17. All staff should know how to operate and interpret cardiac monitor.
18. Should have knowledge about defibrillator.
19. They are also responsible for maintenance and working of all equipments and cleanliness of the ward in their duty hours.
20. Responsible for proper bedding etc.
21. Dispose used syringes / cannulas / I.V. sets properly.
22. Patient's register will be maintained and should contain all information regarding admission and progress of patient in each shift.

SOPs FOR (ITC) WARD SERVANTS

1. Must follow properly timing.
2. Must wear OT dress.
3. Must stay in the ward.
4. Should not follow any personal orders i.e. to bring tea for staff on duty.
5. Evening and night ward servants should clean the ITC ward.
6. They are also responsible for the entrance of attendants at times other than visiting hours.
7. They should help in shifting of patients and preparing the dead bodies.
8. Responsible for non-medical articles i.e. beds, wheel chairs, side tables, stands etc.
9. Report any irregularity to staff nurse.
10. They are not allowed to interfere or help staff nurses in preparation and administration of medicines.
11. They are also responsible for oxygen supply and cleanliness and working of compressor.

SOPs FOR (ITC) WARD CLEANERS

1. Must follow strict timings.
2. Wear OT dress.
3. Should not leave ward during their duty hours. In the absence of ward servant must stay at entrance of ITC to check entrance of attendants.
4. Responsible for emptying of Urine bags after informing staff on duty.
5. Care of bowl i.e. to provide urinals / pans to patients.
6. Clean the ITC at least once during their duty hours.
7. Emptying of buckets and dustbins properly before duty finishes.

SOP'S FOR ENDOSCOPY ROOM / ECHOCARDIOGRAPHY

- One day prior to the Endoscopy, the registrar on call will depute a house officer to make the list of the patients.
- They will prepare the patient as per requirement.
- For upper G.I. Endoscopy, the patient will be kept NPO after 12am.
- For colonoscopy, the patient has to be put on liquid diet for 03 days, daily intestinal laxatives kleen enema one night & before sending the patients to colonoscopy suite.
- The patients with upper GI bleed have to be properly washed before sending to Endoscopy Room.
- The Registrar on duty will make a list of all the patients who has reached in procedure room.
- The Registrar will nominate one house officer for BP, Pulse, Cannula I/V solution and other mandatory requirements before shifting of patients.
- One house officer will write report while one other house officer will explain the proper indication & diagnosis along with test reports to the consultant doing the procedure.
- All other house officers will assist the procedure.
- All House Officers are required to properly observe the procedure protocol, and will also come with learning outcome at the end of their duties.
- Registrars will assist the consultant and learn the Sterilization, Procedure under supervision.
- The Echo list will be made and assisted accordingly.

SOP's PROCEDURE ROOM

Procedures To Be Done

1. Lumber Puncture
2. Pleurocentesis
3. Abdominal Paracentesis
4. Pericardiocentesis
5. Liver Biopsies
6. Pleural biopsies

Format

- One registrar and one House Officer will be appointed on one month rotation as incharge of procedure room under supervision of consultant incharge
- The incharge will be responsible for maintenance and audit of
  a. Essential drugs
  b. Stock
  c. Cleanliness
- Incharge will keep one set of keys with them and one set of keys will be with the staff of the west wing

Procedure Protocols

1. All elective procedures should be done before 2:00 pm
2. Emergency procedures can be done at any time
3. Entry of attendants is not allowed in procedure room
4. All the doctors and paramedics and patients are supposed to wear shoe covers or change their shoes on entering the room.
5. All procedures performed should be entered in the procedure room register

