

MODULAR INTEGRATED CURRICULUM 2025

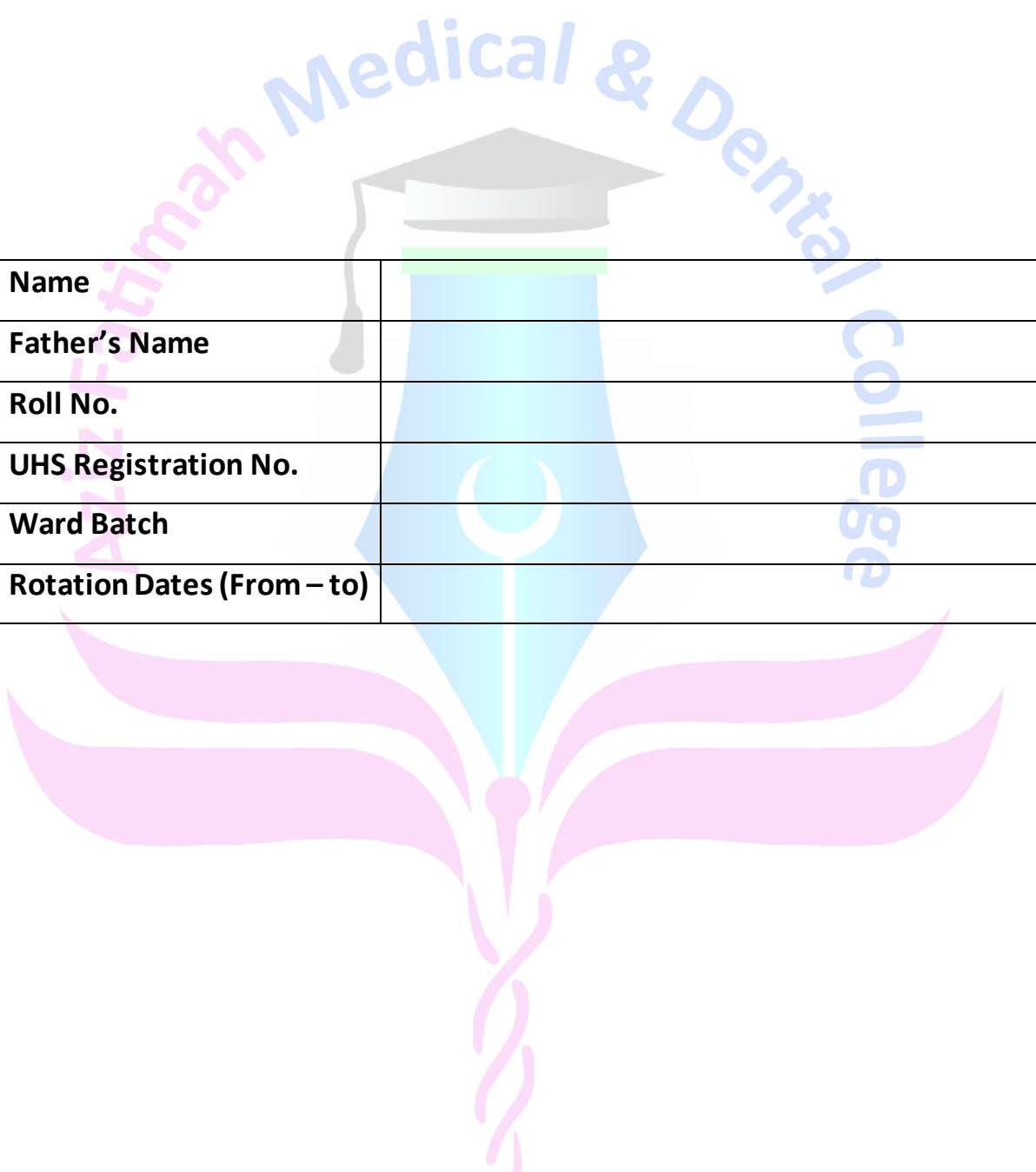
3rd Year MBBS

volume 3.0



LOGBOOK

Block VII

