2.3.2

Other departments List of training programs Conducted in the clinical skills/ Simulator labs during the Last five years

Department	Page no
Otorhinolaryngology	2-7
Pharmacology	8-17
Surgery	18-51
Physiology	52-53
Obstetrics & Gynecology	54-81
Respiratory Medicine	82-96
Anesthesiology	97-143

2.3.2

Skill Lab





Dr.Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik. Department of Otorhinolaryngology

Key Indicator – 2.3 Teaching-I 2.3.2 (QnM) Use of clinical skills labo			
The Institution has clinical skills / Simulation training models and trainers for skills in the relevant disciplines.	The Institution has advanced simulators for simulation-based training	Structured programs for training and assessment of students in Clinical Skills Lab / Simulation based learning	Training programmes for the faculty in the use of clinical skill lab and simulation methods of teaching-learning
Yes	no	Yes	Yes

Horn

Prof. & HOD Department of Otorhinolaryngology

Dr. K. S. Burst MS (ENT) Head of Dept Dept. of ENT NDMVPS Medical College, Hospital & R. C. Nashik - 422 003





Department of Otorhinolaryngology

Information Regarding Skill Labs

Sr. No.	Item	Yes	No	Mention Names
01.	Basic clinical skills training models available?	Yes	1.00	Ear Model, Lateral Wall of nose Model
02.	Basic Trainers for clinical skills in the relevant disciplines available?	Yes		Faculty
03.	Has advanced patient simulators for simulation-based training available?		No	
04.	Has a structured program for training and assessment of students in clinical skill labs / simulation centre.	Yes	a.	Temporal bone dissection for PG every week.
05.	Do you conduct training programs for faculty in the use of clinical skills lab and simulation methods of teaching-learning?	Yes		Temporal bone dissection & ESSW every year.

Prof. & HOD Department of Otorhinolaryngology

Dr. K. S. Burse MS (ENT) Head of Dept Dept. of ENT NDMVPS Medical College, Hospital & R. C. Nashik - 422 003





Department of Otorhinolaryngology

List of Training Programs of P.G. Students

No.	Year	Date	Training program	Name of PG 1/2/3 year	Name of faculty
1	2014	11-14 Feb	Temporal bone dissection workshop	Dr. Swapnil Jadhav JR-2 Dr. Anuradha Dhawale JR-1 Dr. Divya Bangera JR-1	Dr. Indorewala Dr. Sperkelson
2	2015	18-21 Feb	Temporal bone dissection workshop	Dr. Achala Kamath JR-1 Dr. Gunjan Manchanda JR-1	Dr. Indorewala
3	2016	1417 Feb	Temporal bone dissection workshop	Dr. Monica Bhagat JR-1 Dr. Vaibhav Chandakhede JR-1	Dr. Indorewala
4	2016	14 -17 Feb	Cadaveric endoscopic sinus surgery workshop	Dr. Achala Kamath JR-2 Dr. Gunjan Manchanda JR-2	Dr. Swift
5	2017	24-27 Feb	Temporal bone dissection workshop	Dr. Sumeet Ghai JR-2	Dr. Indorewala
6	2017	24-27 Feb	Cadaveric endoscopic sinus surgery workshop	Dr. Monica Bhagat JR-1	Dr. Devindra Rai
7	2018	15-18 Feb	Cadaveric endoscopic sinus surgery workshop	Dr. Sumeet Ghai JR-2	Dr. Nishith Shah
8	2018	15-18 Feb	Temporal bone dissection workshop	Dr. Prajakta Keluskar JR-2 Dr. Sharyu Sheleke JR-2	Dr. Indorwala
)	2019	22-25 Feb	Temporal bone dissection workshop	Dr. Rohan Gupta JR-2 Dr. Saloni Raisoni JR-2 Dr. Tanmayee Jatania JR-2	Dr. Indorwala
0	2020	26 Feb. to 2 March	Temporal bone dissection workshop	Dr. Shashank Pagar Dr. Preeti Dudhe	Dr. Indorwala
1	2020	26 Feb. to 2 March	Cadaveric endoscopic sinus surgery workshop	Dr. Rohan Gupta Dr. Saloni Raisoni	Dr. Neelam Vaid



phone

Prof. & HOD

Department of Olischigol High gelegy MS (ENT) Head of Dept Dept. of ENT NDMVPS Medical College, Hospital & R. C. Nashik - 422 003



Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik - 03.

Department of Otorhinolaryngology

Skill Module for Temporal Bone Dissection

Competency:

Demonstrate the steps of various ear surgeries on cadaveric temporal bone.

Background knowledge:

- Detailed surface anatomy of temporal, squamous, petrous and mastoid bones.
- Detailed anatomy of external, middle and inner ear and its surrounding structures.
- Detailed knowledge of various ear diseases and its complications.

Suggested teaching and learning methods:

Lecture video and demonstration on cadaveric temporal bone in skill lab.

Pre-requisites:

- Knowledge of surface anatomy of temporal bone.
- Knowledge of external, middle and inner ear anatomy.
- Knowledge of ear diseases and its spread.

Indications:

- Mastoid surgeries
- Middle ear surgeries
- Skull Base surgeries

Equipment:

- Wet temporal bone
- Operating microscope
- Drill with burrs
- Suction machine
- Temporal bone holder
- Irrigation Cannula
- Few ear micro-instruments

Steps:

- 1. Fixing of temporal bone in bone holder, focussing of microscope with binocular vision.
- 2. Identification of surface landmarks like
 - External Auditory Meatus
 - Spine of Henle
 - Zygomatic Process
 - Mastoid Process
 - MacEwan's Triangle





Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik - 03.

Department of Otorhinolaryngology

- Cortical Mastoidectomy
 - Superior border of MacEwan's triangle i.e. Suprameatal crest delineation.
 - Anterior border of MacEwan's triangle i.e. Posterior Canal Wall delineation.
 - Joining of endpoints of superior and anterior borders.
- a. Removal of cortex and air cells within the triangle.
- 4. Identification of lateral semicircular canal, fossa incudis and aditus.
- 5. Identification of mastoid tip and digastric ridge.
- 6. Delineation of sinus plate and tegmen plate
- 7. Thinning of posterior canal wall
- 8. Identification of facial nerve, chorda tympani nerve
- 9. Posterior Tympanotomy
- 10. Identification of pyramid, Stapedius tendon and all ossicles
- 11. Stapedectomy
- 12. Removal of bridge and lowering of facial ridge
- 13. Atticotomy
- 14. Modified Radical Mastoidectomy
- 15. Radical Mastoidectomy

Assessment:

Observation by faculty members

Suggested Reading:

- Temporal bone dissection manual
- Shambaugh
- Scott Brown's Otology
- Cummins

Nome

Prof. & HOD Department of Operhinglassingology MS (ENT) Head of Dept Dept. of ENT NDMVPS Medical College, Hospital & R. C. Nashik - 422 003





Department of Pharmacology

Program Report

Title of Program	Drug administration and Blood withdrawl techniques using mannequins		
Objective of Program	 To teach MBBS students about Routes of drug administration and blood withdrawl To train students about drug administration and sample collection 		
Date of Program	$\frac{12}{10/18} \text{ to } 03/03/2019 \& 14/08/2019 \text{ to } 04/02/2020$		
Venue	Skill lab, Department of Pharmacology		
Organized By	Department of Pharmacology		
Program in- Charge	Dr. J M Singh, Dr. S R Kankariya& Dr. V. S. Bayaskar		
Program Approved by Dean/HOD	Dr. P.B.Bhansali(Prof.&HOD)		
Name of Guest	-		
Supporting Staff Member	Dr. V. Hemanth kumar, Dr. Smita Avhad		
Vote of Thanks presented By	-		
Photograph/Video Available	Both		
Nature of Photo submission (Soft/Hard) & To whom	Soft copy – NAAC office		
Brief information about theProgram (Activity/Event)	As a part of early clinical exposure, 2 nd 1s t phase of UG students were trained about routes of drug administration and withdraw the blood from mannequins. The program was conducted, after the regular practical hours. At the end of practical hour a batch of fifteen students were trained. First the trainer demonstrated all the techniques of drug administration as well as blood withdrawl. Further each of students was asked to perform the same on mannequins.		



Dr. P. B. Bhansali Prof&HOD Department of Pharmacology DR. VPMCH & RC, Nashik



CENTRAL SKILL LABORATORY

Module for Intramuscular Injection

Student Learning Objectives

By the completion of the session, students should able to-

- 1. Identify the sites of IM injections and demonstrate Intramuscular Injection.
- 2. Identify the different equipments needed, parts of Syringe ,needle.
- 3. Should able to prepare an IM injection.
- 4. Should able to Take verbal consent before taking Prick.

Introduction

Intramuscular injection is a technique in which a needle with the help of syringe is inserted in Major muscle for the administration of the medicine for therapeutic purposes.

Teaching Learning Method

Demonstration on Intramuscular Injection simulator in skill lab.

Prerequisites

- 1. Anatomical knowledge about Major muscles used for injection.
- 2. Knowledge about the different equipment used.

Indications

1. Administration of Medicines for Therapeutic Purpose.

Contraindications

- 1. Infection over the site of insertion
- 2. Burns or traumatic injury over the insertion site
- 3. Surgical procedure over that extremity.

Equipment required

- 1. IM simulator
- 2. Pair of gloves
- 3. Cotton swab
- 4. Clinical spirit
- 5. 2Ml syringe
- 6. Needle
- 7. Medication

Steps in I.M. Injection

- 1. Preparation of syringe with medication.
- 2. Identification of muscle
- 3. Performing actual procedure



Preparation

- 1. Hand sanitization and wearing gloves
- 2. Preparation of Syringe with medicine,

Procedure

- 1. Take the verbal consent.
- 2. Put the pair of gloves on.
- 3. Choose the muscle where to inject.
- 4. Apply spirit with the help of cotton.
- 5. Fill the syringe with medicine
- 6. Introduce needle with angle of 90 $^{\circ}$
- 7. Gently push the medicine inside with the barrel.
- 8. Discard the needle and syringe .

Complications

- 1. Severe pain at the site of injection
- 2. Tingling And Numbness
- 3. Rednesss and swelling
- 4. Signs of allergic reaction
- 5. Injury to nerve
- 6. Abscess Muscle Fibrosis
- 7. Injury to blood vessels
- 8. Cellulitis

Assessment

OSCE

No.	Performance	Marks	
1	Greets the patient and introduces himself		
2	Explains the procedure and obtain informed written consent		
3	Check the necessary equipments and makes necessary preparation for the procedure		
4	Sanitize hand and wears gloves		
5	Identifies and choose the muscle		
6	Cleanses skin over the muscle		
7	Inserts needle at 90° and deep in the muscle		
8	Aspirate the blood		
9	Gently push medicine with barrel		
10	Withdraws syringe and put swab over the site		
11	Discard the needle, syringe and gloves		
	Total		

Suggested reading

- 1. Una Hopkins, RN, FNP-BC, DNP; Claudia Y. Arias, RN, OCN Large-volume IM injections: A review of best practices oncology nurse advisor January/February 2013
- 2. World Health Organization (2010) WHO Best Practices for Injections and Related Procedures Toolkit.
- 3. World Health Organization (2009) WHO Guidelines on Hand Hygiene in Health Care



Annexure -A

Outline of a Session Plan

Name of the group – IIMBBS Students

Facilitator/ Supervisor/ Faculty

Parameter	Description		
Name of lesson	Intramuscular injection		
Number of learners	20		
Objectives of the	Student should able to		
session	1. Identify the sites of IM injections and demonstrate Intramuscular Injection.		
	2. Identify the different equipments needed, parts of Syringe, needle.		
	3. Should able to prepare an IM injection.		
	4. Should able to Take verbal consent before taking Prick.		
Primary teaching	1. Explaining the procedure followed by demonstration by the faculty.		
method chosen	2. Procedure to be done by students after demonstration		
Break up of session	Step 1 Hand sanitization and wearing gloves		
	Step 2 Check for availability of equipments & preparation of Syring with medicine		
	Step 3 Cleaning of skin over muscle		
	Step 4 Aseptic precautions		
	Step 5 I.V. Needle insertion		
	Step 6 Discard needle and Syringe		
	Step 9 Proper disposal of waste.		
Teaching aids	1. I.M. simulator		
required	2. Pair of gloves		
	3. Syringe and Needle		
	4. Cotton swab		
	5. Clinical spirit		
	6. Medication bottle.		
Infrastructure	Skill lab with I.M. simulator.		
required			
Student participation	1. Anatomy of Large muscle.		
required/ prior	2. Knowledge regarding IM injection.		
reading required			
Assessment method	Demonstration followed by direct observation		
chosen			
Other comments	1. Need of explaining the procedure and obtaining informed written consent, when		
	performing on patient emphasized.		
	2. Need of utmost aseptic precautions while performing.		



Dr. P. B. Bhansali Prof&HOD Department of Pharmacology DR. VPMCH & RC, Nashik



CENTRAL SKILL LABORATORY Module for Prescription Writing

Student Learning Objectives

By the completion of the session, students should able to-

- 1. Identify the standard format of prescription .
- 2. Identify the different parts of prescription.
- 3. Should able write prescription.

Introduction

When a doctor decides to give a particular drug to a patient, this decision has to convey to pharmacist and patient as a very clear and legible instruction in the form of prescription. Prescription writing is very important step in the medical field .It's having it's own legal aspects as well as good prescription can minimize prescribing related risk or errors. So as a physician it is very important to know the correct and legal prescription writing.

Teaching Learning Method

Demonstration of prescription writing

Prerequisites

- 1. Satisfactory knowledge about prescription.
- 2. Medical terminologies.
- 3. Medical Abbrivation.

Parts of Prescription

- **1** Superscription
- **2** Inscription
- **3** Subscription
- 4 Transcription



Steps In Prescription Writing

- 1. Write superscription Place of Dispensing ,Doctors Name ,Degree, Date, Patients Name ,Age Gender, Address, Symbol Rx .
- 2. Write Inscription Principal drug name, Dosage form, Dose, frequency, Duration.
- 3. Write Subscription- Direction to the pharmacist as to the mode of compounding , amount to be compounded .
- 4. Transcription Directions to the patients regarding the methods of administration, ,dose ,time of administration other instructions regarding follow up, signature of physician and registration No.

Assessment

OSCE

No.	Performance	Marks
1	Explain the Medico legal aspects of Prescription	
2	Explain the parts of Prescription	
3	Explain about Superscription	
4	Explain about Inscription	
5	Explain about Subscription	
6	Explain about transcription	
7	Write standard prescription	
	Total	

Dr. P. B. Bhansali Prof&HOD Department of Pharmacology DR. VPMCH & RC, Nashik



Annexure -A

Outline of a Session Plan

Name of the group- II MBBS –Batch A & B

Facilitator/ Supervisor/ Faculty—Dr.Hemanth Kumar & Dr.Vijay Bayaskar

Parameter	Description		
Name of lesson	Prescription Writing		
Number of learners	60		
Objectives of the session	Student should able to		
	4. Identify the standard format of prescription.		
	5. Identify the different parts of prescription.		
	6. Should able write prescription.		
Primary teaching method	1. Explaining the prescription writing demonstration by the faculty.		
chosen	2. Procedure to be done by students after demonstration		
Break up of session	Step 1 Parts of prescription		
	Step 2 Superscription		
	Step 3 Inscription		
	Step 4 Subscription		
	Step 5 Transcription		
Teaching aids required	1. Chock And Board		
	2. Laptop		
	3. Projector		
Student participation	1. Medical Terminiligies		
required/ prior reading	2. Abbrivations used in prescription.		
required	3. Parts of prescription		
Assessment method	Demonstration followed by direct observation		
chosen			
Other comments	1. Need to understand the besic concept behind Prescription writing.		
	2. Need to learn the Medicolegal aspects of prescription		



Dr. P. B. Bhansali Prof&HOD Department of Pharmacology DR. VPMCH & RC, Nashik



CENTRAL SKILL LABORATORY Module for Sub Cutaneous Injection

Student Learning Objectives

By the completion of the session, students should able to-

- 1. Identify the sites of SC injections and demonstrate Subcutaneous Injection.
- 2. Identify the different equipments needed, parts of Syringe ,needle.
- 3. Should able to prepare an SC injection.
- 4. Should able to Take verbal consent before taking Prick.

Introduction

Subcutaneous injection is a technique in which a needle with the help of syringe is inserted Subcutaneously for the administration of medication for therapeutic as well as diagnostic purposes.

Teaching Learning Method

Demonstration on Subcutaneous Injection simulator in skill lab.

Prerequisites

- 1. Anatomical knowledge about Skin layers used for injection.
- 2. Knowledge about the different equipment used.

Indications

1. Administration of Medicines for Therapeutic as well as diagnostic Purpose.

Contraindications

- 1. Infection over the site of insertion
- 2. Burns or traumatic injury over the insertion sit

Equipment required

- 1. SC simulator
- 2. Pair of gloves
- 3. Cotton swab
- 4. Clinical spirit
- 5. Insulin Syringe /Tuberculin Syringe with needle
- 6. Medication

Steps in I.M. Injection

- 1. Preparation of syringe with medication.
- 2. Identification of are where to inject.
- 3. Performing actual procedure



Preparation

- 1. Hand sanitization and wearing gloves
- 2. Preparation of Syringe with medicine,

Procedure

- 1. Take the verbal consent.
- 2. Put the pair of gloves on.
- 3. Choose the area of insertion where to inject.
- 4. Apply spirit with the help of cotton.
- 5. Fill the syringe with medicine
- 6. Introduce needle with angle of 45 $^{\circ}$
- 7. Gently push the medicine inside with the barrel and plunger.
- 8. Discard the needle and syringe.

