## CLINICAL POSTING GMC MANJERI 2020 BATCH PHASE ||

	CLINICAL POSTING GMC MANJERI 2020 BATCH PH/		
	CLINICAL POSTING -MEDICINE	1	1
DAY		COMPETENCIES	TEACHING LEARNING METHOD
1	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation	IM 1.11	SGD AND BEDSIDE TEACHING
2	Elicit document and present an appropriate history including the evolution, risk factors including immune status and occupational risk	IM 3.4	SGD
3	Elicit and document and present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident	IM 18.3	SGD
4	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history	IM 5.9	SGD
5	Elicit and document and present an appropriate history that includes the natural history, dietary history, travel, sexual history and other concomitant illnesses	IM 16.4	SGD
8	Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations	IM 1.15	SGD AND BEDSIDE TEACHING
9	Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of disease	IM 3.5	DOAP, BED SIDE TEACHING, AND SKILL LAB
10	Identify the nature of the cerebrovascular accident based on the temporal evolution and resolution of the illness	IM 18.4	SGD AND BEDSIDE TEACHING
11	Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy	IM 5.10	SGD AND DOAP
12	Perform, document and demonstrate a physical examination based on the history that includes general examination, including an appropriate abdominal examination	IM 16.5	DOAP AND SKILL LAB
15	Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease. Elicit document and present an appropriate history, demonstrate correctly general examination, relevant clinical findings and formulate document and present a management plan for an adult patient presenting with a common form of congenital heart disease	IM 1.28 &1.29	SGD AND BEDSIDE TEACHING
16	Generate document and present a differential diagnosis based on he clinical features, and prioritise the diagnosis based on the presentation	IM 3.6	SGD AND BEDSIDE TEACHING
17	Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate, based on the history	IM 18.5	SGD AND SKILL LAB
18	Distinguish the lesion based on upper vs lower motor neuron, side, site and most probable nature of the lesion Describe the clinical features and distinguish, based on clinical examination, the various disorders of speech	IM 18.6 & 18.7	SGD
19	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom	IM 5.11	SGD
22	Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy Perform a systematic examination that includes : an accurate measurement of blood pressure, fundus examination, examination of vasculature and heart Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	IM 8.9 , 8.10 & 8.11	SGD AND DOAP
23	Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes. and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation	IM 2.6 & 2.7	SGD AND BEDSIDE TEACHING
24	Elicit and document and present an appropriate history including aura, precipitating aggravating and relieving factors, associated symptoms that help identify the cause of headaches Classify migraine and describe the distinguishing features between classical and non classical forms of migraine Perform and demonstrate a general neurologic examination and a focused examination for signs of intracranial tension including neck signs of meningit	IM 17.2, 17.3 & 17.4	SGD AND BEDSIDE TEACHING
25	Elicit and document and present an appropriate history that identifies the route of bleeding, quantity, grade, volume loss, duration, etiology, comorbid illnesses and risk factors Perform, demonstrate and document a physical examination based on the history that includes general examination, volume assessment and appropriate abdominal examination	IM 15.4 & 15.5	SGD AND BEDSIDE TEACHING
26	Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on "cannot miss", most likely diagnosis and severity Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation	IM 2.8 & 2.9	SGD AND BEDSIDE TEACHING
30	ASSESMENT	OSCE AND VIVA VOCE	
	CLINICAL POSTING - SURGE	RY	
DAY	торіс	COMPETENCIES	TEACHING LEARNING METHOD
1	Introduction to Surgery		Lecture, Small group discussion.
2	History in surgical patients	SU 11.1	Lecture, Small group discussion.
3	Examination of an ulcer.	SU 18.1, 18.2.	Bedside clinics, Small group discussion
4	Examination of sinus and fistula	SU 18.1.	Bedside clinics, Small group discussion
5	Examination of a lump or swelling	SU 18.3	Bedside clinics, Small group discussion
6	Examination of peripheral vascular disease (student learner doctor concept)	SU27.1, 27.2	Bedside clinics, Small group discussion.
7	Examination of salivary glands	SU 21.1, 21.2.	Bedside clinics, DOAP Session.
8	Examination of Thyroid gland( student learner doctor concept)	SU22.3, 22.4, 22.6	Bedside clinics, DOAP Session.
9	Examination of and non thyroid neck swelling.	SU 18.3, 22.5	Bedside clinics, DOAP Session
10	Examination of breast. Benign breast diseases including infections.	SU25.2	Bedside clinics, DOAP Session, Small group discussion.
11	Clinical features, evaluation and management of benign and malignant breast lumps.( student learner doctor concept)	SU25.3	Bedside clinics, Small group discussion.
12	Examination of varicose vein( student learner doctor concept)	SU 27.5, 27.6	Bedside clinics,DOAP Session.

13	Evaluation of gangrene, Amputations.	SU27.4	Lecture, Small group discussion.
13	Examination of a case of hernia( student learner doctor concept)	SU28.1, 28.2	Bedside clinics, DOAP Session.
14	Examination of swelling in the inguinoscrotal area.( student learner doctor concept)	SU 30.1, 30.2, 30.3, 30.4, 30.5, 30.6.	
16	Lymphatic pathology. Examination of lymphedema.	SU 27.8	Bedside clinics, DOAP Session. Bedside clinics, Small group discussion.
