

Curriculum Batch-2020 (2024-2025)

Gen. Medicine

Day	9 AM to 12 Noon
Day-1	Describe ,discuss and differentiate the processes involved in R Vs L heart failure, systolic vs diastolic failure
Day-2	Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodelling and neurohormonal adaptations
Day-3	Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodelling and neurohormonal adaptations
Day-4	Describe and discuss the epidemiology, pathogenesis clinical evolution and course of common causes of heart disease including: rheumatic/ valvular, ischemic, hypertrophic inflammatory
Day-5	Describe and discuss the genetic basis of some forms of heart failure
Day-6	Describe and discuss the aetiology microbiology pathogenies and clinical evolution of rheumatic fever, criteria, degree of rheumatic activity and rheumatic valvular heart disease and its complications including infective endocarditis
Day-7	Stage heart failure
Day-8	Describe and discuss the pathogenesis and development of common arrhythmias involved in heart failure particularly atrial fibrillation
Day-9	Describe and discuss the clinical presentation and features, diagnosis, recognition and management of acute rheumatic fever
Day-10	Elicit document and present an appropriate history that will establish the diagnosis, cause and severity of heart failure including: presenting complaints, precipitating and exacerbating factors, risk factors exercise tolerance, changes in sleep patterns, features suggestive of infective endocarditis
Day-11	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal
Day-12	Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure
Day-13	Measure the blood pressure accurately, recognise and discuss alterations in blood pressure in valvular heart disease and other causes of heart failure and cardiac tamponade
Day-14	Demonstrate and measure jugular venous distension
Day-15	Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations
Day-16	Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis
Day-17	Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures
Day-18	Perform and interpret a 12 lead ECG
Day-19	Enumerate the indications for and describe the findings of heart failure with the following conditions including: 2D echocardiography, brain natriuretic peptide, exercise testing, nuclear medicine testing and coronary angiogram
Day-20	Determine the severity of valvular heart disease based on the clinical and laboratory and imaging features and determine the level of intervention required including surgery
Day-21	Describe and discuss and identify the clinical features of acute and subacute endocarditis, echocardiographic findings, blood culture and sensitivity and therapy

Day-22	Assist and demonstrate the proper technique in collecting specimen for blood culture
Day-23	Describe, prescribe and communicate non pharmacologic management of heart failure including sodium restriction, physical activity and limitations
Day-24	Describe and discuss the pharmacology of drugs including indications, contraindications in the management of heart failure including diuretics, ACE inhibitors, Beta blockers, aldosterone antagonists and cardiac glycosides
Day-25	Enumerate the indications for valvuloplasty, valvotomy, coronary revascularization and cardiac transplantation
Day-26	Develop document and present a management plan for patients with heart failure based on type of failure, underlying aetiology
Day-27	Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease
Day-28	Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease
Day-29	Elicit document and present an appropriate history, demonstrate correctly general examination, relevant clinical findings and formulate document and present a management plan for an adult patient presenting with a common form of congenital heart disease
Day-30	Administer an intramuscular injection with an appropriate explanation to the patient
Day-31	Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation
Day-32	Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on "cannot miss", most likely diagnosis and severity
Day-33	Discuss and describe the epidemiology, antecedents and risk factors for atherosclerosis and ischemic heart disease
Day-34	Discuss the aetiology of risk factors both modifiable and non modifiable of atherosclerosis and IHD
Day-35	Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis
Day-36	Discuss and describe the pathogenesis natural history, evolution and complications of atherosclerosis and IHD
Day-37	Define the various acute coronary syndromes and describe their evolution, natural history and outcomes
Day-38	Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes
Day-39	Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation
Day-40	Order, perform and interpret an ECG
Day-41	Order and interpret a Chest X-ray and markers of acute myocardial infarction
Day-42	Choose and interpret a lipid profile and identify the desirable lipid profile in the clinical context
Day-43	Discuss and enumerate the indications for and findings on echocardiogram, stress testing and coronary angiogram