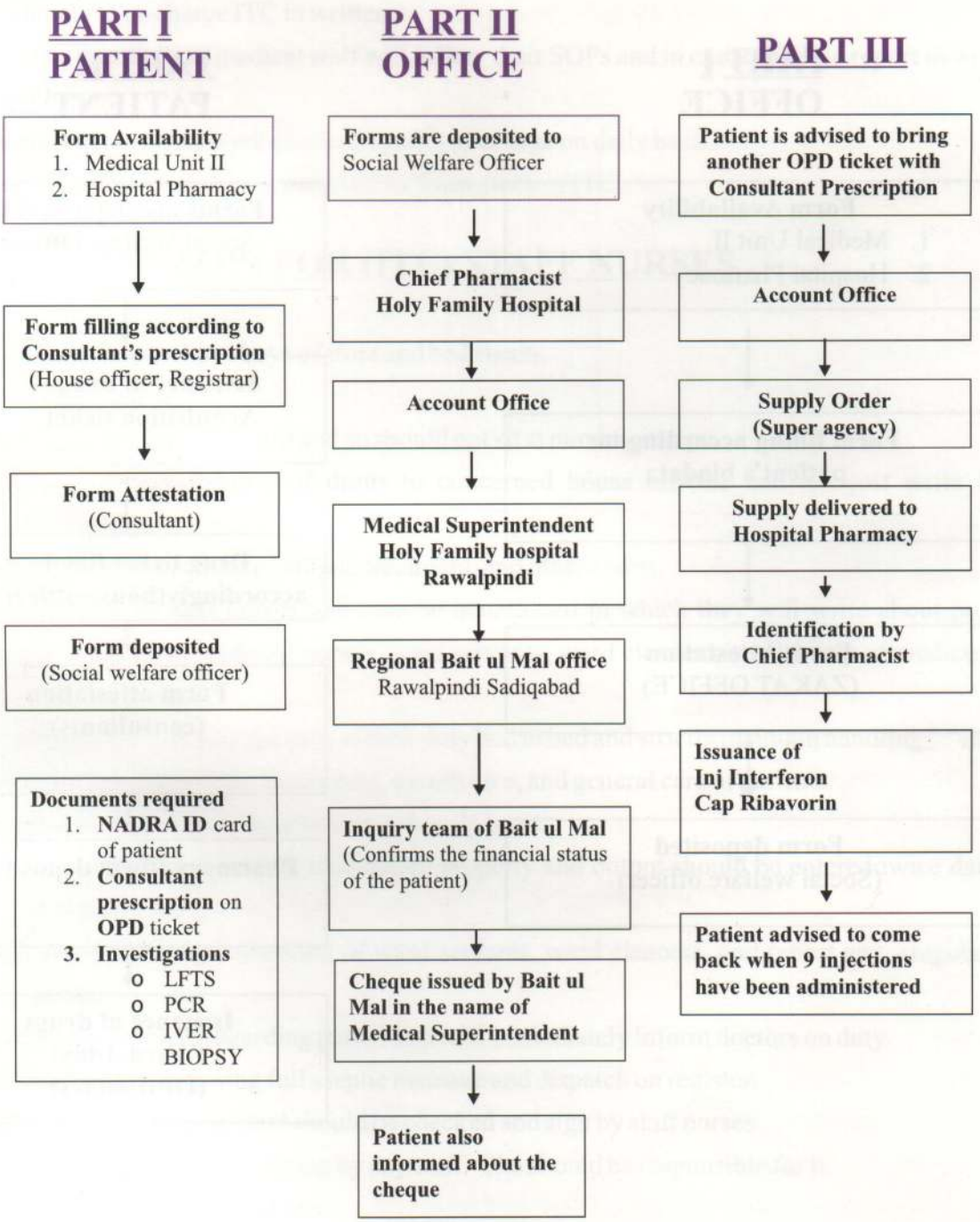
ESSENTIAL DRUG LIST

DRUG	QUANTITY
Inj. Atropine	09
Inj, Adrenaline	04
Inj. Solucortef 250 mg	02
0.9% Saline & drip sets	01
Pyodine	
Spirit	
Inj.R/L	01
Distilled water	06
Inj. Transamine	02
Inj. Dopamine	02
Dextrose water10%	03
Inj.dobutamine	01
Inj.soda bicarbonate	01
Dextrose 25%	04
Inj.heamaccel	01