Complications

- 1. Severe pain at the site of injection
- 2. Tingling And Numbness
- 3. Rednesss and swelling
- 4. Signs of allergic reaction

Assessment

OSCE

No.	Performance	Marks
1	Greets the patient and introduces himself	
2	Explains the procedure and obtain informed written consent	
3	Check the necessary equipments and makes necessary preparation for the procedure	
4	Sanitize hand and wears gloves	
5	Identifies and choose the area of skin	
6	Cleanses skin over the area	
7	Inserts needle at 45°	
8	Aspirate the blood	
9	Gently push medicine with barrel and plunger	
10	Withdraws syringe and put swab over the site	
11	Discard the needle, syringe and gloves	
	Total	

Suggested reading

- 1. Una Hopkins, RN, FNP-BC, DNP; Claudia Y. Arias, RN, OCN Large-volume S.C. injections: A review of best practices oncology nurse advisor January/February 2013
- 2. World Health Organization (2010) WHO Best Practices for Injections and Related Procedures Toolkit.
- 3. World Health Organization (2009) WHO Guidelines on Hand Hygiene in Health



Annexure- A

Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description		
Name of lesson	Subcutaneous injection		
Number of learners	20		
Objectives of the	Student should able to		
session	1. 1 Identify the sites of SC injections and demonstrate Subcutaneous Injection.		
	2. Identify the different equipments needed, parts of Syringe ,needle.		
	3. Should able to prepare an SC injection.		
	4. Should able to Take verbal consent before taking Prick.		
Primary teaching	1. Explaining the procedure followed by demonstration by the faculty.		
method chosen	2. Procedure to be done by students after demonstration		
Break up of session	Step 1 Hand sanitization and wearing gloves		
	Step 2 Check for availability of equipments and preparation of Syring with medicine		
	Step 3 Cleaning of skin over area		
	Step 4 Aseptic precautions		
	Step 5 SC Needle insertion		
	Step 6 Discard needle and Syringe		
	Step 7 Proper disposal of waste.		
Teaching aids required	1. S.C. simulator		
	2. Pair of gloves		
	3. Syringe and Needle		
	4. Cotton swab		
	5. Clinical spirit		
	6. Medication bottle.		
Infrastructure required	Skill lab with S.C. simulator.		
Student participation	1. Anatomy of Skin.		
required/ prior reading	2. Knowledge regarding S.C. injection.		
required			
Assessment method	Demonstration followed by direct observation		
chosen			
Other comments	1. Need of explaining the procedure and obtaining informed written consent,		
	when performing on patient emphasized.		
	2. Need of utmost aseptic precautions while performing.		



Dr. P. B. Bhansali Prof&HOD Department of Pharmacology DR. VPMCH & RC, Nashik

2.3.2 (Skill Lab)

Training Programs

C

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Dr.Vasantrao Pawar Medical College, Hospital & Research Centre, Vasantdada Nagar, Adgaon, Nashik. Department of Gen. Surgery

Key Indicator - 2.3 Teaching-Learning Process

2.3.2 (QnM) Use of clinical skills laboratory and simulation-based learning

The Institution has clinical skills / Simulation training models and trainers for skills in the relevant disciplines.	The Institution has advanced simulators for simulation-based training	Structured programs for training and assessment of students in Clinical Skills Lab / Simulation based learning	Training programmes for the faculty in the use of clinical skills lab and simulation methods of teaching- learning
Yes	No	Yes	Yes

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Professor & HOD Professor & HOD Dapartment of Gen. Surgery I.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik





DEPARTMENT OF SURGERY

List of Training Programs of UG/ P.G. Students OF Last 5 Years

No.	Year	Date	Training	Name of UG or	Name of faculty
		1.	program	PG 1 st & 2nd year	
1	2014-15	2014-15 23/9/14	Knotting and Suturing	Dr. Udaykumar Badhe	Dr. Borse H. G.
				Dr. Usha Vaswani	
				Dr. Mandar Patil	
				Dr. Jayverdhan	
				Dr. Harshal Bhoi	
	4 6 1	23/09/15	Knotting and Suturing	Dr. Ravi Phad	Dr. Mogal K .K.
				Dr. Sanket Chaudhari	
				Dr. Aakash Bhamre	
				Dr. Datta Sonwane	
2	2015-16			Dr. Deepak Thombare	
4	2015-16			Dr. Udaykumar Badhe	
			Laparoscopic	Dr. Usha Vaswani	
		24/09/15	Knotting and	Dr. Mandar Patil	Dr. Joshi D. V.
			Suturing	Dr. Jayverdhan	
				Dr. Harshal Bhoi	
	2016-17	19/09/16	Knotting and Suturing	Dr. Yash Godbole	Dr. Bhamre S. D.
				Dr. Ajit Dikle	
				Dr. Suyog Shetye	
		and the second second		Dr. Gaurav Pardeshi	
~		2016-17		Dr. Mithi Mohamed Tahir	
3				Dr. Ravi Phad	
			Laparoscopic	Dr. Sanket Chaudhari	
		20/09/16	Knotting and Suturing	Dr. Aakash Bhamre	Dr. Borse H. G.
				Dr. Datta Sonwane	
				Dr. Deepak Thombare	
-	2017-18	2017-18		Dr. Anuj Tiwari	Dr. Mogal K .K. Dr. Joshi D. V.
				Dr. Deepa Verma	
			Knotting and Suturing	Dr. Ashish Gavade	
				Dr. Aditi Dalvi	
				Dr. Vedanti Patil	
4			Laparoscopic Knotting and Suturing	Dr. Yash Godbole	
				Dr. Ajit Dikle	
				Dr. Suyog Shetye	
				Dr. Gaurav Pardeshi	
		-	00000	Dr. Mithi Mohamed Tahir	



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Professor & HOD Professor & HOD

Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, M.V.P.'S, Dr. V. P. Medical College,



DEPARTMENT OF SURGERY

List of Training Programs of UG/ P.G. Students OF Last 5 Years

No.	Year	Date	Training program	Name of UG or PG 1 st & 2nd year	Name of faculty
5	2018-19	18/09/18 Knotting ar	Knotting and Suturing	Dr. Janak Malu	Dr. Bhamre S. D.
				Dr. Shishir Kamble	
				Dr. Ameya Arolkar	
				Dr. Shivam Patil	
				Dr. Nikunj Varandani	
		19/09/18	Laparoscopic Knotting and Suturing	Dr. Yash Godbole	Dr. Borse H. G.
				Dr. Ajit Dikle	
				Dr. Suyog Shetye	
				Dr. Gaurav Pardeshi	
				Dr. Mithi Mohamed Tahir	
	2019-20	. 09/09/19 Su	Knotting and Suturing	Dr. Shrikant Shegokar	Dr. Mogal K .K.
				Dr. Omkar Gurav	
				Dr. Vinay Sanap	
			Suturing	Dr. Sandip Surwase	
6				Dr. Pawar Manisha K.	
U		10/09/19 Lapar	Laparoscopic Knotting and	Dr. Janak Malu	Dr. Joshi D. V.
				Dr. Shishir Kamble	
				Dr. Ameya Arolkar	
			Suturing	Dr. Shivam Patil	
				Dr. Nikunj Varandani	

Professor & HOD Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik



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DEPARTMENT OF SURGERY

Ref. No - 7.1 /2014 -2015

Date- 21/09/2014

Circular

Knotting & Suturing Training Program

Training Program on Knotting & Suturing Skills will take place for 1st year residents in Surgery on 23/9/2014 in the skill lab of Department of Surgery. Concerned residents are supposed to report to Dr. Hemantkumar Borse on 23/09/14 at 2.00 pm.

namol-

Professor & HOD Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College, Nashik.





DEPARTMENT OF SURGERY

Program Report

Date of Program-23/09/2014

Title of Program	Knotting and Suturing workshop
Objective of Program	To train 1st PG Students in Surgery in Knotting and Suturing techniques
Date of Program	23/09/2014
Venue	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organized By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Borse Hemantkumar Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. D. V. Joshi
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Hands on training given to 1 st year resident in surgery for skill suturing bowel anastomosis techniques and various surgical knotting techniques

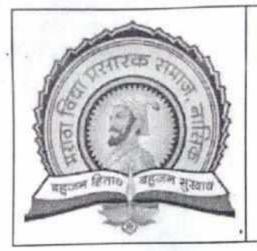
Program Co-ordinator

Namal

Head of Department DEAN Professor & HOD DEAN Department of Gen. Surgery M.VPS Dr.Vesanirac Pawar Medical College, MCBStol & Research Corrie, Nashir M.V.P.'S, Dr. V. P. Medical College,



Adgaon, Nashik



DEPARTMENT OF SURGERY

Ref. No - 33 /2015-2016

Date- 21/09/2015

Circular

Knotting & Suturing Training Program

Training Program on Knotting and Suturing Skills will take place for 1st year residents in Surgery on 23/9/2015 in the skill lab of Department of Surgery. Concerned residents are supposed to report to Dr. Mogal Kailash on 23/09/15 at 2.00 pm.

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College,

Professor & HOD Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

Nashik.





DEPARTMENT OF SURGERY

Program Report

Date of Program-23/09/2015

Litle of Program	Knotting and Suturing workshop
Objective of Program	To train 1 st PG Students in Surgery in Knotting and Suturing techniques
Date of Program	23/09/2015
Venue	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Mogal Kailash Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Borse Hemantkumar
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Fvent)	Hands on training given to 1 st year resident in surgery for skill suturing bowel anastomosis techniques and various surgical knotting techniques

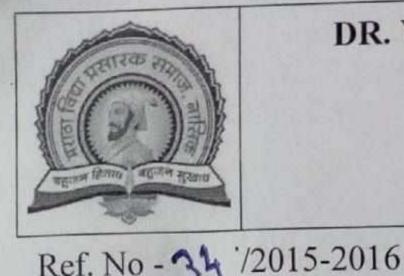
Program Co-ordinator

NOW Head of Department Professor & HOD



Department of Gen. Surgery M.V.P.S.Dr. Vasantran Paver Vedical Coll M.V.P.S. Dr. V. P. Medical College Hospital & Research Centre, Nashik Adgaon, Nashik





Ref. No -3

DR. VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & **RESEARCH CENTER**, VASANTDADA NAGAR, ADGAON, NASHIK -422003

DEPARTMENT OF SURGERY

Date- 21/09/2015

Circular

Laparoscopic Knotting & Suturing Training Program

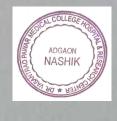
Training Program on Laparoscopic Knotting and Suturing Skills will take place for 2nd year residents in Surgery on 24/9/2015 in the skill lab of department of surgery. Concerned residents are supposed to report to Dr. Joshi Dinesh on 24/09/15 at 2.00 pm.

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College,

amr. Professor Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

Nashik.





DEPARTMENT OF SURGERY

Program Report

Date of Program-24/09/2015

Title of Program	Laparoscopic Knotting and Suturing workshop
Objective of Program	To train 2 nd PG Students in Surgery in Laparoscopic Knotting and Suturing techniques
Date of Program	24/09/2015
Venue	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Joshi Dinesh Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Jadhav Abhinandan
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Training & demonstration given on endotrainer to 2 nd year resident in surgery of techniques and various surgical knotting techniques in Laparoscopic Knotting and Suturing

Program Co-Brdinator

oran

Head of Department Professor & HOD



Department of Gen, Surgery M.VPSDrVesanras Pavar Vedical College M.V.P.S. Dr. V. P. Medical College, Hespital & Research Contra. Naslak Adgeon, Nashiti





DEPARTMENT OF SURGERY

Ref. No - 102/2016 -2017

Date- 16/09/2016

Circular

Knotting & Suturing Training Program

Training Program on Knotting and Suturing Skills will take place for 1st year residents in Surgery on 19/9/2016 in the skill lab of Department of Surgery. Concerned residents are supposed to report to Dr. Bhamre Sudhir on 19/09/16 at 2.00 pm.

hamm

Professor & HOD Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College, Nashik.





DEPARTMENT OF SURGERY

Program Report

Date of Program-19/09/2016

Title of Program	Knotting and Suturing workshop
Objective of Program	To train 1 st PG Students in Surgery in Knotting and Suturing techniques
Date of Program	19/09/2016
Venue	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Bhamre Sudhir Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Mogal Kailash
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Hands on training given to 1 st year resident in surgery for skill suturing bowel anastomosis techniques and various surgical knotting techniques

Anamin Program Co-ordinator



Head of Department Professor & HOD

Department of Gen. Surgery MVPSDrVssantraa Pavar Vedical College, M.V.P.'S, Dr. V. P. Medical College, Hospital & Research Contra Nashk Adgaon, Nashik

DEAN DEAN



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DEPARTMENT OF SURGERY

Ref. No - 103/2016 -2017

Date- 16/09/2016

Circular

Laparoscopic Knotting & Suturing Training Program

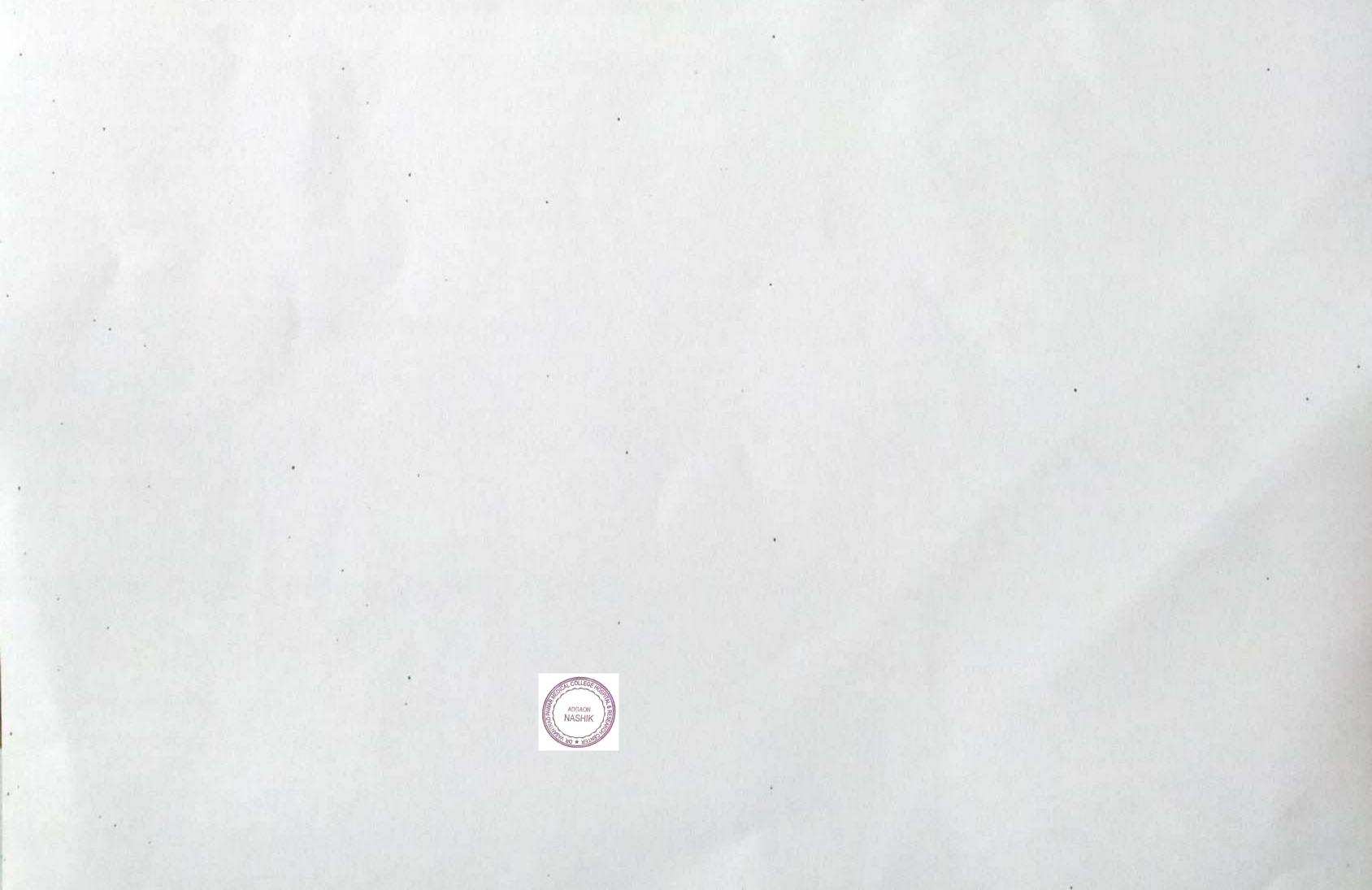
Training Program on Laparoscopic Knotting and Suturing Skills will take place for 2nd year residents in Surgery on 20/9/2016 in the skill lab of department of surgery. Concerned residents are supposed to report to Dr. Borse Hemantkumar on 20/09/16 at 2.00 pm.

amin

Professor & HOD Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College, Nashik.





DEPARTMENT OF SURGERY

Program Report

Date of Program-20/9/2016

Title of Program	Laparoscopic Knotting and Suturing workshop
Objective of Program	To train 2 nd PG Students in Surgery in Laparoscopic Knotting and Suturing techniques
Date of Program	20/9/2016
Venue	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Borse Hemantkumar Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Jadhav Abhinandan
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Training & demonstration given on endotrainer to 2 nd year resident in surgery of techniques and various surgical knotting techniques in Laparoscopic Knotting and Suturing

Program Co-ordinator

OLLEC ADGAON NASHIK

Head of Department Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

DEAN

DEAN

M.V.P.S.Dr.Vesantrao Pawa: Medical College Hospital Silveseron Contra Acabik,



DEPARTMENT OF SURGERY

Ref. No - 33 /2017 -2018

Date- 14/09/2017

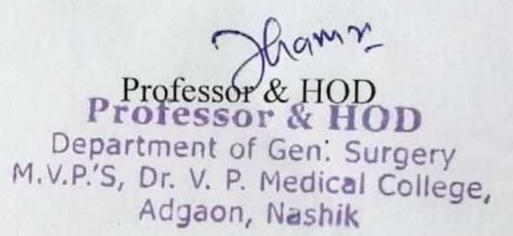
Circular

Knotting & Suturing Training Program

Training Program on Knotting and Suturing Skills will take place for 1st year residents in Surgery on 18/9/2017 in the skill lab of department of surgery. Concerned residents are supposed to report to Dr. Mogal Kailash on 18/09/17 at 2.00 pm.

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College,



Nashik.





DEPARTMENT OF SURGERY

Program Report

Date of Program-18/09/2017

Title of Program	Knotting and Suturing workshop
Objective of Program	To train 1 st PG Students in Surgery in Knotting and Suturing techniques
Date of Program	18/09/2017
Venue	Skill lab, Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Mogal Kailash Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Bhamre Sudhir
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No.
Brief about the Program (Activity/Event)	Hands on training given to 1 st year resident in surgery for skill suturing bowel anastomosis techniques and various surgical knotting techniques

Program Co-ordinator

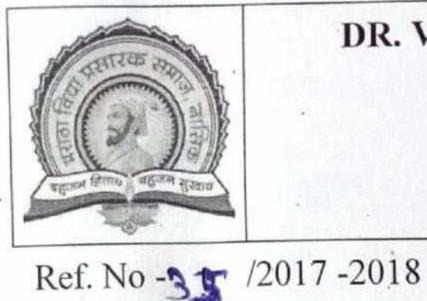


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Head of Department

DEAN DEAN

Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik M.V.P.S.Dr. Vasantras Pawar Medical College Hospital & Razasion Contra, Nashik



DEPARTMENT OF SURGERY

Date- 15/09/2017

<u>Circular</u>

Laparoscopic Knotting & Suturing Training Program

Training Program on Laparoscopic Knotting and Suturing Skills will take place for 2nd year residents in Surgery on 19/9/2017 in the skill lab of department of surgery. Concerned residents are supposed to report to Dr. Joshi Dinesh on 19/09/17 at 2.00 pm.

