

PAEDIATRICS

Annexure ~~1a~~ Ia

CBME- Clinical Posting in Paediatrics

Phase II Clinical Posting

Posted for Monday – Friday between 9am – 12pm.

Total Duration of posting 10 days x 3 hours = 30 hours in Phase II. Competencies to be covered are as detailed in the Table below.

(Competencies to be certified are marked in bold)

Primary Focus should be on demonstration using clinical pictures/ videos for teaching/learning and general history taking.

Appropriate Time for simulation may be taken out from 3 hours clinical posting

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

S.No.	Competencies	Objective
1	Introduction to Paediatrics & visit to departmental areas	<ol style="list-style-type: none"> 1. Relevance of Paediatrics as a subject (including Child health indicators) 2. Supervised visit to all teaching learning areas in the Paediatrics (opd, Wards, NICU, PICU, Emergency, PNW etc.) 3. Resources required for learning (Books/growth charts/assessment tools etc.)
2	History Taking in Paediatrics	<ol style="list-style-type: none"> 1. Components of History taking in Pediatrics 2. Detailed description of various components of history and their importance 3. Practice session on history taking.
3	Common symptoms in Paediatrics	<ol style="list-style-type: none"> 1. History taking in a child with common symptoms – fever, rash, pain, diarrhea, vomiting, cough, poor feeding.
4	Developmental history in a Child (PE 1.5, 1.7, 3.3)	<ol style="list-style-type: none"> 1. How to elicit developmental history in infants and children and interpret the findings 2. Elicit developmental history from a parent/caretaker. 3. Elicit the current developmental milestones of the child. 4. When to suspect developmental delay on the basis of history. 5. Use of MCP card for assessing development. 6. Practice session on development history (On a case)
5	Nutritional Assessment of a Child (PE	<ol style="list-style-type: none"> 1. Detailed dietary history including breast feeding and complementary feeding.

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	8.4, 9.4,9.5)	<ol style="list-style-type: none"> 2. Recommended calorie and protein requirement for children of all age groups 3. How to elicit the dietary history and Calculate the calorie and protein content of 24 hour dietary intake by a child. 4. Take focused dietary history based on recall method from the caregiver - Present the dietary history 5. Calculate the gap (deficit) between recommended intake of calorie and protein and actual intake
6	Anthropometry and its Interpretation (PE 1.4)	<ol style="list-style-type: none"> 1. Methods of assessment of growth (use of WHO and Indian national standards) 2. How to measure anthropometric parameters in children 3. Interpret the anthropometric measurement data by plotting in appropriate WHO growth charts for children of all age groups and gender. 4. How to classify the type and degree of under nutrition using the WHO charts 5. Practice session – perform and interpret anthropometry
7	Universal Immunization Program(PE19.6, 19.10, 19.11,19.12)	<ol style="list-style-type: none"> 1. National Immunization program 2. Assess patient for fitness for immunization and prescribe an age appropriate immunization schedule 3. Visit to Immunization clinic 4. Observe the handling and storing of vaccines 5. Observe the administration of UIP vaccines
8	General Physical Examination	<ol style="list-style-type: none"> 1. Record pulse, blood pressure, temperature, hydration and respiratory rate; interpret as per the age 2. Recognition of common GPE findings and nutritional deficiency signs.
9	IMNCI (PE 7.5, PE 8.2, PE 10.4, PE 16.1, PE 16.2, PE 16.3, 24.11)	<ol style="list-style-type: none"> 1. Introduction to IMNCI, its components 2. Identify the Undernutrition as per IMNCI
10	End of posting Assessment	Theory (MCQ's based on practical classes) and Practical (OSCE).

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Phase III Part I Clinical Posting

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

Total Duration of posting 24 days x 3 hours = 72 hours (51 Paediatrics + 21 Hours Neonatology) in Phase III part I.

Competencies to be covered are as detailed in the Table below.

(Competencies to be certified are marked in bold)

Primary Focus would be on system based - history and examination. Demonstration of clinical signs on patients or by use of videos for teaching/ learning.

Appropriate Time for simulation may be taken out from 3 hours clinical posting

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

Day	Competency	Learning Objectives (Departmental)
D1	Recapitulation of competencies learnt in Phase 2 learnings.	<ol style="list-style-type: none"> 1. Components of History taking in Pediatrics 2. Importance of different components
D2	Perform Developmental assessment and interpret (PE1.7)	<ol style="list-style-type: none"> 1. Elicit developmental history from a parent/caretaker and 2. Perform Developmental assessment in infants and children and interpret the findings. 3. Elicit development history and interpret in a child with developmental delay.
D3	Nutritional Assessment of a Child (PE 8.4, PE 9.4, 9.5, 9.7)	<ol style="list-style-type: none"> 1. Calculate the gap (deficit) between recommended intake of calorie and protein and actual intake 2. Plan an age appropriate diet for a healthy child of different age groups, and child with under nutrition/ over nutrition. 3. Feeding counseling of the mother
D4	Anthropometry and its Interpretation (PE1.4, 9.6, 11.5)	<ol style="list-style-type: none"> 1. Perform anthropometric measurements in children and plot. 2. Interpret the anthropometric measurement data by plotting in appropriate WHO growth charts for children of all age groups and gender.

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		<ol style="list-style-type: none"> 3. Calculate BMI, document in BMI chart and interpret 4. Assess nutritional status from anthropometric parameters for children of all age groups. 5. Classify the type and degree of under nutrition using the WHO charts. 6. Identify over nutrition (overweight and obesity) by using WHO charts.
D5	Adolescent Health Check-up	<ol style="list-style-type: none"> 1. Perform routine Adolescent Health checkup including eliciting history, performing examination including SMR (Sexual Maturity Rating), growth assessments (using Growth charts) and HEADSS screening (PE 6.9)
D6	<p>Abdomen History (PE 21.8, 26.5)</p> <p>Examination (21.9, 26.6, 26.7, 26.8, 26.9)</p>	<ol style="list-style-type: none"> 1. Elicit document and present the history related to diseases of Gastrointestinal system 2. Elicit, document and present a history pertaining to diseases of the Genitourinary tract 3. Identify external markers for GI and Liver disorders e.g. Jaundice, Pallor, Clubbing, Failing to thrive, Vitamin deficiency 4. Identify external markers for Kidney disease, like Failing to thrive, hypertension, pallor, anasarca. 5. Perform examination of the abdomen, demonstrate organomegaly, ascites etc. 6. Formulate a provisional and differential diagnosis related to clinical presentation.
D7	<p>Evaluation of a Child with Diarrhea Including complicated diarrhea History (PE 24.9)</p> <p>Examination (24.10, 24.11)</p>	<ol style="list-style-type: none"> 1. Elicit document and present the history related to diarrheal diseases and dehydration. 2. Assess for signs of dehydration, document and present 3. Apply risk stratification of children with diarrheal dehydration as per IMNCI guidelines. 4. Examine and identify features suggestive of other systemic involvement