INSTRUMENTS

INSTRUMENT	QUANTITY
Trolleys	03
2/o Silk	01
Disposable Syringes 5 ml	06
Disposable Syringes 10 ml	09
Disposable Syringes 50 ml	
Kidney Trays Small	04
Kidney Trays Large	02
Square Trays	01
Bucket	01
I/V Drip Stand	02
Gauze	
Sticking Plasters	
Shoes	04
Bed Sheets	02
Gowns	04
Gloves No 7 & 8	07
Sink	01
Bowl Stand	02
Curved Artery Forceps	01
Straight Artery Forceps	01
Easy Chairs	03
Laryngoscope	01 with 03 blades
Spirit Container	04
Scissor	03
Cotton	01
Small Chair	02
Chairs	05
E.T.T	01
Airway	01
Suction cathter	02
Plain foreceps	02
Tooth foreceps	01
Entry register	01

PROCEDURE OF GETTING INTERFERON FROM BAIT UL MAL



PROCEDURE OF GETTING MEDICINE FOR OPD FROM BAIT UL MAL

PART I
OFFICE

Form Availability
1. Medical Unit II
2. Hospital Pharmacy

↓

Form filling according to patient's biodata

↓

Form Attestation
(ZAKAT OFFICE)

↓

Form deposited
(Social welfare officer)

PART II
PATIENT

Forms are deposited to
Social Welfare Officer

↓

Issuance of drug Acquisition ticket

↓

Drug ticket filled accordingly(house officers)

↓

Form attestation (consultants)

↓

Pharmacy (form deposition)

↓

Issuance of drugs
(Ward-1day)
(OPD-8days)

ADMINISTRATION LIAISON DOCUMENT

A consultant will be incharge for liaison and communication with hospital administration He will keep record of all such communication with administration. Liaison will be regarding following matters

1. WARD
2. OPD
3. ER
4. ICU
5. COMPLAINTS
6. RESIDENT'S PROBLEMS
7. HOUSE OFFICERS PROBLEMS
8 CALL ROOMS
9 RECRUITMENT
10. NON AFFORDING PATIENTS
11. ATTENDANT'S FACILITIES
12. STATIONARY
13. EQUIPMENT
14. STAFF FOR SPECIAL CLINICS
15. CLEANLINESS
16. DISINFECTION POLICY.

WARD STATIONARY LIST

1) Serious patient flow sheets.
2) GCS monitoring chart
3) Encephalopathy monitoring chart
4) Nutrition/ caloric requirement chart
5) Diabetic patient die chart
6) Liver disease diet chart
7) Renal disease diet chart
8) Nasogastric feeding chart
9) Ventilated patient monitoring chart
10) Asthma/ COPD Monitoring chart
11) Diabetic ketoacidosis monitoring chart
12) Blood sugar monitoring chart
13) Morning report
14) History sheets
15) OPD card
16) ER Card
17) TB Clinic card
18) Liver/GI CLINIC card
19) ER register
20) OPD register
21) Mortality Register
22) Malignancy register
23) Tuberculosis OPD Data register
24) Attendance register
25) Daily checklist For ICU monitors
26) Daily checklist for ICU resuscitation drugs and crash cart
27) ECG Reporting card
28) Inpatient files.
29) Urdu booklets for patient education.

CLINICAL TRAINING PROGRAM

FOR

HOUSE OFFICERS

And

POST GRADUATE TRAINEES

INTRODUCTION

The Medical Unit-II, Holy Family Hospital Rawalpindi is a teaching unit of Rawalpindi Medical College. It is 54 bedded Unit, having its own 4 beded Liver, ITC along with 12 beds in CCU, 12 beds in Medical ICU& shared with Medical Unit-I.

It not only caters the catchments area of Rawalpindi city, patients are also referred from all other cities of Rawalpindi Division, and from Azad Kashmir & Northern Areas particularly for treatment of GI and the liver diseases. Each year approximately 80 100 young doctors are trained in the unit.