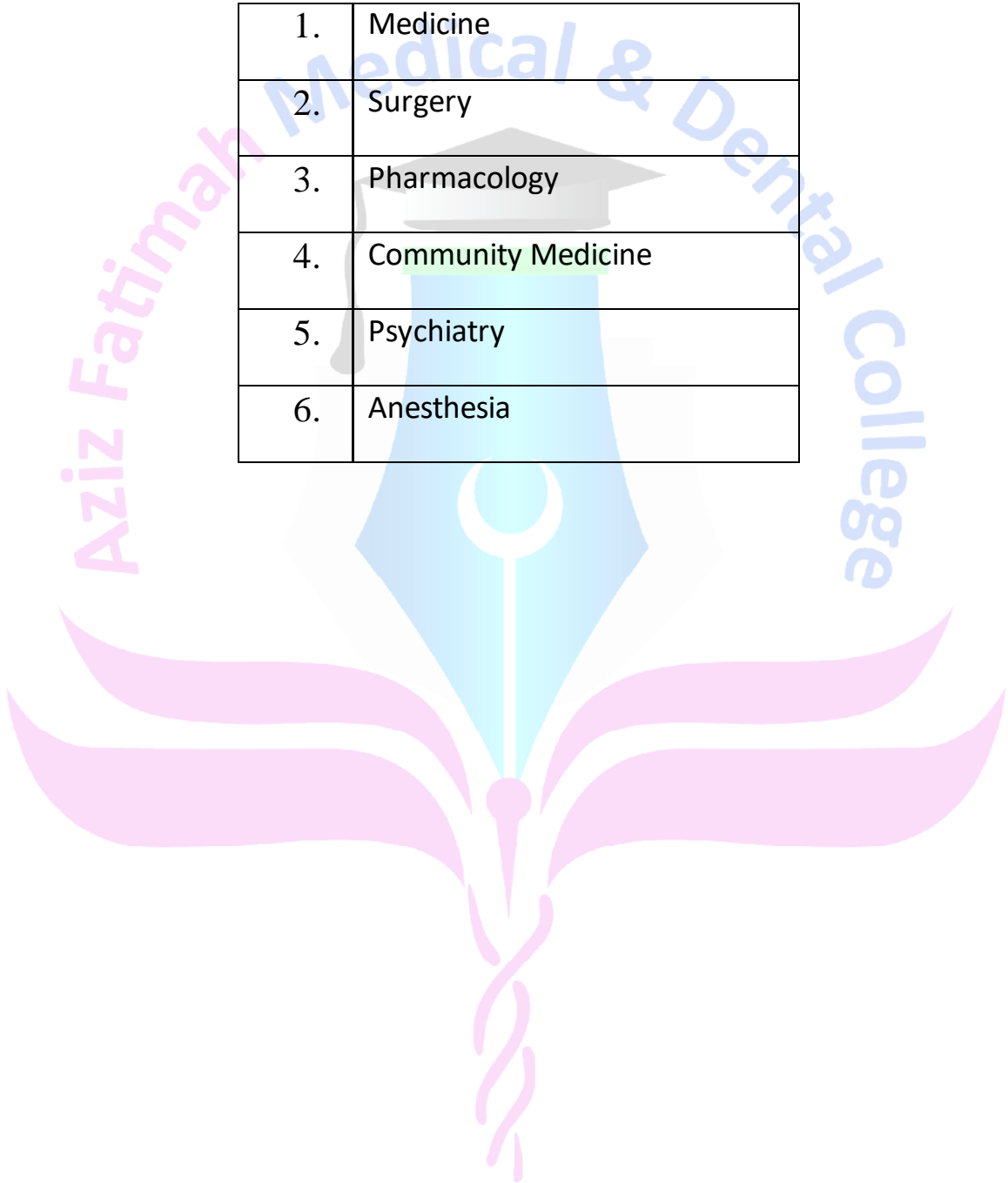


Name	
Father's Name	
Roll No.	
UHS Registration No.	
Ward Batch	
Rotation Dates (From – to)	