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		in a case of diarrhea.
D8	Cardiovascular System History (PE23.7)	<ol style="list-style-type: none"> 1. Elicit appropriate history for a cardiac disease, analyze the symptoms 2. Points suggestive of congenital or acquired Heart disease 3. Points suggestive of CHF
	Examination (PE 23.8, 23.9, 23.10, 23.12, 23.13)	<ol style="list-style-type: none"> 1. Check for signs of shock i.e. pulse, blood pressure, CRT 2. Check for signs of CHF. 3. Identify external markers of a cardiac disease 4. Perform examination of the cardiovascular system
D9	Respiratory system History (PE28.9,)	<ol style="list-style-type: none"> 1. Elicit, document and present history of a child with respiratory problem including upper respiratory symptoms.
	Examination (PE28.10,28.11,28.12,28.13, 28.15, 31.2, 31.6)	<ol style="list-style-type: none"> 2. Assess airway and breathing: recognize signs of severe respiratory distress. Check for cyanosis, severe chest in-drawing, grunting 3. Examination of upper respiratory tract 4. Classify the child with stridor as per IMNCI guidelines 5. Detailed examination of respiratory system.
D10	Approach to a child with anemia with / without other Hemato-oncological or systemic manifestations History (PE29.10)	<ol style="list-style-type: none"> 1. Elicit, document and present the history related to anemia and other Hemato-oncological manifestations
	Examination (PE29.11,29.12)	<ol style="list-style-type: none"> 2. Identify external markers for hematological disorders e.g. Jaundice, Pallor, Petechiae, purpura, Ecchymosis, Lymphadenopathy, bone tenderness, loss of weight. 3. Perform examination of the abdomen, demonstrate Organomegaly
D11	CNS History & Examination (PE30.17, 30.18,30.19)	<ol style="list-style-type: none"> 1. Elicit, document and present appropriate history pertaining to the CNS 2. Demonstrate the correct method for physical examination of CNS. 3. Document and present clinical findings. 4. Analyze symptoms and interpret physical findings

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D12	Assessment of airway & Oxygen therapy	<ol style="list-style-type: none"> 1. Assess airway and breathing: recognize signs of severe respiratory distress. 2. Demonstrate the method of positioning of an infant & child to open airway in a simulated environment 3. O2 delivery devices and inhalational therapy (PE 27.9) 4. Administer oxygen using correct technique and appropriate flow rate
D13	Document Immunization in an immunization record (PE19.6, 19.10, 19.11, 19.12, 19.13)	<ol style="list-style-type: none"> 1. Assess patient for fitness for immunization and prescribe an age appropriate immunization schedule 2. Document Immunization in an immunization record 3. Interpret a Mantoux Test, BCG scar 4. Demonstrate the correct administration of different vaccines in a mannequin/ other models
D14	Care around birth (PE 20.2, PE 20.3)	<ol style="list-style-type: none"> 1. Visit to a baby corner in labor room 2. Steps of essential newborn care 3. Observation of early establishment of breast feeding 4. Observation of methods of keeping the baby warm - KMC care
D15	Neonatal resuscitation (PE 20.3)	<ol style="list-style-type: none"> 1. Steps of neonatal care 2. Demonstration steps of neonatal resuscitation in a manikin 3. Demonstration of PPV through Bag and mask in a manikin 4. Demonstration of placement of orogastric tube during prolonged PPV in a manikin 5. Demonstrate the 'thumb technique' and 'two finger technique' of providing chest compression in a manikin.
D16	Assessment of a normal neonate (PE 20.4)	<ol style="list-style-type: none"> 1. Elicit the relevant general, antenatal, natal and postnatal history of the mother 2. Demonstrate the touch method of assessment of temperature in a newborn. 3. Demonstrate the method of recording axillary and rectal temperature in a neonatal manikin. 4. Demonstrate the counting of HR, RR, CRT in a newborn. 5. Measure weight, length, head circumference and chest circumference in a neonate/manikin accurately.

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D17	Feeding of a neonate – Term/ preterm (PE 7.5, 7.7)	<ol style="list-style-type: none"> 1. Observe correct technique of breastfeeding noting signs of good attachment and correct positioning of mother and baby. 2. Distinguish correct feeding technique from wrong one on the mother baby dyad. 3. Identify the common problems related to breast in lactating mother viz retracted nipples, cracked nipples, breast engorgement, breast abscess. 4. Observe feeding of a preterm/LBW neonate- Tube feeding/ Katori spoon feeding.
D18	Identify and stratify risk in a sick neonate using IMNCI guidelines (PE 20.18)	<ol style="list-style-type: none"> 1. Identify possible serious bacterial infection/jaundice and stratify the sick neonate as per IMNCI. 2. Identify and stratify dehydration in a sick neonate with diarrhea as per IMNCI. 3. Assess breastfeeding and check for signs of good attachment to the breast in a neonate. 4. Interpret and classify the neonate on the basis of weight for age z scores weight categories accurately.
D19	Counsel/educate mothers on the care of neonates (PE 20.5)	<ol style="list-style-type: none"> 1. Counsel mothers using the GALPAC technique (Greet, Ask, Listen, Praise, Advise, Check for understanding) appropriately. 2. Educate mothers regarding care of the eyes, skin and cord stump of the neonate. 3. Educate the mother for prevention of infections. 4. Counsel the mothers about the importance of exclusive breastfeeding appropriately 5. Explain to the mother the importance of frequent breastfeeding including night feeds. 6. Educate the mother regarding common lactation problems
D20	Follow up care of neonates(PE 20.6)	<ol style="list-style-type: none"> 1. Explain the schedule of immunization as per the national immunization

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		<p>schedule correctly.</p> <ol style="list-style-type: none"> 2. Explain the importance of growth monitoring. 3. Demonstrate the technique of Kangaroo Mother Care in a manikin and simulated mother. 4. Explain to the parents the red flag signs for urgent visit to hospital. Counsel the parents on importance of regular visit to the well-baby clinic for growth monitoring
D21	Pediatric Procedures	Demonstration of common pediatric procedures and instruments – Iv cannulation, intraosseous line, BMA/BMB, Lumbar puncture, Liver biopsy etc. (PE 15.6, 15.7, 24.16, 29.17, 30.23, 26.10)
D22	Feedback/revision/missed class	Feedback/revision/missed class
D23	End of posting Assessment - Theory	Assessment of competencies in Pediatrics
D24	End of posting Assessment - Practical	Assessment of competencies in Pediatrics + NRP

