.21, 30.22, 30.23) 2. Assess level of consciousness & provide emergency treatment to a child with convulsions/coma. 3. Position an unconscious child 4. Position a child with suspected, Administer IV/per rectal Diazepam for a convulsing child in a simulated environment
D16	Assessment of a normal neonate	History and Examination of a normal neonate (PE 20.4, 20.5)
D17	Feeding assessment	History and assessment related with feeding in a neonate (PE 20.11)
D18	Clinical case	History and assessment related to – LBW / preterm neonate(PE 7.5, 7.7, 20.11)
D19	Clinical case	Neonatal jaundice (PE 20.12)
D20	Assessment of a sick neonate	Identify and stratify risk in a sick neonate using IMNCI guidelines (PE 20. 18)
D21	Neonatal Resuscitation(PE 20.3)	1. Demonstration of neonatal resuscitation in a manikin

		<ol style="list-style-type: none"> 2. Demonstration of placement of orogastric tube during prolonged PPV in a manikin. 3. Demonstrate the ‘thumb technique’ and ‘two finger technique’ of providing chest compression in a manikin. 4. Identify the correct size of Laryngoscope and endotracheal tube based on given birth weight/ gestation correctly. 5. Perform PPV, chest compression and endotracheal intubation in manikin
D22	X-rays in Paediatrics	<ol style="list-style-type: none"> 1. Interpret normal and abnormal X-rays of chest, abdomen, skull and hand (neonates and children)
D23	End of posting Assessment - Theory	Assessment of competencies in Pediatrics
D24	End of posting Assessment - Practical	Assessment of competencies in Pediatrics

Department of Obstetrics & Gynaecology

UCMS & GTBH

MBBS Batch 2019

Phase 3 part II, CLINICAL POSTING- 4Weeks

Students will be divided among units and will rotate as per unit OPD/OT/ward from 9 am to 11am, and 1 hour common small group teaching with labour demonstration/case presentations will be done covering following competencies

LONG CASE- comprises of detailed history and examination of patient (competency no.5.2.8.1,8.2,8.3,8.4,8.6,17.2,19.2,35.1, 35.2, 35.3, 35.4,35.5, 35.8, 35.9, 35.10, 36.1,36.2)

Short Cases (competency no. 35.1,35.2,35.8,36.1 and below)

Labour Topics (competency no—8.5,13.4,14.1,35.13)

Day.	Topic	Competency No.
1	Long case -Anaemia in Pregnancy	12.2
2	Short case discussion-AUB & fibroid uterus	24.1
3	Skull & Pelvis demo in dummy	14.1
4	Long case -HTN in Pregnancy	12.1
5	Short case discussion -GTN: H Mole & GTN Classification	34.3
6	Mechanism of Normal Labour in simulation	13.1
7	Long case -FGR in pregnancy	16.3
8	Short case discussion- Amenorrhea	25.1
	Mechanism of Labour in Occipito-posterior Position	14.1
9	Long case -Diabetes in pregnancy	12.3
10	U-V prolapsed short case	31
11	Mechanism & conduct of breech	14.4
12	Long case -PTLP & PROM	13.2
13	VVF short case	26.6
14	PPH(including cervical tear) Management & other Drugs of induction of Labour	35.16
15	Post partum case-Normal evaluation	19.1

16	Infertility-short case	28.1
17	Obstructed Labour & Malpresentation	14.2
18	Long case -Pregnancy with previous cesarean	
19	Steps of Hysterectomy & Instruments	37.3
20	Forceps & ventouse	15.1
21	Long case -Multiple pregnancy	11.1
22	Steps of ARM & Cesarean Section	35.13
23	First trimester Abortion/Ectopic pregnancy	9.3
24	Internal assessment	