Day-44	Discuss and describe the indications for admission to a coronary care unit and supportive therapy for a patient with acute coronary syndrome
Day-45	Discuss and describe the medications used in patients with an acute coronary syndrome based on the clinical presentation
Day-46	Discuss and describe the indications for acute thrombolysis, PTCA and CABG
Day-47	Discuss and describe the indications and methods of cardiac rehabilitation
Day-48	Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of dyslipidemia
Day-49	Discuss and describe the pathogenesis, recognition and management of complications of acute coronary syndromes including arrhythmias, shock, LV dysfunction, papillary muscle rupture and pericarditis
Day-50	Discuss and describe the assessment and relief of pain in acute coronary syndromes
Day-51	Observe and participate in a controlled environment an ACLS program
Day-52	Perform and demonstrate in a mannequin BLS
Day-53	Describe and discuss the indications for nitrates, anti platelet agents, gpIIb IIIa inhibitors, beta blockers, ACE inhibitors etc in the management of coronary syndromes
Day-54	Counsel and communicate to patients with empathy lifestyle changes in atherosclerosis / post coronary syndromes
Day-55	Define, discuss, describe and distinguish community acquired pneumonia, nosocomial pneumonia and aspiration pneumonia
Day-56	Discuss and describe the aetiologies of various kinds of pneumonia and their microbiology depending on the setting and immune status of the host
Day-57	Discuss and describe the pathogenesis, presentation, natural history and complications of pneumonia
Day-58	Elicit document and present an appropriate history including the evolution, risk factors including immune status and occupational risk
Day-59	Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of disease
Day-60	Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation
Day-61	Demonstrate in a mannequin and interpret results of an arterial blood gas examination
Day-62	Demonstrate in a mannequin and interpret results of a pleural fluid aspiration
Day-63	Demonstrate the correct technique in a mannequin and interpret results of a blood culture
Day-64	Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialised testing
Day-65	Select, describe and prescribe based on the most likely aetiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum

Day-66	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
Day-67	Select, describe and prescribe based on culture and sensitivity appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum.
Day-68	Perform and interpret a sputum gram stain and AFB
Day-69	Describe and enumerate the indications for hospitalisation in patients with pneumonia
Day-70	Describe and enumerate the indications for isolation and barrier nursing in patients with pneumonia
Day-71	Describe and discuss the supportive therapy in patients with pneumonia including oxygen use and indications for ventilation
Day-72	Describe and discuss the febrile response and the influence of host immune status, risk factors and comorbidities on the febrile response
Day-73	Describe and discuss the influence of special populations on the febrile response including: the elderly, immune suppression, malignancy and neutropenia, HIV and travel
Day-74	Discuss and describe the common causes, pathophysiology and manifestations of fever in various regions in India including bacterial, parasitic and viral causes (e.g.Dengue, Chikungunya, Typhus)
Day-75	Describe and discuss the pathophysiology and manifestations of inflammatory causes of fever
Day-76	Communicate and counsel patient on family on the diagnosis and therapy of pneumonia
Day-77	Discuss, describe, enumerate the indications and communicate to patients on pneumococcal and influenza vaccines
Day-78	Describe and discuss the pathophysiology and manifestations of malignant causes of fever including hematologic and lymph node malignancies
Day-79	Discuss and describe the pathophysiology and manifestations of malaria
Day-80	Discuss and describe the pathophysiology and manifestations of the sepsis syndrome
Day-81	Discuss and describe the pathophysiology, aetiology and clinical manifestations of fever of unknown origin (FUO) including in a normal host, neutropenic host, nosocomial host and a host with HIV disease
Day-82	Elicit document and present a medical history that helps delineate the aetiology of fever that includes the evolution and pattern of fever, associated symptoms, immune status, comorbidities, risk factors, exposure through occupation, travel and environment and medication use
Day-83	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)
Day-84	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes
Day-85	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, 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
Day-86	Perform and interpret a sputum gram stain
Day-87	Perform and interpret a sputum AFB