Phase III Part II Clinical Posting

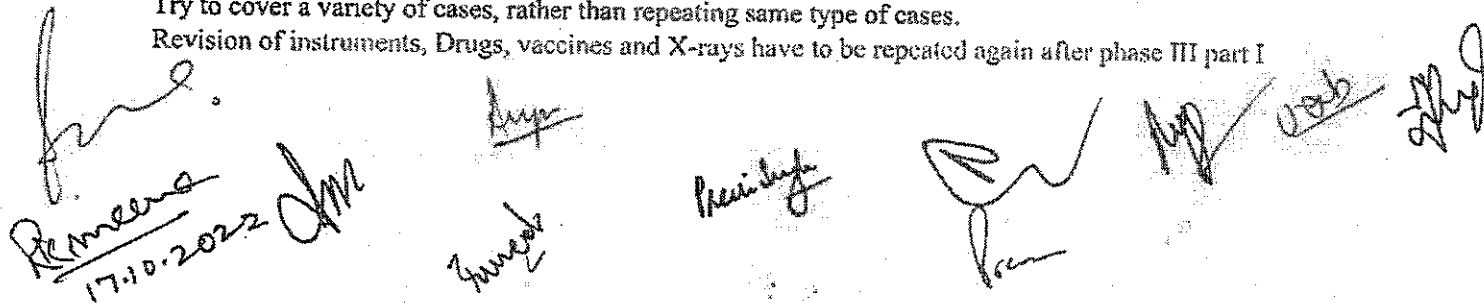
Posted for Monday – Saturday, between 9am – 12pm.

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

Primary Focus would be on clinical case based approach including management

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

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



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Day	Topic	Competency
D1	Clinical case- Undernutrition	History (PE 9.4), Examination (PE 9.6, 9.7, 10.4) & Management - SAM
D2	Clinical case – Fever >7 days	PE 34.14 -34.20
D3	Clinical Case - Abdomen	History (PE 21.8, 26.5), Examination (21.9, 26.6, 26.7, 26.8, 26.9) & Management – HSM, Ascites, CLD
D4	Clinical Case - Diarrhea	History (PE 24.9), Examination (24.10, 24.11, 24.13, 24.14) & Management – AGE with dehydration / Chronic diarrhea
D5	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management – ACHD/CCHD/RHD/CHF
D6	Clinical case – Respiratory system	History (PE 28.9), Examination & Management (PE 28.10,28.11,28.12,28.13, 28.14, 28.15,28.16, 28.17, 31.2, 31.4, 31.6, 31.7, 31.9) – Pneumonia/ Empyema/Wheezy child
D7	Clinical Case – Genito-urinary System	History (21.8), Examination (21.9, 21.10, 21.11, 21.12, 21.13, 21.14) & Management – Nephrotic syndrome, PSGN Interpretation of urine analysis
D8	Clinical Case - Hemato-oncology	History (PE 29.10), Examination (PE 29.11,29.12, 29.13, 29.14, 29.15) & Management – anemia with / without Organomegaly Interpret hemogram and Iron Panel, Propose a management plan for IRON deficiency anemia
D9	Clinical Case - CNS	History (PE 30.17, 30.18,30.19), Examination (PE 30.18,30.19, 30.21, 30.22, 30.23) & Management - Meningitis, Paralysis, epilepsy, Cerebral Palsy
D10	Fluid therapy in Paediatrics	1. Calculate the fluid and electrolyte requirement in health, Interpret electrolyte report 2. Choose the type of fluid and calculate the fluid requirement in shock
D11	Clinical Case - Abdomen	History (PE 21.8, 26.5), Examination (21.9, 26.6, 26.7, 26.8, 26.9) & Management
D11	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management

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D1 3	Clinical case – Respiratory system	History (PE 28.9), Examination (PE 28.10,28.11,28.12,28.13, 28.14, 28.15,28.16, 28.17, 31.2, 31.4, 31.6, 31.7, 31.9) & Management
D1 4	Clinical Case - Hemato-oncology	History (PE 29.10), Examination (PE 29.11,29.12, 29.13, 29.14, 29.15) & Management
D1 5	Clinical Case - CNS	<ol style="list-style-type: none"> 1. Unconscious child - History (PE 30.17, 30.18,30.19), Examination (PE 30.18,30.19, 30.21, 30.22, 30.23) 2. Assess level of consciousness & provide emergency treatment to a child with convulsions/coma. 3. Position an unconscious child 4. Position a child with suspected, Administer IV/per rectal Diazepam for a convulsing child in a simulated environment
D1 6	Assessment of a normal neonate	History and Examination of a normal neonate (PE 20.4, 20.5)
D1 7	Feeding assessment	History and assessment related with feeding in a neonate (PE 20.11)
D1 8	Clinical case	History and assessment related to – LBW / preterm neonate(PE 7.5, 7.7, 20.11)
D1 9	Clinical case	Neonatal jaundice (PE 20.12)
D2 0	Assessment of a sick neonate	Identify and stratify risk in a sick neonate using IMNCI guidelines. (PE 20. 18)
D2 1	Neonatal Resuscitation(PE 20.3)	<ol style="list-style-type: none"> 1. Demonstration of neonatal resuscitation in a manikin 2. Demonstration of placement of orogastric tube during prolonged PPV in a manikin. 3. Demonstrate the 'thumb technique' and 'two finger technique' of providing chest compression in a manikin. 4. Identify the correct size of Laryngoscope and endotracheal tube based on given birth weight/ gestation correctly. 5. Perform PPV, chest compression and endotracheal intubation in manikin
D2	X-rays in Paediatrics	1. Interpret normal and abnormal X-rays of chest, abdomen, skull and hand (neonates and

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D2	End of posting Assessment -	Assessment of competencies in Pediatrics
3	Theory	
D2	End of posting Assessment -	Assessment of competencies in Pediatrics
4	Practical	

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 Dr Anju Seth

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DR. PREETI SINGH.

Preeti Singh
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Dr Anju Aggarwal
 Dr Dhruv Shah
 Dr. Prema Bata

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Dr. Shree Maheshwari
 Dr. Soumya Tiwari
 Dr. Rajesh Kumar Meena
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Annexure 1b

Department of PediatricsLecture Schedule**Phase III part I**

Total duration: 55 hours

Large Group Teaching/ Lecture: 20 hours; Small group Teaching / Tutorial: 30 hours;

Self-Directed Learning: 5 hours

LGT – Large group teaching, SGT – Small group teaching, *For SGTs, case-based teaching and liberal use of images and videos is advised.

Some of the SGT topics can be conducted as student symposia/seminar.

Contents of the Lecture to be developed keeping in line the prescribed competencies. AETCOM component to be included in SGT/LGT where ever is feasible.

