



**Department of Medical Education
Himalayan Institute of Medical Sciences
Swami Rama Himalayan University
Swami Ram Nagar, P.O. Jolly Grant, Dehradun- 248016**



**Chairman & Officer
In-charge**

Lt. Gen. Dr. Daljit
Singh. (Retd.)

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Dr. Deepa Singh

Dr. Bamali Kakati

Dr. Hemant Kr. Nautiyal

Dr. Atul Agarwal

Dr. Aarti Kotwal

Dr. Kiran Bhat

Dr. Saurabh Kohli

Dr. Sanobar Wasim

Dr. Lovneesh Kumar

Dr. Ran Kumar S.

Dr. Neha Sharma

Dr. Anita Sharma

Dr. Shaili Vyas

HIMS/DME/2025/ 230

Date: 15.10.2025

CME

Date : 18.10.2025

Day : Saturday

Time: 08:30 AM – 09:30 AM

**Venue: Adi-Kailash Auditorium
(Near - Emergency Building)**

**First 10-minute Topic: "Tips for Presenting at a Conference – A Guide for
Medical Postgraduates"**

**Presenter: Dr Rashmi Jindal, Prof & Head
Dermatology (DVL)**

Topic: "Rhinoplasty: A game changer in form and function"

Speakers: Dr. Amborish Nath, associate professor, Plastic Surgery

Abstract:

Rhinoplasty is no longer just a cosmetic operation—it is a true game changer in both aesthetic enhancement and functional restoration. Modern rhinoplasty addresses nasal form, airway function, and the psychosocial well-being of patients. With advances in surgical techniques, and patient-centered planning, outcomes are now safer, more predictable, and more holistic. This session will provide a broad overview of rhinoplasty, highlighting its impact on breathing, appearance, and quality of life. We will gain insights into indications, principles, evolving trends and the future of rhinoplasty.

All Faculty & Post Graduate Residents are required to attend the CME.

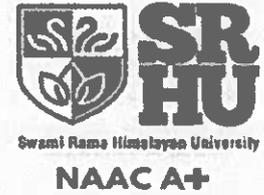
Department: Plastic Surgery

Convenor: 
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- Dr. Aarti Kotwal
- Dr. Kiran Bhat
- Dr. Saurabh Kohli
- Dr. Sanobar Wasim
- Dr. Lovneesh Kumar
- Dr. Ramkumar S.
- Dr. Neha Sharma
- Dr. Anita Sharma
- Dr. Shaili Vyas

HIMS/DME/2025/229

Date: 09.10.2025

Clinical Grand Round

Date : 11.10.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic: "Dental surgery services at HIMS SRHU"

Presenter: Prof. (Dr.) Abhishek Kandwal, Head dental surgery

Topic: "Heart & Lung Transplantation: Physiological Insights and Cardiac Surgery Perspective"

**Presenter: Dr. Ramkumar S, Assistant Professor, Dept. of Physiology
Dr. Akshay Chauhan, Assistant Professor, Dept. of CTVS**

Abstract:

Heart and lung transplantation represents one of the most complex and physiologically demanding procedures in modern medicine. The perioperative period poses unique challenges, with profound alterations in cardiovascular and pulmonary physiology both before and after the transplant. Understanding these physiological transitions is essential for optimizing outcomes and guiding clinical care.

In parallel, the Department of CTVS will share its vision, reflecting on the past, present, and future of heart and lung transplantation. With growing expertise and institutional commitment, the Himalayan Institute of Medical Sciences looks toward establishing itself as a leading center for advanced transplant care, integrating physiology with surgical excellence to shape the future of heart and lung transplantation in the region.

Programme for CME

Topic	Speaker	Duration
Physiological challenges before and after heart & lung transplant	Dr. Ramkumar S, Assistant Professor, Department of Physiology	12 min
Building Excellence: Services & strategic vision of the Department of CTVS	Dr. Bhawna Singh, Associate Professor and In-Charge, Department of CTVS	10 min
Past, present and future of heart and lung transplantation	Dr. Akshay Chauhan, Assistant Professor, Department of CTVS	10min
Anesthesia considerations in heart and lung transplantation	Dr. Sanjay Singh, Senior Consultant and In-Charge of Cardiac Anesthesia	5 min
Discussion & Audience Interaction		10 min

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.

Department: Department of Physiology in collaboration with Department of Cardiothoracic & Vascular Surgery (CTVS)

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HIMS/DME/2025/225

Date: 25.09.2025

Clinical Death Review

Date : 27.09.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic: "Utility of Lung Ultrasound in ICU"

Presenter: Dr. Sonika Agarwal
Professor & Head, Critical Care Medicine Department

Presenters: - Dr Santosh K. Singh
Professor, Dept. G. Surgery

Abstract:

Neonates and infants are not small adults. They need, owing to their different anatomy and physiology, an aggressive yet tailored approach in any critical situation.

The present case highlights this same point. An infant presented in the emergency with a short history of loose motions and fever in a rather critical condition. He had features suggestive of non-strangulating intestinal obstruction as well. In order to stabilise him before definitive treatment, he was shifted to PICU. He was managed there but within a matter of few hours, he expired.

There were other non-clinical problems as well.

Programme for Clinical Death Review:

Introduction	Dr Santosh Singh (Associate Professor Dept. of Neurology)	01 Minutes
History and Examination (Surgical part)	Dr Vaishnavi, JR-II (Surgery)	05 Minutes
PICU management	Dr Yash, JR-II (Pediatrics)	15 Minutes
Discussion	Dr Ashish Simalti, Prof., (Pediatrics & PICU in-charge)	10 Minutes
Questions & Answers	Dr Ashish Simalti, Dr Santosh Singh	10 Minutes

All Faculty & Post Graduate Residents are required to attend the CDR.

Department: Surgery & Pediatrics

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HIMS/DME/2025/221

Date: 17.09.2025

Best Thesis Award 2025

Date : 20.09.2025

Day : Saturday

Time: 08:30 AM – 09:30 AM

Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10 Minute topic: Not to be held this time (Postponed for a later date)

Title: "Grand Final Round of Best Thesis Award 2025"

Moderator: - Dr. Sanobar Wasim
Professor, Dept. Paediatrics

Judges: The presentations will be evaluated by the panel of judges.

Abstract:

Grand Final Round of the Best Thesis Award 2025, scheduled as part of the CME/CGR event on September 20, 2025 (Saturday). The event will feature the six postgraduate students selected from the previous final round of thesis presentations.

Participants:

The following six PG students (MD/MS Batch 2022) will compete in the Grand Final Round:

Sr. No	Name of Students	Time (Presentation + Q&A)
1	Dr. Sahiba Madan (Paediatrics)	6-minute Presentation 3-minute Q&A
2	Dr. Gagan Bansal (General Medicine)	
3	Dr. Darshana P (Dermatology, Ven. & Lep.)	
4	Dr. Anas Saiji (Otorhinolaryngology/ ENT)	
5	Dr. Malikka Dewan (Ophthalmology)	
6	Dr. Rishabh Bhatt (Orthopaedics)	

Ensure the event runs smoothly within the allocated time, accommodating all six presentations and Q&A sessions.

All Faculty & Mandatory for Post Graduate Residents are required to attend the Thesis Award 2025.

Department: Vice Principal (PG Medical Programs)

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Dr. Aarti Korwal
Dr. Kiran Bhat
Dr. Saurabh Kohli
Dr. Sanobar Wasim
Dr. Lovneesh Kumar
Dr. Ramkumar S.
Dr. Neha Sharma
Dr. Anita Sharma
Dr. Shaili Vyas

HIMS/DME/2025/220

Date: 12.09.2025

Guest Lecture

**Date : 19.09.2025
Day : Friday**

**Time: 03:30 PM – 04:30 PM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)**

**Topic: “Pharmacovigilance and Materiovigilance: Safeguarding Patient Health
Through Vigilant Monitoring”**

**Presenter: - Dr Manisha Bisht
Professor, Dept of Pharmacology, AIIMS Rishikesh**

Abstract:

The rapid development of medical science has led to a growing reliance on both medicines and medical devices to improve patient outcomes. While these therapeutic advances have transformed healthcare delivery, they have also introduced new safety challenges. Adverse drug reactions (ADRs) and device-related adverse events contribute significantly to patient morbidity, mortality, and healthcare costs, yet remain underreported.

Pharmacovigilance (PV) — the science of monitoring, detecting, and preventing adverse effects of medicines — is now well established in India through the Pharmacovigilance Programme of India (PvPI). However, with the increasing use of medical devices, a parallel need for robust monitoring has emerged, giving rise to materiovigilance (MV). The Materiovigilance Programme of India (MvPI), launched in 2015, focuses on systematic reporting and evaluation of medical device-related adverse events to ensure regulatory action, such as product recalls, safety alerts, or labeling changes.

This session will provide a concise overview of PV principles. Additionally, the session will explore Materiovigilance, a crucial, yet evolving field that focuses on the safety of medical devices. Materiovigilance involves post-market surveillance of medical devices to detect potential hazards or malfunctions that may harm patients. The session will outline the basics of materiovigilance, its growing significance in healthcare, and the vital role of healthcare professionals in reporting device-related incidents, ensuring timely interventions. — its objectives, structure, reporting mechanisms, and regulatory framework. Real-world examples of device-related safety signals and recalls will highlight how vigilance systems translate individual reports into actionable public health decisions.

This session emphasizes how both pharmacovigilance and materiovigilance are critical to maintaining patient safety. By understanding their role in monitoring drugs and medical devices, healthcare professionals are better equipped to identify and address safety concerns, ultimately contributing to safer healthcare practices.

By strengthening PV and MV activities within teaching institutions, clinicians can contribute to early detection of safety signals, informed regulatory decision-making, and enhanced patient care. Vigilance is not merely a regulatory requirement — it is a professional responsibility and an essential component of modern medical practice.

All Faculty & Post Graduate Residents are required to attend the Guest Lecture.

Department: Pharmacology.

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- Dr. Hemant Kr. Nautiyal
- Dr. Atul Agarwal
- Dr. Aarti Kotwal
- Dr. Kiran Bhat
- Dr. Saurabh Kohli
- Dr. Sanobar Wasim
- Dr. Lovneesh Kumar
- Dr. Rankumar S.
- Dr. Neha Sharma
- Dr. Anita Sharma
- Dr. Shaili Vyas

HIMS/DME/2025/212

Date: 10.09.2025

CME

Date : 13.09.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic: "Services Provided by Department of Cardiology"

Presenter: Dr. Chandra Mohan
Associate Professor, Cardiology

Topic: "Simulation Based Medical Education (SBME) from Bench to Bed"

Speakers: -Dr Rakesh Kumar, Associate Professor, Paediatrics
Dr Sonam Agrawal, Assistant Professor, Paediatrics

Abstract:

Simulation-Based Medical Education (SBME) is a transformative approach that extends far beyond technical skill training. It integrates clinical reasoning, decision-making, teamwork, and system-based learning in a safe environment without risk to patients. Moreover, evidence indicate SBME enhances workflow efficiency and promotes safer healthcare practices by allowing teams to rehearse complex procedures and identify system vulnerabilities. Communication among team members improves as well, which is crucial in emergencies where clear, concise information exchange can save lives.

Department of Pediatrics has initiated simulation activities, focusing on neonatal and pediatric resuscitation, crisis resource management, and structured debriefing. Our experience validates the power of simulation in building competence and confidence among learners. In addition, SBME opens vast avenues for medical education, postgraduate dissertations, research, and allied health training.

This CME session will explore the principles, evidence, departmental achievements, and research potential of SBME, while outlining its role in institutional growth and academic excellence.

