

MUHS Ophthalmology CBME U.G Curriculum

(a) **Competencies:** The student must demonstrate :

1. Knowledge of common eye problems in the community
2. Recognize, diagnose and manage common eye problems and identify indications for referral,
3. Ability to recognize visual impairment and blindness in the community and implement National programmes as applicable in the primary care setting.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of ophthalmologic problems, their management and correlation with function, rehabilitation and quality of life.

TEACHING METHODS & HOURS

	Large Group Teaching	Small group teaching/Practical /Tutorials	SDL	AETCOM	Total	Clinical/Field Posting
	-	-	-	-	-	-
3 rd part I/II	30 hours	60 hours	10 hours	MODULE 3.2	100 hours	PHASE 2 PHASE 3
Total	30 hours	60 hours	10 hours		100 hours	8 weeks

CURRICULUM

UG CURRICULUM FOR LARGE GROUP TEACHING

Topic code	Topic	No. of hours (30)	Integration	Method of Teaching
	Visual Acuity Assessment			
OP1.1	Describe the physiology of vision	1 hr	physiology	LGT
OP1.2	Define, classify and describe the types and methods of correcting refractive errors	2 hrs		LGT
OP1.4	Enumerate the indications and describe the principles of refractive surgery	1 hr		LGT
	Lids and Adnexa, orbit			
OP2.1	Enumerate the causes, describe and discuss the etiology, clinical presentations and diagnostic features of common conditions of the lid and adnexa including	2 hr	Human anatomy	LGT

	Hordeolum externum / internum, blepharitis, preseptal cellulitis, dacryocystitis, hemangioma, dermoid, ptosis, entropion, lid lag, lagophthalmos			
OP2.6	Enumerate the causes and describe the differentiating features and clinical features of proptosis	1 hr		LGT
	Conjunctiva			
OP3.3	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of various causes of conjunctivitis	2hr		LGT
	Corneas			
OP4.1 & OP4.2	Enumerate, describe and discuss the types and causes of corneal ulceration Enumerate and discuss the differential diagnosis of infective Keratitis	3 hr	Human anatomy	LGT
OP4.4	Enumerate the causes and discuss the management of dry eye	1hr		<u>LGT</u>
OP4.5	Enumerate the causes of corneal blindness	1 hr		<u>LGT</u>
OP4.6	Enumerate the indications and types of keratoplasty	1 hr		<u>LGT</u>
OP4.9	Describe and discuss the importance and protocols involved in eye donation and eye banking	1 hr		<u>LGT</u>
	Iris and Anterior Chamber			
OP6.1	Describe clinical signs of intraocular inflammation and enumerate the features that distinguish granulomatous from non granulomatous inflammation.	2 hrs		<u>LGT</u>
OP6.2	Identify and distinguish acute iridocyclitis from chronic iridocyclitis			
OP6.7	Enumerate and discuss the aetiology, the clinical distinguishing features of shallow and deep anterior chamber. Choose appropriate investigations for patients with above conditions of anterior chamber	4 hr	<u>Human Anatomy</u>	<u>LGT</u>
	Lens			

OP7.2	Describe and discuss the aetio-pathogenesis , stages of maturation and complications of cataract	1 hr	<u>Pathology</u>	<u>LGT</u>
OP7.4	Enumerate the types of cataract surgery and describe the steps intraoperative and postoperative complications of extracapsular cataract extraction surgery	1 hr		<u>LGT</u>
	Retina & Optic Nerve			
OP8.1	Discuss the aetiology , pathology , clinical features and management of vascular occlusion of the retina	1 hr	<u>Human Anatomy</u> ^ <u>Pathology</u>	<u>LGT</u>
OP8.3	Demonstrate the correct technique of a fundus examination and describe and distinguish the fundoscopic features in normal condition and in conditions causing abnormal retinal exam	1 hr		<u>LGT</u>
OP8.5	Describe and discuss the correlative anatomy , aetiology , clinical manifestations, diagnostic tests , imaging and management of diseases of optic nerve and visual pathway	2 hr		<u>LGT</u>
	Miscellaneous			
OP9.2	Classify , enumerate the types, methods of diagnosis and indications for referral in a patient with heterotropia/ strabismus	1 hr		<u>LGT</u>
OP9.5	Describe the evaluation and enumerate the steps involved in the stabilization , initial management and indication for referral in a patient with ocular injury	1 hr		<u>LGT</u>