Each trainee will work in one of the three rotations at unit. He/ She will be responsible for the inpatients care, which includes history taking, clinical examinations, investigations and treatment. He / She will also be responsible for writing the progress notes, meeting the family members and dealing with difficulties encounter by either. For those internees who are here for three months will be working in one rotation for one month and those who are here for six months they will be working in one rotation for two months.

The internees are welcome and encourage joining multiple academic activities going through the institute. Their clinical responsibilities towards patients care will take precedence over all academic activities. The progress of each internee will be monitored in accordance with the plan schedule. An experience certificate will be given at the end of internship will reflect the performance of internees on multiple parameters.

"No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering, he needs technical skill, scientific knowledge and human understanding He who uses these with courage, with humility, and with wisdom will provide a unique service for his fellow men, and will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this; he should be content with no less".
The Editors, Harrison's Principles of Internal Medicine

A GOOD DOCTOR

"One who uses the ever growing body of rigorously obtained evidence (the science of medicine) in a sensible, compassionate manner (the art of medicine)".

EVIDENCE BASED MEDICINE

"The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients",

Sackett

OVERVIEW OF THE TRAINING PROGRAM IN MEDICINE

All training will be supervised directly under the supervision of Head of the Department.

Duration of the program

A supervised training of two years is required before the trainee is able to take up IM and 4 yrs for FCPS II examination.

Training Program

The Head of the Department will ensure that the training arrangements are designed to offer the maximum support to trainees, so that they can maintain good progress and have the opportunity to complete their training within the stipulated period. Training requires a steady progression of the trainee's competence (with increasing level of responsibility) through the planned program. The process of reviewing trainee's progress will be evidence-based with opportunity for discussion between the assessor and the trainee. A planned, managed and open approach will be adopted so that a constructive and regular feedback is provided on performance.

Structuring the training programs

A simple guideline for developing a structured training program would be to:

1. Specific Learning Objectives of training program in terms of what the trainee is expected to achieve in the cognitive, psychomotor and attitudinal domains relevant to the objectives are listed.
2. Instructional Strategy with timeline for achievement of each objective.
3. Resource requirements (e.g. skills laboratory, equipment, patients and other teaching learning material) will be provided.
4. Provide the learning environment (e.g. space, logistics, motivation) appropriate to foster achievement of learning objectives.
5. Build in learning experiences necessary for the attainment of competencies.
6. Develop a system of appraisal (for feedback) and assessment for monitoring of progression through the program.

In the context of postgraduate medical education, the need for developing a teaching plan and table of specification must be understood. These are important instructions that help the supervisor maintain alignment among the syllabus, assessment / evaluation and instruction.

General Instructional Objectives of the training program

By the end of two years training in Medicine a trainee shall be able to :

1. Initially assess the patients seeking medical advice for their problems by

   - Obtaining pertinent history.
   - Performing physical examinations correctly.
   - Formulating a working diagnosis.
   - Deciding whether the patient requires
     - ambulatory care or hospitalization.
     - referral to other health professionals.

2. Manage patients requiring treatment by a physician

   - Plan an enquiry strategy i.e. order appropriate investigations and interpret the results.
   - Decide and implement suitable treatment.
   - Maintain follow up of patients at required intervals.
   - Maintain records of patients.

3. Acquire new information, assess its utility and make appropriate applications.
4. Undertake research and publish findings.
5. Recognize the role of team work and function as an effective member / leader of the team.
6. Advise the community on matters related to promoting health and preventing disease.
7. Train paraprofessionals and other junior members of the team.

Learning Outcomes

Following is a global and extensive, yet not the total, list of learning outcomes recommended by the College.

Generic outcomes relating to:

KNOWLEDGE

General

The learning outcomes will all be at the application level since that is the gold standard.
Therefore, the trainee will be able to:

- relate how body function gets altered in diseased states.
- request and justify investigations and plan management for medical disorders.
- assess new medical knowledge and apply it to their setting.
- apply quality assurance procedures in their daily work.
- interpret, integrate the history and examination findings, arrive at an appropriate differential diagnosis and final diagnosis.
- demonstrate competence in problem identification, analysis and management of the problem at hand by the use of appropriate resources, interpretation of laboratory results.
- prioritize different problems within a time frame.

