





LOGBOOK MICROBIOLOGY

FOR
Phase Second MBBS Students
As per
Competency Based Curriculum

Name of the Student :	ATOO9	ι.	HUNDH	ADA	
College Roll No. :	20055				
Batch : 2020	(B)				
University Roll No					

Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Shivaji Nagar, Amravati

Chairperson - Criteria No.17 NAAC Steering Committee Dr. P. D. M. M. C. Amravati



PREFACE

The Medical Council of India has revised the undergraduate medical education curriculum so that the Indian Medical Graduate (IMG) is able to recognize "Health for all" as a national goal. He/she should also be able to fulfill his/her societal obligations. The revised curriculum has specified the competencies that a student must attain and clearly defined teaching learning strategies for the same. With this goal in mind, early clinical exposure, integrated teaching, skill development, AETCOM and self-directed learning have been introduced. There would be emphasis on communication skills, basic clinical skills and professionalism. There is a paradigm shift from the traditional didactic classroom-based teaching to learning environments where there is emphasis on learning by exploring, questioning, applying, discussing, analyzing, reflecting, collaborating and doing. The recognition of this need is enshrined by a greatly enhanced allocation of time to these methods and also the assessment techniques. With this view in mind the log book has been designed as per the guidelines of competency Based curriculum.

Chairperson - Criteria No. II NAAC Steering Committee Dr. P. D. M. M. C. Amravati



Dr. Panjabrao Alias Deshmukh Memorial Medical College, Hospital & Research Center, Amravati

Admission Year : 2020

Certificate

This is to certify that,

Mr./Ms. POOJA LAXMIKANT MUNDHADA -

Roll No. 20055 has satisfactory attended/completed all

assignments mentioned in this logbook as per the guidelines prescribed by Medical Council of India, for Phase II MBBS Competency Based Curriculam in the subject of Microbiology.

Date: 1 12 126 22

Place: AMRAVATI

gacicer

Teacher-in-Charge

Practical Program

Practical Program
incharge

Or.P.D.M.M.C. Hospi-

Professor and Head epartment of Microbiology

Panjabrao a' s Bh usaheb Des muk Memorial Medical College, Amravael

Chairperson - Criteria No.77 NAAC Steering Committee Dr. P. D. M. M. C. Amravati



INSTRUCTIONS

- This logbook is prepared as per the guidelines of MCI for implementation of Competency based curriculum for Phase II MBBS students in the subject of Microbiology.
- 2) Students are instructed to keep their logbook entries up to date.
- 3) Students are expected to write minimum 1 reflections on Self-Directed Learning (SDL).
- Students also have to write reflections on AETCOM Modules 2.5, 2.6 and 2.7.
- 5) Reflections should be structured using the following guiding questions:
 - What happened? (What did you learn from this experience)
 - · So what? (What are the applications of this learning)
 - · What next?(What knowledge or skills do you need to develop so that you can Handle this type of situation?)
- 6) The logbook assessment will be based on multiple factors like
 - Attendance
 - Active participation in the sessions
 - Timely completions
 - Quality of write up of reflections
 - Overall presentation

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		16		
2	*AETCOM Module No. 2.5, 2.6, 2.7	18	completed	Anuice
		20 -		
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4	Records of Internal Assessment			

*AETCOM - Competencies for IMG, 2018, Medical Council of India

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2. Self Directed Learning, Skill Assessment, Participation in Group Discussions

Sr.No.	Self Directed Learning, Skill assessment, Participation in Group Discussions	Date	Signature of Teacher
ķ.	Hand hygiene -	30 8 22	Aneden
٤.	medle stick injury.	20/9/22	Dolike
3.	Personal Protective Equipment (PPE)	30 /8/22	Daeila
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	SECTION -2 - AETCOM		
2.	AETCOM MODULE 2.5	22/11/22	galla
6.	AETCOM MODULE 2-6	22/11/22	Maleke
7.	AETCOM MODULE 2-7	22/11/22	Dalesc

AETCOM Module No. 2.5, 2.6, 2.7
*AETCOM - Competencies for IMG, 2019, Medical Council of\ndia

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Reflection on Self-Directed Learning

Topic: HAND HYGIENE

Date: 30/8/22

A nurse in an ITU records the pulse of patrent, records it in case sheet & then goes back to nursing station.

Then she draws blood of another postent while transposting the specimen a drop of blood fell on her palm. Then she enter the OT to assist for a surgery.

- > How many times she had to parform hand hygiene?

 >> warte how to perform totally ? times hand hygiene?