Day-88	Perform and interpret a malarial smear
Day-89	Enumerate the indications and describe the findings in tests of inflammation and specific rheumatologic tests, serologic testing for pathogens including HIV, bone marrow aspiration and biopsy
Day-90	Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment
Day-91	Enumerate the indications for use of imaging in the diagnosis of febrile syndromes
Day-92	Assist in the collection of blood and wound cultures
Day-93	Interpret a PPD (Mantoux)
Day-94	Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner
Day-95	Describe and discuss the pharmacology, indications, adverse reactions, interactions of antimalarial drugs and basis of resistance
Day-96	Prescribe drugs for malaria based on the species identified, prevalence of drug resistance and national programs
Day-97	Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis
Day-98	Communicate to the patient and family the diagnosis and treatment
Day-99	Counsel the patient on malarial prevention
Day-100	Describe and discuss the physiologic and biochemical basis of hyperbilirubinemia
Day-101	Describe and discuss the aetiology and pathophysiology of liver injury
Day-102	Describe and discuss the pathologic changes in various forms of liver disease
Day-103	Describe and discuss the epidemiology, microbiology, immunology and clinical evolution of infective (viral) hepatitis
Day-104	Describe and discuss the pathophysiology and clinical evolution of alcoholic liver disease
Day-105	Describe and discuss the pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including ascites, spontaneous bacterial peritonitis, hepatorenal syndrome and hepatic encephalopathy
Day-106	Enumerate and describe the causes and pathophysiology of drug induced liver injury
Day-107	Describe and discuss the pathophysiology, clinical evolution and complications cholelithiasis and cholecystitis
Day-108	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history
Day-109	Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy

Day-110	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom
Day-111	Choose and interpret appropriate diagnostic tests including: CBC, bilirubin, function tests, Hepatitis serology and ascitic fluid examination in patient with liver diseases.
Day-112	Enumerate the indications for ultrasound and other imaging studies including MRCP and ERCP and describe the findings in liver disease
Day-113	Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology
Day-114	Assist in the performance and interpret the findings of an ascitic fluid analysis
Day-115	Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites spontaneous, bacterial peritonitis and hepatic encephalopathy
Day-116	Enumerate the indications, precautions and counsel patients on vaccination for hepatitis
Day-117	Enumerate the indications for hepatic transplantation
Day-118	Describe and discuss the symptoms and signs of acute HIV seroconversion
Day-119	Define and classify HIV AIDS based on the CDC criteria
Day-120	Describe and discuss the relationship between CDC count and the risk of opportunistic infections
Day-121	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related opportunistic infections
Day-122	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related malignancies
Day-123	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related skin and oral lesions
Day-124	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom
Day-125	Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC
Day-126	Choose and interpret appropriate diagnostic tests to diagnose opportunistic infections including CBC, sputum examination and cultures, blood cultures, stool analysis, CSF analysis and Chest radiographs
Day-127	Enumerate the indications and describe the findings for CT of the chest and brain and MRI
Day-128	Enumerate the indications for and interpret the results of: pulse oximetry, ABG, Chest Radiograph
Day-129	Describe and enumerate the indications and side effects of drugs for bacterial, viral and other types of diarrhea
Day-130	Perform and interpret AFB sputum
Day-131	Demonstrate in a model the correct technique to perform a lumbar puncture

Day-132	Discuss and describe the principles of HAART, the classes of antiretrovirals used, adverse reactions and interactions
Day-133	Discuss and describe the principles and regimens used in post exposure prophylaxis
Day-134	Enumerate the indications and discuss prophylactic drugs used to prevent HIV related opportunistic infections
Day-135	Counsel patients on prevention of HIV transmission
Day-136	Communicate diagnosis, treatment plan and subsequent follow up plan to patients
Day-137	Communicate with patients on the importance of medication adherence
Day-138	Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV
Day-139	Demonstrate a non-judgemental attitude to patients with HIV and to their lifestyles
Day-140	Describe the pathophysiology of autoimmune disease
Day-141	Describe the genetic basis of autoimmune disease
Day-142	Classify cause of joint pain based on the pathophysiology
Day-143	Develop a systematic clinical approach to joint pain based on the pathophysiology
Day-144	Describe and discriminate acute, subacute and chronic causes of joint pain
Day-145	Discriminate, describe and discuss arthralgia from arthritis and mechanical from inflammatory causes of joint pain
Day-146	Discriminate, describe and discuss distinguishing articular from periarticular complaints
Day-147	Determine the potential causes of joint pain based on the presenting features of joint involvement
Day-148	Describe the common signs and symptoms of articular and periarticular diseases
Day-149	Describe the systemic manifestations of rheumatologic disease
Day-150	Elicit document and present a medical history that will differentiate the aetiologies of disease
Day-151	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease
Day-152	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology
Day-153	Describe the appropriate diagnostic work up based on the presumed aetiology