S.No.	Topic	Mode
General Pediatrics		
1	Principles of Growth in children & Assessment of physical growth and monitoring	LGT
2	Principles of Development and Normal Developmental milestones	LGT
3	Behavioral disorders in children	LGT
4	ADHD & Autism	LGT
5	Adolescence: Changes, Behavior & Assessment	LGT
6	IYCF Concepts, Breastfeeding: physiology & its role in child nutrition	LGT
7	Complementary feeding	LGT
8	Malnutrition in children: Diagnosis & classification	LGT
9	Malnutrition in children: Management	LGT
10	Malaria	LGT
11	Dengue Fever	LGT
12	Enteric fever	LGT
13	HIV in children	LGT
14	Intestinal Parasites	LGT

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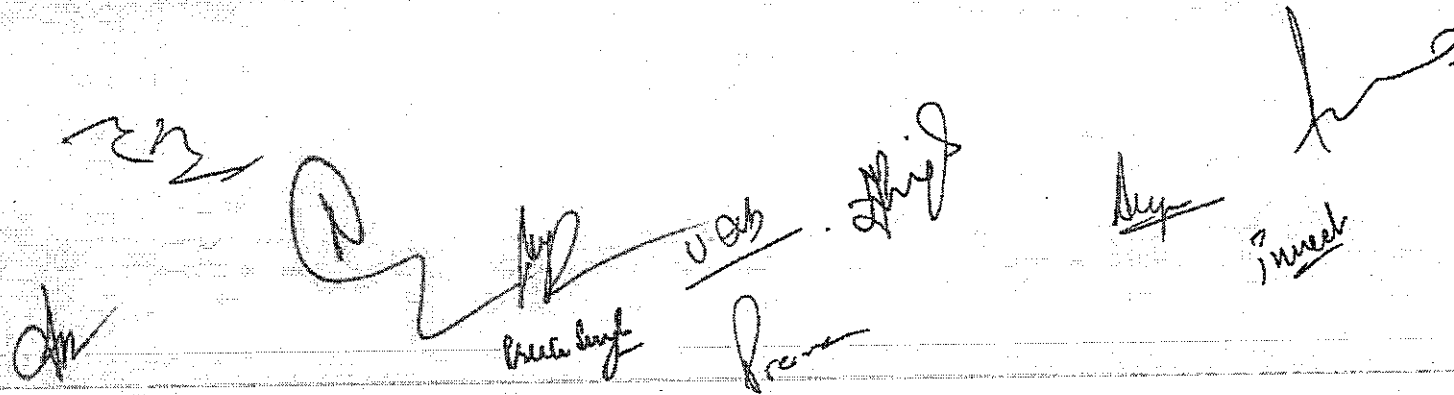
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Neonatology		
15	Low Birth weight: definition, complications & Management	LGT
16	Birth asphyxia and HIE	LGT
17	Bleeding in a neonate	LGT
18	Respiratory distress in a newborn	LGT
19	Missed Class/Feedback/revision	
20	Missed Class/ Feedback/revision	

S.No.	Topic	Mode
General Pediatrics		
1	Anomalies of Growth: Short stature, FTT, Abnormalities of head size and shape	SGT
2	Developmental delay and Red Alerts in Development	SGT
3	Fluid and Electrolytes Balance & Dyslectrolytemia – case based approach	SGT
4	Micronutrients in Health and Disease – I (Vitamin A,C, D,E,K and B-Complex)	SGT
5	Micronutrients in Health and Disease – II (Iron, Iodine, Calcium, Zinc and Magnesium)	SGT
6	Assessment of breastfeeding & Special situations	SGT
7	National Health Programs	SGT
8	Approach to a child with fever	SGT
9	Diagnosis & Management of childhood TB	SGT
10	Immunization - National Immunization schedule and beyond	SGT
Neonatology		
11	Essential Newborn care including prevention & management of hypothermia and hypoglycemia	SGT
12	Neonatal sepsis	SGT

13	Neonatal Jaundice	SGT
14	Neonatal seizures including Hypocalcemia	SGT
15	Follow up of Normal Newborn	SGT
16	Gestation assessment of a neonate	SGT


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P. K. Sharma
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Phase III part II

Total duration: 65 hours

Large Group Teaching/ Lecture: 20 hours; Small group Teaching / Tutorial: 35 hours;

Self-Directed Learning: 10 hours

LGT – Large group teaching, SGT – Small group teaching, *For SGTs, case-based teaching and liberal use of images and videos is advised.

LGT – Large group teaching, SGT – Small group teaching, *For SGTs, case-based teaching and liberal use of images and videos is advised.

Some of the SGT topics can be conducted as student symposia/seminar.

Contents of the Lecture to be developed keeping in line the prescribed competencies. AETCOM component to be included in SGT/LGT where ever is feasible.

S.No.	Topic	Mode
	Disorders of Kidney and urinary tract	
1	Urinary Tract Infection in children	LGT
2	Acute Kidney Injury	LGT
	Hemato-oncology	
3	Bleeding and Clotting Disorders	LGT
	Cardiovascular system	
4	Acquired Heart Disease and CHF	LGT
5	Hypertension in children	LGT
	Disorders of GI system and Liver	
6	Chronic Diarrhea and Malabsorption	LGT
7	Acute Viral Hepatitis	LGT
	Respiratory system	
8	Stridor	LGT
9	Bronchiolitis and pneumonia	LGT
	CNS	

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10	Neural tube defects	LGT
11	Acute Meningitis	LGT
12	CNS tuberculosis	LGT
13	IC SOL and brain abscess	LGT
14	Neuromuscular disorders in children	LGT
	Endocrine and metabolic disorders	
15	Diabetes mellitus in children	LGT
16	Thyroid disorders in children	LGT
17	Obesity and overweight	LGT
18	Connective Tissue Disorders (JIA, SLE, Kawasaki)	LGT
19	Child Abuse and Pcco act.	LGT
20	Missed class	

S.No.	Topic	Mode
	Disorders of Kidney and urinary tract	
1	Nephrotic Syndrome	SGT
2	Chronic Kidney Disease including Congenital anomalies of kidney and urinary tract (CAKUT)	SGT
3	Approach to a child with Hematuria and Proteinuria	SGT
	Hemato-oncology	
4	Hemolytic anemia's including thalassemia	SGT
5	Childhood Lymphomas and Leukemia	SGT
6	Solid Organ tumors – neuroblastoma, Nephroblastoma, retinoblastoma (brief Orientation)	SGT
	Cardiovascular system	
7	Congenital Heart disease	SGT

	Disorders of GI system and Liver	
8	Approach child with Diarrhea, classification and Management of dehydration	SGT
9	Chronic Liver Disease and Portal Hypertension	SGT
10	Approach to a child with Jaundice	SGT
	Respiratory system	
11	Approach to a child with fever and cough / difficulty in breathing	SGT
12	Management of childhood Asthma	SGT
	CNS	
13	Approach to a child with seizures	SGT
14	Classification of Epilepsy in children, diagnosis and management	SGT
15	Acute Flaccid Paralysis including poliomyelitis	SGT
16	Common chromosomal disorders (Downs syndrome, Turners syndrome etc.)	SGT
17	Approach to a child with exanthematous fever	SGT
18	Pediatric X rays	SGT
19	Drugs and medications in children	SGT
20	Instruments in pediatric practice	SGT
21	Communication with Child and caregiver (AETCOM)	SGT
22	Poisoning and Intoxication in children	SGT
23	Common Pediatrics Emergencies –I (Assessment and triaging of a sick child)	SGT
24	Common Pediatrics Emergencies –II (respiratory distress, status epilepticus, unconscious child)	SGT
25	Shock in children	SGT
26	BLS Algorithm	SGT
27	PALS Algorithm	SGT
28	Missed classes / Feedback/revision	SGT
29	Missed classes / Feedback/revision	SGT