ORTHOPAEDICS PRACTICAL

DAY	COMPETENCY
Day 1	Topic – Overview of Fractures OR 2.3 History taking in case of fractures OR 2.5-2.13 Relevant clinical examination and investigations
Day 2	TOPIC –Overview of fractures OR 2.1-2.14 Management of different fractures
Day 3	TOPIC – INFECTION OR 3.1 History taking and clinical examination of osteomyelitis OR 3.2, 3.3 Relevant investigation and procedures
Day 4	TOPIC – SKELETAL TUBERCULOSIS OR 4.1 History taking and clinical examination in tuberculosis of : Hip Knee Spine
Day 5	TOPIC – DEGENERATIVE DISORDERS OR 6.1 Relevant history and clinical examination in : Prolapsed intervertebral disc Degenerative spinal disorders
Day 6	TOPIC – METABOLIC BONE DISORDERS OR 7.1 Relevant history and clinical examination in Rickets
Day 7	TOPIC – BONE TUMOURS OR- 10.1 Relevant history taking and examination of : Benign tumours Malignant tumours
Day 8	TOPIC – PERIPHERAL NERVE INJURIES OR 11.1 History taking and examination of peripheral nerve injuries <ul style="list-style-type: none"> - Foot Drop - Wrist Drop - Claw hand
Day 9	TOPIC – CONGENITAL LESIONS OR 12.1 Relevant history , examination and management of congenital malformations: <ul style="list-style-type: none"> - Club foot - Congenital dislocation of hip - Torticollis - Spinal dysraphism
Day 10	TOPIC – PROCEDURAL SKILLS OR 13.1 Participate in a team for procedure in patients and demonstrating the ability to perform on simulated patients: <ul style="list-style-type: none"> - Below and above elbow slab and cast - Below and above knee slab and cast
Day 11	TOPIC – PROCEDURAL SKILLS OR 13.1 Participate in a team for procedure in patients and demonstrating the ability to

	perform on simulated patients: - Splints and tractions
Day 12	TOPIC – Relevant radiology
Day 13	Formative Assessment

**DEPARTMENT OF MEDICINE
UCMS & GTB HOSPITAL DELHI -95**

**CLINICAL COMPETENCIES FOR CBME (SH) Phase 3(Part 2) BATCH 2019 FOR ACADEMIC
SESSION 2023-2024**

1. HEART FAILURE

IM1.16 Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis in a case of heart failure

IM1.14. Demonstrate and measure jugular venous distension.

IM 1.15. Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations

IM1.17 Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures

IM1.18 Perform and interpret a 12 lead ECG. (Certification after 3/Log Book)

IM1.27 Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease.(KH)

IM1.28 Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease

IM1.30 Administer an intramuscular injection with an appropriate explanation to the patient. (LOG BOOK)

2. AMI/IHD

IM2.10 Order, perform and interpret an ECG (CERTIFICATION after 3)

IM2.11 Order and interpret a Chest X-ray and markers of acute myocardial infarction.

IM2.12 Choose and interpret a lipid profile and identify the desirable lipid profile in the clinical context.

IM2.21 Observe and participate in a controlled environment an ACLS program

IM2.21 Observe and participate in a controlled environment an ACLS program.

IM2.22 Perform and demonstrate in a mannequin BLS. (Certification -1)

3. PNEUMONIA

IM3.7 Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG

IM3.8 Demonstrate in a mannequin and interpret results of an arterial blood gas examination.

IM3.9 Demonstrate in a mannequin and interpret results of a pleural fluid aspiration.

IM3.10 Demonstrate the correct technique in a mannequin and interpret results of a blood culture.

IM3.11 Describe and enumerate the indications further testing including Radiodiagnosis HRCT, Viral cultures, PCR and specialised testing.

IM3.12 Select, describe and prescribe based on the most likely aetiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum.

IM3.13 Select, describe and prescribe based on culture and sensitivity appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum.

IM3.14 Perform and interpret a sputum gram stain and AFB.

IM3.18 Communicate and counsel patient on family on the diagnosis and therapy of pneumonia

FEVER AND FEBRILE SYNDROMES

IM4.13 Perform and interpret a sputum gram stain (LOG BOOK DOCUMENTATION)

IM4.14 Perform and interpret a sputum AFB (LOG BOOK DOCUMENTATION)

IM4.15 Perform and interpret a malarial smear (LOG BOOK DOCUMENTATION)

IM4.17 Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment (LOG BOOK DOCUMENTATION)

IM4.19 Assist in the collection of blood and wound cultures (LOG BOOK DOCUMENTATION)

IM4.20 Interpret a PPD (Mantoux) (LOG BOOK DOCUMENTATION)

IM4.24 Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis in a case of fever

IM4.25 Communicate to the patient and family the diagnosis and treatment.