Programme for CME

Topic	Speaker	Duration
Introduction	Dr Anil Rawat, HOD, Department of Pediatrics	5 min
SBME evidence and Applications	Dr Rakesh Kumar, Department of Pediatrics	15 min
Departmental Experience & Achievements	Dr Sonam Agrawal, Department of Pediatrics	10min
Experience of Residents in Simulation based thesis	Dr Shivansh Raj Sharma, Dr Yash Arora, Department of Pediatrics	5 min
Discussion and Q&A	Faculty & Participants	10 min

All Faculty & Post Graduate Residents are required to attend the CME.

Department: Pediatrics

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HIMS/DME/2025/208

Date: 28.08.2025

Clinical Death Review

Date : 30.08.2025

Day : Saturday

Time: 08:30 AM – 09:30 AM

Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic: "From NPO to ERAS: The changing Mantra in Pre-Operative fasting"

Presenter: Dr. Parul Jindal
Professor, Dept. Anaesthesiology

Presenters: - Dr. Gaurav Kaushik
Senior Resident D.M. Neurology

Abstract:

Herpes simplex virus (HSV) encephalitis is a leading cause of viral encephalitis in India. It accounts for 10-20% cases of viral encephalitis in tertiary care center. Prognosis of these cases depends upon early diagnosis and treatment. Without timely antiviral treatment, the mortality rate for untreated HSV encephalitis can be as high as 70%. In this mortality meet we will be discussing the case of 27 years old female who presented in a unconscious state to our hospital. This case emphasizes the need for heightened clinical suspicion, early diagnosis (MRI & / CSF), and timely antiviral therapy and management of other systemic conditions to improve survival and neurological outcomes.

Programme for Clinical Death Review:

Introduction	Dr. Manish Mittal (Associate Professor Dept. of Neurology)	05 Minutes
History, Examination, Clinical course and Management	Dr. Gaurav Kaushik Senior Resident Department of Neurology	20 Minutes
Diagnosis and Discussion	Moderators: Dr. Manish Mittal (Associate Professor Neurology) Dr. Veena Boswal (Assistant Professor Department of CCM) Dr. Rahul Kumar Gupta (Assistant Professor Department of Pulmonary)	10 Minutes
Critics	Dr. Sonika Agarwal (Professor Department of CCM)	05 Minutes
Questions & Answers		10 Minutes

All Faculty & Post Graduate Residents are required to attend the CDR.

Department: Neurology

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HIMS/DME/2025/200

Date: 20.08.2025

CME

Date : 23.08.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adl-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic: "Allied health program Physiotherapy: "Restoring movement restoring life"

Presenter: Dr. Kiran Bhat
Vice Principal, Allied Health Program (Paramedical)

Topic: "THERANOSTICS CLINICAL PRACTICE AND EXPERIENCE IN CRI, HIMS."

Abstract:

Concept of 'THERANOSTICS' playing significant role in modern medicine. This is fusion of therapeutic + diagnostic, means agent used for diagnostic as well as therapeutic purposes.

Nuclear medicine is a dynamic and very well evolved field with a pivotal role in cancer diagnosis. This branch harnesses the power of radiopharmaceuticals to peer deep into the intricacies of disease at the molecular level. Among the most cutting-edge tools in this arsenal are PET CT scans, an innovative fusion of positron emission tomography and computed tomography. These scans provide clinicians with highly detailed, three-dimensional images that depict metabolic activity within the body. In the context of cancer, PET CT scans are invaluable for precisely pinpointing the location and extent of malignancies. This not only aids in initial diagnosis but also greatly informs treatment planning and allows for ongoing monitoring of a patient's response to therapy.

After more than seven decades of discovery of Gamma camera, it is still in clinical use with more recent advancements in gamma imaging.

In this era of "EVIDENCE BASED MEDICINE" both PETCT SCANNER & GAMMA CAMERA are playing significantly important role in providing best possible management to the patient.

We all are aware of Classical radioactive I-131 therapy, using since long time for treating thyroid cancer and hypothyroidism. This is one of the classical examples of theranostics in clinical use.

In past one decade there is excellent work done by researchers in the field of theranostics. Most commonly used and established theranostic agents are PSMA for prostate cancer and DOTA for neuroendocrine tumours.

In light of these transformative developments, today's Continuing Medical Education (CME) session will engage in in-depth, focusing on the critical role of state-of-the-art theranostics for diagnosis and therapy.

This forum will empower healthcare professionals with the knowledge and insights needed to leverage the latest techniques in the fight against cancer.

Programme for CME:

Introduction to THERANOSTICS	Dr. Vishu Vijayant Chauhan, Assistant Professor, Department of Nuclear Medicine	10 min
DOTA based THERANOSTICS	Dr. Sudip Dey, Assistant Professor, Department of Nuclear Medicine	10 min
PSMA based THERANOSTICS	Dr. Vishu Vijayant Chauhan, Assistant Professor, Department of Nuclear Medicine	15 min
Discussion and Question Answers	Dr. Vishu Vijayant Chauhan, Assistant Professor, Department of Nuclear Medicine Dr. Sudip Dey, Assistant Professor, Department of Nuclear Medicine	15 min

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Department: Nuclear Medicine

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HIMS/DME/2025/191

Date: 07.08.2025

CME

Date : 09.08.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic: “Allied Health courses- Optimizing integration into
Medical ecosystem”

Presenter: Dr. Barnali Kakati
Professor & Head, Microbiology

Topic: “Acute Kidney Injury in Hospitalized Patients: Prevention and Management
Strategies.”

Moderator: Dr. Shahbaj Ahmad, Professor (Nephrology)

Speakers: Dr. Vikas Chandel, Assistant Professor (Nephrology)
Dr. Brajesh Mourya, Assistant Professor (Nephrology)

Abstract:

Acute Kidney Injury (AKI) is a common and serious complication in hospitalized patients, with an incidence of 5–7.5% in general wards and rising to 50–60% among critically ill individuals. It is associated with increased morbidity, mortality, prolonged hospital stay, and a higher risk of progression to chronic kidney disease (CKD).

AKI occurs across a wide spectrum of clinical settings including medicine, surgery, intensive care, obstetrics, and orthopedics. It is frequently managed initially by non-nephrologists. Common precipitating factors include sepsis, hypovolemia, nephrotoxic medications, contrast exposure, and postoperative complications.

Despite its clinical burden, AKI is often preventable or reversible with timely recognition and appropriate intervention. The presenters will discuss the burden, risk factors, and common etiologies of in-hospital AKI, and provide a structured overview of early recognition, prevention strategies, and evidence-based management protocols.

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Department: Nephrology

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Dr. Shaili Vyas

HIMS/DME/2025/179

Date: 30.07.2025

Clinical Grand Round

Date : 02.08.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic / Title: "Information regarding the E-logbook"

Presenter: Dr. Renu Dhasmana
Vice Principal Administration, & Professor Head, Ophthalmology

Topic: "Surgical Management of Epilepsy"

Presenters: Dr. Yuvraj Sharma.
Moderator: Dr. Deepak Goel

Abstract:

Mesial temporal lobe epilepsy (MTLE) is one of the common forms of focal epilepsy, often presenting in early childhood and frequently progressing to pharmacoresistance. We present the case of a male patient with seizure onset at 1 year of age, characterized by recurrent episodes throughout childhood, adolescence and early adulthood. Despite treatment with multiple anti-seizure medications—including carbamazepine, Levetiracetam, and clobazam—he experienced breakthrough seizures, particularly during periods of poor drug compliance. The most recent seizure occurred at 24 years of age, attributed to medication default. Comprehensive outpatient evaluation revealed findings consistent with right mesial temporal lobe epilepsy. Electroencephalography (EEG) demonstrated right temporal epileptiform discharges, while magnetic resonance imaging (MRI) confirmed right mesial temporal sclerosis. Neuropsychological testing showed right hemispheric predominance in both verbal and performance IQ, supporting lateralization of the epileptogenic zone and reducing concerns regarding potential cognitive decline post-surgery. Given the concordant clinical, electrophysiological, radiological, and neuropsychological findings, the patient was diagnosed with medically refractory right MTLE and was considered a suitable candidate for surgical intervention. This case highlights the importance of early identification and surgical referral in patients with medically intractable MTLE.

Programme for Clinical Grand Round:

Presentation	Speaker	Time
Introduction	Dr. Deepak Goel	05 minutes
Case Presentation	Dr. Yuvraj Sharma	20 minutes
Case Presentation- Neurosurgical perspective	Dr. Sanjeev Pandey	10 minutes
Nuclear Medicine perspective	Dr. Sudeep Dey	05 minutes
Questions & Answers	Neurology team	20 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.
Department: Neurology

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HIMS/DME/2025/164

Date: 09.07.2025

CME

Date : 12.07.2025

Day : Saturday

Time: 08:30 AM – 09:30 AM

**Venue: Adi-Kailash Auditorium
(Near - Emergency Building)**

First 10-minute Topic: "Interactions with PG (Postgraduate) Residents"

Presenter: Dr. Reshma Kaushik
Vice-Principal, PG Medical Programs

Topic: "Tuberculosis of the spine." ✓

Speaker: Dr. Ankit Bhatia, Assistant Professor
Department Neurosurgery

Abstract:

Tuberculosis of spine is an infective aetiology which is caused by mycobacterium tuberculosis and have multiple clinical presentations like spinal tuberculoma, myelitis, myeloradiculopathy, syrinx, vertebral TB and spinal abscess. Spinal tuberculosis can cause disabling back pain, progressive deformity, and neurological involvement and it causes neurological deficit in nearly 23% to 76% of cases. Paraplegia is the most dreaded complication of spinal TB. Tuberculosis affects one-quarter of the world's population and more than half of all skeletal TB cases are spinal tuberculosis, which commonly affects the productive age group and is a socio-economic burden on the nation.

Presenters plan to cover the etiopathogenesis, clinical and radiological profile with diagnostics, management related techniques and our experience at the institute.

All Faculty & Post Graduate Residents are required to attend the CME.

Department: Neurosurgery

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- Dr. Sanobar Wasim
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- Dr. Ramkumar S.
- Dr. Neha Sharma
- Dr. Anita Sharma
- Dr. Shaili Vyas

HIMS/DME/2025/161

Date: 04.07.2025

Clinical Grand Round

Date : 05.07.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic / Title: "Snippets from the Subconscious"

Presenter: Dr. Rajeev Mohan Kaushik, Professor
 Dept. General Medicine

The book gives an idea about this science and narrates true stories of hypnosis.

Topic: Immunotherapy Beyond Expectations: Long-Term Control of Advanced Lung Adenocarcinoma.

Abstract:

Background:

Stage IV lung adenocarcinoma is typically associated with poor prognosis. However, the advent of immune checkpoint inhibitors targeting the PD-1/PD-L1 axis has significantly changed the therapeutic landscape, particularly in patients with high PD-L1 expression.

Case Presentation:

We report the case of a 54-year-old male diagnosed with stage IV lung adenocarcinoma, exhibiting ≥50% PD-L1 expression on tumor cells. The patient was initiated on first-line chemo-immunotherapy with a PD-1 inhibitor (e.g., pembrolizumab), leading to a remarkable clinical response. Over 3.5 years of follow-up, the patient has remained progression-free with excellent performance status and manageable immune-related adverse events.

Discussion:

This case highlights the potential for durable responses and long-term survival in advanced non-small cell lung cancer (NSCLC) with high PD-L1 expression when treated with immune checkpoint inhibitors. Factors such as biomarker-driven therapy selection, close monitoring, and prompt management of side effects were essential to the positive outcome.

Conclusion:

High PD-L1 expression without any driver mutation in advanced lung adenocarcinoma can predict favorable response to immunotherapy. This case contributes to the growing body of evidence supporting long-term survival with immune checkpoint blockade in select patients.