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30	Missed Class/ Feedback/revision	SGT
31	Missed classes / Feedback/revision	SGT
32	Missed classes / Feedback/revision	SGT
33	Missed Class/ Feedback/revision	SGT

1. Dr. Umila Thomb
2. Dr. Monica Juneja
3. Dr. Anju Seth
4. Dr. Kirti Singh

— V. S. B
 17/10/22
 — 21/10/22
 — 17/10/22
 — Kirti Singh 17/10/22
 Anju

5. Dr. Anju Aggarwal
6. Dr. Kavita K. Bunde
7. Dr. Dheeraj Shah

— K2
 — Dr. Dheeraj Shah (A)
 — Anju
 — Kirti Singh
 — R. Meena

- Dr. Pooja Bhatnagar
 Dr. Anu Maheshwari
 Dr. Pooja Kulkarni
 Dr. Soniya Tiwari
 Dr. Rishabh Kumar Meena

Annexure 2.

ASSESSMENT OF UNDERGRADUATE STUDENTS- PEDIATRICSCOMPONENTS OF INTERNAL ASSESSMENT (IA)/ FORMATIVE ASSESSMENT

- (i) Theory IA
- (ii) Practical / Clinical IA
- (iii) Assessment of Logbook. Up to 20% of IA marks (Theory and Practical) from the Logbook assessment.
- (iv) Internal Assessment for AETCOM

SCHEME OF FORMATIVE THEORY ASSESSMENT IN PHASE II and PHASE III MBBS-PHASE II

Formative theory assessment at this stage will be taken at the end of the posting for each individual batch. It will be in the form of multiple-choice question (MCQ) of 20 marks.

PHASE III

Formative Theory assessments I, II, III, and IV will be conducted in phase III of the MBBS curriculum – in parts I and II, as highlighted in figure 1. During phase III, part I, there will be 2 theory examinations in February/March and August/ September, respectively. In phase III, part II, the theory exams III and IV will be conducted in May/June and November/December, respectively. The syllabus for the formative theory assessment for each term will be aligned with the topics taught/ covered during the preceding 6 months. The final theory assessment, i.e., IV, will be the sent-up exam that covers the entire pediatrics syllabus.

Marks distribution of the formative theory assessment I, II, III

Maximum Marks = 50

- I. MCQ- 10 marks
- II. Structured essay type question – one of 15 marks
- III. Short answer questions – Five of 5 marks each (5 X 5=25)

The formative theory assessment IV will be sent up exam that covers the entire pediatric syllabus with Maximum Marks = 100

- I. MCQ- 20 marks
- II. Structured essay type question – one of 20 marks (20X1 =20)
- III. Long answer question - Two of 10 marks each (10 X 2=20)
- IV. Short answer questions – Eight of 5 marks each (5X8=40)

dm

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Anya

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VSB

17/10/22

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17.10.2022

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
							Foundation Course		I MBBS		
I MBBS								Exam I MBBS	II MBBS		
II MBBS								Exam II MBBS	III MBBS		
		I	III MBBS Part I					II	Exam III MBBS Part I	Electives & Skills	
			III	III MBBS Part II						IV	
Exam III MBBS Part II	Internship										
Internship											

Figure 1. Timeline of UG assessment during phase III MBBS Part I and Part II

Format: Theory assessments I, II, III, and IV are to be conducted in phase III - parts I and II as highlighted above

SCHEME OF PRACTICAL EXAMINATION FOR FORMATIVE ASSESSMENT IN DIFFERENT

PHASES-

PHASE II: During this phase, the students will be posted in the department for 2 weeks. The practical assessment at the end of the posting will consist of OSCE.

The theory exam (MCQ= 15 marks) at this stage will be taken at the end of the posting for each individual batch.

PRACTICAL

OSCE (combination of observed and unobserved stations, including AETCOM) = 30 marks (6 stations X 5 marks)

MARKING SCHEME-

Maximum marks (MM) = 50

MCQ= 15 marks

Logbook (reflections of topics taught during clinical posting) = 5 marks

OSCE (combination of observed and unobserved stations, including AETCOM) = 30 marks

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PHASE III, part I: The clinical posting will last 4 weeks. Each batch will have an end-of-posting assessment once during this phase. The assessment will be in the form:

- i One case presentation focusing on history and examination– 50 marks
 - ii NRP – 20 marks
 - iii Logbook assessment (Including portfolio of 3 cases) - 30 marks
- The total marks at the end posting assessment will be 100 marks.

PHASE III, part II: At the end of the clinical posting (4 weeks), students will have an assessment (total marks 100) with the following components:

- I. Clinical case (Long case) - 40 marks.
- II. Newborn case- 20 marks.
- III. *Observed /Unobserved stations (X-rays, emergency drugs, instruments, AETCOM) 20 marks (5X4=20)
- IV. Logbook assessment - 20 marks

*Following are the suggested stations for observed and unobserved OSCE, however the examiners can decide the number and content of the stations as per the logistics and resource availability.

Examples of unobserved stations (written or using audiovisual aids) to evaluate the know-how domain of the learner –

- i. Recognition and management of emergencies like status epilepticus, hypocalcemia seizures, hypoglycemia
- ii. Chest Xray findings and their interpretation
- iii. Vaccines and their application
- iv. Recognition and management of dehydration in children
- v. Fluid and electrolyte-related clinical problems
- vi. Miscellaneous- Biomedical Waste, Needle stick injury

Examples of observed stations (with examiners to directly observe and assess the skills- Show How component)

- i. NRP
- ii. Anthropometry and its interpretation
- iii. Dietary counseling

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gpm

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Ramesh

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Ramesh

- iv. Assess airway and breathing. Demonstrate the method of positioning an infant & child to open airway in a simulated environment, administer oxygen using correct technique and appropriate flow rate
- v. Abdominal Palpation and percussion or any other system evaluation
- vi. The development history of a child with developmental delay

Table 1: Theory and practical assessment in phase II and phase III (Part I and II) of the MBBS curriculum

PHASE	PHASE II		PHASE III Part I		PHASE III Part II		SENT UP
Assessment	Theory	Practical	Theory	Practical	Theory	Practical	Theory and Practical
	Once at the end of the clinical posting for each batch	Once at the end of the clinical posting for each batch	Formative Theory assessment I and II in Feb-March and Aug-Sept, respectively	Once at the end of the clinical posting for each batch	Formative Theory assessment III and IV (sent up) in May-June and Nov-Dec, respectively	Once at the end of the clinical posting for each batch	The pattern of the evaluation shall be the same as the final prof exam (summative assessment)
Tools for assessment	MCQ = 15 marks	OSCE, logbook	Written Exam I and II (MM-50)	1 Clinical case, NRP, logbook	Written Exam III and IV (sent up exam MM = 100)	2 clinical cases, combination of observed and unobserved stations, logbook	

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The results of IA will be displayed on the notice board within 1-2 weeks of the assessment taken. Universities shall guide the colleges in formulating policies for remedial measures for students who are either unable to score qualifying marks or have missed some assessments for any reason.