LIVER

IM5.11 Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom (KH) in a case of liver disease.

IM5.13 Enumerate the indications for ultrasound and other imaging studies including MRCP and ERCP and describe the findings in liver disease. (K)

IM5.14 Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology

IM5.15 Assist in the performance and interpret the findings of an ascitic fluid analysis. (KH)

HIV

IM6.7 Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status.

IM6.8 Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom.

IM6.9 Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC. (KH)

IM6.10 Choose and interpret appropriate diagnostic tests to diagnose opportunistic infections CBC including CBC, sputum examination and assessment cultures, blood cultures, stool analysis, CSF analysis and Chest radiographs. (KH)

- IM6.11 Enumerate the indications and describe the findings for CT of the chest and brain and MRI.(K)
- IM6.12 Enumerate the indications for and interpret the results of: pulse oximetry, ABG, Chest Radiograph(KH)
- IM6.14 Perform and interpret AFB sputum.
- IM6.15 Demonstrate in a model the correct technique to perform a lumbar puncture
- IM6.19 Counsel patients on prevention of HIV transmission
- IM6.20 Communicate diagnosis, treatment plan and subsequent follow up plan to patients.
- IM6.21 Communicate with patients on the importance of medication adherence
- IM6.22 Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV
- IM6.23 Demonstrate a non-judgemental attitude to patients with HIV and to their lifestyles (SDG)

RHEUMATOLOGY

- IM7.11 Elicit document and present a medical history that will differentiate the aetiologies of disease.
- IM7.12 Perform a systematic examination of y all joints, muscle and skin that will establish the diagnosis and severity of disease
- IM7.13 Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology (KH)
- IM7.14 Describe the appropriate diagnostic work up based on the presumed aetiology (KH) IM7.15 Enumerate the indications for and interpret the results of : CBC, anti- CCP, RA, ANA, DNA and other tests of autoimmunity
- IM7.17 Enumerate the indications and interpret plain radiographs of joints
- IM7.18 Communicate diagnosis, treatment plan and subsequent follow up plan to patients
- IM7.19 Develop an appropriate treatment plan for patients with rheumatologic diseases (KH)
- IM7.20 Select, prescribe and communicate appropriate medications for relief of joint pain
- IM7.21 Select, prescribe and communicate preventive therapy for crystalline arthropathies(KH)
- IM7.22 Select, prescribe and communicate treatment option for systemic rheumatologic conditions
- IM7.23 Describe the basis for biologic and disease modifying therapy in rheumatologic diseases (KH)
- IM7.24 Communicate and incorporate patient preferences in the choice of therapy
- IM7.25 Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions.
- IM7.26 Demonstrate an understanding of the impact of rheumatologic conditions on quality of life, well being, work and family.

ANEMIA

- IM9.10 Describe, perform and interpret a peripheral smear and stool occult blood.
- IM9.13 Prescribe replacement therapy with iron, B12, folate

IM9.19 Assist in a blood transfusion (LOG BOOK)

ACUTE KIDNEY INJURY AND CHRONIC RENAL FAILURE

IM10.14 Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology (KH)

IM10.15 Describe the appropriate diagnostic work up based on the presumed aetiology

IM10.16 Enumerate the indications for and interpret the results of : renal function tests, calcium, phosphorus, PTH, urine electrolytes, osmolality, Anion gap. (KH)

IM10.17 Describe and calculate indices of renal function based on available laboratories including FENa (Fractional Excretion of Sodium) and CrCl (Creatinine Clearance)

IM10.18 Identify the ECG findings in hyperkalemia

IM10.20 Describe and discuss the indications to perform arterial blood gas analysis: interpret the data.

IM10.21 Describe and discuss the indications for and insert a peripheral intravenous catheter

IM10.22 Describe and discuss the indications, demonstrate in a model and assist in the insertion of a central venous or a dialysis catheter.