Professor & HOD

Professor & HOD Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College, Nashik.





DEPARTMENT OF SURGERY

Program Report

Date of Program-19/9/2017

Title of Program	Laparoscopic Knotting and Suturing workshop
Objective of Program	To train 2 nd PG Students in Surgery in Laparoscopic Knotting and Suturing techniques
Date of Program	19/9/2017
Venue	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Joshi Dincsh Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Mogal Kailash
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Training & demonstration given on endotrainer to 2 nd year resident in surgery of techniques and various surgical knotting techniques in Laparoscopic Knotting and Suturing

Program Co-ordinator



parmin

Head of Department Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

DEAN DEAN

M.V.P.S.Dr.Vesanitan Pawai Medicel College Hespitzl & Rescarch Corner, Nosluk



DEPARTMENT OF SURGERY

Date- 14/09/2018

Ref. No -178/2018 -2019

Circular

Knotting & Suturing Training Program

Training Program on Knotting and Suturing Skills will take place for 1st year residents in Surgery on 18/9/2018 in the skill lab of department of surgery. Concerned residents are supposed to report to Dr. Bhamre Sudhir on 18/09/18 at 2.00 pm.

Hamos Professor & HOD **Professor & HOD** Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College, Nashik.





DEPARTMENT OF SURGERY

Program Report

Date of Program-18/09/2018

Title of Program	Knotting and Suturing workshop
Objective of Program .	To train 1 st PG Students in Surgery in Knotting and Suturing techniques
Date of Program	18/09/2018
Venue .	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Bhamre Sudhir Dr. Vasantrao Pawar Medical College Hospital & Research Conter Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Borse Hemantkumar
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Hands on training given to 1 st year resident in surgery for skill suturing bowel anastomosis techniques and various surgical knotting techniques



Program Co-ordinator



Jam ?

Head of Department Professor & HOD Department of Gen. Surgery M.V.P.S, Dr. V. P. Medical College, Adgaon, Nashik

apt DEAN DEAN

M.V.P.S.Dr.Vasantras Pasar Vedical College Hospital & Packartin Centre, Nushik



DEPARTMENT OF SURGERY

Ref. No -174 /2018 -2019

Date- 17/09/2018

<u>Circular</u>

Laparoscopic Knotting & Suturing Training Program

Training Program on Laparoscopic Knotting and Suturing Skills will take place for 2nd year residents in Surgery on 19/9/2018 in the skill lab of department of surgery. Concerned residents are supposed to report to Dr. Borse Hemantkumar on 19/09/18 at 2.00 pm.

Professor Department of Gen. Surgery M. v. P.'S, Dr. V. P. Medical College,

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College, Nashik. Adgaon, Nashik





DEPARTMENT OF SURGERY

Program Report

Date of Program-19/9/2018

Title of Program	Laparoscopic Knotting and Suturing workshop
Objective of Program	To train 2 nd PG Students in Surgery in Laparoscopic Knotting and Suturing techniques
Date of Program	19/9/2018
Venue.	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital- & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Borse Hemantkumar Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Joshi Dinesh
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Training & demonstration given on endotrainer to 2 nd year resident in surgery of techniques and various surgical knotting techniques in Laparoscopic Knotting and Suturing

Program Co-ordinator



harman

Head of Department Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

DEAN

DEAN M.V.P.S.Dr. Vasasimna Person Medical Compe Hospital & Tecepron Centre, Nastrie



DEPARTMENT OF SURGERY

Ref. No - 73 /2019 -2020

Date- 05/09/2019

Circular

Knotting & Suturing Training Program

Training Program on Knotting and Suturing Skills will take place for 1st year residents in Surgery on 09/9/2019 in the skill lab of department of surgery. Concerned residents are supposed to report to Dr. Mogal Kailash on 09/09/19 at 2.00 pm.

Professor & HOD Department of Gen. Surgery

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College, Nashik.

M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik





DEPARTMENT OF SURGERY

Program Report

Date of Program-09/09/2019

Title of Program	Knotting and Suturing workshop
Objective of Program	To train 1st PG Students in Surgery in Knotting and Suturing techniques
Date of Program	09/09/2019
Venue	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Rescarch Center Adgaon, Nashik.
Program in- Charge	Dr. Kailash Mogal Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA ·
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Joshi Dinesh
Photograph/Video Available	No
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Hands on training given to 1 st year resident in surgery for skill suturing bowel anastomosis techniques and various surgical knotting techniques

Program Co-ordinator

OLLE ADGAON

Head of Department Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College Adgaon, Nashik



DEAN M.V.P.S.Dr. Vesanirna, Privar Medical College Hosaite/ & Research Contre, Nushik



DEPARTMENT OF SURGERY

Ref. No - 7 1 /2019 -2020

Date- 06/09/2019

Circular

Laparoscopic Knotting & Suturing Training Program

Training Program on Laparoscopic Knotting and Suturing Skills will take place for 2nd year residents in Surgery on 10/9/2019 in the skill lab of department of surgery. Concerned residents are supposed to report to Dr. Joshi Dinesh on 10/09/19 at 2.00 pm.

Professor o Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College,

Copy to:-

The Dean, Dr. Vasantrao Pawar Medical College, Nashik.

Adgaon, Nashik





DEPARTMENT OF SURGERY

Program Report 23

Date of Program-10/09/19 ·

Title of Program	Laparoscopic Knotting and Suturing workshop
Objective of Program	To train 2 nd PG Students in Surgery in Laparoscopic Knotting and Suturing techniques
Date of Program	10/09/19
Venue .	Skill lab Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Organised By .	Department of Surgery, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik.
Program in- Charge	Dr. Joshi Dinesh Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Program Approved by DEAN / HOD	DEAN, Dr. Mrunal S. Patil, Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik
Name of Guest	NA
Supporting Staff Member	All Staff Member Department of Surgery
Vote of Thanks presented By	Dr. Jadhav Abhinandan
Photograph/Video Available	No .
Nature of Photo submission (Soft/Hard) & To whom	No
Brief about the Program (Activity/Event)	Training & demonstration given on endotrainer to 2 nd year resident in surgery of techniques and various surgical knotting techniques in Laparoscopic Knotting and Suturing

ought

Program Co-ordinator



Head of Department Professor & HOD Department of Gen. Surgery M.VPS Dr Vasautron Power Vedesi College M.VPS Dr Vasautron Centre, Koshik Adgaon, Nashik

Hamm



Department of Surgery

Laparoscopic suturing of two surfaces

Student Learning Objectives

By the completion of this module, the student will be able to:

- 1. Know the skills required for suturing of two surfaces.
- Demonstrate correct method of laparoscopic suturing with strict aseptic technique in demo turtle as well as in patients.

Introduction

Laparoscopic suturing is an endoscopic skill necessary forthe successful performance of a variety of advanced and complex laparoscopic procedures. As with conventional open surgery, laparoscopic suturing techniques permit restoration of normal anatomical relationships, organ reconstruction, approximation of tissue planes and establishment ofhemostasis.

Teaching Learning Method:

Laparoscopic suturing pad in skill lab

Pre-requisites

- 1. Knowledge of anatomy of the surface
- 2. Knowledge about the different type of suturing techniques

Indication

Various laparoscopic surgeries Approximation of edges Resection anastomosis of bowel Laparoscopic hernia repair

Contraindications

Septicaemia Peritonitis Contaminated surgery

Equipments required

- 1. LaparoscopicNeedle holders
- 2. Knot pushers
- 3. Suture material
- 4. 30 degrees telescope
- 5. Laparoscopic Maryland forceps
- 6. Laparoscopic scissors



Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik

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Department of Surgery

Laparoscopic suturing of two surfaces

Steps in Laparoscopic suturing

- 1. Painting and draping, giving necessary anaesthesia.
- 2. check for all equipments
- 3. Performing actual procedure

Preparation

- 1. Explaining steps to patient, taking proper history ,obtaining consent,.
- 2. Hand sanitization and wearing sterile gloves with no touch technique.
- 3. Preparation for giving anaesthesia, checking all equipments.

Procedure and Techniques

Three-step needle maneuver

This technique is divided into three simple steps. First, grasp the suture 1 cm from the needle using the right-hand needle holder. Then, grasp the needle at a point about one-third from the tip using the left-hand grasper, Last, when the needle is correctly positioned, hold the needle using the needle driver. Now the needle is ready for driving.

Surgical knot

First, needle is grasped with right hand needle holder, then needle is passed through tissue and grasped with left hand grasper, then thread is pulled out from the edge with left hand grasper. Again needle is held with right hand needle holder, needle is passed through opposite edge of second tissue and needle pulled out by left hand grasper, till part of suture tail remains on the first tissue, then needle is held with right hand holder and with that make the double-coiled clock wise throw on left hand grasper and grasp the suture tail using the left hand holder. Then, the right-hand needle holder is now pushed cephalad while the left-hand grasper is nowpulled caudally, after tighten the suture, the suture tail is placed caudally for further throws. Finally, additional throws are added to secure the surgical knot.

Continuous "cis and trans" suture training

First, use three-step needle maneuver to hold the needle and drive it through the tissue forwardly. Second, grasp the needle tip and pull it out of the tissue using grasper, tug the suture using needle holder to place it in a reverse position, then grasp the needle and drive it through the tissue reversely.

Complications

Suture gapping Wound infection Anastomotic dehiscence

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Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College Adgaon, Nashik



Department of Surgery

Laparoscopic suturing of two surfaces

Skill assessment

Demonstration of successful laparoscopic suturing in a demo model (5 times). With OCSE.

Demonstration of successful laparoscopic suturing in patients with demonstration of all aseptic precautions (5 times each)DOPS

Assessment

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Sr. No	Performance	Marks
1	Obtains history, confirms consent	
2	Hand sanitization and wearing sterile gloves with no touch technique	
3	Communication with staff nurse Check the necessary equipments and makes necessary preparation for the procedure	
4	Painting and draping of the surface	
5	Selection of the proper instruments required and suture material	
6	Laparoscopic suturing with proper technique	
7	Proper closure of port site	
8	Explaining post operative care.	
9	Proper disposal of waste	
	Total	

Suggested readings Fischer's mastery of surgery

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Professor & HOD Department of Gen. Surgery M.V.P.'S, Dr. V. P. Medical College, Adgaon, Nashik





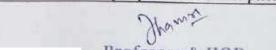
Department of Surgery

Annexure A Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description
Name of lesson	Laparoscopic Suturing Techniques
Number of learners	
Objectives of the session	 Student should able to 1. Know the different techniques of Laparoscopic suturing 2. Identify different equipments needed along with different types of suture material. 3. Enumerate the contraindications for laparoscopic suturing
Primary teaching method chosen	 Explaining the procedure followed by demonstration by the faculty. Procedure to be done by students after demonstration
Break up of session	 Step 1 Taking proper history, Hand sanitization and wearing sterile gloves with no touch technique. Step 2 Explaining steps to patient, ,obtaining consent,. Step3 Communication with staff nurse and checking all equipments required for the procedure Step 4 Painting and draping of the surface Step 5 Preparation for giving anaesthesia. Step 6 Selection of proper instruments and suture material Step 7 Laparoscopic suturing with proper technique Step 8 Proper closure of port site Step 9 Explaining post operative care Step 10 Proper disposal of waste.
Teaching aids required	 Laparoscopic mannequin Pair of gloves Suture material with needle Instruments for suturing Dressing material Adhesive
Infrastructure required	Skill lab with laparoscopic mannequin and instruments.
Student participation required/ prior reading required	 Anatomy of skin and soft tissue in local region. Knowledge of suturing
Assessment method chosen	Demonstration followed by direct observation
Other comments	 Need of explaining the procedure and obtaining informed written consent, when performing on patient emphasized. Need of utmost aseptic precautions while performing.







Department of Surgery

Wound Suturing

Student Learning Objectives

By the completion of this module, the student will be able to:

- a. Know the different techniques of wound suturing
- b. Identify different equipments needed along with different types of suture material.
- c. Enumerate the contraindications for closure of wound
- d. Identify causes for improper wound suturing

Introduction

Primary goals for wound suturing are:Closing dead space Supporting and strengthening wounds until healing increases their tensile strength Approximating skin edges for an aesthetically pleasing and functional result Minimizing the risks of bleeding and infection

Teaching Learning Method:

suturing pad in skill lab

Pre-requisites

- 1. Anatomical knowledge about various layers of skin and fascia.
- 2. Knowledge about the different type of suturing techniques

Indications

Various types of wounds Contused lacerated wounds Wounds over face,back,limb. Incised wounds.

Contraindications

Contaminated wounds

When there is tissue loss, as in an avulsion injury, wound closure may be delayed Immediate closure of human bites and certain animal bites may induce wound infections After incision and drainage of abscess

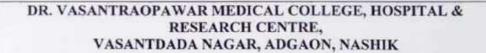
Equipments required

Suture material Needle holder Forceps Suture scissor Dressing material



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Department of Surgery

Wound Suturing

Suturing techniques

- 1. Simple interrupted suture
- 2. Simple running suture
- 3. Running locked suture
- 4. Vertical mattress suture
- 5. Horizontal mattress suture
- 6. Dermal-subdermal suture
- 7. Running subcuticular suture
- 8. Running subcutaneous suture

Steps in wound suturing

- 1. Painting of wound bed, givinglocal anaesthesia, wound debridement and washing .
- 2. check for all equipments
- 3. Performing actual procedure

Preparation

- 1. Explaining steps to patient, taking proper history ,obtaining consent,.
- 2. Hand sanitization and wearing sterile gloves with no touch technique.
- 3. Preparation for giving local anaesthesia.

Procedure

- 1. For small wounds local anaesthasia is given.
- The choice of sutures and needles is determined by the location of the lesion, the thickness of the skin in that location, and the amount of tension exerted on the wound.
- 3. .First, needle is grasped with right hand needle holder, then needle is passed through tissue and grasped with left hand grasper, then thread is pulled out from the edge with left hand grasper. Again needle is held with right hand needle holder, needle is passed through opposite edge of second tissue and needle pulled out by left hand grasper, till part of suture tail remains on the first tissue.
- 4. Then needle is held left hand and with that make the double-coiled clock wise throw on right hand grasper and grasp the suture tail using the right hand holder. Then, the right-hand needle holder is now pushed cephalad while the left-hand grasper is now pulled caudally, after tighten the suture, the suture tail is placed caudally for further throws. Finally, additional throws are added to secure the surgical knot.
- 5. Similarly additional sutures are taken to close wound completely
- 6. If wound is deep absorbable sutures are taken to obliterate cavity.

Complications

- 1. Immediate complications include the formation of hematoma secondary to improper hemostasis technique and the development of a wound infection with wound dehiscence
- Late complications include scar formation, which may be due to either improper suturing with excess tension or lack of eversion of the edges.
- 3. Hypertrophic scar and keloid formation.
- 4. Wound necrosis



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Department of Surgery

Skill assessment

 Demonstration of successful suturing in a demo model (5 times). With OSCE

Assessment

OSCE

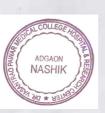
Sr. No	Performance	Marks
1	Greets the patient and introduces himself,,obtains history	
2	Hand sanitization and wearing sterile gloves with no touch technique	
3	Wound assessment .Explaining steps to patient, ,obtaining consent	
4	Communication with staff nurse Check the necessary equipments and makes necessary preparation for the procedure	
5	Painting and draping of the wound	
6	Preparation for giving local anaesthesia.	
7	wound wash with normal saline with debridement if required	
8	wound suturing with proper technique and good cosmesis	
9	wound dressing	
10	Explaining post operative care.	
11	Proper disposal of waste	
	Total	

Suggested reading

Pyes Handicraft of surgery



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Department of Surgery

Annexure A

Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description
Name of lesson	Wound suturing
Number of learners	
Objectives of the session	 Student should able to Know the different techniques of wound suturing Identify different equipments needed along with different types of suture material. Enumerate the contraindications for closure of wound Identify causes for improper wound suturing
Primary teaching method chosen	 Explaining the procedure followed by demonstration by the faculty. Procedure to be done by students after demonstration
Break up of session	 Step 1 Taking proper history, Hand sanitization and wearing sterile gloves with no touch technique. Step 2 Wound assessment .Explaining steps to patient, ,obtaining consent,. Step 3 Painting and draping of the wound Step 4 Preparation for giving local anaesthesia. Step 5 wound wash with normal saline with debridement if required Step 6 wound suturing with proper technique and good cosmesis Step 7 wound dressing Step 8 Explaining post operative care Step 9 Proper disposal of waste.
Teaching aids required	 Wound suturing pads. Pair of gloves Suture material with needle Instruments for suturing Dressing material Adhesive
Infrastructure required	Skill lab with suturing pad and instruments.
Student participation required/ prior reading required	 Anatomy of local region. Knowledge regarding use of different types of sutures.
Assessment method chosen	Demonstration followed by direct observation of procedural skills(DOPS)/OSCE
Other comments	 Need of explaining the procedure and obtaining informed written consent, when performing on patient emphasized. Need of utmost aseptic precautions while performing.