17	Examination of an acute abdomen	SU 28.3, 28.15	Bedside clinics.
18	Examination of chronic abdomen	SU 28.7, 28.8, 28.9	Bedside clinics, Small group discussion.
19	Examination of abdominal lump	SU 28.4, 28.10, 28.11, 28.18	Bedside clinics, DOAP Session.
20	palpation of liver, kidney and spleen.	SU 28.4, 28.10, 28.11, 28.18	skill lab
21	Pathophysiology and types of shock. Managemnt of hemorrhage.	SU 2.1, 2.2	Lecture, Small group discussion.
22	IV fluids and fluid therapy in surgical patients.	SU 2.2, 12.2	Lecture, Small group discussion.
23	Blood and blood products. Transfusion and transfusion reactions.	SU 2.2.	Lecture, Small group discussion, symposium.
24	Diagnostic Imaging	SU 9.1, 9.2.	Lecture, Small group discussion.
25	GI Endoscopy	SU 9.1, 9.2.	Lecture, Small group discussion. Demonstration
26	Preoperative praparation of a surgical patient.	SU 10.1, 10.2, 11.1	Lecture, Small group discussion.
27	Surgical Nutrition	SU 12.3	Lecture, Small group discussion.
28	Examination of oral cavity and salivary glands. Per rectal examination		Skill lab
29	Post operatrive Care	SU 11.5, 11.6	Lecture, Small group discussion.
30	ASSESMENT- OSCE AND VIVA VOCE		
	CLINICAL POSTING - OBG		
DAY	TOPIC	COMPETENCIES	TEACHING LEARNING METHOD
1	DETERMINE GA, EDD, OB FORMULA ,OBJECTIVES OF ANC ,ASSESMENT OF POG ,SCREEN FOR HR FACTORS	OG 35.5 ,OG 8.1,	SMAII GROUP DISCUSSION /BEDSIDE CLINICS
2	OBSTETRIC CASE TAKING ,OBST EXAMINATION - DOAP ,	OG 8.2 ,OG 8.3 ,	BED SIDE DISCUSSION , DOAP ,LECTURE SYMPOSIUM
3	INVESTIGATIONS INCLUDING USG IN PREGNANCY , ABORTIONS ,GTN	OG 8.8 OG 9.1 OG 9.4	BED SIDE CLINICS , DOAP ,SMALL GROUP DISCUSSION .LECTURE .OBSERVATION IN MINOR OT
4	ACUTE ABDOMEN IN PREG & EP, DEMONSTRATE ETHICAL BEHAVIOUR, INTERPERSONAL COMMUNICATION SKILL	OG 9.3 OG 35.6 OG 35.4	LECTURE , SMALL GROUP DISCUSSION , INTEGRATED LECTURE
5	HYPEREMESIS GRAVIDARUM, UTI IN PREGNANCY ,APH	OG 9.5 OG 12.5 OG 10.1	LECTURE , SMALL GROUP DISCUSSION , SNAPPS
6			
7			
8	MULTIPLE PREGNANCY , HYPERTENSIVE DISORDERS OF PREG	OG 11.10G 12.1	LECTURE ,SMALL GROUP DISCUSSION /BED SIDE CLINICS
9	ANEMIA IN PREGNANCY ,DM IN PREGNANCY	OG 12.2 OG 12.3	LECTURE , SMALL GROUP DISCUSSION /SYMPOSIUM
10	HD IN PREGNANCY , OBSERVE & ASSIST IN THE PERFORMANCE OF A CS	OG 12.4 OG 37.1	SGD /BEDSIDE CLINICS /OBSERVATION IN MINOR OT
11	ISOIMMUNIZATION IN PREGNANCY ,NORMAL LABOUR	OG 12.8 0G 13.1	SMALL GROUP DISCUSSION /BEDSIDE CLINICS INTEGRATED
12	PTL, PROM ,POST DATED PREGNANCY , MECH OF NL LABOUR , OBSTRUCTED LABOUR	OG 13.2 OG 14.2	SMALL GROUP DISCUSSION , BEDSIDE CLINICS /SNAPPS
13		0013.20014.2	SWALL GROOT DISCOSSION, BEDSIDE CEINICS / SINALTS
14			
15		OG 24.1 OG 28.1	SMALL GROUP TEACHING /BEDSIDE CLINIC
16	FIBROID UTERUS, UTERINE PROLAPSE,	OG 29.1 0G 31.1 OG 35.12	SMALL GROUP TEACHING /BEDSIDE CLINICS /SYMPOSIUM
17	CERVICAL CANCER , PM LESIONS , TAKING A PAP SMEAR DOAP	OG 33.1 OG 35.12	SYMPOSIUM , BEDSIDE CLINICS /OBSERVATION IN MINOR OT
18	CORRECT USE OF UNIVERSAL PRECAUTION FOR SELF PROTECTION FROM HIV HBSAG , OBSERVE&ASSIST IN THE PERPORMANCE OF A D&C	OG 35.11 OG 37.4	PLAY /INTEGRATED LECTURE WITH EXAMPLES
19	OBTAINING INFORMED CONSENT , ORGANISE AN / WELL BABY /FW CLINICS , DETERMINE GA , EDD OB FORMULA	OG 35.7 OG 36.2	INTERACTIVE LECTURE VIDEO / INTRO LE CTURE /BEDSIDE CLINICS /OP /SNAPPS
20			
21			
22	SKILL LAB GENERAL EXAMINATION OF A PATIENT , OBSTETRIC EXAMINATION	35.1	BEDSIDE CLINICS
23	SKILL LAB PELVIS AND SKULL DEMONSTRATION , P/S & P/V EXAMINATION	SKILL LAB	SMALL GROUP DISCUSSION
24	EXAMINATION/ REVISION	EXAMINATION/ REVISION	OSCE / VIVA VOCE
25	EXAMINATION/ REVISION	EXAMINATION/ REVISION	OSCE / VIVA VOCE
26 28	EXAMINATION/ REVISION	EXAMINATION/ REVISION	OSCE / VIVA VOCE
28			

	CLINICAL POSTING - COMMUNITY MEDICINE		
DAY			
	clinical POSTING CM 1		Minilecture
1	introduction to national Immunization schedule and cold chain	CM 10.5	Image: Second
	Define and classify hospital waste	CM 14.1	Minilecture
2	Visit o Immunization clinic and hospital (hospital waste mgt)	CM14.1,4	institution Visit
3	Hospital waste management _UIP	CM 14.1 CM14.1.4	Problem based exercise presentation
5	iroona waxe naangenene , on		
	Dure the decomposition of a strain strategies and		
	Describe the common sources of various nutrients and List the deficiency disorders related to each nutrient.	CM 5.1	minilecture
	Outline the nutritional requirements for specific age, sex,activity an	5.1.3	Demonstration (museum specimens)
4		5.1.4	
5	Describe and demonstrate the correct method of nutritional	CM 5.1	minilecture ,SGD
6	Water purification process, safe water List the steps in disinfection of a household well Field visit	C M 3.2 3.2.5	Field visit DOAPS
		5.2.5	
7	Describe the concept of solid waste, human excreta and sewage disposal Describe the steps of a modern sewage treatment plant with illustration based on your field visit.	CM 3.4 3.4.9	Visit to sewage treatment plant
/	Water purification process, safe water	C M 3.2	visit to sewage treatment plant
	Describe the process of large scale water purification in a water treatment plant with a flow diagram.	3.2.4	
8	Interpret and explain the results of water quality report from a public health lab in a simulated setting	3.2.11	
9	Water Purification (cont)	CM 3.2	Problem based exercise presentation
	Enumerate and describe specific occupational health hazards,their risk factors, preventive measures.		
