

MBBS 2019: Regulations & Syllabus

PHASE III PART II- CBME SYLLABUS

(THEORY AND CLINICALS)

(OBSTETRICS AND GYNAECOLOGY, PEDIATRICS, ORTHOPAEDICS)

COMPILED BY: MEDICAL EDUCATION UNIT

VOLUME 2

MBBS 2019: Regulations & Syllabus
PHASE III PART II- CBME SYLLABUS
(Theory and Clinicals)
GENERAL MEDICINE, GENERAL SURGERY

Compiled By: Medical Education Unit
Volume 2



JSS Academy of Higher Education & Research
(Deemed to be University)
Accredited "A+" Grade by NAAC
Sri Shivarathreeshwara Nagar, Mysuru – 570 015

MBBS 2019: Regulations & Syllabus

PHASE III PART II- CBME SYLLABUS (Theory and Clinicals)

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OBSTETRICS AND GYNAECOLOGY

GOALS:

The broad goal of teaching undergraduate students in Obstetrics and Gynaecology is that he/ she shall acquire understanding of Anatomy, Physiology and Pathophysiology of the reproductive system and gain the ability to optimally manage common conditions affecting it.

OBJECTIVES:

The objective of training the undergraduates in OBG is to ensure that he/she will be able to acquire the following proficiencies:

(a) KNOWLEDGE-

At the end of the course, the student shall be able to

- 1 To understand mechanism and conduct of labour in malpresentations.
- 2 To understand medical disorder of pregnancy.
- 3 To understand gynaecological malignancies.

(b) SKILLS

- 1 Perform early neonatal resuscitation
- 2 Recognise, diagnose and manage common reproductive tract infections in primary care setting
- 3 Assist the performance of outlet forceps and vacuum application in skill lab
- 4 Assist in hysterectomy, laparotomy and cesarean section
- 5 Perform cervical punch biopsy and Pap smear
- 6 Demonstrate the technique of urinary catheterisation, episiotomy suturing and insertion and removal of IUCD in skill lab.
- 7 Demonstrate mechanism of labour in malpresentation in skill lab

(c) INTEGRATION

The student should be able to integrate clinical skills with other disciplines

DEPARTMENTAL OBJECTIVE

- 1 Appreciate the socio-cultural, economic and demographic factors that influence the practice of OBG.
- 2 To implement effectively innovative programs in teaching learning and evaluation
- 3 To provide instruction and training in Basic and advanced branches of learning
- 4 To undertake extra mural studies, consultancy, extension programmes and field outreach services for the development of society

AFFECTIVE:

- a) Communicate effectively with peers and teachers in various teaching learning activities in a manner that encourages participation and shared Decision-making.
- b) Demonstrate interpersonal and communication skills befitting a physician in order to discuss illness and its outcome with patient and family
- c) Observe and assist minor & major gynaecological surgical procedure.
- d) Organise antenatal, post natal, well baby and family welfare clinics.
- e) Plan and institute line of management, which is need based, cost effective and appropriate for common conditions.

COURSE OUTCOME:

Clinical postings the learner shall be familiar with few common obstetric &gynaecological conditions and will be able to Demonstrate the skills required for assisting instrumental delivery, LSCS, minor procedures, hysterectomy, laparotomy

TERMS AND TEACHING GUIDELINES

1. LECTURE

Is a teaching learning method which includes traditional and interactive sessions involving a large group.

Hours of teaching 70

2. Seminar/ Tutorial / Integrated teaching

Seminar teaching method is a teaching model in which student work in small groups to discuss assigned questions and issues under the guidance of teachers .

Hours of teaching 125

3. Self directed learning

Self directed learning is defined as learning on one's own initiative, with the learner having primary responsibility for planning, implementing, and evaluating the effort.

Hours of teaching 15

4. SMALL GROUP DISCUSSION (BEDSIDE CLINICS/OPD Teaching as applied to CLINICAL POSTINGS in OBSTETRICS & GYNAECOLOGY)

Is an instructional method involving small groups of students in an appropriate learning context. (ward/OPD teaching as applied to CLINICAL POSTINGS in OBSTETRICS & GYNAECOLOGY)

The clinical postings in the third professional part 2 will be 18 hours per week X (8+4) weeks (3 hrs per day from Monday to Saturday as per GMER 2019, page.no.69) **(216 hours)**

5. Learner-doctor method of clinical training (Clinical Clerkship)

Provides learners with experience in longitudinal patient care being part of the health care team with Hands-on care of patients in outpatient and Inpatient setting. The first clinical posting in second professional shall orient learners to the patient, their roles and the speciality.

6. CORE

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A competency that is necessary in order to complete the requirements of the subject (traditional must know)

7. NON – CORE

A competency that is optional in order to complete the requirements of the subject (traditional nice (good) to know/ desirable to know.

Syllabus at a glance

Obstetrics &Gynaecology for Phase III Phase 2 MBBS

A. Number of teaching hours:

Teaching methodHours

Lecture	70 hours
Tutorial/Seminar/	125 hours
Integrated Teaching	
Self directed learning	15 hours
Total	210 hours
Clinical Postings	18 hours/week x 12 weeks
Total	216 hours
Hours of teaching 70	

S No	TEACHING	HOURS	COMPETENCY NUMBER
1	Multiple Pregnancy	2	OG11.1
2	Anaemia in pregnancy	2	OG 12.2
3	Diabetes in pregnancy	2	OG 12.3
4	Heart diseases in pregnancy	1	OG 12.4
5	Liver diseases in pregnancy	1	OG 12.6
6	Rh isoimmunization	1	OG 12.6
7	Pre Term labour	1	OG 13.2
8	Post-dated post term pregnancy	1	OG 13.2
9	Maternal Pelvis	1	OG8.5
10	Rupture of Uterus , uterine Inversion	1	OG 16.2
11	Occipito Posterior presentation	1	OG 14.4
12	Breech presentation	1	OG 14.4
13	Face and cord presentation and prolapse	1	OG 14.4
14	Transverse lie, brow presentation	1	OG 14.4

15	Episiotomy, ECV, Cervical cerclage	1	OG 15.1
16	PPH	3	OG 16.1
17	Blood and blood products in obstetrics	1	OG 16.1
18	FGR	2	OG 16.3
19	Care of new-born	1	OG 18.1
20	Birth Asphyxia	1	OG 18.3
21	PCPNDT, prenatal diagnosis	1	OG 20.3
22	Normal and abnormal puberty	1	OG 23.1, OG 23.2, OG 23.3
23	Adenomyosis	1	OG 26.1
24	Endometrioses	1	OG 26.1
25	Genital fistulae	1	OG 26.2
26	Genital tract tear,	1	OG 26.2
27	STI, HIV	1	OG 27.1
28	TB	1	OG 27.2
29	PID (acute and chronic)	2	OG 27.4
30	Infertility	4	OG 28.1
31	Fibroid	1	OG 29.1

32	Prolapse	2	OG 31.1
33	Menopuase	1	OG 32.1
34	Post menopausal bleeding	1	OG 32.2
35	PCOS	1	OG 30.1
36	Hyperandrogenism	1	OG 30.2
37	Contraception	4	OG 19.1, OG 19.2, OG 19.3, OG 19.4, OG 21.2
38	Benign, premalignant and malignant lesions of the cervix	4	OG 33.2, OG 33.4, OG 33.3, OG33.1
39	Benign and malignant lesions of the uterus	2	OG 34.1
40	Benign and Malignant lesions of the ovary	4	OG 34.2
41	GTN	2	OG 34.3
42	Operative gynaecology	5	OG 34.4
43	Induction of labour	1	OG 13.1
44	Instrumental delivery	1	OG 15.1

SDL: 15 hours

S No	1	HOURS
1	Mechanism of labour	1
2	OCP	1
3	Emergency contraception	1
4	PAP smear and colposcopy	1
5	Investigations in gynaecology (Radio)	1
6	Hormones in gynaecology	1
7	Instrumental delivery	1
8	Staging Laparotomy	1
9	FIGO staging, Carcinoma of cervix, Endometrium and ovary	1
10	Radiological investigation in Obstetrics	1
11	Test for infertility	1
12	ART	1
13	AUB	1
14	Conservative management of Prolapse	1
15	Induction and augmentation of labour	1

SGD/ Tutorial: **125 HOURS**

SERIAL NO	TOPIC	HOURS	COMPETENCY NO
1	Anatomy of female genital tract	2	OG 3.1
2	Development of female genital tract and Mullerian anomalies	2	OG 25.1
3	Placenta- anatomy, development and functions	2	OG4.1
4	Physiology of conception	2	OG 4.1
5	Diagnosis of Pregnancy	2	OG 8.1, OG 8.2, OG 8.3
6	Physiological changes in pregnancy	2	OG 5.1
7	Antenatal care	2	OG8.4
8	Physiology of labour	2	OG 13.1
9	Mechanism and conduct of labour	2	OG 13.1
10	Normal and abnormal vaginal discharge	2	OG 22.2
11	Physiology of menstruation	2	OG 4.1
12	Demography and Vital statistics, MMR	2	OG9.1
13	Abortions	2	OG9.1

14	MTP	2	OG 9.2, OG.20.1
15	Normal Puerperium	2	OG 21.1
16	Abnormal puerperium	2	OG 19.1, OG 19.2
17	APH - Placenta previa	2	OG 10.1
18	APH - Abruptio placenta	2	OG 10.1
19	Primary amenorrhea	2	OG 25.1
20	Secondary amenorrhea	2	OG 25.1
21	Antepartum fetal monitoring	2	OG8.4, OG8.7
22	Intrapartum fetal monitoring	2	OG8.8
23	Temporary Contraception	2	OG 19.1, OG 19.2
24	Permanent Contraception	2	OG 19.3, OG 19.4
25	Instrumental delivery	2	OG 15.1
26	Ectopic pregnancy	2	OG 9.3
27	Gestational trophoblastic neoplasia	2	OG 34.3
28	Hypertensive disorders in pregnancy	2	OG 12.1
29	Eclampsia	2	OG 12.1

30	Lactation	2	OG 17.3
31	Ureter – anatomy, injuries, management	2	OG 3.1
32	Minor OT procedures in gynaecology	2	OG 37
33	Multiple pregnancy	2	OG11.1
34	Diabetes in Pregnancy	2	OG 12.3
35	Anemia in Pregnancy	2	OG 12.2
36	Pre term and post term pregnancy	2	OG 13.2
37	Heart disease in Pregnancy	2	OG 12.4
38	Occipito posterior and breech presentation	2	OG 14.4
39	Transverse lie, brow, face and cord presentation	2	OG 14.4
40	Rh isoimmunisation in Pregnancy	2	OG 12.6
41	PPH	2	OG 16.1
42	FGR	2	OG 16.3
43	Adenomyosis, endometriosis	2	OG 26.1
44	Genital tract fistula	2	OG 26.2
45	PID	2	OG 27.4

46	PCOS	2	OG 30.1
47	CA Cervix	2	OG 33.1, OG 33.2, OG 33.3, OG 33.4
48	CA uterus	2	OG 34.1
49	CA ovary	2	OG 34.2
50	Operative gynecology	2	OG 34.4
51	Infertility	2	OG 28.1, OG 28.2, 28.3, OG 28.4
52	Prolapse	2	OG 31.1
53	Fibroid	2	OG 29.1
54	Case of new born	2	OG 18.1
55	Birth asphyxia	2	OG 18.3
56	Menopause	2	OG 32.1
57	Episiotomy, ECV,	2	OG 15.1 , OG 15.2
58	Lscs	2	OG 37.1
59	Instruments	2	
60	Specimens	2	

61	NST, Partogram, X rays	2	
62	Pelvis and Skull	2	

Clinical postings:

1	PAP Smear
2	IUCD Insertion and removal
3	Examination of rape victim
4	Episiotomy
5	Emergency management of APH and PPH
6	Urinary catheterisation
7	Cervical punch biopsy, D and C
8	Hysterectomy
9	Laparotomy
10	Hysteroscopy and Laparoscopy

DIVISION OF CLASSES ACCORDING TO HOURS:

Multiple Pregnancy: (2)

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- a. Define, classify, incidence, prevalence, causes, diagnosis and clinical features of multiple pregnancy
- b. Complications and management

Anemia in Pregnancy (2)

- a. Define, classify, etiology, pathophysiology, investigations of Anemia in Pregnancy
- b. Management, strategies for anemia prevention

PPH (3)

- a. Define, risk factors, causes, mechanism of control of bleeding in third stage of labour, method to assess blood loss
- b. Atonic PPH, causes, management, MTP
- c. Traumatic PPH, secondary PPH, complications for PPH

Diabetes (2)

- a. Define, classify, screening methods, pathophysiology of Diabetes in Pregnancy
- b. Effects of Diabetes on mother and fetus management

PID (2)

- a. Acute
- b. Chronic

Infertility (4)

- a. 28.1
- b. 28.2
- c. 28.3
- d. 28.4

Hyperandrogenism 30.2 (hirsutism)

Prolapse (2)

- a. Supports of genital tract, defination, classification, principles of POP Q, risk factos, clinical features, differential diagnosis
- b. Management, vaultprolapse

Contraception (4)

- a. Puerperal contraception
- b. Permanent contraception
- c. Emergency and temporary contraception
- d. Newer contraceptives

Benign Premalignant and Malignant Lesions of Cervix (4)

- a. Incidence, risk factors, role of HPV, histological classification, differential diagnosis of Ca Cervix
- b. Staging, investigation and treatment of Ca Cervix
- c. Define dysplasia and CIN, classify premalignant lesions of cervix, management and follow up of CIN
- d. Radiotherapy in Ca cervix, PAP smear, VIA, VILI, vaccine for Ca Cervix, Screening for Ca Cervix

Endometrial Carcinoma (2)

- a. Define, classify, risk factors, management of endometrial hyperplasia, clinical features of Endometrial Ca
 - b. Staging and management of Endometrial Ca
- Ovary

Ovary (4)

- a. Benign Ovarian tumours
- b. Incidence, risk factors, etiopathogenesis, classification, clinical features, differential diagnosis of carcinoma of ovary
- c. FIGO staging, investigation, treatment
- d. Staging laparotomy, chemotherapy

Operative Gynecology (5)

- a. D& C, Endocervical curettage, cervix biopsy, precautions to prevent SSI
- b. Hysterectomy
- c. Fother Gills, anterior colporrhaphy, posterior colpoperineorrhaphy, culdoplasty and myomectomy

- d. Staging laparotomy, pre op preparation
- e. Hysteroscopy, Laparoscopy

TOPIC: MULTIPLE PREGNANCY

NUMBER OF COMPETENT: (01)

NUMBER OF PROCEDURES THAT REQUIRES CERTIFICATION : (NIL)

OG11.1	COMPETENCY: DESCRIBE THE ETIOPATHOLOGY, CLINICAL FEATURES, DIAGNOSIS AND INVESTIGATIONS, COMPLICATIONS, PRINCIPLES OF MANAGEMENT OF MULTIPLE PREGNACIES.							
	LEARNING OBJECTIVE	DOM AIN K/S/ A/C	LEVEL K/KH/SH /P	CORE Y/N	T-L METHOD	ASSESMENT METHOD	INTEGRATION	REMARKS
1	DEFINE AND CLASSIFY MULTIPLE PREGNANCY CORRECTLY	K	KH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ VIVA LONG CASE		PHASE 3 PART2
2	OUTLINE THE INCIDENCE AND PREVALENCE OF MULTIPLE PREGNANCY	K	KH					PHASE 3 PART2
3	EXPLAIN THE IMPORTANCE OF DETERMINING THE CHORIONICITY AND ZYGOSITY	K	KH					PHASE 3 PART2

	OF TWIN PREGNANCY.							
4	ENUMERATE THE CAUSES OF MULTIPLE PREGNANCY	K	KH					PHASE 3 PART2
5	SUMMARISE THE MATERNAL PHYSIOLOGICAL CHANGES IN MULTIPLE PREGNANCY	K	KH					PHASE 3 PART2
6	DESCRIBE THE DIAGNOSIS, CLINICAL FEATURES, USG FINDINGS AND DIFFERENTIAL DIAGNOSIS OF TWIN PREGNANCY	K	KH					PHASE 3 PART2
7	ENUMERATE FETAL COMPLICATIONS OF MULTIPLE PREGNANCY IN ANTENATAL PERIOD, LABOUR	K	KH					PHASE 3 PART2

	AND PUERPERIUM							
8	ENUMERATE MATERNAL COMPLICATIONS OF MULTIPLE PREGNANCY	K	KH					PHASE 3 PART2
9	OUTLINE THE ROLE OF USG IN MANAGEMENT OF TWIN PREGNANCY CORRECTLY	K	KH					PHASE 3 PART2
10	OUTLINE THE PRINCIPLES OF MANAGEMENT OF MULTIPLE PREGNANCIES	K	KH					PHASE 3 PART2

TOPIC : MEDICAL DISORDERS IN PREGNANCY

NUMBER OF COMPETENCIES : 8

NUMBER OF PROCEDURES REQUIRE CERTIFICATION : NIL

OG 12.2	COMPETENCY: DEFINE,CLASSIFY AND DESCRIBE THE ETIOLOGY AND PATHOPHYSIOLOGY, DIAGNOSIS, INVESTIGATIONS,ADVERSE EFFECTSON MOTHER AND FETUS, MANAGEMENT DURING PREGNANCY AND LABOUR AND COMPLICATIONS OF ANEMIA IN PREGNANCY
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	LEARNING OBJECTIVE	DOMA IN K/S/A /C	LEVEL K/KH/ SH/P	CORE Y/N	T-L METHOD	ASSESMENT METHOD	INTEGRATION	REMARKS
1	DEFINE ANEMIA IN PREGNANCY AS PER WHO CRITERIA	K/S/A/ C	SH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA LONG CASE	MEDICINE PATHOLOGY COMMUNITY MEDICINE	PHASE 3 PART 2
2	CLASSIFY ANEMIA IN PREGNANCY AS PER WHO CRITERIA	K/S/A/ C	SH	Y				PHASE 3 PART 2
3	ENUMERATE COMMON ETIOLOGICAL FACTORS OF ANEMIA IN PREGNANCY (ATLEAST 6)	K/S/A/ C	SH	Y				PHASE 3 PART 2
4	DISCUSS PATHOPHYSIOLOGY OF ANEMIA IN PREGNANCY	K/S/A/ C	SH	Y				PHASE 3 PART 2
5	LIST THE INVESTIGATIONS FOR A CASE ANEMIA CORRECTLY	K/S/A/ C	SH	Y				PHASE 3 PART 2
6	DISCUSS DIFFERENTIAL DIAGNOSIS OF	K/S/A/ C	SH	Y				PHASE 3 PART 2

	ANEMIA IN PREGNANCY							
7	DISCUSS TRIMESTER -WISE MANAGEMENT OF ANEMIA IN PREGNANCY ACCORDING TO SEVERITY	K/S/A/C	SH	Y				PHASE 3 PART 2
8	DISCUSS MANAGEMENT OF ANEMIA DURING LABOUR ACCORDING TO SEVERITY	K/S/A/C	SH	Y				PHASE 3 PART 2
9	DISCUSS MANAGEMENT OF ANEMIA IN POSTPARTUM ACCORDING TO SEVERITY	K/S/A/C	SH	Y				PHASE 3 PART 2
10	ENUMERATE THE FETO-MATERNAL COMPLICATIONS OF ANEMIA IN PREGNANCY (ATLEAST 4)	K/S/A/C	SH	Y				PHASE 3 PART 2

11	COUNSEL A PREGNANT LADY WITH ANEMIA REGARDING DIET, NUTRITION AND ORAL IRON THERAPY IN A SIMULATED ENVIRONMENT TO OBSERVER'S SATISFACTION IN SIMULATED ENVIRONMENT	K/S/A/C	SH	Y				PHASE 3 PART 2
12	DESCRIBE THE STRATEGIES FOR PREVENTION OF ANEMIA IN PREGNANCY INCLUDING NATIONAL PROGRAM FOR PREVENTION OF ANEMIA IN PREGNANCY	K/S/A/C	SH	Y				PHASE 3 PART 2

OG 12.3	COMPETENCY: DEFINE, CLASSIFY AND DESCRIBE THE ETIOLOGY AND PATHOPHYSIOLOGY, DIAGNOSIS, INVESTIGATIONS, CRITERIA, ADVERSE EFFECTS ON MOTHER AND FETUS, MANAGEMENT DURING PREGNANCY AND LABOUR AND COMPLICATIONS OF DIABETES IN PREGNANCY							
	LEARNING OBJECTIVE	DOMA IN K/S/A /C	LEVEL K/KH/ SH/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS

1	DEFINE AND CLASSIFY DIABETES IN PREGNANCY	K/S/A/C	SH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA LONG CASE	MEDICINE COMMUNITY MEDICINE	PHASE 3 PART 2
2	DESCRIBE SCREENING METHODS FOR GESTATIONAL DIABETES (DIPSI'S/WHO)	K/S/A/C	SH					PHASE 3 PART 2
3	DISCUSS PATHOPHYSIOLOGY OF GESTATIONAL DIABETES	K/S/A/C	SH					PHASE 3 PART 2
4	ENUMERATE EFFECTS OF DIABETES ON MOTHER AND FETUS (ATLEAST 3 EACH)	K/S/A/C	SH					PHASE 3 PART 2
5	DESCRIBE ANTENATAL MANAGEMENT AND FETAL SURVEILLANCE IN PREGNANCY WITH DIABETES	K/S/A/C	SH					PHASE 3 PART 2
6	DESCRIBE VARIOUS TREATMENT	K/S/A/C	SH					PHASE 3 PART 2

	OPTIONS IN DIABETES IN PREGNANCY							
7	DISCUSS MANAGEMENT OF DIABETIC MOTHER DURING LABOUR AND POSTPARTUM	K/S/A/C	SH					PHASE 3 PART 2
8	COUNSEL PATIENT REGARDING DIET, NUTRITION, LIFESTYLE MODIFICATION DURING PREGNANCY WITH DIABETES ,IN SIMULATED ENVIRONMENT TO THE OBSERVER'S SATISFACTION	K/S/A/C	SH					PHASE 3 PART 2

OG 12.4	COMPETENCY: DEFINE,CLASSIFY AND DESCRIBE THE ETIOLOGY AND PATHOPHYSIOLOGY, DIAGNOSIS, INVESTIGATIONS,CRITERIA, ADVERSE EFFECTS ON MOTHER AND FETUS, MANAGEMENT DURING PREGNANCY AND LABOR AND COMPLICATIONS OF HEART DISEASE IN PREGNANCY							
	LEARNING OBJECTIVE	DOMA IN K/S/A /C	LEVEL K/KH/ SH/P	CORE Y/N	T-L METHOD	ASSESMENT METHOD	INTEGRATION	REMARKS

1	DEFINE AND CLASSIFY HEART DISEASE IN PREGNANCY AS PER NYHA CLASSIFICATION	K	SH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA LONG CASE	MEDICINE	PHASE 3 PART 2
2	DISCUSS PATHOPHYSIOLOGY OF HEART DISEASE IN PREGNANCY	K	SH					PHASE 3 PART 2
3	ENUMERATE COMMON CLINICAL FEATURES OF HEART DISEASE IN PREGNANCY (ATLEAST 5)	K	SH					PHASE 3 PART 2
4	ENUMERATE COMMON ADVERSE EFFECTS OF HEART DISEASE IN PREGNANCY ON MOTHER AND FETUS (ATLEAST 5 EACH)	K	SH					PHASE 3 PART 2
5	ENUMERATE COMPLICATIONS OF HEART DISEASE IN PREGNANCY IN MOTHER AND FETUS (ATLEAT 5)	K	SH					PHASE 3 PART 2

6	ENUMERATE CONDITIONS IN A CASE OF PREGANCY WITH HEART DISEASE WHEN PREGNANCY IS CONTRAINDICATED	K	SH					PHASE 3 PART 2
7	ENUMERATE IMPORTANT PRINCIPLES IN MANAGEMENT OF LABOR IN PATIENTS OF CARDIAC DISEASE IN PREGNANCY (ATLEAST 3)	K	SH					PHASE 3 PART 2

OG 12.6	COMPETENCY: DESCRIBE THE CLINICAL FEATURES, DETECTION, EFFECTS OF PREGNANCY ON THE DISEASE AND EFFECT OF LIVER DISEASE ON PREGNANCY AND MANAGEMENT OF LIVER DISEASE IN PREGNANCY							
	LEARNING OBJECTIVE	DOMA IN K/S/A /C	LEVEL K/KH/ SH/P	CORE Y/N	T-L METHOD	ASSESMENT METHOD	INTEGRATION	REMARKS
1	DESCRIBE THE CLINICAL FEATURES OF LIVER DISEASE IN PREGNANCY	K	KH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA LONG CASE	MEDICINE	PHASE 3 PART 2

2	DESCRIBE THE DIAGNOSIS OF LIVER DISEASE IN PREGNANCY	K	KH					PHASE 3 PART 2
3	ENUMERATE THE LIVER DISEASES SEEN IN PREGNANCY	K	KH					PHASE 3 PART 2
4	DESCRIBE THE EFFECT OF PREGNANCY LIVER DISEASE AND EFFECT OF LIVER DISEASE ON PREGNANCY	K	KH					PHASE 3 PART 2
5	DEFINE INTRAHEPATIC CHOLESTASIS OF PREGNANCY	K	KH					PHASE 3 PART 2
6	LIST 2 FETO-MATERNAL COMPLICATIONS OF IHCP IN PREGNANCY	K	KH					PHASE 3 PART 2

OG 12.6	COMPETENCY: DESCRIBE THE MECHANISM, PROPHYLAXIS, FETAL COMPLICATIONS, DAIGNOSIS AND MANAGEMENT OF ISOIMMUNIZATION IN PREGNANCY							
	LEARNING OBJECTIVE	DOMA IN	LEVEL K/KH/	CORE Y/N	T-L METHOD	ASSESMENT METHOD	INTEGRATION	REMARKS

		K/S/A /C	SH/P					
1	DISCUSS MECHANISM OF RH ISOIMMUNIZATION IN PREGNANCY	K/S/C	KH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA LONG CASE		PHASE 3 PART 2
2	ENUMERATE FETAL COMPLICATIONS OF RH ISOIMMUNIZATION IN PREGNANCY	K/S/C	KH	Y				PHASE 3 PART 2
3	ENUMERATE USG FINDINGS OF RH ISOIMMUNIZATION IN PREGNANCY (ATLEAST 3)	K/S/C	KH	Y				PHASE 3 PART 2
4	DISCUSS MANAGEMENT OF RH ISOIMMUNIZATION IN PREGNANCY	K/S/C	KH	Y				PHASE 3 PART 2
5	DISCUSS PREVENTION OF RH ISOIMMUNIZATION IN PREGNANCY	K/S/C	KH	Y				PHASE 3 PART 2

6	COUNSEL A PATIENT ABOUT ROLE OF ANTI-D IN PREVENTING RH ISOIMMUNIZATION IN SIMULATED ENVIRONMENT TO THE OBSERVER'S SATISFACTION	K/S/C	KH	Y				PHASE 3 PART 2
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TOPIC : LABOR

NUMBER OF COMPETENCIES : 5

NUMBER OF PROCEDURES REQUIRE CERTIFICATION : 1

OG 13.1	COMPETENCY: ENUMERATE AND DISCUSS THE PHYSIOLOGY OF NORMAL LABOR, MECHANISM OF LABOR IN OCCIPITO-ANTERIOR PRESENTTION; MONITORING OF LABOR INCLUDING PARTOGRAM; CONDUCT OF LABOR, PAIN RELIEF; PRINCIPLES OF INDUCTION AND ACCELERATION OF LABOR; MANAGEMENT OF THIRD STAGE OF LABOR							
	LEARNING OBJECTIVE	DOMA IN K/S/A /C	LEVEL K/KH/ SH/P	CORE Y/N	T-L METHOD	ASSESMENT METHOD	INTEGRATION	REMARKS
17	DEFINE INDUCTION OF LABOR	K/S/A/ C	SH/P	Y	LECTURE SGD DOAP	SAQ MCQ VIVA OSCE		PHASE 3 PART2
18	ENUMERATE AT LEAST 4 COMMON INDICATIONS FOR INDUCTION OF LABOR	K/S/A/ C	SH/P	Y				PHASE 3 PART2

19	LIST 4 COMMONLY USED METHODS OF INDUCTION	K/S/A/C	SH/P	Y				PHASE 3 PART2
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OG 13.2	COMPETENCY: DEFINE, DESCRIBE THE CAUSES, PATHOPHYSIOLOGY, DIAGNOSIS, INVESTIGATIONS AND MANAGEMENT OF PRETERM LABOR, PROM AND POST DATED PREGNANCY							
	LEARNING OBJECTIVE	DOMA IN K/S/A /C	LEVEL K/KH/ SH/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS
1	DEFINE PRETERM LABOR	K	KH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA LONG CASE		PHASE 3 PART2
2	DESCRIBE THE PATHOPHYSIOLOGY OF PRETERM LABOR	K	KH	Y				PHASE 3 PART2
3	ENUMERATE RISK FACTORS FOR PRETERM LABOR	K	KH	Y				PHASE 3 PART2
4	DESCRIBE THE CLINICAL FEATURES AND DIAGNOSIS OF PRETERM LABOR	K	KH	Y				PHASE 3 PART2

5	DISCUSS THE PRINCIPLES OF MANAGEMENT OF PRETERM LABOR	K	KH	Y				PHASE 3 PART2
6	DESCRIBE THE MECHANISM OF ACTION, DOSAGE AND CONTRAINDICATIONS OF TWO MOST COMMONLY USED TOCOLYTIC DRUGS	K	KH	Y				PHASE 3 PART2
7	DESCRIBE THE ROLE OF STEROIDS ANTIBIOTICS IN PRETERM LABOR	K	KH	Y				PHASE 3 PART2
8	LIST THE COMPLICATIONS OF PRETERM BABY	K	KH	Y				PHASE 3 PART2
9	DEFINE PROM AND PPROM	K	KH	Y				PHASE 3 PART2
10	DISCUSS THE PATHOPHYSIOLOGY OF PRETERM PROM	K	KH	Y				PHASE 3 PART2
11	DISCUSS THE DIAGNOSIS OF PPROM	K	KH	Y				PHASE 3 PART2

12	LIST TWO IMPORTANT MATERNAL AND TWO IMPORTANT FETAL COMPLICATIONS OF PPROM	K	KH	Y				PHASE 3 PART2
13	OUTLINES THE PRINCIPLES OF MANAGEMENT OF A CASE OF PPROM	K	KH	Y				PHASE 3 PART2
14	DEFINE POST DATED AND POST TERM PREGNANCY	K	KH	Y				PHASE 3 PART2
15	LIST 2 IMPORTANT COMPLICATIONS OF POST TERM PREGNANCY	K	KH	Y				PHASE 3 PART2
16	DISCUSS CLINICAL, SONOGRAPHIC AND TOCOGRAPHIC METHODS OF ANTEPARTUM FETAL SURVEILLANCE IN POST DATED AND POST TERM PREGNANCY	K	KH	Y				PHASE 3 PART2
17	DISCUSS THE MANAGEMENT OF POST DATED	K	KH	Y				PHASE 3 PART2

	PREGNANCY							
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TOPIC : MATERNAL PELVIS