ELIGIBILITY CRITERIA TO APPEAR FOR THE FINAL EXAMINATIONS

- UG 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 Pediatricsto be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect a different head of passing at the summative examination.
- UG Students must have completed the required certifiable competencies for that phase of training and completed the logbook appropriate for that phase of training to be eligible for appearing at the final university examination of that subject

SENT UP AND SUMMATIVE ASSESSMENT

THEORY 100 marks –

Maximum Marks = 100

- I. MCQ- 20 marks
- II. Structured essay type question – 20 marks
- III. Long answer question - Two of 10 marks each (10 X 2=20)
- IV. Short answer questions – Eight of 5 marks each (8 X5=40)

PRACTICAL 100 marks –

1. Two clinical case = 25 marks each (25X2=50) = 50 marks
2. Newborn Case = 10 marks
3. Four table vivas including NRP = 40 marks (10X4 =40)

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Suresh

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U.O.D
17/10/22
Dr. Umma Shah

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17/10/22

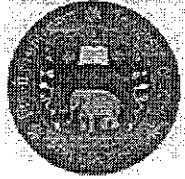
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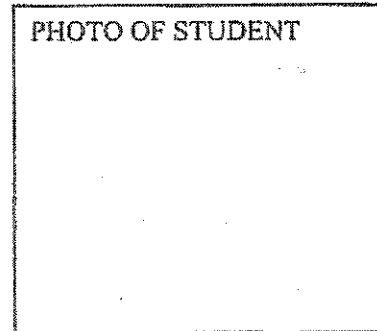
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17.10.2022

1. Dr Urmila Jhamb V. ab
2. Dr. MONICA JUNEJA 17/10/22
3. Dr Anjali Seth 17/10/22
4. Dr. Meeta Singh 17/10/22
5. Dr Anju Aggarwal 17/10/22
6. Dr. Kavita K. Pande etc.
7. Dr. Dhruv Shet Dhruv Shet (W)
8. Dr. Prerna Bhatia Prerna 17/10
9. Dr. Anur Maheshwari Anur
10. Dr. Soumya Tiwari Soumya
11. Dr. Rajesh Kumar Meena Rajesh Kumar Meena
12. Dr. Pooja Kaur Sahni Pooja



UNIVERSITY OF DELHI
UNDERGRADUATE LOGBOOK
DEPARTMENT OF PEDIATRICS

Name :
Reg. No. (Univ) :
Name of college :
Roll no :
Year of admission:
Mobile no :
Email ID :
Address (Permanent):
Address (Local) :



This document includes the minimum basic requirements as per extant competencies/curriculum/regulations on Graduate Medical Education, 2018.

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17/10/22 - U-206
17/10/22

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17/10/2022

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17/10/22

CERTIFICATE

This is to certify that the student Mr/Ms admitted at

..... in the year....., Batch Roll No. and

University Reg. No..... has satisfactorily completed / has not completed all assignments / requirements mentioned in this logbook for final year MBBS course in the subject of Pediatrics. The student is/is not eligible to appear for the summative (University) assessment.

Signature of Faculty

Signature and Seal

Name and designation

Head of Pediatric Department

Principal/Dean of the College

Signature and Seal.

R. Manoj
7/10/2022
U.S.D.
for me

GENERAL INSTRUCTIONS)

1. This logbook is a record of academic and other activities of the student in the Department of Pediatrics.
2. Entries in the logbook reflect the activities undertaken by the student and certified by the faculty.
3. Reflections by students should demonstrate the learning that has taken place.

CLINICAL POSTING

Rotation	Phase	Duration (Weeks)	From	To
Ist	Phase II			
IIInd	Phase III Part 1			
IIIrd	Phase III Part 2			

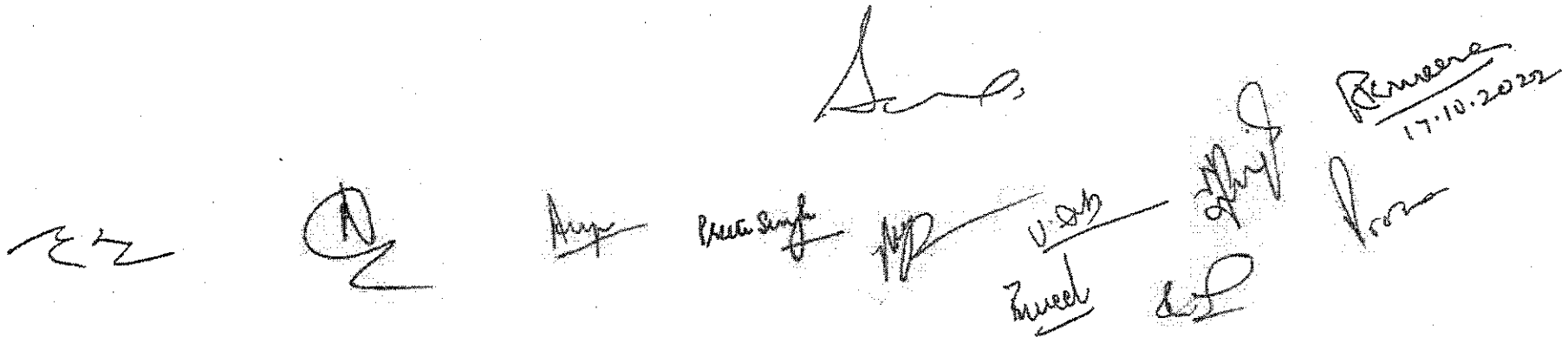
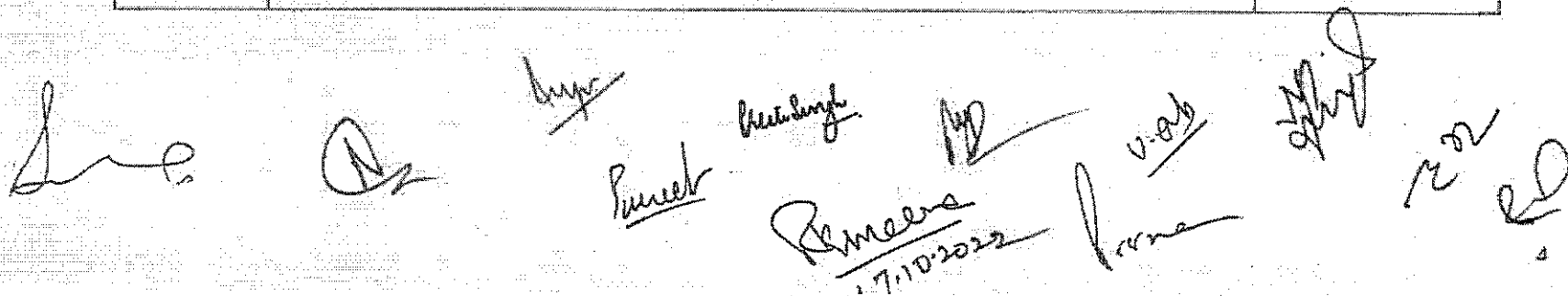

 A collection of handwritten signatures and dates. At the top center is a large signature. Below it, from left to right, are: a signature, a circled 'N' with a signature below it, a signature, 'V. Singh', a signature, 'V. Singh' with 'Zweel' written below it, another signature, and a signature with the date '17.10.2022' written below it.