10		C M11.3	Factory Visit, observation
11	Occupational Helath	C M11.3	Presentation
	Health indicators		
	ricatin indicators		
	Describe Community diagnosis		
12		C.M 1.7 CM 17.2	Community survey (tool preparation).SGD
13	Community diagnosis	CM 17.2 (cont)	
14	Community diagnosis	CM 17.2 (cont)	
15	Community diagnosis	CM 17.2 (cont)	
16	Describe the standards of Housing and the effect of housing on Health	CM 17.2	SGD(based on community diagnosis findings)
	Describe the assessed of calid wanter burners swarete and asware dispanel		
17	Describe the concept of solid waste ,human excreta and sewage disposal	CM 3.4	SGD(based on community diagnosis)
	Assess the economic status of		
	families based on per capita income		
	Identify and compare locally available foods, their cost and		
	available toods, tile toos and nutritive value		
18		CM .4.1	Community survey ,SGD,presentation
10	Enumerate,discuss ,demonstrateFrequency distribution,Central tendency and distribution	CM 6.4	Practicals hands on avaraigas (using a summitted in an in tech
19	Enumerate, discuss, demonstrateFrequency distribution, Central tendency and distribution	CW 0.4	Practicals -hands on exercises(using community diagnosis data)
20	Enumerate assues sections are requery distribution. Central tendency and distribution	CM 6.4	Practicals -hands on exercises(using generated data)
			,
	Define ,calculate,interpret BR,DR,Fertility rates based on fictious /real data set		

			Minilecture
22	Describe various methods of health education with their advantages and limitations	C.M 4.1	SGD, Demonstration
	Demonstrate effective communication skills -simulated environment		
	Demonstrate effective communication skills -simulated environment		
23		CM 5.5	Simulated exercise AETCOM
23		CM 5.5 CM 5.4	minilecture
24	Describe methods of nutritional surveillance ,principles of nutritional education and rehabilitation in context of socio cultural factors	CIVI 5.4	,Anganwadi visit
	Plan and recommend a suitable diet for the Individuals and families based on availability of food and economic status		
	based on analysis to be and contained status	CM 5.4	
25		C.M 1.9	community Survey ,SGD,presentation
	Describe Local customs and practices during pregnancy, child birth lactation, child feeding practices		
		CM 10.3	
26			Field/hospital project
	Describe Local customs and practices during pregnancy, child birth ,lactation, child feeding practices		
27		CM 10.3	Presentation
27			Minilecture
28	Describe food hygiene	CM 5.7	Site /field visit ( hotels, meat stalls)
29	Food hygiene	CM 5.7	Presentation,INTERVENTION
30	ASSESSMENT Viva,OSPE,OSCE,Record		
	CLINICAL POSTING - ENT		
DAY	ТОРІС	COMPETENCIES	TEACHING LEARNING METHOD
	Describe anatomy of Pinna, external auditory canal,	EN-1 (1)	Lecture.small group discussion
	tympanic membrane, bony labyrinth, membraneous labyrinth and cochlear duct.		
1			
	Describe pathophysiology of ASOM and COM-	EN - 1 (2)	Lecture/Small group discussion
	mucosal disease		
			DOAD '
	Demonstrate correct use of head lamp in the examination of ear,nose and throat; and technique	EN-2 (2 & 3)	DOAP session
	of examination of ear including otoscopy		
	Describe embryology of ear, physiology	EN-1 (1)	Lecture/small group discussion
2	of balance and hearing		
	Describe pathophysiology of COM-Squamous	EN-1 (2)	Lecture/small group discussion
	disease and Otosclerosis		
	Demonstrate correct technique of examination of nose	EN -2 (5)	DOAP Session/Bedside clinic
	and paranasal sinuses, including use of nasal speculum		
	Describe anatomy of external nose,nasal septum,	EN-1 (1)	Lecture/small group discussion
3	lateral wall of nose and paranasal sinuses		
	Describe pathophysiology of Menieres Disease and Presbyacusis	EN-1 (2)	Lecture/small group discussion
		EN-2 (6 & 7)	DOAP Session/Bedside clinic
	Demonstrate correct technique of examination of throat including use of tongue depressor and correct	EN-2 (0 06 7)	DOAF Session/ Deuside Clinic
	technique of examination of neck including		
	elicitation of laryngeal crepitus		
4	Describe physiology of nose and embryology of nose	EN-1 (1)	Lecture/small group of discussion
	Describe pathophysiology of nasal polyp and	EN-1 (2)	Lecture/Small group of discussion
	allergic rhinitis		
	Demonstrate the correct technique to hold, visualize and assess mobility of tympanic	EN- 4 (4) &	DOAP session/ Bedside clinic
	membrane and diagrammatically represent the finding	EN-2 (4)	
	and the correct technique of performance and		
	interpretation of tuning fork test.		

