ORDINANCE-H001

MBBS

Notified on 12/09/2023

Established under Uttar Pradesh Private Universities

(Amendment) Act, 2023

(UP ACT No. 10 of 2023)

PREFACE

All the norms prescribed by the National Medical Commission (NMC) vide their publication No. U.1 4021 1812023-UGMEB dated 01 August 2023 “Competency Based Medical Education Curriculum (CBME) Guidelines- National Medical Commission”, are adhered to by the university and incorporated into the Ordinance. The regulations so framed are subject to changes depending on modifications of the guidelines issued by NMC from time to time.

To ensure seamless education and to achieve academic excellence, the University lays down further regulations, as deemed necessary. These regulations will be in addition to the norms prescribed by the regulatory body (NMC).

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राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Undergraduate Medical Education Board)

No. U.14021/8/2023-UGMEB **Dated, the 01st August, 2023**

Subject: - Competency Based Medical Education Curriculum (CBME) Guidelines- National Medical Commission.

Under Graduate Medical Education Board invited comments on draft Competency Based Medical Education Guidelines vide Public Notice of even no. dated 23/06/2023.

2. After consideration of comments received, in exercise of powers conferred by the National Medical Commission Act, 2019 and particularly by sections 10, 24, 25, and 57 of the said Act, Under Graduate Medical Education Board publishes the Competency Based Medical Education Guidelines.

3. Guidelines shall be effective from the date of its publication i.e.; 01/08/2023.

01/08/2023
(Shambhu Sharan Kumar)
Director, UGMEB

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CBME CURRICULUM

1. Preamble

The new Graduate Medical Education Regulations attempts to stand on the shoulder of the contributions and the efforts of resource persons, teachers and students (past and present). It intends to take the learner to provide health care to the evolving needs of the nation and the world.

About 25 years have passed since the existing Regulations on Graduate Medical Education, 1997 were notified, necessitating a relook at all aspects of the various components in the existing regulations and adapt them to the changing demography, socio-economic context, perceptions, values, advancements in medical education and expectations of stakeholders. Emerging health care issues particularly in the context of emerging diseases, impact of advances in science and technology and shorter distances on diseases and their management also need consideration. The strong and forward-looking fundamentals enshrined in the Regulations on Graduate Medical Education, 1997 has made this job easier. A comparison between the 1997 Regulations and proposed Graduate Medical Education Regulations, 2019 will reveal that the 2019 Regulations have evolved from several key principles enshrined in the 1997 Regulations.

The thrust in the new regulations is continuation and evolution of thought in medical education making it more learner-centric, patient-centric, gender- sensitive, outcome -oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment. This has necessitated a deviation from using "broad competencies"; instead, the reports have written end of phase subject (sub) competencies. These "sub-competencies" can be mapped to the global competencies in the Graduate Medical Education Regulations.

The importance of ethical values, responsiveness to the needs of the patient and acquisition of communication skills is underscored by providing dedicated curriculum time in the form of a longitudinal program based on Attitude, Ethics and Communication (AETCOM) competencies. Great emphasis has been placed on collaborative and inter-disciplinary

teamwork, professionalism, altruism and respect in professional relationships with due sensitivity to differences in thought, social and economic position and gender.

2. Objectives of the Indian Graduate Medical Training Programme

The undergraduate medical education program is designed with a goal to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training program are hereby prescribed.

3. National Goals

At the end of undergraduate program, the Indian Medical Graduate should be able to:

a. Recognize "health for all" as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his social obligations towards realization of this goal.

b. Learn key aspects of National policies on health and devote himself to its practical implementation.

c. Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

d. Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

e. Become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

4. Institutional Goals

In consonance with the national goals, each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:

a. Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.

b. Be competent to practice preventive, promotive, curative, palliative and rehabilitative medicine in respect to the commonly encountered health problems.

c. Appreciate rationale for different therapeutic modalities; be familiar with the administration of the "essential drugs" and their common side effects.

d. Appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

e. Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.

f. Be familiar with the basic factors which are essential for the implementation of the National Health Programs including practical aspects of the following:

    i) Family Welfare and Maternal and Child Health (MCH);

    ii) Sanitation and water supply;

    iii) Prevention and control of communicable and non-communicable diseases;

    iv) Immunization;

    v) Health Education and advocacy;

    vi) Indian Public Health Standards (IPHS) at various level of service delivery;

    vii) Bio-medical waste disposal

    viii) Organizational and or institutional arrangements.

g. Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, general and hospital management, principal inventory skills and counseling.

h. Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures with maximum community participation.

i. Be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

j. Be competent to work in a variety of health care settings.

k. Have personal characteristics and attitudes required for professional life including personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

5. Goals for the Learner

In order to fulfill these goals, the Indian Medical Graduate must be able to function in the following roles appropriately and effectively:-

a. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

b. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.

c. Communicator with patients, families, colleagues and community.

d. Lifelong learner committed to continuous improvement of skills and knowledge.

e. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

f. Critical thinker who demonstrates problem solving skills in professional practice

g. Researcher who generates and interprets evidence

6. Competency Based Training Programme of the Indian Medical Graduate

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfill the roles, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

- Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.
- Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioral and social perspective.
- Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence healthcare.
- Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.
- Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.
- Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.
- Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.
- Demonstrate ability to perform a physical examination that is contextual to gender,

social and economic status, patient preferences and values.

- Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.
- Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frameworks.
- Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.
- Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmers and policies for the following:
    - Disease prevention,
    - Health promotion and cure,
    - Pain and distress alleviation, and
    - Rehabilitation and palliation.
- Demonstrate ability to provide a continuum of care at the primary (including home care) and/or secondary level that addresses chronicity, mental and physical disability.
- Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.
- Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

Leader and member of the health care team and system

- Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.
- Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

- Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.
- Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.
- Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.
- Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases and b) cancer, in collaboration with other members of the health care team.

Communicator with patients, families, colleagues and community

- Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.
- Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.
- Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.
- Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision- making.

7. Lifelong learner committed to continuous improvement of skills and knowledge

- Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.
- Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.
- Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

- Demonstrate ability to search (including through electronic means), and critically re-evaluate the medical literature and apply the information in the care of the patient.
- Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

- Practice selflessness, integrity, responsibility, accountability and respect.
- Respect and maintain professional boundaries between patients, colleagues and society.
- Demonstrate ability to recognize and manage ethical and professional conflicts.
- Abide by prescribed ethical and legal codes of conduct and practice.
- Demonstrate a commitment to the growth of the medical profession as awhile.

A. CURRICULUM

➢ **1st Professional Year:**

1. ANATOMY

a. Competencies:

The undergraduate must demonstrate:

- Understanding of the gross and microscopic structure and development of human body,
- Comprehension of the normal regulation and integration of the functions of the organs and systems on basis of the structure and genetic pattern,
- Understanding of the clinical correlation of the organs and structures involved and interpret the anatomical basis of the disease presentations.

b. Broad subject specific objectives

Knowledge: At the end of the course the student should be able to

- Comprehend the normal disposition, clinically relevant interrelationships, functional and cross -sectional Anatomy of the various organs and structures of the body.
- Identify the microscopic structure and correlate elementary ultra structure of various organs and tissues with the functions as a prerequisite for understanding the altered state in various disease processes.
- Comprehend the basic structure and connections of the central nervous system to analyze the integrative and regulative functions of the organs and systems. He should be able to locate the site of gross lesions according to the deficits encountered
- Demonstrate knowledge of the basic principles and sequential development of the organs and systems; recognize the critical stages of development and the effects of common teratogens, genetic mutations and environmental hazards. He should be able to explain the developmental basis of the major variations and abnormalities.

c. Skills:

At the end of the course the student should be able to --

- Identify and locate all the structures of the body and mark the topography of the Living Anatomy.
- Understand clinical basis of some common clinical procedures i.e. intramuscular and intravenous injection, lumbar puncture and kidney biopsy etc.
- Identify the organs and tissues under the microscope.
- Understand the principles of karyotyping and identify the gross congenital anomalies.
- Understand principles of newer imaging techniques and interpretation of CT scan, sonogram, MRI & Angiography.

d. Integration:

The teaching should be aligned and integrated horizontally and vertically in organ systems with clinical correlation that will provide a context for the learner to

understand the relationship between structure and function and interpret the anatomical basis of various clinical conditions and procedures.

2. PHYSIOLOGY

a. Competencies: The undergraduates must demonstrate:

- Understanding of the normal functioning of the organs and organ systems of the body,
- Comprehension of the normal structure and organization of the organs and systems on basis of the functions,
- Understanding of age-related physiological changes in the organ functions that reflect normal growth and development,
- Understand the physiological basis of diseases.

b. Broad subject specific objectives

Knowledge

At the end of the course, the student will be able to:

- Describe the normal functions of all the systems, the regulatory mechanisms and interactions of the various systems for well-coordinated total body functions.
- Understanding the relative contribution of each organ system in the maintenance of the milieu interior (homeostasis)
- Explain the physiological aspects of the normal growth and development.
- Analyze the physiological responses and adaptation to environmental stress. Comprehend the physiological principles underlying pathogenesis and treatment of disease.
- Correlate knowledge of physiology of human reproductive system in relation to National Family welfare program.

c. Skills

At the end of the course the student shall be able to:

- Conduct experiments designed for study of physiological phenomenon.
- Interpret experimental /investigative data.
- Distinguish between normal and abnormal data derived as a result of clinical examination and tests, which he has performed and observed in the laboratory.
- Recognize and get familiar with newer computerized and advanced instruments like medspiror, semen quality analyzer, EMG and TMT

d. Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems in order to provide a context in which normal function can be correlated both with structure and with the biological basis, its clinical features, diagnosis and therapy.

3. BIOCHEMISTRY

a. Competencies:

The learner must demonstrate an understanding of:

- Biochemical and molecular processes involved in health and disease,
- Importance of nutrition in health and disease,
- Biochemical basis and rationale of clinical laboratory tests, and demonstrate ability to interpret these in the clinical context.

b. Broad subject specific objectives:

Knowledge:

At the end of the course, the student shall be able to

- Enlist and describe the cell organelles with their molecular ad functional organization.
- Delineate structure, function and interrelationships of various biomolecules and consequences of deviation from the normal.
- Understand basic enzymology and emphasize on its clinical applications wherein regulation of enzymatic activity is disturbed.
- Describe digestion and assimilation of nutrients and consequences of malnutrition.
- Describe and integrate metabolic pathways of various biomolecules with their regulatory mechanisms.
- Explain the biochemical basis of inherited disorders with their associated squeal.
- Describe mechanisms involved in maintenance in water, electrolyte and acid base balance and consequences of their imbalances.
- Outline the molecular mechanisms of gene expression and regulation, basic principles of biotechnology and their applications in medicine.

c. Skills

At the end of the course, the student shall be able to:

- Make use of conventional techniques / instruments to perform biochemical analysis relevant to clinical screening and diagnosis;
- Analysis and interpret investigative data;
- Demonstrate the skills of solving scientific and clinical problems and decision making.

d. Integration:

The teaching/learning programme should be integrated horizontally and vertically, as much as possible, to enable learners to make clinical correlations and to acquire an understanding of the cellular and molecular basis of health and disease.

2nd Professional Year:

4. PATHOLOGY

a. Competencies:

The undergraduate must demonstrate:

- Comprehension of the causes, evolution and mechanisms of diseases,
- Knowledge of alterations in gross and cellular morphology of organs in disease states,
- Ability to correlate the natural history, structural and functional changes with the clinical manifestations of diseases, their diagnosis and therapy,

b. Broad subject specific objectives

Knowledge:

At the end of one and half years, the student shall be able to:-

- Describe the structure and ultra structure of a sick cell, causes and mechanisms of cell Injury, cell death and repair.
- Correlate structural and functional alterations in the sick cell.
- Explain the path physiological processes, which govern the maintenance of homeostasis, mechanisms of their disturbance and the morphological and clinical manifestation associated with it.
- Describe the mechanisms and patterns of tissue response to injury so as to appreciate the path physiology of disease processes and their application to clinical science.
- Correlate the gross and microscopic alterations of different organ systems in common disease to the extent needed for understanding disease processes and their clinical significance.
- Develop an understanding of steps in neoplastic changes in the body and their effects in order to appreciate need for early diagnosis and further management of neoplasia.
- Understand mechanisms of common hematological disorders and develop a logical approach in their diagnosis and management.
- Develop understanding of the blood banking, blood donors & transfusion of blood & blood products, (components).
- Understand pathophysiology of infectious diseases in relation with tissue changes.

- Describe the various immunological reactions in understanding the disease process & tissue transplant.
- Develop an understanding for genetic disorders.
- Understand the vital organ function test of Kidney, liver & thyroid.

c. Skills

At the end of one and half years, the student shall be able to:

- Describe the rationale and principles of routine technical procedures of the diagnostic laboratory tests & perform it.
- Interpret routine diagnostic laboratory tests and correlate with clinical,hematological and morphological changes.
- Perform the simple bed-side tests on blood, urine and other biological fluid samples:
- Draw a rational scheme of investigations aimed at diagnosing and managing the cases of common disorders.
- Able to understand the microscopic and macroscopic features of common diseases.
- Develop different type of skills such as observation skills, communication skill and presentation skill.
- Understand biochemical/physiological disturbances that occur as a result of disease in collaboration with all concerned departments.

d. Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems recognizing deviations from normal structure and function and clinically correlated so as to provide an overall understanding of the etiology, mechanisms, laboratory diagnosis, and management of diseases.

5. MICROBIOLOGY

a. Competencies:

The undergraduate learner demonstrates:

- Understanding of role of microbial agents in health and disease,
- Understanding of the immunological mechanisms in health and disease,
- Ability to correlate the natural history, mechanisms and clinical manifestations of infectious diseases as they relate to the properties of microbial agents,
- Knowledge of the principles and application of infection control measures,
- An understanding of the basis of choice of laboratory diagnostic tests and their interpretation, antimicrobial therapy, control and prevention of infectious diseases.
- Knowledge of outbreak investigation and its control.

b. Broad subject specific objectives

At the end of the course the student will be able to :

- Explain how the different microorganisms can cause human infection.
- Understand commercial, opportunistic and pathogenic organisms and describe host parasite relationship.
- Describe the characteristics (morphology, cultural characteristics, resistance, virulence factors, incubation period, mode of transmission etc.) of different microorganisms.
- Explain the various defense mechanisms of the host against the microorganisms which can cause human infection.
- Describe the laboratory diagnosis of microorganisms causing human infections and disease.
- Describe the prophylaxis for the particular infecting microorganisms

c. Skills

At the end of the course the student shall be able to

- Plan the laboratory investigations for the diagnosis of infectious diseases.
- Perform laboratory procedures to arrive at the etiological diagnosis of infectious diseases caused by bacteria, fungi, viruses and parasites including the drug sensitivity profile.
- Perform and interpret immunological and serological tests.
- Operate routine and sophisticated instruments in the laboratory.
- Develop microteaching skills and Pedagogy
- Successfully implement the chosen research methodology

d. Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems with emphasis on host-microbe-environment interactions and their alterations in disease and clinical correlations so as to provide an overall understanding of the etiological agents, their laboratory diagnosis and prevention.

6. PHARMACOLOGY

a. Competencies: The undergraduate must demonstrate:

- Knowledge about essential and commonly used drugs and an understanding of the pharmacologic basis of therapeutics,
- Ability to select and prescribe medicines based on clinical condition and the pharmacologic properties, efficacy, safety, suitability and cost of medicines for common clinical conditions of national importance,
- Knowledge of pharmacovigilance, essential medicine concept and sources of drug information and industry-doctor relationship,
- Ability to counsel patients regarding appropriate use of prescribed drug and drug delivery systems.

b. Broad subject specific objectives

(A) **Knowledge:**

At the end of the course, the student shall be able to

- Describe the Pharmacokinetics and Pharmacodynamics of essential and commonly used drugs.
- Enlist the indications, contraindications, interactions and adverse reactions of commonly used drugs.
- Tailor the use of appropriate drugs in disease with consideration of its cost, efficacy and safety for-
    a. Individual needs and
    b. Mass therapy, under National Health Programs.
- Integrate the list of drugs of addiction and recommend the management of drug addiction.
- Explain pharmacological basis of prescribing drugs in special medical situations such as

  pregnancy, lactation, infancy, old age, renal damage, hepatic damage and immuno-compromised patients.
- Explain the concept of rational drug therapy in clinical pharmacology.
- State the principles underlying the concept of 'Essential Drugs'.
- Evaluate the ethics and modalities involved in the development and introduction of new drugs.

c. Skills

At the end of the course, the student shall be able to

- Prescribe drugs for common ailments.
- Identify adverse reactions and drug interactions of commonly used drugs.
- Interpret the data obtained from the experiments designed for the study of effect of drugs in various experimental and clinical studies.
- Analyze the information regarding common pharmaceutical preparations and critically evaluate drug formulations.
- Appraise the Principles of Clinical Pharmacy and Dispense the Medications giving proper instructions.

d. Integration: Practical knowledge of use of drugs in Clinical Practice will be acquired through Integrated Teaching vertically with phase 1 subjects and horizontally with other phase 2 subjects.