TABLE OF CONTENTS

S. No	Content	Page number
1	Competencies requiring certification	4-5
2	Competencies requiring documentation	6-8
3	Affective competencies requiring documentation	9
4	Certifiable procedural skills and other skills	10-11
5	Record of Clinical cases presented/attended Phase II	12
6	Record of Clinical cases presented/attended Phase III (Part 1)	13
7	Record of Clinical cases presented/attended Phase III (Part 2)	14
8	Clinical Field visits	15
9	Participation in departmental activities	16
10	Self-directed learning	17
11	Reflections of student	18


 A collection of handwritten signatures and dates at the bottom of the page. From left to right, there are several signatures: a large cursive signature, a signature with a circle around the first letter, a signature that looks like 'Anurag', a signature that looks like 'Puneet', a signature that looks like 'Ankur Singh', a signature that looks like 'AD', a signature that looks like 'V. ab', a signature that looks like 'g. h. s.', and a signature that looks like 'R. D.'. In the center, there is a date '17.10.2022' written under the signature 'R. D.'.

COMPETENCIES REQUIRING CERTIFICATION

No	COMPETENCY	Date	Minimum no for certify	Decision of Teacher with initials: Complete (C) or repeat (R)				Feedback Received Initials of Learner
PE1.4	Perform Anthropometric measurements, document in growth charts and interpret		3					
PE1.7	Perform Developmental assessment and interpret		3					
PE7.5	Observe the correct technique of breast feeding and distinguish right from wrong techniques		3					
PE11.5	Calculate BMI, document in BMI chart and interpret		3					
PE 19.6	Assess patient for fitness for immunization and prescribe an age-appropriate immunization schedule		5					
PE27.15	Assess airway and breathing: recognise signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting		3					
PE27.17	Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate		3					
PE27.19	Check for signs of shock i.e. pulse, Blood pressure, CRT		3					

* shaded part of table is Phase III Part I
 Rest is Phase III Part II,
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PF27.21	Choose the type of fluid and calculate the fluid requirement in shock		3				
	Assess level of consciousness & observe emergency treatment of a child with convulsions/coma; Position an unconscious child; Position a child with suspected trauma;		3				
PE27.22							
PE27.23	Assess for signs of severe dehydration		3				
PE33.6	Perform and interpret Urine Dipstick for Sugar		3				
PE33.11	Identify deviations in growth and plan appropriate referral		2				
PE34.6	Identify a BCG scar		3				
PE34.7	Interpret a Mantoux test		3				

h

Arjuna

Prateek Singh

Q

Prateek

AD

Ramesh
17.10.2022

Vish

guy

en *Prateek*

	immunization, importance of growth monitoring and red flags				
PE20.18	Identify and stratify risk in a sick neonate using IMNCI guidelines		PE21.9	Identify external markers for kidney disease, like failing to thrive, hypertension, pallor, anasarca	
PE21.12	Interpret report of Plain X Ray of KUB		PE 30.20	Interpret and explain the findings in a CSF analysis.	
PE 24.11	Apply the IMNCI guidelines in risk stratification of children with diarrheal dehydration and refer.		PE 31.11	Observe administration of nebulization	
PE 24.13	Interpret RFT and electrolyte report		PE 32.2	Identify the clinical features of Down's Syndrome	
PE 27.10	Observe the various methods of administering oxygen		PE 29.15	Preparation and interpretation of peripheral smear	
PE 28.15	Stratify risk in children with stridor using IMNCI guidelines		PE 33.10	Recognize precocious and delayed puberty and need for referral	

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PROCEDURAL SKILLS REQUIRING CERTIFICATION (To be done in mannequins/simulated models)

No	COMPETENCY	Date	Min no	Decision of Teacher with initials:	Initials of
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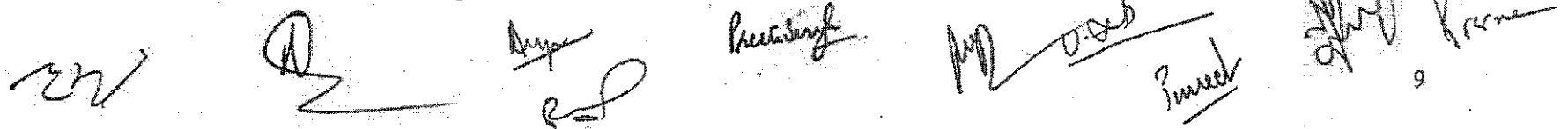
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 2. *[Signature]* *[Signature]* *1 Aug* *1* *[Signature]* *[Signature]*
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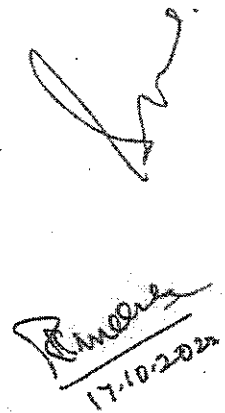
		to certify	Complete (C); Repeat (R)	Learner
PE24.15	Perform NG tube insertion in a manikin	2		
PE24.16	Perform IV cannulation in a model	3		
PE24.17	Perform Interosseous insertion model	2		
PE27.28	Provide BLS for children in manikin	3		
	Neonatal resuscitation	3		
PE27.16	Demonstrate the method of positioning of an infant & child to open airway in a simulated environment	3		
PE27.18	Assess airway and breathing: perform assisted ventilation by Bag and mask in a simulated environment	3		
PE27.22	Administer IV/per rectal Diazepam for a convulsing child in a simulated environment	3		

PROCEDURAL SKILLS REQUIRING DOCUMENTATION (To be done in mannequins/ simulated models)

No	COMPETENCY	Date	Initial of Teacher and date	Feedback Received Initials of Learner
PE 19.13	Demonstrate correct administration of different vaccines in a mannequin			
PE 29.17	Demonstrate bone marrow aspiration in a mannequin			
	Demonstrate lumbar puncture in a mannequin			

AFFECTIVE COMPETENCIES REQUIRING DOCUMENTATION


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 A handwritten signature and the date '17/10/2022' are written on the right side of the page.