NUMBER OF COMPETENCIES : 4

NUMBER OF PROCEDURES REQUIRE CERTIFICATION : NIL

OG 14.1	COMPETENCY: ENUMERATE AND DISCUSS THE DIAMETERS OF MATERNAL PELVIS AND TYPES							
	LEARNING OBJECTIVE	DOMA IN K/S/A /C	LEVEL K/KH/ SH/P	CORE Y/N	T-L METHOD	ASSESMENT METHOD	INTEGRATION	REMARKS
1	DESCRIBE VARIOUS DIAMETERS AND THEIR MEASUREMENT AT PELVIC INLET, MID CAVITY AND OUTLET OF MATERNAL PELVIS	K/S	KH,SH	Y	SGD DOAP	OSCE SAQ MCQ VIVA		PHASE 3 PART2
2	DESCRIBE THE DIAMETERS AND THEIR MEASUREMENTS IN A FETAL SKULL RELAVENT TO LABOR	K/S	KH,SH	Y				PHASE 3 PART2

3	ENUMERATE TYPES OF PELVIS	K/S	KH,SH	Y				PHASE 3 PART2
4	COMPARE AND CONTRAST GYNECOID AND ANDROID PELVIS	K/S	KH,SH	Y				PHASE 3 PART2
5	DESCRIBE PLANE OF PELVIC INCLINATION AND PLANES OF PELVIS AT INLET CAVITY AND OULTET	K/S	KH,SH	Y				PHASE 3 PART2

OG 14.3	COMPETENCY: DESCRIBE AND DEMONSTRATE CLINICAL MONITORING OF FETAL AND MATERNAL WELL BEING							
	LEARNING OBJECTIVES	DOMAIN K/S/A/C	LEVEL K/KH/S H/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS
1.	ENUMERATE 4 COMMON FACTORS PREDISPOSING TO RUPTURE UTERUS	K	KH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA		PHASE 3 PART 2
2.	ENUMERATE AND DISCUSS THE 4 COMMON CAUSES OF RUPTURE	K	KH	Y				PHASE 3 PART 2

3.	COMPARE AND CONTRAST BANDL'S RING WITH CONSTRICTION RING	K	KH	Y				PHASE 3 PART 2
4.	DESCRIBE THE CLINICAL FEATURES OF RUPTURE	K	KH	Y				PHASE 3 PART 2
5.	DISCUSS THE MANAGEMENT OF RUPTURE UTERUS	K	KH	Y				PHASE 3 PART 2
6.	DESCRIBE ATLEAST 4 IMPORTANT COMPLICATIONS OF RUPTURE UTERUS	K	KH	Y				PHASE 3 PART 2

OG 14.4 COMPETENCY:DESCRIBE AND DISCUSS CLASSIFICATION DIAGNOSIS AND MANGEMENT OF ABNORMAL LABOUR

	LEARNING OBJECTIVES	DOMA IN K/S/A /C	LEVEL K/KH/ SH/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS
1.	DESCRIBE THE DENOMINATOR, POSITION AND DIAMETER OF	K	KH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA		PHASE 3 PART 2

	ENGAGEMENT OF OCCIPITO POSTERIOR ,BREECH,FACE, BROW AND SHOULDER PRESENTATIONS							
2.	DEFINE OCCIPITO POSTERIOR POSITION	K	KH	Y				PHASE 3 PART 2
3.	ENUMERATE ATLEAST 4 CAUSES OF OP PRESENTATION	K	KH	Y				PHASE 3 PART 2
4.	DESCRIBE THE CLINICAL DIAGNOSIS OF OP POSITION	K	KH	Y				PHASE 3 PART 2
5.	DESCRIBE THE OUTCOME OF LABOR IN OCCIPITO	K	KH	Y				PHASE 3 PART 2
6.	DEMONSTRATE THE MECHANISM OF LABOUR IN OP POSTION							PHASE 3 PART 2
7.	DISCUSS THE MANAGEMENT OF OP POSITION	K	KH					PHASE 3 PART 2

8.	ENUMERATE COMPLICATIONS OF OP POSITION	K	KH	Y				PHASE 3 PART 2
9.	DEFINE TYPES OF BREECH PRESENTATION	K	KH	Y				PHASE 3 PART 2
10.	ENUMERATE ATLEAST 4 CAUSES OF BREECH PRESENTATION	K	KH	Y				PHASE 3 PART 2
11.	DESCRIBE THE CLINICAL FEATURES OF BREECH PRESENTATION	K	KH	Y				PHASE 3 PART 2
12.	ENUMERATE 2 INVESTIGATIONS FOR CONFIRMING THE DIAGNOSIS OF BREECH PRESENTATION	K	KH	Y				PHASE 3 PART 2
13.	DEMONSTRATE THE MECHANISM OF LABOUR IN BREECH PRESENTATION	K	KH					PHASE 3 PART 2
14.	OUTLINE THE PRINCIPLES OF MANAGEMENT OF BREECH PRESENTATION	K	KH	Y				PHASE 3 PART 2

15.	ENUMERATE ATLEAST 4 IMPORTANT FETAL COMPLICATIONS IN BREECH PRESENTATION	K	KH	Y				PHASE 3 PART 2
16.	DEFINE FACE PRESENTATION	K	KH	Y				PHASE 3 PART 2
17.	ENUMERATE ATLEAST 4 CAUSES OF FACE PRESENTATION	K	KH					PHASE 3 PART 2
18.	DESCRIBE THE CLINICAL FEATURES OF FACE PRESENTATION	K	KH					PHASE 3 PART 2
19.	DEMONSTRATE THE MECHANISM OF LABOUR IN FACE PRESENTATION	K	KH					PHASE 3 PART 2
20.	OUTLINE THE PRINCIPLES OF MANAGEMENT OF FACE PRESENTATION	K	KH	Y				PHASE 3 PART 2
21.	DEFINE TRANSVERSE LIE	K	KH	Y				PHASE 3 PART 2
22.	ENUMERATE ATLEAST 4 CAUSES OF TRANSVERSE	K	KH	Y				PHASE 3 PART 2

	LIE							
22.	DESCRIBE THE CLINICAL FEATURES OF TRANSVERSE LIE	K	KH	Y				PHASE 3 PART 2
23.	ENUMERATE ATLEAST 4 FETO MATERNAL COMPLICATIONS IN	K	KH	Y				PHASE 3 PART 2
24.	OUTLINE THE PRINCIPLES OF MANAGEMENT OF TRANSVERSE LIE	K	KH					PHASE 3 PART 2
25.	DEFINE BROW PRESENTATION	K	KH					PHASE 3 PART 2
26.	DESCRIBE THE CLINICAL DIAGNOSIS OF BROW PRESENTATION	K	KH	Y				PHASE 3 PART 2
27.	OUTLINE THE MANAGEMENT OF BROW PRESENTATION	K	KH	Y				PHASE 3 PART 2

OG 15.1 COMPETENCY:ENUMERATE AND DESCRIBE THE INDICATIONA AND STEPS OF COMMON OBSTERTRIC PROCEDURES,TECHNIQUE AND COMPLICATIONS:EPISIOTOMY, VACUUM EXTRACTION,LOW FORCEPS, CESAREAN SECTION,ASSISTED BREECH DELIVERY, EXTERNAL CEPHALIC VERSION,CERVICAL CERCLAGE

OG 15.1	LEARNING OBJECTIVES	DOMAIN K/S/A/C		LEVEL K/KH/S H/P	CORE Y/N	T-L METHOD	ASSESS MENT METHO D	INTEGRA TION	REMARKS
	EPISIOTOMY								
1.	DEFINE EPISIOTOMY	K/S/A/C	KH/SH	Y		LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA LONG CASE		PHASE 3 PART 2
2.	ENUMERATE THE MUSCLES OF PERINEUM AND PERINEAL BODY	K/S/A/C	KH/SH	Y					PHASE 3 PART 2
3.	LIST 5 COMMON INDICATIONS OF EPISIOTOMY	K/S/A/C	KH/SH	Y					PHASE 3 PART 2
4.	DESCRIBE THE TYPES OF EPISIOTOMY	K/S/A/C	KH/SH	Y					PHASE 3 PART 2
5.	COMPARE AND CONTRAST THE ADVANTAGES AND DISADVANTAGES OF MEDIAN AND MEDIOLATERAL EPISIOTOMY	K/S/A/C	KH/SH	Y					PHASE 3 PART 2

6.	DESCRIBE THE STEPS OF PROCEDURE OF EPISIOTOMY AND ITS REPAIR	K/S/A/C	KH/SH	Y				PHASE 3 PART 2
7.	DESCRIBE THE POST OP CARE OF EPISIOTOMY INCLUDING COUNSELLING OF PATIENT	K/S/A/C	KH/SH	Y				PHASE 3 PART 2
8.	DISCUSS THE COMPLICATIONS ,DIAGNOSIS AND MANAGEMENT OF COMMON COMPLICATIONS	K/S/A/C	KH/SH	Y				PHASE 3 PART 2
9.	DEMONSTRATE THE PROCEDURE OF EPISIOTOMY ON A MANNIKIN IN A SIMULATED ENVIRONMENT AS PAER CHECKLIST	K/S/A/C	KH/P	Y				PHASE 3 PART 2
	FORCEPS							
10.	IDENTIFY AND DESCRIBE THE PART OF AN OUTLET FORCEPS	K	KH	Y				PHASE 3 PART 2

11.	CLASSIFY TYPES OF FORCEPS OPERATION	K	KH	Y				PHASE 3 PART 2
12.	ENUMERATE ATLEAST 5 PRE REQUISITES FOR OUTLET FORCEPS APPLICATION	K	KH	Y				PHASE 3 PART 2
13.	LIST INDICATIONS OF FORCEPS APPLICATION AND CONTRAINDICATIONS OF FORCEPS DELIVERY	K	KH	Y				PHASE 3 PART 2
14.	DEMONSTRATE THE STEPS OF OUTLET FORCEPS APPLICATION ON A MANNIKIN	K	KH	Y				PHASE 3 PART 2
15.	DISCUSS MATERNAL AND NEONATAL COMPLICATIONS WITH FORCEPS DELIVERY	K	KH	Y				PHASE 3 PART 2
	VACUUM DELIVERY							
16.	IDENTIFY AND DESCRIBE THE PARTS OF OBSTETRIC VACUUM	K	KH					PHASE 3 PART 2

17.	LIST INDICATIONS AND CONTRAINDICATIONS OF VACUUM DELIVERY	K	KH					PHASE 3 PART 2
18.	ENUMERATE THE PRE REQUISITES FOR VACUUM DELIVERY	K	KH					PHASE 3 PART 2
19.	DEMONSTRATE THE STEPS OF VACUUM APPLICATION AND DELIVERY ON A MANNIKIN	K	KH					PHASE 3 PART 2
20.	DISCUSS THE MATERNAL AND NEONATAL COMPLICATIONS WITH VACUUM DELIVERY	K	KH					PHASE 3 PART 2
21.	COMPARE AND CONTRAST THE ADVANTAGES AND DISADVANTAGES OF FORCEPS AND VACUUM FOR ASSISTING VAGINAL DELIVERY	K	KH					PHASE 3 PART 2
22.	DESCRIBE POST OP CARE FOLLOWING OPERATIVE VAGINAL DELIVERY	K	KH					PHASE 3 PART 2

	CAESAREAN SECTION							
23.	DEFINE CS	K	KH	Y				PHASE 3 PART 2
24.	ENUMERATE INDICATIONS OF CS	K	KH	Y				PHASE 3 PART 2
25.	COMPARE AND CONTRAST UPPER SEGMENT AND LOWER SEGMENT CS IN TERMS OF INDICATIONS, TECHNIQUE, ADVANTAGES AND DISADVANTAGES	K	KH	Y				PHASE 3 PART 2
26.	DESCRIBE THE PRE OP PREPARATION FOR CS	K	KH	Y				PHASE 3 PART 2
27.	DESCRIBE THE STEPS OF LSCS	K	KH	Y				PHASE 3 PART 2
28.	DISCUSS THE POST OP CARE AND TASKS AFTER CS	K	KH	Y				PHASE 3 PART 2
29.	DISCUSS FETAL AND MATERNAL COMPLICATIONS INTRA OP ,POST OP, LATE	K	KH	Y				PHASE 3 PART 2

30.	COUNSEL A LADY AT THE TIME OF DISCHARGE REGARDING POST CS CARE AND FOLLOW UP IN A SOCIO CULTURALLY SENSITIVE AND EMPATHETIC MANNER TO THE SATISFACTION OF THE OBSERVER	K	KH/SH	Y				PHASE 3 PART 2
	ASSISTED BREECH DELIVERY							
31.	DISCUSS THE RISK ASSOCIATED WITH VAGINAL BREECH DELIVERY	K	KH	Y				PHASE 3 PART 2
32.	DESCRIBE THE TYPES OF VAGINAL BREECH DELIVERY	K	KH	Y				PHASE 3 PART 2
33.	DEMONSTRATE THE STEPS OF ASSISTED BREECH DELIVERY	K	KH					PHASE 3 PART 2
34.	DESCRIBE THE DIAGNOSIS AND MANAGEMENT OF PROBLEMS IN A COMPLICATED BREECH DELIVERY	K	KH					PHASE 3 PART 2

35.	DESCRIBE THE MANOEUVRES FOR RELEASE OF ARRESTED BUTTOCKS ,ARMS AND AFTER COMING HEAD IN A COMPLICATED BREECH DELIVERY	K	KH					PHASE 3 PART 2
	EXTERNAL CEPHALIC VERSION							
36.	DEFINE ECV	K	KH					PHASE 3 PART 2
37.	LIST 2 INDICATIONS AND 4 CONTRAINDICATIONS OF ECV	K	KH					PHASE 3 PART 2
38.	DESCRIBE THE PREPARATION AND TIMING OF ECV	K	KH					PHASE 3 PART 2
39.	DESCRIBE THE STEPS OF ECV INCLUDING PRE PROCEDURAL, PROCEDURAL AND POST PROCEDURAL TASKS CORRECTLY	K	KH					PHASE 3 PART 2
40.	ENUMERATE THE COMPLICATIONS OF ECV	K	KH					PHASE 3 PART 2

	CERVICAL CERCLAGE							
41.	DEFINE CERVICAL INCOMPETENCE	K	KH	Y				PHASE 3 PART 2
42.	DESCRIBE THE CLINICAL FEATURES AND DIAGNOSIS OF CERVICAL INCOMPETENCE	K	KH	Y				PHASE 3 PART 2
43.	LIST THE INDICATIONS AND CONTRAINDICATIONS OF CERVICAL CERCLAGE	K	KH	Y				PHASE 3 PART 2
44.	DESCRIBE 3 OPERATIONS FOR CERVICAL CERCLAGE	K	KH	Y				PHASE 3 PART 2
45.	DESCRIBE THE STEPS OF CERVICAL CERCLAGE INCLUDING PRE PROCEDURAL, PROCEDURAL AND POST PROCEDURAL TASKS CORRECTLY	K	KH	Y				PHASE 3 PART 2
46.	LIST THE COMPLICATIONS OF CERVICAL CERCLAGE	K	KH	Y				PHASE 3 PART 2

47.	DESCRIBE THE DISCHARGE AND FOLLOW UP ADVICE OF A CASE AFTER CERVICAL CERCLAGE	K	KH	Y				PHASE 3 PART 2
OG 15.2	OBSERVE AND ASSIST IN THE PERFORMANCE OF AN EPISIOTOMY AND DEMONSTRATE THE CORRECT SUTURING TECHNIQUE OF AN EPISIOTOMY IN A SIMULATED ENVIRONMENT OBSERVE ASSIST IN OPERATIVE OBSTETRIC CASES INCLUDING CS, FORCEPS VACCUM EXTRACTION AND BREECH DELIVERY							
	LEARNING OBJECTIVES	DOMAIN K/S/A/C	LEVEL K/KH/SH/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS
1.	DEMONSTRATE THE TECHNIQUE OF PERFORMING A MEDIOLATERAL EPISIOTOMY AND ITS REPAIR IN A MANNIKIN CORRECTLY	K/S/A/C	KH/SH					PHASE 3 PART 2
2.	OBSERVE/ASSIST CESAREAN SECTION AND DOCUMENT THE SAME IN LOGBOOK WITH ALL RELEVANT DETAILS CORRECTLY	K/S/A/C	KH/SH					PHASE 3 PART 2
3.	OBSERVE/ASSIST FORCEPS DELIVERY AND DOCUMENT THE SAME IN LOGBOOK WITH ALL RELEVANT DETAILS CORRECTLY	K/S/A/C	KH/SH					PHASE 3 PART 2

4.	OBSERVE/ASSIST VACUUM EXTRACTION AND DOCUMENT THE SAME IN LOGBOOK WITH ALL RELEVANT DETAILS CORRECTLY	K/S/A/C	KH/SH					PHASE 3 PART 2
5.	OBSERVE/ASSIST BREECH DELIVERY AND DOCUMENT THE SAME IN LOGBOOK WITH ALL RELEVANT DETAILS CORRECTLY	K/S/A/C	KH/SH					PHASE 3 PART 2

TOPIC: COMPLICATIONS OF 3RD STAGE

NUMBER OF COMPETENCIES: 3

NUMBER OF PROCEDURES REQUIRE CERTIFICATION: NIL

OG 16.1 COMPETENCY:ENUMERATE AND DISCUSS CAUSES,PREVENTION,DIAGNOSIS,MANAGEMENT,APPROPRIATE USE OF BLOOD AND BLOOD PRODUCTS IN PPH

	LEARNING OBJECTIVES	DOMAIN K/S/A/C	LEVEL K/KH/SH /P	CORE Y/N	T-L METHOD	ASSESS MENT METHO D	INTEGRA TION	REMARKS
1.	DEFINE PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
2.	ENUMERATE THE RISK FACTORS AND CAUSES FOR PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
3.	Describe types of PPH	K/S/A/C	KH/SH					PHASE 3 PART 2

4.	Explain the mechanism of control of bleeding in Third stage of labour	K/S/A/C	KH/SH					PHASE 3 PART 2
5.	Describe common methods of assessment of blood	K/S/A/C	KH/SH					PHASE 3 PART 2
6.	Compare and contrast clinical features of atonic Phase and traumatic PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
7.	Describe mechanism of action, onset of action, duration of action ,side Effects, contraindications, maximum recommended dose route of administration of at least 4 commonly used drugs for PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
8.	Outline the stepwise management of atonic PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
9.	Describe bi manual massage and aortic compression	K/S/A/C	KH/SH					PHASE 3 PART 2
10.	Describe step-wise uterine devascularisation and uterine compression sutures for PPH	K/S/A/C	KH/SH					PHASE 3 PART 2

11.	Define golden hour in management of PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
12.	Describe massive transfusion protocol	K/S/A/C	KH/SH					PHASE 3 PART 2
13.	List the steps of repair of cervical tear	K/S/A/C	KH/SH					PHASE 3 PART 2
14.	List the principles and steps of management of perineal tear	K/S/A/C	KH/SH					PHASE 3 PART 2
15.	Describe the management of vaginal tear and hematoma	K/S/A/C	KH/SH					PHASE 3 PART 2
16.	Define secondary PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
17.	Enumerate the causes of secondary PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
18.	Describe the management of secondary PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
19.	List the complications of PPH	K/S/A/C	KH/SH					PHASE 3 PART 2
20.	Describe the follow up care of a case of PPH	K/S/A/C	KH/SH					PHASE 3 PART 2

21.	Demonstrate knowledge, skill, team work, leadership qualities, communication skills and empathy while managing a case of PPH during a PPH Drill	K/S/A/C	KH/SH					PHASE 3 PART 2
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OG 16.2 COMPETENCY: DESCRIBE AND DISCUSS UTERINE INVERSION CAUSES, PREVENTION, DIAGNOSIS AND MANAGEMENT

	LEARNING OBJECTIVES	DOMAIN K/S/A/C	LEVEL K/KH/SH/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS
1.	Define acute Uterine inversion and describe its grades	K	KH	Y				PHASE 3 PART 2
2.	List the causes of acute uterine inversion	K	KH	Y				PHASE 3 PART 2
3.	Describe clinical features and diagnosis of acute uterine inversion	K	KH	Y				PHASE 3 PART 2
4.	Describe methods to prevent acute uterine inversion during conduct of normal labor	K	KH	Y				PHASE 3 PART 2

5.	List the differential diagnosis of acute uterine inversion	K	KH					PHASE 3 PART 2
6.	Discuss the principles of Management of acute Uterine inversion	K	KH					PHASE 3 PART 2
7.	Describe the immediate management of acute uterine inversion	K	KH					PHASE 3 PART 2

OG 16.3 COMPETENCY: DESCRIBE AND DISCUSS CAUSES CLINICAL FEATURES DIAGNOSIS INVESTIGATIONS MONITORING OF FETAL WELL BEING INCLUDING ULTRASOUND/ DOPPLER, PRINCIPLES OF MANAGEMENT, PREVENTION AND COUNSELLING IN FGR

	LEARNING OBJECTIVES	DOMAIN K/S/A/C	LEVEL K/KH/SH/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS
1.	DEFINE FGR	K	KH	Y	LECTURE SGD BEDSIDE CLINIC	LAQ SAQ MCQ VIVA		PHASE 3 PART 2
2.	EXPLAIN THE TERMS FGR,SGA AND LBW	K	KH	Y				PHASE 3 PART 2
3.	ENUMERATE ATLEAST 4 CAUSES AND RISK FACTORS FOR FGR	K	KH	Y				PHASE 3 PART 2

4.	COMPARE AND CONTRAST LATE ONSET AND EARLY ONSET FGR	K	KH	Y				PHASE 3 PART 2
5.	DESCRIBE THE METHODS FOR CLINICAL DETECTION OF FGR	K	KH	Y				PHASE 3 PART 2
6.	DESCRIBE THE METHODS OF MONITORING FOR FETAL GROWTH	K	KH	Y				PHASE 3 PART 2
7.	DISCUSS THE ROLE OF USG AND COLOR DOPPLER IN FGR	K	KH	Y				PHASE 3 PART 2
8.	DESCRIBE THE METHODS OF ANTENATAL FETAL SURVEILLANCE,ITS TIMING OF INITIATION IN A CASE OF FGR	K	KH	Y				PHASE 3 PART 2
9.	DISCUSS THE PRINCIPLES OF MANAGEMENT OF FGR	K	KH	Y				PHASE 3 PART 2
10.	LIST THE EARLY AND LATE COMPLICATIONS IN GROWTH RESTRICTED NEWBORN	K	KH	Y				PHASE 3 PART 2

11.	ENUMERATE THE POINTS TO BE DISCUSSED WHILE COUNSELLING A WOMAN DIAGNOSED WITH FGR WITH RESPECT PREVENTION IN THE NEXT PREGNANCY I THE PRE CONCEPTION PERIOD	K	KH	Y				PHASE 3 PART 2
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TOPIC: LACTATION

NUMBER OF COMPETENCIES: 3

NUMBER OF PROCEDURES REQUIRE CERTIFICATION: NIL

OG 17.3 COMPETENCY:DESCRIBE AND DISCUSS THE CLINICAL FEATURES ,DIAGNOSIS AND MANAGEMENT OF MATITIS AND BREAST

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	LEARNING OBJECTIVES	DOMAI N K/S/A /C	LEVEL K/KH/S H/P	CORE Y/N	T-L METHOD	ASSESSME NT METHOD	INTEGRATI ON	REMARKS
1.	DEFINE BREAST ENGORGEMENT,MASTITIS AND BREAST ABSCESS	K/S	K/KH	Y	LECTURE SGD BEDSIDE LINIC	LAQ SAQ MCQ VIVA LONG CASE		PHASE 3 PART 2
2.	DISCUSS THE CLINICAL FEATURES OF ACUTE MASTITIS,ITS DIAGNOSIS AND MANAGEMENT	K/S	KH					PHASE 3 PART 2

3.	DISCUSS THE CLINICAL FEATURES OF BREAST ABCSESS,ITS DIAGNOSIS AND MANAGEMENT	K/S	KH					PHASE 3 PART 2
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TOPIC: CARE OF NEWBORN

NUMBER OF COMPETENCIES: 4

NUMBER OF PROCEDURES REQUIRE CERTIFICATION: NIL

OG 18.1 COMPETENCY:DESCRIBE AND DISCUSS THE ASSESSMENT OF MATURITY OF NEWBORN,DIAGNOSIS OF BIRTH ASPHYXIA,PRINCIPLES OF RESUSCITATION AND COMMON PROBLEMS

OG 18.1	LEARNING OBJECTIVE	DOMAI N K/S/A /C	LEVEL K/KH/S H/P	CORE Y/N	T-L METHOD	ASSESSMEN T METHOD	INTEGRAT ION	REMARKS
1.	DEFINE TERM AND PRETERM NEONATE	K	KH	Y	LECTURE SGD BEDSIDE CLINIC	SAQ MCQ VIVA	PEDIATRICS	PHASE 3 PART 2
2.	DISCUSS THE CRITERIS TO ASSESS GESTATIONAL AGE OF NEWBORN	K	KH	Y				PHASE 3 PART 2
3.	COMPARE AND CONTRAST FESTURES OF PREMATURITY WITH A TERM NEWBORN	K	KH	Y				PHASE 3 PART 2

OG 18.2 COMPETENCY: DEMONSTRATE THE STEPS OF NEONATAL RESUSCITATION IN A SIMULATED ENVIRONMENT

OG 18.2	LEARNING OBJECTIVES	DOMAIN K/S/A/ C	LEVEL K/KH/S H/P	CORE Y/N	T-L METHOD	ASSESSME NT METHOD	INTEGRATI ON	REMARKS
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1.	DEMONSTRATE THE STEPS OF NEONATAL RESUSCITATION ON A MANNIKIN AS PER CHECKLIST PROVIDED	K/S/A/C	K/KH/SH	Y	LECTURE SGD BEDSIDE CLINIC	SAQ MCQ VIVA OSCE	PAEDIATRICS	PHASE 3 PART 2
OG 18.3 COMPETENCY: DESCRIBE AND DISCUSS THE DIAGNOSIS OF BIRTH ASPHYXIA								
1.	DEFINE BIRTH ASPHYXIA	K	K/KH	Y	LECTURE SGD BED SIDE CLINIC	SAQ MCQ VIVA OSCE	PAEDIATRIC S	PHASE 3 PART 2
2.	ENUMERATE ATLEAST 4 IMPORTANT CAUSES OF BIRTH ASPHYXIA	K	K/KH	Y				PHASE 3 PART 2
3.	DESCRIBE THE COMPONENTS OF APGAR SCORE	K	K/KH	Y				PHASE 3 PART 2
4.	ASSIGN APGAR SCORE AND IDENTIFY BIRTH ASPHYXIA FROM THE CLINICAL FINDINGS PROVIDED IN A PAPER CASE	K	K/KH	Y				PHASE 3 PART 2
5.	DISCUSS THE CLINICAL FEATURES AND DIAGNOSIS OF BIRTH ASPHYXIA IN NEWBORN	K	K/KH	Y				PHASE 3 PART 2
6.	DESCRIBE MANAGEMENT OF BIRTH ASPHYXIA	K	K/KH	Y				PHASE 3 PART 2

OG 18.4	LEARNING OBJECTIVES	DOMAIN K/S/A/C	LEVEL K/KH/S H/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS
1.	DESCRIBES THE PRINCIPLES OF NEONATAL RESUSCITATION	K	KH	Y	LECTURE SGD BEDSIDE CLINIC	SAQ MCQ VIVA OSCE		PHASE 3 PART 2
2.	DESCRIBE STEPWISE CPR OF NEWBORN BABY	K	KH	Y				PHASE 3 PART 2
3.	DESCRIBE THE COMMON PROBLEMS ENCOUNTERED DURING RESUSCITATION AND THEIR MANAGEMENT	K	KH	Y				PHASE 3 PART 2

TOPIC:NORMAL AND ABNORMAL PUERPERIUM

NUMBER OF COMPETENCIES: 4

NUMBER OF PROCEDURES REQUIRE CERTIFICATION: NIL

OG19.2	COMPETENCY: COUNSEL IN A SIMULATED ENVIRONMENT, CONTRACEPTION AND PUERPERAL STERILISATION							
	LEARNING OBJECTIVE	DOMAIN K/S/A/C	LEVEL K/KH/S H/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS
1.	ENUMERATE BENEFITS OF FAMILY PLANNING	K/S/A/C	K/KH/SH	Y	LECTURE SGD BED SIDE CLINIC	SAQ VIVA MCQ	FORENSIC MEDICINE	PHASE 3 PART2

2.	ENUMERATE TEMPORARY AND PERMANENT METHODS OF CONTRACEPTION FOR AN IMMEDIATE POST PARTUM WOMAN	K/S/A/C	KH/SH	Y				PHASE 3 PART2
3.	DESCRIBE THE 'GATHER' APPROACH FOR FAMILY PLANNING	K/S/A/C	KH/SH	Y				PHASE 3 PART2
4.	ORGANISE APPROPRIATE IEC MATERIAL TO CONDUCT COUNSELLING SESSION ON CONTRACEPTION EFFECTIVELY AS PER GUIDELINES	K/S/A/C	KH/SH	Y				PHASE 3 PART2
5.	DETERMINE CLIENTS' MEDICAL ELIGIBILITY CRITERIA FOR CHOSEN METHOD CORRECTLY AS PER WHO MEC WHEEL 2015	K/S/A/C	KH/SH	Y				PHASE 3 PART2
6.	COUNSEL A POSTNATAL PATIENT REGARDING CONTRACEPTION AND PUERPERAL STERILISATION IN A SOCIOCULTURALLY SENSITIVE MANNER IN A SIMULATED ENVIRONMENT	K/S/A/C	KH/SH/P	Y				PHASE 3 PART2
OG19.3	COMPETENCY: OBSERVE / ASSIST IN PERFORMANCE OF TUBAL LIGATION							
	LEARNING OBJECTIVE	DOMAIN K/S/A/C	LEVEL K/KH/S H/P	CORE Y/N	T-L METHOD	ASSESSMENT METHOD	INTEGRATION	REMARKS

1.	DEFINE PUERPERAL STERILISATION	K/S/A/C	K/KH/SH	Y	DOAP	SAQ VIVA MCQ VIVA LAQ	FORENSIC MEDICINE	PHASE 3 PART2
2.	ENLIST AT LEAST 3 METHODS OF PUERPERAL STERILISATION	K/S/A/C	KH/SH	Y				PHASE 3 PART2
3.	ENUMERATE THE INDICATION AND CONTRAINDICATION OF PUERPERAL STERILISATION	K/S/A/C	KH/SH	Y				PHASE 3 PART2
4.	INTERPRET ELIGIBILITY FOR TUBAL LIGATION FROM THE GIVEN CLIENT DETAILS CORRECTLY AS PER GOI GUIDELINES	K/S/A/C	KH/SH	Y				PHASE 3 PART2
5.	DESCRIBE THE BASIC STEPS FOR PUERPERAL STERILISATION PROCEDURE	K/S/A/C	KH/SH	Y				PHASE 3 PART2
6.	DEMONSTRATE THE STEPS OF TUBAL LIGATION CORRECTLY AS PER CHECKLIST ON A MODEL	K/S/A/C	KH/SH	Y				PHASE 3 PART2
7.	LIST 2 IMPORTANT COMPLICSTIONS OF TUBAL STERILISATION	K/S/A/C	KH/SH	Y				PHASE 3 PART2