3rd Professional year

7. FORENSIC MEDICINE AND TOXICOLOGY

a. Competencies: The learner must demonstrate:

- Understanding of medico-legal responsibilities of physicians in primary and secondary care settings,
- Understanding of the rational approach to the investigation of crime, based on scientific and legal principles,
- Ability to manage medical and legal issues in cases of poisoning /overdose,
- Understanding the medico-legal framework of medical practice and medical negligence,
- Understanding of codes of conduct and medical ethics,
- Understanding concept of deceased donor, brain death, and Human Organ Transplantation Act.

b. Broad subject specific objectives:

Knowledge: At the end of the course, the student shall be able to

- Identify the basic Medico-legal aspects of hospital and general practice.
- Define the Medico-legal responsibilities of a general physician while rendering community service either in a rural primary health centre or an urban health centre.

- Appreciate the physician's responsibilities in criminal matters and respect for the codes of Medical ethics.
- Diagnose, manage and identify legal aspect of common acute and chronic poisonings.
- Describe the Medico-legal aspects and findings of post-mortem examination in cases of death due to common unnatural conditions and poisonings.
- Detect occupational and environmental poisoning, prevention and epidemiology of common poisoning and their legal aspects particularly pertaining to Workmen's Compensation Act.
- Describe the general principles of analytical toxicology.

c. Skills

At the end of the course, the student shall be able to

- Make observations and draw logical inferences in order to initiate enquiries in criminal matters and Medico-legal problems and be able to -
- Carry on proper Medico-legal examination and documentation/Reporting of Injury and Age.
- Conduct examination for sexual offences and intoxication.
- Preserve relevant ancillary materials for medico-legal examination.
- Identify important post-mortem findings in common unnatural deaths.
- Diagnose and treat common emergencies in poisoning and chronic toxicity.
- Make observations and interpret findings at post-mortem examination.
- Observe the principles of medical ethics in the practice of his profession.

d. Integration:

The teaching should be aligned and integrated horizontally and vertically recognizing the importance of medico-legal, ethical and toxicological issues as they relate to the practice of medicine.

8. COMMUNITY MEDICINE

a. Competencies: The undergraduate must demonstrate:

- Understanding of the concept of health and disease,
- Understanding of demography, population dynamics and disease burden in National and global context,
- Comprehension of principles of health economics and hospital management,
- Understanding of interventions to promote health and prevent diseases as envisioned in National and State Health Programmes.
- Understanding of physical, social, psychological, economic and environmental determinants of health and disease,
- Ability to recognize and manage common health problems including physical, emotional and social aspects at individual family and community level in the context of National Health Programmes,
- Ability to Implement and monitor National Health Programmes in the primary care setting,
- General knowledge about Organ and Tissue donation,
- Knowledge of maternal and child wellness as they apply to national health care priorities and programmes,
- Ability to recognize, investigate, report, plan and manage community health problems including malnutrition and emergencies.

b. Broad subject specific objectives:

Knowledge: At the end of the course the student shall be able

- Explain the principles of sociology including demographic population dynamics.
- Identify social factors related to health, disease and disability in the context of urban and rural societies.
- Appreciate the impact of urbanization on health and disease.
- Observe and interpret the dynamic of community behaviors.

- Describe the elements of normal psychology and social psychology.
- Observe the principles of practice of medicine in hospital and community settings.
- Describe the health care delivery systems including rehabilitation of the disabled in the country.
- Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control.
- Describe the epidemiological methods and techniques.
- Outline the demographic pattern of the country and appreciate the roles of the individuals, family, community and socio-cultural milieu in health and disease.
- Describe the health information systems.
- Acquire, understand, integrate, apply and manage information in context to health care problems and health care delivery system in various communities, health care settings and hospitals.
- Describe the principles and components of primary health care, National Rural Health Mission and the national health policies to achieve the goal of "Health for all" with regards to identify the environmental, bio-waste and occupational hazards and their control.
- Describe the importance of water and sanitation in human health.
- Describe the principles of health economies, health administration, health education in relation to community.
- Critically analyze the problem (s) and apply his/her knowledge to solve the problem in holistic manner.
- Describe and apply principles of prevention, promotion and maintenance of health.

c. Skills: At the end of the course, the student shall be able to –

- Use the principles and practice of medicine in hospital and community settings and familiarization with elementary practices.
- Use the Art of communication with patients including history taking and medico social work.

- Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention.
- Organize health care services for vulnerable and disadvantages groups.
- Organize health care services in case of calamities.
- Collect, analyze, interpret and present simple community and hospital base data.
- Diagnose and manage common health problems (including communicable and non-communicable diseases) and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-culture beliefs.
- Diagnose and manage common nutritional problems at the individual and community level.
- Plan, implement and evaluate a health education Programme with skill to use simple audio-visual aids.
- Interact with other members of the health care team and participate in the organization of health care services, health advocacy and implementation of national health programmes.
- Perform Administrative functions at health centers
- Observe the principles of medical ethics in the practice of his profession.

d. Integration:

Department shall adopt an integrated approach towards other clinical disciplines, public health services, NGOs, environmental sciences, social sciences, management, hospital administration, research, etc. to impart training to enable the graduate to work at all levels of health care. The teaching should be aligned and integrated horizontally and vertically in order to allow the learner to understand the impact of environment, society and national health priorities as they relate to the promotion of health and prevention and cure of disease.

9. OTO-RHINOLARYNGOLOGY (ENT)

a. Competencies: The learner must demonstrate:

- Knowledge of the common Otorhinolaryngological (ENT) emergencies and problems,
- Ability to recognize, diagnose and manage common ENT emergencies and problems in primary care setting,
- Ability to perform simple ENT procedures as applicable in a primary care setting,
- Ability to recognize hearing impairment and refer to the appropriate hearing impairment rehabilitation programme.

b. Broad subject specific objectives:

- **Knowledge**: At the end of the course, the student shall be able to :
- Describe the basic pathophysiology of common Ear, Nose & Throat (ENT) diseases &emergencies.
- Adopt the rational use of commonly used drugs keeping in mind their adverse reactions.
- Suggest common investigative procedures & their interpretation.

c. Skills: At the end of the course the student shall be able to

- Examination & Diagnose common ENT problems including pre-malignant & Malignant disorders of the Head & Neck.
- Manage ENT problems at first level of care & be able to refer whenever necessary.
- Assist / carry out minor ENT procedures like ear syringing, ear dressing, nasal packing.
- Assist in certain procedures such as tracheotomy, endoscopy & removal of foreign bodies.

d. Integration:

The teaching should be aligned and integrated horizontally and vertically in

order to allow the learner to understand the structural basis of ENT problems, their management and correlation with function, rehabilitation and quality of life. The undergraduate training ENT will provide an integrated approach towards other disciplines especially, neurosciences, ophthalmology & general surgery.

10. OPHTHALMOLOGY

a. Competencies: The student must demonstrate:

- Knowledge of common eye problems in the community
- Recognize, diagnose and manage common eye problems and identify indications for referral,
- Ability to recognize visual impairment and blindness in the community and implement national programmes as applicable in the primary care setting.

b. Broad subject specific objectives

Knowledge: At the end of the course, student shall have the knowledge of

- Common problems affecting the eye.
- Principles of management of major ophthalmic emergencies.
- Main systemic disease affecting the eye.
- Effects of local and systemic diseases on patient's vision and the necessary action required minimizing the sequelae of such diseases.
- Adverse drug reaction with special reference to ophthalmic manifestations.
- Magnitude of blindness in India and its main causes.
- National programme for control of blindness and its implementation at various levels.
- Eye care education for prevention of eye problems.
- Role of primary health center in organization of eye camps.

- Organization of primary health care and the functioning of the ophthalmic assistant.
- Integration of the national programme for control of blindness with the other national health programmes.
- Eye bank organization.

c. Skills

- Elicit a history pertinent to general health and ocular status.
- Assist in diagnostic procedures such as visual acuity testing, examination of eye, Schiotz tonometry, Staining of Corneal pathology, confrontation, perimetry, Subjective refraction including correction of Presbyopia and aphakia, direct ophthalmoscopy and conjunctival smear examination and Cover test.
- Diagnose and treat common problems affecting the eye.
- Interpret ophthalmic signs in relation to common systemic disorders.
- Assist/observe therapeutic procedures such as Subconjunctival injection, corneal conjunctival foreign body removal, carbolic cautery for corneal ulcers, Nasolacrimal duct syringing and tarsorrhaphy
- Provide first aid in major ophthalmic emergencies.
- Assist to organize community surveys for visual check-up.
- Assist to organize primary eye care service through primary health centers.
- Use effective means of communication with the public and individual to motivate for surgery in cataract and for eye donation.
- Establish rapport with his seniors, colleagues and paramedical workers, so as to effectively function as a member of the eye care team.

d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of ophthalmologic problems, their management and correlation with function,

rehabilitation and quality of life.

3rd PROFESSIONAL YEAR PART - II

Medicine Allied Subjects:

11. GENERAL MEDICINE

a. Competencies: The student must demonstrate ability to do the following in relation to common medical problems of the adult in the community:

- D emonstrate understanding of the pathophysiologic basis, epidemiological profile, signs and symptoms of disease and their investigation and management,
- Competently interview and examine an adult patient and make a clinical diagnosis,
- Appropriately order and interpret laboratory tests,
- Initiate appropriate cost-effective treatment based on an understanding of the rational drug prescriptions, medical interventions required and preventive measures,
- Follow up of patients with medical problems and refer whenever required,
- Communicate effectively, educate and counsel the patient and family,
- Manage common medical emergencies and refer when required,
- Independently perform common medical procedures safely and understand patient safety issues.

b. Broad subject specific objectives:

Knowledge: At the end of the course, the student shall be able to:

- Diagnose common clinical disorders with special reference to infectious diseases,

nutritional disorders, tropical and environmental diseases;

- Outline various modes of management including drug therapeutics especially dosage, side effects, toxicity, interactions, indications and contra-indications;
- Propose diagnostic and investigative procedures and ability to interpret them;
- Provide first level management of acute emergencies promptly and efficiently and decide the timing and level of referral, if required;
- Recognize geriatric disorders and their management.

c. Skills

At the end of the course, the student shall be able to

- Develop clinical skills (history taking. clinical examination and other instruments of examination) to diagnose various common medical disorders and emergencies;
- Refer a patient to secondary and/or tertiary level of health care after having instituted primary care;
- Perform simple routine investigations like hemogram, stool, urine, sputum and biological fluid examinations;
- Assist the common bedside investigative procedure like pleural tap. Lumbar puncture, bone marrow aspiration/biopsy and liver biopsy.

d. Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide sound biologic basis and incorporating the principles of general medicine into a holistic and comprehensive approach to the care of the patient. With other relevant academic inputs which provide scientific basis of clinical medicine e.g. anatomy, physiology, biochemistry, microbiology, pathology and pharmacology.

12. PEDIATRICS

a. Competencies: The student must demonstrate:

- Ability to assess and promote optimal growth, development and nutrition of children and adolescents and identify deviations from normal,
- Ability to recognize and provide emergency and routine ambulatory and First

Level Referral Unit care for neonates, infants, children and adolescents and refer as may be appropriate,

- Ability to perform procedures as indicated for children of all ages in the primary care setting,
- Ability to recognize children with special needs and refer appropriately,
- Ability to promote health and prevent diseases in children,
- Ability to participate in National Programmes related to child health and in conformation with the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Strategy,
- Ability to communicate appropriately and effectively.

b. Broad subject specific objectives:

Knowledge:-At the end of the course, the students shall be able to:-

- Describe the normal Growth and Development during fetal life, Neonatal period, Childhood and Adolescence and the deviations thereof.
- Describe the common Pediatric disorders and emergencies in terms of Epidemiology, Etiopathogenesis, Clinical manifestations, Diagnosis and also describe the rational therapy and rehabilitation services.
- Workout age related requirements of calories, nutrients, fluids, dosages of drugs etc. in health and disease.
- Describe preventive strategies for common infectious disorders, Malnutrition, Genetic and Metabolic disorders, Poisonings, Accidents and Child abuse.
- Outline national programs related to child health including Immunization programs.

c. Skills

At the end of the course, the students shall be able to:-

- Take detailed Pediatric and Neonatal history and conduct an appropriate physical examination of children and neonates, make clinical diagnosis, conduct common

bedside investigative procedures, interpret common laboratory investigations, plan and institute therapy.

- Take anthropometric measurements, resuscitate newborn, prepare oral rehydration solution, perform tuberculin test, administer vaccines available under current National programs, perform venesection, start intravenous fluids and provide nasogastric feeding.
- Conduct diagnostic procedures such as lumbar puncture, liver and kidney biopsy, bone marrow aspiration, pleural and ascitic tap.
- Distinguish between normal Newborn babies and those requiring special care and institute early care to all newborn babies including care of preterm and low birth weight babies, provide correct guidance and counseling about breastfeeding and Complementary feeding.
- Provide ambulatory care to all not so sick children, identify indications for specialized/ inpatient care and ensure timely referral to those who require hospitalization.

d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for neonates, infants, children and adolescents based on a sound knowledge of growth, development, disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

13. DERMATOLOGY

a. Competencies:

The undergraduate student must demonstrate:

- Understanding of the principles of diagnosis of diseases of the skin, hair, nail and mucosa,
- Ability to recognize, diagnose, order appropriate investigations and treat common diseases of the skin including leprosy in the primary care setting and refer as

appropriate,

- A syndromic approach to the recognition, diagnosis, prevention, counseling, testing and management of common sexually transmitted diseases including HIV based on national health priorities,
- Ability to recognize and treat emergencies including drug reactions and refer as appropriate.

b. **Broad subject specific objectives:**

Knowledge:

At the end of the course of Dermatology the student shall be able to :

- Demonstrate sound knowledge of common diseases, their clinical manifestations, including emergent situations and of investigative procedures to confirm their diagnosis
- Demonstrate comprehensive knowledge of various modes of therapy used in treatment of cutaneous, sexually transmitted diseases and leprosy
- Describe the mode of action of commonly used drugs, their doses, side effects/toxicity, indications and contra-indications and interactions
- Describe commonly used modes of management including the medical and surgical procedures available for the treatment of various diseases and to offer a comprehensive plan of management for a given disorder

c. Skills:

The student shall be able to

- Interview the patient, elicit relevant and correct information and describe the history in a chronological order:
- Conduct clinical examination, elicit and interpret physical findings and diagnose common disorders and emergencies.
- Demonstrate simple, routine investigative and laboratory procedures required for making the bed-side diagnosis, especially the examination of scrapings for fungus,

preparation of slit smears and staining for AFB for leprosy patients and for STD cases and take a skin biopsy for diagnostic purposes.

- Manage common diseases and recognizing the need for referral for specialized care, in case of inappropriateness of therapeutic response.

d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order to emphasize the biologic basis of diseases of the skin, sexually transmitted diseases and leprosy

14. PSYCHIATRY

a. Competencies: The student must demonstrate:

Ability to promote mental health and mental hygiene,

- Knowledge of etiology (bio-psycho-social-environmental interactions), clinical features, diagnosis and management of common psychiatric disorders across all ages,
- Ability to recognize and manage common psychological and psychiatric disorders in a primary care setting, institute preliminary treatment in disorders difficult to manage, and refer appropriately,
- Ability to recognize alcohol/ substance abuse disorders and refer them to appropriate centers,
- Ability to assess risk for suicide and refer appropriately,
- Ability to recognize temperamental difficulties and personality disorders,
- Assess mental disability and rehabilitate appropriately,
- Understanding of National and State programmes that address mental health and welfare of patients and community.

b. Broad subject specific objectives:

Knowledge:

At the end of the course the student shall be able to:

- Understand the comprehensive nature & development of different aspects of normal human behavior like learning, memory, motivation, personality & intelligence
- Recognize differences between normal & abnormal behavior
- Classify psychiatric disorders
- Recognize clinical manifestations of the following common syndromes & plan their appropriate management of organic psychosis, functional psychosis, schizophrenia, affective disorders, neurotic disorders, personality disorders, psycho physiological disorders, drug & alcohol dependence, psychiatric disorders of childhood & adolescence
- Describe rational use of different mode of therapy in psychiatric disorders.

c. Skills:

The student shall be able to:

- Interview the patient & understand different methods of communications in patient-doctor relationship
- Elicit detailed psychiatric case history & conduct clinical examination for assessment of mental status
- Define, elicit & interpret psychopathological symptoms & signs
- Diagnose & manage common psychiatric disorders
- Identify & manage common psychological reactions & psychiatric disorders in medical & surgical patients in clinical practice & in community setting

d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand bio-psycho-social-environmental interactions that lead to diseases/ disorders for preventive, promotive, curative, rehabilitative services and medico-legal implications in the care of patients both in family and

community.

16. GENERAL SURGERY

a. Competencies:

The student must demonstrate:

- Understanding of the structural and functional basis, principles of diagnosis and management of common surgical problems in adults and children
- Ability to choose, calculate and administer appropriately intravenous fluids, electrolytes, blood and blood products based on the clinical condition
- Ability to apply the principles of asepsis, sterilization, disinfection, rational use of prophylaxis, therapeutic utilities of antibiotics and universal precautions in surgical practice
- Knowledge of common malignancies in India and their prevention, early detection and therapy
- Ability to perform common diagnostic and surgical procedures at the primary care level
- Ability to recognize, resuscitate, stabilize and provide Basic & Advanced Life Support to patients following trauma
- General knowledge about organ retrieval from deceased donor and living donor
- Ability to administer informed consent and counsel patient prior to surgical procedures,
- Commitment to advancement of quality and patient safety in surgical practice.

b. Broad subject specific objectives.