UG CURRICULUM FOR SMALL GROUP TEACHING

Topic code	Topic	No. of hours (60)	Integration	Method of Teaching
	Visual Acuity Assessment			
OP1.5	Define, enumerate the types and the mechanism by which strabismus leads to amblyopia	2 hr		<u>SGT</u>
	Lids and Adnexa, orbit			
OP2.4	Describe the aetiology , clinical presentation, Discuss the complication and management of orbital cellulitis	2 hr		<u>SGT</u>
OP2.5	Describe clinical features on ocular examination and management of a patient with cavernous sinus thrombosis	2 hr		<u>SGT</u>
OP2.6	Enumerate the causes and describe the differentiating features and clinical features and management of proptosis	3 hr		<u>SGT</u>
OP2.7	Classify the various types of orbital tumors . Differentiate the symptoms and signs of the presentations of various types of ocular tumors	4 hr		<u>SGT</u>
OP2.8	List the investigations helpful in diagnosis of orbital tumors. Enumerate the indications of appropriate referral	2 hr		<u>SGT</u>
	Conjunctiva			
OP3.4	Describe the etiology, pathophysiology , ocular features, differential diagnosis , complication and management of trachoma	2hr		<u>SGT</u>
OP3.5	Describe the etiology, pathophysiology , ocular features, differential diagnosis , complication and management of vernal catarrh	2 hr		<u>SGT</u>
OP3.6	Describe the etiology, pathophysiology , ocular features, differential diagnosis , complication and management of pterygium	2 hr		<u>SGT</u>

OP3.7	Describe the etiology, pathophysiology , ocular features, differential diagnosis , complication and management of symblepharon	1 hr		<u>SGT</u>
	Cornea			
OP4.3	Enumerate the causes of corneal edema	2 hr		<u>SGT</u>
OP4.7	Enumerate the indications and describe the methods of tarsorrhaphy	2 hr		<u>SGT</u>
	Sclera			
OP5.1	Define, enumerate and Describe the etiology, associated systemic conditions , ocular features, indications for referral , complication and management of episcleritis	2 hr		<u>SGT</u>
OP5.2	Define, enumerate and Describe the etiology, associated systemic conditions , ocular features, indications for referral , complication and management of scleritis	2 hr		<u>SGT</u>
	Iris and anterior chamber			
OP6.3	Enumerate systemic conditions that can present as iridocyclitis and describe their ocular manifestations	3 hr		<u>SGT</u>
OP6.4	Describe and distinguish hyphema and hypopyon	3 hr		<u>SGT</u>
OP6.5	Describe and discuss the angle of the anterior chamber and its clinical correlates	3 hr		<u>SGT</u>
OP6.8	Enumerate and choose the appropriate investigations for patients with conditions affecting the uvea	3 hr		<u>SGT</u>
OP6.9	Choose the correct local and systemic therapy for conditions of anterior chamber and enumerate their indications , adverse events and interactions	2 hr		<u>SGT</u>
	Lens			
OP7.1	Describe the surgical anatomy and the metabolism of lens	2 hr	<u>Anatomy & biochemistry</u>	<u>SGT</u>
	Retina and Optic Nerve			<u>SGT</u>