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Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik – 03 DEPARTMENT OF PHYSIOLOGY

Summary of Basic life support (BLS) course from 2014 to 2019

Γ	Sr.	Course	Location	Date	Name of Resource person	No .of Participants
	<u>No</u> 01	Sanjeevani-1 basic life support course (BLS)2014 VPMC PG Students	Emergency Medicine & Central Research Clinical skills Training Unit (CRL)	30 th Sep. 2014	Dr. Mrunal Patil Dr. Pradip Barde Dr. Gauri Diwan	20
-	02	Sanjeevani-1 basic life support course (BLS)2015 VPMC PG Students	Emergency Medicine & Central Research Clinical skills Training Unit (CRL)	29 th Jan.2015	Dr. Mrunal Patil Dr. Pradip Barde Dr. Gauri Diwan	19
. 1	03	First Aid 'Sanjeevani'- BLS course (BLS)2015 B.P.Th Students	Emergency Medicine & Central Research Clinical skills Training Unit (CRL)	18 Feb. 2015	Dr. Mrunal Patil Dr. Pradip Barde Dr. Gauri Diwan	49
	04	Sanjeevani'- BLS course (BLS)2015 (IInd MBBS MUHS26 Batch)	Basic Preventive and Emergency Health Care Training	22 nd Aug.2015	Dr. Pradip Barde Dr. Gauri Diwan Dr. Balaji Almale	63
	05	Sanjeevani'- BLS course (BLS) (IInd MBBS MUHS26 Batch)	Basic Preventive and Emergency Health Care Training	26 th Aug 2015	Dr. Pradip Barde Dr. Gauri Diwan Dr. Balaji Almale	44
	06	Sanjeevani'- BLS course (BLS)2015 (PG students)	Basic Preventive and Emergency Health Care Training	30 [#] Sep 2015	Dr. Pradip Barde Dr. Gauri Diwan Dr. Balaji Almale	20
CALCELLER" 104	07	Sanjeevani'- BLS course (BLS) 2016 (Excelsior-2016 MBBS Students)	Basic Preventive and Emergency Health Care Training	29 th & 30 th April 2016	Dr. Pradip Barde Dr. Gauri Diwan	30
SIOLOGY	08	Sanjeevani'- BLS course	Basic Preventive and Emergency	7 th Aug 2016	Dr. Pradip Barde) El

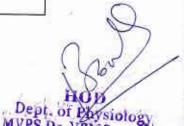
Dept. of Physiology MVPS Dr. VPMC, Nashi

	(BLS)2016 VPMC PG Students & Delegate	Health Care Training		Dr. Gauri Diwan	
09	Sanjeevani'- BLS course (BLS-) 2017 (Excelsior-2016 MBBS Students)	Basic Preventive and Emergency Health Care Training	10 th to 13 th April 2017	Dr. Pradip Barde Dr. Gauri Diwan	40
10	Sanjeevani-1 basic life support course (BLS-)2017	Basic Preventive and Emergency Health Care Training	15 th May 2017	Dr. Mrunal Patil Dr. Pradip Barde Dr. Gauri Diwan	19 PG
11	Sanjeevani-1 basic life support course (BLS-)2018 1 st MBBS 17-18 Batch	Basic Preventive and Emergency Health Care Training	7 th March 2018	Dr. Pradip Barde	76
12	Sanjeevani-1 basic life support course (BLS-)2018 VPMC PG Students & Delegate	Basic Preventive and Emergency Health Care Training	y 17 th April 2018 Dr. Pradip Barde Dr. Gauri Diwan Dr. SunitaSakaecha Dr. Bhavana Gaikwad		32 24 PG
13	Sanjeevani-1 basic life support course (BLS-)2018	Sanjeevani-1 basic life support course (BLS-)2018 Basic Preventive and Emergency Health Care Training 23 rd Jan.2019 Dr. Pradip Barde Sanjeevani-1 basic life support course (BLS-)2018 Basic Preventive and Emergency Health Care Training 25 th Jan.2019 Dr. Pradip Barde		Dr. Pradip Barde	23
14	Sanjeevani-1 basic life support course			Dr. Pradip Barde	26
15	Sanjeevani-1 basic life support course (BLS-)2018 First MBBS 2018-19 (c)	Basic Preventive and Emergency Health Care Training	6 th Feb. 2019	Dr. Pradip Barde	36
16	Sanjeevani-1 basic life support course (BLS-)2018 First Year PG Students 2019-20	Basic Preventive and Emergency Health Care Training	04 th July 2019	Dr. Pradip Barde Dr. Gauri Diwan	51

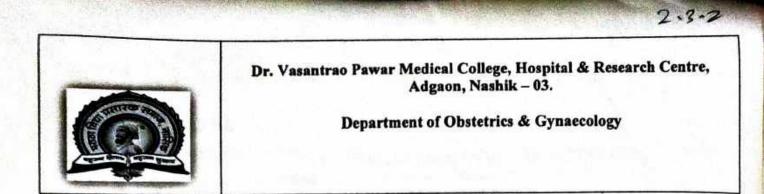
PHYSIOLOGY)



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2.3.2 (SKILL LAB) TRAINING PROGRAMMES



Information regarding Clinical skill labs

2.3.2 (QnM) Use of clinical skills laboratory / simulation-based learning (10)

The Institution has Clinical Skills / Simulation Training Models and Trainers for skills in the relevant disciplines.		advan simula	ators for ation-based	structured programs for training and assessment of Skills Lab / Simulation based learningTraining pro for the facult the use of cli skills lab and simulation n of teaching- learning		faculty in of clinical ab and tion method hing-	
Yes No Yes		Yes	No	Yes	No	Yes	No
			No		Yes		Yes

No.	Item	Yes	No	Names
1	Training models	Yes		Demo :Maternal pelvis & fetal skull Mannequin of female reproductive system, baby Forceps, ventouse
2	Training lab	Yes		Pelvimetry: maternal pelvic assessment Mechanism of labor – normal & abnormal



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DR. VASANTRAO PAWAR MEDICALCOLLEGE, HOSPITAL & RESEARCH CENTER VASANTDADA NAGAR, ADGAON NASHIK-422003 DEPARTMENT OF OBSTERICS & GYNECOLOGY

Program Report: 13.09.2014

Department : Obstetrics & Gynaecology

Title of Program	Training Programmer a) Office hysteroscopy b) Vaginal hysteroscopy c) Pelvic floor repair
Objective of Program	Orientation to Hysteroscopy and Pelvic flour repair techniques
Date of Program	12.09.2014
Venue	Dr. Vasantrao Pawar Medical College Nashik
Organized By	Department of Obstetrics & Gynecology
Program in- Charge	Dr. Kiran Patole
Program Approved by Principal/HOD	Yes
Name of Guest	Dr. Pandit Palaskar
Supporting Staff Member	Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil,
Vote of Thanks presented By	Dr. Anand Tambat
Photograph/Video Available	Yes
Nature of Photo submission (Soft/Hard) & To	Yes
whom Brief about the Program (Activity/Event)	Yes



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Program Report: 23.03.2016 Department : Obstetrics & Gynaecology

Title of Program	Fogsi workshop Training Managing sexual abuse
Objective of Program	Managing Cases of sexual abuse
Date of Program	22.03.2016
Venue	Dr. Vasantrao Pawar Medical College Nashik
Organised By	Department of Obstetrics & Gynecology
Program in- Charge	Dr. Kiran Patole
Program Approved by Principal/HOD	Yes
Name of Guest	Dr. Reena Wani
Supporting Staff Member	Dr Nilima Gupte Dr Mansi Kathaley Dr. Anand Tambat
Vote of Thanks presented By	Dr Ajit Patil
Photograph/Video Available	Yes
Nature of Photo submission (Soft/Hard) & To whom	Yes
Brief about the Program (Activity/Event)	Yes



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Program Report: 11.06.2016 Department: Obstetrics & Gynaecology

Title of Program	Surgical Workshop and Training of Tissue Management, Suturing and Knotting techniques
Objective of Program	To learn the scientific way of Tissue Management, Suturing and Knotting techniques
Date of Program	10.06.2016
Venue	Dr. Vasantrao Pawar Medical College Nashik
Organised By	Department of Obstetrics & Gynecology
Program in- Charge	Dr. Kiran Patole
Program Approved by Principal/HOD	Yes
Name of Guest	Dr. Shreya Kulkarni
Supporting Staff Member	Dr Anand Tambat Dr Archana Patil Dr. Joshi Padmaja Dr. Patil Poonam
Vote of Thanks presented By	Dr. Sandip Sonawane
Photograph/Video Available	Yes
Vature of Photo submission (Soft/Hard) & To	Yes
rief about the Program (Activity/Event)	Yes



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Program Report: 18.12.2016 Operative Won Title of Program	Endo In 2016 Training and Conference Laparoscopic & Hysteroscopy Surgery
Objective of Program	Learning basics of Laparoscopic &
	Hysteroscopy Surgery
Date of Program	17.12.2016
Venue	Dr. Vasantrao Pawar Medical College Nashik
Organised By	Department of Obstetrics & Gynecology
Program in- Charge	Dr. Kiran Patole
Program Approved by Principal/HOD	Yes
Name of Guest	Dr. Puntambekar
	Dr. hafeez rehman
	Dr. vivek Salunkhe
Supporting Staff Member	Dr Nilima Gupte
	Dr Mansi Kathaley
	Dr. Anand Tambat
	Dr. Sandip Sonawane
Vote of Thanks presented By	Dr. Ajit Patil
Photograph/Video Available	Yes
Nature of Photo submission (Soft/Hard) & To whom	Yes
Brief about the Program (Activity/Event)	Yes

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Program Report: 18.09.2017 Surgical Workshop

Title of Program	NDVH Workshop & Training
Objective of Program	Learning Techniques of NDVH
Date of Program	17.09.2017
Venue	Dr. Vasantrao Pawar Medical College Nashik
Organised By	Department of Obstetrics & Gynecology
Program in- Charge	Dr. Kiran Patole
Program Approved by Principal/HOD	Yes
Name of Guest	Dr. Ramkrushna Purohit
	Dr. Manik Guram
Supporting Staff Member	Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil, Dr Anand Tambat, Dr Archana Patil, Dr. Joshi Padmaja, Dr. Patil Poonam Dr. Sandip Sonawane
Vote of Thanks presented By	Dr. Shreekala Kakatkar Dr. Pooja Nikam
Photograph/Video Available	Yes
Nature of Photo submission (Soft/Hard) & To whom	Yes
Brief about the Program (Activity/Event)	Yes



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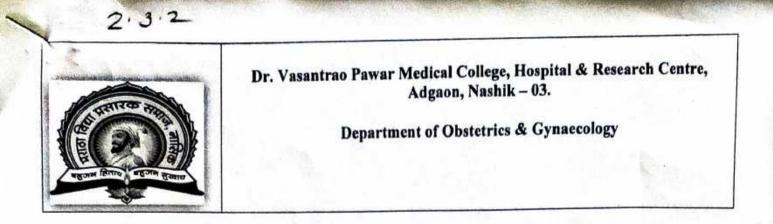
Program Report: 29.03.2018

itle of Program	Suturing Technics and Training program	
hiertive of Dra	o and maning program	
bjective of Program	Learning Suturing Techniques	
Date of Program	28.03.2018	
Venue	Dr. Vasantrao Pawar Medical College Nashik	
Organised By	Department of Obstetrics & Gynecology	
Program in- Charge	Dr. Kiran Patole	
Program Approved by Principal/HOD	Yes	
Name of Guest	Dr. Sudhir Gokral	
Supporting Staff Member	Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil, Dr Anand Tambat, Dr Archana Patil, Dr. Joshi Padmaja, Dr. Patil Poonam Dr. Sandip Sonawane	
Vote of Thanks presented By	Dr. Shreekala Kakatkar Dr. Pooja Nikam	
Photograph/Video Available	Yes	
Nature of Photo submission (Soft/Hard) & To whom	Yes	
Brief about the Program (Activity/Event)	Yes	



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List of Training Programs of P.G. Students

No.	Year	Date	Training program	Name of PG 1/2/3 year	Name of faculty
1	2014-15	12.09.2014	Training Programmer a) Office hystreroscopy b) Vaginal hysterescopy c) pelvic floor repair	Dr. Priyanka Gaikwad Dr. Krushna Borkar, Dr. Ankita Chvhan, Dr. Turpti Dhakare Dr. Shrikant Khetmal, Dr. Namrata Jadhav	Dr. Kiran Patole, Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil, Dr Anand Tambat, Dr Archana Patil, Dr. Joshi Padmaja, Dr. Yashwant Mane Dr. Patil Y.R,
2	2015-16	22.03.2016	Fogsi workshop Training Managing sexual abuse	Dr.Deepti Paprikar, Dr. Rohit Kamble, Dr. Monika Thaware, Dr. Apurva Maurya, Dr. Ashwini Jadhav, Dr. Madhavi Dasarwar, Dr. Dhwnee Desai, Dr. Shubhra Mitra,	Dr. Kiran Patole, Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil, Dr Anand Tambat, Dr Archana Patil, Dr. Joshi Padmaja, Dr. Patil Poonam, Dr. Sandeep Sonawane, Dr. Shreekala Kakatkar Dr. Pooja Nikam, Dr. Trupti Dhakare,
3	2016-17	17.12.2016	Endo In 2016 Training and Conference Laparoscopic & Hysteroscopy Surgery	Dr.Deepti Paprikar, Dr. Rohit Kamble, Dr. Monika Thaware, Dr. Apurva Maurya, Dr. Ashwini Jadhav, Dr. Madhavi Dasarwar, Dr. Dhwnee Desai, Dr. Shubhra Mitra,	Dr. Kiran Patole, Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil, Dr Anand Tambat, Dr Archana Patil, Dr. Joshi Padmaja, Dr. Patil Poonam, Dr. Sandeep Sonawane, Dr. Shreekala Kakatkar Dr. Pooja Nikam, Dr. Trupti Dhakare,
A MARKA	COLLEGE HOSTING	10.06.2016	Surgical Workshop and Tanning Science of Tissue Management, Suturing and Knotting techniques	Dr.Deepti Paprikar, Dr. Rohit Kamble, Dr. Monika Thaware, Dr. Apurva Maurya, Dr. Ashwini Jadhav, Dr. Madhavi Dasarwar, Dr. Dhwnee Desai, Dr. Shubhra Mitra,	Dr. Kiran Patole, Dr. Kiran Patole, Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil, Dr Anand Tambat, Dr Archana Patil, Dr. Joshi Padmaja, Dr. Patil Poonam,



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	*				Dr. Sandeep Sonawane, Dr. Shreekala Kakatkar Dr. Pooja Nikam, Dr. Trupti Dhakare,
5	2017-18	17.09.2017	NDVH Workshop & Training	Dr. Deepti Paprikar, Dr. Rohit Kamble, Dr. Monika Thaware, Dr. Apurva Maurya, Dr. Ashwini Jadhav, Dr. Madhavi Dasarwar, Dr. Dhwnee Desai, Dr. Shubhra Mitra,	Dr. Kiran Patole, Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil, Dr Anand Tambat, Dr Archana Patil, Dr. Joshi Padmaja, Dr. Patil Poonam, Dr. Sandeep Sonawane, Dr. Shreekala Kakatkar Dr. Pooja Nikam, Dr. Trupti Dhakare,
6	2018-19	28.03.2018	Suturing Technics and Training program	Dr.Deepti Paprikar, Dr. Rohit Kamble, Dr. Monika Thaware, Dr. Apurva Maurya, Dr. Ashwini Jadhav, Dr. Madhavi Dasarwar, Dr. Dhwnee Desai, Dr. Shubhra Mitra, Dr. Himanshi Tiwari, Dr. Aanchal Agarwal Dr. Nikita Damle	Dr. Kiran Patole, Dr Nilima Gupte, Dr Mansi Kathaley, Dr Ajit Patil, Dr Anand Tambat, Dr Archana Patil, Dr. Joshi Padmaja, Dr. Patil Poonam Dr. Sandeep Sonawane , Dr. Shreekala Kakatkar Dr. Pooja Nikam, Dr. Trupti Dhakare,



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Skill Module Of Demonstration of Mechanism of Normal Labour

Introduction:

A student should be able to demonstrate different stages of mechanism of Normal Labour; As well as detect abnormal labour conditions.

Objectives:

By the completion of this Module, student should be able to

Demonstrate different stages of mechanism of Normal Labour.

2. Select the appropriate instruments and material required during demonstration of mechanism of normal labour.

3. Detect abnormal labour conditions.

Suggested teaching learning method:

Lecture and demonstration of Procedure.

Pre-requisites:

- 1. Knowledge of different stages of normal labour.
- 2. Knowledge of malpresentation and malpositions.

Equipment:

- 1. Maternal bony pelvis
- 2. Fetal skull
- 3. Mannequin of baby

Procedure-

Definition - The series of movements that occur on the head in the process of adaptation during its journey through the pelvis is called mechanism of labor.

1) Engagement – Fetal head crosses pelvic brim.

Diameter of engagement : Available transverse diameter of the inlet. Engaging transverse diameter of head - Biparietal(9.5 cm) Engaging anteroposterior diameter of head : Suboccipitobregmatic (9.5cm) Or Suboccipitofrontal (10cm)

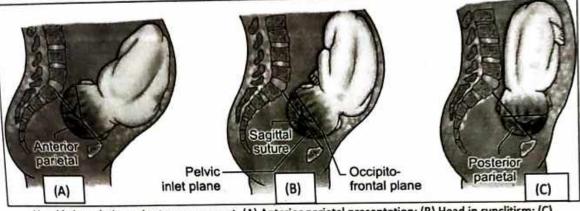
Asynclitism - posterior asynclitism or posterior parietal presentation - more frequently found in primigravidae because of good uterine tone and a tight abdominal wall. anterior parietal presentation or anterior asynclitism - more commonly found in multiparae.







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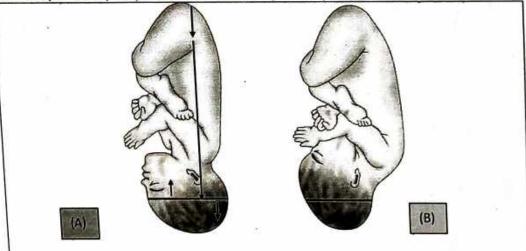


Head brim relation prior to engagement: (A) Anterior parietal presentation; (B) Head in synclitism; (C) Posterior parietal presentation

Descent - Factors facilitating descent are—

- (1) uterine contraction and retraction
- (2) bearing down efforts
- (3) straightening of the ovoid fetal especially after rupture of the membranes.

3) Flexion - Flexion is achieved either due to the resistance offered by the unfolding cervix, the walls of the pelvis or by the pelvic floor. Flexion is explained by the two-arm lever theory



Lever action producing flexion of the head reducing the engaging diameter of the head from — (A) occipitofrontal to (B) suboccipitobregmatic

4)Internal rotation - The theories which explain the anterior rotation of the occiput are: -

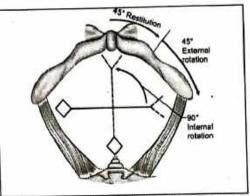
- a) Slope of pelvic floor rotation by law of pelvic floor (Hart's rule).
- b) Pelvic shape
- c) Law of unequal flexibility (Sellheim and Moir)

In occipitolateral position, there will be anterior rotation by two-eighths of a circle of the occiput whereas in oblique anterior position, results of a circle forward, placing the occiput behind the symphysis publis.