8.	OBSERVE/ASSIST IN A PROCEDURE OF PUERPERAL STERILISATION AND DOCUMENT THE PROCEDURE WITH RELEVANT DETAILS IN LG BOOK	K/S/A/C	KH/SH/P	Y				PHASE 3 PART2
9.	DESCRIBE THE BASIC STEPS FOR PUERPERAL STERILISATION PROCEDURE	K/S/A/C	KH/SH	Y				PHASE 3 PART2
10.	LIST THE POST PROCEDURE ADVICE FOR A CASE OF PUERPERAL STERILISATION	K/S/A/C	KH/SH	Y				PHASE 3 PART2

No. OG 19.4	Competency : Enumerate the indications for, describe the steps in and insert and remove an intrauterine device in a simulated environment							
	Learning objectives	Domain K/S/A/C	Level	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Enumerate indication and contraindication for use of IUCD	K/S/A/C	K/KH/S H	Y	Lecture SGD Beside Clinic	LAQ, , SAQ MCO , Viva Long case	Community Medicine	Phase 3 Part 2
2	Enumerate indications and contraindication for use of IUCD	K/S/A/C	KH/SH	Y				Phase 3 Part 2
3	Classify types of IUCD	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4	Discuss at least 4 important immediate and 4 important remote complication of IUCD insertion	K/S/A/C	KH/SH	Y				Phase 3 Part 2
5	Demonstrate the steps of IUCD insertion on model using a checklist	K/S/A/C	KH/SH	Y				Phase 3 Part 2
6	observe/assist in 5 cases of IUCD insertion and document in the logbook with relevant details	K/S/A/C	KH/SH	Y				Phase 3 Part 2

7	Counsel a patient in a simulated environment about the follow-up after insertion of an IUCD	K/S/A/C	KH/SH	Y				Phase 3 Part 2
8	Describe the stepwise management of an IUCD with missing threads	K/S/A/C	KH/SH	Y				Phase 3 Part 2

Topic: Medical Termination of Pregnancy

Number of Competencies: (03)

Number of procedures that require certification: (NIL)

No OG 20.3	Competency : Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC & PNDT) Act 1994 & its amendments							
	Learning objectives	Domain K/S/A/C	Level	Core- Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Enumerate biochemical and biophysical screening tests in prenatal diagnosis	K/S/A/C	K/KH/SH	Y	Lecture SGD Beside clinic Seminar	LAQ SAQ MCQ Viva Long case	Forensic Medicine	Phase 3 Part 2
2	Describe amniocentesis,	K	KH					Phase 3 Part 2

	chorionic villus sampling and cordocentesis techniques their indications and complications							
3	Recall the sex ratio in the state and in India	K	KH	Y				Phase 3 Part 2
4	Enumerate at prenatal diagnostic techniques and their uses	K	KH	Y	Lecture SGD Beside Clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
5	List the provisions of PC & PNDT act and its amendments	K	KH	Y				Phase 3 Part 2
6	Explain the reasons for the declining ratio of females in India and strategies for improving it.	K	KH	Y				Phase 3 Part 2

Topic: Contraception**Number of Competencies: (02)****Number of procedures that require certification (NIL)**

No OG 21.2	Competency : Describe and discuss PPIUCD programme							
	Learning objectives	Domain	level K/KH/SH/ P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Enumerate the indications for PPIUCD	K/S/A/C	K/KH/SH	Y	Lecture SGD Beside Clinic	LAQ SAQ MCQ Viva Long case	Community Medicine	Phase 3 Part 2
2	Describe the patient selection criteria for PPIUCD	K/S/A/C	K/SH	Y				Phase 3 Part 2
3	Demonstrate the step-wise technique for PPIUCD insertion on a mannequin as per checklist provided See competency 19.4 also	K/S/A/C	K/SH	Y				Phase 3 Part 2
4	Enumerate 3 early and 3 late complications of PPIUCD insertion	K/S/A/C	K/SH	Y				Phase 3 Part 2

5	Discuss the rationale behind PPIUCD programme by family planning department of GOI	K/S/A/C	K/SH	Y				Phase 3 Part 2
6	Counsel an antenatal mother for PPIUCD insertion in a simulated environment in a socio-culturally sensitive manner to the satisfaction of the observer.	K/S/A/C /	K/SH	Y				Phase 3 Part 2 Phase 3 Part 2

Topic: Normal and Abnormal puberty

Number of competencies: (03)

Number of procedures that require certification: (NIL)

No OG 23.1	Competency : Describe and discuss the physiology of puberty, features of abnormal puberty, common problems and their management							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Describe the changes occurring during the transition period in puberty	K	KH	Y	Lecture SGD Beside Clinic	SAQ MCQ Viva	Pediatrics	Phase 3 part 2
2	Describe the physiology of puberty including normal stages of puberty	K	KH	Y				Phase 3 part 2

3	List common problems of puberty	K	KH	Y				Phase 3 part 2
4	Describe management of common problems of puberty	K	KH	Y				Phase 3 part 2

No. OG 23.2	Competency: Enumerate the causes of delayed puberty. Describe the investigation and management of common causes							
	Learning objectives	Domain	Level	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Define delayed puberty	K	KH					
2	Recall the causes of delayed puberty	K	KH	Y	Lecture SGD Beside Clinic	SAQ MCQ Viva		Phase 3 Part 2
3	Describe the step in the investigation of delayed puberty	K	KH	Y				Phase 3 Part 2
4	Outline the management of common causes of delayed puberty	K	KH					Phase 3 Part 2

OG 23.3	Competency : Enumerate the causes of precocious puberty							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
z	Define precocious Puberty	K	KH	Y	Lecture SGD Beside Clinic	SAQ MCQ Viva		Phase 3 part 2
2	List the causes of precocious puberty	K	KH	Y				Phase 3 part 2

Topic: Genital tract injuries and fistulae

Number of competencies: (02)

Number of procedures that require certification: (NIL)

No OG 26.1	Competency : Describe and discuss the aetio-pathogenesis, clinical feature, investigation and implication on health and fertility and management of endometriosis and adenomyosis							
1	Learning objectives	Domain K/S/A/C	Level K/KH/S /H/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
2	Define Adenomyosis and endometriosis correctly	K	KH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2

3	Describe at least 3 theories that explain etiopathogenesis of endometriosis and adenomyosis	K	KH	Y				Phase 3 Part 2
4	List clinical features of Adenomyosis (at least 3)	K	KH	Y				Phase 3 Part 2
5	Discuss the differential diagnosis of adenomyosis	K	KH	Y				Phase 3 Part 2
6	Describe the medical options of management of adenomyosis	K	KH	Y				Phase 3 Part 2
7	Describe the surgical management of adenomyosis	K	KH	Y				Phase 3 Part 2
8	List the clinical features of endometriosis	K	KH	Y				Phase 3 Part 2
9	Discuss the differential diagnosis of endometriosis	K	KH	Y				Phase 3 Part 2
10	List the investigations to diagnose endometriosis	K	KH	Y				Phase 3 Part 2
11	Discuss 4 causes of infertility in a case of endometriosis	K	KH	Y				Phase 3 Part 2
12	Describe 3 methods of medical management of Adenomyosis	K	KH	Y				Phase 3 Part 2
13	Discuss the management options in a case of endometriosis with infertility correctly	K	KH	Y				Phase 3 Part 2
14	Outline the management of chocolate cyst of ovary	K	KH	Y				Phase 3 Part 2

No. OG 26.2	Competency : Describe the causes, prevention, clinical features, principles of management of genital injuries and fistulae							
1	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remark
1	Define completed perineal Tear accurately	K	KH	Y	Lecture SGD	SAQ MCQ Viva		Phase 3 Part 2
2	Describe the degrees of perineal tear depending on anatomical site of involvement correctly	K	KH	Y				Phase 3 Part 2
3	List 4 causes of perineal tears	K	KH	Y				Phase 3 Part 2
4	Discuss 2 methods of preventing perineal tear in labor	K	KH	Y				Phase 3 Part 2
5	Describe management old perineal tear	K	KH	Y				Phase 3 Part 2
6	Define genital fistulae based on anatomical site. Correctly	K	KH	Y				Phase 3 Part 2
7	Enumerate 3 methods of prevention of urinary tract injuries in obstetrics and gynecology	K	KH	Y				Phase 3 Part 2
8	Describe clinical features and diagnosis of urinary tract fistulae based on anatomical site. Correctly	K	KH	Y				Phase 3 Part 2

9	Describe the principles of management of urinary tract fistulae	K	KH	Y				Phase 3 Part 2
10	Enumerate 2 surgical interventions for urinary tract injuries.	K	KH	Y				Phase 3 Part 2
11	List 4 common	K	KH	Y				Phase 3 Part 2
12	Define rectovaginal fistulae.	K	KH	Y				Phase 3 Part 2
13	Enumerate 3 causes of rectovaginal fistulae	K	KH	Y				Phase 3 Part 2
14	Describe the clinical features and diagnosis of rectovaginal fistulae correctly	K	KH	Y				Phase 3 Part 2
15	Outline the principles of management of rectovaginal fistulae.	K	KH	Y				Phase 3 Part 2

TOPIC: Genital Infections

Number of Competencies: (04)

Number of procedures that require certification: (NIL)

No OG 27.1	Competency: Describe and discuss the etiology, Pathology, Clinical features, Differential diagnosis, investigations, Management and long term implications of sexually transmitted infections.							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH /P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks

1	Define the term STI and RTI	K	KH	Y	Lecture SGD Beside Clinic	SAQ MCQ Viva	Microbiology	Phase 3 Part 2
2	Enlist common bacterial and viral causes of STI (at least 5)	K	KH	Y				Phase 3 Part 2
3	Deduce sexual history for risk factors and differential diagnosis of STIs respecting the dignity of the patient	K	KH	Y				Phase 3 Part 2
4	Describe the clinical features of common STIs : Syphilis, Gonorrhea, Herpes, Chancroid, Chlamydia, lymphogranuloma, venereum and granuloma inguinal	K	KH	Y				Phase 3 Part 2
5	Discuss the differential diagnosis of genital ulcers	K	KH	Y				Phase 3 Part 2
6	Enlist appropriate investigations on the basis of clinical presentation	K	KH	Y				Phase 3 Part 2
7	Discuss the rationale for syndromic management of STI	K	KH	Y				Phase 3 Part 2
8	Identify the types, color coding, contents and indications of the STI Kits provided by NACO	K	KH	Y				Phase 3 Part 2
9	Describe the WHO Guidelines of stage wise management of syphilis.	K	KH	Y				Phase 3 Part 2

10	Enlist complications of STIs	K	KH	Y				Phase 3 Part 2
11	Discuss prevention strategies for spread of STIs in community	K	KH	Y				Phase 3 Part 2
No OG 27.2	Competency : Describe and discuss the etiology, pathology clinical features, differential diagnosis,							
1	Describe the etiopathogenesis and mode of transmission of genital tuberculosis correctly	K	KH	Y	Lecture SGD Beside Clinic	LAQ SAQ MCQ VIVA	Medicine	Phase 3 Part 2
2	Enumerate clinical features, of genital tuberculosis accurately	K	KH	Y				Phase 3 Part 2
3	Discuss the differential diagnosis of genital tuberculosis	K	KH	Y				Phase 3 Part 2
4	List the instigations to diagnose a case of genital tuberculosis	K	KH	Y				Phase 3 Part 2
5	Discuss management of genital tuberculosis as per RNTCP guidelines	K	KH	Y				Phase 3 Part 2
6	Discuss management congenital tuberculosis in pregnancy	K	KH	Y				Phase 3 Part 2
7	Enlist at least 2 long terms implications of genital tuberculosis	K	KH	Y				Phase 3 Part 2

No OG 27.3	Competency : Describe and discuss the etiology , pathology, clinical features, differential diagnosis, investigation, management and long term implications of HIV							
	Learning objectives	Domain K/S/ A/C	Level K/KH/SH/ P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Describe the etiopathogenesis and mode of transmission of HIV correctly	K/S/A /C	KH K/KH/SH	Y	Lecture SGD Beside Clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2	Discuss the clinical features of HIV	K/S/A /C	KH K/KH/SH	Y				Phase 3 Part 2
3	Enumerate the investigations to assess severity of disease factor, ovulatory, endometrial or cervical factor infertility	K/S/A /C	KH K/KH/SH	Y				Phase 3 Part 2
4	Counsel a case of HIV and her partner in an appropriate manner maintaining confidently regarding sexual transmission prevention antiretroviral drugs and long terms implication of the disease	K/S/A /C	K/KH/SH	Y				Phase 3 Part 2

TOPIC: Infertility**Number of Competencies: (04)****Number of procedures that require certification: (NIL)**

No OG 28.1	Competency: Describe and discuss the common causes, pathogenesis, and clinical features, differential diagnosis, investigations, principles of management infertility –methods of tubal patency, ovulation induction, assisted reproductive techniques.							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
	1	Define primary and secondary infertility as per WHO	K	KH	Y	Lecture SGD Beside Clinic	LAQ SAQ MCQ Viva Long case	Phase 3 Part 2
	2	Outline the etiological factors of female infertility	K	KH	Y			Phase 3 Part 2
	3	Describe the pathogenesis in tubal factor, ovulatory, endometrial or cervical factor infertility	K	KH	Y			Phase 3 Part 2
	4	Formulate a systematic plan for investigations based on history and examination of the couple	K	KH	Y			Phase 3 Part 2

5	Describe causes of male infertility	K	KH	Y				Phase 3 Part 2
6	Interpret a semen report according to WHO parameters of sperm analysis	K	KH	Y				Phase 3 Part 2

No OG 28.2	Competency : Enumerate the assessment and restoration of tubal patency							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH /P	Core Y/N	T-L Method	Assessme nt Method	Integratio n	Remarks
1	Enumerate tests for tubal patency	K	KH	Y	Lecture SGD Beside Clinic	SAQ MCQ Viva Long case		Phase 3 Part 2
2	Describe advantages, disadvantages and complication of HSG, Sono-salpingography, hysteroscopy and laparoscopic chromopertubation for evaluation of tubal patency	K	KH					Phase 3 Part 2
3	List the methods for restoration of tubal patency.	K	KH					Phase 3 Part 2

No OG 28.3	Competency : Describe the principles of ovulation inductions							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Describe tests of ovulation	K	KH	Y	Lecture SGD Beside Clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2	Enumerate drugs used for ovulation induction	K	KH	Y				Phase 3 Part 2
3	Describe the mechanism of action, dose, side effects of clomiphene citrate and letrozole for ovulation induction	K	KH	Y				Phase 3 Part 2
4	Describe follicular monitoring after Ovulation induction	K	KH	Y				Phase 3 Part 2

No OG 28.4	Competency : Enumerate the various Assisted Reproduction Techniques							
	Learning objective	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Describe the terminologies and key steps in IUI, IVF-ET, ISCI, Surrogacy	K	K	Y	Lecture SGD	SAQ MCQ Viva Long case		Phase 3 Part 2

Topic: Uterine fibroids**Number of Competencies: (01)****Number of procedures that require certification: (NIL)**

No OG 29.1	Competency : Describe and discuss the etiology; pathology; clinical features; differential diagnosis; investigations; principles of management, complication of fibroid uterus							
	Learning objectives	Domain K/S/A/C	Level K/KH/S H/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
5	Describe the effect of fibroid on pregnancy and the effect of pregnancy on fibroid	K	KH	Y				Phase 3 part 2
6	Discuss 4 differential diagnosis in a case of supra pubic lump	K	KH	Y				Phase 3 part 2
7	List the causes of abnormal uterine bleeding in reproductive age group	K	KH	Y				Phase 3 part 2
8	List the 2 investigation for confirmation of diagnosis of fibroid	K	KH	Y				Phase 3 part 2
9	Define principles of management for fibroid uterus keeping age, obstetrical career, clinical features, type of fibroid and associated anthology in	K	KH	Y				Phase 3 part 2

	consideration							
10	Discuss 4 medical therapies for management of fibroid	K	KH	Y				Phase 3 part 2
11	Describe common methods of surgical management of fibroid	K	KH	Y				Phase 3 part 2
12	Enumerate the points in counseling of an infertile couple planned for Myomectomy	K	KH	Y				Phase 3 part 2
13	Discuss-at least 4 complication of fibroid uterus	K	KH	Y				Phase 3 part 2

Topic: PCOS and hirsutism

Number: of competencies; (02)

Number of procedures that require certification (NIL)

No OG 30.1	Competency : Describe and discuss the etiopathogenesis; clinical features ; Differential diagnosis; investigations; managements, complication of PCOS							
	Learning objectives	Domain	level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Define PCOS correctly	K	KH	Y	Lecture SGD Bedside	LAQ SAQ MCQ		Phase 3 part 2

					Clinic	Viva Long case		
2	Describe etiopathogenesis of PCOS	K	KH	Y				Phase 3 part 2
3	List the diagnostic criteria for PCOS according to Rotterdam criteria	K	KH	Y				Phase 3 part 2
4	Describe the clinical features of PCOS	K	KH	Y				Phase 3 part 2
5	Discuss the differential diagnosis of a case of oligomenorrhea correctly	K	KH	Y				Phase 3 part 2
6	Describe the investigations for a case of PCOS	K	KH	Y				Phase 3 part 2
7	Formulate a management plan in a case of PCOS based on age, reproductive goals and clinical features	K	KH	Y				Phase 3 part 2
8	Discuss the importance of lifestyle modification in managing PCOS	K	KH	Y				Phase 3 part 2
9	List the immediate and long term implication on reproductive and general health of the patient.	K	KH	Y				Phase 3 part 2

No OG 30.2	Competency : Enumerate the causes and describe the investigations and management of hyperandrogenism
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	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L Method	Assessment	Integration	Remarks
1	Explain androgen metabolism in female	K	KH	Y				Phase 3 part 2
2	List 3 causes for hyperandrogenism in a female	K	KH	Y				Phase 3 part 2
3	Differentiate hirsutism from virilisation	K	KH	Y		SKIN		Phase 3 part 2
4	List the investigations to evaluate the cause and interpret the results in a case of hyperandrogenism	K	KH	Y				Phase 3 part 2
5	List management options for a given case of hirsutism	K	KH	Y				

Topic: Uterine prolapse

Number of competencies: (01)

Number of procedures that require certification (NIL)

No. OG 31.1	Competency : Describe and discuss the etiology , classification, clinical features, diagnosis, investigation, principles of management and preventive aspects of prolapsed of uterus						
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	T-L Met hod	Assessm ent Method	Integration	Remarks
1	Enumerate the 3 levels of supports of genital tract correctly	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Phase 3 part 2
2	Define prolapsed uterus correctly	K	KH	Y			Phase 3 part 2
3	Classify prolapsed according to shaw's system of classification correctly	K	KH	Y			Phase 3 part 2
4	Describe the principle of POPQ classification	K	KH	Y			Phase 3 part 2
5	Enumerate S risk Factors leading to genital prolapsed	K	KH	Y			Phase 3 part 2
6	Describe the clinical features of uterovaginal prolapsed correctly	K	KH	Y			Phase 3 part 2

7	Compare and contrast stress incontinence with urge incontinence	K	KH	Y			Phase 3 part 2
8	Discuss at least 3 differential diagnosis of mass per vaginum correctly	K	KH	Y			Phase 3 part 2
9	Discuss the principles of management of a case of prolapsed correctly	K	KH	Y			Phase 3 part 2
10	List the non-surgical management options for prolapsed	K	KH	Y			Phase 3 part 2
11	Enumerate the surgical management options available	K	KH	Y			Phase 3 part 2
12	Formulate a management plan in a case scenario with respect to age, parity, patient choice, desire to retain menstrual function and reproductive goals in perspective	K	KH	Y			Phase 3 part 2
13	List the pre-operative investigation correctly	K	KH	Y			Phase 3 part 2
14	Describe the salient steps of Fothergill Repair and Ward Mayo's Hysterectomy See also	K	KH	Y			Phase 3 part 2

	competency number 34.4						
15	Enlist the steps of be taken at the time of vaginal delivery and puerperium to prolapse correctly	K	KH	Y			Phase 3 part 2
16	Define vault prolapsed	K	KH	Y			Phase 3 part 2
17	Describe post-operative care after prolapsed surgery	K	KH	Y			Phase 3 part 2

Topic: Menopause

Number of competencies: (02)

Number of procedures that require certification: (NIL)

No OG 32.1	Competency : Describe and discuss the physiology of menopause, symptoms, prevention, management and the role of hormone replacement therapy							
1	Learning objectives	Domain K/S/A/ C	Level K/KH/S H/P	Core Y/N	T-L Method	Assessmen t Method	Integrati on	Remarks
1	define menopause correctly	K	KH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2	Outline the anatomical and physiological changes	K	KH	Y				Phase 3 Part 2

	occurring during menopause							
3	Correlate the physiological changes with clinical feature of menopause	K	KH	Y				Phase 3 Part 2
4	Describe at least 2 hormonal and 2 non hormonal methods of Management of menopause	K	KH	Y				Phase 3 Part 2
5	Enumerate indication and contraindications to start MHT (menopausal Hormonal therapy (at least 3 each)	K	KH	Y				Phase 3 Part 2

No OG 32.2	Competency : Enumerate the causes of postmenopausal bleeding							
	Learning objectives	Domain K/S/A/ C	Level K/KH/S H/P	Core Method	T-L Method	Assessment Method	Integration	Remark
1	Define postmenopausal bleeding correctly	K	KH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2	Enumerate 5 common causes of postmenopausal bleeding	K	KH	Y				Phase 3 Part 2
3	Discuss the workup of a case	K	KH	Y				Phase 3

	of postmenopausal bleeding							Part 2
4	Enumerate the indications of endometrial sampling for a case of postmenopausal bleeding	K	KH	Y				Phase 3 Part 2
5	Enumerate the methods used for endometrial evaluation in a case of postmenopausal bleeding	K	KH	Y				Phase 3 Part 2
	See competency 34.4 also							

Topic: Benign, pre-malignant and malignant lesions (CIN) of the cervix

Number of competencies: (04)

Number of procedures that require certification: (NIL)

No OG 33.1	Competency : Classify, describe and discuss, etiology, pathology, clinical features, Differential diagnosis, investigation staging of Carcinoma Cervix							
	Learning objectives	Domain K/S/A/ C	Level K/KH/S H/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Describe the global incidence of cancer cervix and the incidence in India	K	KH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva		Phase 3 Part 2
2	Enumerate 5 common risk factors for cancer cervix	K	KH	Y				Phase 3 Part 2

3	Describe the role of HPV in the etiopathogenesis, of cancer cervix	K	KH	Y				Phase 3 Part 2
4	Describe the histological classification of cancer cervix WHO	K	KH	Y				Phase 3 Part 2
5	Discuss the differential diagnosis in a suspected case of carcinoma cervix	K	KH	Y				Phase 3 Part 2
6	List the investigations in a case of cancer cervix depending on stage of the disease and treatment plan	K	KH	Y				Phase 3 Part 2
7	Describe stage wise management of cancer cervix	K	KH	Y				Phase 3 Part 2
8	List the commonest cause of death in cancer cervix	K	KH	Y				Phase 3 Part 2
9	Define the term dysplasia and CIN	K	KH	Y				Phase 3 Part 2
10	Describe classification of premalignant lesions of the cervix	K	KH	Y				Phase 3 Part 2
11	Describe the natural history of progression/ regression of CIN	K	KH	Y				Phase 3 Part 2
12	Enumerate at 2 the ablative and 2 excisional procedures for management of CIN	K	KH	Y				Phase 3 Part 2

13	Describe the follow up of a case of CIN after treatment	K	KH	Y				Phase 3 Part 2
No. OG 33.2	Competency : Describe the principles of management including surgery and radiotherapy of Benign, premalignant (CIN) and Malignant Lesions of the Cervix							
	Learning objectives	Domain K/S/A/C	Level K/KH/S/H/P	Core Y/N	T-L Method	Assessment method	Integration	Remarks
1	Discuss the principles of surgical management of cancer cervix	K	KH	Y	Lecture SGD Beside Clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2	Describe the principles of radiotherapy (external Radiotherapy and brachytherapy) and the advantage of chemo radiation	K	KH	Y				Phase 3 Part 2
3	Describe the criteria for selecting surgery or radiotherapy for a case of carcinoma cervix	K	KH	Y				Phase 3 Part 2
4	Describe the immediate and remote complications of radiotherapy of radiotherapy (at least 3 each)	K	KH	Y				Phase 3 Part 2
5	Describe the immediate and remote complications of surgery (at least 3 each)	K	KH	Y				Phase 3 Part 2

No OG 33.3	Competency : Describe and demonstrate the screening for cervical cancer in a simulated environment							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method		Integr ation	Remarks
1	Describe the steps of taking pap smear correctly	K/S/A/C	SH/P	Y	lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 part 2
2	Identify the instrument for taking a pap smear	K/S/A/C	SH/P	Y				Phase 3 part 2
3	Counsel a patient regarding the need, timing of procedure, steps of the procedure and follow up visit of pap smear with sensitivity clarity and empathy in a simulated environment	K/S/A/C	SH/P	Y				Phase 3 part 2

4	Demonstrate the steps of taking a pap smear in a simulate environment as per checklist provided See competency number 35.12 also	K/S/A/C	SH/P	Y				Phase 3 part 2
5	Counsel a lady with an abnormal report on pap smear for further management in simulated environment	K/S/A/C	SH/P	Y				Phase 3 part 2
No OG 33.4	Competency : Enumerate methods of prevention of Cancer of cervix including VIA, VILI Colposcopy							

	Learning objectives	Domain K/S/A/C	Level K/KH/S H/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Enumerate at least 5 methods of screening for Carcinoma Cervix	K/S	K/KH/SH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva Lone case		Phase 3 Part 2

2	Describe normal & abnormal VIA, VILI and colposcopy findings	K/S	K/KH/SH	Y				Phase 3 Part 2
3	Identify normal & abnormal VIA & VILI findings	K/S	K/KH/SH	Y				Phase 3 Part 2
4	Discuss the strategies and GO1 programmes for prevention and early detection of cancer cervix	K/S	K/KH/SH	Y				Phase 3 Part 2
5	Enumerate the various vaccines available for prophylaxis of Ca cervix and their dosage schedule	K/S	K/KH/SH	Y				Phase 3 Part 2

Topic: Benign and malignant diseases so of the uterus and the ovaries

Number of competencies: (04)

Number of procedures that require certification: (NIL)

No OG 34.1	Competency : Describe and discuss etiology, pathology, staging clinical features, differential diagnosis, investigation, staging laparotomy and principle so management to endometrial cancer
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	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Define endometrial hyperplasia correctly	K/S	K/KH/SH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva Lone case		Phase 3 Part 2
2	Enumerate causes of abnormal uterine bleeding inter menopausal and postmenopausal women see also competency 32.2	K	KH	Y				Phase 3 Part 2
3	Classify endometrial hyperplasia and discuss the potential risk of progression to malignancy of each	K	KH	Y				Phase 3 Part 2
4	Describe the management of endometrial hyperplasia correctly	K	KH					Phase 3 Part 2
5	Describe the management of endometrial hyperplasia correctly	K	KH					Phase 3 Part 2
6	Enlist Clinical features of endometrial cancer	K	KH					Phase 3 Part 2

	correctly							
7	Describe FIGO staging of endometrial cancer accurately	K	KH					Phase 3 Part 2
8	List the investigations required for diagnosis and planning of treatment of endometrial cancer	K	KH					Phase 3 Part 2
9	Describe the outline of stage wise treatment of endometrial cancer	K	KH					Phase 3 Part 2
10	Describe the salient steps of staging laparotomy for cancer endometrium	K	KH					Phase 3 Part 2
11	Describe follow up of cancer endometrium	K	KH					Phase 3 Part 2

No OG 34.2	Competency : Describe and discuss the etiology, pathology, classification, staging of ovarian cancer, clinical features, differential diagnosis, investigations, principal of management including laparotomy							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment method	Integration	Remarks

1	Describe the global incidence of cancer ovary and incidence in India	K	K/KH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 part 2
2	Describe the risk factors and etiopathogenesis of ovarian cancer correctly	K	KH	Y				Phase 3 part 2
3	Describe classification of ovarian cancer accurately WHO	k	kh	Y				
4	Describe FIGO staging of ovarian cancer correctly	K	KH	Y				Phase 3 part 2
5	Enlist clinical features of ovarian ca correctly	k	KH					
6	Discuss the age-wise differential diagnosis of an adnexal mass correctly	K	KH	Y				Phase 3 part 2
7	Compare and contrast a benign and a malignant ovarian mass correctly	K	KH					Phase 3 part 2
8	List the investigations for diagnosis of suspected ovarian cancer	K	KH	Y				Phase 3 part 2
9	Describe principles of stage-wise treatment of ovarian cancer correctly	K	KH					Phase 3 part 2

10	Describe the salient steps of staging laparotomy for cancer ovary see also competency 34.4	K	KH					Phase 3 part 2
11	Discuss the role of neoadjuvant and adjuvant chemotherapy In ovarian cancer correctly	K	KH					Phase 3 part 2

No OG 34.3	Competency : Describe and discuss the etiology, pathology, classification staging clinical features, differential diagnosis, investigations and management of gestational trophoblastic disease							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Describe etiopathogenesis of gestational trophoblastic neoplasia See also competency 9.4	K	K/KH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 part 2
2	Discuss the evaluation of a case of persistent GTD an confirmation of diagnosis of GTN	K						Phase 3 part 2
3	Classify gestational trophoblastic neoplasia (FIGO)	K						Phase 3 part 2

4	Enlist clinical features of GTN correctly	K						Phase 3 part 2
5	List the investigations for diagnosis and planning of treatment in GTN	K						Phase 3 part 2
6	Describe stage – wise management of GTN	K						Phase 3 part 2
7	Discuss the follow up and prognosis of choriocarcinoma	K						Phase 3 part 2

No OG 34.4	Competency: Operative Gynaecology understand and describe the technique and complications Dilatation & curettage (D&C); EA-ECC, cervical biopsy; abdominal hysterectomy, myomectomy; ovarian tumors; staging laparotomy; vaginal hysterectomy including pelvic floor repair; Fothergill's operation, Laparoscopy; hysteroscopy management of postoperative complication							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1	Identify the instruments for D&C correctly	K/S	KH/SH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva		Phase 3 part 2

						Long case		
2	Describe the indications, contraindications, steps and immediate and remote complication of D & C	K/S	KH/SH	Y				Phase 3 part 2
3	Describe the diagnosis and management of Uterine perforation during D & C	K	KH	Y				Phase 3 part 2
4	Identify instruments for endometrial aspiration	K/S	KH/SH					Phase 3 part 2
5	Describe the indications contraindications steps and complication of endometrial aspiration	K	KH/SH	Y				Phase 3 part 2
6	Identify instruments for endocervical curettage	K	KH					Phase 3 part 2
7	Describe the indications contraindications steps and complication of endocervical curettage	K	KH	Y				Phase 3 part 2
8	Enumerate types of cervical biopsy	K	KH/SH	Y				Phase 3 part 2
9	Identify instruments for different types of	K	KH	Y				Phase 3 part 2

	cervical biopsy							
10	Describe the indications contraindication steps and the complications of cervical wedge biopsy	K	KH					Phase 3 part 2
11	Describe the indications contraindication steps and the complications of cervical cone biopsy	K	KH					Phase 3 part 2
12	Classify hysterectomy on basis of route of surgery	K	KH					Phase 3 part 2
13	Identify instruments used in abdominal hysterectomy	K/S	KH					Phase 3 part 2
14	Describe the indication, contraindication salient steps and immediate and remote complication of abdominal hysterectomy	K	KH	Y				Phase 3 part 2
15	Enumerate at least 4 post-operative complications abdominal hysterectomy and describe their management	K	KH					Phase 3 part 2