Programme for Clinical Grand Round:

Presentation	Speaker	Time
Introduction	Prof S K Verma	05 minutes
Case Presentation	Dr Chery Bansal	08 minutes
Biomarkers	Dr Akanksha Aggarwal	08 minutes
Overview of Immunotherapy	Prof S K Verma/Dr Ankit Batra	20 minutes
Q & A	Prof S K Verma/Dr Ankit Batra	10 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.
 Department: Medical Oncology

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- Dr. Shaili Vyas

HIMS/DME/2025/199

Date: 25.06.2025

Clinical Death Review

Date : 28.06.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic: "TUBERCULOSIS SCREENING AT SRHU"

Presenter: Dr Rakhee Khanduri, Professor & Head
Dept. of Respiratory Medicine

Tuberculosis screening is crucial in India due to the country's high burden of TB cases.

Topic: Tuberculosis (TB) remains a major public health challenge in developing countries, often complicated by issues of treatment adherence, drug resistance, and systemic complications.

Presenters: Dr. Pranshul- Junior Resident-Respiratory Medicine
Dr. Sammi- Junior Resident-Respiratory Medicine

Moderator: Dr Rakhee Khanduri, Professor & Head, Dept. of Respiratory Medicine
Critics: Dr. Mitali (Assistant Professor General Medicine)

Abstract:

Tuberculosis (TB) remains a major public health challenge in developing countries, often complicated by issues of treatment adherence, drug resistance, and systemic complications. This case highlights the tragic trajectory of a 52-year-old male with pulmonary tuberculosis who defaulted on antitubercular therapy (ATT) after four months of treatment initiation. Following his initial diagnosis and brief clinical stabilization, the patient became lost to follow-up, leading to a cascade of preventable complications. He presented again with acute respiratory symptoms and was diagnosed with PTB relapse, being complicated by fibrocavitary lung disease, severe hypoproteinemia, and the development of a right lung bulla. Despite reinitiation of ATT, the patient's clinical course rapidly deteriorated with superimposed bacterial infections, cardiovascular instability, and eventually a non-ST elevation myocardial infarction (NSTEMI) with cardiogenic shock. A sudden right-sided pneumothorax, likely due to bulla rupture, required emergent chest intervention, but the patient succumbed to refractory shock despite resuscitative efforts. This case underlines the severe consequences of TB treatment defaulting—including persistent infectivity, increased morbidity, progression to drug-resistant TB, and fatal pulmonary or cardiovascular events. It also emphasizes the need for robust TB control strategies, including patient education, adherence monitoring, and early recognition of complications such as bronchiectasis, pneumothorax, and vascular compromise.

Programme for Clinical Death Review:

Introduction	Dr Rakhee Khanduri	01 minutes
History and Examination Clinical course and Management	Dr Pranshul	20 minutes
Diagnosis and Discussion	Dr Sammi	15 minutes
Critics	Dr Mitali (Assistant Professor General Medicine)	15 minutes
Questions & Answers	Dr Rakhee Khanduri	10 minutes

All Faculty & Post Graduate Residents are required to attend the CDR.

Department: Respiratory/Pulmonary Medicine

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HIMS/DME/2025/148

Date: 17.06.2025

CME

Date : 21.06.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

First 10-minute Topic: “Collaborative Physician: a facilitator of healing”

Presenter: Dr. Sunil Saini
CRI, SRHU

Krishna in the Bhagavad Gita resolves for Arjuna the predicament of looking at himself as a “doer.” He states that we are not the doers of our actions because we are a part of an interconnected network of factors and the outcome of our actions depends not solely on us but on the culmination of these various factors”.

Often healthcare providers in modern medicine assume the role of doer, sometimes inflicting more harm than benefit. Suffering humans get overwhelmed by their medical interventions and pharmacotherapy, leaving little autonomy for the individual and the bodily systems to heal themselves through the process of homeostasis. Taming the sense of being a doer, a physician, or a healthcare provider can perform better as a facilitator of healing

Topic: “Test SMART, Treat Better: Clinical Microbiology in Precision Diagnostics”

Presenters: Dr. Nupur Koul - Assistant Professor, Dept. Microbiology.
Dr. Piyush Kumar Rai - Assistant Professor, Dept. Microbiology
Dr. Arpana Singh - Assistant Professor, Deptt. of Microbiology

Abstract:

“Advances in clinical microbiology have transformed infectious disease diagnosis from conventional methods to rapid, precise, and actionable tools. In the context of precision medicine, Microbiology plays a pivotal role not just in pathogen detection, but in guiding timely and targeted therapy. This session will focus on how SMART testing principles can bridge the gap between laboratory insights and patient care by selecting appropriate tests, minimizing delays, and interpreting results effectively to reduce unnecessary treatments and support antimicrobial stewardship. This session will also explore the collaborative role of microbiologists and clinicians in ensuring diagnostic accuracy and relevance—ultimately enhancing patient outcomes and supporting hospital-wide infection control efforts.”

All Faculty & Post Graduate Residents are required to attend the CME.
Department: Microbiology

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HIMS/DME/2025/146

Date: 12.06.2025

Clinical Grand Round

**Date : 14.06.2025
Day : Saturday**

**Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)**

First 10-minute Topic: "CBLE curriculum- what it is and how and where to apply it?"

**Presenters: Dr. Deepa Singh, Professor & Head
Dept. Anatomy,**

Topic: "Department Audit of Laparoscopic cholecystectomy: Safety, Outcome and Surgical Standards"

**Presenters: Dr. Gaargi Tyagi & Dr. Divyanshu Ghildiyal
Moderator: Dr Hemant Nautiyal**

Abstract:

Laparoscopic cholecystectomy (LC) is the gold standard for managing symptomatic gallstone disease due to its minimally invasive nature and faster recovery. A total of 2855 Laparoscopic Cholecystectomies were performed between June 2022- May 2025 the conversion rate to open surgery was 5 %. Bile leak and port-site infections were the most common complications., Strict adherence to the safety protocols, timely conversion when needed and supervised learning of young faculty are key to optimizing outcomes. Our results align with global benchmarks, confirming LC as a safe and effective procedure in our tertiary care setup.

Programme for Clinical Grand Round:

Presentation	Speaker	Time
Introduction	Dr. Gaargi Tyagi	05 min
Video Presentation	Dr Gaargi Tyagi	15 min
Data Presentation	Dr Divyanshu Ghildiyal	15 min
Conclusion	Dr Divyanshu Ghildiyal	10 min
Question & Answers	Dr Divyanshu Ghildiyal	20 min

**All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.
Department: General Surgery**

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HIMS/DME/2025/137

Date: 06.06.2025

CME

Date : 07.06.2025

Time: 08:30 AM – 09:30 AM

Day : Saturday

**Venue: Adi-Kailash Auditorium
(Near - Emergency Building)**

Topic: Research initiatives of HIMS faculty.

Topic 1: “Unpacking the Burden: Investigating Perceived Stress and Mental Health in Budding Indian Medical Graduates”

**Presenters: Dr. Ruchi Juyal, Professor
Dept. Community Medicine**

Topic 2: “Intramural Project Proposal - “Mobile Based Health and Demographic Monitoring System”- A Pilot Study.”

**Presenters: Dr. Jayanti Semwal, Professor
Dept. Community Medicine**

Topic 3: “My Research Journey in SRHU”

**Presenters: Dr. Rakhee Khanduri, Professor & Head,
Dept. Respiratory Medicine**

Topic 4: “Zooming In: Less is More”

**Presenters: Dr. Bamali Kakati, Professor & Head,
Dept. Microbiology**

All Faculty & Post Graduate Residents are required to attend the CME.

Faculty Research Project Presentation

Note: First 10 minutes may be dedicated to discussion on any issue pertaining to HIMS or SRHU that may be deemed necessary for sharing with the audience.

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HIMS/DME/2025/135

Date: 28.05.2025

Clinical Grand Round

Date : 31.05.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

Topic: "Diagnostic challenges of shock in young polytrauma: Unmasking Critical Embolism Syndrome in ICU"

Abstract:

In young patients with polytrauma, the differential diagnosis of shock can be complex and multifactorial, often involving hypovolemic, distributive, obstructive, or cardiogenic components. Timely and accurate diagnosis is crucial in guiding appropriate management and improving outcomes. This case-based discussion highlights the diagnostic challenges encountered in the intensive care unit (ICU) when a young polytrauma patient presents with persistent shock unresponsive to conventional therapy. Initial management focused on IV fluids, vasopressors resuscitation and hemorrhage control, yet the patient exhibited unexplained hemodynamic instability. Advanced imaging and bedside echocardiography eventually revealed features consistent with Critical Embolism Syndrome, characterized by concurrent pulmonary embolism and fat embolism secondary to long bone fractures with mild to moderate head injury. The case underscores the importance of maintaining a high index of suspicion for embolic phenomena in trauma patients with persistent shock, and illustrates the role of multimodal diagnostics—including echocardiography, CT pulmonary angiography, NCCT or MRI Brain and laboratory markers—in unmasking this life-threatening yet under-recognized condition. Early diagnosis and intervention are pivotal in reducing morbidity and mortality in such scenarios. We are presenting a case of Polytrauma with Shock with MODS in 25-years female, who was admitted into the department of neurosurgery and presented in Emergency department (HIMS) with h/o RTA due to collision between two wheeler and four wheeler at around 8 am on 15.10.2024. C/o- Severe Pain in both legs with unable to walk along with sudden loss of consciousness during ICU transportation from ER on the same day in the evening at 6 pm.

Programme for Clinical Grand Round:

Presentation	Speaker	Time
Introduction	Dr. Nand Kishore, Associate Professor, Dept. of Critical Care Medicine	05 minutes
Clinical Exam	Dr. Monali, JR-2, Dept. Of Anaesthesia	10 minutes
Brief Summary	Dr. Kunwar Gandhi, (SR, Dept. of Neuro Surgery) Dr. Dhruv Gupta (Jr-2, Pulmonology) Dr. Charat Singhal (SR, Orthopedics) Dr. Kratika (JR-3, Radiology)	30 minutes
Discussion		15 minutes

Department: **Critical Care Medicine (CCM)**

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.

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HIIMS/DME/2025/127

Date: 21.05.2025

Clinical Death Review

Date : 24.05.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

Presenters: Dr. Pranshul- Junior Resident-Respiratory Medicine
Dr. Sammi- Junior Resident-Respiratory Medicine

Moderator: Dr Rakhee Khanduri, Professor & Head, Dept. of Respiratory Medicine
Critics: Dr. Mitali (Assistant Professor General Medicine)

Abstract:

Tuberculosis (TB) remains a major public health challenge in developing countries, often complicated by issues of treatment adherence, drug resistance, and systemic complications.

This case highlights the tragic trajectory of a 52-year-old male with pulmonary tuberculosis who defaulted on antitubercular therapy (ATT) after four months of treatment initiation. Following his initial diagnosis and brief clinical stabilization, the patient became lost to follow-up, leading to a cascade of preventable complications. He presented again with acute respiratory symptoms and was diagnosed with PTB relapse, being complicated by fibrocavitary lung disease, severe hypoproteinemia, and the development of a right lung bulla. Despite reinitiation of ATT, the patient's clinical course rapidly deteriorated with superimposed bacterial infections, cardiovascular instability, and eventually a non-ST elevation myocardial infarction (NSTEMI) with cardiogenic shock. A sudden right-sided pneumothorax, likely due to bulla rupture, required emergent chest intervention, but the patient succumbed to refractory shock despite resuscitative efforts.

This case underlines the severe consequences of TB treatment defaulting- including persistent infectivity, increased morbidity, progression to drug-resistant TB, and fatal pulmonary or cardiovascular events. It also emphasizes the need for robust TB control strategies, including patient education, adherence monitoring, and early recognition of complications such as bronchiectasis, pneumothorax, and vascular compromise.