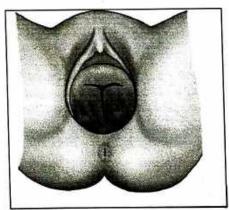
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Degree of internal rotation, restitution and external rotation of the head in left occipitolateral position

Torsion of the neck: During internal rotation of the head, if the shoulders remain in the anteroposterior diameter, the neck has to sustain a torsion of two-eighths of a circle. But the neck fails to withstand such major degree of torsion and as such there will be some amount of simultaneous rotation of the shoulders in the same direction to the extent of one-eighth of a circle. Thus, the shoulders move to occupy the left oblique diameter in left occipitolateral position and right oblique diameter in right occipitolateral position.

5) Crowning - further descent occurs until the subocciput lies underneath the pubic arch. At this stage, the maximum diameter of the head (biparietal diameter) stretches the vulval outlet without any recession of the head even after the contraction is over— called "crowning of the head".



Crowning of the head

- 6) Extension Delivery of the head takes place by extension through "couple of force" theory. The driving force pushes the head in a downward direction while the pelvic floor offers a resistance in the upward and forward direction. The downward and upward forces neutralize and remaining forward thrust helping in extension. The successive parts of the fetal head to be born through the stretched vulval outlet are vertex, brow and face.
- 7) Restitution It is the visible passive movement of the head due to untwisting of the neck sustained during internal rotation. The occiput thus points to the maternal thigh of the corresponding side to which it originally lay.





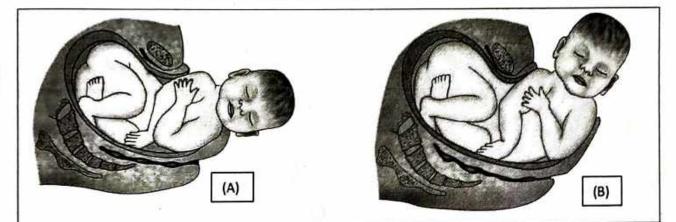


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8)External rotation - It is the movement of rotation of the head visible externally due to internal rotation of the shoulders. The shoulders now lie in the anteroposterior diameter. The occiput points directly toward the maternal thigh corresponding to the side to which it originally directed at the time of engagement.

9)Expulsion -

By a movement of lateral flexion of the spine, the posterior shoulder sweeps over the perineum. Rest of the trunk is then expelled out by lateral flexion.



Delivery of the shoulders by lateral flexion. (A) Anterior shoulder; (B) Posterior shoulder

Complicated labour -

- Malpresentation Breech Presentation, Transverse Lie, Compound Presentation
- Malposition Occiputoposterior position, Face Presentation, Brow Presentation



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MECHANISM OF LABOR (Occipito-anterior Position) Diameter of engagement : Available transverse diameter of the inlet. Engaging transverse diameter of head - Biparietal(9.5 cm) Engaging anteroposterior diameter of head : Suboccipitobregmatic (9.5cm) Or Suboccipitofrontal (10cm)	
Increasing flexion Increasing flexion Internal rotation of occiput anteriorly to 2/8th of circle Simultaneous rotation of the shoulders to 1/8th of circle Crowning Delivery of the head by extension Image: Note: Note	



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ASSESSMENT-

- 1) The students are initially guided and explained by the teacher about mechanism of labor.
- 2) Student observes teacher demonstrating mechanism of labor.
- 3) Student demonstrates labor under teacher's guidance.
- 4) The student independently demonstrates labor while teacher observes.
- 5) Teacher finally gives feedback regarding the student's performance.

Checklist:

Steps	Yes/No
Is pelvis held in anatomical position?	
Is student able to demonstrate engagement?	
Is student able to demonstrate flexion?	
Is student able to demonstrate internal rotation?	
Is student able to demonstrate extension?	
Is student able to demonstrate restitution?	
	Is pelvis held in anatomical position? Is student able to demonstrate engagement? Is student able to demonstrate flexion? Is student able to demonstrate internal rotation? Is student able to demonstrate extension?

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Department of Obstetrics & Gynaecology

Skill Module Of Demonstration of Ventouse Delivery

Introduction:

A student should be able to demonstrate ventouse delivery.

Objectives:

By the completion of this Module, student should be able to

Demonstrate application of ventouse delivery.

2. Select the appropriate instruments and material required during demonstration of ventouse delivery.

Suggested teaching learning method:

Lecture and demonstration of ventouse delivery.

Pre-requisites:

- 1. Knowledge of different types of ventouse delivery.
- 2. Knowledge of pre-requisites for ventouse delivery.

Equipment:

- 1. Maternal bony pelvis
- 2. Fetal skull
- 3. Mannequin of baby
- 4. Ventouse

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Nesearch Centre, Adgaon, Nashik - 03.



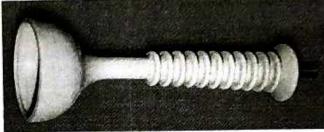
Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik – 03.

Department of Obstetrics & Gynaecology

PROCEDURE - VENTOUSE

Ventouse is an instrumental device designed to assist delivery by creating a vacuum between it and the fetal scalp.





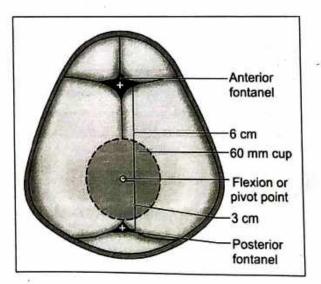
The parts of the device are:

- (1) Suction cups with four sizes (30 mm, 40 mm, 50 mm and 60 mm)
- (2) a vacuum generator
- (3) traction tubings

NASHIK

The instrument should be assembled and the vacuum is tested prior to its application.

Step I: Application of the cup - largest possible cup is to be selected. The cup is placed against the fetal head near the occiput - Flexion or pivot point.



Ventouse cup should be placed on the flexion or pivot point

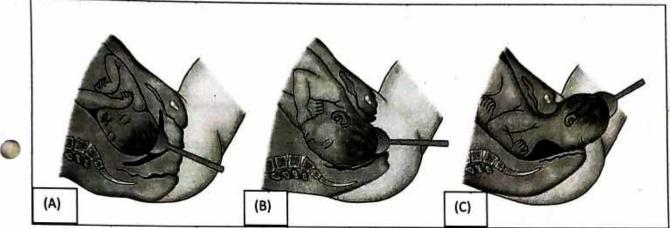
Step II: Traction - Traction should be made using one hand along the axis of the birth canal. fingers of the other hand are to be placed against the cup to note the correct angle of

ofessor HOD Department of



Department of Obstetrics & Gynaecology

traction, rotation and advancement of the head. As soon as the head is delivered, the vacuum is reduced by opening the screw-release valve and the cup is then detached. The delivery is then completed in the normal way.



Application of vacuum extractor; (A to C) indicating the directions of traction at different stations of the fetal head. Traction over this flexion or pivot point either by ventouse or forceps promotes flexion and presents smaller diameter to the pelvis

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Department of Obstetrics & Gynaecology

ASSESSMENT-

1) The students are initially guided and explained by the teacher about instrumental delivery.

2) Student observes teacher demonstrating instrumental delivery.

3) Student demonstrates instrumental delivery under teacher's guidance.

4) The student independently demonstrates instrumental delivery while teacher observes.

5) Teacher finally gives feedback regarding the student's performance.

Checklist:

Sr. No	Steps	Yes/No
1	Is student able to place ventouse properly?	
2	Is student able to demonstrate phantom application of ventouse?	
3	Is student able to demonstrate instrumental delivery by using ventouse?	

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Department of Obstetrics & Gynaecology

Skill Module Of Demonstration of Forceps Delivery

Introduction:

A student should be able to demonstrate instrumental delivery.

Objectives:

By the completion of this Module, student should be able to

1. Demonstrate application of instrumental delivery.

2. Select the appropriate instruments and material required during demonstration of instrumental delivery.

Suggested teaching learning method:

Lecture and demonstration of instrumental delivery.

Pre-requisites:

- 1. Knowledge of different types of instrumental delivery.
- 2. Knowledge of pre-requisites for instrumental delivery.

Equipment:

- 1. Maternal bony pelvis
- 2. Fetal skull
- 3. Mannequin of baby
- 4. Forceps

PROCEDURE- FORCEPS

Definition - Obstetric forceps is a pair of instruments, especially designed to assist extraction of the fetal head and thereby accomplishing delivery of the fetus.

Types of Forceps used -

- Long-curved forceps.
- Outlet forceps (Wrigley)
- Kielland's forceps



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Adgaon, Nashik.



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OUTLET FORCEPS OPERATION

The operation consists of the following steps:

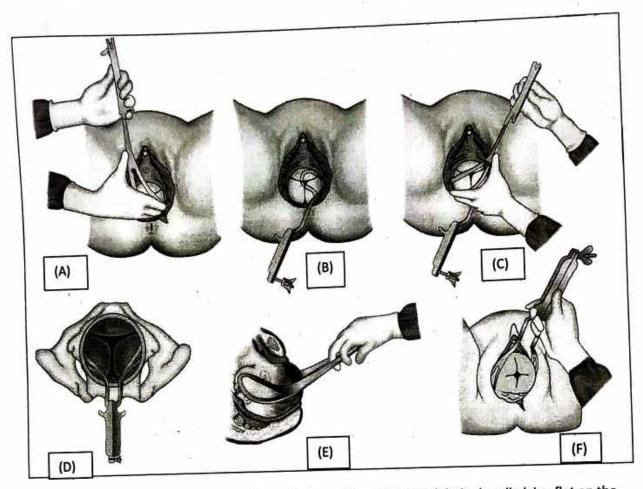
- Identification of the blades and their application
 - Four fingers of the semi-supinated right hand are inserted along the left lateral vaginal wall. The blade is introduced.
 - As the blade is pushed up and up, the handle is carried downwards and backwards, traversing wide arc of a circle towards the left until the shank is to lie straight on the perineum.
 - The two fingers of the left hand are now introduced into the right lateral wall of the vagina alongside the baby's head. The right blade is introduced in the same manner as with left one but holding it with the right hand.
- Locking of the blades When correctly applied (bimalar, biparietal placement), the blades should be articulated with ease.
- Correct application is evidenced by:
 - (a) easy locking
 - (b) the blades are equidistant from the lambdoid suture
 - (c) firm gripping of the head on the biparietal diameter as judged by a few tentative pulls.
- Traction Steady but intermittent traction should be given. The direction of the pull
 corresponds to the axis of the birth canal and is gradually changed to upwards and
 forwards, towards the mother's abdomen to deliver the head by extension.
- Removal of the blades The blades are removed one after the other, the right one first.

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Steps of low forceps operation — (A) Introduction of the left blade; (B) The handle lying flat on the perineum after introduction; (C) Introduction of the right blade; (D) Showing perfect apposition and locking of the blades; (E) Bimalar, biparietal placement of blades and position of the fingers during traction; (F) Change in the grip in the final stage of delivery



Professor HOD Department of Obst. & Gynecology M.V.P'S, Dr.V.P.Medical College, Adgaon, Nashik.



Department of Obstetrics & Gynaecology

ASSESSMENT-

1) The students are initially guided and explained by the teacher about instrumental delivery.

- 2) Student observes teacher demonstrating instrumental delivery.
- 3) Student demonstrates instrumental delivery under teacher's guidance.
- 4) The student independently demonstrates instrumental delivery while teacher observes.
- 5) Teacher finally gives feedback regarding the student's performance.

Checklist:

Sr. No	Steps	Yes/No
1	Is student able to hold forceps properly?	
2	Is student able to identify right/left blade?	
3	Is student able to demonstrate phantom application of forceps?	
4	Is student able to demonstrate instrumental delivery by using forceps?	

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2.3.2

Skill Lab

- Endotracheal Intubation training
- Spirometry training



DR VASANTRAO PAWAR MEDICAL COLLEGE,HOSPITAL AND RESEARCH CENTRE, VASANTDADA NAGAR, ADGAON, NASHIK 422003 Department of Respiratory Medicine

clinical skills /	The Institution has advanced	Structured programs for training and	Training programmes for the faculty in
	simulators for simulation-based	assessment of students in Clinical Skills	the use of clinical skills lab and
	training	Lab / Simulation based learning	simulation methods of teaching-learning
Yes	No	Yes	Yes





Department of Respiratory Medicine

Dr. VPMCH&RC Adgaon, Nashik

Professor and HOD Dept. of Respiratory Medicine Dr. Vasantrao Pawar Medical College Hospital and Research Centre, Adgaon, Nashik-422 003



Department of Respiratory Medicine

Ref no 94 /19/20

Date 02/08/2019

Circular

Department of Respiratory medicine has arranged endotracheal intubation training for PG students batch 2019-20 on 8/8/19, from 10 am to 11 am at central skill lab, college building.

All students must attend the training

(Sw

HOD Department of Respiratory Medicine Dr. VPMCH&RC Adgaon, Nashik

Professor and HOD Dept. of Respiratory Medicine Dr. Vasantrao Pawar Medical College Hospital and Research Centre, Adgaon, Nashik-422 003

Copy to – 1. Dean

- 2. Medical superintendent
- 3. HOD, Dept of Medicine
- 4. Dr Chaitanya, Dr Siddhesh JR1, Dept of Resp Medicine





Department of Respiratory Medicine

Module of Endotracheal Intubation for PG students

Introduction

Endotracheal intubation (EI) is often an emergency procedure that's performed on people who are unconscious or who can't breathe on their own. EI maintains an open airway and helps prevent suffocation.

Pre requisites

Knowledge of Anatomy of vocal cords, trachea.

Knowledge of indications/ contraindications of intubation.

Objectives:

By the completion of this module, the student will be able to:

a. List the indications for endotracheal intubation.

b. Select the equipment for endotracheal intubation. and choose appropriate endotracheal blade.

c. Enumerate the risks associated with endotracheal intubation.

d. Communicate to the patient about the procedure.

e. Demonstrate correct method of endotracheal intubation with strict aseptic technique in mannequin as well as in patients (male & female)

Suggested Teaching Learning method: At least 5 successful supervised practice sessions on mannequin.

Indications

1. Respiratory arrest.

2. Cardiac arrest

3. Patients where complete obstruction of the airway is imminent, i.e. respiratory burns, anaphylaxis.

4. Inability of the conscious patient to breathe adequately.

5. Inability of the unconscious patient to protect their airway, i.e. overdose, ETOH, coma

Contraindications

1. Severe airway trauma or obstruction that does not permit safe passage of an endotracheal tube. Emergency cricothyrotomy is indicated in such cases.

2. Cervical spine injury, in which the need for complete immobilization of the cervical spine makes endotracheal intubation difficult.

3. Mallampati Classification of class III / IV or other determination of potential difficult airway



Equipment's required:

Laryngoscope Endotracheal (ET) tube Stylet Syringe, 10 mL (to inflate ET tube balloon) Suction catheter (eg, Yankauer) Carbon dioxide detector (eg, Easycap) Oral and nasal airways Ambu bag and mask attached to oxygen source Nasal cannula

Preparation

Explain the procedure to the relatives and the need for intubation. Obtain informed or implied consent, following procedure discussion, risks, and benefits.

Assess clinical necessity for intubation. If informed consent is indicated this must be granted before sedation begins. A directed history and physical should be performed that includes:

- 1. Relevant history of acute and chronic diseases
- 2. Clarification of code status
- 3. History of prior intubation
- 4. Physical exam with attention to anatomical defects of the airway and
- evidence of respiratory compromise
- 5. Current medications and allergies
- 6. Time of last oral intake
- 7. Assess airway using Mallampati classification, extent of mouth opening,

thyromental distance, palate width, and neck mobility

PROCEDURE

Step 1 Check the equipment (laryngoscope, curved (Macintosh type) and straight (Miller type) blades of an appropriate size for the patient and assure that the light works, check ETT cuff for leaks).

Step 2 Assemble all materials close at hand (laryngoscope handle, blades, assorted ET tube sizes, 10mL syringe, water-soluble lubricant, securing device, BVM, suction equipment, stethoscope).

Step 3 Position of the patient: Unless contraindicated – ie. Trauma. Elevating the patient's head about 10cm with pads under the occiput and extension of the head into the sniffing position serve to align the oral, pharyngeal and laryngeal axis, so that the passage from the lips to the glottic opening is almost a straight line. This position permits better visualization of the glottis and vocal cords and allows easier passage of the endotracheal tube.

Step 4 Curved blade technique: a. Hyper-oxygenate the patient with 100% oxygen for 2 minutes. b. Open the patient's mouth with the right hand, and remove any dentures. c. Grasp the laryngoscope in the left hand. d. Spread the patient's lips, and insert the blade between the teeth, being careful not to break a tooth. e. Pass the blade to the right of the tongue, and advance the blade into the hypopharynx, pushing the tongue to the left. f. Lift the laryngoscope upward and forward, without changing the angle of the blade, to expose the vocal cords. The cricoi



is used to lower the trachea to facilitate tube passage and to compress the epiglottis and prevent aspiration. A crewmember should apply gentle downward pressure on the cricoid cartilage, start off slowly and then gradually increase the downward force. g. Pass the tube through the vocal cords. Straight blade technique: Follow the steps outlined above, but advance the blade down the hypopharynx, and lift the epiglottis with the tip of the blade to expose the vocal cords.

Step 5: Withdraw the stylet.

Step 6: Connect the bag-valve mask and begin ventilation with 100% oxygen.

Step 7: Verify tube placement.

Step 8: Secure the tube in place with tape or a commercial device.

COMPLICATIONS:

Aspiration Malpositioning Dental damage Injury to lips and gums Esophageal intubation

Skill assessment:

i. Formative: Demonstration of successful endotracheal intubation in a mannequin with demonstration of all aseptic precautions (5 times).

ii. Summative: Demonstration of successful endotracheal intubation patients with demonstration of all aseptic precautions (5 times each).



ENDOTRACHEAL INTUBATION SKILLS CHECKLIST

V		EXPECTED STEP	COMMENTS
	1.	Operator ensures that all necessary parties are present and ready to begin procedure	
	2.	 Necessary equipment gathered and prepared: a. Operator correctly identifies appropriate ETT size, depth, and, laryngoscope size based on weight b. Equipment checked to ensure working properly (laryngoscope light, etc). Operator ensures Ambu bag/suction in place and working properly c. Any other necessary equipment gathered: stylet (if used), surfactant (if necessary), etc. 	
	3.	Time out performed	
	4.	Patient's head positioned properly; pt suctioned if necessary	
	5.	Laryngoscope blade inserted properly	
	6.	ETT inserted to appropriate depth and stylet removed (if used)	
	7.	Operator ensures that ETT placement verified using CO2 monitor/auscultation/chest rise and fall	
	8.	Operator ensures patient extubated appropriately or placed on vent at termination of procedure	
	9.	XRay ordered to confirm ETT placement, if necessary	

Suggested Reading:

Books Recommended (latest edition)

- 1. Fishman's textbook of pulmonary medicine
- 2. Textbook on Pulmonary disease by Fraser
- 3. Harrison's principles of internal medicine



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Department of Respiratory Medicine

Sr. No	Name of Student	Department	Sign
1.	In Jerny Kasha	Medium JRJ	Stente
2-	In Jerny Koshy In Chartanya Kappagant	JF Resp Med	Hoghanindra Hoghanindra
3.	DA SHRIRAM	TR MAD	SLANS
4	& Radheshan	Medicine JRJ <	Jallyor Sharodi Gilduye
5	De Siddlich Sharadi	JR Med	Aharadi
8.	De. Vishisha Blasht	Medicine JRF	Gelder .