IM10.24 Counsel patients on a renal diet.

DIABETES MELLITUS

IM11.11 Order and interpret laboratory tests to diagnose diabetes and its complications including: glucoses, glucose tolerance test, glycosylated hemoglobin, urinary micro albumin, ECG, electrolytes, ABG, ketones, renal function tests and lipid profile.

IM11.12 Perform and interpret a capillary blood glucose test. (CERTIFICATION 2)

IM11.13 Perform and interpret a urinary ketone estimation with a dipstick. (CERTIFICATION 2)

IM11.19 Demonstrate and counsel patients on the correct technique to administer insulin

IM11.20 Demonstrate to and counsel patients correct technique on the of self monitoring of blood glucoses.

IM11.21 Recognise the importance of patient preference while selecting therapy for diabetes (FACULTY OBSERVATION)

THYROID

IM12.5 Elicit document and present an appropriate history that will establish the diagnosis cause of thyroid dysfunction and its severity.

IM12.7 Demonstrate the correct technique to palpate the thyroid.

IM12.8 Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis.

IM12.9 Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio iodine uptake and scan.

IM12.10 Identify atrial fibrillation, pericardial effusion and bradycardia on ECG.

IM12.11 Interpret thyroid function tests in hypo and hyperthyroidism

IM12.14 Write and communicate to the patient appropriately a prescription for thyroxine based on age, sex, and clinical and biochemical status.

IM12.15 Describe and discuss the indications of thionamide therapy, radio iodine therapy and surgery in the management of thyrotoxicosis (KH)

COMMON MALIGNANCIES

IM13.7 Elicit document and present a history that will help establish the aetiology of cancer and includes the appropriate risk factors, duration and evolution.

IM13.8 Perform and demonstrate a physical examination that includes an appropriate general and local examination that excludes the diagnosis, extent spread and complications of cancer.

IM13.9 Demonstrate in a mannequin the correct technique for performing breast exam rectal examination and cervical , examination and pap smear. (K)

IM13.10 Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis. (K)

IM13.11 Order and interpret diagnostic testing based on the clinical diagnosis including CBC and stool occult blood and prostate specific antigen. (K)

IM13.12 Describe the indications and interpret the results of Chest X Ray, mammogram, skin and tissue biopsies and tumor markers used in common cancers. (KH)

IM13.13 Describe and assess pain and suffering objectively in a patient with cancer. (KH)

IM13.14 Describe the indications for surgery, radiation and chemotherapy for common malignancies. (KH)

IM13.15 Describe the need, tests involved, their utility in the prevention of common malignancies. (KH)

IM13.16 Demonstrate an understanding and needs and preferences of patients when choosing curative and palliative therapy. (KH)

IM13.17 Describe and enumerate the indications, use, side effects of narcotics in pain alleviation in patients with cancer. (KH)

IM13.18 Describe and discuss the ethical and the medico legal issues involved in end of life care. (KH)

IM13.19 Describe the therapies used in alleviating suffering in patients at the end of life. (KH)

OBESITY

IM14.6 Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history and clues for secondary causes motivation to lose weight.

IM14.7 Perform, document and demonstrate a physical examination based on the history that includes general examination, measurement of abdominal obesity, signs of secondary causes and comorbidities.

IM14.8 Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis

IM14.9 Order and interpret diagnostic tests based on the clinical diagnosis including blood glucose, lipids, thyroid function tests etc.

IM14.10 Describe the indications and interpret the results of tests for secondary causes of obesity(KH)

IM14.11 Communicate and counsel patient on behavioural, dietary and lifestyle modifications

IM14.12 Demonstrate an understanding of patient's inability to adhere to lifestyle instructions and counsel them in a non - judgemental way.

GI BLEEDING

IM15.4 Elicit and document and present an appropriate history that identifies the route of bleeding, quantity, grade, volume loss, duration, etiology, comorbid illnesses and risk factors.

IM15.7 Demonstrate the correct technique to perform an anal and rectal examination in a mannequin or equivalent.

IM15.8 Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis.

IM15.9 Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, PT and PTT, stool examination, occult blood, liver function tests, H.pylori test.