Day-154	Enumerate the indications for and interpret the results of : CBC, anti- CCP, RA, ANA, DNA and other tests of autoimmunity
Day-155	Enumerate the indications for arthrocentesis
Day-156	Enumerate the indications and interpret plain radiographs of joints
Day-157	Communicate diagnosis, treatment plan and subsequent follow up plan to patients
Day-158	Develop an appropriate treatment plan for patients with rheumatologic diseases
Day-159	Select, prescribe and communicate appropriate medications for relief of joint pain
Day-160	Select, prescribe and communicate preventive therapy for crystalline arthropathies
Day-161	Select, prescribe and communicate treatment option for systemic rheumatologic conditions
Day-162	Describe the basis for biologic and disease modifying therapy in rheumatologic diseases
Day-163	Communicate and incorporate patient preferences in the choice of therapy
Day-164	Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions
Day-165	Demonstrate an understanding of the impact of rheumatologic conditions on quality of life, well being, work and family
Day-166	Determine the need for specialist consultation
Day-167	Describe and discuss the clinical manifestations of the various aetiologies of secondary causes of hypertension
Day-168	Describe, discuss and identify target organ damage due to hypertension
Day-169	Describe and discuss the epidemiology, aetiology and the prevalence of primary and secondary hypertension
Day-170	Describe and discuss the pathophysiology of hypertension
Day-171	Describe and discuss the genetic basis of hypertension
Day-172	Define and classify hypertension
Day-173	Describe and discuss the differences between primary and secondary hypertension
Day-174	Define, describe and discuss and recognise hypertensive urgency and emergency
Day-175	Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy

Day-176	Perform a systematic examination that includes : an accurate measurement of blood pressure, fundus examination, examination of vasculature and heart
Day-177	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology
Day-178	Describe the appropriate diagnostic work up based on the presumed aetiology
Day-179	Enumerate the indications for and interpret the results of : CBC, Urine routine, BUN, Cr, Electrolytes, Uric acid, ECG
Day-180	Develop an appropriate treatment plan for essential hypertension
Day-181	Recognise, prioritise and manage hypertensive emergencies
Day-182	Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, physical activity and sodium intake
Day-183	Perform and interpret a 12 lead ECG
Day-184	Incorporate patient preferences in the management of HTN
Day-185	Demonstrate understanding of the impact of Hypertension on quality of life, well being, work and family
Day-186	Determine the need for specialist consultation
Day-187	Define, describe and classify anemia based on red blood cell size and reticulocyte count
Day-188	Describe and discuss the morphological characteristics, aetiology and prevalence of each of the causes of anemia
Day-189	Elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, and family history
Day-190	Perform a systematic examination that includes : general examination for pallor, oral examination, DOAP session of hyper dynamic circulation, lymph node and splenic examination
Day-191	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology
Day-192	Describe the appropriate diagnostic work up based on the presumed aetiology
Day-193	Describe and discuss the meaning and utility of various components of the hemogram
Day-194	Describe and discuss the various tests for iron deficiency
Day-195	Order and interpret tests for anemia including hemogram, red cell indices, reticulocyte count, iron studies, B12 and folate
Day-196	Describe, perform and interpret a peripheral smear and stool occult blood
Day-197	Describe the indications and interpret the results of a bone marrow aspirations and biopsy
Day-198	Describe, develop a diagnostic plan to determine the aetiology of anemia

Day-199	Prescribe replacement therapy with iron, B12, folate
Day-200	Describe the national programs for anemia prevention
Day-201	Communicate the diagnosis and the treatment appropriately to patients
Day-202	Incorporate patient preferences in the management of anemia
Day-203	Describe the indications for blood transfusion and the appropriate use of blood components
Day-204	Describe the precautions required necessary when performing a blood transfusion
Day-205	Assist in a blood transfusion
Day-206	Communicate and counsel patients with methods to prevent nutritional anemia
Day-207	Determine the need for specialist consultation
Day-208	Define, describe and differentiate between acute and chronic renal failure
Day-209	Classify, describe and differentiate the pathophysiologic causes of acute renal failure
Day-210	Describe the pathophysiology and causes of pre renal ARF, renal and post renal ARF
Day-211	Describe the evolution, natural history and treatment of ARF
Day-212	Describe and discuss the aetiology of CRF
Day-213	Stage Chronic Kidney Disease
Day-214	Describe and discuss the pathophysiology and clinical findings of uraemia
Day-215	Classify, describe and discuss the significance of proteinuria in CKD
Day-216	Describe and discuss the pathophysiology of anemia and hyperparathyroidism in CKD
Day-217	Describe and discuss the association between CKD glycemia and hypertension
Day-218	Describe and discuss the relationship between CAD risk factors and CKD and in dialysis
Day-219	Elicit document and present a medical history that will differentiate the aetiologies of disease, distinguish acute and chronic disease, identify predisposing conditions, nephrotoxic drugs and systemic causes
Day-220	Perform a systematic examination that establishes the diagnosis and severity including determination of volume status, presence of edema and heart failure, features of uraemia and associated systemic disease
Day-221	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology
Day-222	Describe the appropriate diagnostic work up based on the presumed aetiology

