MEDICINE UNIT V
FINAL YEAR ‘A’ BATCH OF 2012
FROM 03.11.2016 TO 03.12.2016

We gladly welcome you to our department. We hope that, in this posting, you will be able to consolidate all that you have learnt in the last 4 1/2 years. We advise you to make use of the time and workup as many cases as possible and practice writing the case sheets.

OBJECTIVES OF THIS POSTING

1. At the end of this posting,
   - the student should be able to do a complete workup of a patient including writing of case sheet with brief management plan within 45 minutes.
   - the student should be able to present with confidence and discuss the differential diagnosis appropriately.
   - the student should be able to interpret common laboratory tests including hemogram, CSF analysis and liver function tests.
   - the student should be able to read and interpret common chest X ray findings like pneumonia, pleural effusions, military mottling, cardiac failure, mitral stenosis.
   - the student should be able to read an ECG using a systematic format
   - the student should be able to state the mechanism of action, uses and dosage of commonly used drugs in the ward.
   - the student should be able to identify and list uses of instruments used for medical procedures

2. The pseudo exam practical marks (which immediately proceeds after the posting), will be used for the internal assessments for this posting.

3. There will be a common theory test across all units, which will focus mainly on the topics covered under the concurrent lecture series.

4. The tests on the OPD days will consist of short answer type questions. You are advised to read Davidson's textbook of clinical medicine.

Ward Work: New cases will be posted to students by the Registrar and posted in the C ward notice board the previous evening. The two main cases for discussion goes to the presenting student. The student has to work up the case – 1 hour for long case and 15 min for short case. We trust that you stick to the time. These should be worked up in detail and a diagnosis should be made at the end of the work up. A line of management should be outlined. The details should be recorded in the record book. The other cases should be worked up by the remaining students. Students should be ready for clinics by 10.30 AM. At the end of the posting each student is expected to have written up 8 cases completely which he/she has worked up independently.

OPD days and Test.

On Wednesdays and Fridays, You will be posted for clinics.
EVALUATION:

Internal assessment: Record books containing inpatient cases – 10 marks. Tests. Record Books are not something to be copy-pasted from each other; it should reflect the amount of reading you have done around the case. Remember, this goes into internal assessment. Please submit your records latest by 10/12/2016.

Students list:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Students</th>
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<th>Students</th>
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<tbody>
<tr>
<td>1</td>
<td>Arpxad Noel Lall</td>
<td>11</td>
<td>Borna Das</td>
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<td>2</td>
<td>Bimal Bhattarai</td>
<td>12</td>
<td>Cripa Biju</td>
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<td>3</td>
<td>David Mathew Daniel</td>
<td>13</td>
<td>Gurindapalli Rohi</td>
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<td>4</td>
<td>Jonathan Melchizedek R.</td>
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<td>Jennifer Rebecca J.</td>
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<td>Manoj Jacob Dhinagar</td>
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<td>Lalthazuali</td>
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<td>Praneet Kashyap</td>
<td>16</td>
<td>J. Praisey Nikita Paulina</td>
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<td>7</td>
<td>Salve Abhineet Ashok</td>
<td>17</td>
<td>Riya Lal</td>
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<td>8</td>
<td>Thejus Thomas Abraham</td>
<td>18</td>
<td>Sarah Sanjay Quraishi</td>
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<td>9</td>
<td>Abraham Merin Abraham</td>
<td>19</td>
<td>Syamambily C.</td>
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<td>10</td>
<td>Angeline Mary Abraham</td>
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<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Consultant</th>
<th>Registrar for cases</th>
<th>Long Case</th>
<th>Short Case</th>
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<tbody>
<tr>
<td>03.11.16</td>
<td>Thu</td>
<td>Dr Ajaykumar Mishra</td>
<td>Nalini</td>
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<tr>
<td>04.11.16</td>
<td>Fri</td>
<td>Dr Allan</td>
<td>Nalini</td>
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<td>05.11.16</td>
<td>Sat</td>
<td>Dr Rohit</td>
<td>Nalini</td>
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<td><strong>06.11.16</strong></td>
<td><strong>Sun</strong></td>
<td><strong>HOLIDAY</strong></td>
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<td>07.11.16</td>
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<td>Dr Roshni</td>
<td>Nalini</td>
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<tr>
<td>08.11.16</td>
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<td>Dr Karthik</td>
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<td>09.11.16</td>
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<td>Dr Pranita</td>
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<td>10.11.16</td>
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<td>Dr Ramya</td>
<td>Nalini</td>
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<tr>
<td>11.11.16</td>
<td>Fri</td>
<td>Dr Meban – CXR, ECG</td>
<td>Josh</td>
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<td><strong>12.11.16</strong></td>
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<td>16.11.16</td>
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<td>Josh</td>
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<td>Josh</td>
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<td>18.11.16</td>
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<td>Instruments + case scenario – Dr. Meban</td>
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<td>Meban</td>
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<td>22.11.16</td>
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<td>Meban</td>
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<td>23.11.16</td>
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<td>OSCE (Meban, Nalini, Fibi)</td>
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The common conditions that are the bare minimum that you should have done are enlisted below.