Knowledge:

At the end of course, the student should be able to:

- Describe aetiology, pathophysiology, principles of diagnosis and management of common surgical problems including emergencies in adult and children.
- Define indications and methods for fluid and electrolytes replacement therapy including blood transfusion.
- Define asepsis, disinfection and sterilization and recommend judicious use of antibiotics.
- Describe common malignancies in the country and their management including prevention.
- Enumerate different types of anaesthetic agents, their indications, contraindications, mode of administration, and side effects.

c. Skills

At the end of the course, the student should be able to:

- Diagnose common surgical conditions both acute and chronic, in adults and children.
- Plan various laboratory tests for surgical conditions and interpret the results.
- Identify and manage patients of hemorrhagic, septicaemia and other types of shock.
- Be able to maintain patent air-way and resuscitate.
- Monitor patient of head, chest, spinal and abdominal injuries, both in adults and children.
- Provide primary care for a patient of burns.
- Acquire principles of operative surgery including preoperative, operative and post operative care and monitoring.
- Treat open wound including preventive measures against tetanus and gas gangrene.

- Diagnose neonatal and pediatric surgical emergencies and provide sound primary care before referring the patient to secondary/tertiary centres.
- Identify congenital anomalies and refer them for appropriate management.

d. Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide a sound biologic basis and a holistic approach to the care of the surgical patient.

- Apply knowledge of basic medical sciences and other relevant subjects to support understanding of various pathologies, facilitate examination of and intervention for the patients.
- To apply the principles of quality of health care, legal and ethical principles and regulations as recommended by Medical Council of India and WHO.

17. OBSTETRICS AND GYNAECOLOGY

a. Competencies:

The student must demonstrate ability to:

- Provide peri-conceptional counseling and antenatal care,
- Identify high-risk pregnancies and refer appropriately,
- Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings,
- Prescribe drugs safely and appropriately in pregnancy and lactation,
- Diagnose complications of labor, institute primary care and refer in a timely manner,
- Perform early neonatal resuscitation,
- Provide postnatal care, including education in breast-feeding,
- Counsel and support couples in the correct choice of

contraception,

- Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient,
- Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MTP), Pre-conception and Prenatal Diagnostic Techniques (PC PNDT Act) and other related Acts.
- Elicit a gynecologic history, perform appropriate physical and pelvic examinations and PAP smear in the primary care setting,
- Recognize, diagnose and manage common reproductive tract infections in the primary care setting,
- Recognize and diagnose common genital cancers and refer them appropriately.

b. Broad subject specific objectives

Knowledge

At the end of the course, the student shall be able to:

- Outline the anatomy, physiology and pathophysiology of the reproductive system and the common conditions affecting it.
- Diagnose normal pregnancy, labour, puerperium and manage the problems he is likely to encounter therein.
- List of leading causes of maternal and perinatal morbidity and mortality.
- Understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilization and their complications.
- Identify the use, abuse and side effects of drugs in pregnancy, peri- menopausal and post menopausal periods.
- Describe the national programme of maternal and child health and family welfare and their implementation at various levels.

- Identify common gynecological diseases and describe principles of their management.
- State the indications, techniques and complications of surgeries like Caesarian section, laparotomy, abdominal and vaginal hysterectomy, Fothergill's operation and vacuum
- Aspiration for Medical Termination of pregnancy (MTP) and minor surgeries like EB, D and C, Cervical Biopsy and Cervical encirclage.

c. Skills

At the end of the course, the student should be able to

- Take proper history and writing a good case sheet
- Writing a good discharge summary, proper referral letter
- Examination of patient and arrival at a diagnosis
- Planning for investigation and treatment
- Community orientation, participation in community health promoting and preventing programmes
- Examine a pregnant woman, recognize high- risk pregnancies and make appropriate referrals.
- Conduct a normal delivery, plot and interprete partogram
- recognize complications and decision of referral, provide postnatal care,
- Resuscitate the newborn and recognize the congenital anomalies.
- Advise a couple on the use of various available contraceptive devices (student should see at least 5 Cu-T insertions and 5 cases of female sterilization operations.)
- Perform pelvic examination, diagnose and manage common. gynecological problems including early detection of genital malignancies.
- Make a vaginal cytological smear, perform a post coital test and wet vaginal smear examination for Trichomonas vaginalis, Moniliasis and gram stain for gonorrhea, catheterization of urinary bladder
- Interpretation of data of investigations like biochemical, histopathological, radiological ultrasound etc.

d. Integration:

The teaching should be aligned and integrated horizontally and vertically in order

to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of national health priorities. The student shall be able to integrate clinical skills with other disciplines and bring about coordination of family welfare programme for the national goal of population control.

18. ORTHOPAEDICS (INCLUDING TRAUMA)

a. Competencies:

- The student must demonstrate:
- Ability to recognize and assess bone injuries, dislocation and poly-trauma and provide first contact care prior to appropriate referral,
- Knowledge of the medico-legal aspects of trauma,
- Ability to recognize and manage common infections of bone and joints in the primary care setting,
- Recognize common congenital, metabolic, neoplastic, degenerative and inflammatory bone diseases and refer appropriately,
- Ability to perform simple orthopedic techniques as applicable to a primary care setting,
- Ability to recommend rehabilitative services for common orthopaedic problems across all ages.

b. Broad subject specific objectives

Knowledge:

The student shall be able to understand:

- The principles, diagnosis and primary management and be able to give appropriate referral for further definitive management of bones and joint injuries.

- Osteogenesis, manifestation and diagnosis, primary management and give their referral for appropriate correction or rehabilitation of common musculoskeletal disorders including infections of bones and joints; congenital skeletal anomalies, metabolic bone diseases and neoplasm affecting bones.

c. Skills

At the end of the course, the student shall be able to:

- Detect soft tissue injuries such as sprains and strains.
- Detect common fractures of extremities.
- Deliver first aid measures for common fractures and sprains.
- Deliver emergency measures to poly trauma patients.
- Manage uncomplicated fractures of clavicle, forearm, phalanges etc.
- Use techniques of splinting such as application of Thomas splint, plaster slab and casts, immobilization by skin tractions etc.
- Learn indications for closed reductions, open reductions, internal fixation and external fixations of fracture.
- Manage common bone infection; learn indications for sequestration, amputation and corrective measures for bone deformities.
- Advice and counsel patient for rehabilitation for post traumatic, poliomyelitis, cerebral palsy and amputation.
- Be able to perform certain orthopedic skills, provide sound advice of skeletal and related conditions at primary or secondary health care level.

d. **Integration**:

The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of orthopedic problems, their management and correlation with function, rehabilitation and quality of life.

19. ANAESTHESIOLOGY

a. Competencies:

The student must demonstrate ability to:

- Describe and discuss the pre-operative evaluation, assessing fitness for surgery and the modifications in medications in relation to anesthesia /surgery,
- Describe and discuss the roles of Anesthesiologist as a peri-operative physician including pre-medication, endotracheal intubation, general anesthesia and recovery (including variations in recovery from anesthesia and anaesthetic complications),
- Describe and discuss the management of acute and chronic pain, including labour analgesia,
- Demonstrate awareness about the maintenance of airway in children and adults in various situations,
- Demonstrate the awareness about the indications, selection of cases and execution of cardio- pulmonary
- Resuscitation in emergencies and in the intensive care and high dependency units,
- Choose cases for local / regional anesthesia and demonstrate the ability to administer the same,
- Discuss the implications and obtain informed consent for various procedures and to maintain the documents.

b. Broad subject specific objectives:

Knowledge:

At the end of the course, the student shall be able to

- Know of simple nerve block and pain relief
- Awareness of the principles of administration of general, regional and local anesthesia.

- Know importance of hypoglycemia/hyperglycemia, hypotension/hypertension, IHD, Myocardial infarction.
- Know ventilators.

c. Skills

At the end of the training, the students should be able to:

- Perform cardio-pulmonary resuscitation with the available resources and transfer the patients to a bigger hospital for advanced life support.
- Set up intravenous infusion and manage fluid therapy
- Clear and maintain airway in unconscious patient.
- Administer oxygen correctly
- General knowledge about diagnosis of brain death and relevance in deceased donor organ transplantation

d. Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for patients undergoing various surgeries, in patients with pain, in intensive care and in cardio respiratory emergencies. Integration with the departments of Anatomy, Pharmacology and horizontal integration with any/all surgical specialties is proposed.

20. RADIODIAGNOSIS

a. Competencies: The student must demonstrate:

- Understanding of indications for various radiological investigations in common clinical practice,
- Awareness of the ill effects of radiation and various radiation protective measures to be employed,

- Ability to identify abnormalities in common radiological investigations.

b. Broad subject specific objectives:

Knowledge:

At the end of the course, the student shall be able to

- Enlist and describe the various diagnostic modalities
- Delineate normal and abnormal radiological findings
- Understand basic radiology and emphasize on its clinical applications
- Describe radiographic, ultra sonographic, CT, MRI features of common pathologies.
- Describe and integrate radiological findings in CNS, GIT, RS, CVS, MSK, GUT

d. Skills

- At the end of the course, the student shall be able to:
- Make use of Imaging findings to reach to a diagnosis;
- Analysis and interpret radiological data;
- Demonstrate the skills of solving clinical problems by illustrative evidences and decision making.

e. Integration: Horizontal and vertical integration to understand the fundamental principles of radiologic imaging, anatomic correlation and their application in diagnosis and therapy.

B. PHASE WISE TRAINING AND TIME DISTRIBUTION FOR PROFESSIONAL DEVELOPMENT

The Competency based Undergraduate Curriculum and Attitude, Ethics and Communication (AETCOM) course, as published by the Medical Council of India and also made available on the Council's website, shall be the curriculum for the batches admitted in MBBS from the academic year 2019-20 onwards.

In order to ensure that training is in alignment with the goals and competencies required for a medical graduate, there shall be a **Foundation Course**_to orient medical learners to MBBS programme, and provide them with requisite knowledge, communication (including electronic), technical and language skills.

I. Training period and time distribution:

Universities shall organize admission timing and admission process in such a way that teaching in the first Professional year commences with induction through the Foundation Course by the 1st of August of each year from academic year 2024-25. There shall be no admission of students in respect of any academic session beyond 30th August from academic year 2024-25. The Universities shall not register any student admitted beyond the said date.

The National Medical Commission may direct, that any student identified as having Obtained admission after the last date for closure of admission be discharged from the Course of study, or any medical qualification granted to such a student shall not be a recognized qualification by National Medical Commission.

The institution which grants admission to any student after the last date specified from the same shall also be liable to face such action as may be prescribed by National Medical Commission.

Every learner shall undergo a period of certified study extending over 4 ½ academic years, divided into four professional years from the date of commencement of course to the date of completion of examination which shall be followed by one year of compulsory rotating internship.

Each academic year will have at least 39 teaching weeks with a minimum of eight hours of working on each day including one hour as lunch break.

Didactic lectures shall not exceed one third of the schedule; two third of the schedule shall include interactive sessions, practicals, clinical or/and group discussions. The learning process should include clinical experiences, problem- oriented approach, case studies and community health care activities.

Teaching and learning shall be aligned and integrated across specialties both vertically and horizontally for better learner comprehension. Learner centered learning methods should include Early Clinical Exposure, problem-oriented learning, case studies, community- oriented learning, self- directed, experiential learning& Electives

At the end of each professional year university examination will be conducted. If any student fails to clear university examination, he will appear in supplementary examination.

Supplementary examinations and declaration of results shall be processed within 3-6 weeks from the date of declaration of the results of the main examination for every professional year, so that the candidates, who pass, can join the main batch for progression.

If the candidate fails in the supplementary examination of first MBBS, he shall join the batch of next academic /subsequent year. There shall be no supplementary batches. Partial attendance of examination in any subject shall be counted as an attempt.

- **A candidate, who fails in the First Professional examination, shall not be allowed to join the Second Professional.**
- **A candidate, who fails in the second Professional examination, shall be allowed to join the third Professional Part I training, however he shall not be allowed to appear for the examination unless he has passed second professional examination.**
- **A candidate who fails in the third Professional (Part I) examination shall be**

allowed to join third Professional part II training, however he shall not be allowed to appear for the examination unless he has passed second professional examination.

II. The period of 4½ years is divided as follows:

Phase I –Total 12 months

i) First Professional phase of 12 months including Foundation Course of one week and university exams. It shall consist of – Anatomy, Physiology, Biochemistry, Introduction to Community Medicine, Humanities, Professional development including Attitude, Ethics & Communication (AETCOM) module, family adoption programme through village outreach where-in each student shall adopt minimum of three (03) families and preferably at least five (05) families, Pandemic module and early clinical exposure, ensuring alignment & all types of integration and simulation- based learning.

Phase II- Second Professional (12 months) including university exams. It will consist of Pathology, Pharmacology, Microbiology, family visit under Community Medicine, General Surgery, General Medicine & Obstetrics & Gynecology Professional development including AETCOM module, simulation-based learning and introduction to clinical subjects ensuring both alignment & all types of integration.

The clinical exposure to learners will be in the form of learner-doctor method of clinical training in all phases. The emphasis will be on primary, preventive and comprehensive health care. A part of training during clinical postings should take place at the *primary level* of health care. It is desirable to provide learning experiences in secondary health care, wherever possible. This will involve:

- Experience in recognizing and managing common problems seen in outpatient, inpatient and emergency settings,
- Involvement in patient care as a team member,
- Involvement in patient management and performance of basic procedures.

iii) Phase III - 30 months

a. Third Professional Part I (12 months, including University exams)

Forensic Medicine and Toxicology, Community Medicine, Medicine & allied, Surgery & allied, Pediatrics and Obstetric & Gynecology including AETCOM, Pandemic module, Clinical teaching in General Medicine, General Surgery, Obstetrics & Gynecology, Pediatrics, Orthopedics, Dermatology, Community Medicine, Psychiatry, Respiratory Medicine, Radio-diagnosis (& Radiotherapy) and Anesthesiology & Professional development.

b. Electives (1 month) shall be included here. These will be in 2 blocks of 15 days each in Final first; 1st block after annual exam of III MBBS part 1 and 2nd block after the end of 1st elective.

c. Third Professional Part II (18 months, including University exam)-

Subjects include:

- M edicine and allied specialties (General Medicine, Psychiatry, Dermatology, Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis)
- S urgery and allied specialties (General Surgery, Otorhinolaryngology, Ophthalmology, Orthopedics, Dentistry, Physical Medicine and rehabilitation, Anesthesiology and Radiodiagnosis)
- O bstetrics and Gynecology (including Family Welfare)
- P ediatrics
- A ETCOM module

III. Distribution of teaching hours phase wise

a. First, second and third Professional part-I, teaching hours:

Time allotted: 12 months (approx. 52weeks)

Time available: Approx. **39 weeks** (excluding13 weeks) (39 hours/ week)

Prelim / University Exam & Results: 9 weeks

Vacation: 2 weeks

Public Holidays: 2 weeks

Time distribution in weeks: 39 weeks x 39 hours = 1521 hours for Teaching- Learning

b. Final MBBS part-2, teaching hours:

Time allotted: 18 months (approx. 78 weeks)

Time available: Approx. **62 weeks** (excluding 16 weeks) (39 hours/ week)

Prelim / University Exam & Results: 10 weeks

Vacation: 3 weeks

Public Holidays: 3 weeks

Time distribution in weeks: 62 x 39 hrs = 2418 hrs available for Teaching- Learning

(Clinical Postings: 15 hours/ week II MBBS onwards included in academic schedule)

These are attached in sperate annexure with all relevant tables.

Academic calender shall be as per the Table 1.

Distribution of subjects for Professional Phase – wise training is given in Table 2.

Minimum teaching hours prescribed in various disciplines are given in Tables 3-7.

Distribution and duration of clinical postings is given in Table 8.

Time allotted excludes time reserved for internal /University examinations, and vacation.

Second professional clinical postings shall commence before / after declaration of results of the first professional phase examinations, as decided by the institution/ University.

Third Professional parts I and part II clinical postings shall start no later than two weeks after the completion of the previous professional examination.

A total of 25% of allotted time of third Professional shall be utilized for integrated learning with phase I and II subjects. This will be included in the assessment of clinical subjects.

Note

- The period of training is minimum suggested. Adjustments where required depending on availability of time may be made by the concerned college/ institution. This period of training does not include university examination period.
- An exposure to skills lab for at least two (02) weeks prior to clinical postings shall be made available to all student.

C) New teaching /learning elements

1) Foundation Course

Goal: The goal of the Foundation Course is to prepare a learner to study medicine effectively.

Objectives:

(a) Orient the learner to:

- The medical profession and the physician's role in society
- The MBBS programme
- Alternate health systems i.e. AYUSH in India and history of Medicine
- Medical ethics, attitudes and professionalism
- Health care system and its delivery
- National health programmes and policies
- Universal precautions and vaccinations
- Patient safety and biohazard safety
- Principles of primary care(general and community based care)
- The academic ambience

(b) Enable the learner to acquire enhanced skills in:

- Language
- Interpersonal relationships

- Communication
- Learning including self-directed learning
- Time management
- Stress management
- Use of information technology, and artificial intelligence

(c) **Train the learner to provide:**

- First-aid
- Basic life support
- In addition to the above, learners maybe enrolled in one of the following programmes which will be run concurrently:
- Local language programme
- English language programme
- Computer skills
- These may be done in the last two hours of the day. These sessions must be as interactive as possible.

