

DEPARTMENT OF SURGERY

3th Semester CLINICAL POSTING SHCEDULE FOR THE MONTH OF November 2019

Date	Day	Time	Topic	Faculty	
4/11/2019	Monday	10:00 to 12:30PM	Thoracocentesis	Dr. Harsh Trivedi	
5/11/2019	Tuesday	10:00 to 12:30PM	Types of Wound	Dr. Gopi Mishra	
6/11/2019	Wednesday	10:00 to 12:30PM	Surgical Closure of wounds	Dr. Mohsin Khan	
7/11/2019	Thursday	10:00 to 12:30PM	Minor Surgeries	Dr. Rushin Pandya	
8/11/2019	Friday	10:00 to 12:30PM	Application of various Bandages	Dr. Chetan Rathod	
9/11/2019	Saturday	10:00 to 12:30PM	Endoscopies	Dr. Dinesh Badarshahi	
10/11/2019	Sunday	Holiday			
11/11/2019	Monday	10:00 to 12:30PM	Minor Surgeries	Dr. Harsh Trivedi	
12/11/2019	Tuesday	10:00 to 12:30PM	Dermoid	Dr. Gopi Mishra	
13/11/2019	Wednesday	10:00 to 12:30PM	Sebaceous cyst	Dr. Mohsin Khan	
14/11/2019	Thursday	10:00 to 12:30PM	Lipoma	Dr. Rushin Pandya	
15/11/2019	Friday	10:00 to 12:30PM	Ganglion	Dr. Chetan Rathod	
16/11/2019	Saturday	10:00 to 12:30PM	Abscess	Dr. Dinesh Badarshahi	
17/11/2019	Sunday	Holiday			
18/11/2019	Monday	10:00 to 12:30PM	Bed Sores	Dr. Harsh Trivedi	
19/11/2019	Tuesday	10:00 to 12:30PM	Local+Regional anaesthesia	Dr. Gopi Mishra	
20/11/2019	Wednesday	10:00 to 12:30PM	Incisions	Dr. Mohsin Khan	
21/11/2019	Thursday	10:00 to 12:30PM	Urethral Catheterisation	Dr. Rushin Pandya	
22/11/2019	Friday	10:00 to 12:30PM	Shock	Dr. Chetan Rathod	
23/11/2019	Saturday	10:00 to 12:30PM	Fluid Resuscitation	Dr. Dinesh Badarshahi	
24/11/2019	Sunday	Holiday			
25/11/2019	Monday	10:00 to 12:30PM	Types of Wound	Dr. Harsh Trivedi	
26/11/2019	Tuesday	10:00 to 12:30PM	Surgical Closure of wounds	Dr. Gopi Mishra	
27/11/2019	Wednesday	10:00 to 12:30PM	Application of various Bandages	Dr. Mohsin Khan	
28/11/2019	Thursday	10:00 to 12:30PM	Endoscopies	Dr. Rushin Pandya	
29/11/2019	Friday	10:00 to 12:30PM	Ingrowing Toe Nails	Dr. Chetan Rathod	
30/11/2019	Saturday	10:00 to 12:30PM	Term End Assessment	Dr. Dinesh Badarshahi	

Note :- Weekly teaching programme attached herewith.

Sachin Naik

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WEEK 1

1. Scope of surgical clinical practice.
2. Who is a surgical patient and who isn't?
3. How to approach a surgical case?
4. How is a surgical case different from one in medicine or other clinical disciplines?
5. Aspects of surgical patient interview.
6. What all do you need to know from your patient and in how much detail?
7. How to elicit history about personal private details of your patient?
8. Ethics of surgical practice; confidentiality and consent for examination.
9. What all can a textbook teach you and what can your surgical mentor add to textbook knowledge?
10. How to not let textbooks confuse you?
11. How is compiling a surgical patient history different from a surgical case presentation?
12. How is a surgical case presentation different from say one in medicine?
13. How to avoid making errors of omission and worse, of commission?
14. How to make your clinical case presentation focused, relevant and most importantly, well-reasoned?
15. What is a 'Swelling' and what is a 'Lump'? And differences between the two.
16. Features of common swellings and lumps, and how to justify your clinical impression.
17. Common properties of swellings and lumps.
18. Which tests 'Can' be applied to which swellings?
19. Which tests 'Will Not', 'Cannot', and 'Should Never' be applied to particular swellings?
20. Examples of common mistakes that are made in presentations and how to avoid them.
21. Case histories of the following swellings: Lipoma, Sebaceous Cyst, Ganglion, Dermoid Cyst etc.
22. Written case reports and daily assignments as and when given shall be handed over duly completed to your surgical mentor asap so they can check them and suggest changes and additions as required which also shall be duly completed.
23. Emergency duty case reports and other study material while on duty, shall be formally written down and countersigned by All the residents and the Lecturer on call of the unit assigned to you and submitted the day after for amendments and for further study avenues to be suggested.
24. The work you put in is expected to be Your Own and Not merely plagiarized from Wikipedia or other online fluff; although collective study is encouraged, if all in the group submit the same material then All will have to repeat the assignment.