Programme for Clinical Death Review:

Introduction	Dr Rakhee Khanduri	01 minutes
History and Examination Clinical course and Management	Dr Pranshul	20 minutes
Diagnosis and Discussion	Dr Sammi	15 minutes
Critics	Dr Mitali (Assistant Professor General Medicine)	15 minutes
Questions & Answers	Dr Rakhee Khanduri	10 minutes

All Faculty & Post Graduate Residents are required to attend the CDR.
Department: Respiratory/Pulmonary Medicine

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- Dr. Alpa Gupta
- Dr. Deepa Singh
- Dr. Barnali Kakati
- Dr. Hemant Kr. Nautiyal
- Dr. Atul Agarwal
- Dr. R. M Kaushik
- Dr. Aarti Kotwal
- Dr. Santosh Kr. Singh
- Dr. Kiran Bhat
- Dr. Saurabh Kohli
- Dr. Sanober Wasim
- Dr. Lovneesh Kumar
- Dr. Deepak Kr. Dhar

HIMS/DME/2025/120

Date: 13.05.2025

Clinical Grand Round

Date : 17.05.2025
Day : Saturday

Time: 08:30 AM – 09:30 AM
Venue: Adi-Kailash Auditorium
(Near - Emergency Building)

Topic: "Therapeutic Plasma Exchange (TPE) in Acute Liver Failure due to Viral Hepatitis: Is it a new standard of Care?"

Abstract:

Trauma The clinical spectrum of acute hepatitis includes acute hepatitis, acute liver injury (ALI), acute liver failure (ALF), and acute-on-chronic liver failure (ACLF), with the acute liver insult being viral hepatitis. Acute hepatitis manifests as elevated liver enzymes while ALI involves acute liver dysfunction with coagulopathy, without encephalopathy; however consensus definition for severe ALI is lacking. ALF is defined as the presence of acute liver dysfunction, coagulopathy and encephalopathy without pre-existing liver disease and with underlying liver disease it is known as ACLF.

Hepatitis A, B, C, D, and E viruses are the main causes of viral hepatitis globally. Although acute hepatitis is most commonly caused by Hepatitis A and E, Hepatitis B is also known to cause acute hepatitis and, in some cases, progress to ALF or ACLF. There is no specific antiviral treatment for Hepatitis A and E, these infections typically resolve spontaneously with standard medical treatment. However, specific antiviral therapies are available for Hepatitis B. Despite the availability of highly effective antiviral treatment, patients with Hepatitis B may still require liver transplantation in cases of acute liver failure or ACLF which may not be feasible due to donor unavailability, financial constraints, or rapid clinical deterioration.

With the advent of artificial liver support system, therapeutic plasma exchange (TPE) have offered new hope and shown promising results for recovery in ALF. Till date, high-volume TPE (HV-TPE) was classified as Category I, Grade 1A for ACLF patients without sepsis or multi-organ failure by the American Society for Apheresis (ASFA). Recently, standard-volume TPE (SV-TPE), exchanging 1.5–2 times the plasma volume, has also shown promising results in ACLF and ALF patients. TPE works by removal of albumin bound and unbound toxins, endotoxins and actors like damage-associated molecular patterns (DAMPs) which contribute to organ failure, hepatic encephalopathy, decreased systemic vascular resistance and cerebral blood flow.

We present a case of acute Hepatitis B flare progressing to ALF despite highly effective antiviral therapy treated with TPE.

Programme for Clinical Grand Round:

Presentation	Speaker	Time
Introduction	Dr. Tanvi Nagpal (SR, Medicine)	05 min
Case Presentation	Dr. Astha (JR, Medicine)	15 min
Case Presentation	Dr. Rolika Nautiyal (JR, Transfusion Medicine)	10 min
Conclusion	Dr. Astha	05 min
Question & Answers	Dr. Saurabh Singh, Dept. Gastroenterology Dr. Yashaswi Dhiman, Dept. Transfusion medicine Dr. Anant Kumar, Dept. Gastroenterology	25 min

Department: Gastroenterology

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.

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HIMS/DME/2025/108

Date: 05.05.2025

CME

Date : 10.05.2025

Time: 08:30 AM – 09:30 AM

Day : Saturday

**Venue: Adi-Kailash Auditorium
(Near - Emergency Building)**

Topic: “Oops! Did I Do That? – Tales of Medical Negligence”

Presenters: Dr Harvinder Singh Chhabra, Assistant Professor

Dept. of: Forensic Medicine & Toxicology, HIMS, SRHU

Abstract:

Medical negligence remains one of the most sensitive and litigated areas of modern healthcare, often blurring the lines between unintentional errors and professional accountability. This presentation, titled “Oops! Did I Do That? – Tales of Medical Negligence,” blends humor with hard-hitting legal realities to sensitize doctors to the consequences of lapses in medical care. The session will adopt an interactive, character-driven narrative format featuring fictional but relatable personas like Dr. Forgetful, Dr. Negligent, Dr. BlameGame, and Patient Worried. These characters mirror everyday clinical missteps—ranging from poor documentation and illegible prescriptions to consent lapses and inadequate follow-up.

The presentation shall integrate real-life landmark judgments such as Kunal Saha v. Dr. Sukumar Mukherjee, Samira Kohli v. Dr. Prabha Manchanda, and Achutrao Haribabu Khodwa v. State of Maharashtra, contextualizing abstract legal doctrines into memorable case stories. These will help demystify concepts like civil and criminal liability, reasonable care, and professional misconduct.

Humor will be used not to trivialize, but to engage—creating a psychologically safe space. The session will conclude with practical strategies for medico-legal risk mitigation and a reminder that excellence in medicine lies as much in compassion and clarity as in clinical competence.

Ultimately, “Oops! Did I Do That?” should serve as a mirror for self-assessment and a call for professional integrity—transforming moments of potential error into lessons for lifelong learning.

All Faculty & Post Graduate Residents are required to attend the CME.

Department: Forensic Medicine & Toxicology

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HIMS/DME/2025/95

Date: 24.04.2025

Clinical Death Review

Date : 26.04.2025

Time: 08:30 AM – 09:30 AM

Day : Saturday

**Venue: Adi-Kailash Auditorium
(Near - Emergency Building)**

Presenters: Dr Harshita Singh, Junior resident (General Surgery)
Dr Shreya Khanijo, Junior resident (Radiology)

Moderator: Dr Lakshmi Rao (General Surgery)

Critics: Dr Madiwalesh Chhebbi (Assistant professor Surgical Oncology)

Abstract:

Liver metastasis with unknown primary (CUP - Cancer of Unknown Primary) refers to the presence of secondary malignant lesions in the liver without identification of the original (primary) tumor site despite comprehensive diagnostic workup. It accounts for approximately 3–5% of all malignancies, but its occurrence in young adults is rare. The first formal documentation of cancer of unknown primary dates back to the early 20th century, though it was formally categorized as a clinical entity in the 1960s.

CUP as a whole contributes to 2–4% of all cancer cases in India. Cancers of unknown primary are extremely rare in individuals below 30 years, accounting for <1% of all CUP cases.

In females aged 20–29, the likely primaries for liver metastasis include:

Ovarian cancer: Especially aggressive epithelial types, which may spread to the omentum and liver.

Gastrointestinal tumors: Colorectal carcinoma is a key cause, even in young adults due to rising incidence. Germ cell tumors: Non-seminomatous types can metastasize rapidly to the liver.

Neuroendocrine tumors and sarcomas are rarer but documented.

Most Probable Causes of Death in Such Patients in advanced metastatic disease, particularly in cases with peritoneal carcinomatosis and liver involvement:

Sepsis, Multi-organ failure, Respiratory failure from aspiration pneumonia or pulmonary embolism. Cancer cachexia. Hepatic failure (in extensive liver involvement)

We are going to discuss a case of 20 year old young female who was admitted in emergency for evaluation and definitive diagnosis. Primary work up revealed her to be a case of Liver metastasis with unknown primary with Cirrhosis. In the course of further evaluation patient developed vomiting followed by an episode of unforeseeable desaturation with shock (aspiration pneumonia or pulmonary embolism is highly probable as the terminal event).

This case underscores the aggressive progression and diagnostic complexity of metastatic cancer in the young, with a rapid and unpredictable terminal phase. Early recognition of terminal events such as aspiration or thromboembolism is critical, though often unpreventable in advanced disease states.

Programme for Clinical Death Review:

Introduction	Dr Lakshmi (General Surgery)	05 minutes
History and Examination	Dr Harshita (JR. General Surgery)	15 minutes
Clinical course and Management	Dr Harshita (JR. General Surgery) Dr Shreya (JR. Radiodiagnosis)	20 minutes
Diagnosis and Discussion	Dr Lakshmi (General Surgery) Critics: Dr Madiwalesh Chhebbi (Assistant professor Surgical Oncology)	15 minutes
Questions & Answers		5 minutes

All Faculty & Post Graduate Residents are required to attend the CDR.

Department: General Surgery

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HIMS/DME/2025/ 91

Date: 15.04.2025

CME

Date : 19.04.2025

Time: 08:30 AM – 09:30 AM

Day : Saturday

**Venue: Adi-Kailash Auditorium
(Near - Emergency Building)**

Topic: "Presurgical Naso-Alveolar Molding in the management of Cleft lip and Palate"

Abstract:

The treatment of patients with cleft lip and palate (CLP) remains a subject of much debate till date. Clefts are complex problems, and need treatment in stages in an integrated multidisciplinary team approach.

Presurgical Naso-Alveolar Molding (PNAM) is a Orthopedic therapy performed in infants in the age group of 1 week to 4 months; & has significant advantages in the treatment of cleft lip and palate cases. It is an evolving science in the treatment of cleft. Though controversial, Pnam has been used effectively in numerous cleft centers around the globe. When executed adequately, Pnam provides tremendous advantages in efficiently handling clefts. The therapy not only improves the pre-maxillary position by gradually repositioning the protruded pre-maxilla into alignment with the dental alveolar segments, improving the overall shape of the maxillary arch but also, re-orientes the surrounding soft tissues into a more anatomic position before primary Cheilo-Alveolo-Rhinoplasty; thereby, improving the surgical outcome by reducing tension at the surgical sites enabling a more esthetic and tension free closure. Apart from improving the pre-maxillary position this therapy also improves the nasal tip projection and increases the columellar length in bilateral clefts. As a result, the changes associated with presurgical nasoalveolar molding help decrease the complexity of subsequent surgeries.

This CME presentation would deal with the technique, philosophy and protocol with a series of cleft cases treated in Himalayan Smile Train Unit with Naso-Alveolar Molding &, is an endeavor to highlight the significance of Pnam as an essential tool in the management of cleft deformities.

All Faculty & Post Graduate Residents are required to attend the CME.

Department: Dental surgery

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HIMS/DME/2025/63

Clinical Death Review

Date: 27.03.2025

Date : 29.03.2025
Day : Saturday

Time: 03:30 PM – 04:30 PM
Venue: HLT-2, Charak (Lecture Hall)

Presenters: Dr. Chhaya Bora, Junior Resident, (Dept. General Medicine)
 Dr. Gaurav Kumar Sharma, Junior Resident (Dept. General Medicine)
Moderator: Dr. Mohamad Akram, Professor (Dept. General Medicine)

Abstract:

Sheehan syndrome which is also called post-partum pituitary necrosis. It refers to the necrosis of cells of the anterior pituitary gland following significant post-partum bleeding, hypovolemia, and shock. Advances in obstetrical care in developed countries have reduced the incidence of this condition. However, it is still a significant cause of morbidity and mortality in less developed countries.

British pathologist Harold Leeming Sheehan first described this disorder in 1937. Sheehan syndrome occurs when the anterior pituitary gland is damaged due to significant blood loss. Classically, this happens after delivery, in which the mother loses a significant amount of blood. This blood loss results in the pituitary gland not being able to produce hormones. The diagnosis of Sheehan syndrome is not always apparent immediately after childbirth. Occasionally, the signs and symptoms of Sheehan syndrome may not present until months after childbirth or significant trauma.