Sports (to be used through the Foundation Course as protected 04 hours /week).

Leisure and extracurricular activity (to be used through the Foundation Course as projected 02 hours per week).

Institutions shall develop learning modules and identify the appropriate resource persons for their delivery.

The time committed for the Foundation Course may not be used for any other curricular activity.

The Foundation Course shall have a minimum of 75% attendance of all students mandatorily. This will be certified by the Dean of the college.

The Foundation Course shall be organized by the Coordinator appointed by the Dean

of the college and shall be under supervision of the Heads of MBBS phase 1 departments.

Every college shall arrange for a meeting with parents/ wards of all students and records of the same shall be made available to UGMEB of NMC.

2) Early Clinical Exposure

Objectives: The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

- Recognize the relevance of basic sciences in diagnosis, patient care and management,
- Provide a context that will enhance basic science learning,
- Relate to experience of patients as a motivation to learn,
- Recognize attitude, ethics and professionalism as integral to doctor-Patient relationship,
- Understand the socio-cultural context of disease through the study of humanities.

Elements

- Basic science correlation: i.e. apply and correlate principles of basic sciences as they relate to patient care (this shall be part of integrated modules).
- Clinical skills: to include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training shall be imparted in the time allotted for early clinical exposure).
- Humanities: To introduce learners to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

3) Electives

Objectives: To provide the learner with opportunities:

- For diverse learning experiences,
- It is mandatory for learners to do an elective. The elective time shall not be used to make up for missed clinical postings, shortage of attendance or other purposes.
- Institutions will pre-determine the number and nature of electives, names of the supervisors, and the number of learners in each elective based on the local conditions, available resources and faculty.

- Electives on topics in areas such as Research methodology, Use of Artificial intelligence and computers in Health and Medical Education, Health Management, Health economics, Indian system of medicine, Medical photography /clinical photography, Global health, Evidence based medicine, Art and music in medicine, Literary activities, etc. may be provided by the college/ institution.
- It shall be preferable that elective choices are made available to the learners in the beginning of the academic year.
- The learner must submit a learning log book based on both blocks of the electives.
- 75% attendance in the electives and submission of log book maintained during electives is required for eligibility to appear in the final MBBS examination/ NEXT.
- Institutions may use part of this time for strengthening basic skill certification.

4) Professional Development including Attitude, Ethics and Communication Module (AETCOM)

Objectives of the programme: At the end of the programme, the learner must demonstrate ability to:

- Understand and apply principles of bioethics and law as they apply to medical practice and research, understand and apply the principles of clinical reasoning as they apply to the care of the patients,
- Understand and apply the principles of system-based care as they relate to the care of the patient,
- Understand and apply empathy and other human values to the care of the patient,
- Communicate effectively with patients, families, colleagues and other health care professionals,
- Understand the strengths and limitations of alternative systems of medicine,
- Respond to events and issues in a professional, considerate and humane fashion,
- Translate learning from the humanities in order to further his professional and personal growth.

Learning experiences:

- This will be a longitudinal programme spread across the continuum of the MBBS programme including internship,
- Learning experiences shall include small group discussions, patient care scenarios, workshops, seminars, role plays, lectures etc.
- Attitude, Ethics & Communication Module (AETCOM module) developed by the erstwhile Medical Council of India should be used longitudinally for purposes of instruction.
- 75% attendance in Professional Development Programme (AETCOM Module) shall be mandatory for eligibility to appear for final examination in each professional year.

Internal Assessment shall include:

- Written tests comprising of short notes and creative writing experiences,

OSCE based clinical scenarios /viva voce.

- At least one question in each paper of each clinical specialty in the University examination shall test knowledge competencies acquired during the professional development programme.
- Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce.

5) Learner-doctor method of clinical training (Clinical Clerkship)

a. Goal: To provide learners with experience in:

- Longitudinal patient care,
- Being part of the health care team,
- Hands-on care of patients in outpatient and in-patient setting.

b. Structure:

- The first clinical posting in second professional shall orient learners to the patient, their roles and the specialty.
- The learner-doctor programme shall progress as outlined in Table 9.
- The learner shall function as a part of the health care team with the following responsibilities:
  - Be a part of the units' out-patient services on admission days,
  - Remain with the admission unit until at least 6 PM except during designated class hours,
  - Be assigned patients admitted during each admission day for whom he will undertake responsibility, under the supervision of a senior resident or faculty member,

- Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician,
- Follow the patient's progress throughout the hospital stay until discharge,
- Participate, under supervision, in procedures, surgeries, deliveries etc. of assigned patients,
- Participate in unit rounds on at least one other day of the week excluding the admission day,
- Discuss ethical and other humanitarian issues during unit rounds,
- Attend all scheduled classes and educational activities,
- Document his observations in a prescribed log book /case record.

No learner will be given independent charge of the patient in the capacity of primary physician of the concerned patient.

The supervising physician shall be responsible for all patient care decisions and guide the learner from time to time as required.

6) Assessment:

- A designated faculty member in each unit will coordinate and facilitate the activities of the learner, monitor progress, provide feedback and review the log book/ case record.
- The log book/ case record must include the written case record prepared by the learner including relevant investigations, treatment and its rationale, hospital course, family and patient discussions, discharge summary etc.
- The log book shall also include records of outpatients assigned. Submission of the log book/ case record to the department is required for eligibility to appear for the final examination of the subject.

D) Assessment

I. Eligibility to appear for Professional examinations

The performance in essential components of training are to be assessed, based on:

(a) Attendance

- There shall be a minimum of 75% attendance in theory and 80% in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase – the learner must have 75% attendance in theory and 80% in practical in each phase of instruction in that subject. There shall be minimum of 80% attendance in family visits under Family adoption programme. Each student shall adopt minimum 3 families and preferably five families. The details shall be as per Family Adoption Program guidelines.
- If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have a minimum of 75% attendance in each subject including its allied branches, and 80% attendance in each clinical posting.
- Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination/ NEXT.

(b) **Internal Assessment**: Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/ problem solving exercise, participation in project for health care in the community. Internal assessment shall not be added to summative assessment. However, internal assessment should be displayed under a separate column in detailed marks card.

(c) Learners must have completed the required certifiable competencies for that phase of training and completed the log book

appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

(d) Regular periodic examinations shall be conducted throughout the course. There shall be no less than three internal assessment examinations in each subject of first and second professional year, and no less than two examinations in each subject of final professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.

- When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
- Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
- The final internal assessment in a broad clinical specialty (e.g., Surgery and allied specialties etc.) shall comprise of marks from all the constituent specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.
- Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40% marks in theory and practical separately) for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- The results of internal assessment should be displayed on the notice board within one week of the test.
- Universities shall guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason.

II. University Examinations:

University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

- Nature of questions shall include different types such as structured assays (Long-Answer Questions -LAQ), Short-Answer Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part shall be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. Practical /clinical examinations shall be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.
- Viva/oral examination should assess approach to patient management, emergencies, and attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.

University Examinations shall be held as under:

(a) First Professional

The first Professional examination shall be held at the end of first Professional training (in the 12th month of that training), in the subjects of Anatomy, Physiology and Biochemistry.

(b) Second Professional

The second Professional examination shall be held at the end of second

professional training (12th month of that training), in the subjects of Pathology, Microbiology, and Pharmacology.

(c) Third Professional

- Third Professional Part I examination shall be held at end of third Professional part 1 of training (12th month of that training) in the subjects of Community Medicine, and Forensic Medicine including Toxicology
- Third Professional Part II / National Exit Test (NExT) as per NExT regulations- (Final Professional) examination shall be at the end of 17th / 18th month of that training, in the subjects of General Medicine, General Surgery, Ophthalmology, Otorhinolaryngology, Obstetrics & Gynecology, and Pediatrics, and allied subjects as per NExT REGULATIONS.

Note:

- At least one question in each paper of each PHASE shall test the knowledge, and competencies acquired during the professional development programme (AETCOM module).
- Skills competencies acquired during the Professional Development Programme (AETCOM module) shall be tested during clinical, practical and viva.

In subjects that have two papers, the learner must secure minimum 50% of marks in aggregate (both papers together) to pass in the said subject.

Criteria for passing in a subject: A candidate shall obtain 50% marks in University conducted examination separately in Theory and in Practical (practical includes: practical/ clinical and viva voce) in order to be declared as passed in that subject.

Appointment of Examiners

- **Person appointed as an examiner in the particular subject must have at least four years of total teaching experience as Assistant Professor after obtaining postgraduate degree following MBBS,** in the subject in a

college affiliated to a recognized medical college (by UGMEB of NMC).

- For Practical /Clinical examinations, there shall be at least four examiners for every learner, out of whom not less than 50% must be external examiners. Of the four examiners, the senior-most internal examiner shall act as the Chairman and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained.
- A University having more than one college shall have separate sets of examiners for each college, with internal examiners from the concerned college. External examiner may be from outside the college/ university/ state/ union territory.
- There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.
- All eligible examiners with requisite qualifications and experience can be appointed internal examiners by rotation in their subjects.
- All theory paper assessment should be done as central assessment program (CAP) of concerned university.
- Internal examiners shall be appointed from the same institution for unitary examination in the same institution. For pooled examinations at one centre, the approved internal examiners from same university may be appointed.
- The Examiners for General Surgery and allied subjects as well as for General Medicine and allied subjects, shall be from General Surgery and General Medicine respectively.
- There shall be no grace marks to be considered for passing in an examination.

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(2)

ANNEXURES:

1. COMPETENCIES
2. TABLES RELATED TO CBME/ CURRICULUM, ASSESSMENTS
3. FAMILY ADOPTION PROGRAMME
4. GUIDELINES FOR MANPOWER REQUIREMENT FOR RESEARCH FACILITIES
5. DISABILITY CRITERIA FOR ADMISSION TO MBBS

AETCOM COMPETENCIES

AETCOM Competencies for First MBBS

Subject	Competency Number	Competency
Anatomy	Module 1.5	The cadaver as our first teacher Demonstrate respect and follow the correct procedure when handling cadavers and other biologic tissue
	Module 1.1	Identify, discuss Physician's role and responsibility to society and the community that she/he serves
Physiology	Module 1.2, Module 1.3	Demonstrate empathy in patient encounters
	Module 1.4	Demonstrate ability to communicate to patients in a patient, respectful, non- threatening, non-judgmental and empathetic manner
Biochemistry	Module 1.1,	Enumerate and Describe the role of a physician in health care system
	Module 1.1	Describe and discuss the commitment to lifelong learning as an important part of physician growth

AETCOM Competencies for Second MBBS

Subject	Competency Number	Competency
Pathology	2.6	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support.
	2.4 A	Demonstrate ability to work in a team of peers and superiors.
	2.4 B	Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers.
	2.7	Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures.
Microbiology	Module 2.2 A	Describe and discuss the role of non-malfeasance as a guiding principle in patient care
	Module 2.2 B	Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care
	Module 2.2 C	Describe and discuss the role of beneficence of a guiding principle inpatient care
	Module 2.2 D	Describe and discuss the role of a physician in health care system
	Module 2.2 E	Describe and discuss the role of justice as a guiding principle in patient Care
	Module 2.3	Describe and discuss the role of justice as a guiding principle in patient care
	Module 2.5	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care
Pharmacology	Module 2.1	Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner.
	Module 2.8	Demonstrate empathy in patient encounters.

AETCOM Competencies for Third Year (Part I)

Subject	Competency Number	Competency
Ophthalmology	**3.1**	**Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner**
	3.2	**Demonstrate an understanding of the implications and the appropriate procedure and response to be followed in the event of medical error**
ENT	**3.3 A**	**Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner**
	3.3 B	**Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures**
Forensic Medicine & Toxicology	**3.3 C**	**Administer informed consent and appropriately address patient queries to a patient undergoing a surgical procedure in a simulated environment**
	3.4	**Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to confidentiality in patient care**
Community Medicine	**3.5 A**	**Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues as it pertains to the physician - patient relationship (including fiduciary duty)**
	3.5 B	**Identify and discuss physician's role and responsibility to society and the community that she/ he serves**

AETCOM Competencies for Third Year (Part II)

Subject	Competency Number	Competency
Medicine and Allied Subjects	**4.1 A**	**The student should be able to: Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner**
	4.1 B	**The student should be able to: Communicate diagnostic and therapeutic options to patient and family in a simulated environment**
	4.3	**The student should be able to: Identify and discuss medico-legal, socio-economic and ethical issues as it pertains to organ donation**
Surgery and Allied Subjects	**4.4 A**	**The student should be able to: Demonstrate empathy in patient encounters**
	4.4 B	**The student should be able to: Communicate care options to patient and family with a terminal illness in a simulated environment**
	4.5	**The student should be able to: Identify and discuss and defend medico-legal, socio-cultural, professional and ethical issues in physician - industry relationships**
	4.6	**The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts**
Obstetrics and Gynecology	**4.2**	**The student should be able to: Identify, discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / Medical Termination of Pregnancy and reproductive rights**
	4.7	**The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts**
	4.8 A	**The student should be able to: Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts.**

	4.8 B	**The student should be able to: Demonstrate empathy to patient and family with a terminal illness in a simulated environment.**
Pediatrics	**4.9 A**	**The student should be able to: Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to medical negligence**
	4.9 B	**The student should be able to: Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to malpractice**

Table1: Time distribution of MBBS Programme & Examination Schedule

Proposed AcademiCalenderfor CBME 2023-24 Batch : 2023

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2023									1	2	3	4
2024	5	6	7	8	9	10	11	12-Ist Prof, exam, result	13- 2nd MBBS	14	15	16
2025	17	18	19	20	21	22	23	24- 2nd Prof exam, result	25- Final 1st	26	27	28
2026	29	30	31	32	33	34	35	36- Final 1st exam, result	37- Final 2nd	38	39	40
2027	41	42	43	44	45	46	47	48	49	50	51	52
2028	53	54 NEXT-1	1- CRMI	2	3	4	5- 2nd proposed NEXT	6	7	8	9	10
2029	11	12-NEXT-Step 2										

Legends:

AETCOM: Attitude, Ethics and Communication skills

FAP: Family Adoption Programme (village outreach)

SDL: Self Directed Learning

SGL: Small Group Learning (tutorials/ Seminars/ Integrated Learning)

PCT (mentioned in Assessments): Part Completion Test

Table2: Distribution of subjects in each Professional Phase

Phase & year of MBBS training	Subjects & Teaching Elements	Duration (months)	University Exam-ination
First Professional MBBS	(i) Foundation course -1 week, remaining spread over 6 months at the discretion of college (ii) Anatomy, Physiology & Biochemistry, Introduction to Community Medicine, including Family adoption programme (FAP) through village outreach (iii) Early Clinical Exposure (iv) Attitude, Ethics, and communication Module (AETCOM) including Humanities	12 months	1st professional
Second Professional MBBS	(i) Pathology, Microbiology, Pharmacology (ii) Introduction to clinical subjects (iii) Clinical postings, Family visits for FAP (iv) AETCOM	12 months	2nd professional
Third Professional part 1, MBBS, including Electives 1 month	(i) Community Medicine, Forensic Medicine and Toxicology, Medicine & allied, Surgery & allied, Pediatrics, Obstetrics & Gynecology (ii) Family visits for FAP (iii) Clinical postings (iv) AETCOM (v) Electives- 1 month, 2 blocks, 15 days each	12 months	Final professional - Part 1
Third Professional part 2, MBBS	(i) General Medicine, Dermatology, Psychiatry, Respiratory medicine, Pediatrics, General Surgery, Orthopedics, Oto-rhinolaryngology, Ophthalmology, Radiodiagnosis, Anesthesiology, Obstetrics & Gynecology (ii) Clinical postings (iii) AETCOM	18 months	Final Profession-al - Part II

Table 3: Foundation Course

(one week + spread over 6 months at the discretion of college)

Subjects/Contents	**Teaching hours**
Orientation	30
Skills Module	34
Field visit to Community Health Center	08
Introduction to Professional Development & AETCOM module	40
Sports, Yoga and extra-curricular activities	16
Enhancement of language/computer skills	32
Total	**160**

Table no. 4 Distribution of Subject Wise Teaching Hours for 1st MBBS

Subject	Lectures	SGL	SDL	Total
Foundation Course				39
Anatomy	210	400	10	620
Physiology	130	300	10	440
Biochemistry *	78	144	10	232
Early Clinical Exposure**	27	-	0	27
Community Medicine	20	20		40
FAP			27	27
(AETCOM)***	-	26	-	26
Sports and extra-curricular activities	-	-	-	10
Formative Assessment and Term examinations	-	-	-	60
Total	**464**	**918**	**30**	**1521 #**

* Including Molecular Biology

** Early Clinical exposure hours to be divided equally in all three subjects.

***AETCOM module shall be a longitudinal programme.

Includes hours for Foundation course also

Table no. 5- Distribution of Subject Wise Teaching Hours for II MBBS

Subjects	Lectures	SGL	Clinical Postings*	SDL	Total
Pathology	80	165	-	10	255
Pharmacology	80	165	-	10	255
Microbiology	70	135	-	10	215
Community Medicine	15	0	0	10	25
FAP	0	0	30		30
Forensic Medicine and Toxicology	12	22	-	08	42
Clinical Subjects	59		540	-	599
AETCOM	-	29	-	8	37
Sports, Yoga and extra-curricular activities	-	-	-	20	35
Pandemic module				28	28
Final total	316	516	585	104	1521

Pl. note: Clinical postings shall be for 3 hours per day, Monday to Friday.