SYLLABUS FOR MEDICINE

The specific knowledge areas are categorized into three areas. The details of the areas are given below.

a) Basics of medical care
b) Common medical emergencies
c) Medical disorders and diseases

Basic of Medical Care

- Applied etiopathology of common medical disorder
- Principles of diagnosis and investigations
- Principles of management
- Monitoring treatment plan according to standard guidelines
- Principles of follow up
- Principles of counseling
- Fluid, electrolyte and acid base balance
- Nutrition: entral and parentral
- Basics of rehabilitation
- Notifiable communicable diseases
- Toxicology and adverse drug reactions
- Critical appraisal of research
- Ethical and legal issues
- Good safety practices including proper handling of blood products
- Teaching skills

Common Medical Emergencies

The trainee should be able to identify the problem, request appropriate investigation, start basic emergency treatment and refer appropriately patients admitted with common medical emergencies.

SKILLS

General

The trainee should be able to

- take good history
- examine the patient physically
- write correct medical records which are clear, concise and accurate.
- demonstrate the ability to communicate clearly, considerately and sensitively with patients, relatives, other health professionals and public.
- use evidence based medicine and evidence based guidelines.
- demonstrate awareness of bio-psycho-social factors in the assessment and management of a patient.

Medical disorders and diseases

By the end of 2nd year of training in Medicine the trainee should be able to:
Diagnose and manage common and important diseases with special emphasis on diseases prevalent in Pakistan

Rotation in medicine

Three months rotation in each of the following departments is recommended.

- Cardiology
- Intensive care unit / emergency medicine

However, in instance when these units are not available / not equipped for the needed supervision and training the supervisor should certify exposure of the trainee to the needed level of competence.

CORE COMPETENCIES TO BE ATTAINED DURING THE FIRST TWO YEARS OF TRAINING IN MEDICINE / INTERMEDIATE MODULE.

The clinical skills, a specialist must have, are varied and complex. A complete list of the some necessary for trainees and trainers is given below. The level of competence to be achieved each year is specified according to the key, as follows:

1. Observer status
2. Assistant status
2. Performed under supervision
4. Performed independently

No	Procedures	Levels of Competence		
		Year-1	Year-2	Min. Number Procedure
1.	Peritoneal and Pleural Paracentesis	1	3	20
2.	Pericardial Paracentesis	1	2	02
3.	Lumbar puncture	1	3	15
4.	Insertion of CVP lines	1	2	05
5.	Cardio-Pulmonary Resuscitation (CPR)	2	4	10
6.	Bone marrow aspiration	1	2	10
7.	Joint aspiration	1	1	03
8.	Uretheral catheterization	2	4	20
9.	Administration of enema	2	4	20
10.	Nasogastric Intubation	2	4	30
11.	Chest Intubation	1	1	05

No	Procedures	Levels of Competence		
		Year-1	Year-2	Min. Number Procedure
12.	Blood CP & ESR	1	2	10
13.	Urine Dipstick	2	4	50
14.	Gram staining of CSF & Sputum slides	1	1	10
15.	AFB staining of sputum & reporting	1	1	10
16.	Pleural and liver biopsy	1	2	10
17.	Recording ECG and reporting	2	3	50
18.	Proctoscopy	2	3	10
19.	Arterial puncture	2	3	10
20.	Peritoneal dialysis	-	1	03
21.	Haemodialysis	1	1	05
22.	Renal biopsy	1	1	03
23.	Upper G.I. Endoscopy	1	1	10
24.	Lower G.I. Endoscopy / Sigmoidoscopy	1	1	10
25.	Bronchoscopy	1	1	05
26.	Abdominal Ultrasound	1	1	10
27.	ETT	1	1	05
28.	Echocardiography	1	1	05
29	Tracheostomy	1	1	03
30	Administration of blood products	2	4	20

Suggested reading list:

Standard text book of Medicine such as

- Davidson's Principles and Practice of Medicine
- Essentials of Medicine by Cecil
- Clinical Medicine by Parveen Kumar
- Clinical Examination by Mc Cleod
- Clinical Methods by Hutchison
- Currently available text book

Reference books:

- Oxford
- Cecil
- Harrison

JOB DESCRIPTION OF ATTENDING STAFF

PROFESSOR

- Incharge of administrative affairs for Ward. He may assign his staff assist members to him to carry out such affairs effectively.
- Overall supervision of Patient care, Academic activities and Services delivered through medical Unit in ER/ OPD and IN-PATIENT.
- Selection and Recruitment of Post graduate Trainees, House officers according to rules devised by Academic council and Recruitment Committee.
- Overall monitoring of record keeping by medical staff.
- Research Publication: Annually one paper publication in PMDC Recognized Medical Journal and active participation in process of research project selection, planning, supervision and paper writing.
- Supervision of Clinical Rounds.
- Participation and Representation in Academic meetings, National and International medical conferences.
- Participation in Academic Council Meeting and Meetings called by Hospital administrators.
- Third on call for Emergency room cover and Inpatient management. Second on call consultant may call head of Unit II, if he wants his assistance or thinks that matter is serious enough and should be brought in notice of Professor Incharge.
- Incharge of teaching program for medical students. He may assign duties to Associate and Assistant professor/SR for teaching and training of medical students.
- He will make sure that training program is fully compliant with recommendations of PMDC (Pakistan Medical and Dental council) and CPSP (College of physicians and surgeons Pakistan)

ASSOCIATE PROFESSOR/ASSISTANT PROFESSOR/SENIOR REGISTRAR.

- Administrative affairs for Ward and Hospital as assigned by Head of Department.
- Supervision of patient care and services delivered through medical Unit in ER/ OPD and ward.
- During OPD duty OPD patient care, support & Supervision of Medical residents and House Officers.
- Monitoring of record keeping by medical staff.
- Research Publication: Annually one paper publication in PMDC recognized Medical Journal and active participation in process of research project selection, planning, supervision and paper writing
- Clinical Rounds.
- Active participation and supervision of training program for resident staff. Participation and representation in Academic meetings. National and International medical conferences D Second on call for Emergency room cover and ward cover after 2 PM on their respective call days.
- Teaching and training of medical students as assigned by Head of Department.