 Five times hand rule, once hand woul & once hand sound.
- 2) what are hand trygiene methods she has to perform 4 how much diseasion.
- > Hand rub: Nurse how to perform hand rub 5 times 20-36

 sec. m each time with 70-804 alcolud hand rub?
 - Before recording pulse (who moment 1)
 - After recording pulse (WHO moment +)
 - Before drawing blood (who moment 2)
 - After drawing blood (WHO moment 3)
 - After recording in the case sheet (who moments 5)
 - · Handwash: she how to perform hand wouth once (outter 6100d drop tell on her palm); with 2-49. Chlorhexidine handworth for 40-60 pec.
 - · Hand souls: she how to perform hand souls once Chefore

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tor 3-5 mins.

37 what are hand wash hygrene products to be used ?

- Hand Rube - Ahahal based, chlorhexistine based.

Hand wath (Antimicrobial soap for handwashing), surgical hand souls

menos

Signature of Teacher-in-charge

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LOG BOOK ANATOMY

For PHASE I MBBS STUDENTS AS PER COMPETENCY BASED CURRICULUM

Name of the Student:	VARTIKA	RAJNARAYAN	TIWARI	

College Roll No. : 21144

Batch : __C____



Chairperson - Criteria No. 17 NAAC Steering Committee

Dr. Panjabrae allas ithausaheb Deshmukh Memorial Medical College Shivaji Nagar, Amravati DEAN





LOG BOOK

ANATOMY

FOR PHASE I MBBS STUDENTS AS PER COMPETENCY BASED CURRICULUM

Name	of	the	student:	VARTIKA	RAJNARAYAN	TIWARI
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College Roll No. : 21144

Batch : 2021 [c]

Name of Dean : Dr. A. T. Deshmukh

Chairperson - Criteria No III NAAC Steering Committee Dr. P. D. M. M. C. Amravati



DEAN

Dr Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati

Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Shivaji Nagar, Amravati.

Perface

The Medical Council of India has revised the undergraduate medical education curriculum so that the Indian Medical Graduate (IMG) is able to recognize "Health for all" as a national goal. He / she should also be able to fulfil his / her societal obligations. The revised curriculum has specified the competencies that a student must attain and clearly defined teaching learning strategies for the same. With this goal in mind, early clinical exposure, integrated teaching, skill development, AETCOM and self-directed learning have been introduced. There would be emphasis on communication skills, basic clinical skills and professionalism. There is a paradigm shift from the traditional didactic classroom-based teaching to learning environments where there is emphasis on learning by exploring, questioning, applying, discussing, analysing, reflecting, collaborating and doing. The recognition of this need is enshrined by a greatly enhanced allocation of time to these methods and also the assessment techniques. With this view in mind the log book has been designed as per the guidelines of competency Based curriculum.

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Chairperson - Criteria No. TANAC Steering Committee
Dr. P. D. M. M. C. Amravati

Medical Services

Shri Shivaji Education Society, Amravati Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Shivaji Nagar, Amravati.





Admission Year : 2021

CERTIFI	CATE
This is to certify that,	
Mr./Ms. vartika Rajnarayan T	นีพลาใ
Roll No. 21144 has satisfa	
assignments mention in this logbook a	s per the guidelines prescribed by
Medical Council of India, for Phase I MB	BS Competency Based Curriculum
in the subject of Anatomy.	
Date ://	
Place: Dr. PDMMC Kul Amravati	Department of Anaromy Dr.P.D.M.M.C. Amravati
apy	
Teacher - in - Charge	Professor and Head

Department of Anatomy

Chairperson - Criteria No.77 NAAC Steering Committee Dr. P. D. M. M. C. Amravati



Instructions

- This logbook is prepared as per the guidelines of MCI for implementation of Competency based curriculum for Phase I MBBS students in the subject of Anatomy.
- 2) Students are instructed to keep their logbook entries up to date.
- 3) Students are expected to write minimum 2 reflections on any two activities each of Early Clinical Exposure (ECE) & Self-Directed Learning (SDL), For ECE, one reflection must be on hospital / community setting.
- 4) Students also have to write reflections on AETCOM Module 1.1 and 1.5
- 5) Reflections should be structured using the following guiding questions :
 - *What happened? (What did you learn from this experience)
 - * So what? (What are the applications of this learning)
 - *What next ? (What knowledge or skills do you need to develop so that you can handle this type of situation?)
- The logbook assessment will be based on multiple factors like
 - * Attendance
 - * Active participation in the sessions,
 - * Timely completions
 - * Quality of write up of reflections
 - * Overall presentation

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2.	Self-Directed Learning, Seminars, Projects, Quizzes	13-22	Complete	a
3.	AETCOM Module* 1.1 and 1.5	23-29	Complete.	W.
4.	Attendance Records	31	Complete.	a
5.	Records of Internal Assessment	33	Complete	a

^{*} AETCOM - Competencies for IMG, 2018, Medical Council of India.