There will be 15 hours per week for all clinical postings.

Table no. 6 - Distribution of Subject Wise Teaching Hours for Final MBBS part 1.

Subject	Lectures	SGL	SDL	Total
Electives	0	156	0	156
Gen. Med.	30	50	10	90
Gen Surgery	30	50	10	90
Obs. & Gyn	30	50	10	90
Pediatrics	25	30	10	65
Orthopedics	15	20	10	45
For. Med.& Tox.	40	70	20	130
Community Med	55	70	20	145
FAP (Visits +log book submission)	-	21	10	31
Otorhinolaryngology (ENT)	15	20	10	45
Ophthalmology	15	20	10	45
Clinical posting			540	540
AETCOM	0	19	12	31
Pandemic module	18	0	0	18
Total	**273**	**546**	**672**	**1521**

Table 7: Distribution of Subject wise Teaching Hours for

Third professional part-2/ Final MBBS

Subjects	Lectures	SGL	SDL	Total
General Medicine	95	155	55	**260**
General Surgery	80	140	40	**260**
Obstetrics and Gynecology	80	140	40	**260**
Pediatrics	30	60	30	**120**
Orthopedics	25	35	25	**85**
AETCOM	30	0	22	**52**
Dermatology	15	10	15	**40**
Psychiatry	15	15	15	**45**
Otorhinolaryngology (ENT)	15	25	15	**55**
Ophthalmology	15	25	15	**55**
Radiodiagnosis	8	15	15	**38**
Anesthesiology	8	15	15	**38**
Pandemic module	28	-	-	**28**
TOTAL	**444**	**610**	**302**	**1356**

Extra hours may be used for preparation of NExT or SDL.

Table no. 8: Clinical Posting Schedules in weeks

Subjects	Period of training in weeks			Total Weeks
	II MBBS	III MBBS Part I	III MBBS Part II	
Electives	0	4	0	4
General Medicine	9	4	14	27
General Surgery	7	4	10	21
Obstetrics & Gynaecology	7	4	10	21
Pediatrics	4	4	5	13
Community Medicine	4	4	0	8
Orthopaedics	2	2	4	8
Otorhinolaryngology	0	3	4	7
Ophthalmology	0	3	4	7
Psychiatry	0	2	4	6
Radio-diagnosis	0	0	2	2
Dermatology	2	2	2	6
Dentistry	1	0	0	1
Anaesthesiology	0	0	3	3
Total	**36**	**36**	**62**	**134**

Table 9: Learner- Doctor programme (Clinical Clerkship)

Year of Curriculum	Focus of Learner-Doctor programme
Year 1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness, family adoption program
Year 2	History taking, physical examination, assessment of change in clinical status, communication and patient education, family adoption program
Year 3	All of the above and choice of investigations, basic procedures and continuity of care
Year 4	All of the above (except Family adoption programme) and decision making, management and outcomes

Table 10 : Marks distribution for various subjects for University Annual Examinations

Phase of Course	Theory	Practicals	Passing criteria
1st MBBS			
Anatomy- 2 papers	Paper 1- 100	100	Mandatory to get 40% marks separately in theory and in practicals; and totally 50% for theory plus practicals.
	Paper 2 -100		
Physiology- 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Biochemistry- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
2nd MBBS			
Pathology - 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Microbiology- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
Pharmacology- 2 papers	Paper 1 -100	100	
	Paper 2- 100		
Final MBBS part 1			
Forensic Med. Tox.- 1 paper	Paper 1 - 100	50	
Community Med- 2 papers	Paper 1 -100	100	
	Paper 2- 100		

For NEXT, as per NEXT regulations.

Name of Institute:

DEPARTMENT OF Anatomy/Physiology/Biochemistry

Faculty : MBBS	Year/Phase- I		Date : dd/mm/yyyy

		Formative Assessment Theory			Continuous Internal assessment Theory						
Roll No.	**Name of Student**	**1st PCT Theory**	**2nd PCT Theory**	**Prelims Theory (Paper I & II)**	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	**Total**
							Self Directed Learning				
		100	**100**	**200**	**15**	**30**	**15**	**15**	**15**	**10**	**500**

Professor & Head
Department of _____
Name of Institute

Name of Institute :

Department of Anatomy/Physiology/Biochemistry

Faculty : MBBS | **Year/Phase- I** | **Date : dd/mm/yyyy**

			Formative Assessment			Continuous Internal Assessment (Practical)						
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)				Journal *(Record book/ Portfolio)*	Attendance (Practical)	Total
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	AETCOM competencies	SVL Lab activity	Research			
			100	100	100	60	30	40	20	40	10	500

Professor & Head
Department of _____
Name of Institute

Name of Institute :

DEPARTMENT OF Pathology/Pharmacology/Microbiology

Faculty : MBBS	**Year/Phase- II**	

			Formative Assessment Theory			Continuous Internal assessment Theory						
S.No.	**Roll No.**	**Name of Student**	**1st PCT Theory**	**2nd PCT Theory**	**Prelims Theory (Paper I & II)**	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	**Total**
								Self Directed Learning				
			100	**100**	**200**	**15**	**30**	**15**	**15**	**15**	**10**	**500**

Professor & Head
Department of _____
Name of Institute

Name of Institute :

Department of Pathology/Pharmacology/Microbiology

Faculty : MBBS | **Year/Phase- II** | **Date : dd/mm/yyyy**

			Formative Assessment			Continuous Internal Assessment (Practical)						
S.No.	**Roll No.**	**Name of Student**	**1st PCT Practical/First Ward Leaving Examination**	**2nd PCT Practical /Second Ward Leaving Examination**	**Prelims Practical**	**Log book (150)**				**Journal** *(Record book/ Portfolio)*	**Attendance (Practical)**	**Total**
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/ Other)	**AETCOM competencies**	**SVL Lab activity**	**Research**			
			100	**100**	**100**	**60**	**30**	**40**	**20**	**40**	**10**	**500**

Professor & Head
Department of _____
Name of Institute

DEPARTMENT OF Community Medicine

Faculty : MBBS **Year/Phase 3, part 1**

			Formative Assessment_Theory			Continuous Internal assessment_Theory									Cumulative percent of Theory & Practical
S.No.	Roll No.	Name of Student	1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Seminar	Continuous Class Test (LMS)	Museum study	Library assignments	Attendance Theory	Total	Percentage Theory *(Minimum cut off 40%)*		Theory+ Practical = 500+500= 1000 *(Minimum cut off 50%)*
									Self Directed Learning						*Note: Minimum 40% separately for theory and practical and 50% cumulative in IA for eligibility in Summative examination*
			100	100	200	15	15	30	15	15	10	500	%		
1															
2															
3															

DEPARTMENT OF FMT

Faculty: MBBS,
Year/ Phase 3, part
1

			Formative Assessment_Theory			Continuous Internal assessment_Theory						Total	Percentage Theory *(Minimum cut off 40%)*		Cumulative percent of Theory & Practical
S.No.	Roll No.	Name of Student	1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I &	Home Assignment	Seminar	Continuous Class Test (LMS)	Museum study	Library assignments	Attendance Theory				Theory+ Practical = 375+500= 875 *(Minimum cut off 50%)*
									Self Directed Learning						
			100	100	100	10	10	25	10	10	10	375	%		
1															
2															
3															

S/d
Professor & Head
Department of _____
*** Medical College**
University
State/
U.T.

Department of Community Medicine

Faculty : MBBS Year/Phase 3, part 1 Date : dd/mm/yyyy

			Formative Assessment			Continuous Internal Assessment (Practical)						
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)			Journal *(Record book/ Portfolio)*	Attendance (Practical)	Total	Percentage Practical *(Minimum cut off 40%)*
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	Family Adoption Programme competencies in Comm. Med	AETCOM competencies				
			100	100	100	60	30	30	40	10	500	%
1												
2												
3												

S/d
Professor & Head
Department of _____
* Medical College
University
State/ U.T.

Department of FMT MBBS Phase 3, Part 1

Faculty : MBBS Year/Phase- Date : dd/mm/yyyy

			Formative Assessment			Continuous Internal Assessment (Practical)						
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)			Journal *(Record book/ Portfolio)*	Attendance (Practical)	Total	Percentage Practical *(Minimum cut off 40%)*
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	AETCOM competencies	SVL Lab activity				
			100	100	100	70	40	40	40	10	500	%
1												
2												
3												

S/d
Professor & Head
Department of _____
* Medical College
University
State/ U.T.

Name of Institute :

Faculty : Final MBBS | Year/Phase- Part - II | Date : dd/mm/yyyy

DEPARTMENT OF Paediatrics/ENT/Ophthalmology

S.No.	Roll No.	Name of Student	Formative Assessment_Theory			Continuous Internal assessment_Theory						Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	
								Self Directed Learning				
			100	100	100	10	25	10	10	10	10	375

Name of Institute :												
Department of Paediatrics/ENT/Ophthalmology												
Faculty : Final MBBS			Year/Phase- Part -II								Date : dd/mm/yyyy	
			Formative Assessment			Continuous Internal Assessment (Practical)						
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)				Journal *(Record book/Portfolio)*	Attendance (Practical)	Total
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	AETCOM competencies	SVL Lab activity	Research			
			100	100	100	60	30	50	20	40	10	500

DEPARTMENT OF Medicine, Surgery, OBGY

Final MBBS Year-3, Part II

S.No.	Roll No.	Name of Student	Formative Assessment_Theory			Continuous Internal assessment_Theory						
			1st PCT Theory	**2nd PCT Theory**	**Prelims Theory (Paper I & II)**	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	**Total**
								Self Directed Learning				
			100	**100**	**200**	**15**	**30**	**15**	**15**	**15**	**10**	**500**

Professor & Head
Department of _____
Name of Institute

DEPARTMENT OF Medicine, Surgery, OBGY													
Faculty : Final MBBS			Year/Phase- Part - II									Date : dd/mm/yyyy	
			Formative Assessment			Continuous Internal Assessment (Practical)							
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (200)				Journal *(Record book/Portfolio)*	Attendance (Practical)	Total
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	AETCOM competencies	SVL Lab activity	Research			
			100	100	200	100	40	40	20	40	10	650

Professor & Head
Department of _____
Name of Institute

National Medical Commission (Undergraduate Medical Education) Guidelines, 2023

CURRICULUM FOR FAMILY ADOPTION PROGRAMME

FAMILY ADOPTION PROGRAM:

This is being introduced with the aim of village outreach program for MBBS students. Every student shall ideally adopt 5(five) families. However, minimum 3(three) families are mandatorily to be adopted by every MBBS students. Every college may arrange one diagnostic medical camp in the village wherein identification of:

a) anaemia, malnutrition in children, hypertension, diabetes mellitus, ischemic heart diseases, kidney diseases, any other local problems may be addressed.
b) If required, patients shall be admitted in the hospital for acute illness under care of student, charges may be waived off or provide concession or govt. schemes.
c) For chronic illness, students shall be involved.
d) Subsidized treatment charges may be provided under govt. schemes or welfare schemes.
e) Medical student may be allocated about 5 families and introduced in the first visit.
f) Camps may be arranged by Dean and Community Medicine/ P.S.M. department with active involvement of Associate/ Asst. Professors, social worker and supporting staff. Local population may be involved with village leaders.
g) Visit by students be made to the visit as mentioned in table below. Annual follow up diagnostic camp can be continued by the PSM department.

TARGETS TO BE ACHIEVED BY STUDENTS:

First Professional Year:

a) Learning communication skills and inspire confidence amongst families
b) Understand the dynamics of rural set-up of that region
c) Screening programs and education about ongoing government sponsored health related programs
d) Learn to analyse the data collected from their families
e) Identify diseases/ ill-health/ malnutrition of allotted families and try to improve the standards

Second Professional Year

a) Inspire active participation of community through families allotted
b) Continue active involvement to become the first doctor /reference point of the family by continued active interaction
c) Start compiling the outcome targets achieved

Third Professional Year

Analysis of their involvement and impact on existing socio-politico-economic dynamics in addition to improvement in health conditions

-Final visit to have last round of active interaction with families
-prepare a report to be submitted to department addressing:

1) Improvement in general health
2) Immunization
3) Sanitation,
4) De-addiction
5) Whether healthy lifestyles like reading good books, sports/ yoga activities have been inculcated in the house-holds.
6) Improvement in anaemia, tuberculosis control
7) Sanitation awareness
8) Any other issues
9) Role of the student in supporting family during illness/ medical emergency
10) Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees), cleanliness and sanitation drives with the initiative of the medical student

Curriculum for Family Adoption Programme

Professional Year	Competency The student should be able to	Objectives	Suggested Teaching Learning methods	Suggested Assessment methods	Teaching Hours
1st Professional	• Collect demographic profile of allotted families, take history and conduct clinical examination of all family members	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members	Family survey, Community clinics	Community case presentation, OSPE, logbook, journal of visit	6 hrs
	• Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the basic health profile and treatment history of allocated family members	Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	9 hrs
	• Maintain communication & follow up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment and	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community	Community case presentation, OSPE, logbook based certification of competency, journal of visit	6 hrs

		suggested remedial measures	clinics.		
	• Take part in environment protection and sustenance activities.	By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation herbal plantation activities conducted in the village	Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences	logbook based certification of competency, journal of visit	6hrs (Total27 hrs, 9 visits)
2nd Professional	• Take history and conduct clinical examination of all family members	By the end of this visit, students should be able to compile the updated medical history of family members and report their vitals and anthropometry	Family survey, Community clinics	Community case presentation, OSPE, logbook, journal of visit	6 hrs
	• Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine routine and blood sugar along with treatment history of allocated family members	Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	9 hrs

	• Maintain communication & follow up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,	Community case presentation, OSPE, logbook based certification of competency, journal of visit	9 hrs
	• Take part in environment protection and sustenance activities.	By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation herbal plantation activities conducted in the village	Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences	logbook based certification of competency, journal of visit	6 hrs (Total 30 hrs, 10 visits)
3rd Professional	• Take history and conduct clinical examination of all family members	By the end of this visit, students should be able to update the medical history of family members and their vitals and anthropometry	Family survey, Community clinics	Community case presentation, OSPE, logbook, journal of visit	3hrs
	• Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the details of clinical examination like Hb %, blood group, urine	Community clinics, Multispecialty camps	Community case presentation, OSPE, logbook, journal of visit	3hrs

		routine and blood sugar along with treatment history of allocated family members			
	• Maintain communication & follow up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members for follow-up of treatment, and suggested remedial measures along with details of vaccination drive	Reporting of follow up visits, PRA techniques (transact walk, group discussion) Community clinics,	Community case presentation, OSPE, logbook based certification of competency, journal of visit	3hrs
	• Take part in environment protection and sustenance activities. • Council the family members of allotted families and analyze the health trajectory of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation herbal plantation activities conducted in the village. By the end of this visit, students should be able to analyze and report the health trajectory of adopted family along with remedial measures adopted at individual, family and community level	Participation in and Process documentation of activities (NSS activities) along with reporting of photographic evidences, Small group discussion (report of the health trajectory of adopted family)	logbook based certification of competency, journal of visit	3hrs (total 21 hrs, 7 visits)

LOG BOOK FOR FAMILY ADOPTION

COLLEGE NAME :

UNIVERSITY :

ADDRESS DETAILS :

NAME OF THE STUDENT :

ROLL NO. :

VILLAGE NAME :

TEHSIL/ DISTRICT :

STATE/ UNION TERITORY :

NAME OF THE MENTOR :

MENTOR STATUS :
Asst. Prof/ S.R. And Details
(If changed, details of subsequent mentors)

NAME OF ASHA WORKER :

ADDRESS OF ASHA WORKER :

EXPERIENCE :
(SINCE HOW MANY YEARS IS HE/ SHE EMPLOYED)
(SEPARATE PAGE FOR EACH FAMILY BE MAINTAINED)

- Family name and address
- Approximate size of living space of house-hold
- Malaria/ flu/ etc pertinent to the region

1) If there is any illness or medical emergency required by the house-hold, the student should take initiative in being the primary contact for the family.
2) The student in turn should consult his/her mentor for further management of the patient.
3) The hospital to which the college is attached must provide treatment facilities to the patient.
4) Government schemes may be utilized for optimal management.
5) Follow-up records must be maintained by the student. These must be periodically evaluated by mentors with the help of senior residents.
6) The entire data sheet may be prepared by every student and submitted by the end of 6th semester for evaluation.
7) Progress notes must include every demographic point and history recorded.

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राष्ट्रीय आयुर्विज्ञान आयोग

National Medical Commission
(Undergraduate Medical Education Board)

F. No. U/14021/8/2023-UGMEB **Dated the 1st September, 2023**

CORRIGENDUM

Subject :Competency Based Medical Education Curriculum (CBME) Guidelines- National Medical Commission.