End of week exam 10 marks (and yes, they will be counted in your final internal assessment)

which by chance, if you happen to fail, you shall have to read for and appear for again and again till u clear it before moving on to Week 2.

WEEK 2

1. Review of Week 1 material and any necessary clarifications.
2. What constitutes an 'Ulcer'.
3. Differences between an 'Injury', a 'Wound' and an 'Ulcer'.
4. Definition, meaning, variety of clinical presentations of ulcers.
5. Classifications and Types of Ulcers with accurate representative examples of each type.
6. What is an 'Acute' ulcer and when does it become 'Chronic'?
7. What is a 'Healing' ulcer and what is a 'Non-Healing' ulcer?
8. What is Healthy vs. Unhealthy 'Granulation Tissue'?
9. How to determine the time required for an ulcer to 'heal' completely under ideal circumstances?
10. Parts of an ideal representative ulcer, and variations of each particular type.
11. Difference between the 'Edge' and the 'Margin' of an ulcer and when to apply which adjectives to each with relevant examples.
12. Difference between the 'Floor' and the 'Base' of an ulcer with an accurate description of the former and best possible supposition of the later.
13. How to properly measure and demonstrate the Size and the Shape of any ulcer?
14. Problems and pitfalls in descriptions of various ulcerated areas of the body and how to avoid them.
15. Differences between 'Trophic' ulcers and 'Tropical' ulcers.
16. Diabetic ulcer and Diabetic foot, case presentations and different clinical presentations of each.
17. Arterial ulcers and gangrene relationship.
18. Venous ulcers and varicose veins relationship.
19. Cold abscess and Tubercular ulcer/sinus.
20. Difference between an 'Ulcer', a 'Sinus' and a 'Fistula'.
21. Common examples of Sinuses and Fistulae.
22. How to clean a wound.
23. How to dress a cleaned wound.
24. What is Wound Debridement; various types and modalities available.
25. How to properly 'dress' a wound? Various types of dressings and when and where to use them?

End of week 2 exam 10 marks (if you have cleared the week 1 exam)

which by chance, if you happen to fail, you shall have to read for and appear for again and again till u clear it before moving on to Week 3.

3rd SEMESTER SURGICAL CLINICAL POSTINGS WEEK 3 PROGRAM

1. Review of week 2 material and clarifications as required after week 2 test.
2. Surgical anatomy of the inguinal region.
3. What is the 'Groin'?
4. How is it different from the 'Inguinal region'?
5. What is the 'Inguino-scrotal' area?
6. Differential diagnoses of swellings that commonly occur in the inguino-scrotal region.
7. What is the mechanism of the descent of the testes?
8. What are the anomalies of descent?
9. How is 'Cryptorchidism' different from 'Maldescent'?
10. What is a hydrocele?
11. What are the peculiar characteristics that distinguish a hydrocele from other inguino-scrotal swellings?
12. How to elicit 'Fluctuation' in a case of Hydrocele?
13. How to elicit 'Transillumination' in a case of Hydrocele?
14. How to distinguish a 'Hydrocele' from a 'Hernia'?
15. What is a 'Congenital Hydrocele'?
16. How is it different from a 'Congenital Hernia'?
17. What are the peculiar characteristics of a 'Congenital Hydrocele'?
18. What is the 'Inverse ink bottle' effect? In which cases can it be demonstrated?
19. What are the peculiar characteristics of a 'Congenital Hernia'?
20. How is the surgical approach in a Congenital Hydrocele different to that in an Adult Hydrocele?

At the end of the week there will be a 10 mark test (the marks will be counted towards your internal assessment marks), which if u fail you will not be allowed to continue onto week 4.