OP8.2	Enumerate the indications for laser therapy in the treatment of retinal disease (including retinal detachment, retinal degeneration , diabetic retinopathy and hypertensive retinopathy)	4 hr		<u>SGT</u>
OP8.8	Enumerate and discuss treatment modalities in management of diseases of retina	5hr		<u>SGT</u>
	Miscellaneous			
OP9.3	Describe the role of refractive error correction in a patient with headache and enumerate the indications of refral	2 hr		<u>SGT</u>
OP9.4	Enumerate, describe and discuss the causes of avoidable blindness and the national programs for control of blindness (including vision 2020)	3 hr		<u>SGT</u>

UG CURRICULUM FOR CLINICAL DEMONSTRATION/BED SIDE TEACHING / DOAP:

Topic code	Topic	No. of hours (10)	Integration	Method of Teaching
	Visual Acuity Assessment			
OP1.3	Demonstrate the steps in performing the visual acuity assessment for distance vision, near vision, color vision , the pin hole test and the menace and blink reflexes	1 hr	physiology	<u>DOAP</u>
	Lids and Adnexa , Orbit			
OP2.2	Demonstrate the symptoms and clinical signs of conditions enumerated in OP2.1	1 hr	Human Anatomy	<u>DOAP</u>
OP2.3	Demonstrate under supervision clinical procedure performed in the lid including : bells phenomenon, assessment of entropion / ectropion, perform the	1 hr		<u>DOAP</u>

	regurgitation test of lacrimal sac, massage technique in congdacryocystitis and trichiatic cilia removed by epilation			
	Conjunctiva			
OP3.1	Elicit document and present an appropriate history in a patient presenting with a “ red eye” including congestion , discharge , pain	1 hr		<u>DOAP</u>
OP3.2	Demonstrate document and present the correct method of examination of a red eye including vision assessment , corneal lustre, pupil abnormality, ciliary tenderness			
OP3.8	Demonstrate the correct technique of removal of foreign body from the eye in a simulated environment	1 hr		<u>DOAP</u>
OP3.9	Demonstrate the correct technique of instillation of eye drops in a simulated environment			
	Cornea			
OP4.8	Demonstrate the correct technique of removal of foreign body in cornea in a simulated environment			
OP4.10	Counsel patient and family about eye donation in a simulated environment	1 hr		<u>DOAP</u>
	Iris and Anterior Chamber			
OP6.6	Identify and demonstrate the clinical features and distinguish and diagnose common clinical conditions affecting the anterior chamber	1 hr		<u>DOAP</u>
OP6.10	Counsel patients with condition of iris and anterior chamber about their diagnosis , therapy and prognosis in an empathetic manner in a simulated environment			
	Lens			
OP7.3	Demonstrate the correct technique of ocular examination in a patient with cataract	1 hr		<u>DOAP</u>
OP7.5	To participate in team for cataract surgery	1 hr		<u>DOAP</u>
OP7.6	Administer informed consent and counsel			<u>DOAP</u>

	patient for cataract surgery in a simulated environment			
	Miscellaneous			
OP9.1	Demonstrate the correct technique the examine extraocular movements (unocular& binocular)	1 hr		<u>DOAP</u>

UG CURRICULUM FOR SDL

TOPIC CODE	TOPIC	TOTAL NO. OF HOURS	INTEGRATION	METHOD OF TEACHING
Competency OP 4.5	Enumerate the causes of corneal blindness Enumerate the indications and types of keratoplasty	1 st Hour – Introduction 2 nd Hour – symposium 3 rd Hour - feedback Total : 3 hours		SDL
Competency OP 9.4	Enumerate , describe and discuss the causes of avoidable blindness and the NPCB (Including VISION 2020)	1 st hour – Horizontal integration with community medicine 2 nd hour – orientation 3 rd hour- quiz Total : 3 hours	Horizontal integration with community medicine	SDL
Competency OP 6.7	Enumerate and discuss the aetiology, clinical features of various glaucomas associated with shallow and deep anterior chamber. Choose appropriate investigations and treatment for patients with above mentioned conditions	1 st hour – Introduction/ Orientation 2 nd hour – tutorials Total : 2 hours		SDL
Competency OP	Define , enumerate	1 st hour –		SDL

