**To be completed on an official letter head of the institute**

**Annexure – RP- EM**

**ROTATIONAL POSTING OF DNB TRAINEE(S) IN EMERGENCY MEDICINE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year of training** | **Department/ Area of Rotation** | **Tentative schedule as per DNB curriculum** | **Name & Address of the institute /hospital \* where trainees are posted for rotation** | **Supervising Consultant name** |
| Year - I | Emergency Department | 7 months (or 8 months if no separate trauma bay) |  |  |
| Trauma (if separate from ED) | 1 month |  |  |
| Pediatric EM | 1 month |  |  |
| ICU | 1 month |  |  |
| CCU | 2 weeks |  |  |
| Wound Care | 2 weeks |  |  |
| Orthopedics (Trauma) | 1 month |  |  |
| Year - II | Emergency Department | 6 months |  |  |
| Ophthalmology | 2 weeks |  |  |
| ENT | 2 weeks |  |  |
| OBG | 1 month |  |  |
| Psychiatry | 2 weeks |  |  |
| PICU | 2 weeks |  |  |
| Orthopedic (trauma) | 2 weeks in ED / 2 weeks in ward |  |  |
| Pediatric EM | 1 month |  |  |
| NICU | 2 weeks |  |  |
| Medicine (emphasis on infections) | 2 weeks |  |  |
| Year - III | Emergency Department | 6 months |  |  |
| Trauma | 2 weeks |  |  |
| Research  | 2 weeks (submit thesis); will work with thesis guide |  |  |
| Radiology (US, CT, MRI, etc.) | 2 weeks |  |  |
| Neurology | 2 weeks |  |  |
| Cardiology | 2 weeks |  |  |
| Dermatology | 2 weeks |  |  |
| Prehospital (Ambulance) | 2 weeks |  |  |
| Rural hospital\* | 1 month |  |  |
| Elective | 2 weeks |  |  |

*\*May liaison with a local medical college for the rural hospital attached to it*

 *A copy of MOU should be submitted with other NBEMS accredited institute/hospital or medical college where DNB trainees are posted for any of the above rotations, if the same is not feasible within the institute/hospital*

It is herewith certified that DNB trainees are/shall be rotated in all of the above disciplines as per the prescribed DNB Emergency Medicine curriculum.

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signatures of Head of the Department/ Course Director with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**(Authorized signatory on behalf of applicant hospital) |