Contents of Clinical Rotations

- Undergraduate Medical Student goes through the following rotations in Block 7 for clinical wards:

1.	Medicine
2.	Surgery
3.	Pharmacology
4.	Community Medicine
5.	Psychiatry
6.	Anesthesia



Medicine

S. No	Date	Competencies	Level			HOD's/Teacher's comments / signature
			A	B	C	
1.		(CFRC3-009) Take detailed patient history and perform general physical exams (Medicine)				
2.		(CFRC3-010) Understand fluid compartments and the basics of electrolyte balance.				
3.		(CFRC3-012) Perform and interpret measurements of vital signs (e.g., BP, pulse, temperature, respiratory rate).				
4.		(CFRC3-013) Recognize abnormal vital signs and escalate care accordingly.				
5.		(CFRC3-061) General physical examination (Medicine)				
6.		(F2-M-003) History taking skills				
7.		(F2-M-004) Approach to patient				

Surgery

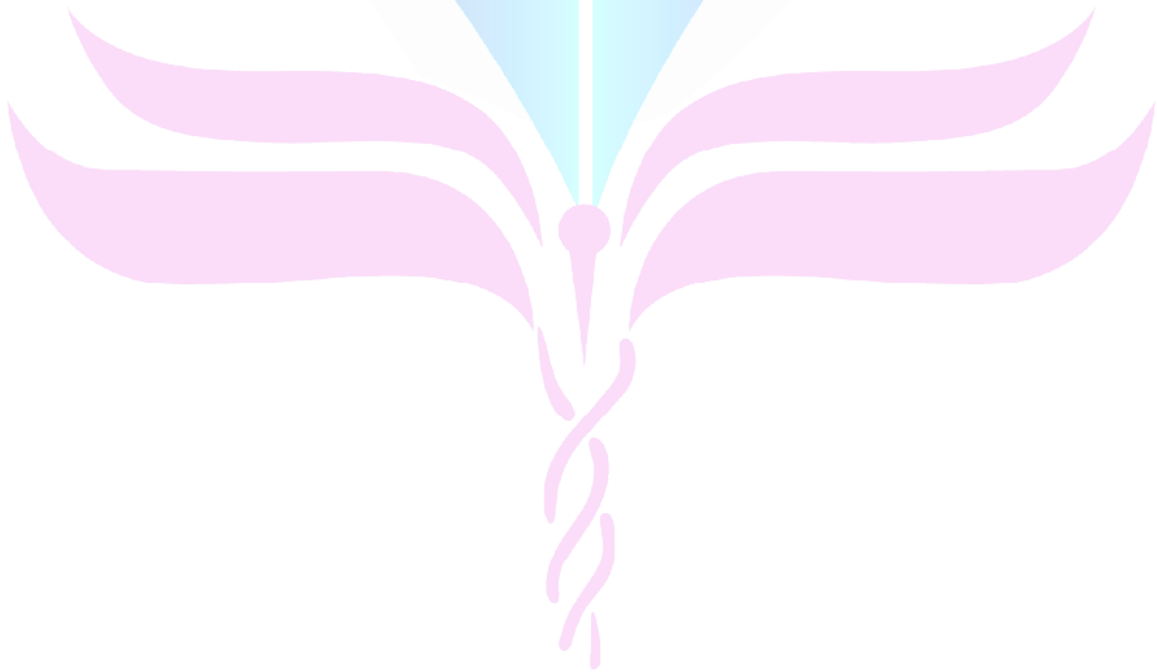
S. No	Date	Competencies	Level			HOD's/Teacher's comments / signature
			A	B	C	
1.		(CFRC3-014) Perform basic blood sampling (e.g., venipuncture) with proper aseptic technique				
2.		CFRC3-023 Wound management and suturing				
3.		CFRC3-024 History of infections related to surgical wounds				
4.		CFRC3-026 inspecting and diagnosing surgical wound infections				
5.		CFRC3-027 Antimicrobial prophylaxis and post-surgical infection management.				
6.		(F2-S-004) Enlist Suture types & techniques				
7.		(F2-S-005) Classify Wound Dressings & its protocols				