In a study of 11700 women above 20 years of age in northern India, the prevalence is around 3%. Sheehan syndrome can present with variety of symptoms from weakness due to Addisonian crisis.

Confounding factor in the presentation of Sheehan syndrome is that it may present months to years after the initial event of hypovolemia and shock.

The prognosis depends on timely diagnosis and hormone supplementation. If not diagnosed in time, the prognosis can be grave.

We are going to present a case of 56 year old female who was diagnosed as case of Sheehan syndrome 10 years back, and was on regular OPD follow-up for the same. Now she presented with lower back pain, chronic fatigue and generalized weakness. Thyroid function test and glucose level were normal, however Serum Cortisol level was low in December which was replenished. She was admitted and conservative management was started. However due to an unforeseeable complication, she could not be salvaged and expired at 7:11 am on 02/02/25.

Programme for Clinical Death Review:

Introduction	Dr. Akash Rawat, Assistant Professor	05 minutes
History and Examination	Dr. Chhaya Bora, Junior Resident (General Medicine)	15 minutes
Clinical course and Management	Dr. Gaurav Kumar Sharma, Junior Resident Dept. of General Medicine	20 minutes
Diagnosis and Discussion	Moderators: Dr. Mohamad Akram, Professor, Dept of General Medicine Critics: Dr. Mitali Verma, Assistant Professor, Dept. of General Medicine	15 minutes
Questions & Answers		05 minutes

All Faculty & Post Graduate Residents are required to attend the
Dept: General Medicine

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HIMS/DME/2025/43

Date: 12.03.2025

Guest Lecture

Date : 22.03.2025

Time: 03:30 PM – 04:30 PM

Day : Saturday

**Venue: Adi Kailash
(Formerly New Auditorium above HLTs)**

**Speaker: Dr. Jitendra Sharma, external consultant
Astron Healthcare Pvt Limited.**

**Topic: “Sensitization on NABH 6th Edition accreditation standards
(Doctor Centric)- Transition from NABH 5th Edition to 6th Edition accreditation
standards”**

**All Faculty, Doctors, Nurses & other Health care staff & Post Graduate Residents
are required to attend the Guest Lecture.**

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HIMS/DME/2024/ 272

Date: 04.12.2024

CME

Date : 07.12.2024

Day : Saturday

Time: 03:30 PM – 04:30 PM

Venue: HLT-2, Charak (Lecture Hall)

Topic: "Diabetic foot: Genetic basis, metabolic memory, and current treatment guidelines."

Abstract:

Diabetic foot complications are a major cause of morbidity and mortality in individuals with diabetes. This presentation explores the pathophysiology of diabetic foot, focusing on the roles of neuropathy, ischemia, and infection. It underscores the importance of early detection and preventive measures, such as regular foot examinations, patient education, and appropriate footwear. The presentation also discusses various management strategies, from conservative treatments to advanced surgical interventions per recent treatment guidelines. By understanding the complexities of diabetic foot, healthcare professionals can better prevent and manage this debilitating condition, ultimately improving patient outcomes.

We will also discuss the recent developments in the pathophysiology and genetic mechanisms involved in the diabetic foot spectrum and suggest avenues for further research and management.

Dr. Amborish Nath
Associate Professor Plastic Surgery

All Faculty & Post Graduate Residents are required to attend the CME.

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IIIMS/DMI/2024/199

Date: 03.10.2024

Clinical Grand Round

Date : 05.10.2024

Time: 03:30 PM – 04:30 PM

Day : Saturday

Venue: HLT-2, Charak (Lecture Hall)

Topic: "Role of Fractionated Stereotactic Radiotherapy in Benign Brain Tumours."

Abstract:

Introduction

Stereotactic radiotherapy (SRT) has emerged as a powerful, non-invasive tool in the management of brain tumors. Among all brain tumours, approx. 70% are benign, while the remaining 30% are malignant. Benign brain tumours can cause significant morbidity due to their location and size. The goal of treating benign tumors is to control growth while minimizing damage to surrounding healthy tissues. By providing precise, targeted therapy, SRT improves the QOL for patients with benign brain tumors, helping them avoid the risks and recovery associated with surgery.

Evolution of Stereotactic Radiotherapy

Originally developed as a single-fraction high-dose technique for intracranial lesions (stereotactic radiosurgery), SRT has evolved to include fractionated stereotactic radiotherapy (FSRT), which allows multiple smaller doses over several sessions. Improvements in imaging, and the use of advanced delivery platforms like Gamma Knife, Cyberknife, and LINAC-based systems, have greatly enhanced the precision and safety of SRT. These innovations enable the treatment of complex lesions, even those located near critical structures in the brain, with remarkable accuracy.

Role of SRT in Benign Brain Tumors and Its Role in Improving Quality of Life

SRT has become a cornerstone in the treatment of benign brain tumors, such as meningiomas, vestibular schwannomas etc, which often grow slowly but can cause significant neurological symptoms due to their location. The precision of SRT ensures high rates of tumour control while minimizing damage to healthy brain tissue. This treatment modality not only stabilizes or improves symptoms but also helps maintain cognitive and neurological function, greatly improving the QOL for patients.

We will further explore the role of stereotactic radiotherapy in benign brain tumors, including detailed discussions on clinical outcomes, patient selection criteria and a case presentation to illustrate its practical application.

Programme for Clinical Grand Round:

Overview of Fractionated Stereotactic Radiotherapy	Dr. Prof Vipul Nautiyal, Professor & Head, Dept. of Radiation Oncology	05 minutes
Introduction	Dr. Viney Kumar, Asst. Prof., Dept. Radiation Oncology	10 minutes
Case Capsule	Dr. Nanak Gaba, JR., Dept. Radiation Oncology	10-15 minutes
Radiologist's Perspective	Dr. Shubhankar Lal, JR., Dept. Radiology	05-10 minutes
Neurosurgery's Perspective	Dr. Kunwar Raj Gandhi, SR., Dept. Neurosurgery	05-10 minutes
Pathologist's Perspective	Dr. Akansha Aggarwal, JR., Dept. Pathology	05-10 minutes
Departmental Census	Dr. Mansi Barthwal / Dr. Anmol Mahani Assistant Professor, Department of Radiation Oncology	05- 10 minutes
Discussion Question and Answers		10 – 15 min

"Clinical case follow up - Rational prescribing: From Theory to Practice "

Name: Sumit Misra

Topic: Chronic Kidney Disease

Batch: 2022

- All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.
- After the CGR, there will be a 10-minute presentation by undergraduate student of Batch 2022. The students of Batch 2022 & 2023 are requested to attend the presentation.

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IIIMS/DME/2024/192

Date: 19.09.2024

Clinical Grand Round

Date : 21.09.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: III,T-2, Charak (Lecture Hall)

Topic: "Surgery - the main prognostic factor for Gall Bladder Cancer treatment outcome."

Abstract:

Gallbladder cancer (GBC) is uncommon globally, however its common cancer in sub-Himalayan regions of Indian subcontinent, southeast Asia, some parts of China, Argentina and Japan. In general, it's the most common biliary malignancy and has poor prognosis, since it's often detected quite late due to nonspecific symptoms and signs. Early detection is the only way to improve the outcome. Optimal Surgery in the form of Radical Cholecystectomy (Cholecystectomy with liver resection and lymph node dissection) is the mainstay of treatment for early gallbladder cancer, providing long term control. Adjuvant treatment is required in a majority of cases being treated with curative intent. In advanced stage palliative and supportive treatment including biliary drainage procedures are helpful to improve quality of life.

Our CGR provides clinical insight regarding the disease and its surgical management.

Programme for Clinical Grand Round:

Introduction	Dr Madiwalesh Chhebbi, Assistant Professor, Department of Surgical Oncology	10-12 minutes
Case Capsule	Dr R. Madhu, Senior Resident Department of Surgical Oncology	5 – 7 minutes
Oncosurgeons Perspective	Dr Sourabh Nandi, Assistant Professor, Department of Surgical Oncology	10-12 minutes
Pathologists Perspective	Dr Ayushi, Senior Resident Department of Pathology	05 minutes
Our Surgical experience	Dr Rajeev, Senior Resident Department of Surgical Oncology	05 minutes
Concluding remarks	Dr Sunil Saini, Professor and Head Department of Surgical Oncology	02 minutes
Discussion and Q & A		10- 15 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.

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HIIMS/DME/2024/140

Date: 03.08.2024

Clinical Grand Round

Date : 03.08.2024
Day : Saturday

Time : 03:30 PM – 04:30 PM
Venue: III.T-2 , Charak (Lecture Hall)

Topic: "Current Trends in Diagnostic Approach of Idiopathic Inflammatory Myopathy."

Introduction: Dr. Deepak Goel, Prof. & Head Dept. of Neurology
Case discussion: Dr. Pratyush Kumar, D.M. S.R. Dept. of Neurology
Pathology Discussion: Dr. Sumit Garg, Assistant Professor Dept. of Pathology
Summary: Dr. Deepak Goel Prof. & Head Dept. of Neurology

Abstract:

Myopathies can have variable presentation in adult and pediatric age groups. In the past few decades, diagnosis of myopathy was based on clinical and histopathology findings. Currently the diagnosis of myopathies is based on advanced modalities of investigations like Muscle MRI, Immunohistochemistry of muscle biopsy, immunological testing and genetic studies along with clinical details. We will discuss on the advancement and individualized care in a patient of inflammatory myopathy through this CGR with a case presentation by Neurology and Pathology Departments.

Programme for Clinical Grand Round:

Introduction	Dr. Deepak Goel Professor & Head, Neurology	05 minutes
Case Discussion	Dr. Pratyush Kumar S.R. D.M., Neurology	20 minutes
Pathology Discussion	Dr. Sumit Garg Assistant Professor, Dept. of pathology	10 minutes
Summary	Dr. Deepak Goel Professor and head, Neurology	05 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.

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IIIMS/DME/2024/196

Date: 25.07.2024

Clinical Death Review

Date : 27.07.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: HLT-2, Charak

Moderator:

Dr. S.S.Bist (Professor and Head, Department of ENT)

Presenters:

Dr. Ekaparnika Joshi, Junior Resident (Dept of Medicine)

Dr. Prerana Choudhury, Junior Resident (Dept of ENT)

Dr. Priyanka, Junior Resident (Dept of Ophthalmology)

Abstract:

Mucormycosis is an opportunistic fungal infection of the zygomycete family that can cause various types of infections. In most cases, there exist underlying conditions especially in immunocompromised hosts (e.g., those with hematological malignancies, organ transplantation, neutropenia, autoimmune disorders, or other impairments in immunity) that predispose the hosts to the infection. As the fungi responsible are typical environmental organisms, they are usually non-pathologic in immunocompetent individuals. In immunosuppressed patients, however, these otherwise innocuous organisms can become a devastating and difficult-to-treat opportunistic infection. There are several clinical forms of infection: pulmonary, gastrointestinal, cutaneous, encephalic, and rhino-cerebral. In developing countries, most cases of mucormycosis occur in persons with poorly controlled diabetes mellitus or in immunocompetent subjects following trauma. Mucormycosis exhibits a marked propensity to invade blood vessels, leading to thrombosis, necrosis, and infarction of tissue. Mortality associated with invasive mucormycosis is high (> 30-50%), with 90% mortality associated with disseminated disease. Mucormycosis can progress rapidly, and delay in initiation of treatment by even a few days markedly worsens outcomes. The key to treatment is early and aggressive surgical debridement, along with high doses of intravenous antifungal therapy.

In current Clinical death review (CDW), we plan to present the case of a 68 years old lady, who presented to Emergency dept. of Himalayan Institute of Medical Sciences on 14 April 2024 and subsequently was diagnosed as a case of Diabetic ketoacidosis. On further evaluation, patient was also diagnosed with diabetes associated left rhino-orbital mucormycosis. She had undergone management of diabetic ketoacidosis and Left sino-nasal endoscopic surgery and left eye exenteration followed by intravenous antifungal therapy with amphotericin B but despite the best possible efforts, the patient, unfortunately, could not survive.