Clinical Training Schedule of Consultants

Days	Professor	Consultant 1	Consultant 2	Consultant 3	Consultant 4	Consultant 5
Monday	8:00 – 8:30 Round Liver ITC 8:30 – 10:00 Morning Meeting 10:00 – 12:00 Round EW 12:00 – 02:00 Final Year Class	8:00 – 8:30 Round Serious Patients CCU 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Round WW 01:00 – 02:00 Round CCU	8:00 – 8:30 Round Serious Patients EW 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Grand Round EW 01:00 – 02:00 Clinical Methods (HO)	8:00 – 8:30 Round SICU 8:30 – 10:00 Third Year Class 10:00 – 02:00 Endoscopy	8:00 – 8:30 Round Serious Patients WW. 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Round WW. 01:00 – 02:00 Ward Minor Procedures	8:00 – 8:30 Administrative Round 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Grand Round EW 01:00 – 02:00 Round Private Block
Tuesday	8:00 – 8:30 Round Liver ITC 8:30 – 10:00 Morning Meeting 10:00 – 12:00 Round WW 12:00 – 02:00 Final Year Class	8:00 – 8:30 Round Serious Patients CCU 8:30 – 10:00 Morning Meeting 10:00 – 01:30 Out Patient Department 01:30 – 02:00 ER Round	8:00 – 8:30 Round Serious Patients EW 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Round EW 01:00 – 02:00 Round CCU	8:00 – 8:30 Round SICU 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Round EW 01:00 – 02:00 Round Private Block	8:00 – 8:30 Round Serious Patients WW. 8:30 – 10:00 Third Year Class 10:00 – 01:00 Round WW 01:00 – 02:00 Clinical Methods HO.	8:00 – 8:30 Administrative Round 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Round WW 01:00 – 02:00 Admin Work
Wednesday	8:00 – 8:30 Round Liver ITC 8:30 – 10:00 M. Meeting / CPC 10:00 – 12:00 Grand Round 12:00 – 02:00 Liver Research Clinic	8:00 – 8:30 Round Serious Pts. EW 8:30 – 10:00 M. Meeting / CPC 10:00 – 12:00 Round EW 12:00 – 02:00 Final Year Class	8:00 – 8:30 Round ER 8:30 – 10:00 Third Year Class 10:00 – 01:00 Grand Round WW 01:00 – 02:00 Long Case	8:00 – 8:30 Round SICU 8:30 – 10:00 M. Meeting / CPC 10:00 – 01:00 Round EW 01:00 – 02:00 Ward Minor Procedure	8:00 – 8:30 Round Serious Patients WW. 8:30 – 10:00 M. Meeting / CPC 10:00 – 01:00 Grand Round WW 01:00 – 02:00 Round Private Block	8:00 – 8:30 Administrative Round 8:30 – 10:00 M. Meeting / CPC 10:00 – 12:00 Grand Round WW 12:00 – 02:00 Liver Research Clinic
Thursday	8:00 – 8:30 Round Liver ITC 8:30 – 10:00 Academic Session 10:00 – 12:00 Gastrohepatology Round 12:00 – 12:30 Const. Meeting. 12:30 – 02:00 Administrative Meetings	8:00 – 8:30 Round Serious Pts: EW 8:30 – 10:00 Morning Session 10:00 – 12:00 Round EW 12:00 – 12:30 Const. Meeting 12:30 – 02:00 Final Year Class	8:00 – 8:30 Round Serious Pts. CCU 8:30 – 10:00 Third Year Class 10:00 – 12:00 Round WW 12:00 – 12:30 Const. Meeting 12:30 – 02:00 Clinical Methods (HO) (Optional)	8:00 – 8:30 Round SICU 8:30 – 10:00 Morning Meeting 10:00 – 01:30 OPD 01:30 – 02:00 Round ER	8:00 – 8:30 Round Serious Patients WW. 8:30 – 10:00 Morning Meeting 10:00 – 12:00 Round WW. 12:00 – 12:30 Const. Meeting 12:30 – 02:00 Round CCU	8:00 – 8:30 Administrative Round 8:30 – 10:00 Morning Meeting 10:00 – 12:00 Round EW 12:00 – 12:30 Const. Meeting 12:30 – 02:00 Round SICU
Friday	08:00 – 11:00 Endoscopy 11:00 – 12:00 AcademicSession	8:00 – 11:00 Round EW 11:00 – 12:00 Morning Meeting	8:00 – 11:00 Echocardiography 11:00 – 12:00 Morning Meeting	8:00 – 11:00 Round ER 11:00 – 12:00 Morning Meeting	8:00 – 11:00 Round WW 11:00 – 12:00 Morning Meeting	8:00 – 11:00 Endoscopy 11:00 – 12:00 Morning Meeting
Saturday	8:00 – 8:30 Round Liver ITC 8:30 – 10:00 Academic Session 10:00 – 02:00 Liver & GI Clinic	8:00 – 8:30 Round Serious Pts. EW 8:30 – 10:00 Morning Meeting 10:00 – 01:30 OPD 01:30 – 02:00 Round ER	8:00 – 8:30 Round Serious Pts. CCU 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Round WW 01:00 – 02:00 Round Private Block	8:00 – 8:30 Round SICU 8:30 – 10:00 Morning Meeting 10:00 – 01:00 Round EW 01:00 – 02:00 Round CCU	8:00 – 8:30 Round Serious Patients WW. 8:30 – 10:00 Morning Meeting 10:00 – 02:00 OPD	8:00 – 8:30 Administrative Round 8:30 – 10:00 Morning Meeting Liver Clinic

HO = House Officers. Additional consultant will assign the proper duties for Postgraduate training program.