Day-223	Enumerate the indications for and interpret the results of : renal function tests, calcium, phosphorus, PTH, urine electrolytes, osmolality, Anion gap
Day-224	Describe and calculate indices of renal function based on available laboratories including FENa (Fractional Excretion of Sodium) and CrCl (Creatinine Clearance)
Day-225	Identify the ECG findings in hyperkalemia
Day-226	Enumerate the indications and describe the findings in renal ultrasound
Day-227	Describe and discuss the indications to perform arterial blood gas analysis: interpret the data
Day-228	Describe and discuss the indications for and insert a peripheral intravenous catheter
Day-229	Describe and discuss the indications, demonstrate in a model and assist in the insertion of a central venous or a dialysis catheter
Day-230	Communicate diagnosis treatment plan and subsequent follow up plan to patients
Day-231	Counsel patients on a renal diet
Day-232	Identify and describe the priorities in the management of ARF including diet, volume management, alteration in doses of drugs, monitoring and indications for dialysis
Day-233	Describe and discuss the indications for renal dialysis
Day-234	Describe and discuss the indications for renal replacement therapy
Day-235	Describe discuss and communicate the ethical and legal issues involved in renal replacement therapy
Day-236	Recognise the impact of CKD on patient's quality of life well being work and family
Day-237	Incorporate patient preferences in to the care of CKD
Day-238	Define and classify diabetes
Day-239	Describe and discuss the epidemiology and pathogenesis and risk factors and clinical evolution of type 1 diabetes
Day-240	Describe and discuss the epidemiology and pathogenesis and risk factors economic impact and clinical evolution of type 2 diabetes
Day-241	Describe and discuss the genetic background and the influence of the environment on diabetes
Day-242	Describe and discuss the pathogenesis and temporal evolution of microvascular and macrovascular complications of diabetes
Day-243	Describe and discuss the pathogenesis and precipitating factors, recognition and management of diabetic emergencies
Day-244	Elicit document and present a medical history that will differentiate the aetiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease
Day-245	Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries)
Day-246	Describe and recognise the clinical features of patients who present with a diabetic emergency

Day-247	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology
Day-248	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
Day-249	Perform and interpret a capillary blood glucose test
Day-250	Perform and interpret a urinary ketone estimation with a dipstick
Day-251	Recognise the presentation of hypoglycaemia and outline the principles on its therapy
Day-252	Recognise the presentation of diabetic emergencies and outline the principles of therapy
Day-253	Discuss and describe the pharmacologic therapies for diabetes their indications, contraindications, adverse reactions and interactions
Day-254	Outline a therapeutic approach to therapy of T2Diabetes based on presentation, severity and complications in a cost effective manner

Department of Obs & Gynae		
Day	Learner doctor method of clinical Training	Assessment
Day-1	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-2	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-3	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
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Day-6	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-7	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Skill assessment
Day-8	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-9	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-10	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-11	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce, Skill assessment
Day-12	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Skill assessment
Day-13	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-14	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-15	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
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Day-69	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce
Day-70	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/Viva voce