Kindly refer to the communication of even no. dated 01st August, 2023 on the above mentioned subject and to inform that provisions at page 58 of CBME is amended as under :

Page 58 of CBME Guidelines	Amended page 58 of CBME Guidelines
In subjects that have two papers, the learner must secure minimum 50% of marks in aggregate (both papers together) to pass in the said subject.	**In subjects that have two papers, the learner must secure** minimum ***40%*** of marks in aggregate (both papers together) to pass in the said subject.
Criteria for passing in a subject : A candidate shall obtain 50% marks in University conducted examination separately in Theory and in Practical (practical includes; practical/clinical and viva voce) in order to be declared as passed in that subject.	**Criteria for passing in a subject :** A candidate shall obtain 50% marks in aggregate and 60:40 (minimum) or 40:60 (minimum) in University conducted examination separately in Theory and in Practical (practical includes; practical/clinical and viva voce) in order to be declared as passed in that subject.

01/9/2023

(Shambhu Sharan Kumar)
Director, UGMEB

GUIDELINES FOR MANPOWER REQUIREMENT FOR RESEARCH FACILITIES IN A MEDICAL COLLEGE

Research labs can be under following categories:

1. Molecular lab
2. Stem cell research lab
3. Cytogenetics
4. HLA and tissue typing research lab

Applied Clinical research for organ perfusion, cancer research, in vitro fertilization, etc. can be under any of the above research facilities.

MAN POWER

(1) Lab Director post-1

Minimum Qualifications required	:	MD Path/MD Microbiology/MD Transfusion Medicine/MD Biochemistry. Faculty with PhD (Medical subject will be preferred)
Lab work	:	10 years experience
Lab research related publications	:	Minimum 10 in last 10 years

(2) Lab Supervisor post-1 (per research facility)

Minimum Qualifications required	:	MD Path/ MD Microbiology/ MD Transfusion Medicine/ MD Biochemistry Faculty with PhD (Medical subject) will be preferred or MSc in life sciences with Ph.D. from Medical college
Lab work	:	7 years experience
Lab research related publications	:	Minimum 5 in last 5 years

(3) Senior Scientific Research Officer posts- 1 or more (per research facility)

Minimum Qualifications required	:	PhD with MD Path/ MD Microbiology/ MD Transfusion Medicine/ MD Biochemistry/PhD in medical college or MSc in life sciences with PhD from medical college
Lab work	:	4years experience
Lab research related publications	:	Minimum 3 in last 3 years

(4) Junior Research Officer-posts- 1 or more (per research facility)

Minimum Qualifications required	:	MD Path/ MD Microbiology/ MD Transfusion Medicine/ MD Biochemistry or Diploma in Clinical Pathology/ MSc in life sciences, PhD scholar/ Postdoc fellow Diploma holder in any branch may pursue PhD if experience / research inclinations proved for minimum of 1 year. They can be enrolled for integrated Master's PhD course.
Lab work	:	1 year experience
Lab research related publications	:	Preferably 1 in last 2 years

(5) Laboratory Technicians- Posts- 2 (minimum)

Minimum Qualifications required	:	B.Sc/ M.Sc, in life sciences including Biotechnology, DMLT

(6) Data entry operator/ Clerk – (As per requirement)

(7) Store keeper – post 1 (minimum)

(8) **Biostatistician- post 1**(minimum)

(9) Lab attendant (As per requirement)

(10) Peon/ Multi-task worker (As per requirement)

(11) **Clinical Monitors (As per requirement)**

Minimum Qualifications required	:	A medical professional having MBBS degree or above with research inclination

(12) Social worker/ MSW with applied research inclinations (As per requirement)

Guidelines regarding admission of students with "Specified Disabilities" under the Rights of Persons with Disabilities Act, 2016 with respect to admission in MBBS Course.

Note : 1. The "Certificate of Disability" shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017 notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Departmentof Empowerment of Persons with Disabilities (*Divyangjan*)] on 15th June 2017.

2. The extent of "specified disability" in a person shall be assessed in accordance with the "Guidelines forthe purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)" notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 4th January 2018.

3. The minimum degree of disability should be 40% (Benchmark Disability) in order to be eligible for availing reservation for persons with specified disability.

4. The term 'Persons with Disabilities' (PwD) is to be used instead of the term 'Physically Handicapped' (PH).

<table>
<tr><th rowspan="2">S. No.</th><th rowspan="2">Disability Type</th><th rowspan="2">Type of Disabilities</th><th rowspan="2">Specified Disability</th><th colspan="3">Disability Range</th></tr>
<tr><th>Eligible for Medical Course, Not Eligible for PwD Quota</th><th>Eligible for Medical Course, Eligible for PwD Quota</th><th>Not Eligible forMedical Course</th></tr>
<tr><td rowspan="8">1.</td><td rowspan="8">Physical Disability</td><td rowspan="7">A. LocomotorDisability, including Specified Disabilities(a to f).</td><td>a. Leprosy cured person*</td><td rowspan="7">Less than 40% disability</td><td rowspan="7">40-80% disability
Persons with more than 80% disability may also be allowed on case to case basis and their functional competency will be determined with the aid of assistive devices, if it is being used, to see if it is brought below 80% and whether they possess sufficient motor ability as required to pursue and complete the course satisfactorily.</td><td rowspan="7">More than 80%</td></tr>
<tr><td>b. Cerebral Palsy**</td></tr>
<tr><td>c. Dwarfism</td></tr>
<tr><td>d. Muscular Dystrophy</td></tr>
<tr><td>e. Acid attack victims</td></tr>
<tr><td>f. Others*** such as Amputation, Poliomyelitis, etc.</td></tr>
<tr><td colspan="5">* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at.
** Attention should be paid to impairment of vision, hearing, cognitive function etc and corresponding recommendations be looked at.
*** (i) Both hands intact, with intact sensations, sufficient strength and range of motion are essential tobe considered eligible for medical course.
(ii) Movement of the upper limb with respect to all the joints (shoulder, elbow, forearm, wrist and all fingers) to be considered – full power, intact, in the dominant upper limb is necessary.
(iii) For non-dominant upper limb, power of 4/5 or above is recommended.</td></tr>
<tr><td>B. Visual Impairment (*)</td><td>a. Blindness
b. Low vision</td><td>Less than 40% disability</td><td>-</td><td>Equal to or More than 40% Disability</td></tr>
<tr><td>C. Hearing impairment@</td><td>a. Deaf
b. Hard of hearing</td><td>Less than 40% Disability</td><td>-</td><td>Equal to or more than 40% Disability</td></tr>
<tr><td colspan="5">(*) Persons with Visual impairment / visual disability of equal to or more than 40% may be made eligible to pursue MBBS Course and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes / magnifier etc.
@Person with hearing disability of more than 40% may be made eligible to pursue MBBS Course and may be given reservation subject to condition that the hearing disability is brought to a level of less than the bench mark of 40% with the aid of assistive devices/cochlear implants (CI).
In addition to this, the individual should have speech discrimination score of more than 60%</td></tr>
</table>

		Type of Disabilities	Disability Range			
			Specified Disability	**Eligible for Medical Course, Not Eligible for PwD Quota**	**Eligible for Medical Course,Eligible for PwD Quota**	**Not Eligible for Medical Course**
		D. Speech & language disability$	Organic/ neurologi calcauses	Less than 40% Disability	-	Equal to or more than 40% Disability
		$ Persons with Speech Intelligibility Affected (SIA) shall be eligible to pursue MBBS Courses, provided Speech Intelligibility Affected (SIA) score shall not exceed 3 (three), which is 40% or below. Persons with Aphasia shall be eligible to pursue MBBS Courses, provided Aphasia Quotient (AQ) is 40% or below.				
2.	Intellectual disability	a. Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia)#	# currently there is no Quantification scale available to assess the severity of SpLD, therefore the cut-off of 40% is arbitrary and more evidence is needed.	Less than 40% Disability	Equal to or more than 40% disability and equal to or less than 80%. But selection will be based on the learning competency evaluated with the help of the remediation/assisted technology/aids/infrastructural changes by the Expert Panel. According to the Notification dated 09.12.2020 by the Department of empowerment of Persons with Disabilities (Divyanganj), Ministry of Social Justice, diagnosis of SLD using NIMHANS SLD Battery should be equated to more than 40% disability. Any person with SLD and more than 40% disability should be allowed to complete at par with other PwDs under the reservation quota for PwDs.	More than 80% or severe nature or significant cognitive/ intellectual disability.
		b. Autism spectrum disorders		Absence or Mild Disability, Asperger syndrome (disability of upto 60% as per ISAA) where the individual is fit for MBBS course by an expert panel.	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	More than 60% disability or presence of cognitive/intellectual disability and/or if the person is unfit for pursuing MBBS course by an expert panel.
3.	Mental Behavior	*** Mental Illness	Mental Illness will be no bar for taking admission in MBBS Course provided the candidate is able to qualify the NEET UG. *However, the benefit of reservation quota may be considered in future after developing better methods of disability assessment.*			
4.	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis ii. Parkinsonism	Less than 40% Disability	40-80% disability	More than 80%
		b. Blood Disorders	i. Hemophilia ii. Thalassemia iii. Sickle cell disease	Less than 40% Disability	40-80% disability	More than 80%

S. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
5.	Multiple disabilities including deaf		More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely, Visual, Hearing, Speech & Language disability, Intellectual Disability, and Mental Illness as a component of Multiple Disability. Combining Formula as notified by the related Gazette Notificationissued by the Govt. of India $a + \frac{b(90-a)}{90}$ (where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual		

*** That by virtue of the order dated 18.05.2023 passed by the Hon'ble Supreme Court of India in WP (C) No. 1093 of 2023 titled Vishal Gupta Vs UOI & Ors., the Under Graduate Medical Education Board, an autonomous board under National Medical Commission, constituted an expert committee. Accordingly on 14th July, 2023, the expert meeting was held and the issues related to the review of guidelines specifically with respect to Specific learning disabilities (SLD), Autism spectrum disorders (ASD) and Mental Illness, were discussed in detail. Thereafter recommendations based on the discussions held in the meeting were received in the commission and such recommendations were considered by the UGMEB.

MEDICAL COUNCIL OF INDIA

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

Knows → Knows how → Shows → Shows how → Performs

Enumerate | Describe | Observe | Demonstrate | Assist

Counsel

Analyse

Guide

Correlate

Critique

Prescribe

Integrate

Communicate

Interpret

Collaborate

Clinician | Communicator | Team Leader | Professional | Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

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COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

2018

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भारतीय आयुर्विज्ञान परिषद के अधिक्रमण में शासी बोर्ड

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

FOREWORD

The Medical Council of India, aware of its responsibilities in creation of trained health manpower, has been engaged for the past few years in updating the medical curriculum for undergraduates and postgraduates to be in consonance with the changing health needs of the country. The task of updating and reorganization of the postgraduate curriculum in nearly 50 broad specialty disciplines to the competency pattern was accomplished by the Academic Cell of the Council with the help of subject experts and members of its Reconciliation Board and have been uploaded on the Council Website for use of the medical fraternity.

The Council visualized that the Indian Medical Graduate, at the end of the undergraduate training program, should be able to recognize "health for all" as a national goal and should be able to fulfill his/her societal obligations towards the realization of this goal. To fulfill the mandate of the undergraduate medical curriculum which is to produce a clinician, who understands and is able to provide preventive, promotive, curative, palliative and holistic care to his patients, the curriculum must enunciate clearly the competencies the student must be imparted and must have learnt, with clearly defined teaching-learning strategies and effective methods of assessment. The student should be trained to effectively communicate with patients and their relatives in a manner respectful of the patient's preferences, values, beliefs, confidentiality and privacy and to this purpose, a book on Attitude, Ethics & Communication was prepared by the Medical Council of India; the teaching faculty of medical colleges have been receiving training on this module since 2015.

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भारतीय आयुर्विज्ञान परिषद के अधिक्रमण में शासी बोर्ड

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

Competency based Medical Education provides an effective outcome-based strategy where various domains of teaching including teaching learning methods and assessment form the framework of competencies. Keeping this objective as the core ingredient, the Medical Council of India with the help of panel of experts drawn from across the country, laid the basic framework for the revised undergraduate medical curriculum. Over the past four years, a group of highly committed medical professionals working as Members of the MCI Reconciliation Board developed this information into a document incorporating appropriate teaching-learning strategies, tools and techniques of teaching, and modes of assessment which have culminated in the current competency based undergraduate curriculum. We understand that maximum efforts were made to encourage integrated teaching between traditional subject areas using a problem-based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both the understanding and resolution of the problem. All efforts have been made to de-emphasize compartmentalisation of disciplines so as to achieve both horizontal and vertical integration in different phases. We are proud of their work accomplishment and congratulate them in the onerous task accomplished.

It gives us great satisfaction to state that the **'competency based undergraduate curriculum'** that has been prepared by the Medical Council of India would definitely serve the cause of medical education and in creating a competent Indian Medical Graduate to serve the community.

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COMPETENCY BASED UNDERGRADUATE CURRICULUM
FOR
THE INDIAN MEDICAL GRADUATE

Preamble

The new Graduate Medical Education Regulations attempts to stand on the shoulder of the contributions and the efforts of resource persons, teachers and students (past and present). It intends to take the learner to provide health care to the evolving needs of the nation and the world.

More than twenty years have passed since the existing Regulations on Graduate Medical Education, 1997 was notified, necessitating a relook at all aspects of the various components in the existing regulations and adapt them to the changing demography, socio-economic context, perceptions, values and expectations of stakeholders. Emerging health care issues particularly in the context of emerging diseases, impact of advances in science and technology and shorter distances on diseases and their management also need consideration. The strong and forward looking fundamentals enshrined in the Regulations on Graduate Medical Education, 1997 has made this job easier. A comparison between the 1997 Regulations and proposed Graduate Medical Education Regulations, 2018 will reveal that the 2018 Regulations have evolved from several key principles enshrined in the 1997 Regulations.

The thrust in the new regulations is continuation and evolution of thought in medical education making it more learner-centric, patient-centric, gender-sensitive, outcome -oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment. This has necessitated a deviation from using “broad competencies”; instead, the reports have written end of phase subject (sub) competencies. These “sub-competencies” can be mapped to the global competencies in the Graduate Medical Education Regulations.

A significant attempt has been made in the outcome driven undergraduate curriculum to provide the orientation and the skills necessary for life-long learning to enable proper care of the patient. In particular, the curriculum provides for early clinical exposure, electives and longitudinal care. Skill acquisition is an indispensable component of the learning process in medicine. The curriculum reinforces this aspect by necessitating certification of certain essential skills. The experts and the writing group have factored in patient availability, access, consent, number of students in a class etc. in suggesting skill acquisition and assessment methods; use of skills labs, simulated and guided environments are encouraged. In the pre-internship years,- the highest level of skill acquisition is a show how (SH) in a simulated or guided environment; few skills require independent performance and certification - these are marked with P (for performance). Opportunity to 'perform' these skills will be available during internship.

The importance of ethical values, responsiveness to the needs of the patient and acquisition of communication skills is underscored by providing dedicated curriculum time in the form of a longitudinal program based on Attitude, Ethics and Communication (AETCOM) competencies. Great emphasis has been placed on collaborative and inter-disciplinary teamwork, professionalism, altruism and respect in professional relationships with due sensitivity to differences in thought, social and economic position and gender.

In addition to the above, an attempt has been made to allow students from diverse educational streams and backgrounds to transition appropriately through a Foundation Course. Dedicated time has been allotted for self directed learning and co-curricular activities.

Formative and internal assessments have been streamlined to achieve the objectives of the curriculum. Minor tweaks to the summative assessment have been made to reflect evolving thought and regulatory requirements. Curricular governance and support have been strengthened, increasing the involvement of Curriculum Committee and Medical Education Departments/Units.

The curriculum document in conjunction with the new Graduate Medical Education Regulations (GMR), when notified, must be seen as a "living document" that should evolve as stakeholder requirements and aspirations change. We hope that the current GMR does just that. The Medical Council of India is

grateful to all the teachers, subject experts, process experts, patients, students and trainees who have contributed through invaluable inputs, intellectual feedbacks and valuable time spent to make this possible. This document would not have been possible without the dedicated and unstinting intellectual, mental and time-consuming efforts of the members of the Reconciliation Board of the Council and the Academic Cell of MCI.

How to use the Manual

This Manual is intended for curriculum planners in an institution to design learning and assessment experiences for the MBBS student. Contents created by subject experts have been curated to provide guidance for the curriculum planners, leaders and teachers in medical schools. They must be used with reference to and in the context of the Regulations.

Section 1

Competencies for the Indian Medical Graduate

Section 1 - provides the global competencies extracted from the Graduate Medical Education Regulations, 2018. The global competencies identified as defining the roles of the **Indian Medical Graduate** are the broad competencies that the learner has to aspire to achieve; teachers and curriculum planners must ensure that the learning experiences are aligned to this Manual.

Extract from the Graduate Medical Education Regulations, 2018

2. Objectives of the Indian Graduate Medical Training Programme

The undergraduate medical education program is designed with a goal to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training program are hereby prescribed:-

2.1. National Goals

At the end of undergraduate program, the Indian Medical Graduate should be able to:

(a) recognize “health for all” as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.

(b) learn every aspect of National policies on health and devote herself/himself to its practical implementation.

(c) achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

(d) develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

(e) become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

2.2. Institutional Goals

In consonance with the national goals, each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:

(a) be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.

(b) be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.

(c) appreciate rationale for different therapeutic modalities, be familiar with the administration of the "essential drugs" and their common side effects.

(d) be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

(e) possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.