1.5	the types and the mechanism by which strabismus leads to amblyopia	introduction 2 nd hour – role play Total : 2 hours		
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Suggested books :

1. Parson's text book of Ophthalmology
2. Kanski's clinical Ophthalmology
3. Khurana's text book of Ophthalmology
4. Textbook of Ophthalmology, S.K Mittal (Thieme), 2021 edition

Internal Assessment

Subject – Ophthalmology

Applicable w.e.f batches admitted from 2019 and onwards

Phase		
	Theory	Practical
Second MBBS	-	EOP Practical Examination may be conducted. However, these marks shall not be added to the Internal Assessment.

3rd Year (III MBBS, PART I)						
Phase	I-Exam (March)			II-Exam Prelim (August)		
	Theory	Practical	Total Marks	Theory	Practical	Total Marks
III/I MBBS	50	50	100	100	100	200

Assessment in CBME is ONGOING PROCESS,

No Preparatory leave is permitted.

1. There shall be 2 internal assessment examinations in Ophthalmology including Prelim.
2. The suggested pattern of question paper for internal assessment internal examinations, except prelim examination is attached at the end. Pattern of the prelims examinations should be similar to the University examinations.
3. Internal assessment marks for theory and practical will be converted to out of 25 (theory) + 25 (practical). Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. **Conversion Formula for calculation of marks in internal assessment examinations.**

	Theory	Practical
Phase II	-	-
Phase III/I	150	150
Total	150	150
Conversion out of	25	25
Conversion formula	Total marks in 2 IA theory examinations /6	Total marks in 2 IA Practical examinations /6
Eligibility criteria after conversion	10	10
	Combined theory + Practical = 25	

1. While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
13.01 to 13.49	13
13.50 to 13.99	14

2. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
3. Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.
4. Remedial measures

A. Remedial measures for non-eligible students

- i) At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically. Extra classes for such students may be arranged.
- ii) If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat internal assessment examination shall be similar to the final University examination. The marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

	Theory	Practical
Remedial examination	100	100
Conversion out of	25	25
Conversion formula	Marks in remedial theory examinations /4	Marks in remedial Practical examinations /4
Eligibility criteria after conversion	10	10
	Combined theory + Practical = 25	

B. Remedial measures for absent students:

If any of the students is absent for any of the 2 IA examinations due to any reasons, following measures shall be taken.

- i. The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.

- ii. If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- iii. Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.

Format for Practical Examinations

Ophthalmology

Internal Assessment Practical

Seat No.	Long case including communication skills	OSCE (2 stations of 5 marks each)	Viva including Dark room instruments, Operative instruments	Log book and Journal viva	Practical Total
Max Marks	20	10	10	10	50

OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills., history taking of a particular symptom.

Prelims and MUHS Final Practical

Seat No.	Long case including communication skills	OSCE (4 stations)	Log book and Journal viva	Dark room instruments	Operative instruments	Practical & Oral
Max. Marks	50	20	10	10	10	100

*Communication skills to be assessed by Kalamazoo Consensus, clinical signs to be assessed by either GLOBAL Rating Scale or OSCE, Psychomotor Skills to be assessed by OSCE with checklist. If the skills are small, 2 or 3 skills may be combined.

Internal Assessment Theory Examination (I)

Ophthalmology

Instructions:

SECTION "A" MCQ

- 1) Put in the appropriate box below the question number once only.
- 2) Use blue ball point pen only.
- 3) Each question carries **One mark**.
- 4) Students will not be allotted mark if he/she overwrites strikes or put white ink on the cross once marked.