All Faculty & Post Graduate Residents are required to attend the CGR.s


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HIMS/DME/2024/139

Date: 11.07.2024

Clinical Grand Round

Date : 13.07.2024
Day : Saturday

Time : 03:30 PM – 04:30 PM
Venue: Adi Kailash
(Former name New Auditorium above H.I.T's)

Topic: "Clinical Grand Rounds: Pathological Neonatal Jaundice."

Abstract:

Jaundice is a near ubiquitous condition in neonates with 60% of term babies and 80% preterm babies afflicted. It is the most common neonatal clinical condition requiring evaluation and treatment, and a frequent reason for hospital readmission during the first week of life. Although usually a benign, postnatal, transitional phenomenon, some neonates develop marked and potentially hazardous bilirubin levels that can cause serious brain injury. Acute bilirubin encephalopathy may ensue and evolve into kernicterus (chronic bilirubin encephalopathy), a permanently disabling neurologic condition. Among the myriad causes of significant hyperbilirubinemia among term neonates, transplacental transfer of maternal antibodies directed against fetal RBC antigens, especially Rh antigens, is a common one. The spectrum of clinical problems ranges from minimal anaemia and hyperbilirubinemia to severe anaemia with hydrops fetalis. Increased awareness, stringent antenatal screening and widespread availability anti-Rh(D) immunoglobulin for routine postpartum prophylaxis in Rh(D)-negative women has led to decreased incidence in developed nations. Nevertheless, Rh incompatibility still imposes a significant morbidity burden in India.

The current case discusses the clinical presentation, management and follow-up of a neonate with hyperbilirubinemia attributable to Rh(D) alloimmunisation. The baby underwent double volume exchange transfusion and was followed up for neurological and auditory sequelae of bilirubin encephalopathy. The case highlights the still significant burden imposed by Rh(D) isoimmunisation on neonatal outcomes and need for continued strive to understand, screen, prevent and treat this condition.

Programme for Clinical Grand Round:

Introduction	Dr. Shoham Majumder Assistant Professor, Neonatology	5 minutes
Clinical Course	Dr. Arshpuneet Kaur Sandhu Senior Resident, Neonatology	10 minutes
Blood Investigations	Dr. Anisha Junior Resident, Pathology	7 minutes
Exchange Transfusion	Dr. Priyank Vashisht Junior Resident, Immunohematology and Blood Transfusion	8 minutes
High-Risk Follow-up	Dr. Ravleen Kaur Senior Resident, Neonatology	10 minutes
Conundrums in Neonatal Jaundice	Dr. Shoham Majumder Assistant Professor, Neonatology	10 minutes
Discussion and Q&A	Dr. Saikat Patra Associate Professor & Incharge, Neonatology Dr. Chinmay Chetan Assistant Professor, Neonatology	10 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.

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HIMS/DMF/2024/23

Date: 05.07.2024

CME

Date : 06.07.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Adi Kailash Auditorium
(Formerly New Auditorium above H.I.S)

Topic: "Spinal dysraphism."

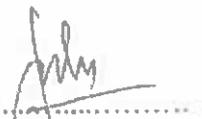
Speakers: Dr. Brijesh Kumar Tiwari (Associate Professor, Neurosurgery)
Dr. Sanjeev Kumar Pandey (Associate Professor, Neurosurgery)

Abstract:

Spinal dysraphism is a congenital abnormality resulting due to incomplete closure of the neural tube in utero, leading to multiple defects varying from small meningocele to spinal rachischisis. Neuro cutaneous manifestations are also variable for it varying from a dimple or hair tuft in the midline over the back to exposed cord seen throughout the entire length. Even the age of presentation is also variable, varying from in utero to adult for patient to get it's first symptom. There are multiple maternal and environmental factors contributing to the etiology of this disease. With the prevalence of 0.8 /1000 live births and incidence of 1/2800 pregnancies, it has contributed to a major disease load to the population.

Presenters plan to cover the etiopathogenesis, clinical and radiological profile with diagnostics and management related techniques.

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HIIMS/DME/2024/118

Date: 27.06.2024

Clinical Death Review

Date : 29.06.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Adi Kailash

(Formerly New Auditorium above III-15)

Moderator:

Dr. S.S.Bist (Professor and Head, Department of ENT)

Presenters:

Dr. Kriti Sharma, Junior Resident (Department of ENT)

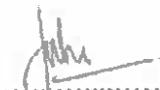
**Dr. Ekaparnika Joshi, Junior Resident (Department of
Medicine)**

**Dr. Priyanka, Junior Resident (Department of
Ophthalmology)**

Abstract:

Mucormycosis is an opportunistic fungal infection of the zygomycete family that can cause various types of infections. In most cases, there exist underlying conditions especially in immunocompromised hosts (e.g., those with hematological malignancies, organ transplantation, neutropenia, autoimmune disorders, or other impairments in immunity) that predispose the hosts to the infection. As the fungi responsible are typical environmental organisms, they are usually non-pathogenic in immunocompetent individuals. In immunosuppressed patients, however, these otherwise innocuous organisms can become a devastating and difficult-to-treat opportunistic infection. There are several clinical forms of infection: pulmonary, gastrointestinal, cutaneous, encephalic, and rhino-cerebral. In developing countries, most cases of mucormycosis occur in persons with poorly controlled diabetes mellitus or in immunocompetent subjects following trauma. Mucormycosis exhibits a marked propensity to invade blood vessels, leading to thrombosis, necrosis, and infarction of tissue. Mortality associated with invasive mucormycosis is high (> 30-50%), with 90% mortality associated with disseminated disease. Mucormycosis can progress rapidly, and delay in initiation of treatment by even a few days markedly worsens outcomes. The key to treatment is early and aggressive surgical debridement, along with high doses of intravenous antifungal therapy. In current Clinical death review (CDW), we plan to present the case of a 68 years old lady, who presented to Emergency dept. of Himalayan Institute of Medical Sciences on 14 April 2024 and subsequently was diagnosed as a case of Diabetic ketoacidosis. On further evaluation, patient was also diagnosed with diabetes associated left rhino-orbital mucormycosis. She had undergone management of diabetic ketoacidosis and left sino-nasal endoscopic surgery and left eye exenteration followed by intravenous antifungal therapy with amphotericin B but despite the best possible efforts, the patient, unfortunately, could not survive.

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IIIMS/DME/2024/112

Date: 13.06.2024

Clinical Grand Round

Date : 15.06.2024
Day : Saturday

Time : 03:30 PM – 04:30 PM
Venue: Adi Kailash
(Former name New Auditorium above HLTs)

Topic: "Chronic Otitis Media with Meningitis."

Abstract:

Chronic Otitis media (COM) implies a permanent abnormality of the pars tensa or flaccida, most likely a result of earlier acute otitis media, negative middle ear pressure or otitis media with effusion. The overall prevalence of adult COM is around 2.6 % for inactive, 1.5% for active COM. India has been classified as a high prevalence country with national prevalence of 4%. COM is one of the common causes for hearing loss in India. It is widely divided into two major types: Mucosal (safe) disease and Squamosal (unsafe) disease. And while most may consider COM as a disease affecting the ear exclusively, this may have severe life-threatening complications. The complications further may be divided into 2: the extracranial/ intratemporal complications and the intracranial complications.

In this CGR, we present an interesting case of unsafe COM, which presented with intracranial complications. In addition, we will highlight the varied presentations of COM, which are successfully treated in IIIMS.

Programme for Clinical Grand Round:

Case Presentation (Department of ENT)	Dr. Kriti Sharla (JR3)	15 minutes
Case Presentation (Department of Neuromedicine)	Dr. Pratyush (SR)	05 minutes
Case Presentation (Department of Radiology)	Dr Akhilendra (JR3)	05 minutes
Summarisation of Topic (Department of ENT)	Dr. Lovneesh Kumar Professor Department of E.N.T.	10 minutes
Questions and Answers		15 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.


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HIMS/DME/2024/110

Date: 07.06.2024

CME

Date : 08.06.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Adi Kailash Auditorium

(Formerly New Auditorium above III.I.s)

Topic: "Microbial sprint and diagnostic stewardship."

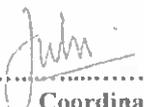
Speakers: Dr. Barnali kakati (Professor and HOD, Dept. Of Microbiology)

Dr. Rajender Singh (Assistant Professor, Dept. Of Microbiology)

Abstract:

The race between the microbes and humans is a constant phenomenon. Microbes have outsmarted us by developing resistance mechanisms, necessitating effective strategies for diagnostic and antimicrobial stewardship. In this context Syndromic rapid testing, coupled with advanced fungal biomarkers, emerges as a pivotal tool. These innovative diagnostic methods facilitate timely and accurate pathogen identification, allowing for targeted therapy and minimizing the misuse of broad-spectrum antimicrobials. By integrating syndromic rapid testing and fungal biomarkers into clinical practice, healthcare systems can enhance diagnostic accuracy, optimize antimicrobial usage, and ultimately curb the spread of resistant infections. It finally helps in achieving sustainable antimicrobial stewardship and improving patient outcomes.

All Faculty & Post Graduate Residents are required to attend the CME.



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HIIMS/DME/2024/35

Date: 29.05.2024

CME

Date : 01.06.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Adi Kailash Auditorium

(Formerly New Auditorium above H.I.S)

Topic: "Clinical Review on Back Pain."

Moderator: Dr. Somlata Jha (Assistant Professor, HSYS, SRHU)

Presenters: Dr. Saloni Malik (Assistant Professor, HSYS, SRHU)

Abstract:

Background:

Back pain is a prevalent and debilitating condition that affects millions of people worldwide. Yoga therapy has emerged as a complementary and holistic approach that can provide relief, improve flexibility, and promote overall well-being for back pain.

Objectives: The study aimed to identify any associations between yoga therapy participation and back pain severity, function, disability, blood pressure, and mood.

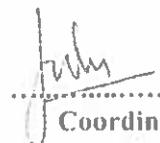
Methods: A cross-sectional study was conducted with 289 adults with back pain of at least 6 weeks duration. Data were collected using a self-structured questionnaire that assessed the participant back pain symptoms, yoga therapy participation, and other relevant factors.

Results: The mean age of the participants was 45.6 years, and the majority were male (50.4%). The most common occupation was homemaker (31.8%), and the most common education level was less than high school (38.2%). The majority of participants were non-vegetarian (52.3%), and the majority were involved in physical activity (67.6%). The majority of participants did not do yoga (69.7%), and the majority did not have thyroid or diabetes (93.9%). There was a weak positive correlation between age and mood scale score ($r = 0.32$), and a weak negative correlation between body type and food habit ($r = -0.25$). There was also a moderate positive correlation between physical activity and yoga ($r = 0.41$).

Conclusion: The findings suggest that there is a positive association between physical activity and yoga participation. However, further research is needed to determine whether yoga therapy has a causal effect on back pain severity, function, disability, blood pressure, and mood.

Keywords: Back Pain, Yoga, SRHU, Psychological parameters

All Faculty & Post Graduate Residents are required to attend the CME.