IM15.13 Observe cross matching and blood / blood component transfusion.

IM15.18 Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options.

DIAHRREAL DISEASE

IM16.4 Elicit and document and present an appropriate history that includes the natural history, dietary history, travel sexual history and other concomitant illnesses.

IM16.8 Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, and stool examination.

IM16.9 Identify common parasitic causes of diarrhea under the microscope in a stool specimen.

IM16.10 Identify vibrio cholera in a hanging drop specimen

HEADACHE

IM17.2 Elicit and document and present an appropriate history including aura, precipitating aggravating and relieving factors, associated symptoms that help identify the cause of headaches.

IM17.3 Classify migraine and describe the distinguishing features between classical and non classical forms of migraine.

IM17.4 Perform and demonstrate a general neurologic examination and a focused examination for signs of intracranial tension including neck signs of meningitis.

IM17.5 Generate document and present a differential diagnosis based on the features and prioritise the clinical features, diagnosis based on the presentation.

IM17.9 Interpret the CSF findings when presented with various parameters of CSF fluid analysis.

IM17.14 Counsel patients with migraine and tension headache on lifestyle changes and need for prophylactic therapy.

CEREBRO VASCULAR ACCIDENT

IM18.3 Elicit and document and present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident.

IM18.4 Identify the nature of the cerebrovascular accident based on the temporal evolution and resolution of the illness.

IM18.5 Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate, based on the history.

IM18.6 Distinguish the lesion based on upper vs lower motor neuron, side, site and most probable nature of the lesion.

IM18.7 Describe the clinical features and distinguish, based on clinical examination, the various disorders of speech.

IM18.8 Describe and distinguish, based on the clinical presentation, the types of bladder dysfunction seen in CNS disease.

IM18.9 Choose and interpret the appropriate diagnostic and imaging test that will delineate the anatomy and underlying cause of the lesion.

IM18.17 Counsel patient and family about the diagnosis and therapy in an empathetic manner.

MOVEMENT DISORDER

IM19.3 Elicit and document and present an appropriate history including onset, progression precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the movement disorders.

IM19.4 Perform, demonstrate and document a physical examination that includes a general examination and a detailed neurologic examination using standard movement rating scales.

IM19.5 Generate document and present a differential diagnosis and prioritise based on the history and physical examination.

IM19.6 Make a clinical diagnosis regarding on the anatomical location, nature and cause of the lesion based on the clinical presentation and findings.

IM19.7 Choose and interpret diagnostic and imaging tests in the diagnosis of movement disorders.

ENVENOMATION

IM20.2 Describe, demonstrate in a volunteer or a mannequin and educate (to other health care workers / patients) the correct initial management of patient with a snake bite in the field.

IM20.4 Elicit and document and present an appropriate history, the circumstance, time, kind of snake, evolution of symptoms in a patient with snake bite.

IM20.5 Perform a systematic examination, document and present a physical examination that includes general examination, local examination, appropriate cardiac and neurologic examination.

IM20.6 Choose and interpret the appropriate diagnostic testing in patients with snake bites.

POISONING

IM21.5 Observe and describe the functions and role of a poison center in suspected poisoning.

IM21.7 Counsel family members of a patient with suspected poisoning about the clinical and medico legal aspects with empathy.

IM21.8 Enumerate the indications for psychiatric consultation and describe the precautions to be taken in a patient with suspected suicidal ideation / gesture.

NUTRITION

IM23.5 Counsel and communicate to patients in a simulated environment with illness on an appropriate balanced diet.

MISCELLANEOUS

IM25.4 Elicit document and present a medical history that helps delineate the aetiology of these diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and travel.

IM25.5 Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin, mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)

IM25.6 Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes.

IM25.7 Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, blood biochemistry, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC.

IM25.9 Assist in the collection of blood and other specimen cultures. (LOG BOOK DOCUMENTATION)

IM25.10 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner.

IM25.11 Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis.

IM25.12 Communicate to the patient and family the diagnosis and treatment of identified infection.

IM25.13 Counsel the patient and family on prevention of various infections due to environmental issues.



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