

[Declared as Deemed-to-be-University u/s 3 of UGC Act, 1956 vide Government of India Notification No. F.9-37/2007-U.3(A)]

The Constituent College

SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE VIJAYAPURA

BOARD OF STUDIES IN ANAESTHESIOLOGY Conducted on 08th March 2016 MINUTES

1.BOS (Anaesthesiology) meeting was held on 08/03/16 at 11-30 am at BLDEU.

2. The following were present.

a) Dr.D.G.Talikoti. Chairman b) Dr. Vidya. Tambake. Member c) Dr. Vijaykumar. T.K. Member d) Dr.R.R.Kusugal. Member e) Dr. Sridevi. M.M. Member f) Dr. Shivanand, L.K. Member g) Dr. Basavaraj. Patil. Member h) Dr. V. K. Dhulkhed External Member, Prof & HOD Anaesthesiology, KIMS, Karad.

- 3. Minutes of previous BOS meeting held on 13-08-15 were read & discussed.
- 4. Minutes of Meeting held on 08-03-2016.
- a) Previous BOS meeting points were read & action discussed, Regarding Paediatric posting for PGs at Indira Gandhi hospital, Bangalore has been kept in pending by authorities. All members felt that the point needs further discussion with Principal.
- b) Statistics classes are already being conducted for PGs by community medicine department. However records of our PGs attendance has to be got from Medical education department Statistics should be included in the curriculum of MD & Diploma.

c) PG curriculum, both M D and Diploma, should include topics of a) Pharmacogenetics.
b)Occupational hazards. Along with below changes were discussed

b) becapational nazards. Filling with below changes were discussed.					
Sl No.	Content	Existing	Changes made		
1	Goals	After satisfactory completion of the course, the candidate shall be fully conversant with theory and practical aspects of anaesthesiology and be able to practice anaesthesiology completely, confidently and safely in the community that he/she serves.	After satisfactory completion of the course, the candidate shall be fully conversant with theory and practical aspects of anaesthesiology and be able to practice anaesthesiology comprehensively, confidently and safely in the community that he/she serves.		
2	Course	v). Regional anaesthesia including spinal,	v). Regional Anaesthesia-		
	Content	epidural anaesthesia and caudal block, brachial	Spinal Anaesthesia,		

Smt. Bangaramma Sajjan Campus, Sholapur Road, Vijayapur – 586103, Karnataka, India.

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			Plexus block.	CII CENTRE VIJA YAPURA	
			vi). Local Anaesthesia including peripheral nerve blocks and sympathetic nerve block.	plexus block, Hernia	
				block.	
				Vi) Local anaesthesia,	
				and ultrasound guided	
				Brachial plexus and other	ſ
				Nerve block procedures. Addition of two topics-	
				15. Pharmacogenetics.	
3				16. Occupational hazards	
3		Teaching -	and and to be kelli ill a	Lectures: a) Didactic	_
		learning	minimum. They may, however, be employed	lectures: One lecture in	
		methods	for teaching certain topics. Lectures may be	a week is to be	
			didactic or integrated.	employed. Selected	
			Didactic Lectures: Recommended for selected	topics are	
			common topics for postgraduate students of all	discussed in these	
	- 1		specialities.	interactive theory	
			Fourteries	classes.	
			Few topics are suggested as examples:		
			Initial introductory lectures about the subject. Use of library	Few topics are	
			Research Methods	suggested as examples:	
			Communication Skills	Initial introductory	
			Medical Code of Conduct and Medical Ethics.	lectures about the	
			National Health and Disease Control	subject.	
			Programs.	Use of library	
			Bio-statistics etc.	Research Methods	
			230 Statistics Cic.	Communication Skills	
			These topics may preferably taken up in the	Medical Code of	
			first few weeks of the 1 st year.	Conduct and Medical	
			or the T year.	Ethics.	l
			b) Integrated lectures: These are	National Health and Disease Control	
			recommended to be taken by multidisciplinary	Programs.	
			teams for selected topics, e.g. Applied	Bio-statistics etc.	
			anatomy, Physiology, Pharmacology of	Dio-statistics etc.	
			commonly used anaesthetic drugs etc.	b) Integrated teaching	
				(Lecture): One	
			8. Clinico-Pathological conference (CPC):	Integrated teaching	
			Recommended once a month for all post	every month	
			graduate students. Presentation to be done by	(Horizontal/Vertical) to	
			rotation. Presentations will be assessed using	be employed.	
			checklist. If cases are not available due to lack	1	

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	of clinical postmortems, it could be supplemented by published CPC's.	8 CPC/Critical
	- specimented by published CPC's.	Incidents meetings:
1		The meeting is held
	9. Inter departmental meetings (Horizontal and vertical integration): Strongly recommended particularly with departments of surgery, medicine and allied specialities for discussion of interesting topics. To be conducted at least once in three months. Postgraduate students should attend these meetings and relevant entries must be	once in a month and the management and outcome of critical cases discussed. The post students involved in the management will present the cases one after the other.
	made in the logbook. (Repetition) 10. Critical Incident meetings – These are held every month in the department. Morbidity and mortality meeting will be held as and when need arises in association with concerned departments. Presentation is to be done by rotation and by the students who had conducted/assisted anaesthetic management.	
4	(Repetition)	Cancelled
4	During the course of three years, the department will conduct three tests. Two of them will be annual, one at the end of first year and other at the end of second year. The third test will be preliminary examination which may be held three months before the final examination. The test may include the written papers, practicals / clinicals and viva voce. Objective structured clinical evaluation shall be included in the second and third periodical tests. Records and marks obtained in such tests will be maintained by the head of the department and will be sent to the university when called for.	During the course of three years, the department will conduct three tests. Two of them will be annual, one at the end of first year and other at the end of second year. The third test will be preliminary examination which may be held three months before the final examination. The test may include the written papers, practicals / clinicals and viva voce. Direct observation of the procedural skills (DOPS) shall be done, once in six months for

