

**‘SERVING PATIENTS IS SERVING GOD’  
DAILY MORNING SCHEDULE 6.45 AM – 9.00 AM**

7.00-7.10 am - Prayer and Meditation

7.10-7.50 am - Daily Teaching activity as per Monthly Schedule

- **Case Presentation 4 to 5 times a week**
- **Tutorials - X-rays / Instruments / Implants/ Specimens / Orthotics – once a week**
- **Faculty Lectures – As per schedule of basic lecture series**
- **Diagram Drawing Session – once a month**
- **Seminar – Twice a month**

8.00 – 9.00 am – Morning Meeting

- **Reporting to Hospital –**

It is compulsory for all residents to report to the hospital latest by 6.45 am and punch on NMC AEBAS device

- **Morning Meditation 7.00 am to 7.10 am –**

All residents should be seated in CMR by 7.00 am and make sure you do not use your mobile during the meditation and even otherwise.

NOTE : Any delay /Absence from the daily morning Teaching Activity will be considered ONLY if it is informed by the concerned Resident to the P G College and Mr. Ravi (mobile no. 7796505108)

## MORNING PRAYER AND MEDITATION

Following prayers shall be taken on respective days.

Monday- Muslim/Christian/ Sikh/ Jain prayer

Tuesday- Gayatri Mantra

Wednesday- Shiv Mantra

Thursday- Guru Vandana

Friday- Saraswati Vandana

Saturday- Mahamrityunjaya Mantra



### PRAYER & MEDITATION

**Please note: You have to take a morning bath, be properly shaved and wear clean apron, polished shoes; before entering the CMR. Dress code to be strictly followed on campus.**

**Wearing an Apron is compulsory when in the hospital campus.**

**For Female Resident - Female resident should keep their hair completely tied (bun) at all times**

## 'SERVING PATIENTS IS SERVING GOD' FORMAT OF MORNING PRAYER

(Will be conducted by an allotted Resident by fixed rotation)

Morning Prayer

Good morning everybody,

Everybody please settle down

Those wearing specs, please remove them.

Sit straight; do not let your back touch the back rest of your chair

Let us start this new and wonderful day with .....

For this everybody please assume namaskar position and recite after me or along with me.

Now we shall chant OM for 3 times followed by OM Shanti... Shanti.... Shanti...

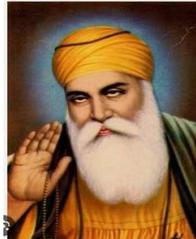
For this everyone should assume dhyannudra position, i.e. both arm fully supinated, Wrist resting over the knees, index finger touching the thumb, rest all fingers gently extended. Knee flexed and ankles cross.

Take a deep long breath 5.... 4.... 3... 2... and start (3 times).

Now we shall do meditation. For this we shall start with warm up breathing exercises.

Those who are in dhyannudra position may continue to do so, others may assume Buddha position, i.e. one palm resting over other, touching the abdomen below the umbilicus.

Take a deep long breath and hold it for as long as you can & as deep as you can. Then exhale slowly, such that the time of exhalation is twice that of inhalation, repeat this exercise 5-6 times until you feels pulsation at tip of your fingers in dhyannudra position or between your palms in Buddha position.



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**MORNING CLINICAL MEETING SCHEDULE 8.00-9.00 AM**

Item	Protocol	
SICOC Report	Total No. of Patients in E-Ward & all post operative patients of 1 <sup>st</sup> floor OT. Mention of any important & adverse event in wards Mention number of calls from the ward Hand over filled COC form to the Chair.	SICOC
SHCOC Report	Total No. of Patients in I-Ward & all post operative patients of 6 <sup>st</sup> floor OT. Mention of any important & adverse event in wards Mention number of calls from the ward Hand over filled COC form to the Chair.	SHCOC
Asked Questions	Residents to give answers to questions asked in the previous day clinical meeting in power point format. After rounds the presentation to be put on Resident Group	Student’s Council Representative
24 hour Casualty Report	Mention No. of admission / Casualty / OPD’s / Deaths /Transfers, AMA (Transfer details and current status), Discharges / CODE BLUE (Diagnosis/Mode of injury in brief/Time when brought to SIOR./Referred by whom / if not-come on his own./ Case seen by which consultant./Treatment given in casualty further plan (Operative or Non operative).	Casualty Unit
Cases for Orthopedic Board Meeting (C.O.B.M)	Diagnosis /Relevant history and clinical findings./Problems to the patient./Problems to the surgeon/Possible treatment options/Proposed plan Purpose of discussion is to take the house’s opinion and inculcate an ideology / thinking amongst the residents for arriving at a treatment plan The final discussion based on the opinion from all consultants shall be conveyed to the patient by the index consultant.	All Units
Preoperative Planning for the day - Group Discussion	Pre-op. plan with diagram signed by J. Consultant /Diagnosis and Operative Plan/Details of implant / Prosthesis (size, company etc.)/Position of patient and approach/If multiple surgeries – sequence /Difficulties anticipated. All x-rays available with the patient will be displayed by inserting in the power point presentation in a sequentially date wise manner.	All Units
Postoperative Report - Group Discussion	Diagnosis/Procedure Planned/Surgeon If Pre Op Plan change, mention reason Intra-operative findings & problems faced. Complications if any /Post – op. plan.	All Units

**\* Use of Mobile Phones in CMR is strictly prohibited. If mobile has to be used, please step out of CMR.**

**\* Order for shifting patient to OT or any other ward work has to be compulsorily completed before 7.00 am and all seated in CMR at 7.00 am for meditation.**

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### **DAILY SCHEDULE**

- 6.45 am - Reporting to Hospital
- 7:00 am 8:00 am - Prayer and morning clinic
- 8:00 am – 9:00 am - Clinical Meeting
- 9:00 am - 3:15 pm - Morning rounds, OT, OPD
- 3:15 pm – 4:15 pm - Evening Teaching - ( for exam going residents)  
(Monday to Friday – Seminars,  
Saturday – Small Group Teaching - Implants / Instruments / Skills Lab/  
X-rays / Specimens/ Osteology)
- 4:15 pm – 7:15 pm ( or more) – Ward Work/ OT/ OPD/ Evening Rounds

\*Delay / Absence due to unavoidable circumstances will be informed by respective residents on Resident Whatsapp group.

\*Morning Ward Round will be with the Consultants

\*Evening Post Op Rounds will be with the Consultants

\*Evening Ward Rounds will be with JC/ Fellows

\*Details of the Status of post op patients will be communicated to the respective consultants through the Unit Whatsapp Groups.

### **WEEKLY THURSDAY MEETINGS (8.25 AM – 9.15 AM)**

	First	Second	Third	Fourth	Fifth
Thursday	Morbidity & Mortality Meeting	CROP Meeting	Journal Club	Research Review	Consultants / Fellows Research Meeting

### **RESEARCH REVIEW MEETINGS**

- ONE to ONE meeting with Thesis Mentor / PG Guide - schedule will be prepared and informed to you in advance. Please make sure you meet your Mentor/PG Guide at the stipulated time (given by Academic Dept), irrespective of any other important commitments you may have.
- Inability to meet the Thesis Mentor/ PG Guide shall be dealt with strictly.
- With academic incharge Dr. Darshan Sonawane once a month per batch as per the monthly schedule.

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