SECTION "A" MCQ (10 Marks)

1. Multiple Choice Questions (Total 10 MCQ of One mark each) (1x10=10)
- a) b) c) d) e) f) g) h) i) j)

Instructions:

- 1) Use **blue/black** ball point pen only.
- 2) **Do not** write anything on the **blank portion of the question paper**. If written anything, such type of act will be considered as an attempt to resort to unfair means.
- 3) **All** questions are **compulsory**.
- 4) The number to the **right** indicates **full** marks.
- 5) Draw diagrams **wherever** necessary.
- 6) Use a common answer book for all sections.

SECTION "B" (40 Marks)

2. Long Answer Questions structured clinical questions (15 x1=15)
- a)
- 3.Short Answer Questions (Any 5 out of 6),(including 1 on AETCOM) (5 x 5=25)
- a) b) c) d) e) f)

MUHS Final Theory Examination

Ophthalmology

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK FORMAT / SKELETON OF QUESTION PAPER

Instructions:

SECTION "A" MCQ

- 5) Put in the appropriate box below the question number once only.
- 6) Use blue ball point pen only.
- 7) Each question carries **One mark**.
- 8) Students will not be allotted mark if he/she overwrites strikes or put white ink on the cross once marked.

SECTION "A" MCQ (20 Marks)

1. Multiple Choice Questions (Total 20 MCQ of One mark each) (1x20=20)
- a) b) c) d) e) f) g) h) i) j)
k) l) m) n) o) p) q) r) s) t)

SECTION "B" & "C"

- Instructions:**
- 1) Use **blue/black** ball point pen only.
 - 2) **Do not** write anything on the **blank portion of the question paper**. If written anything, such type of act will be considered as an attempt to resort to unfair means.
 - 3) **All** questions are **compulsory**.
 - 4) The number to the **right** indicates **full** marks.
 - 5) Draw diagrams **whenever** necessary.
 - 6) Use a common answer book for all sections.

SECTION "B" (40 Marks)

2. Long Answer Questions (Any 2 out of 3) structured clinical questions (15 x 2=30)
- a) b) c)
3. Short Answer Questions (All 3), (including 1 on AETCOM) (5 x 3=15)
- a) b) c)

SECTION C (40 Marks)

- 4 Long answer questions (15x1=15)
- a)
- 5 Short answer questions (any 4 out of 5) (Clinical Reasoning) (5x4=20)
- a) b) c) d) e)

College Logo

Name of the Institute

MUHS Logo

LOG BOOK

DEPARTMENT OF OPHTHALMOLOGY

CONTENTS

Sr.No.	Subject	Remarks
1	CERTIFICATE	
2	BIODATA OF THE CANDIDATE	
3	INTRODUCTION & OBJECTIVES OF CBME CURRICULUM	
4	SELF DIRECTED LEARNING / TUTORIALS / SEMINARS / EXTRA CURRICULAR ACTIVITIES	
5	CLINICAL SKILLS – LIST OF COMPETENCIES	
6	PSYCHOMOTOR SKILLS – LIST OF COMPETENCIES	
7	COMMUNICATION SKILLS – AETCOM	
8	PHASE III/I	
9		
10		
11	REFLECTION ON AETCOM MODULE	

LOGBOOK CERTIFICATE

This is to certify that this log book is the bonafide record of Mr. / Ms
..... Roll No.....Admission Year, of the
Department of Ophthalmology atMedical College.

The log book is as per the guidelines of Competency Based Undergraduate Medical Education Curriculum, Graduate Medical Regulation 2019.

He / She has satisfactorily attended/ completed all assignments mentioned in this logbook as per the guidelines prescribed by National Medical Commission.

Head of Department of Ophthalmology

Signature with Date

BIODATA OF THE CANDIDATE

Name of the student:

Name of the course: MBBS

Date of birth:

Father's / Guardian's name:

Mother's name:

Blood group:

Permanent Address:

Temporary Address:

.....

.....

.....

.....