(f) be familiar with the basic factors which are essential for the implementation of the National Health Programs including practical aspects of the following:

(i) Family Welfare and Maternal and Child Health (MCH);

(ii) Sanitation and water supply;

(iii) Prevention and control of communicable and non-communicable diseases;

(iv) Immunization;

(v) Health Education;

(vi) Indian Public Health Standards (IPHS) at various level of service delivery;

(vii) Bio-medical waste disposal; and

(viii) Organizational and or institutional arrangements.

(g) acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling.

(h) be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

(i) be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

(j) be competent to work in a variety of health care settings.

(k) have personal characteristics and attitudes required for professional life including personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

All efforts must be made to equip the medical graduate to acquire the skills as detailed in Table 11 Certifiable procedural skills – A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate, as given in the Graduate Medical Education Regulations, 2018

2. 3. Goals for the Learner

In order to fulfil this goal, the Indian Medical Graduate must be able to function in the following roles appropriately and effectively:-

2.3.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

2.3.2. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.

2.3.3. Communicator with patients, families, colleagues and community.

2.3.4. Lifelong learner committed to continuous improvement of skills and knowledge.

2.3.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

3. Competency Based Training Programme of the Indian Medical Graduate

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfil the roles as listed in clause 2, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

3.1. Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

3.1.1 Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.

3.1.3 Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.

3.1.4 Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.

3.1.7 Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.8 Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.

3.1.9 Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

3.1.10 Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frameworks.

3.1.11 Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

3.1.12 Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following:

i) Disease prevention,

ii) Health promotion and cure,

iii) Pain and distress alleviation, and

iv) Rehabilitation and palliation.

3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.

3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.

3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

3*.2.* ***Leader and member of the health care team and system***

3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.

3.2.6 Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases and b) cancer, in collaboration with other members of the health care team.

3.3. ***Communicator with patients, families, colleagues and community***

3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.

3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient’s preferences, values, prior experience, beliefs, confidentiality and privacy.

3.3.4 Demonstrate ability to communicate with patients, colleagues and families in amanner that encourages participation and shared decision-making.

3.4. Lifelong learner committed to continuous improvement of skills and knowledge

3.4.1. Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

3.4.2. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

3.4.3. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

3.4.4. Demonstrate ability to search (including through electronic means), and critically revaluate the medical literature and apply the information in the care of the patient.

3.4.5. Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

3.5. *Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession*

3.5.1. Practice selflessness, integrity, responsibility, accountability and respect.

3.5.2. Respect and maintain professional boundaries between patients, colleagues and society.

3.5.3. Demonstrate ability to recognize and manage ethical and professional conflicts.

3.5.4. Abide by prescribed ethical and legal codes of conduct and practice.

3.5.5. Demonstrate a commitment to the growth of the medical profession as a whole.

Section 2

Subject-wise outcomes

Section 2 contains subject-wise outcomes so called “sub-competencies” that must be achieved at the end of instruction in that subject. These are organised in tables and have two parts. The core subject outcomes are in first part. The second part in the same document (titled Integration) contains outcomes/competencies in other subjects which have been identified by experts in those subjects as requiring alignment or integration with the core subject.

Outcomes (competencies) in each subject are grouped according to topics number-wise. It is important to review the individual outcomes (competencies) in the light of the topic outcomes as a whole. For each competency outlined - the learning domains (Knowledge, Skill, Attitude, Communication) are identified. The expected level of achievement in that subject is identified as – [knows (K), knows how (KH), shows how (SH), perform (P)]. As a rule, ‘perform’ indicates independent performance without supervision and is required rarely in the pre-internship period. The outcome is a core (Y - must achieve) or a non-core (N - desirable) outcome. Suggested learning and assessment methods (these are suggestions) and explanation of the terms used are given under the section “definitions used in this document”. The suggested number of times a skill must be performed independently for certification in the learner’s log book is also given. Last two columns indicate subjects within the same phase and other phases with which the topic can be taught - together - aligned (temporal coordination), shared, correlated or nested.

The number of topics and competencies in each subject are given below:

Topics & outcomes in Pre-clinical & Para-clinical subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**Human Anatomy**	82	409
2.	**Physiology**	11	137
3.	**Biochemistry**	11	89
4.	**Pharmacology**	05	85
5.	**Pathology**	36	182
6.	**Microbiology**	08	54
7.	**Forensic Medicine & Toxicology**	14	162
	Total	**167**	**1118**

Topics & outcomes in Medicine and Allied subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**Community Medicine**	20	107
2.	**General Medicine**	26	506
3.	**Respiratory Medicine**	02	47
4.	**Pediatrics**	35	406
5.	**Psychiatry**	19	117
6.	**Dermatology, Venereology & Leprosy**	18	73
7.	**Physical Medicine & Rehabilitation**	09	43
	Total	**129**	**1299**

Topics & outcomes in Surgery and Allied subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**General Surgery**	30	133
2.	**Ophthalmology**	09	60
3.	**Otorhinolaryngology**	04	76
4.	**Obstetrics & Gynaecology**	38	126
5.	**Orthopedics**	14	39
6.	**Anesthesiology**	10	46
7.	**Radiodiagnosis**	01	13
8.	**Radiotherapy**	05	16
9.	**Dentistry**	05	23
	Total	**116**	**532**

Section 3

Sample topics used for alignment & integration

Section 3 contains a sample selection of topics that run across the phases which can be used for alignment and integration. These are suggestions and institutions can select their own set of topics which can run across phases.

It is important to design the curriculum with a view to ensure with several broad outcomes in mind: a) achievement of the broad competencies by the learner at the end of the MBBS program, b) retain the subject - wise character of learning and assessment and ensure that phase-wise subject outcomes are met and assessed, c) teaching topics that are similar together thereby reducing redundancy and allowing the learner to integrate the concept as the most important step in integration (alignment or temporal coordination) (see document on integration), and d) align learning and assessment experiences to the outcome and the level of achievement specified.

Understanding the competencies table

Understanding the competencies table

A	B	C	D	E	F	G	H	I	J
No.	**Competencies**	**Domain**	**K/KH/SH/P**	**Core**	**Suggested Teaching Learning Method**	**Suggested Assessment method**	**No. required to certify (P)**	**Vertical Integration**	**Horizontal Integration**
Physiology									
Summary **Name of Topic: General Physiology** **Number of Competencies: (08)**									
PY1.1	Describe the structure and functions of a	K	KH	Y	Lectures, Small group discussion	Written/Viva			Biochemistry
IM25.4	Elict *document* and present a medical history that helps delineate the	S	SH	Y	Bed Side clinic, DOAP	Skill assessment		Community Medicine	

Unique number of the competency. First two alphabets represent the subject (see list); number following alphabet reflects topic number, following period is a running number.

Description of competency

Identifies the domain or domains addressed
K - Knowledge
S - Skill
A - Attitude
C - Communication

Identifies the level of competency required based on the Miller's pyramid
K - Knows
KH - Knows How
S - Skill
SH - Show How
P - Perform independently

Identifies if the competency is core or desirable.
Y indicates Core; N-non-core

Identifies the suggested learning method.
DOAP - **D**emonstrate (by Student) Observe, Assist Perform)

Identifies the suggested assessment method
Skill assessment - Clinics, Skills lab, Practicals etc.

no of times a skill needs to be done independently to be certified for independent performance; Rarely used in UG

Subject (s) in other phases with which the competency can be vertically integrated to increase relevance or improve basic understanding

Subject (s) in the same phase with which the competency can be horizontally integrated or aligned to allow a more wholesome understanding

***Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents**

Deriving learning objectives from competencies

Deriving learning objectives from competencies

K	Knows	A knowledge attribute – Usually enumerates or describes
KH	Knows how	A higher level of knowledge – is able to discuss or analyse
S	Shows	A skill attribute: is able to identify or demonstrate the steps
SH	Shows how	A skill attribute: is able to interpret / demonstrate a complex procedure requiring thought, knowledge and behaviour
P	Performs (under supervision or independently)	Mastery for the level of competence - When done independently under supervision a pre-specified number of times - certification or capacity to perform independently results

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify the etiology of meningitis based on given CSF parameters**	**K/S**	**SH**	**Y**

PA42.1*	At the end of the session the **phase II student** must be able to enumerate the most common causes of meningitis correctly
PA42.2*	At the end of the session the **phase II student** must be able to enumerate the components of CSF analysis correctly
PA42.3*	At the end of the session the **phase II student** must be able to **describe** the CSF features for a given etiology of meningitis **accurately**
PA42.4*	At the end of the session the **phase II student** must be able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**

Audience - who will do the behavior

Behavior - What should the learner be able to do?

Condition - Under what conditions should the learner be able to do it?

Degree – How well must it be done

Objective: Statement of what a learner should be able to do at the end of a specific learning experience
***Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents**

Deriving learning methods from competencies

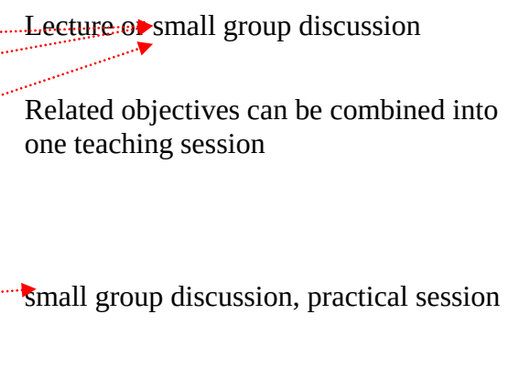
Deriving learning methods from competencies

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify** the etiology of meningitis based on given CSF parameters	K/S	SH	Y

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

PA42.1*	At the end of the session the **Phase II student** must be able to enumerate the most common causes of meningitis **correctly**
PA42.2*	At the end of the session the **Phase II student** must be able to enumerate the components of a CSF analysis correctly
PA42.3*	At the end of the session the **Phase II student** must be able to **describe** the CSF features for a given etiologic of meningitis **accurately**
PA42.4*	At the end of the session the **Phase II student** must the able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**



*Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents

Deriving assessment methods from competencies

Deriving assessment methods from competencies-1

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify** the etiology of meningitis based on given CSF parameters	K/S	SH	Y

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

PA42.1*	At the end of the session the Phase II student must be able to enumerate the most common causes of meningitis correctly	Short note or part of structured essay: Enumerate 5 causes of meningitis based on their prevalence in India
PA42.2*	At the end of the session the **Phase II student** must be able to enumerate the components of a CSF analysis correctly	Short note or part of structured essay: Enumerate the components tested in a CSF analysis
PA42.3*	At the end of the session the **Phase II student** must be able to **describe** the CSF features for a given aetiology of meningitis a**ccurately**	Short note or part of structured essay: Describe the CSF findings that are characteristic of tuberculous meningitis
PA42.4*	At the end of the session the **Phase II student** must the able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**	Short note / part of the structured essay/ Skill station/ Viva voce Review the CSF findings in the following patient and identify (write or vocalise) the most likely etiology

*** Numbers given are for illustrative purposes only and should not be compared with numbers in the curriculum document**

Deriving assessment methods from competencies-2

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

MI2.4*	List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia.	K	KH	Y	Didactic Small group discussion	Written/ Viva voce	Medicine	Pathology

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

MI2.1*	Enumerate the common microbial agents causing anaemia
MI2.2*	Describe the morphology of agent (1,2 etc)
MI2.3*	Describe the mode of infection of agent in humans
MI2.4*	Discuss the pathogenesis of anemia caused by agent
MI2.5*	Describe the clinical course of infection by agent
MI2.6*	Enumerate the diagnostic tests to identify the aetiology of agent as a cause of anemia
MI2.7*	Discuss the methods to prevent infection by agent
MI2.8*	Describe the treatment of infection by agent

Integrate concept - not necessarily teachers
Plan session with teachers of both subjects -teachers from both subjects usually not needed. Ensure redundancy and duplication by reviewing both subjects

Horizontally aligned and integrated with pathology

Vertically integrated with General Medicine

Integrate concept - not necessarily teachers Plan session with teachers from both phases. Make a decision on how much of the information needs to be brought down to this phase to make it relevant. Consider how a competency can ascend over phases: for eg. - can be at a KH -(know how) in phase II but becomes SH in phase III. For vertical integration with clinical subjects, use of a case to link the concept (a well written paper, case is sufficient). Using teachers from both phases is rarely required

The concept of integration

Concept of integration used in the Manual

Integration is a learning experience that allows the learner to perceive relationships from blocks of knowledge and develop a unified view of its basis and its application. The GMR 2018 applies these principles to the extent that will retain the strengths of silo - based education and assessment while providing experiences that will allow learners to integrate concepts.

Keeping this in mind, the Regulations recommend temporal coordination as described by Harden (called alignment in this document) as the major method to be followed allowing similar topics in different subjects to be thought separately but during the same time frame (Figure 1a).

In a small proportion - not to exceed 20% of the total curriculum an attempt can be made to Share (Figure 1b) topics or Correlate (Figure 1c) topics by using an integration session. The integration session most preferred will be a case based discussion in an appropriate format ensuring that elements in the same phase (horizontal) and from other phases are addressed. Care must be taken to ensure that achievement phase - based objectives are given primacy - the integrative elements from other phases are used only to provide adequate recall and understand the clinical application of concepts. It must be emphasized that integration does not necessarily require multiple teachers in each class. Experts from each phase and subject may be involved in the lesson planning but not it in its delivery unless deemed necessary.

As much as possible the necessary correlates from other phases must also be introduced while discussing a topic in a given subject - Nesting (Figure 1d) (Harden). Topics that cannot be aligned and integrated must be provided adequate time in the curriculum throughout the year.

Assessment will continue to be subject based. However, efforts must be made to ensure that phase appropriate correlates are tested to determine if the learner has internalized and integrated the concept and its application.

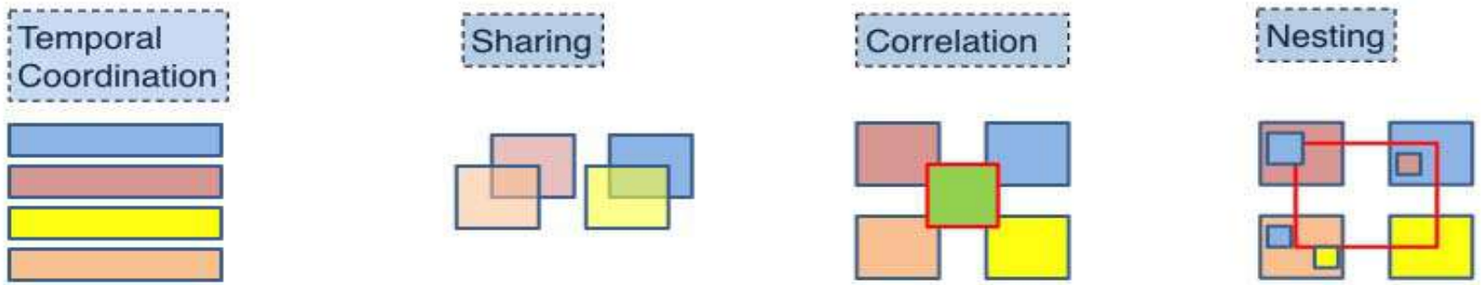


Figure 1 : Integration concepts framed in the GMR. Coloured boxes represent subjects. 1 a. Temporal coordination: The timetable is adjusted so that topics within the subjects or disciplines which are related, are scheduled at the same time. b. Sharing: Two disciplines may agree to plan and jointly implement a teaching program c. Correlation: the emphasis remains on disciplines or subjects with subject-based courses taking up most of the curriculum time. Within this framework, an integrated teaching session or course is introduced in addition to the subject-based teaching (green box with red border) d. Nesting: the teacher targets, within a subject-based course, skills relating to other subjects. Adapted from Harden R Med Edu 2000. 34; 551

Definitions used in the Manual

1. **Goal:** A projected state of affairs that a person or system plans to achieve.

   In other words: Where do you want to go? or What do you want to become?

2. **Competency:** The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

   In other words: What should you have? or What should have changed?

3. **Objective:** Statement of what a learner should be able to do at the end of a specific learning experience.

   In other words: What the Indian Medical Graduate should know, do, or behave.

Action Verbs used in this manual

Knowledge	**Skill**	**Attitude/communicate**
Enumerate	Identify	Counsel
List	Demonstrate	Inform
Describe	Perform under supervision	Demonstrate understanding of
Discuss	Perform independently	
Differentiate	Document	
Define	Present	
Classify	Record	
Choose	Interpret	
Elicit		
Report		

Note:

1. Specified essential competencies only will be required to be performed independently at the end of the final year MBBS.
2. The word ‘perform’ or ‘do’ is used ONLY if the task has to be done on patients or in laboratory practical in the pre/para- clinical phases.
3. Most tasks that require performance during undergraduate years will be performed under supervision.
4. If a certification to perform independently has been done, then the number of times the task has to be performed under supervision will be indicated in the last column.