16	Identify instruments used for vaginal hysterectomy	K	KH					Phase 3 part 2
17	Describe the indications contraindications, salient steps and immediate and remote complications of vaginal hysterectomy	K	KH	Y				Phase 3 part 2
18	Enumerate the post-operative complications of vaginal hysterectomy and describe their management	K	KH	Y				Phase 3 part 2
19	Describe salient steps of ward mayo's hysterectomy	K	KH					Phase 3 part 2
20	Describe the indications contraindications, salient steps and immediate and remote complications of fothergill's repair for prolapse uterus	K	KH					Phase 3 part 2

21	Describe the indications of anterior colporaphy, post colpoperinioraphy&culdo plasty	K	KH					Phase 3 part 2
22	Identify instruments for myomectomy	K	KH					Phase 3 part 2
23	Describe the indications contraindication, salient steps and immediate and remote complications of myomectomy See competency 29.1 also	K	KH					Phase 3 part 2
24	Enumerate the points in counseling a case of infertility before myomectomy regarding morbidity and resolution of symptoms See competency 29.1 also	K	KH					Phase 3 part 2

25	Describe the indications contraindications salient steps and complications of laparoscopic surgery in O B G Y N	K	KH					Phase 3 part 2
26	Describe the indications, contraindications, salient steps and complications of staging laparotomy	K	KH					Phase 3 part 2
27	Describe the indications, contraindications salient steps and complications of hysteroscopy	K	KH					Phase 3 part 2
28	Define surgical site infections correctly	K	KH					Phase 3 part 2
29	Enumerate standard precautions for preventing surgical site infections.	K	KH					Phase 3 part 2
30	Perform the steps of surgical scrubbing correctly	K	KH					Phase 3 part 2

31	Describe basic preoperative preparations of patient undergoing minor or major surgeries	K	K/KH					Phase 3 part 2
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Topic: Obstetrics & Gynecological Skills

Number of competencies: (17)

Number of procedures that require certification: (NIL) **CLINICAL**

No OG 35.2	Competency : Arrive at a logical provisional diagnosis after examination							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
3	Provide the differential diagnosis for the case	K	K/KH	Y				Phase 3 part 2
No OG 35.3	Competency : Recognize situations which call for urgent or early treatment at secondary and tertiary centers and make a prompt referral of such patients after giving first aid or emergency treatment							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
2	Perform a Rapid initial Assessment of a patient to	K/S/A/C	K/KH	Y	Beside Clinic	Skill assessment		Phase 3 part 2

	assess, the need for immediate care based on her chief presenting complaint correctly				drill Role play	viva		
3	Triage patient according to initial rapid assessment and chief presenting complaint	K/S/A/C	K/KH	Y				Phase 3 part 2
4	Recognize the following emergencies in obstetrics: bleeding in first trimester, APH PPH septicemia, acute abdomen, convulsions PROM cord prolapsed, obstructed labor shoulder dystocia, convulsions hypertensive crisis, amniotic fluid embolism, inversion decreased/absent fetal movements.	K/S/A/C	K/KH	Y				Phase 3 part 2
5	Describe the immediate management of circulatory shock septic shock, respiratory failure pulmonary edema, blood reaction drug, anaphylaxis, sudden collapse, convulsions	K/S/A/C	K/KH	Y				Phase 3 part 2
6	Provide a prompt referral to a secondary or tertiary care center as per the patient's requirement with proper documentation of clinical history on admission and treatment given on a proper	K/S/A/C	K/KH	Y				Phase 3 part 2

	referral slip as per local protocol							
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No OG 35.4	Competency : demonstrate interpersonal and communication skill befitting a physician in order to discuss illness and its outcome with patient and family							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Counsel a patient following the SPIKES Six step protocol for delivering bad news to a patient in a simulated case scenario	K	K/KH	Y	Lecture SGD Beside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 part 2
2	Explain the (5) ethical principles relevant to counselling: respect for autonomy non-maleficence. Beneficence, justice , fidelity	K/S/A/C	K/KH	Y				Phase 3 part 2
3	Describe the components of the Kalamazoo consensus statement (2010) for essential communication skills for a physician	K/S/A/C	K/KH	Y				Phase 3 part 2
4	Demonstrate the basic principles of counselling while counseling patients for disease, prognosis or treatment in a simulated environment. case of	K/S/A/C	K/KH	Y				Phase 3 part 2

	HIV with pregnancy, MTP, cancer cervix, after septic abortion							
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No OG 35.5	Competency : Determine gestational age, EDD, obstetric formula							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
	1	Determine the obstetric score/formula from a paper case / or an actual case	K/S	K/KH	Y	Beside clinic	Skill assessment viva	Phase 3 part 2
	2	Calculate gestational age and EDD from LMP according to Naegle's formula	K/S	K/KH	Y			Phase 3 part 2
	3	Discuss the method of assessment of gestational age on sonography and its accuracy in a case who is not sure of dates or has irregular cycles or conceived in lactational amenorrhea See competency Number 8.8 also	K/S	K/KH	Y			Phase 3 part 2

OG 35.6	Competency : Demonstrate ethical behavior in all aspects of medical practice							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Discuss in detail on the key principles of ethics and professionalism involved in medical practice correctly	K/S/A/C/	KH/SH	Y	Bedside clinic	Skill assessment Viva		Phase 3 Part 2
2	Demonstrate awareness of key principles of ethics and professionalism in a patient encounter in a simulated environment	K/S/A/C/	KH/SH	Y				Phase 3 Part 2
3	Enumerate 4 ethical dilemmas that a doctor may face during medical practice and suggest ways of dealing with them in an ethical manner.	K/S/A/C/	KH/SH	Y				Phase 3 Part 2
No OG 35.7	Competency : obtain informed consent for any examinations / procedure							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integration	Remarks

1	List 3 different types of consent used in clinical practice.	K/S/A/C /	KH/SH	Y	Bedside clinic	Skill assessment Viva		Phase 3 Part 2
2	Describe the various components of informed procedure specific consent as recommended by authentic bodies correctly.	K/S/A/C /	KH/SH	Y				Phase 3 Part 2
3	Discuss the importance of informed consent with regards to medico legal practice in OBGYN	K/S/A/C /	KH/SH	Y				Phase 3 Part 2
4	Obtain written consent for MTP in a case of anencephaly after explaining the implications for the baby in a sensitive and empathetic manner in a simulated case scenario to the satisfactions of the observer.	K/S/A/C /	KH/SH	Y				Phase 3 Part 2

No	Competency Write a complete case record withal necessary details							
OG 35.8								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integration	Remarks

1	Discuss the importance of maintaining case records and documentations including medico legal implications.	K/S/A/C	KH/SH	Y	Bedside clinic	Log book Viva		Phase 3 Part 2
2	Write a detailed case record by including relevant history, clinical findings, lab reports, provisional /differential / final diagnosis and management and daily follow up in your student doctor posting	K/S/A/C	KH/SH	Y				Phase 3 Part 2
OG 35.9	Competency write a proper discharge summary with all relevant information's							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Discuss the importance of discharge slip for the physician and the patient	K/S/A/C	KH/SH	Y	Bedside clinic	Skill assessment viva		Phase 3 Part 2
2	Write proper discharge summary withal relevant information as per the institutional protocol	K/S/A/C	KH/SH	Y				Phase 3 Part 2

No OG 35.10	Competency : Write a proper referral note to secondary or tertiary centers or to other physician with all necessary details							
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	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Discuss at least 3 advantages of proper referral letter for continuity of care	K/S	SH/P	Y	Bedside clinic	Skill assessment Viva		Phase 3 part 2
2	Write a proper referral letter to tertiary center for a case of eclampsia after administration of magnesium sulphate	K/S	SH/P	Y				Phase 3 part 2
No OG 35.12	Competency: obtain pap smear in simulated environment.							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	See competency number 33.3 and 33.4	K/S/A/C	SH/P	Y	DOAP	Skill assessment OSCE Viva Long book		Phase 3 part 2

No OG 35.14	Competency : Demonstrate the correct technique to perform and suture episiotomies in a simulated / supervised environment							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L metho d	Assessment Method	Integrati on	Remarks
1	See competency number 15.1	K/S/A/C	K/KH/SH	Y	DOAP	Skill assessment OSCE Viva		Phase 3 part 2 (Simulated environment)

No OG 35.15	Competency : Demonstrate the correct technique to insert and remove an IUCD in a simulated / supervised environment							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L metho d	Assessment Method	Integrati on	Remarks
1	Describe the steps of insertion and removal of IUCD correctly	K/S/A/C	KH/SH	Y	DOAP	Skill Assessment OSCE Viva		Phase 3 Part 2
2	Identify the instruments required for IUCD insertion and removal correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2

3	Demonstrate the insertion of IUCD following correct pre procedural and post procedural steps in a mannequin in a skill lab	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4	Demonstrate removal of IUCD following all aseptic precautions correctly in a mannequin in a skill lab	K/S/A/C	KH/SH	Y				Phase 3 Part 2
5	Counsel a patient before IUCD insertion regarding the procedure, side effects, post insertion follow up following the principles of good communications in an empathetic manner to the satisfaction of the observer	K/S/A/C	KH/SH	Y				Phase 3 Part 2

No OG 35.16	Competency: Diagnose and provide emergency management of APH & PPH in a simulated/guided environment.							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integration	Remarks

1	Demonstrate the ability to recognize and respond to the emergency with logical sequence of action following standard protocol working as a team, with leadership qualities and effective communication in an empathetic manner during a APH/PPH drill to the satisfaction of the observer	K/S/A/C /	SH/P	Y	DOAP	Skill assessment OSCE Viva	Skill assessment	Phase 3 Part 2
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OG 35.17	Competency : Demonstrate the correct technique of urinary catheterizations in a simulated / supervised							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Demonstrate the steps of urinary catheterization under aseptic precautions using no touch technique in a simulated environment to the satisfaction of the observer	K/S/A/C /	SH/P	Y	DOAP	Skill assessment OSCE Viva	Skill assessment	Phase 3 Part 2
2	Document the procedure correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2

Topic: Obstetric and gynecological skills 2**Number of competencies (03)****Number of procedures that require certification: (NIL)**

No OG 36.1	Competency : plan and institute a line of treatment, which is need based, cost effective and appropriate for common conditions taking into consideration (a) Patient (b) Disease (c) Socio- economic status (d) Institution / Governmental guidelines.							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessmen t Method	Integration	Remarks
1	Prepare a management plan in a case scenario in simulated environment demonstrating consideration for patient choice socioeconomic status, nature of her disease and government guidelines e.g. advanced cancer cervix severe anemia in pregnancy	K/S/A/C	SH/P	Y	Beside clinic SGD	Skill Assessment Viva		Phase 3 part 2

No OG 36.2	Competency : Organize antenatal, postnatal, well- baby band family welfare clinics							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessmen t Method	Integratio n	Remarks
4	Discuss the points to be included for preparing IEC material for display in antenatal clinic	K/S/A/C	SH/P	Y	Bedside clinic SGD	Skill assessment viva		Phase 3 part 2
5	Discuss the factors that increase the waiting time in an antenatal clinic	K/S/A/C	SH/P	Y				Phase 3 part 2
6	Discuss the points to be included for preparing IEC material for a family welfare clinic	K/S/A/C	SH/P	Y				Phase 3 part 2

7	Discuss the point to be included for preparing IEC material for breast feeding in a post natal clinic	K/S/A/C	SH/P	Y				Phase 3 part 2
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No OG 36.3	Competency : Demonstrate the correct technique of punch biopsy of cervix in a simulated supervised environment							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessmen t Method	Integratio n	Remark s
1	Identify the instruments required for taking a punch biopsy from the cervix	K/S/A/C	SH/P	Y	Beside clinic SGD DOAP			Phase 3 part 2
2	Describe correctly the pre procedure preparation	K/S/A/C	SH/P	Y				Phase 3 part 2
3	Demonstrate the step-wise technique of punch biopsy of cervix on a mannequin correctly	K/S/A/C	SH/P	Y				Phase 3 part 2

4	Perform the post procedure task including documentation in a case of cervical punch biopsy	K/S/A/C	SH/P	Y				Phase 3 part 2
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Topic: Obstetric and gynecological skills 3

Number of competencies: (07)

Number of procedures that require certification: (NIL)

OG 37.1	Competency : Observe and assist in the performance of a Caesarean section							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L method	Assessment Method	Integratio n	Remark s
1	List at least 5 indications for CS	K/S/A/C	SH/P	Y	SGD bedside clinic	SKILL ASSESSMENT viva log book		Phase 3 part 2

2	Identify the instruments for CS	K/S/A/C	SH/P	Y				Phase 3 part 2 & 1
3	Describe the preprocedural (including informed consent), procedural and post procedural steps of CS correctly as per the checklist provided	K/S/A/C	SH/P	Y				Phase 3 part 2
4	Assist / observe 5 CS and document it correctly in the logbook	K/S/A/C	SH/P	Y				Phase 3 part 2 & 1
5	Enumerate 2 immediate and 2 long term complications of CS	K/S/A/C	SH/P	Y				Phase 3 part 2 & 1
	See competency 15.1 and 15.2							

OG 37.2	Competency : Observe and assist in the performance of Laparotomy
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	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integratio n	Remarks
1	List at least 5 indications for Laparotomy in OBGYN	K/S/A/C	SH/P	Y	SGD bedside clinic	SKILL ASSESSMENT viva log book		Phase 3 PART 2
2	Identify the instruments for laparotomy	K/S/A/C	SH/P	Y				Phase 3 PART 2
3	Describe the preprocedural (including informed consent) procedural and, post procedural steps of laparotomy correctly as per the checklist provided	K/S/A/C	SH/P	Y				Phase 3 PART 2
4	Assist / observe 2 laparotomies and document it correctly in the logbook	K/S/A/C	SH/P	Y				Phase 3 PART 2

5	Enumerate 2 immediate and 2 long term compilations of laparotomy	K/S/A/C	SH/P	Y				Phase 3 PART 2
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No OG 37.3	Competency : observe and assist in the performance of Hysterectomy – abdominal/vaginal							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Assist / observe 2 abdominal hysterectomies document it correctly in the logbook	K/S/A/C	SH/P	Y				Phase 3 PART 2
2	Assist/ observe 2 vaginal hysterectomies and document it correctly in the logbook	K/S/A/C	SH/P	Y				Phase 3 PART 2
	See competency 34.4 also							

No OG 37.4	Competency : observe and assist in the performance of D AND C							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integratio n	Remarks
1	Assist / observe 2 D & C procedures document it correctly in the logbook	K/S/A/C	KH/SH	Y	SGD bedside clinic	SKILL ASSESSMENT viva log book		Phase 3 PART 2 & 1

No OG 37.5	Competency : observe and assist in the performance of Fractional curettage (FC) & Endometrial aspiration endocervical curettage (EA-ECC)							
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	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Observe / assist in the performance of 1 endometrial aspiration and endocervical curettage and document it correctly in the logbook	K/S/A/C	SH/P	Y	SGD Beside Clinic	Skill assessment Viva Log book		Phase 3 Part 2 & 1
	See competency 34.4 also							

OG 37.6	Competency : Observe and assist in the performance of outlet forceps application of vacuum and breath deliver							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks

1	Observe / assist in the performance of one outlet forceps delivery and document it correctly in the logbook	K/S/A/C	SH/P	Y				Phase 3 Part 2 & 1
2	observe / assist in the performance of one vacuum delivery and document it correctly in the logbook	K/S/A/C	SH/P	Y				Phase 3 Part 2 & 2
3	Observe / assist in the performance of one assisted breech delivery and document it correctly in the logbook	K/S/A/C	SH/P	Y				Phase 3 Part 2 & 1
	See competency 14.4, 15.1 and 15.2							

No OG 37.7	Competency : Observe and assist in the performance of MTP in the first trimester and evacuation in incomplete abortion							
1	Observe / assist in the performance of 2 MTP procedures and documents it correctly in the logbook	K/S/A/C	SH/P	Y	SGD Beside Clinic	Skill assessment Viva Log book		Phase 3 Part 2 & 1
	See competency 9.2 and 20.2 and 20.3 also							

Topic: Should observe

Number of competencies: (04)

Number of procedures that require certification: (NIL)

No OG 38.1	Competency : Observe differential laparoscopy surgery							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Identify instrument and equipment for laparoscopy	K/S/A/C	SH/P	Y	SGD Beside Clinic	Skill assessment Viva Log book		Phase 3 Part 2

2	Enumerate 4 indications in OBGYN, 2 contraindications and 2 complication of Laparoscopy	K/S/A/C	SH/P	Y				Phase 3 Part 2
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No OG 38.2	Competency : Observe Hysteroscopy							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessmen t Method	Integratio n	Remark s
1	Identify instruments and equipment for	K/S/A/C	SH/P	Y	SGD Beside Clinic	Skill assessment Viva Log book		Phase 3 Part 2
2	Enumerate 4 indications in OBGYN 2 contraindications and 2 complications of hysteroscopy	K/S/A/C	SH/P	Y				Phase 3 Part 2

No OG 38.3	Competency : Laparoscopic sterilization							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Identify instruments and equipment for laparoscopic sterilization	K/S/A/C	SH/P	Y	SGD Beside Clinic	Skill assessment Viva Log book		Phase 3 Part 2
2	Enumerate 4 indications, 2 contraindications and 2 complications and laparoscopic sterilization	K/S/A/C	SH/P	Y				Phase 3 Part 2
3	Describe the preoperative preparation in a patient posted for laparoscopic sterilizations	K/S/A/C	SH/P	Y				Phase 3 Part 2
4	Observe / watch video demonstration of at least one laparoscopic sterilization	K/S/A/C	SH/P	Y				Phase 3 Part 2

No OG 38.4	Competency : Assess the need for and issue proper medical certificates to patients for various purposes							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Asses the need for medical certificates for various purpose in view of the medico legal implications correctly	K/S/A/C	KH/SH	Y	SGD Beside Clinic	Skill assessment Viva Log book		Phase 3 Part 2
2	Enumerate the headings/ points to be included in issuing a medical certificate	K/S/A/C	KH/SH					
3	Explain the purpose of a medical certificate and its medico legal importance	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4	Draft a proper medical certificate correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2

Competencies added by FOGSI**Topic Rape, sexual offences and violence against women****Number of competencies: (0)****Number of procedures that require certification: (NIL)**

No OG 39.1	Competency : examine a rape victim and complete medico – legal formalities							
	Learning objectives	Domain K/S/A/ C	Level K/KH/SH/ P	Core Y/N	T-L method	Assessment Method	Integration	Remarks
1	Define rape according to IPC	K/S	KH/SH	Y	SGD	Viva	Forensic Medicine	Phase 3 Part 2
2	Describe components of protection of children from sexual offences (POCSO) Act 2012	K/S	KH/SH	Y				Phase 3 Part 2

3	Describe the steps in the examination of a rape victim							
4	Describe the investigations, treatment required and follow up for sexually transmitted illnesses	K/S	KH/SH	Y				Phase 3 Part 2
5	Enumerate the medico legal formalities to be completed by a physician in case of allege rape	K/S	KH/SH	Y				Phase 3 Part 2
6	Elicit history suggestive of domestic violence in an antenatal woman	K/S	KH/SH	Y				Phase 3 Part 2
7	Describe the course of action by a physician in a case of domestic violence	K/S	KH/SH	Y				Phase 3 Part 2

No.	Abbreviation	Full form
1	Domain k/S/A/C	Knowledge skill attitude communication
2	Level K/KH/SH/P	Knows / knows how/ shows how/ perform
3	Core Y	Must known area
4	Core N	Non-core
5	DOAP	Demonstrate observe assist perform
6	LAQ	Long answer question
7	SAQ	Short answer question
8	SDL	Short directed learning
9	SGD	Small group discussion
10	Skill assessment	Clinic, skill lab

5. ASSESSMENT:

a) SUMMATIVE ASSESSMENT- Summative assessment will be there in Obstetrics &Gynaecology in this phase comprising of 2 papers of 100 marks each.

b) INTERNAL ASSESSMENT

As per GMER 2019, page.no.82-83, 11.1.1(b):

3. There will be 2 theory internal assessment examinations in Obstetrics &Gynaecology. First theory internal assessment examination will be held after six months of phase 3 part2 and second internal assessment examination will be held before university exams in Phase III Part 2

4. There will be one clinical internal assessment at the end of each clinical postings.

Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process.

Day to day records and log book should be given importance in internal assessment. Internal assessment should be based on competencies and skills.

As per GMER 2019, 9.5.3, page.no.75:

(a) A designated faculty member in each unit will coordinate and facilitate the activities of the learner, monitor progress, provide feedback and

review the log book/ case record.

(b) The log book/ case record must include the written case record prepared by the learner

PROPOSED MARKS ALLOCATION FOR INTERNAL ASSESSMENT

Theory: 50 marks; 1½ hours (90min) Clinicals ; 50 marks

Clinical Internal Assessment

Obstetrics case: 15 marks

Gynaecology case: 15 marks

Record: 5 marks

Attendance: 5 marks

Log book: 10 marks

Theory internal Assessment: 50 marks

Obstetrics Paper: 25 marks

Long essay: $1 \times 10 = 10$ marks

Short essays: $2 \times 5 = 10$ marks Obstetrics Long case: 15 marks

MCQs: $1 \times 5 = 5$ marks

Gynaecology Paper: 25 marks

Long essays: $10 \times 1 = 10$ marks

Short essays: $2 \times 5 = 10$ marks

MCQs: $1 \times 5 = 5$ marks

Final internal assessment

Obstetrics Paper: 50 marks

Long essays: $1 \times 10 = 10$ marks

Short essays: $3 \times 5 = 15$ marks

Short essay $5 \times 3 = 15$

MCQs: $10 \times 1 = 10$ marks

Gynaecology Paper: 50 marks

Long essays: $1 \times 10 = 10$ marks

Short essays: $3 \times 5 = 15$ marks

Short essay $5 \times 3 = 15$

MCQs: $10 \times 1 = 10$ marks

Annexure I - Recommended books:

RECOMMENDED BOOKS (Recent editions):

1. Mudaliar & Menon's Clinical Obstetrics, Mudaliar A.L. & Krishna Menon, Orient Longman, Chennai
2. Text book of Obstetrics, V. Padubidri, E. Anand, BI Publications, New Delhi
3. Manual of Obstetrics, Seth Sirish N. Daftary Sudip Chakravathi, Elsevier, New Delhi
4. Holland & Brews, Manual of Obstetrics, Daftary Sirish N., Churchill Livingstone New Delhi
5. Obstetrics Daftary N.S. Jani, Elsevier, New Delhi
6. Text book of Obstetrics, Sudha Salhan, Jaypee Brothers, New Delhi
7. Text book of Obstetrics, Dutta D.C. New Central Book Agency, Calcutta
8. Practice of Fertility control S.K. Chaudhri Elsevier
9. Text book of Obstetrics, Sheila Balakrishnana, Paras Publishing
10. Essentials of Obstetrics, S. Arulkumaran, Prataph Kumar, Alokendu Chatterjee, V. Sivanesarathnemma, Jaypee

11. Williams Obstetrics Cunningham, Mc Graw Hill
12. Jan Doivald's Practical Obstetric Problems Renu Mishra, BI Publications,, New Delhi
13. Practical Guide to high risk pregnancy and delivery Arius Fernando Harcourt Brace & Co. Singapore
14. Medical Disorders in Obstetrics, Michael De Swiet Bluckwell Scientific Co. London
15. Operative Obstetrics, Munro Keer Saunders Reference Books, Recent Editions
16. Hawkins & Bourne Shaw's Textbook of Gynaecology, U.G. Padubidri, S.N. Daftary Elsevier, New Delhi
17. Textbook of Gynaecology including contraception, Dutta P.C., New Control Book Agency, Calcutta
18. Clinical Gynaecology. K. Bhaskar Rao
19. Essentials of Gynaecology, S. Arulkumaran, Pratap Kumar, V.S. Ratnam, Chatterjee Jaypee
20. Obstetrics & Gynaecology, S.S. Ratham, K. Bhaskar Rao
21. Arulkumar Oriant Longman, Hyderabad
22. Clinical Gynaecology Endocrinology & Infertility, Leon Speroff & Marc A. Fritz Jaypee Brothers, New Delhi
23. Te Linde's Operative Gynaecology, John A. Rock, H.W. Jones III, Wolts Kluwer/ LWW/ London
24. Jeffcote's Principles of Gynaecology, Bhatla Neeraja Arncld Co., London

PEDIATRICS

PREAMBLE

GOAL

The goal of the training in Paediatrics for Phase III Part II undergraduate students in theory and clinicals will be to get an insight about common paediatric disorders and also to improve skills in clinical examination, interpretation of investigations, treatment and counselling of paediatric cases.

OBJECTIVES

The objective of training the undergraduate students in Paediatrics is to ensure that at the end of the phase 3 part 2 he/she will be able to acquire the following proficiencies:

(a) **Knowledge:**

1. About the etiology, clinical presentation, management of common pediatric conditions involving major systems

(b) **Skills:**

1. Augment skills in history taking in common paediatric cases.
2. Improve clinical examination methodology.

(c) **Affective:**

1. Demonstrate empathy, humane approach towards the child and the by standers
2. Develop selflessness, integrity, responsibility, accountability and respect.
3. Communicate effectively with peers, students, teachers and support staff in various teaching learning activities in a manner that encourages participation and shared decision-making.
4. Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients and their attenders.
5. Demonstrate due respect and follow the correct procedure while eliciting history from attenders.

INTEGRATION

The training in paediatrics should prepare the student to deliver preventive, promotive, curative and rehabilitative services for care of children both in the community and at hospital as part of a team in an integrated form with other disciplines, e.g. Dermatology, Pulmonary Medicine, Radiology ,OBG and Community Medicine.

COURSE OUTCOME

At the end of the professional year, the learner shall be familiar with a few common Paediatric conditions and will be able to examine, arrive at basic diagnosis and plan appropriate management of these conditions. He/she should be able to recognise Paediatric emergency cases and provide adequate first aid treatment.

SYLLABUS AT A GLANCE WITH MINIMUM TEACHING HOURS FOR THEORY

Sl no.	Topics	Hours
1	Common problems related to Development-1	1
2	Common problems related to Development-2	4
3	Adolescent Health	5
4	Fluid and electrolyte balance	5
5	Care of the Normal Newborn and High risk New	2
6	Genito-Urinary system	7
7	Rheumatological problems	1
8	Cardiovascular system- Heart Diseases	6
9	Acute and chronic liver disorders	9

10	Paediatric Emergencies	8
11	Anaemia and other Hemato-oncologic disorders in Children	9
12	Central Nervous system	8

Number of theory teaching hours: Total-65 hours

Lecture -20 hours

SGD/Tutorials/Integrated teaching -35 hours

SDL -10 hours

Clinical postings: Total 72 hours

18 hours/week x 4 weeks(Monday to Saturday)

ASSESSMENT

Summative assessment will be there at the end of the Phase III Part II.

Clinical internal assessment will be conducted at the end of 4 weeks of clinical postings

Case discussion	40 marks
OSCE	10 marks
Total	50 marks

Theory internal assessment will be conducted twice in Phase III Part 2(at the end of 6 months each). The first internal assessment will be for 50 marks and the final internal assessment will be for 100 marks in line with university examination pattern. The average of the marks scored in the three internal assessments(1 in phase 3 part 1 and 2 in phase 3 part 2) will be considered.