Student's contact no:

Father's/guardian's contact no:

Student's mail id:

Father's/guardian's mail id:



Candidates Signature:

Date:

GENERAL INSTRUCTIONS

- 1) The log book is a record of the academic / nonacademic activities of the student. Each Medical student is responsible for maintaining their logbook.
- 2) This logbook is prepared as per the guidelines of NMC for implementation of Competency based curriculum for 3RD Professional MBBS students in the subject of Ophthalmology.
- 3) Students are instructed to keep their logbook entries up to date. It is the responsibility of the student to enter their activity in respective pages & get them duly signed by the supervising faculty.
- 4) Entries in the logbook will be in accordance with activities done in the department & have to be scrutinized by the Head of the department.
- 5) The logbook assessment will be based on multiple factors like
 - ▣ Overall presentation
 - ▣ Active participation in the sessions
 - ▣ Quality of write up of reflections
 - ▣ Timely completions
 - ▣ Attendance
- 6) The logbook shall be kept as record work of the candidate for the department & be submitted to department as a bonafide record of the candidate before appearing for the University examination.

NOTE:

1. A **clear record** of all components that add to the internal assessment marks needs to be maintained by the institution and retained by them for at least **2 years** after passing of the examination. Institutions may be asked to provide these details by the University as and when required.

The contents in the log book are suggested guidelines. The institutions can make **necessary changes as per the needs**

ATTENDANCE

Every candidate should have attendance not less than 75% of the total classes conducted in theory, practical and clinical jointly in each calendar year calculated from the date of commencement of the term to the last working day as notified by the University in each of the subjects prescribed to be eligible to appear for the university examinations.

For appearing at the University Examination, student should have minimum 75% attendance in each subject.

A candidate lacking in the prescribed attendance in any subject(s) should not be permitted to appear for the examination in that subject(s)

Students cannot appear in part or separately in individual subjects during the first appearance at the Professional examination.

The Principal should notify the attendance details at the end of each professional phase without fail under intimation to this University.

Records of Internal Assessment Examinations

Sr. No.	Eaxm No.	Date	Theory	Date	Practical including Viva	Feedback provided	Signature of student	Signat ure of teach er
1	I Internal Assessment		----/100		----/100			
2	II Internal Assessment		----/100		----/100			
3	III Internal Assessment		----/300		----/300			
4	Calculation of Internal Assessment Marks		500/5		500/5			
5								
6								
8	Final Internal Assessment Marks (to be submitted to University)		100		100			

	Theory	Practical
Phase II	50	50
Phase III/I	50	50
Phase III/II	100	100
Total	200	200
Conversion	100	100

.....
Signature of Head of the Department

Reflection (minimum 200 words) - 1

TOPIC :

DATE :

Reflection (minimum 200 words) - 2

TOPIC :

DATE :

LOGBOOK CLINICAL SKILLS : LIST OF COMPETENCIES

Clinical skills can be assessed by case presentation, case-based discussion, objective structured clinical assessment the checklist, MiniCex, Simulated patients as per the institutional preference.

RECORDING FORM FOR MINI – CEX

EVALUATOR :

DATE :

STUDENT :

YEAR :

PATIENT DIAGNOSIS :

SETTINGS :

AMBULATORY

NEW

COMPLEXITY : LOW

IN PATIENT

FOLLOW UP

MODERATE

ED

HIGH

OTHER :