Describe pathophysicaling of status and notice sinualita.         PA: 10         Lettus/pathophysicaling of status and notice sinualita.           Betche pathophysicaling of status and notice insulation.         Status (Construct and posses).         Status (Constonot and posses).         Status (Construct and posses).	5	Describe anatomy of oral cavity and pharynx	EN-1 (1)	Lecture/Small group discussion
patter presenting with or discharge, or action.         Patheway				
membranes, matches at layous and axiety of layous and origination         Participant and the approximation of the approxima		patient presenting with ear discharge, ear ache,	EN-2 (1)	Small group discussion/Demonstration
and acute and choose pharagets and toxalities     Inc.     Inc.       Belich for contrast and properties thistory in a periodic listory in a	8		EN- 1 (1)	Lecture/Small group discussion
a platent presenting with vering, field weakness,         Each of the platent of platent and present appropriate history in transmission of largy at antie and dramite inflammations of largy at antie and dramite inflammatin and dramite inflammations of largy at antie and dra			EN-1 (2)	Lecture/Small group discussion
•         physiology of laysis         Control         Extrus/Snall group discussion           B         Description physiology of bead and ack space infections         Extrus/Snall group discussion/Demonstration           B         Description physiology of bead and extrus/Snall group discussion/Demonstration         Extrus/Snall group discussion/Demonstration           10         Description physiology of extra and present appropriate history in patients presenting with blocking from now, inclusion         Extrus/Snall group discussion/Demonstration           10         Description physiology of extra and chronic inflammations of larges         Extrus/Snall group discussion/Demonstration           11         Description physiology of extra and chronic inflammations of larges         Extrus/Snall group discussion/Demonstration           11         Description physiology of extra and present appropriate history in a patient present appropriate history in more availabeling. Visce change and stration.         Extrus/Snall group discussion/Demonstration           11         Description physiology of Visual Acting for distant without the schipting fifthality for schiption physica availabeling. Visce change and stration.         Extrus/Snall group discussion/Demonstration           12         ASSENT (SOC)         Demonstration and availabeling. Visce change and stration.         Extrus/Snall group discussion/Demonstration		a patient presenting with vertigo, facial weakness,	EN-2 (1)	Small group discussion/Demonstration
Infections         Infections         Infections         Infections           Infections         Infections         Infections         Infections         Infections         Infections           Infections         Infections         Infections         Infections         Infections         Infections           Infections         Infections         Infections         Inf	9		EN-1 (1)	Lecture/Small group discussion
in patients presenting with blecking from nose, and obstruction, maked decharge and anomain.     EN-1 (1)     Lecture/Small group discussion       abstruction, maked decharge and anomain.     EN-1 (2)     Lecture/Small group discussion       abstruction, marked decharge and anomain.     EN-1 (2)     Lecture/Small group discussion       abstruction, marked decharge and anomain.     EN-1 (2)     Lecture/Small group discussion       abstruction, marked and present gappopriate history in the darke and throng and gappopriate history in the darke and throng anomain.     EN-2 (1)     Small group discussion/Demonstrution       11     Describe antalogroup discussion discussion     EN-2 (1)     Lecture/Small group discussion       11     Describe antalogroup discussion discussion     EN-2 (1)     Small group discussion/Demonstrution       11     Describe antalogroup discussion discussion     EN-2 (1)     Small group discussion/Demonstrution       11     Describe antalogroup discussion discussion     EN-2 (1)     Small group discussion/Demonstrution       11     Describe antalogroup discussion/Demonstrution     EN-2 (1)     Small group discussion/Demonstrution       12     Assessment of Vasal Acady to disturt discussion     EN-2 (1)     Small group discussion/Demonstrution       13     Assessment of Vasal Acady to disturt discussion     EN-2 (1)     Small group discussion/Demonstrution       14     Assessment of Vasal Acady to disturt discussion, demonstrution, de			EN-1 (2)	Lecture/Small group discussion
10     exphages     Letter and the second provide and chronic inflammations of laryns     Letter and the second present appropriate history in a patient present appropriate history in appropriate history in a patient present appropriate history in appropristory in thetetex patient present appropriate present p		in patients presenting with bleeding from nose,	EN-2 (1)	Small group discussion/Demonstration
inflammations of larges     inflammations of larges     inflammations of larges       inflammations of larges     inflammations of larges     Small group discussion/Demonstration       int     Describe anatomy of arck spaces     EN-1 (1)     Lecture/Small group discussion       int     Describe anatomy of arck spaces     EN-1 (1)     Lecture/Small group discussion/Demonstration       int     Describe anatomy of arck spaces     EN-1 (1)     Lecture/Small group discussion/Demonstration       intermation and present sproprinte history     interfactor comparison     EN-1 (2)     Lecture/Small group discussion/Demonstration       intermation and present sproprinte history     interfactor comparison     EN-1 (2)     Small group discussion/Demonstration       interfactor comparison     and month breathing difficulty in svallowing, pain and month breathing difficulty and the	10		EN-1 (1)	Lecture/Small group discussion
a patient presenting with fickel pain, head ache and throat pain     Extended ache and throat pain     Extended ache and throat pain       11     Describe nantomy of neck spaces     EN-1 (2)     Lecture/Small group discussion       2     Elicit, document and present appropriate history and mouth breathing difficulty in swallowing, point on swallowing. Voice change and stridor.     EN-2(1)     Small group discussion/Demonstration       14     ASSESMENT (OSCE)     Image: Comparison of the stridor.     Image: Comparison of the stridor.       14     ASSESMENT (OSCE)     Image: Comparison of the stridor.     Image: Comparison of the stridor.       14     ASSESMENT (OSCE)     Image: Comparison of the stridor.     Image: Comparison of the stridor.       14     ASSESMENT (OSCE)     Image: Comparison of the stridor.     Image: Comparison of the stridor.       15     CLINICAL POSTING - OPHTHALMOLOGY     Image: Comparison of the stridor.       16     Assessment of Visual Acuity for distant visual, comparison of the stridor.     Image: Comparison of the stridor.       16     Assessment of Visual Acuity for distant visual, comparison of the stridor.     Image: Comparison of the stridor.       1     Image: Comparison of the stridor.     Image: Comparison of the stridor.     Image: Comparison of the stridor.       1     Image: Comparison of the stridor.     Image: Comparison of the stridor.     Image: Comparison of the stridor.       1     Image: Comparison o			EN-1 (2)	Lecture/Small group discussion
Describe pathophysiology of dysphagia     EN-1 (2)     Lecture/Small group discussion       Elicit, document and present appropriate history in patients coming with following complaints-Snoring and mouth breathing difficulty in awallowing, build exclude change and stridor.     EK-2(1)     Small group discussion/Demonstration       14     ASSESMENT (OSCE)     Image: Complexity of the stridy of the strid		a patient presenting with facial pain,	EN-2 (1)	Small group discussion/Demonstration