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						assessment of Practical skills. Records and marks obtained in such tests will be maintained by the head of the department and will be sent to the university when called for.
5	Suggested	Title - To				
	changes in summative assessment	Theory Examination: Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 100.			VI SCHEME OF EXAMINATION Theory Examination: Written examination shall consist of four	
		Type of	No. of	Marks	Total	question papers each of
		Questions	Questions	for	Marks	three hours duration.
				each question		Total marks for each paper will be 100.
		Long essay	2	20	40	10 Essay questions of 10 marks each,
		Short essay	6	10	60	summing up to a grand total of 100 marks.
		GRAND TO	OTAL		100	ALABRA ALUS

- d) From current academic year PGs should have classes every week. This should be included in curriculum.
- e) Proposal for starting of Value added courses for Postgraduates and undergraduates was made. The course content and syllabus which was developed according to the university VAC guidelines was put-up. The following topics were finalized
 - 1) Basic life support for undergraduates
 - 2) Respiratory therapy for undergraduates
 - 3) Fibreoprtic intubation for postgraduates.

f) UGs curriculum needs modification, Occupational Hazard & Introduction to ICU &

Mechanical Ventilation-to be added. Anatomy of upper airway should be deleted & only

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- g) No exam held since last BOS meeting hence no question paper analysis done.
- h) Panel of examiners reviewed & all agreed to add few names from KLE, KMC, Mangalore for purpose of Synopsis Review, Paper setting & Peer review of thesis.
- i) No PhD students & nobody qualified for PhD Guide.
- j) No new courses are planned at present.
- k) Dr.Sridevi.has become PG Guide with effect from June 2015.
- External Member suggested that at least two clinical audits should be done by the Dept every year.

Prof and HOD

Protessor & HOD

Department of Anesthesiolog

BLDEU Shri B.M. Patil

Medical College, BIJAPUR



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//DEPARTMENT OF ANAESTHESIOLOGY//

Goals:-

The undergraduate students should realise the importance of safe forms of anaesthesia for different kind of surgeries. They should also know the importance of maintenance of patency of the airway in an unconscious patient – anaesthetised or otherwise.

Objectives:-

The undergraduate shall be able to

- 1. Enumerate different local anaesthetic agents, general anaesthetic agents, muscle relaxants, sedatives and analgesics.
- 2. They shall also understand the indications, mode of administration, contraindications, and side effects of the agents mentioned above.
- 3. They shall be trained in CPBR on manikins.

MUST KNOW

- 1. Preanaesthetic check up and medications.
- 2. Venepunctture set up and IV drip.
- 3. Laryngoscopy, Endotracheal intubation.
- 4. Simple general anaesthetic procedures/Regional Anasthesia.
- 5. Monitoring of patients during postoperative period.
- 6. Local anaesthetic agents and simple blocks.
- 7. Maintainance of anaesthetic record.
- 8. Recognition and treatment of complications in the post operative period.
- 9. Usage of life support system.
- 10. To perform CPR on Mannequin.

DESIRABLE TO KNOW

- 1. Recognition and management of problems associated in emergency situations.
- 2. Crystalloids & Colloids.
- 3.Blood & Blood component therapy.
- 4.Oxygen transport and various methods of O2 administration.
- 5.ICU & Introduction to mechanical ventilation.
- 6 Interpretation of ABG.
- 7. Acute pain management.

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NICE TO KNOW

- 1. Boyle's Machine.
- 2. History & Modern trends in practice of Anaesthesia.
- 3. Chronic pain management.
- 4. Occupational hazards.

The above mentioned syllabus will be taught under the following theory & practical topics.

Sl.No.	TOPIC
01.	Introduction to Anaesthesiology.
02.	Pre-anaesthetic evaluation of Patients
03.	Oxygen transport and various methods of O_2 administration. Airway obstruction and Management of
04.	airway in an unconscious patient.
05.	Muscle relaxants & reversal agents.
06.	Inhalational Anesthetic Agents.
07.	Intravenous Anaesthetic agents.
08.	Boyles Machine. (Converted to Practical Class)
09.	Local anaesthetic agents and simple blocks.
10.	Spinal & Epidural Anaesthesia.
11.	Crystalloids & Colloids.
12.	Blood & Blood component therapy.

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13.	Monitoring during Anaesthesia.
14.	Intubation & airway gadgets. (Converted to Practical Class)
15	Day case anaesthesia.
16.	ICU & Introduction to mechanical ventilation. (Converted to Practical Class)
17.	Role of Anesthesiologists in acute and chronic pain relief.
18	History & Modern trends in practice of Anaesthesia.
19.	C.P.B.R. (Practical Class)
20.	Occupational hazards of Anaesthesia.



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RECOMMENDED BOOKS FOR REFERENCE

Recent editions of the following books

- 1.Lee's synopsis of Anaesthesia.
 - -Atkinson, Rushman & David
- 2. Anaesthesia & Co-existing diseases
 - -Robert K. Stoelting
 - -Stephen.F.Dierdorf.
- 3. Clinical Anaesthesiology
 - -G.Edvard.Morgan.Jr.
 - -Maged.S.Mikhail.
 - -Micharl.J.Murray.
 - -C Philip Larson-Jr
- 4. Pharmacology & Physiology in Anaesthetic Practice.

-Stoelting R.K.

Protessor & HOD
Department of Anesthesiolog
BLDEU Shri B.M. Patil
Medical College, BIJAPU