A. Respiratory conditions -
   i. Short Cases:
      1. Consolidation
      2. Pleural effusion
      3. Fibrosis/fibro-cavitatory disease
      4. Bronchiectasis
   ii. Long cases
      1. Bilateral Lung disease

B. Cardiovascular conditions
   i. Short cases
      1. Valvular heart disease (single)
      2. Congestive heart failure
      3. Hypertension
   ii. Long cases
      1. Valvular Heart disease(multiple lesions)
      2. Infective endocarditis

C. Abdomen
   i. Short cases
      1. Hepatosplenomegaly
2. Hepatomegaly
3. Splenomegaly
4. Liver abscess
5. Ascites with/without pedal edema
6. Above with/without anemia/jaundice/lymphadenopathy
7. Acute hepatitis
8. Cirrhosis with/without portal hypertension or encephalopathy

Hepatosplenomegaly with/without ascites
Cirrhosis with portal hypertension/ascites/encephalopathy

D. Central nervous system conditions.
   1. Stroke
   2. Paraplegia
   3. Cranial nerve palsies

Every student should be able to comment on laboratory investigations, including blood investigations, fluid findings, X-rays, ECGs, instruments, emergencies and drugs.

A list is mentioned below. Remember this is a bare minimum list.

A. Laboratory investigations
   1. Meningitis, pleural fluid analysis, ascitic fluid analysis
   2. Electrolyte disturbances
   3. Common clinical cases e.g. acute hepatitis, dyslipidemia

B. X-rays:
Pulmonary edema, cardiomegaly, pleural effusion, pneumothorax, hydropneumothorax, consolidation, mass lesion, cavity, bronchiectasis.

ECGs:
Myocardial infarction, LVH, atrial fibrillation, flutter, ventricular tachycardia, fibrillation, heart blocks.

C. Instruments:

D. ET tube, laryngoscope, AMBU bag, venturi and face mask, chest tube, foley’s catheter, L.P. needle, trucut needle, bone marrow needle.

E. Emergency drugs
Atropine, adrenaline, insulin, aminophylline, salbutamol, diphenylhydantoin, sodium bicarbonate, calcium gluconate, hydrocortisone

F. Spotters
   a. Derm:
      Hansen’s Disease Acne vulgaris
      Tinea Herpes zoster
Psoriasis    Eschar
Molluscum contagiosum Oral candidiasis
Vitiligo

b. Rheumat:    SLE
Scleroderma
Rheumatoid arthritis
Psoriatic arthritis

c. Endocrine    Cushing’s
Hyperthyroidism/Hypothyroidism
Acromegaly

d. Medicine    DVT
Filariasis
Cellulitis

e. General examination findings

f. CNS: Facial nerve
Ptosis
Ophthalmoplegia
Foot drop/ wrist drop
V, IX, X, XII Cranial nerves