Elicit, document and present appropriate history in patients coming with following complaints. Shoring and mouth breating difficulty in swallowing, pain and mouth breating difficulty in swallowing, pain and mouth breating difficulty in swallowing. Wole change and strider.     EN-2(1)     Small group discussion/Demonstration       14     ASSESMENT (OSCE)     CLINICAL POSTING - OPHTHALMOLOGY     Image: Clinical Complexity of State Clinical Complexity of State 2.Assessment of Visual Acuty for distart Vision, colour Vision, 2.Assessment of Visual Acuty for distart vision, ner Vision, colour Vision, Pin hole test, the menace and blink reflex 3.How to assess Visual Acuty, distant and near Show Colour Vision Char and is use, how to do menace and blink reflex     1 SGD     2.SGD       1     I. Refractive Errors 4. OP1.1 8. OP1.2 8.     3. DOAP     3. DOAP       1     I. Refractive Errors 4. State State Colour Vision Char and Estimation.     3. DOAP     1.SGD       2. Assessment of Visual Acuty for distart vision, errors 3. DOAP     3. DOAP     1. SGD       1     I. Refractive Errors 4. Op1.2 8.     3. DOAP     3. DOAP	11	Describe anatomy of neck spaces	EN-1 (1)	Lecture/Small group discussion
in patients coming with following complaints-Snoring and mouth breaking difficulty in swallowing, bin a wallowing. Voice change and stridor. 14 ASSESMENT (OSCE) CLINICAL POSTING - OPHTHALMOLOGY DAY TOPIC DAY TOPIC 1. Physiology of Vision. 2. Assessment of Visual Acuity for distant vision, nor vision, colour vision, Pli In hobe test, the menace and blink reflex 3. How to assess Visual Acuity, distant and near. Show Colour Vision Chart and its use. How to do menace and blink reflex 3. DOAP 1. Refractive Errors 2. Definition, Classification & methods to correct. 3. Difference between Myopia, Hyperme topia and Astigmatism. 4. How to detect and correct. 5. Introduction to case taking 6. Visual acuity assessment 4. Stand and ear. Show Colour Vision Chart and its use. How to do menace and blink reflex 3. Difference between Myopia, Hyperme topia and Astigmatism. 4. How to detect and correct. 5. Introduction to case taking 6. Visual acuity assessment 4. Stand and ear. Show Colour 0P1.2 6. DOAP, SDL.		Describe pathophysiology of dysphagia	EN-1 (2)	Lecture/Small group discussion
CLINICAL POSTING - OPHTHALMOLOGY       DAY     COPIC     COMPETENCIES       1. Physiology of Vision.     2.Assessment of Visual       2.Assessment of Visual     Competencies       Acuity for distant vision, near vision, colour vision, colour vision, and tistone. How to deter and earns. Show Colour     1.SGD       3. How to assess Visual Acuity, distant and near. Show Colour     0P1.1       4. How to do there fields     0P1.3       1     2. SGD       1     1.Refractive Errors       2.Definition, Classification & methods     1.SGD       2.Definition, Classification & methods     2.3.4 SGD       3. Difference between Myopia, Hyperre topia and Astigmatism.     1.SGD       4. How to detect and correct.     3.Difference between Myopia, Hyperre topia and Astigmatism.       4. How to detect and correct.     5. Case sheet Writing and Log book       6. Visual acuity assessment     0P1.2       8. DOAP, SDL		in patients coming with following complaints-Snoring and mouth breathing difficulty in swallowing, pain	EN-2(1)	Small group discussion/Demonstration
DAY     TOPIC     COMPETENCIES     TEACHING LEARNING METHOD       1. Physiology of Vision.     2. Assessment of Visual Acuity for distant vision, near vision, colour vision, Pin hole test, the menace and blink reflex     1.SGD     1.SGD       3. How to assess Visual Acuity, distant and near. Show Colour Vision Chart and its use. How to do menace and blink reflex     0P1.1     2. SGD       1     I. Refractive Errors     2. Definition, Classification & methods to correct.     3. DOAP       1. Refractive Errors     3. Difference between Myopia, Hyperme topia and Astigmatism.     1.SGD       4. How to detect and correct.     1.SGD       5. Introduction to case taking     2.34. SGD       6. Visual acuity assessment     5. Case sheet Writing and Log book	14	ASSESMENT (OSCE)		
DAY     TOPIC     COMPETENCIES     TEACHING LEARNING METHOD       1. Physiology of Vision.     2. Assessment of Visual Acuity for distant vision, near vision, colour vision, Pin hole test, the menace and blink reflex     1. SGD     1. SGD       3. How to assess Visual Acuity, distant and near. Show Colour Vision Chart and its use. How to do menace and blink reflex     0P1.1     2. SGD       1     1. Refractive Errors     2. Definition, Classification & methods to correct.     3. DOAP       1. Refractive Errors     2. Definition, Classification & methods to correct.     1. SGD       3. Difference between Myopia, Hyperme topia and Astigmatism.     2.3.4. SGD       4. How to detect and correct.     5. Introduction to case taking       6. Visual acuity assessment     5. Case sheet Writing and Log book				
1. Physiology of Vision.       2.Assessment of Visual         2.Assessment of Visual       Acuity for distant vision, near vision, colour vision,         Pin hole test, the meace and blink reflex       1.SGD         3. How to assess Visual Acuity,       distant and near. Show Colour         Vision Chart and its use. How to do       8.         menace and blink reflex       0P1.1         8.       8.         1       0P1.3         1       3. DOAP         1       3. DOAP         1       1.SGD         2. SGD       8.         0P1.3       3. DOAP         1.SGD       3. DOAP         1       3. DOAP         1. Refractive Errors       1.SGD         2. Definition, Classification & methods       1.SGD         3. DOAP       1.SGD         3. Difference between Myopia,       1.SGD         Hyperme topia and Astignatism.       1.SGD         4. How to detect and correct.       5. Introduction to case taking         6. Visual acuity assessment       5. Case sheet Writing and Log book         6. USAP , SDL       6. DOAP , SDL		CLINICAL POSTING - OPHTHALMOLOGY		
2.Assessment of Visual Acuity for distant vision, near vision, colour vision, Pin hole test, the menace and blink reflex       1.SGD         2.Mow to assess Visual Acuity, distant and near. Show Colour Vision Chart and its use. How to do menace and blink reflex       0P1.1 & 00P1.1       1.SGD         1	DAY	TOPIC	COMPETENCIES	TEACHING LEARNING METHOD
2.Definition, Classification & methods to correct.       1.SGD         3. Difference between Myopia, Hyperne topia and Astigmatism.       2.3.4. SGD         4. How to detect and correct.       2.3.4. SGD         5. Introduction to case taking 6. Visual acuity assessment       5. Case sheet Writing and Log book         0P1.2 &       6. DOAP, SDL	1	2.Assessment of Visual Acuity for distant vision, near vision, colour vision, Pin hole test, the menace and blink reflex 3.How to assess Visual Acuity, distant and near. Show Colour Vision Chart and its use. How to do menace and blink reflex	&	2. SGD
& O. DUAP, SUL		2.Definition, Classification & methods to correct. 3. Difference between Myopia, Hyperme topia and Astigmatism. 4. How to detect and correct. 5. Introduction to case taking		2.3,4 SGD
			&	6. DOAP , SDL

	1. Lids and Adnexa		
	2. Enumerate causes, clinical presentations		
	and diagnostic features of common		
	conditions, HI, HE, Blepharitis, ptosis,		
	Entropion, lid lag, lagophthalmos		
	3. Demontrate symptoms and clinicalsigns		
	of HI, HE, Blepharitis, ptosis, Entropion,		1.Seminar
	idi lag, lagophthalmos"		
			2. SGD
2		OP2.2	2 0040
3		OP2.2	3. DOAP
	1. Orbit & lacrimal sac -Enumerate causes,		
	clinical presentations and diagnostic		
	features of dacryocystitis, preseptal		
	cellulitis.		