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1. EARLY CLINICAL EXPOSURE (ECE)

Introduction:

Learning from patients is an integral part of health professions training. Exposure to clinical content in the preclinical phase of learning provides a clinical context and relevance to basic sciences learning. It also facilitates early involvement in the healthcare environment that serves as motivation and reference point for students, leading to their professional growth & development. Students will be able to learn the basic and clinical sciences by means of rich integrating learning activities, be these early clinical contact, clinical skills, communication skills or task-based learning sessions. The ECE program in the MBBS curriculum tries to create an opportunity for students to correlate learning in Phase I subjects with their clinical application.

Objectives

- Help students recognize the relevance of anatomy in diagnosis, patient care and treatment.
- Provide a context that will enhance learning and relating to the experience of patients.
- Provide an opportunity for observing basic skills in interviewing patients and doctor-patient communication.
- Recognize attitude, ethics and professionalism as integral part of the doctorpatient relationship.

5) Understand the socio-cultural context of disease through the study of humanities.

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Record of Early Clinical Exposure Activities

-	F-rh Clinical	Setting	Correlation	Date	Signature of
Sr. No.	Early Clinical Exposure Topic	Classroom/ Hospital / Community	Basic Science/ Clinical Skills		Teacher
1.	Infection of fascial spaces of palm	Classroom	Bosic Science	25/3/22	· 6
100	Frozen shoulder	Clauroom	Clinical	०६।०५।२२ ०६।०२।२२	4
3.	Pneumothorax	Clastoom	Clinical	0\$10\$121 20\$0\$127	
4.	Otitis media	Classroom	Clinical	23 03 27 03 08 27	
5.	Apendicitis	Classoom	clinical	13/108/129	00
6.	Lumbar puncture	Class 200m	Clinical	ক্রান্ডায় ক্রান্ডায়	/A/
7.	Foot drop	Classoom	Clinical	26109 12)	08/
8.	Meckel's divorticulum	Classroom	Clinical	03/10/2	9
9.	Garbochisis	Classroom	clinical	17/10/2	2 8
10	omphalocele	Clastroom	Clinical	27/10/2	27 6

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Reflection on Early Clinical Exposure Experience

Topic: Infection of fascial spaces of palm.

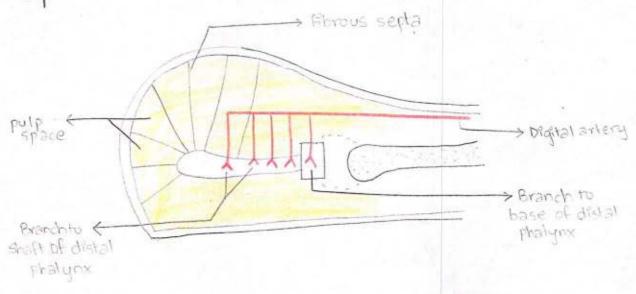
Date: 23 3 21

-> i) Infection of pulp space of fingers is known as whitlow. Subcutaneous fat arranged in tight compartments formed by fibrous septa in the finger tip between skin and periosteum.

ii) Severe throbing pain felt due to rising tension in spaces.

Treatment: - Infections of pulp space drained by lateral incision which opened all compartments and avoid damage to tactile tissue in front all of fingers.

If neglected, may lead to avaicular necrosis of distal 4/5th of terminal phalynne because of occlusion of vessels. Proximal 15th unaffected as it is not a past of compastments and gets its arterial supply from artery which does not traverse the fibrow septa.



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Signature of Teacher-In-charge

Reflection on Early Clinical Exposure Experience

Topic: Frozen shoulders

Date: 9/5/22

- Pathologically two layers of the synovial membrane become adherent to each other.

- Clinically, the patient (usually 40-60 years of age) complains of progressively increasing pain in shoulder, stiffness of joint and restriction of movements, particularly external rotation, abduction and medical rotation,

- surrounding muscles shows disease atrophy.

- The disease is self limiting, recovers in about 2 years

- As contribution of glenohumeral joint is reduced, the patient shows altered scapulahumeral joint rythm due to excessive use of scapular motion while performing overhead flexion an abduction.

Treatment: - The disease is self limiting and the potient ma recover spontaneously in about 2 years and much earlier by physiotherapy.

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Signature of Teacher-In-charge

DEAN

SURGERY OSCE





MEDICINE OSCE





PEDIATRICS OSCE





OBGY OSCE