Department of Pediatrics

Day	Competency No.	Topic
Day 1	PE23.9,24.10,21.9,26.6,32.2,32.3,32.7,32.8,32.12,32.13,32.05,32.10,2.5	Vitals check & General examination in a child, dysmorphic child, short stature
Day 2	PE26.5,26.6,26.8,26.9,26.13,	Gastrointestinal system (History and examination)
Day 3	PE13.3,13.5,29.13,29.4,	Approach to a case of anemia
Day 4	PE28.9,28.17,31.2	upper respiratory tract infection
Day 5	PE27.10,27.18,27.32	Approach to case of LRTI & Asthma Assessment
Day 6	PE18.6,18.7,18.8,20.4,20.5,20.6	Normal New Born examination & identification of danger signs
Day 7	PE7.5,7.6,7.7,7.8,7.9,18.3,18.4,18.5	Breast feeding, intranatal care neonatal resuscitation assesment & Counselling
Day 8	PE20.3,20.4,20.5,20.6,20.7,20.8,20.9,20.10,20.11,20.12,20.13,20.14,20.15,20.16,20.17,20.18	Neonatal resuscitation and sick neonate
Day 9	PE21.8,21.9,21.10,21.11,21.12,21.13,21.15,21.16	Genitourinary System
Day 10	PE22.2	Rheumatological disease
Day 11	PE23.10,23.11	Cardiovascular system examination
Day 12	PE23.12,23.13,23.14,,23.15	Chest X-ray, Blood Report, ECG & ECHO
Day 13	PE27.14,27.15,27.16,27.17,27.18,27.19,27.20,27.20,27.22,27.30,27.31,29.33	Pediatrics Emergency & Child Abuse
Day 14	PE28.17,28.18,28.15,28.19,28.20,31.6 to 31.10,,34.5 to 34.11	LRTI, Stridor, Asthma
Day 15	PE24.10,24.9,24.11,24.13,23.14,23.23	Diarrheal disease
Day 16	PE 30.17,30.18,	CNS(History & Exam)
Day 17	PE30.21,30.22,30.23,	CNS Investigations
Day 18	PE1.7,3.2,3.3	Approach to a case of developmental delay
Day 19	PE19.6,19.7,19.10,19.11,19.12,19.13,19.14	An Age appropriate immunization schedule
Day 20	PE3.3,3.4,3.5,3.8	Developmental delay and cerebral palsy

Day 21	PE15.3,15.4,15.5,15.6,15.7	Fluid and Electrolytes ,I.V and I.O line
Day 22	PE29.10,29.11,29.12	Haematology
Day 23	PE31.4,33.2,33.3,33.4,33.5,33.6,33.7,33.9,33.10,34.5,33.10	Hypothyroidism ,Diabetes Mellitus,Pube
Day 24	Ward Leaving	

Surgery Clinical Competency Topics

Days	Competency No.	Competency Topic
DAY 1	SU2.3	Communicate and counsel patients and families about the treatment and prognosis of shock demonstrating empathy and care
DAY 2	SU3.2	Observe blood transfusions.
DAY 3	SU3.3	Counsel patients and family/ friends for blood transfusion and blood donation.
DAY 4	SU8.2	Demonstrate Professionalism and empathy to the patient undergoing General Surgery
DAY 5	SU9.3	Communicate the results of surgical investigations and counsel the patient appropriately
DAY 6	SU10.2	Describe the steps and obtain informed consent in a simulated environment
DAY 7	SU10.3	Observe common surgical procedures and assist in minor surgical procedures; Observe emergency lifesaving surgical procedures.
DAY 8	SU10.4	Perform basic surgical Skills such as First aid including suturing and minor surgical procedures in simulated environment
DAY 9	SU11.3	Demonstrate maintenance of an airway in a mannequin or equivalent

DAY 10	SU13.4	Counsel patients and relatives on organ donation in a simulated environment
DAY 11	SU14.1	Describe Aseptic techniques, sterilization and disinfection.
DAY 12	SU14.4	Demonstrate the techniques of asepsis and suturing in a simulated environment
DAY 13	SU17.2	Demonstrate the steps in Basic Life Support. Transport of injured patient in a simulated environment
DAY 14	SU17.3	Describe the Principles in management of mass casualties
DAY 15	SU17.4	Describe Pathophysiology, mechanism of head injuries
DAY 16	SU17.10	Demonstrate Airway maintenance. Recognize and manage tension pneumothorax, hemothorax and flail chest in simulated environment.
DAY 17	SU2.3	Communicate and counsel patients and families about the treatment and prognosis of shock demonstrating empathy and care
DAY 18	SU3.2	Observe blood transfusions.
DAY 19	SU3.3	Counsel patients and family/ friends for blood transfusion and blood donation.