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HIIMS/DMI/2024/92

Date: 24.05.2024

Clinical Death Review

Date : 25.05.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Adi Kailash

(Formerly New Auditorium above H.I.S)

Moderator:

Dr. Sanjeev Pandey (Associate Professor, Department of Neurosurgery)

Presenters:

Dr. Naman Kuriyal, Senior resident, (M. Ch, Department of Neurosurgery)

Dr. Niraj Patil, Junior Resident (M.D, Department of Radiodiagnosis)

Abstract:

Out of all the neurosurgical emergencies presenting to the EMR, the most catastrophic consequences are associated with spontaneous sub-arachnoid hemorrhage, mostly due to ruptured aneurysms. Aneurysms are focal balloon shaped or diffused dilatation of the large vessel wall resulting due to weakness in the wall, which gets its shaped due to increased blood pressure and stream of blood flow at bifurcation. Treatment of such cases involves either craniotomy and applying a clip over the neck of these aneurysms or taking endovascular-route to fill up the aneurysm sac using tiny coils. Department of Neurosurgery at Himalayan Hospital operates on approximately 35 to 40 cases of ruptured aneurysms per year. Prognosis for such cases is variable, and mainly depends on extent of preoperative subarachnoid hemorrhage and GCS (Glasgow Coma Scale) Score at admission.

In current Clinical death review (CDW), we plan to present the case of a 33 years old lady, who presented to EMR in April 2024 with clinico-radiological features of ruptured ACOM aneurysm. The lady had 34-week pregnancy. She had undergone LSCS and Clipping of aneurysm but unfortunately could not survive.

All Faculty & Post Graduate Residents are required to attend the CME.


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HIIMS/DME/2024/91

Date: 14.05.2024

Clinical Grand Round

Date : 18.05.2024
 Day : Saturday

Time : 03:30 PM – 04:30 PM
 Venue: Adi Kailash
 (Former name New Auditorium above HLTs)

Topic: "CROHN'S DISEASE – HARD TO DIAGNOSE AND HARDER TO MANAGE."

Abstract : Crohn's disease is a chronic inflammatory condition affecting the gastrointestinal tract, characterized by inflammation that can occur anywhere from the mouth to the anus. This autoimmune disorder is caused by a complex interplay of genetic predisposition, environmental factors, and dysregulated immune responses.

The hallmark symptoms of Crohn's disease include abdominal pain, diarrhea, rectal bleeding, weight loss, and fatigue. However, the presentation of symptoms can vary widely among individuals, and some may experience extraintestinal manifestations such as arthritis, skin rashes, or eye inflammation.

The exact cause of Crohn's disease remains elusive, but it is thought to involve a combination of genetic susceptibility, immune system dysfunction, and environmental triggers such as diet, stress, or microbial factors. Dysregulation of the immune system leads to chronic inflammation and tissue damage in the gastrointestinal tract.

Diagnosis of Crohn's disease typically involves a combination of medical history, physical examination, blood tests, imaging studies (such as endoscopy, colonoscopy, or MRI), and sometimes biopsy of affected tissues. Once diagnosed, treatment aims to control inflammation, relieve symptoms, and prevent complications.

Treatment options include medications such as anti-inflammatory drugs, immune system suppressors, antibiotics, and biologic therapies targeting specific components of the immune system. In severe cases or when complications arise, surgery may be necessary to remove diseased portions of the intestine or repair damage.

Living with Crohn's disease requires ongoing management, including medication adherence, dietary modifications, stress management, and regular monitoring for complications. While there is currently no cure for Crohn's disease, advancements in research and treatment have significantly improved the quality of life for many patients, allowing them to effectively manage their symptoms and lead fulfilling lives.

In this CGR we present a case of fistulizing crohn's disease in a young patient which got improved with proper diagnosis and management.

Programme for Clinical Grand Round:

Introduction	Dr Anant Kumar Consultant, Gastroenterology	05 minutes
Case Presentation & Work Up	Dr Anandi Singh Junior Resident, General Medicine	15 minutes
Surgical Intervention	Dr Arshia Gupta Junior Resident, General Surgery	10 minutes
Medical Management	Dr Shrey singh Junior Resident -General Medicine	15 minutes
Discussion and Q&As	Dr Sachidanand, Professor, General Surgery Dr Saurabh Singh, Associate Professor, Gastroenterology Dr Anant Kumar, Consultant, Gastroenterology	15 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.

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IIIMS/DME/2024/89

Date: 09.05.2024

CME

Date : 11.05.2024
 Day : Saturday

Time : 03:30 PM – 04:30 PM
 Venue: Adi Kailash
 (Former name New Auditorium above
 HLTs)

Topic: "Approach to a case of alleged sexual assault."

Abstract : This multi-disciplinary CME is aimed to provide a comprehensive exploration of the medical approach to cases of alleged sexual assault. In the aftermath of such traumatic events, the role of medical professionals is crucial in providing compassionate care, conducting thorough evaluations, and advocating for the well-being of survivors. Through a combination of clinical insights, and evidence-based practices, participants will gain a deeper understanding of the medical & legal protocols and ethical considerations involved in treating individuals who have allegedly experienced sexual assault. Topics covered include the collection of forensic evidence, addressing physical and psychological trauma, navigating legal and confidentiality issues, and collaborating effectively with multidisciplinary teams. By enhancing participants' knowledge and skills in this domain, this CME aims to empower healthcare professionals to deliver comprehensive and compassionate care to survivors of sexual assault, ultimately contributing to their healing and recovery journey.

Programme:

Introduction to recent court directives & amendments in laws and Legal formalities of consent and confidentiality	Dr. Harvinder Singh Assistant Professor, Forensic Medicine	20 minutes
Examination and Sample Collection	Dr. Anchal Agarwal, General Surgery	20 minutes
Opinion writing in such cases	Dr. Pragya Tripathi, Forensic Medicine	05 minutes
Addressing psychological trauma	Dr. Priyaranjan Avinash , Psychiatry	10 minutes
Wrap-up and Q&A	Dr. Sanjoy Das Dr. Pragya Tripathi Dr. Priyaranjan Avinash Dr. Anchal Agarwal Dr. Harvinder Singh	15 minutes

All Faculty & Post Graduate Residents are required to attend the CME.

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HIMS/DME/2024/ 89

Date: 27.04.2024

Clinical Death Review,

Date : 27.04.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Chaukhamba-2

(Formerly III.T-2, Near Emergency)

Topic: Review of maternal mortality reporting in our institute

Abstract:

One of the Sustainable Development Goals (SDG) of WHO, is to achieve MMR of 70/lakh live births by the year 2030. To achieve this target Maternal Death Surveillance and Response (MDSR) is of utmost importance.

Moderator:

Dr. Sunil Saini, Director, CRI, HIMS

Dr. Ruchira Nautiyal, Head & Professor, OBG , HIMS

Faculty In charge:

Dr. Rashmi Rajput, Associate Professor, Obs. & Gynae

Case presentation by: Dr. Anushka, JR III, OBG

Dr. Neha, JR III, General Medicine

Critique by :

Dr. Purnima Upreti, Professor, Obst. & Gynae, HIMS

All Faculty & Post Graduate Residents are required to attend the CDR.


.....
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HIIMS/DME/2024/74

Date: 18.04.2024

CME

Date : 20.04.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

**Venue: Adi Kailash Auditorium
(Formerly New Auditorium above HLTs)**

Topic: “Exploring Participatory Techniques in Health Research: Bridging Theory with Practice.”

**Speaker: Dr. Abhay Srivastava
Assistant Professor, Community Medicine, HIIMS**

Abstract:

Participatory research methodologies offer a dynamic approach to health research, fostering inclusive partnerships and community empowerment. In this session, we will learn the multifaceted nature of participatory techniques, from community-based participatory research (CBPR) to participatory action research (PAR). Through practical examples, we will explore the significance of participatory research in addressing pressing health challenges and promoting equity in healthcare delivery. Drawing from our department's experiences in community medicine, we will showcase the application of participatory techniques in the Family Adoption Program conducted in collaboration with MBBS students. This program serves as a compelling example of how participatory research can inform the development of culturally sensitive interventions tailored to the needs of diverse communities. The CME will unravel the potential of participatory research in driving positive change and advancing health equity for all.

All Faculty & Post Graduate Residents are required to attend the CME.


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TIIMS/DMI/2024/58

Date: 12.04.2024

Clinical Grand Round

Date : 13.04.2024

Day : Saturday

Time : 03:30 PM – 04:30 PM

Venue: Adi Kailash

**(Former name New Auditorium above
HLT's)**

Topic: "Shock in Emergency Department."

Abstract : Shock is defined as a state of cellular and tissue hypoxia due to either reduced oxygen delivery, increased oxygen consumption, inadequate oxygen utilization, or a combination of these processes. This most commonly occurs when there is circulatory failure manifested as reduced tissue perfusion, however hypotension is not a clear indicator of shock.

Rapid identification via active screening of patients presenting to the emergency department and prompt initiation of therapy is crucial in to ensure early correction of decompensated shock and to prevent irreversible end organ damage. This is illustrated from previous literature that reports high mortality rates (16-25%) among patients that present to the emergency department with undifferentiated shock, with the most common etiological sub type being due to septic shock (38%). Based on the driving pathophysiology shock is classified into 4 major categories: distributive, hypovolemic, cardiogenic and obstructive shock. It is essential to understand that clinical shock might be a mixture of more than one type (eg; septic shock) which may complicate management due to its multifactorial nature.

We highlight two cases that presented to our emergency department with shock of varying etiology and the differences in approach their treatment.

Programme for Clinical Grand Round:

Introduction	Dr Mukta Singh Associate Professor, Emergency Medicine	05 minutes
Case Presentation	Dr Martin JR-3 Emergency Medicine	10 minutes
Role of ED in managing shock	Dr Mukta Singh Associate Professor Emergency Medicine	10 minutes
Approach to shock in ED	Dr Himanshi Baid Assistant Professor Emergency Medicine	10 minutes
Cardiogenic Shock in ED	Dr Kunal Gururani Associate Professor Department of Cardiology	10 minutes
Septic Shock in ED	Dr Akash Rawat Assistant Professor Department of General Medicine	10 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.

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Dr. Aarti Kotwal
Dr. Santosh Kr. Singh
Dr. Kiran Bhat
Dr. Saurabh Kohli
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Dr. Lovneesh Kumar
Dr. Deepak Kr. Dhar

HIMS/DME/2024/57

Date: 04.04.2024

CME

Date : 06.04.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Chaukhamba-2
(Formerly HLT-2, Near Emergency)

Topic: “Oral Hygiene Practices: A Neglected Habit.”

Speaker: Dr Abhishek kandwal
Professor & Head, Dental surgery, HIMS
Dr Akanksha Goel
Senior Resident, Dental surgery, HIMS

Abstract:

Oral hygiene practices have been one of the most neglected issues in health care. Present CME would focus on the oral hygiene measures addressing neonate to geriatric group , cases of oral & maxillofacial congenital defects to trauma & surgical resection, and in special health care groups like Diabetics, Dialysis , ICU & cancer patients. This CME would focus on integration of oral care services with various specialties of medicine.

All Faculty & Post Graduate Residents are required to attend the CME.

Juhi Kalra

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Dr. Hemant Kr.

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Dr. Aarti Kotwal

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Dr. Kiran Bhat

Dr. Saurabh Kohli

Dr. Sanobar Wasim

Dr. Lovneesh Kumar

Dr. Deepak Kr. Dhar

HIMS/DME/2024/S 2

Date: 27.03.2024

Clinical Death Review

Date : 30.03.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Chaukhamba-2

(Formerly IILT-2, Near Emergency)

Moderator:

Dr. Sunil Saini, Director, CRI, HIMS

Dr. Sachidananda. N. Professor, General Surgery, HIMS

Faculty In charge:

Dr. Chetna Chaudhary, Associate Professor, General Surgery

Presenter:

Dr. Vaibhavi Dhasmana, JRIII, General Surgery

Radiology Resident:

Dr. Akhilendra JR III, Radiology, HIMS

Critique by :

Dr. Saurabh Singh, Gastroenterology, HIMS

All Faculty & Post Graduate Residents are required to attend the CDR.