	2. Demontrate symptoms and clinical		
	signs of dacryocystitis and Preseptal		
	Cellulitis, Bells Phenomenon,		1000
	3. Assessment of entropion, ectropion		1.SGD
	4. perform regurgitationn test of L.sac		
	5. Massage technique in Cong.Dacryocystitis,		
4	6.Trichiatic cilia removal by epilation	OP2.1, 2 &3	2 to 6 DOAP
	1. Red Eye		
	2. Differential Diagnosis of		
	Zz. Drifteterikal Dragnosis Gr Red eye.		
	a. Conjunctivitis and Trachoma		
	S. Conjunctivities and inclusional Describe the actiology,		
	pathophysiology, ocular features,		
	differential diagnosis, complications. and		
	management of various causes of		
	conjunctivitis & Trachoma		
	4. Pterygium and Symblepharon		
	Describe the aetiology, pathophysiology,		
	ocular features, differential diagnosis,		
	complications and management of		
	pterygium		1.000
	5. Work up of a case of red eye		1, SGD 2 & 3 SGD
	6.Case Presentation of Pterygium.		4. SGD
	7. Demonstrate correct method f removal of FB		5 Case sheet writing SDI
	and instillation of drops	OP3.1,2,3,4,5,6,7	5. Case sheet writing, SDL 6. Mini CD
5			7. DOAP
	1. Corneal Ulcer and Corneal Oedema		
	2. Dry eye and Corneal Blindness		
	2. Dry cycle and Contract Dimensional Strength Contract C		
	Correal Oceama		
	4.Fnumerate the causes		
	4.Enumerate the causes and discuss the		
	and discuss the S. Management of dry eye.		
	5. Management of ary eye. 6. Enumerate causes of corneal Blindness		
	7. Work up of Corneal Ulcer & Constraint Constraints and Const	OP4.1,2,3	1 to 6 - SGD
	Case Discussion.		7. Case sheet writing
	8. Technique of Corneal FB removal		8.DOAP
6		OP4.8	
	1. Tarsorrhaphy- Enumerate the		
	indications and describe the methods		
	of tarsorraphy.		
	2. Eye Banking		
	3. Counsel patients and	OP 4.7 &8	
	family about eye donation	OP 4.9	1to 3- SGD
7		OP 4.10	

	1		
	1. Surgical Anatomy and		
	Metabolism of Lens		
	2. Cataract -Describe and discuss the		
	aetio-pathogenesis, stages of maturation and		
	complications of cataract 3. Demonstrate the correct technique of ocular		
	examination in a patient with a cataract		
	A. Administer informed conset and counsel		
	patients for cataract surgery.		1, 2 SGD
	5.Participate in the team for cataract surgery	OP7.1 OP 7-2	3.4 & 5- DOAP
8		OP7.3,.5 & 6	
	1. Management of Cataract		
	2. Cataract Surgery and its complications		1. SGD
		OP7.4	1. 360
9		OP.9.1	2E -Learning, CD
	1. Episcleritis & Scleritis		
	2. Extra Ocular Muscles		
	3. Demonstrate the correct		
	technique to examine		
	extra ocular movements	OP5. 1&2	1 & 2 - SGD
	(Uniocular & Binocular)	0004	10040
10		OP.9.1	3.DOAP
	1. Anterior Uveitis.		
	2. Work up of a case of Anterior Uveitis		
	3. Angle of Anterior Chamber.		
	4. Describe and discuss the angle of the anterior chamber and its clinical correlates, hyphema,		
	Chamber and its clinical correlates, hypnema, hypopyon.		
	5. Enumerate and choose the appropriate		
	investigation and Management for patients		
	with conditions affecting the Uvea.	OP61, 2,3, 4, 5 & 6	
	6. Identify and demonstrate the clinical features and		
	distinguish and diagnose common clinical conditions		1 to 5 - SGD
	affecting the anterior chamber.	OP68 & 9	
11			6. DOAP, CD
	1. Glaucoma Over view		
	2. Glaucoma with deep AC		1, 2 & 3 - SGD
	3. Narrow Angle Glaucoma"		
12		OP6. 7	CD
	1. Anatomy & Diseases of Retina		
	2. Vascular Occlusion		
	3. Demonstrate the		
	correct technique of a		
	fundus examination		1 & 2 - SGD
13		OP8.1,3 & 4	3. DOAP
13	ASSESMENT- OSCE	010.1,0 & 4	
14	NOCOMENT OUL		
	CLINICAL POSTING - ANESTHESIOLOGY		
DAY	ТОРІС	COMPETENCIES	TEACHING LEARNING METHOD
1	Describe the Principles Of Pre Operative Evaluation.	AS 3	Lecture, Small group discussion
2	Elicit, Present and document and appropriate history including medication history in a patient undergoing surgery as it pertains to a pre operative anesthetic evalu		DOAP session, Bedside Clinic
3	Demonstrate and Document an appropriate initial Examination in a patient undergoing General Surgery.	AS 3	DOAP session, Bedside Clinic
4	Choose and interpret appropriate testing for patient undergoing surgery.	AS 3	DOAP session, Bedside Clinic
5		AS 3	DOAP session, Bedside Clinic
	Determine the readiness for general surgery in a patient based on the pre operative evaluation.		
8	Observe and describe the principle and steps/techniques involved in common blocks used in surgery (including brachial plexus blocks).	AS 5	Lecture, DOAP session, Small group discussion.
9	Describe the common complications encountered by patients in the recovery room, recognition and principles of management.	AS 6	Lecture, DOAP session, Small group discussion.
10	Describe the principles of fluid therapy in pre operative period.	AS 9	Lecture, DOAP session, Small group discussion.
11	Enumerate blood products and describe the use of blood products in the pre operative period.	AS 9	Lecture, DOAP session, Small group discussion.