DAY 20	SU8.2	Demonstrate Professionalism and empathy to the patient undergoing General Surgery
DAY 21	SU9.3	Communicate the results of surgical investigations and counsel the patient appropriately
DAY 22	SU10.2	Describe the steps and obtain informed consent in a simulated environment
DAY 23	SU10.3	Observe common surgical procedures and assist in minor surgical procedures; Observe emergency lifesaving surgical procedures.
DAY 24	SU10.4	Perform basic surgical Skills such as First aid including suturing and minor surgical procedures in simulated environment
DAY 25	SU11.3	Demonstrate maintenance of an airway in a mannequin or equivalent
DAY 26	SU13.4	Counsel patients and relatives on organ donation in a simulated environment
DAY 27	SU14.1	Describe Aseptic techniques, sterilization and disinfection.
DAY 28	SU14.4	Demonstrate the techniques of asepsis and suturing in a simulated environment
DAY 29	SU17.2	Demonstrate the steps in Basic Life Support. Transport of injured patient in a simulated environment
DAY 30	SU17.3	Describe the Principles in management of mass casualties
DAY 31	SU17.4	Describe Pathophysiology, mechanism of head injuries

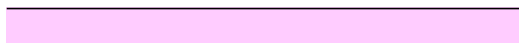
SKIN

Days	Competency	Teaching learning method
DAY 1	Describe the structure and function of skin	Lecture
DAY 2	Describe the primary and secondary skin lesion	Demonstration
DAY 3	Elicit document and present a medical history of a common dermatology case	Seminar
DAY 4	Perform a dermatological examination that establishes the diagnosis and severity of presentation of a common dermatology case	Demonstration
DAY 5	Describe the etiology, microbiology, pathogenesis, natural history, clinical features, presentations and complications of scabies in adults and children	Lecture
DAY 6	Identify and differentiate scabies from other lesions in pediatric age group	Seminar
DAY 7	Enumerate and describe the pharmacology, administration and adverse reaction of pharmacotherapies for scabies	Lecture
DAY 8	Describe the etiology pathogenesis and diagnostic features of pediculosis in adults and children	Seminar
DAY 9	Differentiate pediculosis from other skin lesions in adults and children and its treatment	Seminar
DAY 10	Identify and distinguish folliculitis impetigo and carbuncle from other skin lesions	Demonstration
DAY 11	Identify staphylococcus on a gram stain Describe the steps in performing a Gram stain Describe the characteristics of staphylococcus seen in gram stain observe gram stain Identify staphylococcus in a gram stain correctly	Demonstration
DAY 12	Enumerate the indications and describe the pharmacology, indications and adverse reactions of topical and systemic drugs used in treatment of pyoderma	Lecture
DAY 13	Identify and distinguish viral warts from other skin lesions	Demonstration
DAY 14	Describe the etiology microbiology pathogenesis and clinical presentations and diagnostic features of common viral infections of the skin	Seminar

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Teaching learning method	Learner doctor method of clinical Training	Assessment
Bedside clinics/DOAP session	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/ Viva voce
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Bedside clinics/DOAP session	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Skill assessment
Bedside clinics/DOAP session	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/ Viva voce
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Bedside clinics/DOAP session	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/ Viva voce, Skill assessment
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Bedside clinics/DOAP session	Batch will be divided into three small subgroup and will be assigned to one of the three units for clinical training	Clinical assessment/ Viva voce
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Learner doctor method of clinical Training	Assessment
Listening and observation	Clinical assessment/Viva voce
Bedside clinics	Clinical assessment/Viva voce
Clinical training	Clinical assessment/Viva voce
Clinical training	Clinical assessment/Viva voce
Bedside clinics	Clinical assessment/Viva voce
Clinical training	Clinical assessment/Viva voce
Listening and observation	Clinical assessment/Viva voce
Bedside clinics	Clinical assessment/Viva voce
Clinical training	Clinical assessment/Viva voce
Bedside clinical training	Clinical assessment/Viva voce
LAB training	Clinical assessment/Viva voce
Listening and observation	Clinical assessment/Viva voce
Bedside clinics	Clinical assessment/Viva voce
Bedside clinics	Clinical assessment/Viva voce