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Department of Respiratory Medicine

MVPS DR.VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTER, VASANTDADA NAGAR, ADGAON, NASHIK.422003

DEPARTMENT OF RESPIRATORY MEDICINE

Ref no 60 0/19/20

Date: 2 /07/2019

College,

Adgada,

Circular

Department of Respiratory Medicine has arranged Spirometry training for PG students batch 2019-20 on 02.07.2019, from 10.am to 11.00 am at PFT room at Respiratory Medicine OPD .

All Students must attend the spirometry training.

HOD Dept. of Respiratory Medicine Professor and HOD

Depl. nl

Dr. Ves

Haspitetter

Nashik-422 603

Copy to: 1. Dean

2. Medical Superintendent

3. HODS, Dept. of Medicine

4. Dr. Chaityanya , Dr Siddhesh ,JR I Dept. of Resp. Medicine



Module of Pulmonary Function test for PG students

Introduction

Pulmonary function test (PFT) is a complete evaluation of the respiratory system including patient history, physical examinations, and tests of pulmonary function. The primary purpose of pulmonary function testing is to identify the severity of pulmonary impairment.[1] Pulmonary function testing has diagnostic and therapeutic roles and helps clinicians answer some general questions about patients with lung disease.

Pre requisites

Knowledge of Anatomy of the respiratory tract

Knowledge of Physiology of the respiratory tract

Objectives:

By the completion of this module, the student will be able to:

- a. List the indications for Pulmonary function test (PFT).
- b. Select the equipment for Pulmonary function test (PFT).
- c. Enumerate the contra-indications associated with Pulmonary function test (PFT).
- d. Communicate to the patient about the procedure and proper method of doing PFT.
- e. Demonstrate correct method of doing Pulmonary function test (PFT).

Suggested Teaching Learning method: Observation of procedure performed by senior resident

Indications

Interstitial fibrosis

- COPD
- Asthma
- Pulmonary vascular disease
- Connective tissue disorders
- Neuromuscular diseases

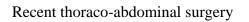
Lung resection

- Abdominal surgery
- Cardiothoracic surgery

Contraindications

Myocardial infarction within the last month

Unstable angina





Recent ophthalmic surgery

- Thoracic or abdominal aneurysm
- Current pneumothorax

Pregnancy

Equipments required:

Spirometry

PREPARATION

If you're on medications that open your airways, such as those used for asthma or chronic bronchitis, then not to be used.

It's important that you don't eat a large meal before testing. A full stomach can prevent your lungs from inhaling fully. You should also avoid food and drinks that contain caffeine, such as chocolate, coffee, and tea, before your test. Caffeine can cause your airways to be more open which could affect the results of your test. You should also avoid smoking at least an hour before the test, as well as strenuous exercise before the test.

PROCEDURE

For this test, you'll sit in front of a machine and be fitted with a mouthpiece. It's important that the mouthpiece fits snugly so that all the air you breathe goes into the machine. You'll also wear a nose clip to keep you from breathing air out through your nose. The respiratory technologist will explain how to breathe for the test.

You may then breathe normally. Your doctor will ask you to breathe in and out as deeply or as quickly as you can for several seconds. They may also ask you to breathe in a medication that opens your airways. You'll then breathe into the machine again to see if the medication affected your lung function.

COMPLICATIONS

Nosocomial infections

Syncope

Chest pain, muscle cramps, dizziness

Bronchospasm

Skill assessment:

- i. Formative: Demonstration of Pulmonary function test (PFT) inn patients.
- ii. Summative: Demonstration of Pulmonary function test (PFT) in male and female patients.



SPIROMETRY CHECK LIST

Patient checks prior to spirometry tes	st		
Wearing loose fitting clothing?	Yes/No	Bladder empty?	Yes/No
No large meal in past 2 hours	Yes/No	No smoking for 24 hours?	Yes/No
No vigorous exercise past 30 minutes	Yes/No		
Prior to reversibility testing, withhold inh	alers where	possible	
a) Short-acting bronchodilators and anti	cholinergics	for 4-6 hours	Yes/No/NA
b) Long-acting brocholdilators for at least	st 12 hours		Yes/No/NA
c) Long-acting anicholinergics for at least			Yes/No/NA
d) Sustained release oral bronchodilator			Yes/No/NA
NB This is not necessary when undertal			
annual review when all normal inhalers	should be ta	ken as usual	
Within past 6 weeks has patient had a not to be undertaken	any of the f	ollowing. If yes, Spirometry	
Myocardial Infarction	Yes/No	Stroke or TIA	Yes/No
Abdominal/thoracic/brain surgery	Yes/No	Pulmonary Embolism	Yes/No
Any eye or ear problems or surgery	Yes/No	Chest Infection	Yes/No
Worsening angina/unstable angina	Yes/No	Coughing up blood in sputum	Yes/No
Postpone Spirometry if any of the fol	lowing pres	sent today or past week	
Blood Pressure > 160/100 today	Yes/No	Any nausea or vomiting	Yes/No
Any neck or spine problems	Yes/No		
Has patient any of the following? If ye expert advice	es, do not p	erform Spirometry without	
Abdominal or cerebral aneurysms	Yes/No	Previous pneumothorax	Yes/No

COMPLETE SPIROMETRY

Complete patient details on spirometer including

a) Height – measure accurately. If not possible (wheelchair, kyphoscoliosis etc) measure arms span from middle finger tip to middle finger tip b) Weight (if required) c) Sex
d) Record correct ethnicity e) Record correct date of birth

Preparation of patient - Sitting upright in chair with arms (standing if child)

Full explanation of SVC/RVC procedure to patient including

a) Full deep inspiration until lungs full

ntil lungs full b) Pinching nose/nose clip

c) Sealing mouthpiece with lips d) Steady long breath out until unable to blow out any more

e) Do not bend forward at waist whilst blowing

Demonstration by practitioner of SVC/RVC blow

Procedure completed by patient

a) Give lots of encouragement b) Ensure good technique, no coughing etc

c) At least 3 good blows completed ensuring the best 2 are within 100ml or 5%



Full explanation of FVC procedure to patient

a) Full deep inspiration until lungs full b) Pinching nose etc not usually required

- c) Sealing mouthpiece with lips d) Forced fast breath out until unable to blow out any more
- e) Do not bend forward at waist whilst blowing

Demonstration by practitioner of FVC blow

Procedure completed by patient

a) Encouragement given throughout b) Ensure good technique, no coughing etc

c) At least 3 good blows completed (maximum 8) ensuring the best 2 are within 100ml or 5%

Reversibility testing

- a) Perform SVC and FVC as above
- b) Give appropriate drug e.g. 4 individual puffs 100mcg Salbutamol via large volume spacer
- c) Ensure wait 15 minutes for bronchodilation effect
- d) Repeat FVC procedure. Ensure minimum 3 blows e) Best 2 blows to be within 100ml or 5%

CHECK TRACING

 Check list for spirometry tracing a) Check name, age, date of birth, height, weight, sex and ethnicity correct b) SVC Minimum 3 good blows. Best 2 are within 100ml or 5% c) FVC Minimum 3 good blows (max 8). Best 2 are within 100ml or 5% d) If reversibility test done, ensure at least 15 minutes after baseline FVC e) Post bronchodilator FVC minimum 3 good blows. Best 2 are within 100ml or 5% 	Yes/No Yes/No/NA Yes/No Yes/No/NA Yes/No/NA
Volume time curve – ensure traces smooth, convex, rise steeply upwards, free	Yes/No/NA
from irregularities and have reached a plateaux	
Flow volume trace must reach a peak and then merge with baseline	Yes/No/NA

RESULTS

	SVC	FVC	FEV1	FEV1/FVC	Post FVC	Post FEV1	Post FEV1/FVC
Predicted							
Actual							
% predicted							
Change mls							
Change %							



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DEPARTMENT OF RESPIRATORY MEDICINE ------

Attendance Sheet Spirometry training for PG students (Batch 2019-20) Date: 02.07.2019 Time 10.am to 11.00

Name of Students Dr. Jenny Koshy Dr. Arvend Arrowed Dr. Siddlieth Bhorach Dr. Radheshy an Pache Dr. Radheshy an Pache Dr. Asind Ageawal.	Department Medicine Medicine GN·medicine	Sign Oran Polymenedd Refache
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Dr. Sidlieth Bhorach' Dr. Radheshy an Pache	Rapplicine	Burnedt
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Department Of Anaesthesiology

List of clinical skills training models

No.	Training models	Quantity
1	Laerdal Resusci Anne Torso Manikin with Skillguide	01
2	Laerdal Airway Management Trainer	01
3	Laerdal Resusci Baby with Skillguide	01
5		

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Professor & HOD Department of Anaesthesiology Department of Anaesthesiology M.V.P. Desia College,





DR.VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE,

VASANTDADA NAGAR, ADGAON, NASHIK - 422003.

Department Of Anaesthesiology

List of Training Programs of P.G. Students

No.	Year	Date	Training program	Name of PG 1/2/3 year	Name of faculty
1	2017-18	17.04.2018	Sanjeevani 1 Basic Cardiopulmonary Life Support (BLS)	Dr. Neha K. Jaiswal JR – 1 Dr. Priyanka S. Kadikatla JR – 1	Dr. Sankalecha Sunita Dr.Diwan Gouri Dr. Gaikwad Bhavana
		24.05.2018	Basic Cardiopulmonary Life Support (BCLS)	Dr. Amala A. Godse JR – 1 Dr. Prasanna S. Pawar JR -1 Dr. Manju D. Garle JR -1 Dr. Ravisha Y. Parikh JR -1	Dr. Sankalecha Sunita Dr. Pawar Hemant
2	2018-19	22.09.2018	Basic Cardiopulmonary Life Support (BCLS)	Dr. Sagar S. Lokhane JR – 3 Dr. Sushant Dhawan JR – 3 Dr. Neha K. Jaiswal JR – 2 Dr. Priyanka S. Kadikatla JR – 2 Dr. Amala A. Godse JR – 1 Dr. Prasanna S. Pawar JR -1 Dr. Manju D. Garle JR -1 Dr. Ravisha Y. Parikh JR -1	Dr. Hitendra Mahajan Dr. Sadhana Kulkarni Dr. Anjali Bhure
3	2019-20	04.07.2019	CPR Intubation & Neonatal Resuscitation	Dr. Yogita Bhargude JR-1 Dr. Trushana Talware JR -1 Dr. Shashank Nilange JR-1 Dr. Hafsa Shaha JR - 1	Dr. Pradip Barde Dr. Diwan Gouri Dr. Pawar Hemant

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hesia

College,

HOD Dept. of Anaesthesiology H.O.D



Den

M.V.P.S



Department Of Anaesthesiology

Circular

Date: 05.09.2018

Workshop on Basic Cardiopulmonary Life Support (BCLS) has been arranged for Dept. of Anaesthesiology on 22.09.2018. Details as below:

Course name	Workshop on Basic Cardiopulmonary Life Support (BCLS)
Faculty	· Dr Hitendra Mahajan, Dr. Sadhana Kulkarni, Dr. Anjali Bhure
Venue	Dept of Anaesthesiology
Date	22.09.2018
Time	08:30 am to 4:30 pm
Total no of teaching hours	8 hours
Total session	2
Each session	4 hours

Dr. Alka Koshire HOD

Dept. of Anaesthesiology

H. O. D. Department of Anaesthesia M.V.P.S. Dr. Michical College,







Basic Cardiopulmonary Life Support (BCLS) Course Schedule Date: 22nd September 2018 Time: 8.30 AM to 4.30 PM <u>Scientific Programme</u> Venue:- MCI Auditorium Dr. Vasantrao Pawar Medical College & Research

Center Nashik.

Faculty of BCLS Workshop

Sr. No.	Faculty Name	MMC Reg. No.	MMC Speaker Code
1.	Dr. Hitendra Mahajan	72920	MMC/MAS/00152/2013
2.	Dr. Sadhana Kulkarni	2007020153	MMC/MAS/00524/2013
3.	Dr. Anjali Bhure	51046	MMC/MAS/01339/2013

Organising committee:

- 1. ISA President Dr. Sarala Sohandani.
- 2. HOD, Department of Anaesthesia Dr. Alka R. Koshire.
- 3. Staff Members of Department of Anaesthesia.

Time	Skill / Demo	Topic	Subject	Speakers
8:30am - 9:30 am	Lecture	 Registration & Breakfast Introduction, Welcome remarks Introduction of Team and Participants Learning objectives 		Dr. Sadhana Kulkarni
9:30am - 9:45am	Lecture	Core Links of BCLS		Dr. Anjali Bhure
9:45am - 10:30am	Lecture Skill station	Chest Compression		Dr. Hitendra Mahajan



(PTO)

0:30am - 1:30am	Lecture · Skill station	Airway & Breathing	 Airway Opening Mouth to Mouth (Face 	Dr. Sadhana Kulkarni
	station		(Face Shield) Mouth to Mask Bag & Mask 4students / Instructor 1 Instructor/ Two Station	Dr. Anjali Bhure
11:30am -	Lecture	BCLS Algorithm		0
12:00pm 12:00pm - 1:00pm	Lecture Demo Skill station	Single Rescuer Scenario	Skill station Single Rescuer 8 Students / Instructor 4 Stations	Kulkarni
1:00pm -		Lunch Break	The sub-	Dr. Anjali Bhure
2:00pm 2:00:2:20	Lecture &	AED		Dr. Sadhana
2:20pm - 2:50pm	Demo Lecture Demo Skill station	Two Rescuer Scenario I	Skill station Two Rescuer 4 Teams of 2 Students / Instructor 4 Stations	Kulkarni
2:50pm - 3:20pm	Lecture Demo Skill station	Two Rescuer Scenario II	4 Stations Skill station Two Rescuer 4 Teams of 2 Students / Instructor 4 Stations	Dr. Anjali Bhure
3:20pm -		Tea Break		p. Hitsades
3:30pm 3:30pm -	Lecture	Communication Skills		Dr. Hitendra Mahajan Dr. Anjali Bhui
4:00pm 4:00pm		Feedback & Validation	For only BCLS providers	Dr. Anjan Bru



ARICOS H. O. D. Department of Anaesthesia M.V.P.'S De Verdical College, regener casnik.

Dr. Vasantrao Pawar Medical College Hospital & Research Center Adgaon, Nashik Department of Anaesthesia And ISA Nashik. Basic Cardiopulmonary Life Support (BCLS)- NASHIK Registration Date:- 22/09/2018

MMC/ Accre. Cert/MED - 0088/2013 CME Code : MMC/MAC/2018/F-011120

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	Dr. Alka R. KoshireDr. Bhavana R. GaikwadDr. Bhavana R. GaikwadDr. Sarita J. PhulkarDr. Geeta U. TorneDr. Geeta U. TorneDr. Savani FutaneDr. Mrunal ChaudhariDr. Sagar S. LokhaneDr. Prasanna S. PawarDr. Manju D. GarleDr. Kaustubh DevasthaliDr. Sanjita ChadhaDr. Amala A. GodseDr. Neha K. JaiswalDr. Gauri Kulkarni	No.Dr. Alka R. Koshire58425Dr. Bhavana R. Gaikwad62361Dr. Sarita J. Phulkar65290Dr. Geeta U. Torne64544Dr. Savani Futane2005020732Dr. Mrunal Chaudhari2001041919Dr. Sagar S. LokhaneMCI/09-34598Dr. Prasanna S. Pawar2014124896Dr. Manju D. Garle2017052205Dr. Ravisha Y. Parikh2016071723Dr. Kaustubh Devasthali2017072946Dr. Sanjita Chadha2017072945Dr. Amala A. Godse2013051699Dr. Gauri Kulkarni78820	No.Dr. Alka R. Koshire584259623794242Dr. Bhavana R. Gaikwad623619422249800Dr. Sarita J. Phulkar652909822055626Dr. Geeta U. Torne645449822078817Dr. Savani Futane20050207329769518680Dr. Mrunal Chaudhari20010419199960919060Dr. Sagar S. LokhaneMCI/09-345987887915027Dr. Prasanna S. Pawar20141248967588617632Dr. Manju D. Garle20170522059545408447Dr. Ravisha Y. Parikh20160717239870138008Dr. Sanjita Chadha20170729468308805272Dr. Amala A. Godse20160305689967960199Dr. Neha K. Jaiswal20130516999112390461Dr. Gauri Kulkarni788209423135668	No.No.Dr. Alka R. Koshire584259623794242alkakoshire25@gmail.comDr. Bhavana R. Gaikwad623619422249800bhavana101@hotmail.comDr. Sarita J. Phulkar652909822055626sutejas.niramay@gmail.comDr. Geeta U. Torne645449822078817geetatorne@gmail.comDr. Savani Futane20050207329769518680savni_k@rediffmail.comDr. Savani Futane20010419199960919060drmrunal77@yahoo.comDr. Sagar S. LokhaneMCI/09-345987887915027sagarlokhande1112@gmail.comDr. Prasanna S. Pawar20141248967588617632prasanna.pawar15@gmail.comDr. Manju D. Garle20170522059545408447rekha.garle@gmail.comDr. Kaustubh Devasthali20170729468308805272kaustubhd19@gmail.comDr. Sanjita Chadha20170729459028308303dr.sanjitachadha@gmail.comDr. Amala A. Godse20160305689967960199amala.godse@rediffmail.comDr. Neha K. Jaiswal20130516999112390461jaisuneha@yaboo.comDr. Gauri Kulkarni788209423135668gaurisuhas@yz	No.MorningDr. Alka R. Koshire584259623794242alkakoshire25@gmail.comDr. Bhavana R. Gaikwad623619422249800bhavana101@hotmail.comDr. Sarita J. Phulkar652909822055626sutejas.niramay@gmail.comDr. Geeta U. Torne645449822078817geetatorne@gmail.comDr. Savani Futane20050207329769518680savni_k@rediffmail.comDr. Sagar S. LokhaneMCI/09-345987887915027sagarlokhande1112@gmail.comDr. Prasanna S. Pawar20141248967588617632prasanna.pawar15@gmail.comDr. Manju D. Garle20170522059545408447rekha.garle@gmail.comDr. Ravisha Y. Parikh20160717239870138008drravishaparikh@gmail.comDr. Sanjita Chadha20170729468308805272kaustubhd19@gmail.comDr. Amala A. Godse2016035689967960199amala.godse@rediffmail.comDr. Amala A. Godse20130516999112390461jaisuneha@yahoo.comDr. Gauri Kulkarni788209423135668gaurisuhas@yz

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	CME Orga	nizing Secretary		MMC Observer		ADGAC



Department Of Anaesthesiology

Circular

Date: 12.02.2019

CME and Workshop on USG guided upper extremity blocks has been arranged for PG students of Dept. of Anaesthesiology on 19.02.2019. Details as below:

Course name	CME and Workshop on USG guided upper extremity blocks
Faculty .	Dr Amit Dixit, Consultant Anaesthesiologist, Ruby Hall Clinic Pune
Venue	Dept of Anaesthesiology
Date	19.02.2019
Time	10 am to 5 pm
Total no of teaching hours	6 hours
Total session	2
Each session	3 hours

Dr. Alka Koshire HOD Dept. of Anaesthesiology Department of Anaesthesia M.V.P.S. Dr. V. P. Medical College, Adgaon, Nashik.