1st theory internal assessment

Long Answer questions (10marks x 1)	10 marks
Short essay (5marks x 4)	20 marks
Short Answer questions (3marks x 5)*	15 marks
MCQs (1-mark x 5)	5 marks
Total	50 marks

2nd theory internal assessment

Long Answer questions (10marks x 2)	20 marks
Short essay (5marks x 6)	30 marks
Short Answer questions (3marks x 10)*	30 marks
MCQs (1-mark x 20)	20 marks
Total	100 marks

*1 short question will be from AETCOM in both the internal assessment paper

LEARNING RESOURCE MATERIAL

Recommended books:

- 1) Nelson textbook of Pediatrics, 21st edition
- 2) OP Ghai Textbook of Pediatrics, 9th edition
- 3) IAP Textbook of Pediatrics, 7th edition
- 4) Meherban Singh Pediatric Clinical Methods, 5th edit

Theory Competencies and SLOs

Medical Education Unit, JSS Medical College

Number	Competency & Learning Objective(s)	Domain K/S/ A/C	K/K H /SH/ P	Core	Suggested Teaching Learning Method	Suggested Assessment Method	Number for Certification	Vertical Integration	Horizontal Integration
Topic: Common problems related to Development -1 (Developmental delay, Cerebral palsy) Number of competencies: (01) Number of procedures that require certification: (NIL)									
PE3.8	Discuss the etiopathogenesis, clinical presentation and multidisciplinary approach in the management of cerebral palsy	K	KH	Y	Lecture /SGD	Written/viva voce			PMR
3.8.1	Define cerebral palsy.	K	KH	Y	Lecture /SGD	Written/viva voce			
3.8.2	Enumerate common causes of cerebral palsy.	K	KH	Y	Lecture /SGD	Written/viva Voce			
3.8.3	Describe the etiopathogenesis of cerebral palsy.	K	KH	Y	Lecture /SGD	Written/viva voce			
3.8.4	Classify cerebral palsy with respect to function and topography.	K	KH	Y	Lecture /SGD	Written/viva Voce			
3.8.5	Describe common clinical presentations of different types of cerebral palsy.	K	KH	Y	Lecture /SGD	Written/viva voce			
3.8.6	List some common co-morbidities in a child with cerebral palsy.	K	KH	Y	Lecture /SGD	Written/viva voce			
3.8.7	Describe common interventions for management of a child with cerebral palsy.	K	KH	Y	Lecture /SGD	Written/viva Voce			
Topic: Common problems related to Development-2 (Scholastic backwardness, Learning Disabilities, Autism, ADHD) Number of competencies: (06) Number of procedures that require certification: (NIL)									
PE4.1	Discuss the causes and approach to a child with	K	K	N	Lecture, SGD	Written/viva voce			

	scholastic backwardness								
4.1.1	Define scholastic backwardness.	K	K	N	Lecture, SGD	Written/viva voce			
4.1.2	List common causes of scholastic backwardness.	K	K	N	Lecture, SGD	Written/viva voce			
4.1.3	Discuss clinical assessment of a child with scholastic backwardness.	K	K	N	Lecture, SGD	Written/viva voce			
PE4.2	Discuss the etiology, clinical features, diagnosis and management of a child with learning disabilities	K	K	N	Lecture, SGD	Written/viva voce			
4.2.1	Define learning disabilities.	K	K	N	Lecture, SGD	Written/viva voce			
4.2.2	Enumerate causes of learning disabilities.	K	K	N	Lecture, SGD	Written/viva voce			
4.2.3	Describe clinical presentation of a child with learning disabilities.	K	K	N	Lecture, SGD	Written/viva voce			
4.2.4	Discuss assessment of a child with learning disabilities.	K	K	N	Lecture, SGD	Written/viva voce			
4.2.5	Discuss management options for a child with learning disabilities.	K	K	N	Lecture, SGD	Written/viva voce			
PE4.3	Discuss the etiology, clinical features, diagnosis and management of a child with Attention Deficit Hyperactivity Disorder (ADHD)	K	K	N	Lecture, SGD	Written/viva voce			
4.3.1	Define ADHD.	K	K	N	Lecture, SGD	Written/viva voce			
4.3.2	Describe clinical features of ADHD.	K	K	N	Lecture, SGD	Written/viva voce			
4.3.3	Discuss diagnostic assessment of a child with suspected	K	K	N	Lecture, SGD	Written/viva voce			

	ADHD.								
4.3.4	Enumerate drugs for treatment of ADHD.	K	K	N	Lecture, SGD	Written/viv a voce			
PE4.4	Discuss etiology, clinical features, diagnosis and management of a child with autism	K	K	N	Lecture, SGD	Written/v iva voce			
4.4.1	Define Autism Spectrum Disorders (ASD).	K	K	N	Lecture, SGD	Written/viva voce			
4.4.2	Discuss causes of ASD.	K	K	N	Lecture, SGD	Written/viva voce			
4.4.3	Describe clinical features of ASD.	K	K	N	Lecture, SGD	Written/viva voce			
4.4.4	Discuss clinical assessment of ASD.	K	K	N	Lecture, SGD	Written/viv a voce			
4.4.5	Discuss management options for a child with ASD.	K	K	N	Lecture, SGD	Written/viv a voce			
PE4.5	Discuss the role of Child Guidance Clinic in children with Developmental problems	K	K	N	Lecture, SGD	Written/Vi va voce		Psych	
4.5.1	Describe the structure of a Child Guidance Clinic with respect to staff and facilities.	K	K	N	Lecture, SGD	Written/Viva voce		Psych	
4.5.2	Enumerate the functions of a child guidance clinic.	K	K	N	Lecture, SGD	Written/Viv a voce		Psych	
PE4.6	Visit to the Child Guidance Clinic	S	KH	N	Lecture, SGD	Document in Logbook		Psych	
4.6.1	Describe the functioning of child guidance clinic in their institutions.	S	KH	N	Lecture, SGD	Document in Logbook		Psych	
Topic: Adolescent Health & common problems related to Adolescent Health Number of competencies: (10) Number of procedures that require certification: (NIL)									

PE 6.1	Define Adolescence and stages of adolescence	K	KH	Y	Lecture, SGD	Written/viva voce			
6.1.1	Define adolescence.	K	K	Y	Lecture, SGD	Written/viva voce			
6.1.2	Enumerate the stages of adolescence.	K	KH	Y	Lecture, SGD	Written/viva voce			
PE 6.2.	Describe the physical, physiological and psychological changes during adolescence (Puberty)	K	KH	Y	Lecture, SGD	Written/viva voce			Psych
6.2.1	Describe the physical changes during adolescence.	K	KH	Y	Lecture, SGD	Written/viva voce			Psych
6.2.2	Describe the physiological changes during adolescence.	K	KH	Y	Lecture, SGD	Written/viva voce			Psych
6.2.3	Describe the psychological changes during adolescence.	K	KH	Y	Lecture, SGD	Written/viva voce			Psych
PE6.3	Discuss the general health problems during adolescence	K	KH	Y	Lecture, SGD	Written/viva voce			
6.3.1	Enumerate the general health problems of adolescence	K	KH	Y	Lecture, SGD	Written/viva voce			
6.3.2	Describe the general health problems of adolescence	K	KH	Y	Lecture, SGD	Written/viva voce			
PE6.4	Describe adolescent sexuality and common problems related to it	K	KH	N	Lecture, SGD	Written/viva voce			Psych
6.4.1	Describe adolescent sexuality.	K	KH	N	Lecture, SGD	Written/viva voce			Psych
6.4.2	Enumerate common problems related to adolescent sexuality.	K	KH	N	Lecture, SGD	Written/viva voce			Psych
PE6.5	Explain the Adolescent Nutrition and common	K	KH	Y	Lecture, SGD	Written/viva voce			Psych

	nutritional problem					voce			
6.5.1	Describe the nutritional requirements of adolescents.	K	KH	Y	Lecture, SGD	Written/viva voce			
6.5.2	Discuss the nutritional problems in adolescents.	K	KH	Y	Lecture, SGD	Written/viva voce			Psych
PE6.6	Discuss the common Adolescent eating disorders (Anorexia nervosa, Bulimia)	K	KH	N	Lecture, SGD	Written/viva voce			Psych
6.6	Describe the common adolescent eating problems like Anorexia nervosa and Bulimia nervosa.	K	KH	N	Lecture, SGD	Written/viva voce			Psych
PE6.7	Describe the common mental health problems during adolescence	K	KH	Y	Lecture, SGD	Written/viva voce			Psych
6.7.1	Describe the common mental health problems during adolescence.	K	KH	Y	Lecture, SGD	Written/viva voce			Psych
PE6.10	Discuss the objectives and functions of AFHS (Adolescent Friendly Health Services) and the referral criteria	K	KH	N	Lecture, SGD	Written/viva voce			
6.10.1	Discuss the objectives of adolescent friendly health services (AFHS).	K	KH	N	Lecture, SGD	Written/viva voce			
6.10.2	Enumerate the functions of adolescent friendly health services (AFHS).	K	KH	N	Lecture, SGD	Written/viva voce			
PE6.12	Enumerate the importance of obesity and other NCD in adolescents	K	KH	Y	Lecture, SGD	Written/viva voce			
6.12.1	Define obesity in adolescence and Enumerate the	K	KH	Y	Lecture, SGD	Written/viva voce			

	complications.								
6.12.2	Analyze the importance of non-communicable diseases in adolescence.	K	KH	Y	Lecture, SGD	Written/viva voce			
PE6.13	Enumerate the prevalence and the importance of recognition of sexual drug abuse in adolescents and children	K	KH	N	Lecture, SGD	Written/viva voce			
6.13.1	State the prevalence of sexual and drug abuse among adolescents and children.	K	KH	N	Lecture, SGD	Written/viva voce			
6.13.2	Discuss the importance of recognition of sexual and drug abuse in adolescents and children.	K	KH	N	Lecture, SGD	Written/viva voce			Psych
Topic: Fluid and electrolyte balance Number of procedures that require certification: (NIL)									
PE 15.1	Discuss the fluid and electrolyte requirement in health and disease	K	K	Y	Lecture/ Small group discussion	Written/viva voce			
15.1.1	State the fluid requirement of a healthy neonate.	K	K	Y	Lecture/ Small group discussion	Written/viva voce			
15.1.2	Describe the fluid and electrolyte requirements of healthy children of different ages.	K	K	Y	Lecture/ Small group discussion	Written/viva voce			
15.1.3	Describe the fluid requirements in common diseases of children.	K	K	Y	Lecture/ Small group discussion				
PE 15.2	Discuss the clinical features and complications of fluid and electrolyte imbalance and outline the management				Lecture/ Small group discussion				
15.2.1	Define hyponatremia and hypernatremia.	K	K	Y	Lecture/ Small group	Written/viva voce			

					discussion				
15.2.2	Define hypokalemia and hyperkalemia.	K	K	Y	Lecture/ Small group discussion	Written/viva voce			
15.2.3	Describe the clinical features of a child who has dehydration or fluid overload.	K	KH	Y	Lecture/ Small group discussion	Written/viva voce			
15.2.4	Outline the management of a child who has dehydration or fluid overload.	K	KH	Y	Lecture/ Small group discussion	Written/viva voce			
15.2.5	Enumerate the symptoms and signs of hyponatremia and Hypernatremia.	K	KH	Y	Lecture/ Small group discussion	Written/viva voce			
15.2.6	Enumerate the symptoms and signs of hypokalemia and hyperkalemia.	K	KH	Y	Lecture/ Small group discussion	Written/viva voce			
15.2.7	Outline the management of a child with hyponatremia / hypernatremia.	K	KH	Y	Lecture/ Small group discussion	Written/ viva			
15.2.8	Outline the management of a child with hypokalemia or Hyperkalemia.	K	SH	Y	Lecture/ Small group discussion	Written/viva voce			

Topic: Care of the Normal Newborn and High risk Newborn **Number of competencies: (04)**
Number of procedures that require certification:(NIL)

PE 20.16	Discuss the etiology, clinical features and management of neonatal sepsis.	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.16.1	Define neonatal sepsis, probable sepsis, severe sepsis, septic shock	K	K	Y	Lecture, SGD	Written /Viva voce			
20.16.2	Classify Early and late neonatal sepsis.	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.16.3	Enumerate the organisms responsible for causing early and late onset sepsis.	K	KH	Y					
20.16.4	Enumerate the risk factors of early and late onset neonatal sepsis correctly.	K	K	Y	Lecture, SGD	Written /Viva voce			

20.16.5	Describe the clinical features of early onset and late onset neonatal sepsis	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.16.6	Enumerate the commonly used laboratory tests for diagnosis of neonatal sepsis.	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.16.7	Recall the interpretation of a positive sepsis screen.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
20.16.8	Describe the approach to a newborn with suspected early onset sepsis.	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.16.9	Describe the approach to a newborn with suspected late onset sepsis.	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.16.8	List the commonly used antibiotics (with dosage and duration of therapy) in the management of neonatal sepsis.	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.16.9	Describe the supportive and adjunctive therapy in management of neonatal sepsis.	K	KH	N	Lecture/ SGD	Written/viv a voce			
20.16.9	Discuss the measures for prevention of early onset and late onset sepsis.	K	KH	Y	Lecture, SGD	Written /Viva voce			
PE 20.17	Discuss the etiology, clinical features and management of Perinatal infections.	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.17.1	Define Perinatal infection.	K	K	Y	Lecture, SGD	Written /Viva voce			
20.17.2	Discuss the etiology and risk factors for acquisition of common Perinatal infections like Herpes, Cytomegalovirus, Toxoplasmosis, Rubella, HIV, Varicella, Hepatitis B virus and syphilis.	K	K	Y	Lecture, SGD	Written /Viva voce			
20.17.3	Describe the clinical features of the common Perinatal infections.	K	KH	Y	Lecture, SGD	Written /Viva voce			

20.17.4	Outline the management of the common Perinatal infections.	K	KH	Y	Lecture, SGD	Written /Viva voce			
20.17.5	Enumerate the measures for prevention of common Perinatal infections.	K	KH	Y	Lecture, SGD	Written /Viva voce			
PE 20.19	Discuss the etiology, clinical features and management of Neonatal hyperbilirubinemia.	K	KH	Y	Lecture /SGD	Written /Viva voce			
20.19.1	Describe the etiology of neonatal hyperbilirubinemia	K	KH	Y	Lecture /SGD	Written /Viva voce			
20.19.2	Differentiate the causes of neonatal jaundice based on age of onset and duration of jaundice.	K	KH	Y	Lecture SGD	Written /Viva voce			
20.19.3	Enumerate the common causes of unconjugated and conjugated hyperbilirubinemia in the newborn.	K	K	Y	Lecture /SGD	Written /Viva voce			
20.19.4	Differentiate between physiological and pathological jaundice in the newborn.	K	KH	Y	Lecture /SGD	Written /Viva voce			
20.19.5	Discuss the clinical features of common causes of neonatal jaundice	K	KH	Y	Lecture /SGD	Written /Viva voce			
20.19.6	Describe the important clinical features of acute bilirubin encephalopathy.	K	K	Y	Lecture SGD	Written /Viva voce			
20.19.7	List the investigations to be performed in the evaluation of neonatal hyperbilirubinemia.	K	KH	Y	Lecture /SGD	Written /Viva voce			
20.19.8	Categorize the risk in neonatal hyperbilirubinemia based on the American Academy of Pediatrics Bilirubin Nomogram.	K	KH	Y	Lecture /SGD	Written /Viva voce			
20.19.9	Identify a neonate requiring phototherapy as	K	KH	Y	Lecture /SGD	Written			

	per the American Academy of Pediatrics Bilirubin Nomogram.					/Viva voce			
20.19.10	Identify a neonate requiring exchange transfusion as per the American Academy of Pediatrics Bilirubin Nomogram correctly.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
20.19.11	Describe the care of the baby receiving phototherapy.	K	K	Y	Lecture /SGD	Written /Viva voce			
20.19.12	Explain the mechanism of phototherapy.	K	K	Y	Lecture /SGD	Written /Viva voce			
20.19.13	Detail the method of administering phototherapy.	K	K	Y	Lecture /SGD	Written /Viva voce			
PE 20.20	Identify clinical presentations of common surgical conditions in the newborn including TEF, esophageal atresia, anal atresia, cleft lip and palate, congenital diaphragmatic hernia and causes of acute abdomen.	K	KH	Y	Lecture/ SGD	Written/ viva voce			
20.20.1	Describe clinical presentations of common surgical conditions in the newborn like Tracheo-esophageal fistula (TEF), esophageal atresia, anal atresia, cleft lip and palate and congenital diaphragmatic hernia correctly.	K	K	Y	Lecture /SGD	Written /Viva voce			
20.20.2	Enumerate the causes of acute abdomen in the newborn	K	K	Y	Lecture /SGD	Written /Viva voce			
20.20.3	Recall the causes of acute abdomen in the newborn based on the presenting clinical features.	K	KH	Y	Lecture /SGD	Written /Viva voce			
Topic: Genito-Urinary system Number of procedures that require certification: (NIL)									
PE 21.1	Enumerate the etiopathogenesis, clinical features, complications and	K	KH	Y	Small group discussion	Written/ Viva voce		Micro	

	management of Urinary Tract infection (UTI) in children								
21.1.1	Define UTI as per standard criteria.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.1.2	Enumerate the organisms causing UTI in children of different ages.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.1.3	Describe the clinical features of simple & complicated UTI.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.1.4	Outline diagnostic workup for children with UTI at different ages.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.1.5	Describe the treatment including the choice of antibiotics and duration of antibiotic therapy for treating simple & complicated UTI.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.1.6	Enumerate the complications of UTI children.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
PE 21.2	Enumerate the etiopathogenesis, clinical features, complications and management of acute post- streptococcal Glomerular Nephritis in children	K	KH	Y	Lecture/ SGD	Written /Viva voce		Path	
21.2.1	Define acute glomerulonephritis.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.2.2	Elaborate pathogenesis of immune mediated nephritic syndrome	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.2.3	Describe the clinical features of Post-Streptococcal Glomerulonephritis (PSGN)	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.2.4	Enumerate the complications of PSGN.	K	K	Y	Lecture /SGD	Written /Viva voce			

21.2.5	Enumerate the investigations for PSGN.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.2.6	Enumerate indications of kidney biopsy in PSGN.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.2.7	Outline management of PSGN.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
PE 21.3	Discuss the approach and referral criteria to a child with Proteinuria	K	KH	Y	Lecture/ SGD	Written /Viva voce		Path	
21.3.1	List causes of glomerular & non glomerular Proteinuria.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.3.2	Define nephrotic syndrome.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.3.3	Enumerate causes of nephrotic syndrome.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.3.4	Outline the approach to a child with first episode of nephrotic syndrome.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.3.5	List the complications of nephrotic syndrome.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.3.6	List indications of kidney biopsy in nephrotic syndrome.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.3.7	Outline the management of initial episode nephrotic syndrome and subsequent relapse.	K	KH	Y	Lecture/ SGD	Written /Viva Voce			
21.3.8	List the Criteria for referral of a child with proteinuria.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
PE 21.4	Discuss the approach and referral criteria to a child with hematuria	K	KH	Y	Lecture/ SGD	Written /Viva voce		Anat	

21.4.1	Enumerate causes of hematuria in children of different ages	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.4.2	Outline differences between glomerular & non glomerular hematuria	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.4.3	List investigations for a child with hematuria	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.4.4	List indications of kidney biopsy in hematuria	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.4.5	List criteria for referral for a child with hematuria	K	KH	Y	Lecture/ SGD	Written /Viva voce			
PE 21.5	Enumerate the etiopathogenesis, clinical features, complications and management of Acute Renal Failure in children	K	KH	Y	Lecture/ SGD	Written /Viva voce		Path	
21.5.1	Define acute kidney injury (AKI) as per KDIGO.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.5.2	Outline classification of AKI.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.5.3	Enumerate causes of AKI.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.5.4	List investigations for AKI in children.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.5.5	Describe the management of AKI.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.5.6	List indications of renal replacement therapy in AKI.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.5.7	Enumerate complications of AKI.	K	KH	Y	Lecture/ SGD	Written /Viva voce			

PE 21.6	Enumerate the etiopathogenesis, clinical features, complications and management of chronic kidney disease in children.	K	KH	Y	Lecture/ SGD	Written /Viva voce		Path	
21.6.1	Define chronic kidney disease (CKD) & its staging in children.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.6.2	Outline the clinical features of CKD in children.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.6.3	List causes of CKD in children.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.6.4	Enumerate complications of CKD in children.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.6.5	Outline management of CKD & its complications.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
PE 21.7	Enumerate the etiopathogenesis, clinical features, complications and management of Wilms Tumor.	K	KH	Y	Lecture/ SGD	Written /Viva voce		Path	
21.7.1	Describe Etiopathogenesis of Wilms tumor.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.7.2	Describe clinical features of Wilms tumor.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.7.3	List investigations for a patient with Wilms tumor.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
21.7.4	Outline the management of Wilms tumor.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
PE 21.15	Discuss and enumerate the referral criteria for children with genitourinary disorder	K	KH	Y	Lecture/ SGD	Written / viva voce			

21.15.1	Enumerate referral criteria in a child with Genitourinary disorder.	K	KH	Y	Lecture/ SGD	Written / viva voce			
PE 21.17	Describe the etiopathogenesis, grading, clinical features and management of hypertension in children	K	KH	Y	Lecture / SGD	Written/ viva voce			
21.17.1	Define Hypertension (HTN) & its staging as per AAP 2017 guidelines.	K	KH	Y	Lecture /SGD	Written/ viva voce			
21.17.2	Enumerate causes of hypertension in children.	K	KH	Y	Lecture /SGD	Written/ viva voce			
21.17.3	Describe the clinical presentation of a child with HT.	K	KH	Y	Lecture /SGD	Written/ viva voce			
21.17.4	List complications of HT in children.	K	KH	Y	Lecture /SGD	Written/ viva voce			
21.17.5	Enumerate investigations for hypertension in children.	K	KH	Y	Lecture /SGD	Written/ viva voce			
21.17.6	Outline treatment of hypertension (as per guidelines) in children.	K	KH	Y	Lecture /SGD	Written/ viva voce			
Topic: Approach to and recognition of a child with possible Rheumatologic problem Number of procedures that require certification: (NIL)									
					Number of competencies: (02)				
PE 22.1	Enumerate the common Rheumatological problems in children. Discuss the clinical approach to recognition and referral of a child with Rheumatological problem	K	KH	Y	Lecture /SGD	Written / viva voce			
22.1.1	Enumerate the common Rheumatological problems in children.	K	KH	Y	Lecture /SGD	Written / viva voce			
22.1.2	Describe the clinical approach to a child with Rheumatological problem.	K	KH	Y	Lecture /SGD	Written / viva voce			
22.1.3	Enumerate the indications for referral of a child with Rheumatological problem.	K	KH	Y	Lecture /SGD	Written / viva voce			

PE 22.3	Describe the diagnosis and management of common vasculitic disorders including Henoch Schonlein Purpura, Kawasaki Disease, SLE, JIA	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.1	List the common causes of vasculitis in children.	K	KH	Y	Lecture/ SGD	Written /Viva voce			
22.3.2	Enumerate Clinical features suggestive of vasculitis in a child	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.3.	List the clinical features of Henoch Schonlein Purpura (HSP).	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.4	List the diagnostic criteria of HSP.	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.5	Outline the management of a child with HSP.	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.6	Enumerate the clinical features of Kawasaki disease (KD).	K	KH	N	Lecture /SGD	Written / viva voce			
	Define diagnostic criteria of Kawasaki disease.	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.8	Outline the management of a child with Kawasaki Disease.	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.9	Define diagnostic criteria of SLE.	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.10	Outline the management of a child with SLE.	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.11	Define diagnostic criteria of JIA.	K	KH	N	Lecture /SGD	Written / viva voce			
22.3.12	Outline the management of a child with JIA.	K	KH	N	Lecture /SGD	Written / viva voce			

Topic: Cardiovascular system- Heart Diseases					Number of competencies: (08)				
Number of procedures that require certification: (NIL)									
PE 23.1	Discuss the Hemodynamic changes, clinical presentation, complications and management of acyanotic Heart Diseases -VSD, ASD and PDA	K	KH	Y	Lecture /SGD	Written/ Viva voce		Physio, Path	
23.1.1	Explain and illustrate diagrammatically the hemodynamic changes seen in acyanotic congenital heart diseases viz VSD, ASD, PDA.	K	KH	Y	Lecture /SGD	Written/Viv a Voce		Physio, Path	
23.1.2	Describe the signs and symptoms, timing of presentation of above acyanotic congenital heart diseases.	K	KH	Y	Lecture /SGD	Written/Viv a Voce			
23.1.3	Enumerate the complications of acyanotic congenital heart diseases.	K	K	Y	Lecture /SGD	Written/Viv a Voce			
23.1.4	Outline the medical management of congenital acyanotic heart disease as above.	K	K	Y	Lecture /SGD	Written/Viva Voce			
23.1.5	Enumerate the surgical treatments for VSA, ASD, PDA.	K	KH	Y	Lecture /SGD	Written/Viv a Voce			
PE 23.2	Discuss the Hemodynamic changes, clinical presentation, complications and management of Cyanotic Heart Diseases – Fallot Physiology	K	KH	Y	Lecture /SGD	Written/ Viva Voce		Physio, Path	
23.2.1	Enumerate the essential components of Fallot Physiology and List the cardiac conditions with the Fallot Physiology.	K	K	Y	Lecture /SGD	Written/Viva Voce			
23.2.2	Describe and illustrate diagrammatically the hemodynamic changes seen in Fallot Physiology cyanotic congenital heart diseases.	K	KH	Y	Lecture /SGD	Written/Viv a Voce			
23.2.3	Explain the clinical presentation and complications of Fallot Physiology cyanotic congenital heart diseases.	K	KH	Y	Lecture /SGD	Written/Viv a Voce			

23.2.5	Describe a cyanotic spell and the pharmacological and non-pharmacological management of cyanotic spells.	K	KH	Y	Lecture /SGD	Written/Viva Voce			
23.2.6	Describe the treatment options for lesions with Fallot Physiology.	K	KH	Y	Lecture /SGD	Written/Viva Voce			
PE 23.3	Discuss the etiopathogenesis, clinical presentation and management of cardiac failure in infant and children	K	KH	Y	Lecture /SGD	Written/Viva Voce		Physio, Path	
23.3.1	Enumerate causes of congestive heart failure in children as per the age of presentation.	K	K	Y	Lecture /SGD	Written/Viva Voce			
23.3.2	Describe the hemodynamic changes in congestive heart failure.	K	KH	Y	Lecture /SGD	Written/Viva Voce			
23.3.3	Describe the signs and symptoms of left side, right side and combined congestive heart failure.	K	K	Y	Lecture /SGD	Written/Viva Voce			
23.3.4	Enumerate the various management options available for congestive heart failure.	K	KH	Y	Lecture /SGD	Written/Viva Voce			
23.3.5	Explain the role of diuretics, inotropes, inodilators, and afterload reducing agents in treatment of CCF.	K	K	Y	Lecture /SGD	Written/Viva Voce			
PE 23.4	Discuss the etiopathogenesis, clinical presentation and management of Acute Rheumatic Fever in children	K	KH	Y	Lecture /SGD	Written/Viva Voce		Physio, Path	
23.4.1	Explain the etiopathogenesis of Acute rheumatic fever.	K	K	Y	Lecture /SGD	Written/Viva Voce			
23.4.2	Describe the modified Jones criteria to	K	K	Y	Lecture /SGD	Written/Viva Voce			

	diagnose the Acute rheumatic fever.								
23.4.3	Describe laboratory changes in Acute rheumatic fever.	K	K	Y	Lecture /SGD	Written/Viva Voce			
PE 23.5	Discuss the clinical features, complications, diagnosis, management and prevention of Acute Rheumatic Fever	K	KH	Y	Lecture /SGD	Written/Viva Voce		Physio, Path	
23.5.1	Describe the clinical features of acute rheumatic fever.	K	K	Y	Lecture /SGD	Written/Viva Voce			
23.5.2	List the long-term complications of Acute Rheumatic fever.	K	K	Y	Lecture /SGD	Written/Viva Voce			
23.5.3	Outline the medical management of acute rheumatic fever.	K	K	Y	Lecture /SGD	Written/Viva Voce			
23.5.4	Discuss strategies for the primary and secondary prevention of the acute rheumatic fever.	K	K	Y	Lecture /SGD	Written/Viva Voce			
PE 23.6	Discuss the etiopathogenesis, clinical features and management of Infective endocarditis in children	K	KH	Y	Lecture /SGD	Written/Viva Voce		Physio, Path, Micro	
23.6.1	Enumerate the common predisposing conditions and etiopathogenesis of Infective endocarditis in children.	K	KH	Y	Lecture /SGD	Written/Viva Voce			
23.6.2	List criteria used to diagnose Infective endocarditis.	K	KH	Y	Lecture /SGD	Written/Viva Voce			
23.6.3	Describe the clinical features of infective endocarditis in children.	K	KH	Y	Lecture /SGD	Written/Viva Voce			
23.6.4	Outline the management of infective endocarditis in children.	K	KH	Y	Lecture/ SGD	Written /Viva voce			

23.6.5	State the long-term complications of Infective endocarditis.	K	KH	Y	Lecture /SGD	Written/Viv a Voce			
23.6.6	Enumerate the conditions requiring prophylaxis for infective endocarditis.	K	K	Y	Lecture /SGD	Written/Viv a Voce			
PE 23.16	Discuss the indications and limitations of Cardiac catheterization	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
23.16.1	Enumerate the indications of Cardiac catheterization.	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
23.16.2	List the limitations of Cardiac catheterization.	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
PE 23.17	Enumerate some common cardiac surgeries like BT shunt, Potts and Waterston’s and corrective surgeries	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
23.17.1	Enumerate common cardiac surgeries and their indications in children.	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
Topic: Acute and chronic liver disorders					Number of competencies: (05)				
Number of procedures that require certification;(NIL)									
PE 26.1	Discuss the etiopathogenesis, clinical features and management of acute hepatitis in children	K	K	Y	Lecture/ SGD	Written/ Viva Voce		Path Micro	
26.1.1	Define Acute Hepatitis in children.	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
26.1.2	Enumerate common causes of Acute Hepatitis in children.	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
26.1.3	Describe pathogenesis of Acute Hepatitis in children.	K	KH	Y	Lecture/ SGD	Written/ Viva Voce			
26.1.4	Describe the clinical features and complications of Acute Hepatitis.	K	KH	Y	Lecture/ SGD	Written/ Viva Voce			

26.1.5	List the investigations required for diagnosis of Acute Hepatitis.	K	KH	Y	Lecture/ SGD	Written/ Viva Voce			
26.1.6	Describe the management and prevention of Acute Hepatitis.	K	KH	Y	Lecture/ SGD	Written/ Viva Voce			
PE 26.2	Discuss the etiopathogenesis, clinical features and management of Fulminant Hepatic Failure in children	K	K	Y	Lecture/ SGD	Written/ Viva Voce		Path Micro	
26.2.1	Define Fulminant Hepatic Failure in Children.	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
26.2.2	Enumerate the factors which precipitate Fulminant Hepatic Failure.	K	K	Y	Lecture/ SGD	Written/ Viva Voce			
26.2.3	Describe the pathogenesis of Fulminant Hepatic Failure.	K	KH	Y	Lecture/ SGD	Written/ Viva Voce			
26.2.4	Describe the clinical features of Fulminant Hepatic Failure.	K	KH	Y	Lecture/ SGD	Written/ Viva Voce			
26.2.5	Enumerate the investigations for a child with Fulminant Hepatic Failure.	K	KH	Y	Lecture/ Small group activity	Written/ Viva Voce			
26.2.6	Describe the management of Fulminant Hepatic Failure.	K	KH	Y	Lecture/ Small group activity	Written/ Viva Voce			
PE 26.3	Discuss the etiopathogenesis, clinical features and management of chronic liver diseases in children.	K	K	Y	Lecture/ SGD	Written/ Viva voce		Path Micro	
26.3.1	Define Chronic Liver Disease in children.	K	K	Y	Lecture/ SGD	Written/ Viva voce			
26.3.2	Enumerate the causes of chronic liver diseases in children.	K	K	Y	Lecture/ SGD	Written/ Viva voce			

26.3.3	Discuss the pathogenesis of common chronic Liver Diseases.	K	KH	Y	Lecture/ SGD	Written/Viva voce			
26.3.4	Describe the clinical features of chronic liver disease.	K	KH	Y	Lecture/ SGD	Written/Viva voce			
26.3.5	Enumerate the investigations for diagnosis of Chronic Liver Disease.	K	KH	Y	Lecture/ SGD	Written/Viva voce			
26.3.6	Describe the management of Chronic liver disease.	K	KH	Y	Lecture/ SGD	Written/Viva voce			
PE 26.4	Discuss the etiopathogenesis, clinical features and management of Portal Hypertension in children	K	K	Y	Lecture /SGD	Written / Viva voce		Path	
26.4.1	Define Portal Hypertension in children.	K	K	Y	Lecture /SGD	Written / Viva voce			
26.4.2	Classify different types of portal hypertension.	K	K	Y	Lecture /SGD	Written / Viva voce			
26.4.3	Enumerate the causes of portal hypertension.	K	K	Y	Lecture /SGD	Written / Viva voce			
26.4.4	Explain the pathogenesis of portal hypertension.	K	KH	Y	Lecture /SGD	Written / Viva voce			
26.4.5	Describe the clinical features of portal hypertension.	K	KH	Y	Lecture /SGD	Written / Viva voce			
26.4.6	Outline the management of portal hypertension.	K	KH	Y	Lecture /SGD	Written / Viva voce			
26.11.1	Enumerate the indications of upper GI endoscopy in children.	K	KH	Y	Lecture /SGD	Written, Viva voce			
PE 26.12	Discuss the prevention of Hep B infection – Universal precautions and Immunization	K	K	Y	Lecture /SGD	Written, Viva voce		Micro	
26.12.1	Enumerate different preventive measures	K	K	Y	Lecture /SGD	Written, Viva voce			

	against hepatitis B virus infection.								
26.12.2	List universal precautions.	K	KH	Y	Lecture /SGD	Written, Viva voce			
26.12.3	Describe the immunization schedule of Hepatitis B.	K	KH	Y	Lecture /SGD	Written/Vi va voce			
Topic: Pediatric Emergencies – Common Pediatric Emergencies Number of competencies: (11) Number of procedures that require certification: (Nil)									
PE 27.1	List the common causes of morbidity and mortality in the under five children	K	K	Y	Lecture /SGD	Written/v iva- voce			
27.1.1	Enumerate the common causes of morbidity and mortality in under five children.	K	K	Y	Lecture /SGD	Written /viva			
PE 27.2	Describe the etiopathogenesis, clinical approach and management of cardiorespiratory arrest in children	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.2.1	Enumerate the causes of cardiorespiratory arrest in children.	K	K	Y	Lecture /SGD	Written/ Viva voce			
27.2.2	Discuss the pathogenesis of respiratory and cardiac failure leading to cardiorespiratory arrest.	K	KH	Y	Lecture /SGD	Written/ Viva Voce			
27.2.3	Describe the clinical approach to a child in cardiorespiratory arrest.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.2.4	Describe the management of a child in cardiorespiratory arrest.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
PE 27.3	Describe the etiopathogenesis of respiratory distress in children	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.3.1	Enumerate the causes of respiratory distress in children of different age groups.	K	K	Y	Lecture /SGD	Written/ Viva voce			