12	Describe the role of communication in patient safety.	AS 10	Lecture, DOAP session, Small group discussion.
14	ASSESMENT - OSCE AND VIVA VOCE		
L	1		

			1
	CLINICAL POSTING -PAEDIATRICS		
DAY	ТОРІС	COMPETENCIES	TEACHING LEARNING METHOD
		(PE	
1	Introduction & history taking	1.2,23.7,24.9,26.5,28.9,29.10,30.17, 34.5)	Small group discussion, Bedside clinics
2	General examination	(PE23.9,29.11)	Small group discussion,Bedside clinics
-		<u> </u>	Small group discussion, Bedside clinics
3	Anthropometry	(PE 1.2,1.3,1.4, 2.1,2.2)	
4	Growth charts	(PE 1.2,1.3,1.4,9.2)	Small group discussion, Bedside clinics
5	Development	(PE1.5,1.6,1.7,3.1,3.2,3.3,3.4)	Small group discussion, Bedside clinics
	Nutrition 1	(PE7. 1,7.2,7.3,7.4,7.5,7.6,7.7,7.8,7.9,8.1,	Small group discussion,Bedside clinics
6		8.2,8.3,8.4,8.5)	Sinding, oup also assisting cashac cinines
		(PE9.	
	Nutrition 2	1,9.2,9.3,9.4,9.5,9.6,9.7,10.1,10.2,1 0.3,10.4,10.5,10.6,12.1,12.2,12.3,12	Small group discussion,Bedside clinics
	Number 2	4,12.5,12.6,12.7,12.8,12.9,12.10,12	Small group discussion, bedside clinics
8		.15,12.16,12.17,12.18,13.1,13.2,)	
		(PE19.	Small group discussion Radaida -ti-i
9	Immunization	19.2,19.3,19.4,19.5,19.6,19.7,19.9,1 6)	Small group discussion,Bedside clinics
10	Examination of respiratory system	(28.10,28.11,28.12,28.13)	Small group discussion,Bedside clinics
11	Examination of cardiovascular system	(PE23.7,23.8,23.9,23.10)	Small group discussion, Bedside clinics
		(PE	
12	Examination of gastrointestinal system	24.10,26.7,26.8,27.23,29.12,29.13)	Small group discussion, Bedside clinics
13	Examination of central nervous system	(PE30.18,30.19)	Small group discussion, Bedside clinics
14	ASSESMENT- OSCE AND VIVA		
	CLINICAL POSTING -DERMATOLOGY		
DAY	TOPIC	COMPETENCIES	TEACHING LEARNING METHOD
1	Introduction, demonstration of primary lesions	DR12	Lecture, SGD
2	Acne and vitiligo	DR1.1,2,3 DR2.1,2	Lecture, bedside clinic, SGD
3	Sorialis	DR3.1.2, 3.1.3, 3.2.1, 3.3.1, 3.3.2	Lecture, bedside clinic, SGD, DOAP
4	Eczema	DR12.2-4	Lecture, bedside clinic, SGD
5	Bacterial infections	DR15.1,15.2, 15.3.1	Lecture, bedside clinic, SGD, DOAP
6			
8	Viral infections	DR8.1-6	Lecture, bedside clinic, SGD, DOAP
9	Fungal infections	DR7.1,DR7.2	Lecture, SGD, DOAP
10	Parasitic infestations	DR5.1-5, DR5.2, DR 5.3, DR6.1	Lecture, SGD, DOAP
11	Other papulosquamous	DR4.1, 4.1.1	Lecture, bedside clinic, SGD
12	Leprosy	DR9.1,2,3	Lecture, bedside clinic, SGD, DOAP
13			
14	ASSESMENT MCQ, SAQ, OSCE, Skill assessment		
	CLINICAL POSTING - PSYCHIATRY		
Day	торіс	COMPETENCIES	TL Method
1	8.00-9.00 Doctor-Patient Relationship	(PS 1.1-1.4)	SGD/ Lecture
	10.00-11.00 Mental Health	(PS 2.1-2.5)	SGD/ Lecture
2	8.00-9.00 Introduction to psychiatry	(PS 3.1)	SGD/ Lecture
	10.00-11.00 Symptoms and signs	(PS 3.2)	SGD/ Lecture
3	8.00-9.00 History taking	(PS 3.3)	SGD/ Lecture
	10.00-11.00 History taking	(PS3.3)	Bedside clinic/ DOAP
4	8.00-9.00 Mental status examination	(PS3.4-3.5)	SGD/ Lecture
	10.00-11.00 Mental status examination	(PS3.4-3.5)	Bedside clinic/ DOAP
5	8.00-9.00 Biopsychosocial model	(PS 3.6)	SGD/ Lecture
	10.00-11.00 OP/IP/Referral; Psychotic-Nonpsychotic	(PS 3.11.1, 3.12.2)	SGD/ Lecture
8	8.00-9.00 Suicide	(PS 3.11.2)	SGD/ Lecture
		. ,	

	10.00-11.00 Psychopharmacology	(PS 3.10)	SGD/ Lecture
9	8.00-9.00 Organic psychiatric disorders	(PS 3.71, 72, 73, 78)	SGD/ Lecture
	10.00-11.00 Organic psychiatric disorders	(PS 3.74, 79)	Bedside clinic/ DOAP
10	8.00-9.00 Substance Use disorders	(PS 4.1-4.2)	SGD/ Lecture
	10.00-11.00 Substance Use disorders	(PS 4.3, 4.4, 4.7)	SGD/ Lecture
11	8.00-9.00 Substance Use disorders	(PS 4.5, 4.6)	Bedside clinic/ DOAP
	10.00-11.00 Psychotic disorders	(PS 5.1-5.2)	SGD/ Lecture
12	8.00-9.00 Psychotic disorders	(PS5.3, 5.5, 5.6)	SGD/ Lecture
	10.00-11.00 Psychotic disorders	(PS5.4)	Bedside clinic/ DOAP
14	ASSESMENT	viva voce/ OSCE	
	CLINICAL POSTING-ORTHOPAEDIC/PMR		
DAY	TOPIC	COMPETENCIES	TEACHING LEARNING METHOD
1	Introduction fractures dislocations	OR2.15,2.16	Lecture, Small group discussion, Bedside clinic
		OR1.5,1.6,2.1,2.2,2.3,2.4,	
		2.5,2.6,13.1,14.1,14.2,	
2	Upper limb trauma	AN8.6,10.12 IM24.13,24.14,24.16	Lecture, Small group discussion, Bed side clinic, Simulation, DOAP session, Practical.