Pharmacology

S. No	Date	Competencies	Level			HOD's/Teacher's comments / signature
			A: Good	B: Satisfactory	C: Not Satisfactory	
			A	B	C	
1.		(CFRC3-001) Prescribing antihypertensives				
2.		(CFRC3-002) Prescribing antibiotics for infection				
3.		(CFRC3-003) Monitoring for drug side effects				
4.		(CFRC3-004) Adjusting medications based on response				
5.		(CFRC3-005) Knowledge of common drug classes relevant to foundational clinical care (e.g., antibiotics, analgesics, antihypertensives).				
6.		(CFRC3-006) Ability to calculate and adjust dosages for common medications based on patient factors				

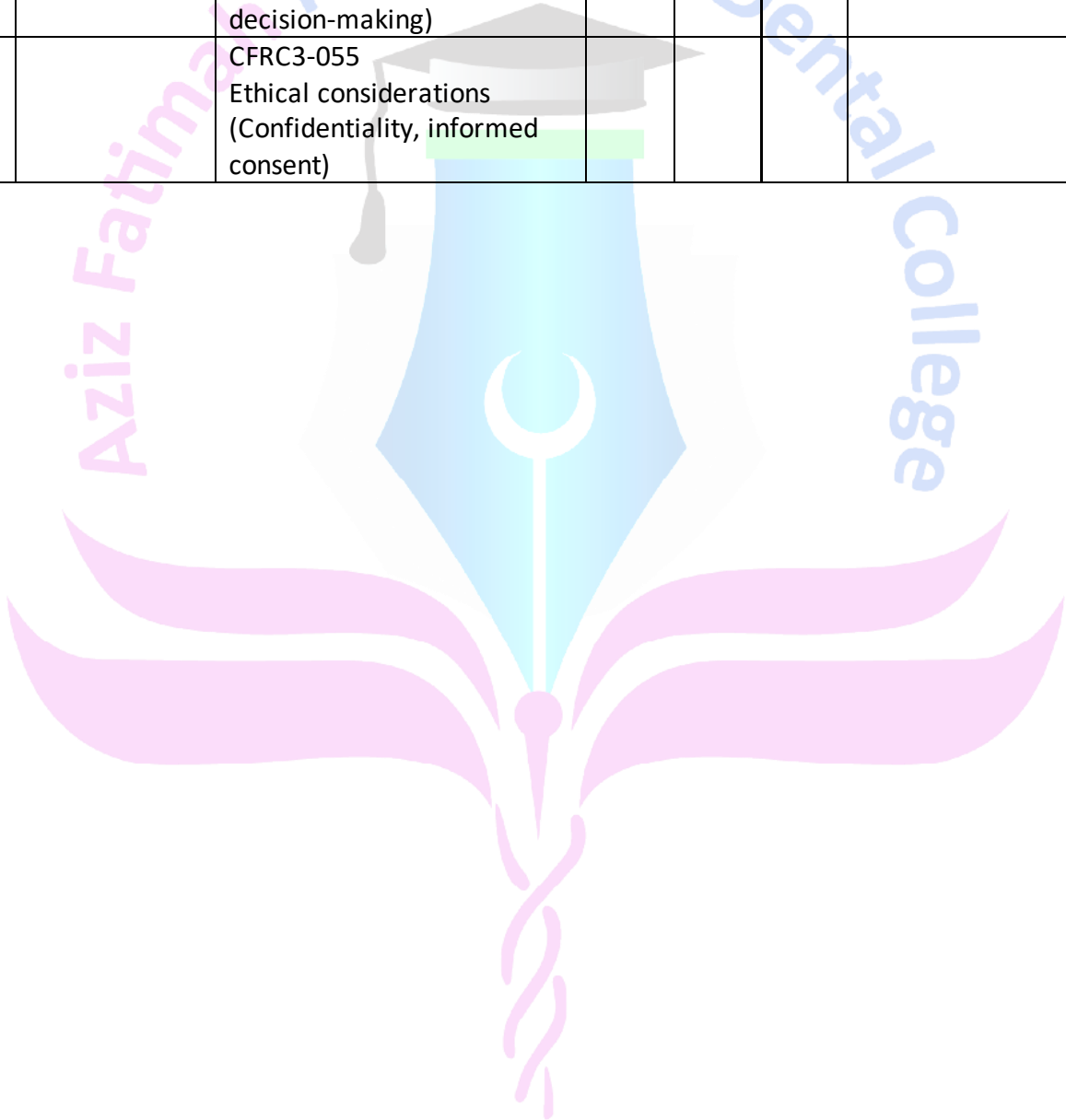
Community Medicine

S. No	Date	Competencies	Level			HOD's/Teacher's comments / signature
			A	B	C	
1.		(CFRC3-007) Perform proper hand hygiene, aseptic techniques, and basic infection control protocols.				
2.		(CFRC3-011) Offer guidance on health maintenance, such as hygiene, nutrition, and medication adherence				
3.		HIT-H-007 Administer Blood Products x3 Clinical Audit for indications and transfusion reactions x3				