27.3.2	Explain the pathogenesis of respiratory distress in children.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
PE 27.4	Describe the clinical approach and management of respiratory distress in children	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.4.1	Discuss the clinical approach based on history, examination and investigation algorithm of children of different ages presenting with respiratory distress.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.4.2	Outline the treatment in children with respiratory distress.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
PE 27.5	Describe the etiopathogenesis, clinical approach and management of Shock in children	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.5.1	Define shock including different types of shock.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.5.2	Enumerate the causes leading to different types of shock viz hypovolemic, septic and cardiogenic shock.	K	K	Y	Lecture /SGD	Written/ Viva voce			
27.5.3	Explain pathogenesis of different types of shock in children.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.5.4	Describe clinical approach to identify different types of shock.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.5.4	Outline an algorithm approach to the management of different types of shock in children.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
PE 27.6	Describe the etiopathogenesis, clinical approach and management of Status epilepticus	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.6.1	Define Status epilepticus.	K	K	Y	Lecture /SGD	Written/ Viva			

						voce			
27.6.2	Discuss the pathogenesis of status epilepticus in children.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.6.3	Discuss the underlying diagnosis based on clinical history, examination and investigation algorithm in a child with status epilepticus.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.6.4	Outline the treatment algorithm as per recent guidelines in a child with status epilepticus.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
PE 27.7	Describe the etiopathogenesis, clinical approach and management of an unconscious child	K	KH	Y	Lecture, SGD	Written/ Viva voce			
27.7.1	Define different levels of consciousness in children.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.7.2	Enumerate the causes of altered sensorium/coma in children.	K	K	Y	Lecture /SGD	Written/ Viva voce			
27.7.3	Explain pathogenesis of altered sensorium/coma.	K	KH	Y	Lecture /SGD	Written/ Viva Voce			
27.7.4	Describe the clinical approach based on clinical history, examination in a child with altered sensorium/coma.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.7.5	List the investigations as guided by the clinical assessment of the patient.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.7.4	Outline the treatment plan for a comatose child.	K	KH	Y	Lecture /SGD	Written/ Viva voce			

PE 27.8	Discuss the common types, clinical presentations and management of poisoning in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
27.8.1	Enumerate the common poisoning in children.	K	K	Y	Lecture /SGD	Written/ Viva voce			
27.8.1	Elaborate on the clinical sign and symptoms of common poisoning in children (kerosene, organophosphorus, paracetamol and corrosive).	K	K	Y	Lecture /SGD	Written/ Viva voce			
27.8.1	Discuss the management of common poisoning in children (kerosene, organophosphorus, paracetamol and corrosive).	K	KH	Y	Lecture /SGD	Written/ Viva voce			
PE 27.9	Discuss oxygen therapy, in Pediatric emergencies and modes of administration	K	KH	Y	Lecture /SGD	Written/ Viva voce			
27.9.1	Enumerate the indications of oxygen therapy in pediatric emergencies.	K	K	Y	Lecture /SGD	Written/ Viva voce			
27.9.2	Describe different modalities for oxygen delivery.	K	KH	Y	Lecture /SGD	Written/ Viva voce			
PE 27.11	Explain the need and process of triage of sick children brought to health facility	K	KH	Y	Lecture, SGD	Written/ Viva voce			
27.11.1	Discuss the need of triage of sick child especially in resource limited setting.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
27.11.2	Explain the process of triage of sick children.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 27.12	Enumerate emergency signs and priority signs	K	KH	Y	Lecture, SGD	Written/ Viva voce			

27.12.1	Enumerate various emergency and priority signs in a sick child.	K	K	Y	Lecture, SGD,	Written/ Viva voce			
PE 27.13	List the sequential approach of assessment of emergency and priority signs	K	KH	Y	Lecture, SGD	Written/ Viva voce			
27.13.1	Discuss the systematic approach for assessing a sick child based on emergency and priority signs as per WHO – ETAT guidelines.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
Topic: Anemia and other Hemato-oncologic disorders in Children Number of procedures that require certification:(NIL)									
PE 29.6	Discuss the cause of thrombocytopenia in children: describe the clinical features and management of idiopathic Thrombocytopenic Purpura.	K	KH	Y	Lecture, SGD	Written, viva- voce		Path	
29.6.1	Define thrombocytopenia	K	KH	Y	Lecture, SGD	Written, viva- voce			
29.6.2	Enumerate the causes of thrombocytopenia in children.	K	KH	Y	Lecture, SGD	Written, viva- voce			
29.6.3	Describe the pathogenesis of ITP.	K	KH	Y	Lecture, SGD	Written, viva- voce			
29.6.4	Describe the clinical features of ITP.	K	KH	Y	Lecture, SGD	Written, viva- voce			
29.6.5	Outline the investigations of ITP	K	KH	Y	Lecture, SGD	Written, viva- voce			
29.6.6	Outline the management of ITP.	K	KH	Y	Lecture, SGD	Written, viva- voce			
PE 29.7	Discuss the etiology, classification, pathogenesis and clinical features of Hemophilia in children.	K	KH	Y	Lecture, SGD	Written, viva- voce		Path	

29.7.1	Describe the etiology of hemophilia.	K	KH	Y	Lecture, SGD	Written, viva-voce			
29.7.2	Classify hemophilia.	K	KH	Y	Lecture, SGD	Written, viva-voce			
29.7.3	Describe the pathogenesis of hemophilia.	K	KH	Y	Lecture, SGD	Written, viva-voce			
29.7.4	Enumerate the clinical features of hemophilia.	K	KH	Y	Lecture, SGD	Written, viva-voce			
PE 29.8	Discuss the etiology, clinical presentation and management of Acute Lymphoblastic Leukemia in Children.	K	KH	N	Lecture, SGD	Written, Viva-voce		Path	
29.8.1	State the etiologies of Acute Lymphoblastic Leukemia (ALL).	K	KH	N	Lecture, SGD	Written, viva-voce			
29.8.2	Enumerate risk factors for childhood leukemia.	K	KH	N	Lecture, SGD	Written, viva-voce			
29.8.3	Describe the clinical presentation of ALL.	K	KH	N	Lecture, SGD	Written, viva-voce			
29.8.4	Outline the investigations for diagnosis of ALL.	K	KH	N	Lecture, SGD	Written, viva-voce			
29.8.5	Outline the treatment for ALL.	K	KH	N	Lecture, SGD	Written, viva-voce			
PE 29.9	Discuss the etiology, clinical presentation and management of Lymphoma in children.	K	KH	N	Lecture, SGD	Written, Viva-Voce		Path	
29.9.1	Define lymphoma.	K	KH	N	Lecture, SGD	Written, viva-voce			
29.9.2	State the etiology of Lymphoma and its types.	K	KH	N	Lecture, SGD	Written, viva-voce			

29.9.3	Describe the pathology of lymphomas.	K	KH	N	Lecture, SGD	Written, viva- voce			
29.9.4	Recall the clinical features of Lymphomas.	K	KH	N	Lecture, SGD	Written, viva- voce			
29.9.5	Outline the investigations (diagnostic work up) for Lymphomas.	K	KH	N	Lecture, SGD	Written, viva- voce			
29.9.6	Enumerate the treatment modalities for Lymphomas.	K	KH	N	Lecture, SGD	Written, viva- voce			
PE 29.16	Discuss the indications for Hemoglobin electrophoresis and interpret the report.	K	K	N	Lecture, SGD	Written /Viva-voce		Biochemistry	
29.16.1	Enumerate the indications for Hemoglobin electrophoresis	K	K	N	Lecture, SGD	Written/Viva- voce			
29.16.2	Interpret the report of Hemoglobin electrophoresis	K	K	N	Lecture, SGD	Written/Viva - voce			
Topic: Systemic Pediatrics-Central Nervous system Number of procedures that require certification: (NIL)									
PE 30.1	Discuss the etiopathogenesis, clinical features, complications, management and prevention of meningitis in children	K	KH	Y	Lecture, SGD	Written/ Viva voce		Micro	
30.1.1	Enumerate all common causes of meningitis in children.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.1.2	Describe pathogenesis of meningitis in children.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.1.3	Describe all the clinical features of meningitis in children.	K	KH	Y	Lecture, SGD	Written/ Viva voce			

30.1.4	Enumerate all the complications of meningitis in children.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.1.6	Enumerate all the investigations to diagnose meningitis in children.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.1.7	Describe the CSF picture diagnostic of pyogenic meningitis.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.1.8	Describe the standard treatment of meningitis based on age of patient and organism if identified.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.1.9	Enumerate various preventive measures for meningitis.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.2	Distinguish bacterial, viral and tuberculous meningitis	K	KH	Y	Lecture, SGD	Written/ Viva voce		Micro	
30.2.1	Differentiate the clinical features of bacterial, viral and tubercular meningitis in a child	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.2.2	Differentiate the cerebrospinal fluid (CSF) picture of bacterial, viral and tubercular meningitis in a child	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.3	Discuss the etiopathogenesis, classification, clinical features, complication and management of Hydrocephalus in children	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.3.1	Define hydrocephalus.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.3.2	Enumerate all causes of hydrocephalus.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.3.3	Describe normal CSF circulation and pathogenesis of hydrocephalus	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.3.4	Classify types of hydrocephalus	K	KH	Y	Lecture, SGD	Written/ Viva voce			

30.3.5	Describe all the clinical features of hydrocephalus.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.3.6	Enumerate all the complications of hydrocephalus.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.3.7	Describe the radiological picture (USG, CT scan or MRI) diagnostic of hydrocephalus	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.3.8	Enumerate the investigations required to make an etiological diagnosis of hydrocephalus	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.3.9	Describe the standard treatment for hydrocephalus including medical and surgical modalities.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.4	Discuss the etiopathogenesis, classification, clinical features, and management of Microcephaly in children	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.4.1	Define microcephaly.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.4.2	Enumerate all causes of microcephaly in children	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.4.3	Describe pathogenesis of microcephaly in children	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.4.4	Classify types of microcephaly in children	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.4.5	Describe all the clinical features of microcephaly	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.4.6	Describe treatment for microcephaly.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.5	Enumerate the Neural tube defects. Discuss the causes, clinical features, types, and management of Neural Tube defect	K	KH	Y	Lecture, SGD	Written/ Viva voce			

30.5.1	Define Neural tube defects.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.5.2	Enumerate all causes of Neural tube defects.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.5.3	Describe pathogenesis of Neural tube defects.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.5.4	Classify types of Neural tube defects.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.5.5	Describe all the clinical features of the common types of Neural tube defects	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.5.6	Describe radiological investigations (USG local and USG Head, CT scan and MRI) and the relevant findings to diagnose Neural tube defects and associated conditions	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.5.7	Outline medical and surgical management including immediate treatment of neural tube defects.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.5.8	Enumerate indications and contraindications of conservative and surgical modalities to treat neural tube defects.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.5.9	Enumerate steps for prevention of neural tube defects.	K	K	Y	Lecture, SGD	Written/ Viva voce			
PE 30.6	Discuss the etiopathogenesis, clinical features, and management of Infantile hemiplegia	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.6.1	Define infantile hemiplegia.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.6.2	Enumerate all causes of infantile hemiplegia.	K	K	Y	Lecture, SGD	Written/ Viva voce			

30.6.3	Describe pathogenesis of infantile hemiplegia.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.6.4	Describe all the clinical features of infantile hemiplegia.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.6.5	Enumerate investigations to diagnose infantile hemiplegia.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.6.6	Describe all the treatment modalities for infantile hemiplegia including medical management, occupational therapy and physiotherapy.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.12	Enumerate the causes of floppiness in an infant and discuss the clinical features, differential diagnosis and management	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.12.1	Define floppiness in an infant.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.12.2	Enumerate the causes of floppiness in an infant.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.12.3	Describe the pathogenesis of floppiness in an infant	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.12.4	Describe the clinical features of floppiness in an infant	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.12.5	Describe the differential diagnosis of floppiness in an infant	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.12.6	Enumerate the investigations for floppiness in an infant	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.12.7	Describe treatment approach to a floppy infant, including occupational therapy and physiotherapy.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.13	Discuss the etiopathogenesis, clinical features, management and prevention of Poliomyelitis in	K	KH	Y	Lecture, SGD	Written/ Viva voce		Micro	

	children								
30.13.1	Define acute flaccid paralysis (AFP).	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.13.2	List causes of Acute Flaccid Paralysis.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.13.3	Enumerate the viruses causing Poliomyelitis.	K	K	Y	Lecture, SGD	Written/ Viva voce		Micro	
30.13.4	Describe the pathogenesis of Poliomyelitis	K	KH	Y	Lecture, SGD	Written/ Viva			
30.13.5	Describe all the clinical features of Poliomyelitis.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.13.6	Discuss the differential diagnosis of AFP.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.13.7	Describe all the treatment modalities for Poliomyelitis / AFP including medical management, occupational therapy and physiotherapy.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.13.8	Describe the various available Polio vaccines and their role in prevention of poliomyelitis.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.14	Discuss the etiopathogenesis, clinical features and management of Duchene muscular dystrophy	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.14.1	Define Duchene muscular dystrophy.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.14.2	Describe the etiopathogenesis of Duchene muscular dystrophy	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.14.3	Describe the clinical features of Duchene muscular dystrophy.	K	KH	Y	Lecture, SGD	Written/ Viva voce			

30.14.4	Enumerate investigations required including genetic testing to diagnose Duchene muscular dystrophy.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.14.5	Describe the treatment modalities for Duchene muscular dystrophy including occupational therapy and physiotherapy.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.15	Discuss the etiopathogenesis, clinical features and management of Ataxia in children	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.15.1	Define Ataxia in children.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.15.2	Enumerate all causes of Ataxia in children.	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.15.3	Describe the pathogenesis of Ataxia in children.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.15.4	Describe all the clinical features of Ataxia in children.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.15.5	Enumerate the investigations in evaluation of Ataxia in children.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.15.7	Describe the treatment available for the various causes of ataxia in children	K	KH	Y	Lecture, SGD	Written/ Viva voce			
PE 30.16	Discuss the approach to and management of a child with headache	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.16.1	Enumerate causes of headache in children	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.16.2	Enumerate the types of headache	K	K	Y	Lecture, SGD	Written/ Viva voce			
30.16.3	Describe the clinical features of various types of headaches in children	K	KH	Y	Lecture, SGD	Written/ Viva voce			

30.16.4	Enumerate all investigations to diagnose cause and type of headache.	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.16.5	Analyse the history and interpret the examination findings and investigations using an algorithm to come to a differential diagnosis/ diagnosis of headache	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.16.6	Discuss approach to management of headache based on history, examination and investigations	K	KH	Y	Lecture, SGD	Written/ Viva voce			
30.16.7	Describe treatment of a child with headache.	K	KH	Y	Lecture, SGD	Written/ Viva voce			

Clinical Competencies and SLOs

Number	Competency & Learning Objective(s)	Domain K/S/A/C	K/KH /SH/ P	Core	Suggested Teaching Learning Method	Suggested Assessment Method	Number for Certification	Vertical Integration	Horizontal Integration
Topic: Common problems related to Growth		Number of competencies: (01) Number of procedures that require certification: (NIL)							
PE2.5	Assessment of a child with short stature: Elicit history; perform examination, document and present.	S	SH	Y	Bedside /skill lab	Skill assessment			
2.5.1	Elicit history in a child with short stature.	S	SH	Y	Bedside /skill lab	Bedside/ OSCE			
2.5.2	Perform a complete physical examination in a child with short stature.	S	SH	Y	Bedside /skill lab	Bedside/ OSCE			
2.5.1	Document and present assessment of a child with short stature.	S	SH	Y	Bedside /skill lab	Skill assessment/bedside case			
Topic: Common problems related to Development -1 (Developmental delay, Cerebral palsy)		Number of competencies: (01) Number of procedures that require certification: (NIL)							
PE3.3	Assessment of a	S	SH	Y	Bedside, Skills	Skill			

	child with developmental delay- elicit document and present history				lab	assessment			
3.3.1	Elicit developmental history from a parent/caretaker.	S	SH	Y	Bedside, Skills lab	Case/ OSCE			
3.3.2	Elicit the current developmental milestones of the child.	S	SH	Y	Bedside, Skills lab	OSCE			
3.3.3	Interpret developmental status of a child based on the history and examination.	S	SH	Y	Bedside, Skills lab	OSCE			
3.3.4	Document and present the developmental assessment.	S	SH	Y	Bedside, Skills lab	LOGBOOK			
Topic: To promote and support optimal Breastfeeding for Infants Number of procedures that require certification: (01) Number of competencies: (02)									
PE 7.5	Observe the correct technique of breastfeeding and distinguish right from wrong technique	S	P	Y	Bedside, Skills lab	Skill assessment	3		
7.5.1	Observe correct technique of breastfeeding noting signs of good attachment and correct positioning of	S	P	Y	Bedside teaching/ video/ Skill lab	Logbook	3		

	mother and baby.								
7.5.2	Distinguish correct feeding technique from wrong one on the mother baby dyad.	S	P	Y	Bedside, skills lab	OSCE (video based)	3		
PE 7.7	Perform breast examination and Identify common problems during lactation such as retracted nipples, cracked nipples, breast engorgement, breast abscess	S	SH	Y	Bedside, Skills lab	skill assessment			
7.7.2	Examine breast of a lactating mother in an appropriate manner.	S	SH	Y	Bedside, skills lab	Skill assessment, OSCE (video based)			
7.7.3	Identify the common problems after examining the breast in lactating mother viz retracted nipples, cracked nipples, breast engorgement, breast abscess.	S	SH	Y	Bedside, skills lab	Skill assessment, OSCE (video based)			OBG
7.7.1	Enumerate common problems in the mother during lactation.	K	K	Y	Lecture, Bedside, skills lab	Written/viva voce			
Topic: Provide nutritional support, assessment and monitoring for common nutritional problems Number of procedures that require certification: (NIL)									
PE 10.3	Assessment of a patient with SAM and MAM,	S	SH	Y	Bedside, Skills	Skill		Physio, Biochemis try	

	diagnosis, classification and planning management including hospital and community- based intervention, rehabilitation and prevention				Lab	assessment			
10.3.1	Take clinical history including focussed dietary history from the caregiver.	S	SH	Y	Bedside	OSCE, Long case			
10.3.2	Examine the child including anthropometry and signs of vitamin deficiency.	S	SH	Y	Bedside	OSCE, Long case			
10.3.3	Diagnose and classify the patient as having SAM or MAM based on clinical history, examination and anthropometry.	S	SH	Y	Bedside	OSCE, Long case			
10.3.4	Plan the individualised home-based management in a child with MAM or uncomplicated SAM.	S	SH	Y	Bedside	OSCE, Long case			
10.3.5	Plan the hospital-based management of complicated SAM in a child.	S	SH	Y	Bedside	OSCE, Long case			
10.3.4	Plan the individualised	S	SH	Y	Bedside	OSCE, Long case			

	home-based management in a child with MAM or uncomplicated SAM.								
10.3.5	Plan the hospital-based management of complicated SAM in a child.	S	SH	Y	Bedside	OSCE, Long case			
10.3.6	Plan the hospital-based rehabilitation phase management of complicated SAM in a child.	S	SH	Y	Bedside	OSCE, Long case			
10.3.7	Plan prevention of malnutrition at all levels.	S	SH	Y	Bedside	OSCE, Long case			
PE 10.5	Counsel parents of children with SAM and MAM	S	SH	Y	Bedside clinic, Skills Station	Document in Logbook		AETCOM	
10.5.1	Counsel the parents on rehabilitation of children with SAM and MAM.	A,C	SH	Y	Bedside clinic, skill station	OSCE			
10.5.2	Address the queries raised by the parents.	S	SH	Y	Bedside clinic, skill Station	OSCE			
Topic: Obesity in children Number of competencies: (03) Number of procedures that require certification: (01)									
PE 11.3	Assessment of a child with obesity with regard to eliciting history including physical activity, charting and dietary recall	S	SH	Y	Bedside, Standardized Patients	Document in Logbook			
11.3.1	Elicit a detailed history in a child with obesity	S	SH	Y	Bedside skill lab	Logbook			

	including activity charting.								
11.3.2	Obtain detailed dietary history by recall method.	S	SH	Y	Bedside clinics, skill lab	Logbook			
PE 11.4	Examination including calculation of BMI, measurement of waist hip ratio, Identifying external markers like acanthosis, striae, pseudo-gynecomastia etc	S	SH	Y	Bedside, Standardized patients, Videos	Skills Station			
11.4.1	Perform anthropometry in an obese child including calculation of BMI and Waist Hip Ratio.	S	SH	Y	Bedside / Multimedia based Tutorial	OSCE			
PE 11.5	Calculate BMI, document in BMI chart and interpret	S	P	Y	Bedside, SGD	Document in Logbook	3		
11.5.2	Interpret BMI for a given patient.	S	P	Y	Bedside clinic	OSCE	3		
Topic: Micronutrients in Health and disease -2: Iron, Iodine, Calcium, Magnesium Number of procedures that require certification: (NIL)									
PE 13.3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis	S	SH	Y	Bedside /skill lab	Document in Logbook		Path,Biochemist ry	

13.3.1	Identify the clinical features of dietary iron deficiency.	S	SH	Y	Bedside /skill lab	Document in Logbook/ OSCE/ Clinical case			
13.3.2	Make a clinical diagnosis of dietary deficiency of Iron after appropriate history and examination.	S	SH	Y	Bedside /skill lab	Document in Logbook/ OSCE/ Clinical case			
PE 13.4	Interpret hemogram and Iron Panel	S	SH	Y	Bedside clinic/ Small group discussion	Skill Assessment		Path, Biochemistry	
13.4.1	Identify abnormal cells on a blood film.	S	SH	Y	Bedside clinic/ Small group discussion	Skill Assessment/ OSCE			
13.4.2	Identify abnormal hematological indices on a hemogram.	S	SH	Y	Bedside clinic/ Small group discussion	Skill Assessment/ OSCE			
13.4.3	Interpret hemogram.	S	SH	Y	Bedside clinic/ Small group discussion	Skill Assessment/ OSCE			
13.4.4	Interpret abnormal values of the iron panel.	S	SH	Y	Bedside clinic/ Small group discussion	Skill Assessment/ OSCE			
PE 13.5	Propose a management plan for IRON deficiency Anemia	S	SH	Y	Bedside /skill lab	Skill Assessment		Path, Pharm	

13.5.1	Make a management plan for Iron deficiency anemia in children of different ages.	S	SH	Y	Bedside /skill lab	Skill assessment/OS CE			
Topic: Fluid and electrolyte balance Number of procedures that require certification: (NIL)							Number of competencies: (05)		
PE 15.3	Calculate the fluid and electrolyte requirement in Health	S	SH	Y	Bedside, SGD	Skill assessment			
15.3.1	Calculate fluid requirement in healthy children of different ages.	S	SH	Y	Bedside, SGD	Skill assessment			
15.3.2	Calculate electrolyte requirement in healthy children of different ages.	S	SH	Y	Bedside, SGD	Skill assessment			
PE 15.4	Interpret electrolyte report	S	SH	Y	Bedside /SGD	Skill assessment			
15.4.1	Interpret reports of dyselectrolytemia.	S	SH	Y	Bedside /SGD	Skill assessment			
PE 15.5	Calculate fluid and electrolyte imbalance	S	SH	Y	Bedside /SGD	Skill assessment			
15.5.1	Calculate fluid requirement of the child to correct fluid imbalance.	S	SH	Y	Bedside /SGD	Skill assessment			
15.5.2	Calculate electrolyte correction for a given scenario.	S	SH	Y	Bedside /SGD	Skill assessment			
PE 15.6	Demonstrate the steps of inserting an IV cannula in a	S	SH	Y	Skill lab	Skill assessment			

	model								
15.6.1	Demonstrate inserting an intravenous cannula on a model in a skill laboratory.	S	SH	Y	Skill lab	Mannequin			
PE 15.7	Demonstrate the steps of inserting an interosseous line in a mannequin	S	SH	Y	Skill lab	Skill assessment			
15.7.1	Demonstrate inserting an intraosseous cannula in a mannequin.	S	SH	Y	Skill lab	Mannequin			
Topic: Care of the Normal Newborn and High-risk Newborn Number of competencies: (01) Number of procedures that require certification: (NIL)									
PE 20.3	Perform Neonatal resuscitation in a manikin	S	SH	Y	DOAP/SKILL LAB	Logbook			
20.3.1	Perform all the steps of routine care on a manikin.	S	SH	Y	DOAP/skill lab	Logbook /OSCE			
20.3.2	Demonstrate the initial steps of neonatal resuscitation in a manikin in the correct sequence.	S	SH	Y	DOAP	Logbook /OSCE			
20.3.3	Demonstrate the method of counting the heart rate of the neonate during resuscitation.	S	SH	Y	DOAP	Skill lab/OSCE			
20.3.4	Demonstrate the method of administering free	S	SH	Y	DOAP	Skill station/OSCE			

	flow oxygen during resuscitation.								
20.3.5	Check the functions of all parts of the self-inflating bag.	S	SH	Y	DOAP	Logbook /OSCE			
20.3.6	Demonstrate the method of positive pressure ventilation (PPV) in a manikin using appropriate size of bag and mask.	S	SH	Y	DOAP	Logbook /OSCE			
20.3.7	Checks the signs of effective positive pressure ventilation.	S	SH	Y	DOAP	Logbook /OSCE			
20.3.8	Initiate corrective steps in correct sequence for ineffective ventilation in simulated settings.	S	SH	Y	DOAP	Logbook /OSCE			
20.3.9	Demonstrate the method of placement of orogastric tube during prolonged PPV in a manikin.	S	SH	Y	DOAP	Logbook entry			
20.3.10	Demonstrate the 'thumb technique' and 'two finger technique' of providing chest compression in a manikin.	S	SH	Y	DOAP	Logbook entry/skill station/OSCE			
20.3.11	Prepare correct dilution of adrenaline injection	S	SH	Y	DOAP	Logbook entry			
20.3.12	Identify the correct size of	S	SH	Y	DOAP	Logbook entry			

	Laryngoscope and endotracheal tube based on given birth weight/ gestation correctly.								
20.3.13	Demonstrate the technique of endotracheal intubation in a manikin correctly.	S	SH	Y	DOAP	Logbook entry/OSCE			
Topic: Genito-Urinary system						Number of competencies: (04)			
Number of procedures that require certification: (NIL)									
PE 21.12	Interpret report of Plain X Ray of KUB	S	SH	Y	Bedside, Skills lab	Logbook			Radio Diagnosis
21.12.1	Identify any abnormalities on X-Ray KUB.	S	SH	Y	Bedside, Skills lab	Logbook			
PE 21.13	Enumerate the indications for and Interpret the written report of Ultra sonogram of KUB	S	SH	Y	Bedside, Skills lab	Logbook			Radio Diagnosis
21.13.1	Enumerate indications for Ultrasound KUB.	K	KH	Y	Bedside, Skills lab	Logbook			
21.13.2	Interpret the written report of ultrasonogram of KUB.	S	SH	Y	Bedside, Skills lab	Logbook			
PE 21.14	Recognize common surgical conditions of the abdomen and genitourinary system and enumerate the	S	SH	Y	Bedside, Skills lab	Bedside, Skills lab			Surg

	indications for referral including acute and subacute intestinal obstruction, appendicitis, pancreatitis, perforation intussusception, Phimosis, undescended testis, Chordee, hypospadias, Torsion testis, hernia Hydrocele, Vulval Synechiae								
21.14.1	Recognize common surgical conditions of the abdomen and genitourinary system and enumerate the indications for referral including acute and subacute intestinal obstruction, appendicitis, pancreatitis, perforation intussusception, Phimosis, undescended testis, Chordee, hypospadias, Torsion testis, hernia Hydrocele, Vulval Synechiae.	S	SH	Y	Bedside, Skills lab	Bedside, Skills lab			

PE 21.16	Counsel / educate a patient for referral appropriately	A/C	SH	Y	DOAP	Logbook		AETCOM	
PE 21.16	Counsel / educate a patient for referral appropriately	A/C	SH	Y	DOAP	Logbook		AETCOM	
Topic: Approach to and recognition of a child with possible Rheumatologic problem Number of procedures that require certification: (NIL)									
Number of competencies: (01)									
PE 22.2	Counsel a patient with Chronic illness	S	SH	N	Bedside clinic/skill Lab	Logbook			
22.2.1	Counsel a child / parents of a child with a chronic illness.	S	SH	N	Bedside clinic/skill Lab	Logbook			
Topic: Cardiovascular system- Heart Diseases Number of procedures that require certification: (NIL)									
Number of competencies: (06)									
PE 23.11	Develop a treatment plan and prescribe appropriate drugs including fluids in cardiac diseases, anti - failure drugs, and inotropic agents	S	SH	Y	Bedside, Skills lab	written/Viva voce			
23.11.1	Make an appropriate treatment plan for a child with cardiac disease including anti failure drugs, inotropes and	S	SH	Y	Bedside class/paper cases	OSCE/ Logbook			

	fluids.								
PE 23.12	Interpret a chest X ray and recognize Cardiomegaly	S	SH	Y	Bedside, Skills lab	Logbook entry		Radio Diagnosis	
23.12.1	Calculate cardio thoracic ratio and interpret according to age.	S	SH	Y	Bedside, Skills lab	viva voce, OSCE		Radio Diagnosis	
23.12.2	State features of cardiomegaly on the chest X-ray.	S	SH	Y	Bedside, Skills lab	OSCE, viva voce		Radio Diagnosis	
23.12.3	Identify the pathognomonic radiological features of various congenital heart diseases on chest x ray.	S	SH	Y	Bedside, Skills lab	OSCE, viva voce			
23.12.4	Identify pleural effusion and the pulmonary edema on a chest X-ray.	S	SH	Y	Bedside, Skills lab	OSCE, viva voce			
PE 23.13	Choose and Interpret blood reports in Cardiac illness	S	P	Y	Bedside, SGD	Logbook entry			
23.13.1	List blood tests relevant for the cardiac diseases.	K	KH	Y	Bedside, Skills lab	viva voce			
23.13.2	Interpret the blood tests reports for the cardiac disease.	S	SH	Y	Bedside, Skills lab	viva voce, OSCE			
PE 23.14	Interpret Pediatric ECG	S	SH	Y	Bedside, Skills lab	Logbook entry			