_		OR2.7,2.8,2.9,2.10,2.11,2.12,	
		2.13,2.14,13.1,14.1,14.2,	
2		AN17.2,17.3,18.6,19.4	Lecture, Small group discussion, Bed side clinic, Simulation, DOAP session, Practical.
3	Lower limb trauma	IM24.13,24.14,24.16 OR3.1,3.2,3.3,4.1	DOAP session, Practical.
		PA33.1	Lecture, Small group discussion, Video assisted lecture, DOAP
4	Musculoskeletal Infections	M14.2	session, Video demonstration
		OR10.1,14.1,14.2	
5	Bone tumours	PA33.2,33.3,33.4 PM5.1,5.2,5.3,5.4	Lecture, Small group discussion, Video assisted interactive lecture, case discussion
5		OR6.1,7.1	
		AN18.7,50.4	
		IM7.5,7.6,7.7,7.8,7.9,7.10,	
8	Degenerative metabolic diseases	7.13,7.17,7.18,7.21,24.12 PM4.1,4.3,4.5	Lecture, Small group discussion, Case discussion, Bed side clinic
		OR12.1,14.1	Lecture, Small group discussion, Case discussion, Video
9	Congenital problems	AN19.6	assisted lecture, Teaching, Skills lab sessions
		OR11.1,	
10	Nerve injuries	AN11.4, PM6.3	Lecture, Small group discussion, case discussion, Practical
10		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Lecture, official group discussion, case discussion, inactical Lecture with video, Small group discussion, Case discussion,
		OR1.1,1.2,1.3,1.4,13.2,14.3	Video assisted Lecture, Teaching, Skill lab sessions, Bed side
11	Poly skeletal trauma	FM3.12	clinic or autopsy, DOAP session
12	Inflammatory diseases, CP,PPRP	OR5.1,8.1,9.1 PM6.4	
12		P1VI0.4	
11			
14	ASSESMENT	OSCE AND VIVA VOCE	
	CLINICAL POSTING - RESPIRATORY MEDICINE		
DAY	ТОРІС	COMPETENCIES	TEACHING LEARNING METHOD
	History	CT 1.5,1.8	Bedside clinic, skill assessment
	Differential diagnosis generation based on history		
1			
2	Examination	CT 1.6	Bedside clinic, skill assessment
	Interpret tests- Xray, sputum,, Blood, HIV	CT 1.9,1.11	Bedside clinic, skill assessment
	Pleural fluid aspiration asssist in performance and interpretation		bedarde enne, skill assessment
3			

	<ol> <li>1.2- Microbiology, Pathogenesis, clinical evolution of Pulm and extrapulm TB</li> <li>1.3- HIV Tb and DM Tb history, Evolution and Impact</li> </ol>	CT 1.2,1.3,1.7,1.10,1.12,1.13	1.2,1.3-Lecture and discussion- written 1.7,1.10-DOAP,Skill assessment,log book 1.12,1.13-Lecture and discussion-viva
	1.7- Mantoux perform and interpret		1.12,1.15-Lecture and discussion-viva
	1.10-AFB stain perform and interpret		
	1.12- Tests- serology,specikal cultures,PCR, sensitivity		
	1.13- BCG-origin, indication, administration. Efficacy,		
	complications		
4			
	1.1-Epidemiology of TB	CT 1.1,1.15,1.16	1.1- Epidemiology- viva
	1.15- DOTS	01 1.1,1.10,1.10	1.15-Clinic, Skill assessment
	1.16-Chemoprophylaxis- contacts, health care workers		1.16-Lecture and discussion- written
5			
	1.4- Epidemiology, predisposing factors, microbiology	CT1.4,1.17	1.4- Discussion Viva
	of drug resistance 1.17- Define cure of Tb, DRTB- features, prevention		1.17-Lecture- Written
	and regimen		
7			
	1.14-ATT drugs- Pharmacology, Indication, C/I, Interactions, adv reactions	CT 1.14,1.18,1.19	1.18, 1.19-DOAP-Skill assessment
	1.18-Educate HCW about DOTS		1.14-Lecture-Viva
8	1.19-Communicate patient and family- diagnosis & Rx		
	2.1- Defn and classification OAD	CT 2 1 2 2 2 4 2 5 2 6 2 7	2.1,2.2,2.4,2.5 - Discussion and viva
	2.2- Epidemiology, risk factors, evolution	CT 2.1,2.2,2.4,2.5,2.6,2.7	2.6, 2.7- Lecture, Viva
	2.4- pathophysiology and physiology		
	2.5- alpha 1 antitrypsindeficiency		
	2.6-Environment role in exacerbation 2.7- Allergic and non allergic precipitant in OAD		
	2.7- Allergic and non-allergic precipitant in OAD		
9			
	2.8- History of OAD	CT 2.8,2.9,2.10,2.15,2.13,2.14	2.8,2.9, 2.10, 2.15, 2.13, 2.14- Bedside
	2.9- Examination 2.10,2.15-D/d and aetiology of OAD		Clinic, DOAP, Skill assessment
	2.13- diagnostic workup		
10	2.14- interpret ABG, chest xray, Spo2 in OAD		
10			2.11, 2.12- Bedside clinic, DOAP,
	2.11- PFT	CT 2.11,2.12,2.16,2.17,2.18,2.19,2.22	Skill assessment
	2.12- PEFR		2.17- Small group discussions, viva
	2.16- OAD Rx- bronchodialators, LTRA,		2.22- DOAP, Skill assessment
	mast Cell stabiliser, Theophyllines, Inhaled and syst		2.18,2.19- bedside clinic, DOAP,
	steroids, oxygen, Immunotherapy 2.17- Vaccinations		Written/skill assessment
	2.22- Inhaler use		
	2.18- Plan of mx in stable patients		
	2.19- Acute exacerbation plan of mx		
11			

12	<ul> <li>2.21- Smoking cessation - describe and counsel</li> <li>2.28-Demonstrate understanding of difficulties of patient faced in smoking cessation</li> <li>2.24- impact of OAD in personal life</li> <li>2.25- impact of OAD in society,</li> <li>2.26- preventive measures to reduce OAD in workplace</li> <li>2.27- understanding of patient's inability to change</li> <li>living condition , env factors, workfactors</li> </ul>	C12.25,2.24,2.25,2.20.,2.27	2.21- DOAP, skill assessment,, 2.28- small group discussion, observation by faculty	
14	ASSESMENT- OSCE AND VIVA VOCE		1	