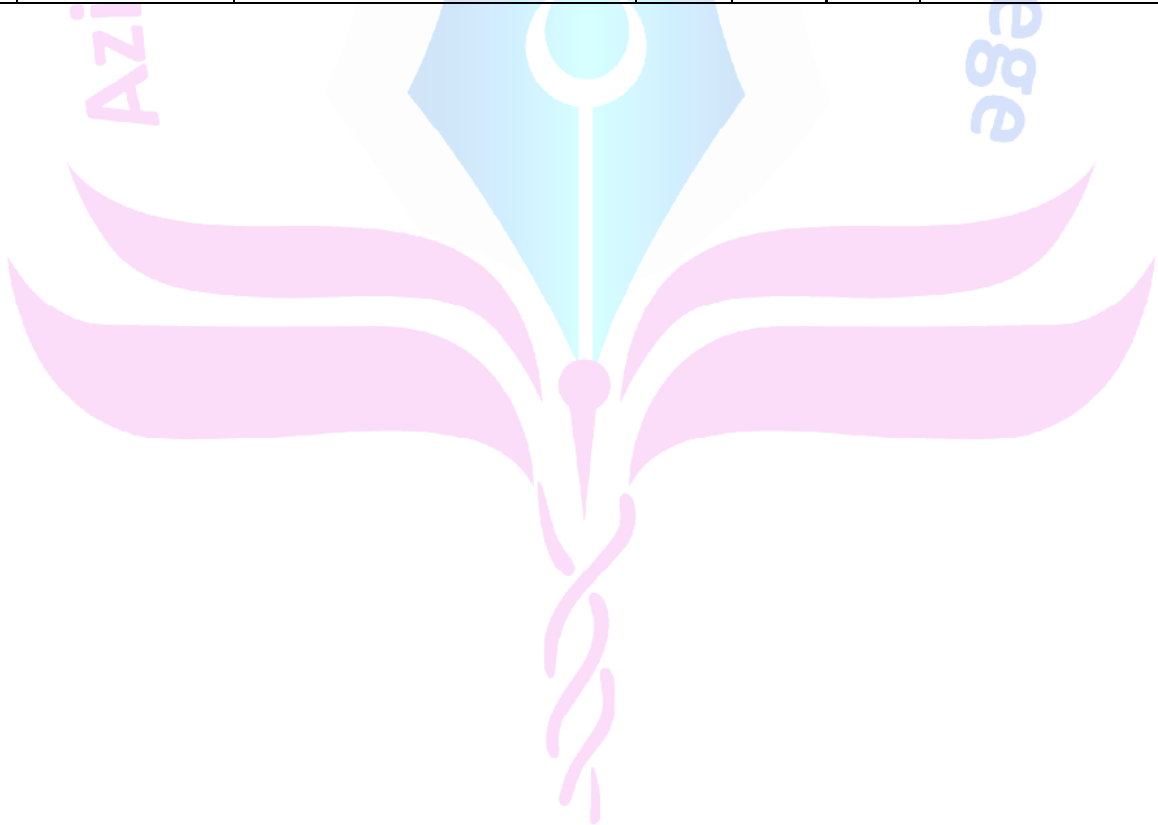
Psychiatry

S. No	Date	Competencies	Level			HOD's/Teacher's comments / signature
			A	B	C	
1.		CFRC3-054 Effective communication during consultations (shared decision-making)				
2.		CFRC3-055 Ethical considerations (Confidentiality, informed consent)				



Anesthesia

S. No	Date	Competencies	Level			HOD's/Teacher's comments / signature
			A	B	C	
1.		(CFRC3-008) Demonstrate appropriate use of PPE and understand its importance in preventing healthcare-associated infections				
2.		CFRC3-058 Able to scrub in for major and minor surgical procedures				
3.		CFRC3-059 Assist in minor surgical procedures (observed in OT)				



PRESCRIPTION INFERENCE CARD

Student's Name:	
MBBS Year:	Roll No:
UHS Registration No:	
Block:	Module:
Provisional Diagnosis:	

Date	
Drug & Group	
Brand Name	
Generic Name	
Purpose of Drug (Symptomatic/Specific)	
Dosage & Form	
Route of Administration	
Monitoring Parameters	

ADVERSE EFFECTS

Observations / Text Book

DRUG INTERACTIONS

Observations / Text Book

CONTRAINDICATIONS

Observations / Text Book

PRECAUTIONS

Specifically Advised	
Comments / Instructions	
HOD (Sign & Stamp)	

PRESCRIPTION INFERENCE CARD

Student's Name:	
MBBS Year:	Roll No:
UHS Registration No:	
Block:	Module:
Provisional Diagnosis:	

Date	
Drug & Group	
Brand Name	
Generic Name	
Purpose of Drug (Symptomatic/Specific)	
Dosage & Form	
Route of Administration	
Monitoring Parameters	

ADVERSE EFFECTS

Observations / Text Book

DRUG INTERACTIONS

Observations / Text Book

CONTRAINDICATIONS

Observations / Text Book

PRECAUTIONS

Specifically Advised	
Comments / Instructions	
HOD Pharmacology (Sign & Stamp)	