PATIENT AGE

PATIENT SEX

FOCUS : DATA GATHERING / DIAGNOSIS / THERAPY / COUNSELLING

1. MEDICAL INTERVIEWING SKILLS (OBSERVED / NOT OBSERVED)

1 2 3 / 4 5 6 / 7 8 9

2. PHYSICAL INTERVIEWING SKILLS (OBSERVED / NOT OBSERVED)

1 2 3 / 4 5 6 / 7 8 9

3. HUMANISTIC QUALITIES / PROFESSIONALISM (OBSERVED / NOT OBSERVED)

1 2 3 / 4 5 6 / 7 8 9

4. CLINICAL JUDGEMENT (OBSERVED / NOT OBSERVED)

1 2 3 / 4 5 6 / 7 8 9

5. COUNSELLING SKILLS (OBSERVED / NOT OBSERVED)

1 2 3 / 4 5 6 / 7 8 9

6. ORGANIZATION / EFFICIENCY (OBSERVED / NOT OBSERVED)

1 2 3 / 4 5 6 / 7 8 9

7. OVERALL CLINICAL COMPETENCE (OBSERVED / NOT OBSERVED)

1 2 3 / 4 5 6 / 7 8 9

MINI CEX TIME : OBSERVING : _____ MINS

PROVIDING FEEDBACK _____ MINS

UNSATISFACTORY 1,2,3

SATISFACTORY 4, 5, 6

SUPERIOR 7, 8, 9

EVALUATOR SATISFACTION WITH MINI CEX

LOW 1 2 3 4 4 5 6 7 8 9 HIGH

RESIDENT SATISFACTION WITH MINI CEX

LOW 1 2 3 4 4 5 6 7 8 9 HIGH

COMMENTS :

STUDENT SIGNATURE

EVALUATOR SIGNATURE

Competency # addressed	Name of Activity
SU3.2	Observe blood transfusions.
SU5.2	Elicit, document and present a history in a patient presenting with wounds.
SU18.3	Describe and demonstrate the clinical examination of surgical patient including swelling and order relevant investigation for diagnosis. Describe and discuss appropriate treatment plan
SU22.3	Demonstrate and document the correct clinical examination of thyroid swellings and discuss the differential diagnosis and their management
SU *24.3	Describe the principles of investigation and management of pancreatic disorders including pancreatitis and endocrine tumors
SU 25.5	Demonstrate the correct technique to palpate the breast for breast swelling in a mannequin or equivalent
SU 27.2	Demonstrate the correct examination of the vascular system and enumerate and describe the investigation of vascular disease
SU 27.6 *	Describe pathophysiology, clinical features, investigations and management of DVT and varicose veins.
SU27.8	Demonstrate the correct examination of the lymphatic system

SU28.2	Demonstrate the correct technique to examine the patient with hernia and identify different types of hernias.
SU 28.8 & SU28.9	Demonstrate the correct technique of examination of a patient disorders of the stomach
SU28.18	Describe and demonstrate clinical examination of abdomen. Order relevant investigations. Describe and discuss appropriate treatment plan
SU 29.9*	Describe the clinical features, investigations and management of disorders of prostate
SU 30.1*	Describe the clinical features, investigations and principles of management of phimosis, paraphimosis and carcinoma penis.
SU 30.2*	Describe the applied anatomy, clinical features, investigations and principles of management of undescended testis
SU 30.3*	Describe the applied anatomy, clinical features, investigations and principles of management of epididymo- orchitis
SU 30.4*	Describe the applied anatomy, clinical features, investigations and principles of management of varicocele
SU 30.5*	Describe the applied anatomy, clinical features, investigations and principles of management of hydrocele
SU 30.6*	Describe the applied anatomy, clinical features, investigations and principles of management of tumours of testis

LOGBOOK PSYCHOMOTOR / PERFORMANCE SKILLS :

Skills can be assessed by objective structured clinical assessment with checklist, Global Rating Scale, Simulated patients as per the institutional preference.

Colleges are instructed prepare modules for skill training as per NMC guidelines.

Module 5 Skill Training.

I – independent certification

D- demonstration

LIST OF COMPETENCIES

Competency # addressed	Name of Activity
SU10.4(I)	Perform basic surgical skill such as First Aid including suturing and minor surgical procedures in simulated environment
(I)	Bandaging (Head bandaging, Ear bandaging, Eye Bandaging, Figure of 8 Bandaging around joints of upper limb and lower limb, Scrotal support, Crepe bandage application over upper limb and lower limb

