Section 1: Early Clinical Exposure

Topics for Early Clinical exposure

Upper Limb

- 1. Examination of radial pulse & Blood pressure
- 2. Taking blood sample from Median cubital vein
- 3. Applied anatomy of shoulder joint and elbow joint
- 4. Carpal tunnel syndrome
- 5. Clinical anatomy of upper limb

Lower limb

- 1. Varicose vein
- 2. Applied anatomy of knee joint and arches of foot
- 3. Intramuscular injections: Gluteal region
- 4. Lumbar puncture
- 5. Venesection
- 6. Clinical anatomy of lower limb

Thorax

- 1. Intracardiac injection
- 2. Examination of respiratory system: breath sound
- 3. Examination of circulatory system: heart sound
- 4. Percussion
- 5. Auscultation
- 6. Coronary angiography: through open lumen of femoral artery
- 7. Clinical anatomy of heart

Abdomen

- 1. Methods of clinical examination: inspection, palpation, percussion, auscultation
- 2. Riles tube
- 3. Catheter insertion
- 4. Inguinal hernia
- 5. Portal hypertension
- 6. Clinical anatomy of pelvic viscera

Head & Neck

- 1. Examination of facial muscles
- 2. Evisceration of eyeball (in fresh Non-embalmed cadaver)
- 3. Tracheostomy
- 4. Clinical anatomy of Thyroid gland
- 5. Clinical anatomy of Larynx

Neuro-anatomy

- 1. Clinical anatomy of Spinal cord
- 2. Clinical anatomy of Brain stem

Section 1: Competencies of the Early clinical exposures

Session details	Competency addressed	Number required to certify P (perform)	Attempt at activity First only (f)/ Repeat (R)/ Remedial (Re)	Rating Below expectations (B)/ Meets expectations (M)/ Exceed expectations (E)	Decision of faculty Completed (C)/ Repeat (R)/ Remedial (Re)	Initial of faculty and date	Feedback received initial of learner
Session 1 Name of the session/ Activity							
Name of Faculty member(s)							
Date							
Time							
Duration							
Session 2 Name of the session/ Activity							
Name of Faculty member(s)							
Date							
Time							
Duration							
Session 3 Name of the session/ Activity							
Name of Faculty member(s)							
Date							
Time							
Duration							

Session 4 Name of the session/ Activity				
Name of Faculty member(s)				
Date				
Time				
Duration				
Session 5 Name of the session/ Activity				
Name of Faculty member(s)				
Date				
Time				
Duration				

ECE Session Number:	Date:
Session Topic:	
Setting: Classroom/Hospital/Community:	
Correlation: Basic Science/ Clinical Skills:	
Name of Faculty Member (S)/ Facilitator:	
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)
Domain: K/A/S/C Level A	attained: K/KH/SH/P
Signature of Teacher-in-charge	

ECE Session Number:	Date:
Session Topic:	
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Correlation: Basic Science/ Clinical Skills:	
Name of Faculty Member (S)/ Facilitator:	
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So what (what are the applications of this learning)	
What next (what knowledge or skills do you need to develop so that you can ha	ndle this type of situation)
Domain: K/A/S/C	Level Attained: K/KH/SH/P
Signature of Teacher-in-charge	

ECE Session Number:	Date:
Session Topic:	
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Domain: K/A/S/C	Level Attained: K/KH/SH/P
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Setting: Classroom/Hospital/Community:	
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What happened (what did you learn from this experience)	
So what (what are the applications of this learning)	
30 What (what are the applications of this learning)	
What next (what knowledge or skills do you need to develop so that you can handle the	his type of situation)
Domain: K/A/S/C Leve	el Attained: K/KH/SH/P
20	
Signature of Teacher-in-charge	

ECE Session Number:	Date:
Session Topic:	
Setting: Classroom/Hospital/Community:	
Correlation: Basic Science/ Clinical Skills:	
Name of Faculty Member (S)/ Facilitator:	
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Domain: K/A/S/C Leve	el Attained: K/KH/SH/P
20	
Signature of Teacher-in-charge	