23.14.2	Interpret few common ECG abnormalities in children.	S	SH	Y	SGD, skill lab	OSCE, viva voce			
PE 23.15	Use the ECHO reports in management of cases	S	SH	Y	Bedside	Logbook entry		Cardio	
23.15.1	Use the ECHO reports in management of cases.	S	SH	Y	Bedside, Skills lab	Logbook entry			
PE 23.18	Demonstrate empathy while dealing with children with cardiac diseases in every patient encounter	A	SH	Y	SGD, Bedside, Skills lab	Document in Logbook, Direct observation, OSCE		AETCOM	
23.18.1	Demonstrate empathy while dealing with children with cardiac diseases in every patient encounter.	A	SH	Y	Bedside, Skills lab	Direct observation, OSCE		AETCOM	
23.18.2	Demonstrate empathy while dealing with parents of children with cardiac diseases in every contact.	A	SH	Y	Bedside, Skills lab	Direct observation, OSCE		AETCOM	

Topic: Diarrhoeal diseases and Dehydration

Number of competencies: (01)

Number of procedures that require certification: (03)

PE 24.13	Interpret RFT and electrolyte report	S	SH	Y	Bedside/ skill lab/ SGD	Document in Logbook			
24.13.1	Interpret the given reports for values of urea, creatinine, sodium and potassium.	S	SH	Y	Bedside/ skill lab/ SGD	Document in Logbook			
Topic: Acute and chronic liver disorders Number of competencies: (03)									
Number of procedures that require certification:(NIL)									
PE 26.8	Analyze symptoms and interpret physical signs to make a provisional/ differential diagnosis	S	SH	Y	Bedside clinic, Skills Lab	Skill Assessment			
26.8.1	Analyze the symptoms in a child with gastrointestinal disorder.	S	SH	Y	Bedside clinic, Skills Lab	Skill Assessment			
26.8.2	Interpret the physical signs in a child with gastrointestinal disorder.	S	SH	Y	Bedside clinic, Skills Lab	Skill Assessment			
26.8.3	Formulate a provisional and differential diagnosis related to clinical presentation.	S	SH	Y	Bedside clinic, Skills Lab	Skill Assessment			
PE 26.9	Interpret Liver Function Tests, viral markers,	S	SH	Y	Bedside / skill lab	Bedside/ OSCE		Path,Biochemist ry	

	Ultra sonogram report								
26.9.1	Interpret the given reports of liver function tests.	S	SH	Y	Bedside / skill lab	Bedside/ OSCE			
26.9.2	Interpret the viral markers related to viral hepatitis.	S	SH	Y	Bedside / skill lab	Bedside/ OSCE			
26.9.3	Interpret the given report of abdominal/ liver Ultrasonography.	S	SH	Y	Bedside clinic, Skills Lab	Skill Assessment			
PE 26.13	Counsel and educate patients and their family appropriately on liver diseases	A/C	P	Y	Bedside clinic, Skills Lab	Document in Logbook			
26.13.1	Counsel the family on liver disease in the child.	A/C	SH	Y	Bedside clinic Skills Lab	Document in Logbook			
26.13.2	Educate the family about prevention of liver disease.	A/C	P	Y	Bedside clinic, Skills Lab	Document in Logbook			
Topic: Respiratory system Number of competencies: (01) Number of procedures that require certification:(NIL)									
PE 28.20	Counsel the child with asthma on the correct use of inhalers in a simulated	S	SH	Y	Bedside, SGD, Lecture	Skills Assessment Written Viva voce		Resp Med	

	environment								
Topic: Anemia and other Hemato-oncologic disorders in Children									
Number of procedures that require certification: (NIL)									
PE 29.13	Analyze symptoms and interpret physical signs to make a provisional /differential diagnosis.	S	SH	Y	Bedside, Skills Lab	Skill assessment			
29.13.1	Analyze symptoms related to hemato-oncological conditions.	S	SH	Y	Bedside, Skills Lab	Skill assessment			
29.13.2	interpret physical signs to make a provisional diagnosis	S	SH	Y	Bedside, Skills Lab	Skill assessment			
29.13.3	Produce differential diagnosis keeping in mind the symptoms and signs related to haemato-oncological conditions.	S	SH	Y	Bedside, Skills Lab	Skill assessment			
PE 29.18	Enumerate the referral criteria for Hematological conditions.	S	SH	Y	Bedside, Small group activity	Written /Viva-voce			
29.18.1	Enumerate the criteria for referring a patient with	S	SH	Y	Small group activity	Written/ Viva-voce			

	Hematological conditions								
Topic: Systemic Pediatrics-Central Nervous system						Number of competencies: (04)			
Number of procedures that require certification: (NIL)									
PE 30.19	Analyse symptoms and interpret physical findings and propose a provisional / differential diagnosis	S	SH	Y	Bedside, Skills lab	Skill Assessment			
30.19.1	Analyse symptoms and propose a provisional / differential diagnosis	S	SH	Y	Bedside/ skill lab	Clinical case			
30.19.2	Interpret physical findings and propose a provisional / differential diagnosis	S	SH	Y	Bedside/ skill lab	Clinical case			
30.19.3	Combine analysis of symptoms and interpretation of physical findings to propose a provisional / differential diagnosis	S	SH	Y	Bedside/ skill lab	Clinical case			
PE 30.20	Interpret and explain the findings in a CSF analysis	S	SH	Y	SGD	Log book		Micro	
30.20.1	Interpret the findings (cells,	S	SH	Y	Skill lab	OSCE			

	proteins and sugar levels) in a CSF analysis. .								
30.20.2	Explain the significance of findings (cells, proteins and sugar levels) in a CSF analysis	S	KY	Y	SGD	SAQ/viva			
PE 30.21	Enumerate the indication and discuss the limitations of EEG, CT, MRI	K	K	N	Bedside	Logbook			
30.21.1	Enumerate the indications of EEG.	K	K	N	Bedside	Logbook			
30.21.2	Discuss the limitations of EEG.	K	K	N	Bedside	Logbook			
30.21.3	Enumerate the indications of CT scan	K	K	N	Bedside	Logbook			
30.21.4	Discuss the limitations of CT scan.	K	K	N	Bedside	Logbook			
30.21.5	Enumerate the indications of MRI.	K	K	N	Bedside	Logbook			
30.21.6	Discuss the limitations of MRI.	K	K	N	Bedside	Logbook			
PE 30.22	Interpret the reports of EEG, CT, MRI	S	SH	Y	Bedside, Skills Lab	Logbook		Radio Diagnosis	

30.22.1	Interpret EEG reports	S	SH	Y	Bedside, Skills lab	Logbook			
30.22.2	Interpret CT scan (Brain and Spine) reports	S	SH	Y	Bedside, Skills lab	Logbook		Radio Diagnosis	
30.22.3	Interpret MRI (Brain & Spine) reports	S	SH	Y	Bedside, Skills lab	Logbook		Radio Diagnosis	
PE 30.23	Perform in a mannequin lumbar puncture. Discuss the indications, contraindication of the procedure	S	SH	Y	Bedside, Skills lab	Skill Assessment			
Topic: Allergic Rhinitis, Atopic Dermatitis, Bronchial Asthma, Urticaria Angioedema Number of procedures that require certification:(NIL)									
Number of competencies: (02)									
PE 31.7	Develop a treatment plan for a child with appropriate to the severity and clinical presentation	S	SH	Y	Bedside, skill lab	Skill assessment			
31.7.1	Develop a treatment plan appropriate for the severity and clinical presentation of a child with asthma	S	SH	Y	Bedside, skill lab	Skill assessment			
31.7.2	Make a treatment plan for a child with acute severe	S	SH	Y	Bedside, skill lab	Skill assessment			

	asthma (status asthmaticus)								
PE 31.9	Interpret CBC and CX Ray in Asthma	S	SH	Y	Bedside clinic, SGD	Skill assessment/ OSCE			
31.9.1	Interpret CBC findings in relation to asthma from given case report.	S	SH	Y	Bedside clinic, SGD	Skill assessment/ OSCE			
31.9.2	Interpret findings on a given X-Ray of a child with asthma	S	SH	Y	Bedside clinic,	Skill assessment			
Topic: Endocrinology Number of procedures that require certification: (02)									
PE 33.7	Perform genital examination and recognize Ambiguous Genitalia and refer appropriately	S	SH	Y	Bedside, skill lab	Skill Assessment			
33.7.1	Identify the deviation from normal while performing genital examination maintaining full dignity of the patient	S	SH	Y	Bedside, skill lab	OSCE			
33.7.2	Counsel the parents for referral to specialist after recognizing ambiguous genitalia	A/C	SH	Y	Bedside, skill lab	OSCE station with SP			

PE 33.10	Recognize precocious and delayed Puberty and refer	S	SH	Y	Bedside, skill lab	Logbook			
33.10.1	Recognize features of precocious and delayed puberty in a child	S	SH	Y	Bedside/skill lab	Logbook			
33.10.2	Counsel the parents for need to refer the child to higher center after diagnosing precocious or delayed Puberty	S/C	SH	Y	Bedside, skill lab	OSCE with SP			
PE 33.11	Identify deviations in growth and plan appropriate Referral	S	P	Y	Bedside, skill lab	Logbook	2		
33.11.1	Identify the abnormal growth pattern in a child	S	SH	Y	Bedside, skill lab	OSCE	2		
33.11.2	Plan the referral of a child with abnormal growth to a specialist and counsel the parents accordingly	S/C	P	Y	Bedside, skill lab	OSCE with SP	2		
Topic: Vaccine preventable Diseases-Tuberculosis Number of competencies: (04) Number of procedures that require certification: (03)									
PE 34.7	Interpret a Mantoux Test	S	P	Y	Bedside	Skill Assessment	3	Micro	Resp Med
34.7.1	Read a Mantoux Test	S	P	Y	Bedside	Skill Assessment	3		

34.7.2	Interpret a Mantoux Test	S	P	Y	Bedside	Skill Assessment	3		
PE 34.8	Interpret a chest radiograph	S	SH	Y	Bedside	Skill Assessment		Radio Diagnosis	Resp Med
34.8.1	Identify abnormalities caused by tuberculosis in a chest radiograph	S	SH	Y	Bedside	Skill Assessment			
PE 34.9	Interpret blood tests in the context of laboratory evidence for tuberculosis	S	SH	N	Bedside, SGD	Logbook		Micro	Resp Med
34.9.1	interpret blood tests in the context of laboratory evidence for tuberculosis	S	SH	N	Bedside, SGD	Logbook			
PE 34.10	Discuss the various samples for demonstrating the organism e.g. Gastric Aspirate, Sputum, CSF, FNAC	K	KH	Y	Bedside, SGD	Written/viva voce		Micro	Resp Med
34.10.1	Describe the various samples for demonstrating the mycobacteria e.g. Gastric Aspirate, Sputum, CSF, FNAC	K	KH	Y	Bedside, SGD	Written/viva voce			

ORTHOPAEDICS

PREAMBLE

The undergraduate medical education program is designed with a goal to create an “Indian Medical Graduate” (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant.

Excerpts from GMER- Regulations on Graduate Medical Education (Amendment), 2019 and UG Curriculum Volumes 1, 2 & 3 have been utilised in preparing this syllabus document for Third Professional Phase III Part 2 MBBS. Alignment / Integration between topics & subjects has been attempted.

As per GMER 2019, Table 2, page.no.68: Distribution of subjects by Professional Phase. Third Professional Phase 2 MBBS (13 months) includes the following:

- a) General Medicine,
- b) General Surgery,
- c) Obstetrics &Gynaecology,
- d) Pediatrics,
- e) Orthopaedics,
- f) Dermatology,
- g) Psychiatry,
- h) Otorhinolaryngology,
- i) Ophthalmology,
- j) Community Medicine,
- k) Forensic Medicine and Toxicology,
- l) Respiratory medicine,
- m) Radio-diagnosis &Radiotherapy,
- n) Anaesthesiology

- Clinical subjects /postings
- Attitude, Ethics & Communication Module (AETCOM)

As per GMER 2019, table 9, page.no.75 - Year 3: Focus of Learner - Doctor Program is History taking, physical examination, assessment of change in clinical status, communication and patient education and choice of investigations, basic procedures and continuity of care

As per GMER 2019, the various competencies that need to be addressed by the department of orthopaedics as given on page 79 are

Competencies: The student must demonstrate:

1. Ability to recognize and assess bone injuries, dislocation and poly-trauma and provide first contact care prior to appropriate referral,
2. Knowledge of the medico-legal aspects of trauma,
3. Ability to recognize and manage common infections of bone and joints in the primary care setting,
4. Recognize common congenital, metabolic, neoplastic, degenerative and inflammatory bone diseases and refer appropriately,
5. Ability to perform simple orthopaedic techniques as applicable to a primary care setting,
6. Ability to recommend rehabilitative services for common orthopaedic problems across all ages.

Keeping the above competencies in mind there will be continuation of Orthopedics learning in Phase 3 Part 2 MBBS which was introduced in Phase 2 MBBS.

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1. GOAL AND OBJECTIVES

Syllabus in Orthopedics for Third Professional MBBS Part 2 (13 months)

GOAL:

The broad goal of the teaching of Third Professional MBBS Part 2 undergraduate students in Orthopedics is the continuation of theoretical, clinical and applied Orthopedics to them so that students are able to achieve the required clinical and theoretical knowledge in Orthopedics.

OBJECTIVES:

A) KNOWLEDGE

At the end of the Third Professional MBBS Part 2, undergraduate students in Orthopedics should be able to describe a few diseases and their work-up & treatment pertaining to a few selected topics (see below) in Orthopedics (20 hours for Lectures)

B) SKILLS

At the end of 3rd professional MBBS Part 2, the student should be able to: -

Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.

Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values

C) ATTITUDE (AFFECTIVE)

Communicate effectively with peers and teachers in various teaching, learning activities in a manner that encourages participation and shared decision-making.

Demonstrate ability to behave & communicate with sensitivity and due respect towards patients and their relatives during history taking & physical examination

D) INTEGRATION

At the end of 3rd year training, he/she should be able to integrate the causes of disease and relationship of different etiological factors (social, economic and environmental) and that contribute to the natural history of diseases most prevalent in India and describe a few diseases and their work-up & treatment pertaining to a few selected topics (see below) in Orthopedics and perform a physical examination that is contextual

OUTCOME

At the end of 3rd professional MBBS, students would be oriented towards clinical Orthopedics, patients& diseases and would have a smooth transition towards clinical side

The student must demonstrate:

1. Knowledge to recognise and assess bone injuries, dislocation and poly-trauma
2. Knowledge of the medico-legal aspects of trauma
3. Knowledge to recognise and manage common infections of bone and joints in the primary care setting
4. Skill acquirement in splinting of common upper limb and lower limb injuries
5. To Analyse and identify common pathologies in X-ray
6. Clinical skill in evaluating joint pathologies

2. TERMS AND TEACHING GUIDELINES

1. LECTURE

Is a teaching learning method which includes traditional and interactive sessions involving a large group.

20 hours in total for Orthopedics

2. SMALL GROUP DISCUSSION (BEDSIDE CLINICS/OPD Teaching as applied to CLINICAL POSTINGS in ORTHOPAEDICS)

Is an instructional method involving small groups of students in an appropriate learning context (ward/OPD teaching as applied to CLINICAL POSTINGS in Orthopedics)

The clinical postings in the 3rd professional will be 18 hours per week X 2 weeks (3 hrs. per day from Monday to Saturday as per GMER 2019, page.no.69) covering History taking, Symptomatology, GPE & Local examination pertaining to all major joint disorders

3. Learner-doctor method of clinical training (Clinical Clerkship)

Provides learners with experience in longitudinal patient care being part of the health care team with Hands-on care of patients in outpatient and inpatient setting. The second clinical posting in third professional shall orient learners to the patient, their roles and the specialty (as per GMER 2019, 9.5.1-2, page.no.74).

4. CORE

A competency that is necessary in order to complete the requirements of the subject (traditional must know)

5. NON – CORE

A competency that is optional in order to complete the requirements of the subject (traditional nice (good) to know/ desirable to know.

3. Syllabus at a glance:

A. Number of teaching hours:

Teaching method Hours

Lecture 20hrs (1hr X 19, PMR - 1hr X 1)

Tutorials 25hrs (2hr X 12, PMR - 1hr X 1)

Self-directed learning (4hrs + 1hr PMR)

Clinical postings 36hrs (18 hours per week X 2 weeks - 3hrs per day from Monday to Saturday)

Total 86hrs

B. Topics

Lecture Classes: Trauma and Polytrauma, Fractures of lower limb and Complications, Musculoskeletal infection, Skeletal tuberculosis, Rheumatoid Arthritis and associated inflammatory disorders, Degenerative disorders, Metabolic bone disorders, Poliomyelitis, Cerebral Palsy, Bone Tumors, Peripheral nerve injuries, Congenital lesions

Clinical Postings: Bedside Clinical Teaching, ward rounds, OPD, Skills lab; DOAP) covering History taking, Symptomatology, GPE & Regional and local examination of major Joints of upper limb, Lower limb and Swelling of Bone origin, Musculoskeletal infection and Degenerative Disorders.

AETCOM (integration):01

Procedures and skills: 01, Compression Bandage (I) Integrated: 05

MINIMUM TEACHING HOURS

Sl.no	Topic	Number of competencies	Lecture (Hrs.)
1.	Skeletal trauma / Poly Trauma	5	3
2	Fractures of Lower limb	5	4
3	Musculoskeletal Infections	5	3
4	Skeletal Tuberculosis	2	2

5	Rheumatoid Arthritis and associated inflammatory disorders	2	1
6	Metabolic bone disorders	4	1
7	Poliomyelitis	1	1
8	Cerebral Palsy	1	1
9	Bone Tumors	1	1
10	Peripheral nerve injuries	1	1
11	Congenital lesions	1	1
12	Physical Medicine & Rehabilitation	12	1
	Total	29	20

Sl.no	Topic	Number of competencies	Tutorials / Seminars / Integrated Teaching (Hrs.)
1.	Skeletal trauma / Poly Trauma	5	4
2	Fractures of Lower limb	5	4
3	Musculoskeletal Infections	5	2
4	Skeletal Tuberculosis	2	2
5	Rheumatoid Arthritis and associated inflammatory disorders	2	2
6	Poliomyelitis	1	2

7	Cerebral Palsy	1	2
8	Bone Tumors	1	2
9	Peripheral nerve injuries	1	2
10	Congenital lesions	1	2
11	Physical Medicine & Rehabilitation	5	1
	Total	19	25

Sl.no	Topic	Number of Competencies	SDL (Hrs.)
1	Procedural Skills	4	4
2	Physical Medicine & Rehabilitation	1	1
	Total		5

CLINICAL POSTINGS – 18 Hours per week (3Hours per day) (Mon-Fri) X 2 week

Sl.no	Topic	No of hours
1	Introduction to Orthopedics and splints, Traction	3
2	History Taking and examination	3
3	General and local examination	3
4	Assessment of Muscle Strength and ROM	3

5	Major joint examination a. Hip b. Knee c. Ankle d. Shoulder e. Elbow f. Wrist	3 3 3 3 3 3
6	Examination of Peripheral Nerve Injuries	3
7	Practical internal assessment	3
	Total	36

INTERNAL ASSESSMENT

THEORY INTERNAL ASSESSMENT: will be conducted along with surgery and allied subjects

PRACTICAL INTERNAL ASSESSMENT: will be conducted at the end of clinical postings

4. Competencies, specific learning objectives, Teaching learning and assessment methods

Number	COMPETENCY & SLOS The student should be able to:	Domain K/S/A/C	Level K/KH / SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
--------	----------------------------------------------------------------	--------------------------	-----------------------------	----------------------	-------------------------------------------	------------------------------------	----------------------------------------	-----------------------------	-------------------------------

Topic: Skeletal Trauma, Poly trauma		Number of competencies: (05)			Number of procedures that require certification: (NIL)		
OR1.5	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS, AND PRINCIPLES OF MANAGEMENT OF DISLOCATION OF MAJOR JOINTS, SHOULDER, KNEE, HIP	K	KH	Y	Lecture with video, small group discussion	Written/ Viva voce/ OSCE/ Simulation	General Surgery, Anesthesiology
	1.5.1 DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS OF SHOULDER JOINT 1.5.2 DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS OF KNEE JOINT 1.5.3 DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS OF HIP JOINT 1.5.4 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF SHOULDER JOINT DISLOCATION 1.5.5 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF KNEE JOINT DISLOCATION 1.5.6 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF HIP JOINT DISLOCATION 1.5.7 DESCRIBE AND DISCUSS THE INVESTIGATIONS OF SHOULDER JOINT DISLOCATION 1.5.8 DESCRIBE AND DISCUSS THE INVESTIGATIONS OF KNEE JOINT DISLOCATION 1.5.9 DESCRIBE AND DISCUSS THE INVESTIGATIONS OF HIP JOINT DISLOCATION						

	1.5.10 DESCRIBE AND DISCUSS THE PRINCIPLES OF MANAGEMENT OF SHOULDER JOINT DISLOCATION 1.5.11 DESCRIBE AND DISCUSS THE PRINCIPLES OF MANAGEMENT OF KNEE JOINT DISLOCATION 1.5.12 DESCRIBE AND DISCUSS THE PRINCIPLES OF MANAGEMENT OF HIP JOINT DISLOCATION							
OR1.6	PARTICIPATE AS A MEMBER IN THE TEAM FOR CLOSED REDUCTION OF SHOULDER DISLOCATION / HIP DISLOCATION / KNEE DISLOCATION 1.6.1 PRE-HOSPITAL CARE OF MAJOR JOINT DISLOCATION 1.6.2 DISCUSS THE MANAGEMENT OF MAJOR JOINT DISLOCATIONS IN POLYTRAUMA PATIENTS 1.6.3 DISCUSS THE TECHNIQUE OF CLOSED REDUCTION OF SHOULDER JOINT DISLOCATION 1.6.4 DISCUSS THE TECHNIQUE OF CLOSED REDUCTION OF KNEE JOINT DISLOCATION 1.6.5 DISCUSS THE TECHNIQUE OF CLOSED REDUCTION OF KNEE JOINT DISLOCATION 1.6.6 DISCUSS AND DESCRIBE THE ROLE OF TEAM LEAD IN POLYTRAUMA PATIENTS	K	KH	Y	Lecture	Written/ Viva voce/ OSCE/ Simulation		General Surgery

OR2.7	DESCRIBE AND DISCUSS THE CLINICAL FEATURES, MECHANISM OF INJURY, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF PELVIC FRACTURE WITH EMPHASIS ON HEMODYNAMIC INSTABILITY	K	KH	Y	Lecture, Small group discussion	Written/ OSCE		General Surgery
	2.7.1 DESCRIBE THE MECHANISM OF INJURY OF PELVIC FRACTURE 2.7.2 DISCUSS THE CLINICAL FEATURES OF PELVIC FRACTURE 2.7.3 DISCUSS THE COMPLICATIONS OF PELVIC FRACTURE 2.7.4 DISCUSS THE INVESTIGATIONS OF PELVIC FRACTURE 2.7.5 DEMONSTRATE THE PRINCIPLES OF MANAGEMENT OF PELVIC FRACTURE PATIENT. 2.7.6 DEMONSTRATE THE PRINCIPLES OF MANAGEMENT OF HEMODYNAMICALLY UNSTABLE PELVIC FRACTURE PATIENT.							
OR2.8	DESCRIBE AND DISCUSS THE CLINICAL FEATURES, MECHANISM OF INJURY, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF ACETABULAR FRACTURE	K	KH	Y	Lecture, Small group discussion	Written/ Assessment/ Viva voce		General Surgery

	2.8.1 DESCRIBE THE MECHANISM OF INJURY OF ACETABULAR FRACTURES 2.8.2 DESCRIBE THE CLINICAL FEATURES OF ACETABULAR FRACTURES 2.8.3 DESCRIBE THE INVESTIGATIONS OF ACETABULAR FRACTURES 2.8.4 DEMONSTRATE THE PRINCIPLES OF MANAGEMENT OF ACETABULAR FRACTURES 2.8.5 DISCUSS THE COMPLICATIONS OF ACETABULAR FRACTURES							
OR2.9	DESCRIBE AND DISCUSS THE MECHANISM OF INJURY, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLE OF MANAGEMENT OF ACETABULAR FRACTURE. AT THE END OF THE SESSION, THE STUDENT WILL BE ABLE TO 2.9.1 DEFINE ACETABULAR FRACTURE. 2.9.2 DESCRIBE THE ANATOMY OF ACETABULUM. 2.9.3 DESCRIBE THE MECHANISM OF INJURY OF ACETABULAR FRACTURE 2.9.4 CLASSIFY ACETABULAR FRACTURE 2.9.5 DESCRIBE CLINICAL FEATURES OF ACETABULAR FRACTURE. 2.9.6 DESCRIBE THE PRINCIPLES OF MANAGEMENT OF ACETABULAR FRACTURE. 2.9.7 DEFINE ACETABULAR FRACTURE.	K	KH	Y	Lecture, Small group discussion	Written/ Assessment/ Viva voce		General Surgery

Topic: Fractures of lower limb Number of procedures that require certification: (NIL)		Number of competencies: (05)					
OR2.10	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, MECHANISM OF INJURY, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF FRACTURES OF PROXIMAL FEMUR, AT THE END OF THE SESSION, THE STUDENT WILL BE ABLE TO	K	K/SH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE	Human Anatomy
	2.10.1 DESCRIBE THE ANATOMY OF PROXIMAL FEMUR 2.10.2 DISCUSS THE AETIOPATHOLOGY OF PROXIMAL FEMUR 2.10.3 CLASSIFY PROXIMAL FEMUR FRACTURES. 2.10.4 DISCUSS THE MECHANISM OF INJURY. 2.10.5 LIST THE RADIOLOGICAL AND BIOCHEMICAL INVESTIGATIONS. 2.10.6 DESCRIBE THE SURGICAL TREATMENT OF PROXIMAL FEMUR FRACTURES						
OR2.11	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, MECHANISM OF INJURY, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF (A) FRACTURE PATELLA (B) FRACTURE DISTAL FEMUR (C) FRACTURE PROXIMAL TIBIA WITH SPECIAL FOCUS ON NEUROVASCULAR INJURY AND COMPARTMENT SYNDROME	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE	Human Anatomy

	2.11.1 DESCRIBE THE ANATOMY OF KNEE JOINT 2.11.2 DISCUSS THE AETIOLOGY OF PATELLAR, DISTAL FEMUR AND PROXIMAL TIBIAL FRACTURES 2.11.3 DISCUSS THE MECHANISM OF INJURY AND CLINICAL FEATURES 2.11.4 LIST THE RADIOLOGICAL INVESTIGATIONS 2.11.5 DISCUSS THE SURGICAL TREATMENT OF PATELLAR, DISTAL FEMUR AND PROXIMAL TIBIAL FRACTURES.							
OR2.12	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF FRACTURE SHAFT OF FEMUR IN ALL AGE GROUPS AND THE RECOGNITION AND MANAGEMENT OF FAT EMBOLISM AS A COMPLICATION 2.12.1 DESCRIBE THE ANATOMY OF FEMUR. 2.12.2 DESCRIBE THE AETIOLOGY OF FEMUR SHAFT FRACTURES 2.12.3 DISCUSS THE MECHANISM OF INJURY AND CLINICAL FEATURES 2.12.4 DESCRIBE THE SURGICAL MANAGEMENT 2.12.5 LIST THE COMPLICATIONS OF FEMUR SHAFT FRACTURE 2.12.6 DEFINE FAT EMBOLISM 2.12.7 DESCRIBE THE CLINICAL FEATURES OF FAT EMBOLISM 2.12.8 DESCRIBE THE MANAGEMENT OF FAT EMBOLISM	K	KH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE	Human Anatomy	
OR2.13	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATION AND PRINCIPLES OF MANAGEMENT OF: (A) FRACTURE BOTH BONES LEG (B) CALCANEUS	K/S	K/KH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE	Human Anatomy	

	(C) SMALL BONES OF FOOT						
	2.13.1 DESCRIBE THE ANATOMY OF TIBIA, FIBULA, ANKLE AND FOOT 2.13.2 DISCUSS THE AETIOLOGY OF TIBIA, ANKLE, CALCANEAL AND TARSAL BONE FRACTURES 2.13.3 CLASSIFY THE TIBIAL, ANKLE, CALCANEAL AND TARSAL FRACTURES. 2.13.4 DISCUSS THE CLINICAL FEATURES OF TIBIAL, ANKLE, CALCANEAL AND TARSAL FRACTURES 2.13.5 LIST THE RADIOLOGICAL INVESTIGATIONS 2.13.6 DESCRIBE THE SURGICAL MANAGEMENT OF TIBIAL, ANKLE, CALCANEAL AND TARSAL FRACTURES.						
OR2.14	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATION AND PRINCIPLES OF MANAGEMENT OF ANKLE FRACTURES. 2.14.1 DESCRIBE THE ANATOMY OF ANKLE. 2.14.2 DESCRIBE THE AETIOLOGY OF ANKLE FRACTURES 2.14.3 CLASSIFY ANKLE FRACTURES 2.14.4 DISCUSS THE MECHANISM OF INJURY AND CLINICAL FEATURES OF ANKLE FRACTURES 2.14.5 DESCRIBE THE RADIOLOGICAL INVESTIGATIONS FOR ANKLE FRACTURES. 2.14.6 DESCRIBE THE CONSERVATIVE AND SURGICAL MANAGEMENT OF	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE	Human Anatomy

	ANKLE FRACTURES							
Topic: Musculoskeletal Infections Number of procedures that require certification: (NIL)								
OR3.1A	DESCRIBE AND DISCUSS THE ETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF BONE AND JOINT INFECTION- ACUTE OSTEOMYELITIS	K/ S	KH / SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE	Human Anatomy	
	3.1A.1 DESCRIBE THE AETIOPATHOGENESIS OF ACUTE OSTEOMYELITIS 3.1A.2 DISCUSS THE VARIOUS C/F OF ACUTE OSTEOMYELITIS 3.1A.3 ENUMERATE THE VARIOUS INVESTIGATIONS OF ACUTE OSTEOMYELITIS 3.1A.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF ACUTE OSTEOMYELITIS							

OR3.1B	DESCRIBE AND DISCUSS THE ETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND	K/S	SH	Y	Lecture, Small	Written/ Viva		Human Anatomy	

	PRINCIPLES OF MANAGEMENT OF BONE AND JOINT INFECTION-SUBACUTE OSTEOMYELITIS				group discussion, Bedside clinic	voce/ OSCE			
	3.1B.1 DESCRIBE THE AETIOPATHOGENESIS OF SUB ACUTE OSTEOMYELITIS 3.1B.2 DISCUSS THE VARIOUS C/F OF SUB ACUTE OSTEOMYELITIS 3.1B.3 ENUMERATE THE VARIOUS INVESTIGATIONS OF SUB ACUTE OSTEOMYELITIS 3.1B.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF SUBACUTE OSTEOMYELITIS								
OR3.1C	DESCRIBE AND DISCUSS THE ETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF BONE AND JOINT INFECTION-ACUTE SUPPURATIVE ARTHRITIS	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
	3.1C.1 DESCRIBE THE AETIOPATHOGENESIS OF ACUTE SUPPARATIVE ARTHRITIS 3.1C.2 DISCUSS THE VARIOUS C/F OF ACUTE SUPPARATIVE ARTHRITIS 3.1C.3 ENUMERATE THE VARIOUS INVESTIGATIONS ACUTE SUPPARATIVE ARTHRITIS 3.1C.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF ACUTE SUPPARATIVE ARTHRITIS								