Number	Initial of Faculty and date	Initial of Teacher and date	Number	Initial of Faculty and date	Initial of Teacher and date
PE 2.3	Counselling a parent with failing to thrive child		PE 8.5	Counsel and educate mothers on the best practices in complementary feeding.	
PE 3.4	Counsel a parent of a child with developmental delay		PE 10.5	Counsel parents of children with SAM and MAM.	
PE 6.8	Respecting patient privacy and maintaining confidentiality while dealing with adolescents.		PE 19.7	Educate and counsel a patient for immunization.	
PE 7.8	Educate mothers on antenatal breast care and prepare mothers for lactation.		PE 19.8	Demonstrate willingness to participate in the national and subnational immunization days	
PE 7.9	Educate and counsel mothers for best practices in breast feeding.		PE 20.5	Counsel /educate mothers on the care of neonates.	
PE 7.10	Respects patient privacy		PE 21.16	Counsel / educate a patient for referral appropriately	
PE 7.11	Participate in Breast Feeding Week celebration		PE 22.2	Counsel a patient with chronic illness	

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Number	Competency	Initial of teacher and date
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PE 23.18	Demonstrate empathy while dealing with children with cardiac diseases in every patient encounter.	
PE 26.13	Counsel and educate patients and their family appropriately on liver diseases	
PE 27.32	Counsel parents of dangerously ill / terminally ill child to break bad news	
PE 27.33	Obtain informed consent	
PE 27.34	Willing to be a part of the ER team	
PE 27.35	Attends to emergency calls promptly	
PE 29.19	Counsel and educate patients about prevention and treatment of anemia.	
PE 32.5	Counsel parents regarding 1. Present child 2. Risk in next pregnancy (Down's Syndrome)	
PE 32.10	Counsel parents regarding 1. Present child 2. Risk in next pregnancy (Turner Syndrome)	

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RECORD OF CLINICAL CASES PRESENTED/ ATTENDED PHASE II

S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended Write P/A	Teacher's Signature

RECORD OF CLINICAL CASES PRESENTED/ ATTENDED PHASE III (Part I)

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17.10.2022
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S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended	Teacher's Signature

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RECORD OF CLINICAL CASES PRESENTED/ ATTENDED PHASE III (Part 2)

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S.No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended	Teacher's Signature

* At least two cases must be presented during the entire duration of Pediatrics posting

CLINIC/FIELD VISITS

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Visits	Number	Competency	Date completed
Immunization Clinic	PE 19.10 PE 19.11 PE 19.12 PE 19.14		
Other Clinics (Desirable)			

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 17/10/2022

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 17/10/2022

PARTICIPATION IN DEPARTMENTAL ACTIVITIES

Activity	Self documentation by	Date

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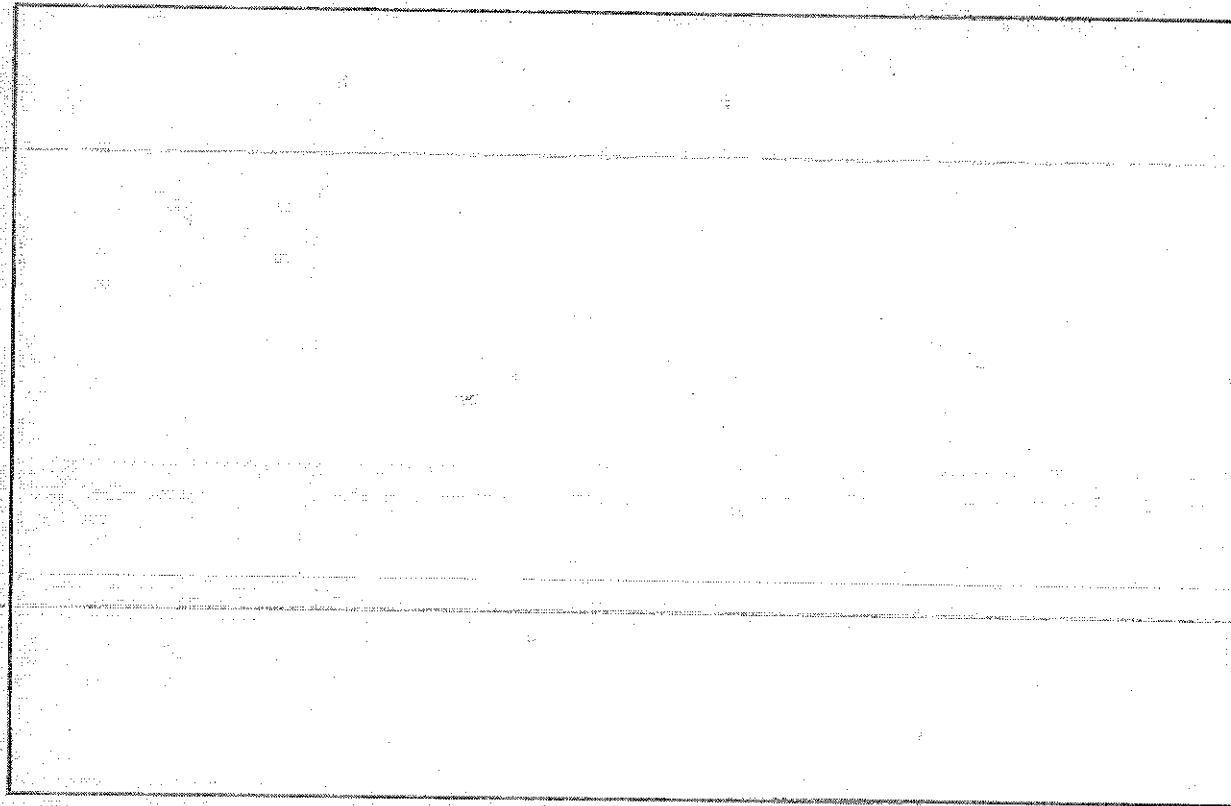
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	student	
Participation in celebration and IEC activities like Breastfeeding Week, National Newborn Week, World Immunization Week, World Tuberculosis Day, World Health Day, World Asthma Day, World Thalassemia Day		
Participation in IAP/ Other Quiz		
Participation in ICMR STS/ Other Research Projects		
Research paper presented/ submitted/ published		
Participation in Seminars/Conferences & Role		
Other Activities		

SELF-DIRECTED LEARNING

Phase III (Part 1): 5 hours: Phase III (Part 2): 10 hours

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 - *Reminders*
 - *17.10.2022*
 - *best high*
 - *16*
 - *16*



Dr. Urmil Shrivastava
 Dr. Monica Jangra
 Dr. Anju Aggarwal
 Dr. Preeti Singh
 Dr. Anshu Kaur Sahni
 Dr. Anurag Singh

V. S. B
 17/10/22
 17/10/22
 17/10/22
 17/10/22
 17/10/22
 17/10/22

Dr. Harsh Khandelwal
 Dr. Irena Bhat
 Dr. Rajesh Kumar Meena
 Dr. Anurag Singh
 Dr. Soumya Thakur