Department Of Anaesthesiology

Program Schedule

Date :	19.02.2019			
Session 1:	10 am to 1 pm			
Lunch:	1 pm to 2 pm			
Session 2:	2pm to 5 pm	14		
	1. S. S.			

Venue : Dept of Anaesthesiology and Operation Theatre complex

Session 1

Time	Topic
10am to 11 am	Pharmacology of Local Anesthetics Learner Outcomes: 1.Identify the mechanisms and dosages of local anesthetics. 2.Discuss the treatment of local anesthetic toxicity.
11am to 12pm	Anatomy of the Brachial Plexus Learner Outcomes: 1. Describe the anatomy and landmarks of the upper extremity structures related to brachial plex us
12pm to 1 pm	 Principles of Ultrasound Guided Regional Anesthesia Learner Outcomes: 1. Describe the function of ultrasound technology and the technique of acquiring a view of the nerves of interest.





Department Of Anaesthesiology

Session 2

Time	Торіс
2pm to 3 pm	Ultrasound Guided Brachial Plexus Blocks: Live Demonstration of Sonoanatomy Learner Outcomes: 1. Demonstrate visual elements of the sonoanatomy important to the performance of brachial p lexus blocks.
3pm to 4 pm	 Teaching Stations: Hands□on Ultrasound Guided Brachial Plexus Blocks Learner Outcomes: 1. Demonstrate sonoanatomy and clinical application of ultrasound guided brachial plexus blocks. 2. Demonstrate manipulation of equipment, proper needle insertion, and drug instillation
4pm to 5 pm	Complications in regional anaesthesia and its management Learner outcomes 1. Early recognition of local anaesthesia toxicity 2. Management of local anaesthesia toxicity

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Department of Anaesthesiology Department of Anaesthesia M.V.P.S. Dr. V. P. Medical College, Adgaon, Nashik.





Department Of Anaesthesiology

Student Attendance

Date: 19.02.2019

Sr. No.	Name of student	Designat. ion	Sign
1.	Dr. Sagar S. Lokhane	JR – 3	len
2.	Dr. Sushant Dhawan	JR – 3	Boherin .
3.	Dr. Neha K. Jaiswal	JR-2	4
4.	Dr. Priyanka S. Kadikatla	JR - 2	BA
5.	Dr. Amala A. Godse	JR - 1	Ag
6.	Dr. Prasanna S. Pawar	JR - 1	Begunne
7.	Dr. Manju D. Garle	JR – 1	Confer
8.	Dr. Ravisha Y. Parikh	JR – 1	FP

AKICOX 11. O. D.

Department of Anaesthesia M.V.P.'S. Dr. V. P. Medical College, Adgaon, Nashik.





Department Of Anaesthesiology

Feedback form

CME /Workshop on USG guided upper extremity blocks

Date: 19.02.2019

Speaker: Dr Amit Dixit

Objectives:

1. Demonstrate visual elements of the sonoanatomy important to the performance of brachial plexus blocks.

2. Demonstrate sonoanatomy and clinical application of ultrasound guided brachial plexus blocks.

3. Demonstrate manipulation of equipment, proper needle insertion, and drug instillation

OVERALL EVALUATION i.Did this activity meet the stated objectives?	Yes	No	N/A
2. Will this activity enhance your competence?	Yes	No	N/A
If yes, please list examples:			
3. Will this activity influence your practice?	Yes	No	N/A
If yes, please list examples:			
4. Will this activity impact your patient outcomes?	Yes	No	N/A
If yes, please list examples:	S. Laine	mal .	
5. Was potential faculty conflict of interest (disclosure) provid	led to the audience pr	ior to the a	activity?
* * * * *	Yes	NO	N/A

6. If this event had commercial support, was this information provided to the audience? Yes No



NO

8. Please rate the following on a scale of 1 (Poor) to 4 (Excellent). Poor 1 Average 2 Good 3 Excellent 4 a) Conference Materials (Handouts/Audio-Visuals) 1 2 1 2 b) Facilities (Comfort, Ability to Hear/See,) 1 2<	No N/A
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P-Poor F-Fair G-Good V-Very Good E-Excentent	
Speaker/Topic	
Comments:	
Please fill out the information below and return it to the registration table for CM	3
Name Saldor Withounde Mob no 7887915027	





Department Of Anaesthesiology

Feedback form

CME /Workshop on USG guided upper extremity blocks

Date: 19.02.2019

Speaker: Dr Amit Dixit

Objectives:

1. Demonstrate visual elements of the sonoanatomy important to the performance of brachial plexus blocks.

2. Demonstrate sonoanatomy and clinical application of ultrasound guided brachial plexus blocks.

3. Demonstrate manipulation of equipment, proper needle insertion, and drug instillation

OVERALL EVALUATION	/	/	
1.Did this activity meet the stated objectives?	Yes	No	N/A
2. Will this activity enhance your competence?	Yes	No	N/A
If yes, please list examples:			
3. Will this activity influence your practice?	Yes	No	N/A
If yes, please list examples: .			
4. Will this activity impact your patient outcomes?	Yes	Ne	- N/A
If yes, please list examples:		San la	
5. Was potential faculty conflict of interest (disclosure) provided	to the audience pr	ior to the ac	tivity?
	Yes	No	N/A
6. If this event had commercial support, was this information pro	vided to the audie	nce?	
	Yes	No	N/A



	DR.VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & CENTRE, VASANTDADA NAGAR, ADGAON, NASHIK - 42200 Department Of Anaesthesiology							
7. Was the presentation free from commercial/personal bias for or against a product and/or company?								
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Department Of Anaesthesiology

Feedback form

CME /Workshop on USG guided upper extremity blocks

Date: 19.02.2019

Speaker: Dr Amit Dixit

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OVERALL EVALUATION			
1.Did this activity meet the stated objectives?	Yes	No	N/A
2. Will this activity enhance your competence?	Yes	No	N/A
If yes, please list examples:			
3. Will this activity influence your practice?	Yes	No	N/A
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4. Will this activity impact your patient outcomes?	Yes	No	N/A
If yes, please list examples:			

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No

Yes

6. If this event had commercial support, was this information provided to the audience?

(N/A





Department Of Anaesthesiology

7. Was the presentation free from commercial/personal bias for or	against a product and/or company?
	Yes No N/A
If no, what was the bias?	
8. Please rate the following on a scale of 1 (Poor) to 4 (Excellent).	
Poor I Average 2 Good 3	Excellent 4
a) Conference Materials (Handouts/Audio-Visuals)	1 2 3 4
b) Facilities (Comfort, Ability to Hear/See,)	1 2 🕢 4
c) Quality and Appropriateness of Presenter's Teaching Methods	1 2 3 4
d)Value of topic	1 2 3 4
Strengths/Comments of this activity:	
e) Recommendations for future activities:	
9.SPEAKER EVALUATION Ratings:	
P-Poor F-Fair G-Good V-Very Good	E-Excellent
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Please fill out the information below and return it to the registration	on table for CME
Name Dr. Neber Jaiscoch	
Mob no 996439413	





Department Of Anaesthesiology

Feedback form

CME /Workshop on USG guided upper extremity blocks

Date: 19.02.2019

Speaker: Dr Amit Dixit

Objectives:

1. Demonstrate visual elements of the sonoanatomy important to the performance of brachial plexus blocks.

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OVERALL EVALUATION	~		
1.Did this activity meet the stated objectives?	Yes	No	N/A
2. Will this activity enhance your competence?	Yes	No	N/A
If yes, please list examples:			
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6. If this event had commercial support, was this information provi	ded to the audie	nce?	
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Strengths/Commen	ts of this activity:						
e) Recommendation	ns for future activi	ties:					
9.SPEAKER EVA	LUATION Rating	s: .					
P-Poor F-Fa	1		E-E	Excellent			
Speaker/Topic							
Comments:							

Mob no 8108837422





Department Of Anaesthesiology

Feedback form

CME /Workshop on USG guided upper extremity blocks

Date: 19.02.2019

Speaker: Dr Amit Dixit

Objectives:

6.

1. Demonstrate visual elements of the sonoanatomy important to the performance of brachial plexus blocks.

2. Demonstrate sonoanatomy and clinical application of ultrasound guided brachial plexus blocks.

3. Demonstrate manipulation of equipment, proper needle insertion, and drug instillation

OVERALL EVALUATION N/A No Yes 1.Did this activity meet the stated objectives? N/A 2. Will this activity enhance your competence? Yes No If yes, please list examples: N/A No Yes 3. Will this activity influence your practice? If yes, please list examples: N/A 4. Will this activity impact your patient outcomes? Yes No If yes, please list examples:

5. Was potential faculty conflict of interest (disclosure) provided to the audience prior to the activity?

	Yes	No	N/A
If this event had commercial support, was this information provid	ed to the audio Yes	ence? No	N/A
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		Yes	N	or comp	N/A
f no, what was the bias?				-	
8. Please rate the following on a scale of 1 (Poor) to 4 (Excellent).					
Poor 1 Average 2 Good 3	Exce	llent 4			
a) Conference Materials (Handouts/Audio-Visuals)	1	2	3	4	
b) Facilities (Comfort, Ability to Hear/See,)	1	2	3	4	
e) Quality and Appropriateness of Presenter's Teaching Methods	1	2	3	4	
d)Value of topic	1	2	3	4	
Strengths/Comments of this activity:					
9.SPEAKER EVALUATION Ratings:					
P-Poor F-Fair G-Good V-Very Good	E-E	Excellen	t		
Speaker/Topic .					
Comments: Please fill out the information below and return it to the registration					

Mob no

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Department Of Anaesthesiology

Feedback form

CME /Workshop on USG guided upper extremity blocks

Date: 19.02.2019

Speaker: Dr Amit Dixit

Objectives:

1. Demonstrate visual elements of the sonoanatomy important to the performance of brachial plexus blocks.

2. Demonstrate sonoanatomy and clinical application of ultrasound guided brachial plexus blocks.

3. Demonstrate manipulation of equipment, proper needle insertion, and drug instillation

OVERALL EVALUATION			
1.Did this activity meet the stated objectives?	Yes	No	N/A
2. Will this activity enhance your competence?	Yes	No	N/A
If yes, please list examples:			
3. Will this activity influence your practice?	Yes	No	N/A
If yes, please list examples:			
4. Will this activity impact your patient outcomes?	Yes	No	N/A
If yes, please list examples:			
5. Was potential faculty conflict of interest (disclosure) provided	I to the audience pr	ior to the	activity?
	Yes	No	N/A
6. If this event had commercial support, was this information pro	wided to the audier	nce?	
ADGAON NASHIK	Yes	No	N/A

DR.VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL 8 CENTRE, VASANTDADA NAGAR, ADGAON, NASHIK - 4220 Department Of Anaesthesiology							
. Was the presentation free from commercial/personal bias for or	igainst	a prod	duct :	and/o No	or com	npany? N/A	
f no, what was the bias?				1		hing	
 Please rate the following on a scale of 1 (Poor) to 4 (Excellent). Poor 1 Average 2 Good 3 	Exce	llent 4					
a) Conference Materials (Handouts/Audio-Visuals)	1	2	C]	4		
b) Facilities (Comfort, Ability to Hear/See,)	1	2	3	1	4		
c) Quality and Appropriateness of Presenter's Teaching Methods	1	2	[3		4		
d)Value of topic	1	2	[5	4		
Strengths/Comments of this activity:							
e) Recommendations for future activities:							
9.SPEAKER EVALUATION Ratings: P-Poor F-Fair G-Good V-Very Good	E-E	Excelle	nt				
Speaker/Topic							
Comments:						1	
Please fill out the information below and return it to the registra	tion ta	ble for	CM	E			
Name <u>frasanna 5. Pacedos</u>							
Mob no 70099 87090 .							





Department Of Anaesthesiology

Feedback form

CME /Workshop on USG guided upper extremity blocks

Date: 19.02.2019

Speaker: Dr Amit Dixit

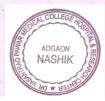
Objectives:

1. Demonstrate visual elements of the sonoanatomy important to the performance of brachial plexus blocks.

2. Demonstrate sonoanatomy and clinical application of ultrasound guided brachial plexus blocks.

3. Demonstrate manipulation of equipment, proper needle insertion, and drug instillation

OVERALL EVALUATION	/		
1.Did this activity meet the stated objectives?	Ves	No	N/A
2. Will this activity enhance your competence?	Yes	No	N/A
If yes, please list examples:			
3. Will this activity influence your practice?	Yes	No	N/A
If yes, please list examples:			
4. Will this activity impact your patient outcomes?	Yes	No	N/A
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If yes, please list examples:	1	ter anti	n C
5. Was potential faculty conflict of interest (disclosure) provided	I to the audience pri	or to the	activity?
	Yes	No	NA
6. If this event had commercial support, was this information pro-	ovided to the audien	ce?	
	Yes	No	NA





Department Of Anaesthesiology

7. Was the presentation free from commercial/personal bias for or against a product and/or company?

					Yes	N		N//
If no, what was th	ne bias?			.,	- Course	- 14		
8. Please rate the	following on a	a scale of	1 (Poor) to 4 (Excellent).					
Poor 1	Average	2	Good 3	Exc	ellent 4			
a) Conference M	aterials (Hand	outs/Audi	o-Visuals)	1	12	73	4	
b) Facilities (Cor				1	2	3	4	
			nter's Teaching Methods	1	2	3	4	
d)Value of topic		۰.		1	2	2	4	
Strengths/Comm	nents of this ac	tivity:						
e) Recommenda	tions for future	e activitie	s:					
9.SPEAKER EV	ALUATION	Ratings:						
P-Poor F	-Fair	G-Good	V-Very Good	E-I	Excellen	it		
Speaker/Topic								
Comments:								

Please fill out the information below and return it to the registration table for CME

Dr. Muniy Ganle 9545408447 Name Mob no





Department Of Anaesthesiology

Feedback form

CME /Workshop on USG guided upper extremity blocks

Date: 19.02.2019

Speaker: Dr Amit Dixit

Objectives:

1. Demonstrate visual elements of the sonoanatomy important to the performance of brachial plexus blocks.

2. Demonstrate sonoanatomy and clinical application of ultrasound guided brachial plexus blocks.

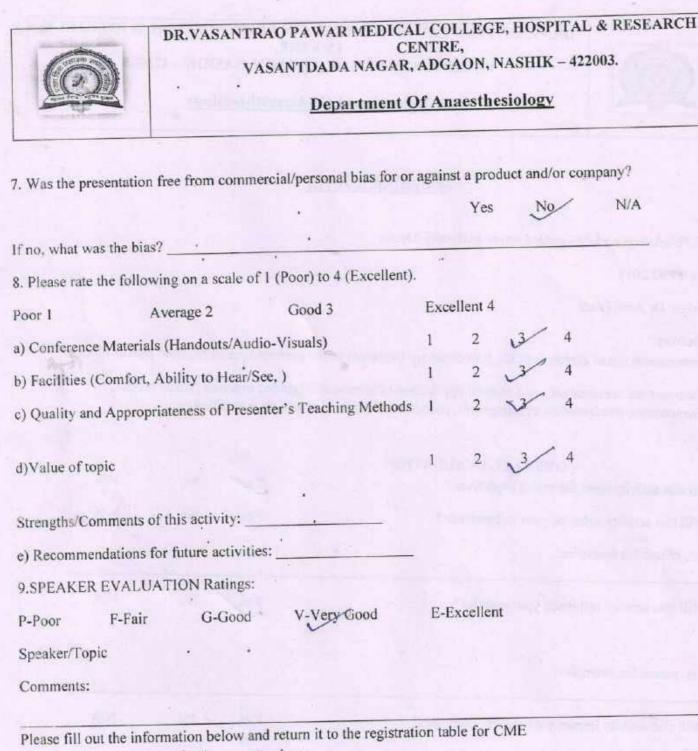
3. Demonstrate manipulation of equipment, proper needle insertion, and drug instillation

OVERALL EVALUATION 1.Did this activity meet the stated objectives?	Yes	No	N/A
2. Will this activity enhance your competence?	Yes	No	N/A
If yes, please list examples:	stanyletter.	(and the second	and the second
3. Will this activity influence your practice?	Yes	No	N/A
If yes, please list examples: ·			
4. Will this activity impact your patient outcomes?	Yes	- No	N/A
If yes, please list examples:	1. 11		

5. Was potential faculty conflict of interest (disclosure) provided to the audience prior to the activity?

		Yes	No	N/A
6. If this event had commercial	support, was this informa	tion provided to the audie	ence?	/
		Yes	No	NKA
		COLLEGE		





Name Do Parisha Parilh 01870138008 Mob no





Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik - 03.

CENTRAL SKILL LABORATORY

Module for Endotracheal Intubation

Student learning objectives:

By completion of this module student should be able to:

- Describe the anatomical and physiological basis for the insertion and use of a tracheal tube
- Discuss indications and contraindications of endotracheal intubation
- Demonstrate insertion of endotracheal tube in a controlled environment

Introduction

Endotracheal intubation is the process by which a tube is inserted into the trachea. This may be accomplished through the larynx or through the skin of the neck. *Cricothyroidotomy* and *tracheostomy* are the terms for the latter approach.