(I)	Incision and Drainage
(I)	Wound Care (Clean surgical wound care, Wounds after trauma, Diabetic wound care)
SU11.3 (I)	Demonstrate maintenance of an airway in a mannequin or equivalent
SU14.4 (I)	Demonstrate the techniques of asepsis and suturing in simulated environment
SU17.2 (D)	Demonstrate the steps in Basic Life support, Transport of injured patient in a simulated environment
SU17.10 (D)	Demonstrate Airway maintenance. Recognize and manage tension pneumothorax, hemothorax and flail chest in simulated environment
S29.11	Demonstrate a digital rectal examination of the prostate in a mannequin or equivalent

LOGBOOK FOR AETCOM SKILLS

Counselling for Investigation, Treatment, Prognosis, Blood donation, Organ Donation, Breaking Bad news. All types of consent. Medicolegal aspects and Ethics, Empathy and professionalism as per the Phase of the MBBS. Include cases of Allied branches also.

Competency to be assessed during Clinical postings and /or small group discussions.

AetCom skills can be assessed by use of Kalamazoo consensus.

Criteria
Builds relationship
Opens the discussion
Gathers information
Understands the patient's perspective
Shares information
Manages flow
Overall rating
Signature of teacher

Communication skills rating scale adapted from Kalamazoo

consensus statement Rating 1-3 - Poor, 4 -6 Satisfactory, 6 -10 Superior

LIST OF COMPETENCIES-For AETCOM

Competency # addressed	Name of Activity
SU2.3	Communicate and counsel patients and families about the treatment and prognosis of shock demonstrating empathy and care
SU3.3	Counsel patients and family/ friends for blood transfusion and blood donation.
SU4.4	Communicate and counsel patients and families on the outcome and rehabilitation demonstrating empathy and care.
SU9.2	Biological basis for early detection of cancer and multidisciplinary approach in management of cancer
SU9.3	Communicate the results of surgical investigations and counsel the patient appropriately
SU13.4	Counsel patients and relatives on organ donation in a simulated environment

SU25.2	Describe the etiopathogenesis, clinical features and principles of management of benign breast disease including infections of the breast
Module 4.3 - Case studies in medico-legal and ethical situations	Identify and discuss medico-legal, socio-economic and ethical issues as it pertains to organ donation
Module 4.6 - Case studies in ethics and the doctor-industry relationship	Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts

PHASE II-clinical (minimum four assessments)

SR. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										
6.										

PHASE II-Psychomotor

SR. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										

PHASE II- AetCom (Minimum Four assessments)

SR. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										
6.										

PHASE III Part I -clinical (minimum four assessments)

SR. No.	Competen cy # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectation s OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										
6.										

PHASE III Part I-Psychomotor skill

SR. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										
6.										

PHASE III Part I - AetCom (Minimum Four assessments)

SR. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd, casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										
6.										

PHASE III Part II -clinical (Minimum four assessments)

SR. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										
6.										

PHASE III Part II -Psychomotor

SR. No.	Competen cy # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectation s OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of facult y	Feedbac k received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										

PHASE III Part II - AetCom (Minimum Five assessments)

SR. No.	Competency # addressed	Name of Activity	Site Ward, skill lab, opd , casualty,	Date completed	Attempt at activity First (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Initial of faculty	Feedback received Initial of Learner	Method of assessment and Score
1.										
2.										
3.										
4.										
5.										
6.										
7.										

REFLECTION ON AETCOM MODULE For PHASE III/II

Reflection(minimum 200 words) -1

Date:

Module 4.3 - Case studies in medico-legal and ethical situations

Competency addressed	Level	Assessment
Identify and discuss medico-legal, socio-economic and ethical issues as it pertains to organ donation	KH	Participation in SDL and discussion

Signature of Teacher-in-charge

REFLECTION ON AETCOM MODULE

Reflection (minimum 200 words)-2

Date:

Module 4.6 - Case studies in ethics and the doctor-industry relationship

Competency addressed	Level	Assessment
Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	SH	Participation in SDL and discussion

Signature of Teacher-in-charge