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HIMS/DME/2024/39

Date: 13.03.2024

CME

Date : 16.03.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Adi Kailash

(Formerly New Auditorium above III.Ts)

Topic: "Time Series Analysis for Accurate Disease Forecasting in Hospitals"

Speaker: Mr Abhinav Bahuguna
Lecturer,
Department of Biostatistics, HIMS

Abstract:

Public health is a fundamental responsibility not only of the government but also of local administrators. The increasing prevalence of health diseases imposes an unwarranted burden on hospital functioning and presents a significant challenge to healthcare professionals. Accurate forecasting of such diseases is essential for timely and effective intervention planning. In recent years, time series analysis has emerged out as a powerful tool for modelling and predicting health-related events, gaining recognition among health professionals worldwide. The projection of these diseases through advanced statistical techniques can prove beneficial not only in capturing ongoing trends but also in preparing health-related strategies and implementing relevant policies. In the forthcoming CME presentation, we aim to elucidate the practical applications of these predictive models for healthcare management.

All Faculty & Post Graduate Residents are required to attend the CME.


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IIIMS/DME/2024/ 32

Date: 07.03.2024

Clinical Grand Round

Date : 09.03.2024
Day : Saturday

Time : 03:30 PM – 04:30 PM
Venue: Adi Kailash
(Former name New Auditorium above
HLT's)

Topic: "Diffuse alveolar haemorrhage."

Abstract : Autoimmune diseases encompass a broad spectrum of disorders characterized by disturbed immunoregulation leading to the development of specific autoantibodies, resulting in inflammation and multiple organ involvement. A distinction should be made between connective tissue diseases (mainly systemic lupus erythematosus, systemic scleroderma, inflammatory muscle diseases, and rheumatoid arthritis) and vasculitides (mainly small-vessel vasculitis such as antineutrophil cytoplasmic antibody-associated vasculitis and immune-complex mediated vasculitis). Admission of patients with autoimmune diseases to the intensive care unit (ICU) is often triggered by disease flare-ups, infections, and organ failure and is associated with high mortality rates. Management of these patients is complex, including prompt disease identification, immunosuppressive treatment initiation, and life-sustaining therapies, and requires multi-disciplinary involvement.

Diffuse alveolar haemorrhage (DAH) is a clinical syndrome characterized by acute onset of alveolar infiltrates and hypoxemia which result in progressive diffuse alveolar bleeding, requiring immediate treatment. It is a life-threatening pulmonary complication in patients with hematologic malignancies or systemic autoimmune disorders. We are presenting a case of 41 years old female who came to ICU with haemoptysis and respiratory failure.

Programme for Clinical Grand Round:

Introduction	Dr Sonika Agarwal Professor, Critical Care Medicine	05 minutes
Case Presentation	Dr.Nipunika/ Dr. Sourabh Junior Resident, Anaesthesia	15 minutes
Diagnostic workup	Dr.Sammi Pundir Junior Resident,Respiratory Medicine	10 minutes
Role of plasmapheresis	Dr.Rolika Nautiyal Junior Resident, Immunohematology and Transfusion medicine	10 minutes
HIMS experience of managing DAH, Discussion and Q&A	Dr. Yogesh Preet Singh, Assistant Professor, Department General Medicine	20 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.


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IIIMS/DME/2024/27

Date: 16.02.2024

Clinical Grand Round

Date : 17.02.2024
Day : Saturday

Time : 03:30 PM – 04:30 PM
Venue: Adi Kailash
(Former name New Auditorium above
HLTs)

Topic 1: "Retrieval of Dislodged PDA Device & Triple Ligation: a case based approach".
Topic 2: "Blocked stent with guide wire floating in the right subclavian: a case based approach".

Abstract:

Patent ductus arteriosus (PDA) is a condition which is characterised by the failure of closure of the ductus arteriosus after birth. Early symptoms include increased work of breathing and poor weight gain in infancy. Patent ductus arteriosus (PDA) causes left heart volume overloading and may lead to congestive heart failure, atrial arrhythmia, or pulmonary hypertension. Trans catheter device closure of PDA is an established and widely accepted treatment modality in adolescents, children, and older infants. However, there is limited evidence and thus far few studies exist. The Amplatzer duct occluder (ADO) device is the globally most popular device for PDA. We are presenting a case of eight year old girl in which a PDA occlusion device was used to close the defect. During deployment, the device got dislodged into descending thoracic aorta. Emergency surgery was done and the Amplatzer Ductal Occluder was extracted from the descending thoracic aorta followed by triple ligation of PDA.

Percutaneous coronary angioplasty is increasingly employed in the treatment of patients with complex coronary artery disease. Different steerable guide wires are used to open occluded vessel and facilitate balloon and stent deployment. However, the guide-wire itself is not without hazard: it may perforate or dissect the vessel, but fracture or entrapment is uncommon. Entrapment and fracture of coronary guide-wire is a rare complication of percutaneous coronary interventions (PCI). The incidence of these complications is approximately 0.1- 0.2 %. We are presenting a case of a 44 year old male, who had IWMI and primary PTCA was done at local hospital in Punjab. After 2 days he was brought to us in emergency, with IWMI. On CAG patient was found to have stent in osteo-proximal RCA, which was 100 % blocked along with a guide wire floating from RCA ostia in the right subclavian artery. The patient was referred to CTVS for CABG and bypass was done with reverse saphenous vein graft to RCA. In this CGR we are presenting 2 emergency life saving procedures.

Programme for Clinical Grand Round:

Case Presentation 1	Dr Rajat Rawat Junior Resident General Surgery	10 minutes
Summarization of Case	Dr Bhawna Singh Associate Professor,CTVS	15 minutes
Case Presentation 2	Dr Rajat Rawat Junior Resident General Surgery	10 minutes
Summarization of Case	Dr Bhawna Singh Associate Professor,CTVS	10 minutes
Discussion and Q&A	Dr Deepak Oberoi Professor (CTVS)	10 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.


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IIIMS/DME/2024/26

Date: 08.02.2024

CME

Date : 10.02.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Adi Kailash

(Formerly New Auditorium above IHLTs)

Topic: “Electronic Medical Record (EMR) of Hospital Information System”

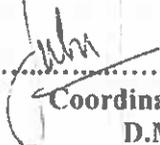
Moderator: - Dr Y S Bisht, Professor (SKIN Dept.)

**Speaker: Mr. Kapil Sharma, IT Department.
Mr. Ankit Varma, IT Department.**

Abstract:

Electronic Medical Records have played a vital role in the progression of the healthcare industry. It improves quality of patient care, reduction in clerical errors and an increase in the interaction amongst caregivers, nurses and physicians and other Stake holders. Electronic Medical Record (EMR) plays an important role to create Digital Data for the Patients. For every Patient visit a separate digital file and record is created in the System. It can be used for the Inpatients as well as Outpatients. Digital Medical records created in the Hospital software can be accessed by Respective Doctors form anywhere through our Portal and Apps with using his/her credentials securely.

All Faculty & Post Graduate Residents are required to attend the CME.


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IIIMS/DME/2024/22

Date: 30.01.2024

Clinical Grand Round

Date : 03.02.2024
Day : Saturday

Time : 03:30 PM – 04:30 PM
Venue: Adi Kailash
(Former name New Auditorium above
HLT's)

Topic: "Leprosy- The great Imitator"

Abstract: Leprosy has been aptly labelled as the great imitator due to the vast range of its clinical presentations. In endemic areas, it is important to entertain the possibility of leprosy even with unusual clinical picture to avoid misdiagnosis. Histopathology plays an important role in diagnosing these atypical cases and must be done in all suspected cases. Timely diagnosis and treatment prevents the dreaded deformities and disabilities associated with leprosy.

In this CGR we are presenting a case series of five cases of leprosy with atypical clinical manifestations and discuss about the varied clinical scenario of leprosy with important highlights on diagnosis and treatment.

Programme for Clinical Grand Round:

Introduction	Dr Ruchi Hemdani, Assistant Professor, Dermatology	05 minutes
Case Presentation 1 (Department of Dermatology)	Dr Darshana P Junior Resident, Dermatology	10 minutes
Histopathology in leprosy (Department of Pathology)	Dr Monica R Senior Resident, Pathology	10 minutes
Case presentation 2-5 (Department of Dermatology)	Dr Darshana P Junior Resident, Dermatology	10 minutes
Discussion and Q&A	Dr Ruchi Hemdani Assistant Professor Department of Dermatology	15 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.


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Dr. Sanobar Wasim

Dr. Lovneesh Kumar

Dr. Deepak Kr. Dhar

HIMS/DMF/2024/ 10

Date: 18.01.2024

CME

Date : 20.01.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: **Adi Kailash**

(Formerly New Auditorium above III.Ts)

Topic: "Recent advancements in anatomy learning"

Speaker:

Dr Sumita Sinha

Assistant Professor

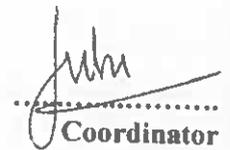
Department of Anatomy

Himalayan Institute of Medical Sciences

Abstract:

Today, the explosion of several information and communications technologies radically changes every sector and industry, including healthcare. Digital innovations including the artificial intelligence (AI), machine learning and deep learning are being used in medical education also. There are multiple learning methods available and each method has its own advantages and disadvantages. Adapting and investing in technology should be considered as the need of the day for the medical institution.

All Faculty & Post Graduate Residents are required to attend the CME.


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TIIMS/DME/2024/15

Date: 11.01.2024

Clinical Grand Round

Date : 13.01.2024
Day : Saturday

Time : 03:30 PM – 04:30 PM
Venue: Adi Kailash
(Former name New Auditorium above
III.Ts)

Topic: "Rhythm disorder patients in which conventional therapy failed."

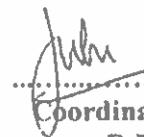
Abstract: Rhythm disorders are common ailments in cardiology and require specialized pacing or anti arrhythmic devices as cornerstone of treatment. CIED which stands for cardiac implantable electronic devices encompasses various high technological gadgets and are commonly used in practice of interventional cardiology. With advancements in electrophysiology and interventional cardiology we have come a long way from simple to highly complex CIEDs.

In this CGR we are presenting a series of 3 cases with rhythm disorders in which we faced challenges in our conventional therapies and how we managed these cases with the help of ever advancing technology.

Programme for Clinical Grand Round:

Case Presentation 1 (Department of General Medicine)	Dr. Kamal Chauhan Junior Resident, General Medicine	10 minutes
Case Presentation 2 (Department of General Medicine)	Dr. Sidharth Pundir Junior Resident, General Medicine	10 minutes
Case Presentation 3 (Department of General Medicine)	Dr. Aditya Verma Junior Resident, General Medicine	10 minutes
Summarisation of Topic (Department of Cardiology)	Dr. Chandra Mohan Belwal Associate Professor Department of Cardiology	15 minutes
Discussion and Q&A		15 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.


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Dr. Kiran Bhat

Dr. Saurabh Kohli

Dr. Sanober Wasim

Dr. Lovneesh Kumar

Dr. Deepak Kr. Dhar

HIMS/DME/2024/01

Date: 03.01.2024

CME

Date : 06.01.2024

Time : 03:30 PM – 04:30 PM

Day : Saturday

Venue: Adi Kailash

(Formerly New Auditorium above H.I.'s)

Topic: "Artificial Intelligence in Anaesthesia"

Speaker:

Dr. Rajat Kumar Agarwal

Assistant Professor

Department of Anaesthesia

Himalayan Institute of Medical Sciences

Abstract:

This session explores the integration of artificial intelligence (AI) in the field of anesthesia, highlighting its advancements in optimizing drug dosages, monitoring vital signs, and aiding decision-making for anesthesiologists. The use of AI in real-time data analysis enhances patient safety during surgical procedures, marking significant progress in the application of technology to improve healthcare outcomes.

This session presents the positive and negative impact as well as Limitations of AI in field of Anaesthesia.

All Faculty & Post Graduate Residents are required to attend the CME.


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