PRESCRIPTION INFERENCE CARD

Student's Name:	
MBBS Year:	Roll No:
UHS Registration No:	
Block:	Module:
Provisional Diagnosis:	

Date	
Drug & Group	
Brand Name	
Generic Name	
Purpose of Drug (Symptomatic/Specific)	
Dosage & Form	
Route of Administration	
Monitoring Parameters	

ADVERSE EFFECTS

Observations / Text Book

DRUG INTERACTIONS

Observations / Text Book

CONTRAINDICATIONS

Observations / Text Book

PRECAUTIONS

Specifically Advised	
Comments / Instructions	
HOD Pharmacology (Sign & Stamp)	

Case-Based Discussion (CBD) Form for Third-Year MBBS

Trainee Information

Name	
Student ID	
Assessment Date	
Location of CBD	

Assessor Information

Name	
Designation	
Department	

Case Details

Clinical Setting	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Elective
Complexity of Case	<input type="checkbox"/> Basic (third-year level) <input type="checkbox"/> Moderate <input type="checkbox"/> Complex
Focus of Encounter	<input type="checkbox"/> History <input type="checkbox"/> Physical Examination <input type="checkbox"/> Diagnosis <input type="checkbox"/> Initial Management <input type="checkbox"/> Patient Education <input type="checkbox"/> Documentation
Summary of Case	

Assessment Areas

Medical Record Keeping	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Clinical Assessment	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Diagnostic Skills	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Initial Management Plan	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement

Communication Skills	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Professionalism	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement

Feedback

Strengths	
Areas for Development	
Recommended Actions	

Trainee Reflection

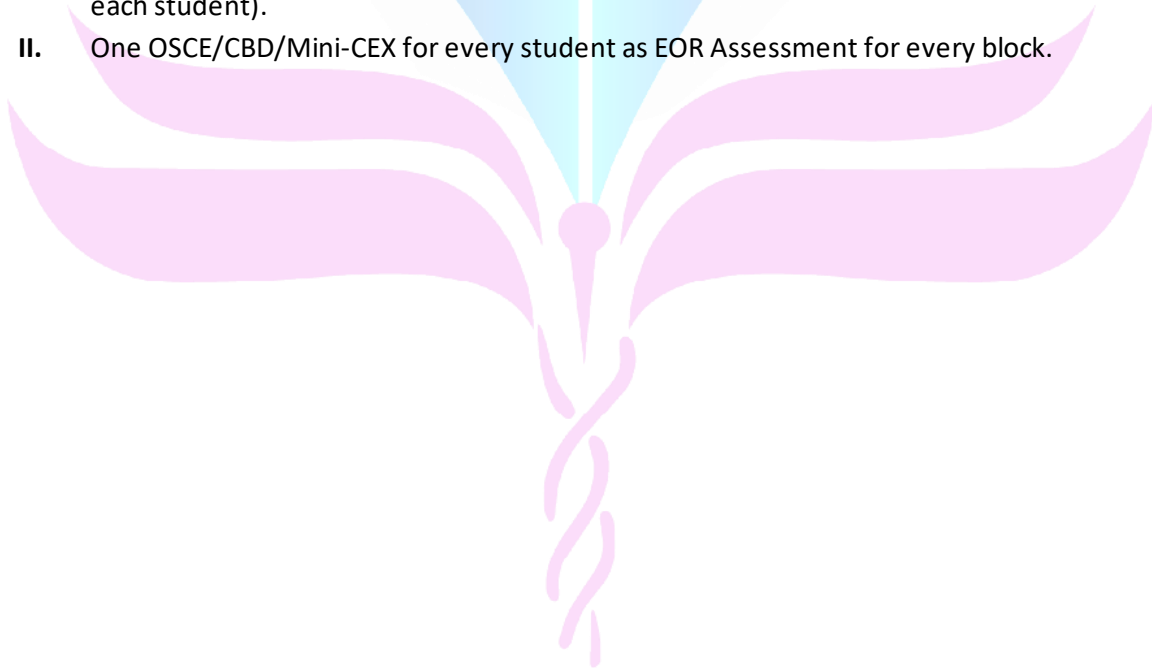
Learning from the Experience	
------------------------------	--

Signatures

Trainee's Signature	
Assessor's Signature	

Notes:

- I. At least 1/3rd of entries per block (DME to decide the codes of entries to be entered for each student).
- II. One OSCE/CBD/Mini-CEX for every student as EOR Assessment for every block.



Case-Based Discussion (CBD) Form for Third-Year MBBS

Trainee Information

Name	
Student ID	
Assessment Date	
Location of CBD	

Assessor Information

Name	
Designation	
Department	

Case Details

Clinical Setting	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Elective
Complexity of Case	<input type="checkbox"/> Basic (third-year level) <input type="checkbox"/> Moderate <input type="checkbox"/> Complex
Focus of Encounter	<input type="checkbox"/> History <input type="checkbox"/> Physical Examination <input type="checkbox"/> Diagnosis <input type="checkbox"/> Initial Management <input type="checkbox"/> Patient Education <input type="checkbox"/> Documentation
Summary of Case	

Assessment Areas

Medical Record Keeping	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Clinical Assessment	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Diagnostic Skills	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Initial Management Plan	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement

Communication Skills	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Professionalism	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement

Feedback

Strengths	
Areas for Development	
Recommended Actions	

Trainee Reflection

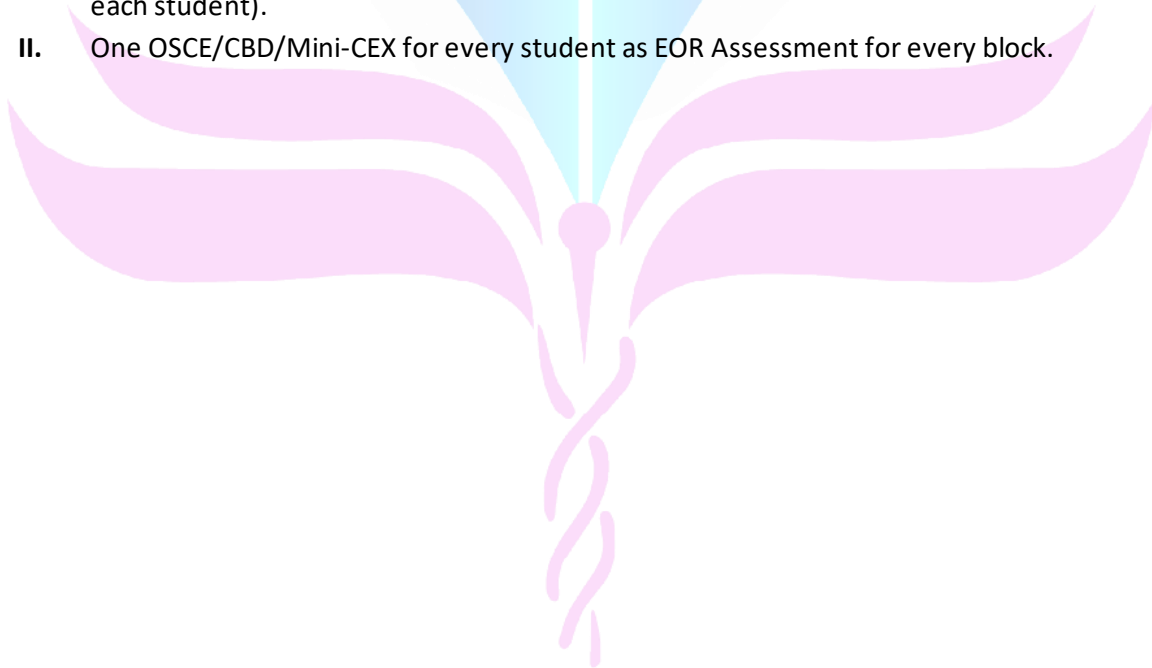
Learning from the Experience	
------------------------------	--

Signatures

Trainee's Signature	
Assessor's Signature	

Notes:

- I. At least 1/3rd of entries per block (DME to decide the codes of entries to be entered for each student).
- II. One OSCE/CBD/Mini-CEX for every student as EOR Assessment for every block.



Case-Based Discussion (CBD) Form for Third-Year MBBS

Trainee Information

Name	
Student ID	
Assessment Date	
Location of CBD	

Assessor Information

Name	
Designation	
Department	

Case Details

Clinical Setting	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Elective
Complexity of Case	<input type="checkbox"/> Basic (third-year level) <input type="checkbox"/> Moderate <input type="checkbox"/> Complex
Focus of Encounter	<input type="checkbox"/> History <input type="checkbox"/> Physical Examination <input type="checkbox"/> Diagnosis <input type="checkbox"/> Initial Management <input type="checkbox"/> Patient Education <input type="checkbox"/> Documentation
Summary of Case	

Assessment Areas

Medical Record Keeping	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Clinical Assessment	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Diagnostic Skills	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Initial Management Plan	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement

Communication Skills	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement
Professionalism	<input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement

Feedback

Strengths	
Areas for Development	
Recommended Actions	

Trainee Reflection

Learning from the Experience	
------------------------------	--

Signatures

Trainee's Signature	
Assessor's Signature	

Notes:

- I. At least 1/3rd of entries per block (DME to decide the codes of entries to be entered for each student).
- II. One OSCE/CBD/Mini-CEX for every student as EOR Assessment for every block.