Teaching Learning Method: Mannequin in a Skills Lab

Pre-requisites

1. Anatomical knowledge of larynx

2.Knowledge about airway equipments

Indications

- 1. Securing airway in elective cases during general anesthesia
- 2. Securing airway during resuscitation



Contraindications

- 1. Severe airway trauma where airway is destorted
- 2. Severe tracheal stenosis where surgical airway is indicated
- Equipment's required
 - 🔲 1. Airway mannequin
 - 2. Gloves
 - 3.Laryngoscope of adequate size
 - 4.Endotracheal tube
 - 5.3ml syringe for cuff inflation
 - 6. Lignocaine jelly
 - 7. Bougie
 - 8. stylete
 - 9. Ambu bag and mask
 - 10. Stethoscope

Steps in Endotracheal Intubation

- 1. Checking cuff of endotracheal tube
- 2. Lubricating cuff of endotracheal tube
- 3. Preoxygenation with 100% oxygen
- 4. Bag mask ventilation
- 5. Laryngoscopy after muscle relaxation
- 6. Visualization of vocal cords
- 7. Passing endotracheal tube through vocal cords
- 8. Black mark on endotracheal tube should be beyond vocal cords
- 9. Cuff inflation
- 10. Ventilate with ambu bag-
- 11. Auscultation to check bilateral equal air entry
- 12. Fixation of endotracheal tube at appropriate depth

Preparation



- □ 1. Wearing gloves
- 2. Checking cuff of endotracheal tube
- 3. Lubricating cuff of endotracheal tube
- 4. Checking laryngoscope
- 5. Keeping dynaplast sticking ready
- 6. Keeping ambu bag and mask ready
- 7. Stethoscope for auscultation

Procedure

- 1. Laryngoscopy to visualise vocal cords
- 2. Insertion of the endotracheal tube of appropriate size
- 3. Inflation of the endotracheal tube cuff
- 4. Fixation of the endotracheal tube at appropriate depth

Complications

- 1. Trauma to teeth ,mucosa,tongue
- 2. Equipment failure
- 3. Failure to visualise vocal cords
- 4. Failure to intubate

Assessment:

OSCE

Sr. No.	Performance	Marks
1	Greets the patient and introduces himself	
2	Explains the procedure and obtains informed consent	-
3	Check the necessary equipment and makes necessary preparations for the procedure	
4.	Wears gloves	
5	Positions patient property	
6	Preoxygenates	La

7	Bag mask ventilation	
8	Laryngoscopy	
9	Visualization of vocal cords	
10 .	Insertion of the endotracheal tube at adequate depth	e *
11	Inflation of cuff	-
12	Ventilation with ambu	-
13 ·	Auscultation with stethoscope	-
14	Fixation of the endotracheal tube	

Suggested Reading:

Books Recommended (latest edition)

- 1. Airway management.Miller's anesthesia 9th edition
- 2. Morgan and Mikhail's Clinical Anesthesiology 5th edition .Airway management



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Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik – 03.

CENTRAL SKILL LABORATORY

Module for Airway Maintenance

Student learning objectives:

By completion of this module student should be able to:

- Know what is airway (Anatomy)
- What is importance of airway management and indications of airway management
- What are different types of airways
- > What are different methods of opening airways
- Equipments required for airway management
- > What are different methods of airway management

Introduction

Airway Management includes a set of maneuvers and medical procedures performed to prevent and relieve airway obstruction. This ensures an open pathway for gas exchange between a patient's lungs and the atmosphere. This is accomplished by either clearing a previously obstructed airway; or by preventing airway obstruction in cases such as anaphylaxis, the obtunded patient, or medical sedation. Airway obstruction can be caused by the tongue, foreign objects, the tissues of the airway itself, and bodily fluids such as blood and gastric contents(aspiration).

Teaching Learning Method: Mannequin in a Skills Lab, Knowledge sessions/lectures, Video demonstration, Demonstration of use of different airway management devices on mannequin.

Indications

Indications of Airway maintenance include:

- Respiratory failure
- > Apnea



- A reduced level of consciousness (sometimes stated as GCS less than or equal to 8)
- Rapid change of mental status
- > Airway injury or impending airway compromise
- High risk for aspiration or 'trauma to the box(larynx)', which includes all penetrating injuries to the neck, abdomen or chest.

Contraindications

Contraindications of Airway maintenance include:

- Severe Airway trauma or obstruction that does not permit the safe placement
- Untreated pneumothorax- endotracheal intubations with positive pressure ventilation is contraindicated in untreated pneumothorax.

Equipment's required

- Face mask
- > OPA (Oropharyngeal airway)
- NPA (Nasopharyngeal airway)
- Laryngoscope with straight and curved blades
- Endotracheal tubes with different size
- Lubricants, Stylets, syringes, securing tapes, topical anaesthetic, Magill forceps, suction catheters, oxygen delivery systems

Steps in Airway Maintenance

- Check for responsiveness
- > Check for breathing
- > Open the airway- head tilt chin lift method or jaw thrust method
- Use of Face mask or AMBU bags to ventilate the patient.
- If no effective ventilation- insert OPA/NPA
- If no effective ventilation with OPA or NPA insert LMA
- > Once expert available insert endotracheal tube and ventilate.



Procedure

Annexure A

Outline of a Session Plan

Name of the group: - /

Facilitator/ Supervisor/ Faculty: -

Parameter	Descriptio
Name of the lesson	Airway Maintenance
Number of learners	
Objectives of the session	 By completion of this module student should be able to: Know what is airway (Anatomy) What is importance of airway management and indications of airway management What are different types of airways What are different methods of opening airways Equipments required for airway management What are different methods of airway management What are different methods of airway management
Primary teaching method chosen	Mannequin in a Skills Lab, Knowledge sessions/lectures, Video demonstration, Demonstration of use of different airway management devices on mannequin.



Infrastructure required	Skill Lab
Teaching aids required	Audio Visual teaching aids, Mannequins
	(Each group)
	0 1 1
-	(Students divided into
	Step 8: Hands on session
	Insertion – 10 min
	Step 7: Demo of ET
	min
	Insertion 10
	Step 6: Demo of LMA
	Insertion On Mannequins 20 min
	Step 5: Demo of OPA/NPA
	masks and AMBU bags 10 min
	maintenance 20 min Step 4: Demo of use of face
	methods of airway
	Step 3: Lecture on Different
1	Maneauvers and oxygenation 20 min
*	Step 2: Lecture on Airway
Break up of the session	Step 1: Introduction 10 min



Student preparation required/ prior reading required	Students should be aware of anatomy and physiology of airways and oxygenation.
Assessment method chosen	DOPS(Direct Observation of Procedural Skills)
Other comments	5

Complications

- > Trauma to oral cavity
- > Airway trauma
- > Bleeding
- Aspiration of gastric content
- Esophageal intubations
- ➢ Hypotention
- 2

Assessment:

> DOPS

AIRWAY MAINTENACE SKILLS CHECKLIST

	Airway Management - checklist	✓ If done correctly
1.	Performs head tilt, chin lift / jaw thrust maneuver	
2.	Administers oxygen	
3.	Insertion of OPA - Oropharyngeal Airway 1)Knows indications of OPA 2)Identification of proper size of OPA 3)lubrication of OPA before insertion 4) clears the mouth and pharynx 5) inserts OPA so that it curves upwards towards	ADGAON NASHIK

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	the hard palette6) As it enters the posterior wall of pharynx,rotate it 180 deg into proper position.	ł
4.	 Insertion of NPA - Nasopharyngeal Airway 1) Knows indications of NPA 2) Selects proper size of NPA 3) Lubricate with lubricant 4) Insertion through nostril in a posterior direction perpendicular to the plane of face, passes it gently along the floor of Nasopharynx 	*
5.	Laryngeal Mask Airway – 1) Knows indications of LMA 2) Identifies proper size of LMA 3) Deflates the cough 4) Lubricates posterior LMA surface 5) Slight flexion of the head on the neck 6) Holds LMA like pen 7) Inserts the LMA until it rests on posterior pharyngeal wall 8) Checks for adequate chest rise	
6.	 Bag Mask Ventilation Positions himself above the victim's head Places mask on the victim's face, using bridge of nose as a guide Uses E-C clamp technique to hold the mask properly Opens the airway and ventilates effectively Knows functions of AMBU bag 	

Suggested Reading:

Books Recommended (latest edition)

- 1) Casey JD, Janz DR; Russell DW, et al. Bag-mask ventilation during tracheal intubation of critically ill adults.
- 2) Francois, B., Bellisant, E., Gissot, V., Desachy, A., Normand, S., Boulain, T,...Vignon, P. (2007). 12-h pretreatment with methylprednisolone versus placebo for prevention of postextubation laryngeal edema: a randomized double blind trial.



3) Frat J-P, Richard J-D, Quenot J-P, et al. Non-invasive ventilation versus high-flow nasal cannula oxygen therapy with apnoeic oxygenation for preoxygenation before intubation of patients with acute hypoxaemic respiratory failure.

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Department of Anaesthesiology

CENTRAL SKILL LABORATORY

Module for CPR

Student learning objectives:

By completion of this module student should be able to:

- > Tell the basic steps of CPR for adults.
- > Show the basic steps of CPR for adults.
 - > Able to perform 1 rescuser,2 rescuer CPR.
 - List the steps common to the operation of AED.
 - > Show proper placement of AED pads.
 - Able to show coordination of CPR and AED.

Introduction

Despite important advances in prevention, cardiac arrest remains a substantial public health problem and leading cause of death in many parts of world. It occurs both in and out of hospital. This skill module focuses on what health care providers need to know to perform CPR.

Teaching Learning Method: Mannequin in a Skills Lab, lecture, video demonstration.

Pre-requisites

- > Skill lab
- Mannequins
- > Trained certified faculty

Indications

Cardio pulmonary arrest

Equipment's required

- > Mannequins
- AED (Automated External Defibrillator)
- Face Masks
- AMBU bags



Steps in CPR

- Scene safety
- Check for responsiveness
- > Call for help
- > Check for breathing, check for carotid pulse
- ➢ Start high quality CPR
- Use AED once it is available

Preparation

- Skill lab is required with mannequins for demonstration of airway breathing and chest compression
- Students will be divided into groups at the time of demonstration

Procedure

Annexure A

Outline of a Session Plan

Name of the group: -

Facilitator/ Supervisor/ Faculty: -

Parameter	Description
Name of the lesson	CPR
Number of learners	
Objectives of the session	 By completion of this module student should be able to: > Tell the basic steps of CPR for adults. > Show the basic steps of CPR for adults. > Able to perform 1 rescuser,2 rescuer CPR. > List the steps common to the operation of AED. > Show proper placement of AED pads. > Able to show coordination of CPR and AED.
Primary teaching method chosen	Mannequin in a Skills Lab



n t fal miles	Step 1: Introduction -	10 min
Break up of the session	Step 2: PreTest	20 min
1	Step 3: Lecture on Airway	
	and breathing	30 min
	Step 4: Lecture on chest	
	Compression	30 min
	Step 5 :Lecture on AED	30 min
	Step 6 : Video Demo	30 min
	Step 7: Hands on practice	
	Session	60 min
Teaching aids required	Audio Visual teaching aids	, Mannequins, AED
Infrastructure required	Skill Lab	
Student preparation required/ prior reading required [*]	Students should be aware of CPR. They should read ISA Anaesthesia) guidelines of	A (Indian Society of
Assessment method chosen	By Direct observation of pr method.	rocedural skill
Other comments		-

Complications

- > Fracture of ribs or sternum-
- > Aspiration
- > Lung injuries eg pneumothorax, lung contusion

Assessment:

By Direct observation of procedural skill method.



CPR

SKILLS CHECKLIST

Sr. No	Checklist for CPR skill	Performed Correct = ✓ Not Correct = ४
1.	Check for responsiveness	
2.	Activates emergency response system	
3.	Checks breathing and carotid pulse(no more than 10 seconds)	1
4.	Gives high quality CPR	
5.	Adequate rate at least 100 to 120 per minute	
6.	Depth (at least 2 inches)	
7.	Allows complete chest recoil	
8.	Maintains 30:2 ratio	
9.	Uses AED as soon as it arrives	
10.	Minimizes interruptions in chest compression	

Suggested Reading:

Books Recommended (latest edition)

1) ISA Guidelines for CPR

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H. O. D. Department Consecthesia M.V.P.S. Michael College, Ac., and Nashik.





Department Of Anaesthesiology

Module for Intravenous Cannulation

Student Learning Objectives

By the completion of the session, students should able to-

- 1. Identify and demonstrate a peripheral vein.
- Identify the different equipments needed, parts of i.v. set and should able to prepare an i.v. infusion.
- 3. Demonstrate insertion of i.v. cannula in a controlled environment.
- 4. Should able to start a i.v. drip in a controlled environment.

Introduction

Intravenous cannulation is a technique in which a cannula is placed inside a peripheral vein to provide venous access for the sampling of blood, as well as administration of fluids, medication, blood and blood products.

Teaching Learning Method

Demonstration on Intravenous simulator in skill lab.

Prerequisites

- 1. Anatomical knowledge about peripheral veins
- 2. Knowledge about the different equipment used.

Indications

- 1. Administration of i.v. fluids
- 2. Administration of medications
- 3. Administration of i.v. nutrition
- 4. Administration of blood and blood products.

Contraindications

- 1. Infection over the site of insertion
- 2. Phlebitis
- 3. Sclerosed veins
- 4. Previous intravenous infiltration
- 5. Burns or traumatic injury proximal to the insertion site
- 6. Arteriovenous fistula in an extremity
- 7. Surgical procedure over that extrimity.

Equipment required

- 1. L.V. simulator
- 2. Pair of gloves
- 3. Tourniquet
- 4. Cotton swab
- 5. Clinical spirit
- 6. I.V. canula
- 7. NS filled 5ml syringe
- 8. I.V. set
- 9. I.V. fluid
- 10. Sticking for cannula fixation
- 11. Stand for hanging i.v. bottle.



Steps in I.V. cannulation

- 1. Preparation of iv fluid and check for all equipments
- 2. Identification of vein
- 3. Performing actual procedure

Preparation

- 1. Hand sanitization and wearing gloves
- 2. Preparation of i.v. fluid, de-airing of murphy's chamber, 5ml syringe with NS for flushing.

Procedure

- 1. Apply tourniquet to arm to facilitate vein identification
- 2. Clean the skin over vein with spirit swab and allow it to air-dry
- 3. Remove i.v. cannula from packaging.
- 4. Stretch the skin distal to vein
- 5. Prick the skin over vein at 30° angle and intoduce further till a flashback of blood is seen
- 6. Remove the stellate a bit and introduce the cannula further into vein
- 7. Release the tourniquet
- 8. Apply pressure over vein proximal to the cannula to prevent blood loss through canula while removing stellate completely
- 9. Flush the cannula with 5ml NS syringe and attach i.v. fluid. Check for free flow of fluid and no swelling over the tip of canula
- 10. Apply the stickings to fix the cannula in place
- 11. Dispose off the stellate and the gloves in respective waste disposal units.

Complications

- 1. Counterpuncture of vein
- 2. Thrombophlebitis
- 3. Accidental arterial cannulation
- 4. Extravasation of fluid and limb oedema
- 5. Infection at site of insertion
- 6. Sepsis

Assessment

OSCE

Sr. No.	Performance	Marks
1	Greets the patient and introduces himself	
2	Explains the procedure and obtain informed written consent	
3	Check the necessary equipments and makes necessary preparation for the procedure	1
4	Sanitises hand and wears gloves	
5	Applies tourniquet	
6	Identifies a peripheral vein	
7	Cleanses skin over the vein	
8	Stretches the skin distal to vein and warns the patient about the prick	ADC
9	Inserts cannula at 30° and observers for flashback of blood	NAS NAS

10	Withdraws stellate a bit and intoduces the cannula further	14
11	Releases tourniquet	
12	Applies pressure over proximal vein and removes the stellate completely	
13	Flushes the cannula with NS and attach i.v. fluid drip	
14	Fixes the cannula properly over skin	
15	Properly disposes the stellate and the used gloves	
	Total	

Suggested reading

- World Health Organization (2009). WHO guidelines on hand hygiene in health care. Retrieved from http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf
- Trim, J. C. (2005). Peripheral intravenous catheters: Considerations in theory and practice. British Journal of Nursing, 14(12), 654-658. <u>https://doi.org/10.12968/bjon.2005.14.12.18286</u>
- Marsh, N., Webster, J., Mihala, G., & Rickard, C. M. (2015). Devices and dressings to secure peripheral venous catheters to prevent complications. Cochrane Database of Systematic Reviews, (6), CD011070. <u>https://doi.org/10.1002/14651858.CD011070.pub2</u>
- Goudra, B. G., Galvin, E., Singh, P. M., & Lions, J. (2014). Effect of site selection on pain of intravenous cannula insertion: A prospective randomised study. Indian Journal of Anaesthesia, 58(6), 732. <u>https://doi.org/10.4103/0019-5049.147166</u>

Annexure A

Outline of a Session Plan

Name of the group

Facilitator/ Supervisor/ Faculty

Parameter	Description
Name of lesson	Intravenous Cannulation
Number of learners	
Objectives of the session	 Student should able to Identify and demonstrate a peripheral vein. Identify the different equipments needed, parts of i.v. set and should able to prepare an i.v. infusion. Demonstrate insertion of i.v. cannula in a controlled environment. Should able to start a i.v. drip in a

*	controlled environment.
Primary teaching method chosen	 Explaining the procedure followed by demonstration by the faculty. Procedure to be done by students after demonstration
Break up of session	Step 1 Hand sanitisation and wearing gloves Step 2 Check for availability of equipments and preparation of i.v. fluid Step 3 Tourniquet application Step 4 Aseptic precautions Step 5 I.V. cannula insertion Step 6 Release of tourniquet Step 7 Flushing of cannula and i.v. drip attachment Step 8 Cannula fixation Step 9 Proper disposal of waste.
Teaching aids required	 I.V. simulator Pair of gloves Tourniquet Cotton swab Clinical spirit I.V. canula NS filled 5ml syringe I.V. set I.V. fluid Sticking for cannula fixation Stand for hanging i.v. bottle.
Infrastructure required	Skill lab with i.v. simulator.
Student participation required/ prior reading required	 Anatomy of peripheral veins. Knowledge regarding i.v. canula and i.v. fluids.
Assessment method chosen	Demonstration followed by direct observation
Other comments	 Need of explaining the procedure and obtaining informed written consent, when performing on patient emphasized. Need of utmost aseptic precautions while perforforming.



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