NS:- There will be optional tea break of 15-20 minutes between 11:30 am to 12:30 pm.
EW = East Wing, WW = West Wing, CPC = Clinico-pathological Conference

HOUSE OFFICERS TRAINING PROGRAM

- In first few days of training you will be going through an orientation period which would Include an introduction to the unit and its working environment. There would be facilitative sessions to help them with.

  - History taking
  - Clinical examination
  - Eliciting basic pathophysiology

- Each trainee will work in one of the three rotations at unit. He/ She will be responsible for the inpatient care, which includes history taking, clinical examinations, investigations and treatment. He / She will also be responsible for writing the progress notes, meeting the family members and dealing with difficulties encounter by either. For those internees who are here for three months will be working in one rotation for one month and those who are here for six months they will be working in one rotation for two months.

- The internees will complete bio data form during the first week of their rotation. The consultant incharge of the trainees will hold weekly meetings with them and Head of Unit will see all trainees every month. This would certain the progress, difficulties and the work carried out by the internees. During these meetings the internees will bring their progress form for discussion.

- The internees are welcome and encourage joining multiple academic activities going through the institute. Their clinical responsibilities towards patients care will take precedence over all academic activities.

- The progress of each internee will be monitored in accordance with the plan schedule.

- An experience certificate will be given at the end of internship will reflect the performance of internees on multiple parameters.

- At the end of stay we request you to fill the feed back form which would help us organized and improve training for the future.

FOR HOUSE OFFICERS

First Cycle

1st Month = Ward Duty
2nd Month = ER / OPD / Procedure Room

Second Cycle

3rd Month = Ward duty & Data Collection
4th Month = ER & Research work

Third Cycle

5th Month = Ward duty & Data analysis
6th Month = ER & Research Project

CLINICAL TRAINING PROGRAM (STRUCTURE)

Clinical Staff

- Professor 01
- Associate professor 01
- Assistant Professor 03
- Consultants. 02
- Total Residents 8 10
- Total House officers 25 40

Morning Meeting.

- Monday to Wednesday (8:30 am - 9:30 am) Friday (10:30 am- 12 Midday)
- Admission summary / Morning report
- Serious patients / Summary / Problem case discussion
- Mortality
- Consultations in last 24 hours
- Resident Seminar
- Weekly Mortality Audit

Morning Academic Rounds

(9:30am -12:00 mid day) Monday and Wednesday (grand round by professor, all teaching staff, PGT's and house officers will attend)
(8:30 am- 12:00 midday) Tuesday Thursday Saturday (round by respective consultants)
(8:30am- 10:30 am) Friday (round by respective consultants)

Afternoon Conference (12:30pm- 2.00 pm) Monday, Wednesday. Friday

- Long cases
- Case Summaries
- Short cases
- Radiology seminars
- Pathology Seminars

Emergency classes/BLS/ACLS(12:30 pm-2:00 pm)
For House Officers

ECG Tutorials.

- Conducted by consultant and alternate with ER Management classes

Journal club.
Usually articles are read from following journals

- NEJM
- BMJ
- JCPSP

MORTALITY AUDIT CONFERENCE

Key Point:

- Maintenance of record
- Disease and mortality trends
- Assessment of Serious patient care
- Final Outcome Mortality Summary
- Group discussion

Format:

Mortality audit conference is held ever)' Monday. One senior house-officer will be responsible to collect the data of deaths both from the ward & the emergency during the week, compile it, and collect the files of expired patients to maintain a register. Then annual data will be published.

Components:

- Total no of admissions via OPD/ER
- Total no of male/female patients admitted
- No &% of deaths
- Youngest & Oldest expiry
- Male: Female death ratio
- Weekly Mortality rate

Details:

Each expired patient is discussed individually. The HO/MO pair presents the death summary, the cause of death, outcome summary, actions taken by the medical-officer & the house-officer, consultant's opinion on the management plan & issue regarding availability of drugs, equipments senior help on time was analyzed in detail. The final comment-outcome is documented in file. A detailed departmental inquiry may be ordered in specific cases by the Professor headed by Associate / Assistant Professor.