OR3.1D	DESCRIBE AND DISCUSS THE ETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF BONE AND JOINT INFECTION- SEPTIC ARTHRITIS AND HIV INFECTION	K/S	SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
	3.1D.1 DESCRIBE THE AETIOPATHOGENESIS OF SEPTIC ARTHRITIS AND HIV INFECTION 3.1D.2 DISCUSS THE VARIOUS C/F OF SEPTIC ARTHRITIS AND HIV INFECTION 3.1D.3 ENUMERATE THE VARIOUS INVESTIGATIONS SEPTIC ARTHRITIS AND HIV INFECTION 3.1D.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF SEPTIC ARTHRITIS AND HIV INFECTION								
OR3.1E	DESCRIBE AND DISCUSS THE ETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF BONE AND JOINT INFECTION- SPIROCHAETAL INFECTION	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
	3.1E.1 DESCRIBE THE AETIOPATHOGENESIS OF SPIROCHAETAL INFECTION 3.1E.2 DISCUSS THE VARIOUS C/F OF SPIROCHAETAL INFECTION 3.1E.3 ENUMERATE THE VARIOUS INVESTIGATIONS SPIROCHAETAL								

	INFECTION 3.1E.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF SPIROCHAETAL INFECTION								
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Topic – Skeletal Tuberculosis					Number of competencies: (02)				
Number of procedures that require certification: (2)									
OR3. 1F	DESCRIBE AND DISCUSS THE ETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF BONE AND JOINT INFECTION-SKELETAL TUBERCULOSIS 3.1F.1 DESCRIBE THE AETIOPATHOGENESIS OF SKELETAL TUBERCULOSIS 3.1F.2 DISCUSS THE VARIOUS C/F OF SKELETAL TUBERCULOSIS 3.1F.3 ENUMERATE THE VARIOUS INVESTIGATIONS OF SKELETAL TUBERCULOSIS 3.1F.4 DISCUSS THE	K	K/ KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	

	PRINCIPLES OF MANAGEMENT OF SKELETAL TUBERCULOSIS							
OR3.2	PARTICIPATE AS A MEMBER IN TEAM FOR ASPIRATION OF JOINTS UNDER SUPERVISION 3.2.1 DEMONSTRATE ASPIRATION OF KNEE JOINT	S	S		DOAP, SMALL GROUP, DISCUSSION	OSCE/SKILL ASSESSMENT MODULE		
OR3.3	PARTICIPATE AS A MEMBER IN TEAM FOR PROCEDURES LIKE DRAINAGE OF ABSCESS, SEQUESTRECTOMY, /SAUCERISATION AND ARTHROTOMY 3.3.1 PERFORM DRAINAGE OF GLUETAL ABSCESS UNDER SUPERVISION 3.3.2 DEMONSTRATE	S	S		DOAP, SMALL GROUP, DISCUSSION	OSCE/SKILL ASSESSMENT MODULE		

	SEQUESTRECTOMY OF RIGHT TIBIA 3.3.3 DEMONSTRATE SAUCERISATION OF CHRONIC OSTEOMYELITIS OF LEFT FEMUR 3.3.4 PERFORM ARTHROTOMY OF LEFT KNEE							
OR4. 1	DESCRIBE AND DISCUSS THE CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF TUBERCULOSIS AFFECTING MAJOR JOINTS (HIP, KNEE) INCLUDING COLD ABSCESS AND CARIES SPINE 4.1.1 DESCRIBE THE CLINICAL FEATURES OF TB HIP 4.1.2 ENUMERATE VARIOUS INVESTIGATIONS OF TB HIP 4.1.3 DESCRIBE THE PRINCIPLES AND MANAGEMENT OF TB HIP	K	KH	Y	LECTURE/ CASE DISCUSSION	WRITTEN / VIVA VOCE		

	4.1.4 DESCRIBE THE CLINICAL FEATURES OF TB KNEE 4.1.5 ENUMERATE THE VARIOUS INVESTIGATIONS OF TB KNEE 4.1.6 DESCRIBE THE PRINCIPLES AND MANAGEMENT OF TB KNEE 4.1.7 ENUMERATE VARIOUS SITES OF COLD ABSCESS							
Topic: Rheumatoid Arthritis and associated inflammatory disorders Number of competencies: (02) Number of procedures that require certification: (NIL)								
OR 5.1	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF VARIOUS INFLAMMATORY DISORDERS OF JOINTS 5.1.1 DESCRIBE THE AETIOPATHOGENESIS	K	KH	Y	LECTURE / SMALL GROUP	WRITTEN / VIVA VOCE		

<p> NESIS OF VARIOUS INFLAMMATORY DISORDERS OF THE JOINTS 5.1.2 DISCUSS THE CLINICAL FEATURES OF VARIOUS INFLAMMATORY DISORDERS OF THE JOINTS 5.1.3 DISCUSS VARIOUS INVESTIGATIONS OF VARIOUS INFLAMMATORY DISORDERS OF THE JOINTS 5.1.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF VARIOUS INFLAMMATORY DISORDERS OF THE JOINTS 5.1.5 DESCRIBE THE AETIOPATHOLOGE NESIS OF VARIOUS INFLAMMATORY DISORDERS OF THE JOINTS </p>								
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OR6. 1	DESCRIBE AND DISCUSS THE CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF DEGENERATIVE CONDITION OF SPINE (CERVICAL SPONDYLOSIS, LUMBAR SPONDYLOSIS, PID) 6.1.1 DESCRIBE THE AETIOPATHOGENESIS OF DEGENERATIVE CONDITIONS OF SPINE 6.1.2 DISCUSS THE CLINICAL FEATURES OF DEGENERATIVE CONDITIONS OF SPINE 6.1.3 DISCUSS VARIOUS INVESTIGATIONS	K	KH	Y	LECTURE /SMALL GROUP	WRITTEN /VIVA VOCE			
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	OF DEGENERATIVE CONDITIONS OF SPINE 6.1.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF DEGENERATIVE CONDITIONS OF SPINE							
TOPIC: Metabolic bone disorders Number of procedures that require certification: (NIL)					Number of competencies: (04)			
OR7.1A	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATION AND PRINCIPLES OF MANAGEMENT OF METABOLIC BONE DISORDERS IN PARTICULAR OSTEOPOROSIS, OSTEOMALACIA, RICKETS, PAGET'S DISEASE 7.1A.1 ENUMERATE THE METABOLIC BONE DISEASES 7.1A.2 DESCRIBE THE AETIOPATHOGENESIS OF OSTEOMALACIA. 7.1A.3 DISCUSS THE CLINICAL FEATURES OF OSTEOMALACIA.	K	K	Y	LECTURE	WRITTEN/VIVA VOCE		

	7.1A.4 ENUMERATE THE VARIOUS INVESTIGATIONS FOR OSTEOMALACIA. 7.1A.5 DISCUSS THE PRINCIPLES OF MANAGEMENT OF OSTEOMALACIA.							
OR7.1B	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATION AND PRINCIPLES OF MANAGEMENT OF METABOLIC BONE DISORDERS IN PARTICULAR OSTEOPOROSIS, OSTEOMALACIA, RICKETS, PAGET'S DISEASE 7.1B.1 ENUMERATE THE METABOLIC BONE DISEASES 7.1B.2 DESCRIBE THE AETIOPATHOGENESIS OF OSTEOPOROSIS. 7.1B.3 DISCUSS THE CLINICAL FEATURES OF	K	K	Y	LECTURE	WRITTEN/VIVA VOCE		

	<p>OSTEOPOROSIS. 7.1B.4 ENUMERATE THE VARIOUS INVESTIGATIONS FOR OSTEOPOROSIS. 7.1B.5 DISCUSS THE PRINCIPLES OF MANAGEMENT OF OSTEOPOROSIS.</p>								
OR7.1C	<p>DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATION AND PRINCIPLES OF MANAGEMENT OF METABOLIC BONE DISORDERS IN PARTICULAR OSTEOPOROSIS, OSTEOMALACIA, RICKETS, PAGET'S DISEASE 7.1C.1 DESCRIBE THE AETIOPATHOGENESIS OF PAGETS DISEASE. 7.1C.2 DISCUSS THE CLINICAL FEATURES OF PAGETS DISEASE. 7.1C.3 ENUMERATE THE VARIOUS INVESTIGATIONS</p>	K	K	Y	LECTURE	WRITTEN/VIVA VOCE			

	FOR PAGETS DISEASE. 7.1C.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF PAGETS DISEASE.							
OR7. 1D	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATION AND PRINCIPLES OF MANAGEMENT OF METABOLIC BONE DISORDERS IN PARTICULAR OSTEOPOROSIS, OSTEOMALACIA, RICKETS, PAGET'S DISEASE 7.1D.1 DESCRIBE THE AETIOPATHOGENESIS OF RICKETS. 7.1D.2 DISCUSS THE CLINICAL FEATURES OF RICKETS. 7.1D.3 ENUMERATE THE VARIOUS INVESTIGATIONS FOR RICKETS. 7.1D.4 DISCUSS THE	K	KH	Y	LECTURE	WRITTEN/VIVA VOCE		

	PRINCIPLES OF MANAGEMENT OF RICKETS.							
Topic: Poliomyelitis procedures that require certification: (NIL)		Number of competencies: (01)					Number of	
OR8. 1	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, ASSESSMENT AND PRINCIPLES OF MANAGEMENT A PATIENT WITH POST POLIO RESIDUAL PARALYSIS 8.1.1 DESCRIBE THE AETIOPATHOGENESIS OF POST POLIO RESIDUAL PARALYSIS. 8.1.2 DISCUSS THE CLINICAL FEATURES OF POST POLIO RESIDUAL PARALYSIS. 8.1.3 DEMONSTRATE THE CLINICAL ASSESSMENT OF POST POLIO RESIDUAL PARALYSIS. 8.1.4 DISCUSS THE MANAGEMENT OF	K	KH	Y	LECTURE/SM ALL GROUP DISCUSSION	WRITTEN/VIVA VOCE		

	POST POLIO RESIDUAL PARALYSIS.							
Topic: Cerebral Palsy Number of procedures that require certification: (NIL)								
OR9. 1	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, ASSESSMENT AND PRINCIPLES OF MANAGEMENT OF CEREBRAL PALSY PATIENT. 9.1.1 DESCRIBE THE AETIOPATHOGENESIS OF CEREBRAL PALSY. 9.1.2 DISCUSS THE CLINICAL FEATURES OF CEREBRAL PALSY. 9.1.3 DEMONSTRATE THE CLINICAL ASSESSMENT OF CEREBRAL PALSY. 9.1.4 DISCUSS THE MANAGEMENT OF CEREBRAL PALSY.	K	KH	Y	LECTURE/SM ALL GROUP DISCUSSION	WRITTEN/VIVA VOCE		

Topic: Bone tumors procedures that require certification: (NIL)				Number of competencies: (01)		Number of		
OR10 .1	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS, CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF BENIGN AND MALIGNANT BONE TUMOURS AND PATHOLOGICAL FRACTURES 10.1.1 CLASSIFY BONE TUMOURS 10.1.2 DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS OF BONE TUMOURS 10.1.3 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF BONE TUMOURS 10.1.4 ENUMERATE AND DISCUSS THE VARIOUS INVESTIGATIONS REQUIRED IN BONE TUMOURS 10.1.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF	K	KH	Y	LECTURE /SMALL GROUP DISCUSSION	WRITTEN /VIVA VOCE		

	BENIGN BONE TUMOURS 10.1.5 DISCUSS THE PRINCIPLES OF MANAGEMENT OF MALIGNANT BONE TUMOURS 10.1.6 DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS OF PATHOLOGICAL FRACTURES 10.1.7 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF PATHOLOGICAL FRACTURES 10.1.8 DISCUSS THE PRINCIPLES OF MANAGEMENT OF PATHOLOGICAL FRACTURES								
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Topic: Peripheral nerve injuries require certification: (NIL)		Number of competencies: (01)			Number of procedures that				
OR11.1	Describe and discuss the etiopathogenesis, clinical features, investigations and principles of management of peripheral nerve injuries in diseases like Lateral popliteal and Sciatic nerves	K	K/H	Y	Lecture, Small group discussion, case discussion	Written/ Viva voce/ OSCE		Human Anatomy	General Medicine, General

	11.1.1 DISCUSS THE PRINCIPLES OF MANAGEMENT OF PERIPHERAL NERVE INJURIES 11.1.2 DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS OF FOOT DROP 11.1.3 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF FOOT DROP 11.1.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF FOOT DROP 11.1.5 DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS OF SCIATIC NERVE PALSY 11.1.6 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF SCIATIC NERVE PALSY 11.1.7 DISCUSS THE PRINCIPLES OF MANAGEMENT OF SCIATIC NERVE PALSY				on				surger y
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Topic: Congenital lesions require certification: (NIL)		Number of competencies: (01)			Number of procedures that				
OR12.1	DESCRIBE AND DISCUSS THE CLINICAL FEATURES, INVESTIGATIONS AND PRINCIPLES OF MANAGEMENT OF CONGENITAL AND ACQUIRED MALFORMATIONS AND DEFORMITIES OF: A. LIMBS AND SPINE - SCOLIOSIS AND SPINAL BIFIDA B. CONGENITAL DISLOCATION OF HIP, TORTICOLLIS, C. CONGENITAL TALIPES EQUINO VARUS 12.1.1 DESCRIBE AND DISCUSS DIFFERENT TYPES OF SCOLIOSIS 12.1.2 DESCRIBE AND	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic medicine, Orthopedics	

DISCUSS THE CLINICAL FEATURES OF SCOLIOSIS 12.1.3 ENUMERATE AND DISCUSS THE VARIOUS INVESTIGATIONS REQUIRED IN SCOLIOSIS 12.1.4 DISCUSS THE PRINCIPLES OF MANAGEMENT OF SCOLIOSIS 12.1.5 DESCRIBE AND DISCUSS DIFFERENT TYPES OF SPINAE BIFIDA 12.1.6 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF SPINA BIFIDA 12.1.7 ENUMERATE AND DISCUSS THE VARIOUS INVESTIGATIONS REQUIRED IN SPINA BIFIDA 12.1.8 DISCUSS THE PRINCIPLES OF MANAGEMENT OF SPINA BIFIDA 12.1.9 DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF CONGENITAL DISLOCATION OF HIP									
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12.1.10	ENUMERATE AND DISCUSS THE VARIOUS INVESTIGATIONS REQUIRED IN CONGENITAL DISLOCATION OF HIP								
12.1.11	DISCUSS THE PRINCIPLES OF MANAGEMENT OF CONGENITAL DISLOCATION OF HIP								
12.1.12	DESCRIBE AND DISCUSS THE CLINICAL FEATURES OF TORTICOLLIS								
12.1.13	ENUMERATE AND DISCUSS THE VARIOUS INVESTIGATIONS REQUIRED IN TORTICOLLIS								
12.1.14	DISCUSS THE PRINCIPLES OF MANAGEMENT OF TORTICOLLIS								
12.1.15	DESCRIBE AND DISCUSS THE AETIOPATHOGENESIS OF CONGENITAL TALIPES EQUINO VARUS								
12.1.16	DESCRIBE AND DISCUSS THE CLINICAL								

	FEATURES OF CONGENITAL TALIPES EQUINO VARUS 12.1.17 DISCUSS THE PRINCIPLES OF MANAGEMENT OF CONGENITAL TALIPES EQUINO VARUS								
Physical Medicine & Rehabilitation									
PM1.2 1.2.1 1.2.2.1 1.2.2.2 1.2.2.3 1.2.3.1 1.2.3.2 1.2.4 1.2.5	Define and describe disability, its cause, and magnitude, identification, and prevention of disability Definition Disability (WHO) Enumerate and discuss Prenatal causes Enumerate and discuss Natal causes Enumerate and discuss Postnatal causes Discuss magnitude of Disability Describe CDF Classification Discuss the methodology in Identification of disability Discuss the measures in Prevention of Disability	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics

PM1.3 1.3.1 1.3.2	Define and describe the methods to identify and prevent disability Discuss Early Identification of disabilities Discuss Identification of locomotor disability	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM1.4 1.4.1 1.4.2 1.4.3 1.4.4	Enumerate the rights and entitlements of differently abled persons Discuss PWD act Discuss National trust act Discuss RPWD Act Discuss Unique identity card	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM4.1 4.1.1 4.1.2	Describe the common patterns, clinical features, investigations, diagnosis and treatment of common causes of arthritis Definition, Classification, Etio-pathology, Clinical features and Management Discuss the assistive devices and splints used in arthritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM4.3 4.3.1 4.3.2 4.3.3	Observe in a mannequin or equivalent the administration of an intra-articular injection Hip Knee Shoulder	S	KH	N	DOAP session	Skill assessment			Orthopedics
PM4.5 4.5.1 4.5.2 4.5.3 4.5.4	Demonstrate correct assessment of muscle strength and range of movements Define and Enumerate	S	SH	Y	DOAP session, Bedside	Skill assessment			General Medicine Orthopedics

	MRC grading Demonstrate Use of goniometer Demonstrate Testing of Group of muscles Demonstrate Isolating the contraction of individual muscles				clinic				
PM5.1 5.1.1 5.1.2 5.1.3 5.1.4 5.1.5	Enumerate the indications and describe the principles of amputation Enumerate Indications for amputation Discuss Levels of amputations in upper and lower limbs Discuss Principles to be followed during elective and emergency amputation Discuss IPOP(Immediate post operative prosthesis) Discuss the features of Ideal Stump	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics General Surgery
PM5.2 5.2.1 5.2.2 5.2.3 5.2.4 5.2.5 5.2.6 5.2.7 5.2.8 5.2.9	Describe the principles of early mobilisation, evaluation of the residual limb, contralateral limb, and the influence of co-morbidities Management of post operative stump Demonstrate Stump bandaging Discuss Importance of early mobilisation of the patient Discuss the preventive measure to avoid contractures Discuss the Evaluation of the stump	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics

	Discuss Phantom sensation and pain Evaluation of the contralateral limb Discuss the Diabetic foot Discuss Peripheral occlusive vascular disease								
PM5.3 5.3.1 5.3.2 5.3.3 5.3.4 5.3.5 5.3.6	Demonstrate the correct use of crutches in ambulation and postures to correct contractures and deformities Discuss Different type of assistive devices in ambulation including crutches Discuss the methodology in Measurement for crutches Discuss the Different crutch gaits Enumerate Common contractures in amputated stumps Discuss Prevention of contractures Discuss Management of contractures and deformities	S	SH	Y	DOAP session, Bedside clinic discussion	Skill assessment			Orthopedics
PM5.4 5.4.1 5.4.2 5.4.3 5.4.4 5.4.5	Identify the correct prosthesis for common amputations AK prosthesis BK prosthesis Symes prosthesis BE Upper limb prostheses AE Upper limb prosthesis	S	SH	Y	DOAP session	Skill assessment / written			Orthopedics

PM6.3 6.3.1 6.3.2. 6.3.3 6.3.4 6.3.5 6.3.6 6.3.7 6.3.8 6.3.9 6.3.10	Describe the principles of skin traction, serial casts and surgical treatment including contracture release, tendon transfer, osteotomies, and arthrodesis. Enumerate Indications of skin traction and methods Discuss Serial casting to treat contractures Discuss inhibitory casting Discuss Common contractures in lower limbs and upper limbs Discuss contracture release surgeries Discuss the Principles of tendon transfer Discuss Common tendon transfer surgeries Enumerate and discuss Indications for osteotomies Discuss the Principles of osteotomies Discuss Indications for arthrodesis and Common arthrodesis surgeries	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
PM6.4 6.4.1 6.4.2 6.4.3 6.4.4	Describe the principles of orthosis for ambulation in PPRP Definition of PPRP Discuss Assessment of patients with PPRP for orthosis Discuss Parts of a lower limb orthosis Discuss the methodology in Prescribing an orthosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics

PM7.1 7.1.1 7.1.2 7.1.3 7.1.4 7.1.5 7.1.6 7.1.7	Describe and discuss the clinical features, diagnostic work up, work up diagnosis and management of spinal cord injury Discuss Levels of Spinal cord injury and nomenclature Enumerate types of Spinal injuries - classification Discuss ASIA scale Discuss Clinical features in Spinal cord Injury Discuss Investigations in spinal cord injury Discuss Bladder and bowel management in spinal cord injury Discuss Nursing and skin care in Spinal cord injury	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
PM7.2 7.2.1	Describe and demonstrate process of transfer, applications of collar restraints while maintaining airway and prevention of secondary injury in a mannequin/model Transfer of a patient with h/o fall from a height to hospital	S	SH	Y	DOAP session, small group discussion	Skill assessment			Orthopedics
PM7.3	Perform and demonstrate a correct neurological examination in a patient with spinal injury and determine the neurologic level of injury	S	SH	Y	Bed side clinic	Skill assessment			Orthopedics

PM7.4 7.4.1 7.4.2 7.4.3 7.4.4	Assess bowel and bladder function and identify common patterns of bladder dysfunction Discuss Types of bladders in UMN and LMN lesions Discuss Investigations in bladder dysfunction Discuss Treatment of bladder dysfunction Discuss Common bowel problems and management	S	KH	Y	Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM7.5 7.5.1 7.5.2 7.5.3 7.5.4 7.5.5	Enumerate the indications and identify the common mobility aids and appliances, wheelchairs Enumerate and discuss Mobility aids -different types of canes Enumerate and discuss Crutches Enumerate and discuss Gaiters Discuss Parts and types of a wheelchair Discuss Prescribing a wheelchair	S	S	Y	DOAP session	Skill assessment/ Viva voce			Orthopedics
PM7.7 7.7.1 7.7.2 7.7.3.1 7.7.3.2 7.7.4.1 7.7.4.2	Enumerate and describe common life-threatening complications following SCI like Deep vein Thrombosis, Aspiration Pneumonia, Autonomic dysreflexia Describe Complications in spinal cord injury Discuss Deep vein thrombosis and prevention and treatment Discuss Aspiration	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics

	pneumonia –Causes Discuss Aspiration pneumonia- investigations and treatment Definition of Autonomic, clinical features and management dysreflexia								
PM8.1 8.1.1 8.1.2 8.1.3 8.1.4 8.1.5 8.1.6	Describe the clinical features, evaluation, diagnosis, and management of disability following traumatic brain injury Definition TBI Discuss Clinical features of TBI Discuss Glasgow coma scale Evaluation of TBI Discuss the management and treatment of TBI Discuss Disability following TBI	K	KH	Y	Lecture, Small group discussio n	Written / Viva voce			General Medicine, Orthopedics, General Surgery

CLINICAL POSTINGS Bedside Clinical Teaching (Bedside clinics, ward rounds & OPD, Skills lab; DOAP)

Covering History taking, Symptomatology, GPE & Systemic examination pertaining to all major systems & disorders plus Self-directed Learning towards History taking & Physical Examination (in the form of independent case taking).

As per UG Curriculum document Vol 1, page.no.18: 3.1.5-8): At the end of 2nd professional MBBS, the student should be able to: -

- Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.
- Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.
- Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

- Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values

Number	COMPETENCY The student should be able to:	Domain K/S/A/ C	Level K/KH / SH/P	Core (Y/N)	Suggest ed Teaching Learning method	Suggeste d Assessme nt method	Numbe r require d to certify P	Vertical Integrati on	Horizonta l Integrati on
Clinical Postings									
	Introduction to Orthopedics	k	KH	Y	Lecture	Written/ Viva voce		Orthopedics	
	History taking and examination	K	KH	Y	Lecture	Written/ Viva voce		Orthopedics	
	General and Local examination	K	KH	Y	Practica l, Lecture	Written/ Viva voce		Orthopedics	
	Assessment of Muscle strength and ROM	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	

IM7.1 3	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease <ul style="list-style-type: none"> a. Hip b. Knee c. Ankle d. Shoulder e. Elbow f. Wrist 	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			Orthopedics
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Annexure I -Recommended books:**RECOMMENDED BOOKS (Recent editions):****TEXT- BOOKS RECOMMENDED**

1. Apley's System of Orthopedics and Fractures (Tenth Edition)
2. Miller's Review in Orthopedics (Seventh Edition)
3. Essential ORTHOPAEDICS – Maheshwari (Sixth Edition)
4. A Manual of clinical Surgery – S. Das (Thirteen Edition)
5. McRae's Clinical Orthopedic Examination (Fourth Edition)

REFERENCE BOOKS:

1. Campbell's Operative Orthopedics (Fourteenth Edition)
2. Rockwood and Green's Fractures in Adults and Children (Ninth Edition)

Annexure-III

LOG BOOK FORMAT

PHASE II MBBS -DEPARTMENT OF ORTHOPAEDICS

NAME OF THE CANDIDATE:

UNIVERSITY REGISTER NUMBER:

ACADEMIC YEAR:

BONAFIDE CERTIFICATE

This is to certify that this log book is the Bonafede record of Mr./Ms.....whose particulars along is given

above. His/ Her log of competencies acquired, are as noted in the entries in this log book in the subject of Orthopedics as per the Competency

Based Undergraduate Medical Education Curriculum, Graduate Medical Regulation 2019, during the period to.....

She / He will not be eligible / eligible to appear for the summative (University) assessment as on the date given below.

Signature with date

HOD of Orthopedics: Signature with date

BASIC PROFORMA OF THE STUDENT

PARTICULARS OF THE STUDENT:

Name of the student:

Date of Birth:

Father's name:

Mother's name:

Address:

Contact number:

Email ID:

Signature:

SUGGESTED GUIDELINES FOR LOG BOOK:

GENERAL INFORMATION:

- 1) The logbook is a record of the academic / co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.
- 2) The student is responsible for getting the entries in the logbook verified by the Faculty In-charge regularly.
- 3) Entries in the logbook will reflect the activities undertaken in the department & have to be scrutinized by the Head of the concerned department.
- 4) The logbook is a record of various activities by the student like:
 - k. Overall participation & performance
 - l. Attendance
 - m. Participation in sessions
 - n. Record of completion of pre-determined activities.
 - o. Acquisition of selected competencies
- 5) The logbook is the record of work done by the candidate in that department / specialty and should be verified by the college before submitting the application of the students for the University examination.

SUMMARY OF ATTENDANCE

Phase	Percentage of classes Attended		Eligible for University examination (Yes / No)	Signature of student	Signature of teacher
	Theory	Practical			
Attendance at the end of MBBS Phase III Part II			NA		

SUMMARY OF INTERNAL ASSESSMENT (IA)

Sl. No.	Internal Assessment	Date of Assessment	Total marks		Marks scored		Signature of student	Signature of teacher
			Theory	Practical	Theory	Practical		
	First							
	Second							
	Remedial							

NON-CERTIFIABLE (SHOWS HOW) ACTIVITIES

# Competency	Name of Activity	Date comple ted	Rating - Below Expectations (C) Meets - Expectations (B) Exceeds - Expectations (A)	Decision of faculty Completed Repeat Remedial	Initial of faculty and date	Feedback Received Initial of learner

Format for documentation and feedback for Self-Directed Learning

Sl no	Date	Topic of SDL	Feedback	Signature of faculty/mentor
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Summary of formative assessment for the entire year

Type of Assessment	Total marks	Marks scored	Signature of student	Signature of teacher with date
SGD/Bedside Clinics	10			
Professionalism	10			
TOTAL	20			

Rubric for assessing the professionalism

Phase	Areas assessed						Signature of student	Signature of teacher
	Regular for classes (5)	Submission of records (5)	Behavior in class and discipline (5)	Dress code and preventability (5)	Total (20)			
At the end of clinical postings								

SMALL GROUP DISCUSSION/BEDSIDE CLINICS —ASSESSMENT AND FEEDBACK

Module #	Name of SGD/SDL Activity	Date Completed	Score	Initial Of faculty And date	Feedback Received / Initial of learner

Small group discussions will be scored based on the following criteria. Marks to be given

Score	Criteria for assessment
5	Is a proactive participant showing a balance between listening, initiating, and focusing discussion. Displays a proactive use of the whole range of discussion skills to keep discussion going and to involve everyone in the group. Understands the purpose of the discussion and keeps the discussion focused and on topic. Applies skills with confidence, showing leadership and sensitivity.
4	Is an active participant showing a balance between listening, initiating, and focusing discussion. Demonstrates all the elements of discussion skills but uses them less frequently and with less confidence than the above level. Keeps the discussion going but more as a supporter than a leader. Tries to involve everyone in the group. Demonstrates many skills but lacks the confidence to pursue them so that the group takes longer than necessary to reach consensus. Demonstrates a positive approach but is more focused on getting done than on having a positive discussion.

3	Is an active listener but defers easily to others and lacks confidence to pursue personal point of view even when it is right. Participates but doesn't use skills such as summarizing and clarifying often enough to show confidence. Limits discussion skills to asking questions, summarizing, and staying on topic. Lacks balance between discussion and analytical skills. Either displays good analysis skills and poor discussion skills or good discussion skills and poor analysis skills.
2	Is an active listener but defers easily to others and tends not pursue personal point of view, lacking confidence. Limits discussion skills to asking questions, summarizing and staying on topic. Rarely demonstrates analysis skills because doesn't understand the purpose of the discussion, and as a result, offers little evidence to support any point of view.
1	Demonstrates no participation or effort. Participates only when prompted by the teacher. Only responds to others and initiates nothing. Provides limited responses that are often off topic. Participates minimally so that it is impossible to assess analysis skills or understanding of the issues.

Theory Internals

Subject: Surgery & Allied – Paper 2 (**Orthopedics** + Anaesthesia + Radiology)

Max marks: Orthopaedics – 32 Marks + Anaesthesia – 9 Marks & Radiology – 9 Marks

Long Essay 1 X 10 = 10 marks

- 1) Describe the mode of injury, clinical features, radiological appearance, complications and management of Posterior Dislocation of Hip. (1+2+2+2+3)

Long Questions 2 X 5 = 10 marks

- 1) Clinical Features, Classification investigations, Treatment, Complications of upper end Tibia (1+2+2)
- 2) Describe the mode of injury, clinical features, complications and management of Dislocation of Shoulder (1+2+2)
- 3) Classify Bone tumors and mention 2 classical radiological features of osteosarcoma (3+2)
- 4) What are the complications of regional Anaesthesia (1 X 5)
- 5) Discuss in brief about the imaging findings in spinal tuberculosis

Short Questions 3 X 3 = 09 marks

- 6) Tests for anterior and posterior cruciate ligament injury.
- 7) Brodie's Abscess

- 8) Plaster of Paris
- 9) Short note on Suxamethonium
- 10) Imaging findings in Giant Cell tumor

MCQs 3 X 1 = 3 marks

- 11) The most common ligament injured around ankle is
 - a) Anterior Talofibular ligament
 - b) Deltoid ligament
 - c) Posterior Talofibular ligament
 - d) Spring ligament
- 12) Tinel's Sign seen in all except
 - a) Neuropraxia
 - b) Axonotmesis
 - c) Neurotmesis
 - d) None of the above
- 13) All are the test for ACL ligament injury except
 - a) Dial test
 - b) Anterior drawers test
 - c) Lachman test
 - d) Pivot shift test
- 14) Mallampatti Classifications is used to assess -
 - a) Airway
 - b) IV cannulation
 - c) Spinal Anaesthesia
 - d) Epidural Anaesthesia
- 15) An MRI of brain is requested for a patient suspected of bone tumour. Which of the following pieces of clinical information is an absolute contraindication to MRI?
 - a) Total Hip replacement
 - b) History of previous allergic reaction to iodinated contrast agents
 - c) Sterilization clips
 - d) Previous spinal surgery
 - e) History of a pacemaker**