Explanation of terms used in this manual

Lecture	Any instructional large group method including traditional lecture and interactive lecture
Small group discussion	Any instructional method involving small groups of students in an appropriate learning context
DOAP (Demonstration-Observation - Assistance - Performance)	A practical session that allows the student to observe a demonstration, assist the performer, perform in a simulated environment, perform under supervision or perform independently
Skill assessment	A session that assesses the skill of the student including those in the practical laboratory, skills lab, skills station that uses mannequins/ paper case/simulated patients/real patients as the context demands
Core	A competency that is necessary in order to complete the requirements of the subject (traditional must know)
Non-Core	A competency that is optional in order to complete the requirements of the subject (traditional nice (good) to know/ desirable to know)
National Guidelines	Health programs as relevant to the competency that are part of the National Health Program

Domains of learning

K	Knowledge
S	Skill
A	Attitude
C	Communication

Levels of competency

K	Knows	A knowledge attribute - Usually enumerates or describes
KH	Knows how	A higher level of knowledge - is able to discuss or analyze
S	Shows	A skill attribute: is able to identify or demonstrate the steps
SH	Shows how	A skill attribute: is able to interpret/ demonstrate a complex procedure requiring thought, knowledge and behavior
P	Performs (under supervision or independently)	Mastery for the level of competence - When done independently under supervision a pre-specified number of times - certification or capacity to perform independently results

Note:

In the table of competency - the highest level of competency acquired is specified and implies that the lower levels have been acquired already. Therefore, when a student is able to SH - Show how - an informed consent is obtained - it is presumed that the preceding steps - the knowledge, the analytical skills, the skill of communicating have all been obtained.

It may also be noted that attainment of the highest level of competency may be obtained through steps spread over several subjects or phases and not necessarily in the subject or the phase in which the competency has been identified.

Volume I

Competency based Undergraduate Curriculum

in

Pre-clinical and Para-clinical subjects

HUMAN ANATOMY (CODE: AN)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
Human Anatomy									
Topic: Anatomical terminology		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN1.1	Demonstrate normal anatomical position, various planes, relation, comparison, laterality & movement in our body	K/S	SH	Y	Lecture, DOAP session	Written/ Viva voce/skills assessment			
AN1.2	Describe composition of bone and bone marrow	K	KH	Y	Lecture	Written/ Viva voce			
Topic: General features of bones & Joints		**Number of competencies: (6)**				**Number of procedures for certification: (NIL)**			
AN2.1	Describe parts, blood and nerve supply of a long bone	K	KH	Y	Lecture, DOAP session	Written/ Viva voce			
AN2.2	Enumerate laws of ossification	K	KH	N	Lecture	Written			
AN2.3	Enumerate special features of a sesamoid bone	K	KH	N	Lecture	Written			
AN2.4	Describe various types of cartilage with its structure & distribution in body	K	KH	Y	Lecture	Written/ Viva voce		Orthopedics	
AN2.5	Describe various joints with subtypes and examples	K	KH	Y	Lecture	Written/ Viva voce		Orthopedics	
AN2.6	Explain the concept of nerve supply of joints & Hilton's law	K	KH	Y	Lecture	Written/ Viva voce			
Topic: General features of Muscle		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN3.1	Classify muscle tissue according to structure & action	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN3.2	Enumerate parts of skeletal muscle and differentiate between tendons and aponeuroses with examples	K	KH	Y	Lecture	Written/ Viva voce			
AN3.3	Explain Shunt and spurt muscles	K	KH	N	Lecture	Written			
Topic: General features of skin and fascia		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN4.1	Describe different types of skin & dermatomes in body	K	KH	N	Lecture, DOAP session	Written			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN4.2	Describe structure & function of skin with its appendages	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		Dermatology, Venereology & Leprosy	
AN4.3	Describe superficial fascia along with fat distribution in body	K	KH	Y	Lecture, DOAP session	Written/ Viva voce			
AN4.4	Describe modifications of deep fascia with its functions	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		Dermatology, Venereology & Leprosy	
AN4.5	Explain principles of skin incisions	K	KH	N	Lecture	Written		Dermatology, Venereology & Leprosy	
Topic: General features of the cardiovascular system		**Number of competencies: (8)**				**Number of procedures for certification: (NIL)**			
AN5.1	Differentiate between blood vascular and lymphatic system	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN5.2	Differentiate between pulmonary and systemic circulation	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN5.3	List general differences between arteries & veins	K	KH	Y	Lecture	Written/ Viva voce			
AN5.4	Explain functional difference between elastic, muscular arteries and arterioles	K	KH	Y	Lecture	Written/ Viva voce			
AN5.5	Describe portal system giving examples	K	KH	Y	Lecture	Written/ Viva voce			
AN5.6	Describe the concept of anastomoses and collateral circulation with significance of end-arteries	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN5.7	Explain function of meta-arterioles, precapillary sphincters, arterio-venous anastomoses	K	KH	N	Lecture	Written			Physiology
AN5.8	Define thrombosis, infarction & aneurysm	K	KH	N	Lecture	Written		Pathology	Physiology
Topic: General Features of lymphatic system		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN6.1	List the components and functions of the lymphatic system	K	KH	N	Lecture	Written			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN6.2	Describe structure of lymph capillaries & mechanism of lymph circulation	K	KH	N	Lecture	Written			
AN6.3	Explain the concept of lymphoedema and spread of tumors via lymphatics and venous system	K	KH	N	Lecture	Written		General Surgery	
Topic: Introduction to the nervous system		**Number of competencies: (8)**				**Number of procedures for certification: (NIL)**			
AN7.1	Describe general plan of nervous system with components of central, peripheral & autonomic nervous systems	K	KH	Y	Lecture	Written			
AN7.2	List components of nervous tissue and their functions	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN7.3	Describe parts of a neuron and classify them based on number of neurites, size & function	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN7.4	Describe structure of a typical spinal nerve	K	KH	Y	Lecture	Written/ Viva voce			
AN7.5	Describe principles of sensory and motor innervation of muscles	K	KH	N	Lecture	Written		General Medicine	Physiology
AN7.6	Describe concept of loss of innervation of a muscle with its applied anatomy	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
AN7.7	Describe various type of synapse	K	KH	N	Lecture	Written			Physiology
AN7.8	Describe differences between sympathetic and spinal ganglia	K	KH	N	Lecture	Written			
Topic: Features of individual bones (Upper Limb)		**Number of competencies: (6)**				**Number of procedures for certification: (NIL)**			
AN8.1	Identify the given bone, its side, important features & keep it in anatomical position	K/S	SH	Y	DOAP session	Viva voce/ Practicals/ OSPE			
AN8.2	Identify & describe joints formed by the given bone	K/S	SH	Y	Lecture, DOAP session	Viva voce			
AN8.3	Enumerate peculiarities of clavicle	K	KH	Y	Lecture, DOAP session	Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN8.4	Demonstrate important muscle attachment on the given bone	K/S	SH	Y	Practical DOAP session, Small group teaching	Viva voce Practicals		Orthopedics	
AN8.5	Identify and name various bones in articulated hand, Specify the parts of metacarpals and phalanges and enumerate the peculiarities of pisiform	K/S	SH	Y	Practical,F91 DOAP session, Small group teaching	Viva voce Practicals			
AN8.6	Describe scaphoid fracture and explain the anatomical basis of avascular necrosis	K	KH	N	DOAP session	Viva voce		Orthopedics	
Topic: Pectoral region		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN9.1	Describe attachment, nerve supply & action of pectoralis major and pectoralis minor	K	KH	Y	Lecture, Practical	Written			
AN9.2	Breast: Describe the location, extent, deep relations, structure, age changes, blood supply, lymphatic drainage, microanatomy and applied anatomy of breast	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Surgery	
AN9.3	Describe development of breast	K	KH	N	Lecture	Written			
Topic: Axilla, Shoulder and Scapular region		**Number of competencies: (13)**				**Number of procedures for certification: (NIL)**			
AN10.1	Identify & describe boundaries and contents of axilla	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN10.2	Identify, describe and demonstrate the origin, extent, course, parts, relations and branches of axillary artery & tributaries of vein	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN10.3	Describe, identify and demonstrate formation, branches, relations, area of supply of branches, course and relations of terminal branches of brachial plexus	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN10.4	Describe the anatomical groups of axillary lymph nodes and specify their areas of drainage	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Surgery	
AN10.5	Explain variations in formation of brachial plexus	K	KH	Y	Practical, Lecture	Written/ Viva voce			
AN10.6	Explain the anatomical basis of clinical features of Erb's palsy and Klumpke's paralysis	K	KH	N	Lecture	Written		General Surgery	
AN10.7	Explain anatomical basis of enlarged axillary lymph nodes	K	KH	N	Lecture	Written		General Surgery	
AN10.8	Describe, identify and demonstrate the position, attachment, nerve supply and actions of trapezius and latissimus dorsi	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN10.9	Describe the arterial anastomosis around the scapula and mention the boundaries of triangle of auscultation	K	KH	N	Lecture	Written			
AN10.10	Describe and identify the deltoid and rotator cuff muscles	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN10.11	Describe & demonstrate attachment of serratus anterior with its action	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN10.12	Describe and demonstrate shoulder joint for– type, articular surfaces, capsule, synovial membrane, ligaments, relations, movements, muscles involved, blood supply, nerve supply and applied anatomy	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Orthopedics	
AN10.13	Explain anatomical basis of Injury to axillary nerve during intramuscular injections	K	KH	N	Lecture	Viva voce			
Topic: Arm & Cubital fossa		**Number of competencies: (6)**				**Number of procedures for certification: (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN11.1	Describe and demonstrate muscle groups of upper arm with emphasis on biceps and triceps brachii	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN11.2	Identify & describe origin, course, relations, branches (or tributaries), termination of important nerves and vessels in arm	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN11.3	Describe the anatomical basis of Venepuncture of cubital veins	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Surgery	
AN11.4	Describe the anatomical basis of Saturday night paralysis	K	KH	Y	Practical, Lecture	Written/ Viva voce		Orthopedics	
AN11.5	Identify & describe boundaries and contents of cubital fossa	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN11.6	Describe the anastomosis around the elbow joint	K	KH	N	Lecture	Written			
Topic: Forearm & hand		**Number of competencies: (15)**				**Number of procedures for certification: (NIL)**			
AN12.1	Describe and demonstrate important muscle groups of ventral forearm with attachments, nerve supply and actions	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN12.2	Identify & describe origin, course, relations, branches (or tributaries), termination of important nerves and vessels of forearm	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN12.3	Identify & describe flexor retinaculum with its attachments	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN12.4	Explain anatomical basis of carpal tunnel syndrome	K	KH	Y	Lecture	Written/ Viva voce			
AN12.5	Identify & describe small muscles of hand. Also describe movements of thumb and muscles involved	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN12.6	Describe & demonstrate movements of thumb and muscles involved	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN12.7	Identify & describe course and branches of important blood vessels and nerves in hand	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN12.8	Describe anatomical basis of Claw hand	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN12.9	Identify & describe fibrous flexor sheaths, ulnar bursa, radial bursa and digital synovial sheaths	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN12.10	Explain infection of fascial spaces of palm	K	KH	N	Lecture	Written		General Surgery	
AN12.11	Identify, describe and demonstrate important muscle groups of dorsal forearm with attachments, nerve supply and actions	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN12.12	Identify & describe origin, course, relations, branches (or tributaries), termination of important nerves and vessels of back of forearm	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN12.13	Describe the anatomical basis of Wrist drop	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN12.14	Identify & describe compartments deep to extensor retinaculum	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN12.15	Identify & describe extensor expansion formation	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
Topic: General Features, Joints, radiographs & surface marking		**Number of competencies: (8)**				**Number of procedures for certification: (NIL)**			
AN13.1	Describe and explain Fascia of upper limb and compartments, veins of upper limb and its lymphatic drainage	K	KH	Y	Lecture	Written/ Viva voce			
AN13.2	Describe dermatomes of upper limb	K	KH	N	Lecture	Written/ Viva voce			
AN13.3	Identify & describe the type, articular surfaces, capsule, synovial membrane, ligaments, relations, movements, blood and nerve supply of elbow joint, proximal and distal radio-ulnar joints, wrist joint & first carpometacarpal joint	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN13.4	Describe Sternoclavicular joint, Acromioclavicular joint, Carpometacarpal joints & Metacarpophalangeal joint	K	KH	N	Lecture	Written			
AN13.5	Identify the bones and joints of upper limb seen in anteroposterior and lateral view radiographs of shoulder region, arm, elbow, forearm and hand	K/S	SH	Y	Practical, Small group discussion, DOAP session	Viva voce/ skill assessment		Radiodiagnosis	
AN13.6	Identify & demonstrate important bony landmarks of upper limb: Jugular notch, sternal angle, acromial angle, spine of the scapula, vertebral level of the medial end, Inferior angle of the scapula	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment			
AN13.7	Identify & demonstrate surface projection of: Cephalic and basilic vein, Palpation of Brachial artery, Radial artery, Testing of muscles: Trapezius, pectoralis major, serratus anterior, latissimus dorsi, deltoid, biceps brachii, Brachioradialis	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN13.8	Describe development of upper limb	K	KH	N	Lecture	Written			
Features of individual bones (Lower Limb)		**Number of competencies: (4)**				**Number of procedures for certification: (NIL)**			
AN14.1	Identify the given bone, its side, important features & keep it in anatomical position	K/S	SH	Y	DOAP session	Viva voce			
AN14.2	Identify & describe joints formed by the given bone	K/S	SH	Y	Lecture, DOAP session	Viva voce			
AN14.3	Describe the importance of ossification of lower end of femur & upper end of tibia	K	KH	Y	Lecture	Viva voce/ Practicals		Forensic Medicine & Toxicology	
AN14.4	Identify and name various bones in the articulated foot with individual muscle attachment	K/S	SH	N	Practical, DOAP session, Small group teaching	Viva voce/ Practicals			
Topic: Front & Medial side of thigh		**Number of competencies: (5) ♂**				**Number of procedures for certification: (NIL)**			
AN15.1	Describe and demonstrate origin, course, relations, branches (or tributaries), termination of important nerves and vessels of anterior thigh	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN15.2	Describe and demonstrate major muscles with their attachment, nerve supply and actions	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN15.3	Describe and demonstrate boundaries, floor, roof and contents of femoral triangle	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN15.4	Explain anatomical basis of Psoas abscess & Femoral hernia	K	KH	N	Lecture, DOAP session	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN15.5	Describe and demonstrate adductor canal with its content	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
Topic: Gluteal region & back of thigh		**Number of competencies: (6)**				**Number of procedures for certification: (NIL)**			
AN16.1	Describe and demonstrate origin, course, relations, branches (or tributaries), termination of important nerves and vessels of gluteal region	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN16.2	Describe anatomical basis of sciatic nerve injury during gluteal intramuscular injections	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		General Surgery	
AN16.3	Explain the anatomical basis of Trendelenburg sign	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		General Surgery	
AN16.4	Describe and demonstrate the hamstrings group of muscles with their attachment, nerve supply and actions	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN16.5	Describe and demonstrate the origin, course, relations, branches (or tributaries), termination of important nerves and vessels on the back of thigh	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN16.6	Describe and demonstrate the boundaries, roof, floor, contents and relations of popliteal fossa	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
Topic: Hip Joint		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN17.1	Describe and demonstrate the type, articular surfaces, capsule, synovial membrane, ligaments, relations, movements and muscles involved, blood and nerve supply, bursae around the hip joint	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN17.2	Describe anatomical basis of complications of fracture neck of femur	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN17.3	Describe dislocation of hip joint and surgical hip replacement	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
Topic: Knee joint, Anterolateral compartment of leg & dorsum of foot		**Number of competencies: (7) ♂**				**Number of procedures for certification: (NIL)**			
AN18.1	Describe and demonstrate major muscles of anterolateral compartment of leg with their attachment, nerve supply and actions	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN18.2	Describe and demonstrate origin, course, relations, branches (or tributaries), termination of important nerves and vessels of anterior compartment of leg	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN18.3	Explain the anatomical basis of foot drop	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		General Surgery	
AN18.4	Describe and demonstrate the type, articular surfaces, capsule, synovial membrane, ligaments, relations, movements and muscles involved, blood and nerve supply, bursae around the knee joint	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN18.5	Explain the anatomical basis of locking and unlocking of the knee joint	K	KH	Y	Small group teaching	Written/ Viva voce			
AN18.6	Describe knee joint injuries with its applied anatomy	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN18.7	Explain anatomical basis of Osteoarthritis	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
Topic: Back of Leg & Sole		**Number of competencies: (7)**				**Number of procedures for certification: (NIL)**			
AN19.1	Describe and demonstrate the major muscles of back of leg with their attachment, nerve supply and actions	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN19.2	Describe and demonstrate the origin, course, relations, branches (or tributaries), termination of important nerves and vessels of back of leg	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN19.3	Explain the concept of “Peripheral heart”	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN19.4	Explain the anatomical basis of rupture of calcaneal tendon	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN19.5	Describe factors maintaining importance arches of the foot with its importance	K	KH	Y	Lecture	Written/ Viva voce			
AN19.6	Explain the anatomical basis of Flat foot & Club foot	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN19.7	Explain the anatomical basis of Metatarsalgia & Plantar fasciitis	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
Topic: General Features, Joints, radiographs & surface marking		**Number of competencies: (10)**				**Number of procedures for certification: (NIL)**			
AN20.1	Describe and demonstrate the type, articular surfaces, capsule, synovial membrane, ligaments, relations, movements and muscles involved, blood and nerve supply of tibiofibular and ankle joint	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN20.2	Describe the subtalar and transverse tarsal joints	K	KH	N	Lecture, DOAP session	Written/ Viva voce			
AN20.3	Describe and demonstrate Fascia lata, Venous drainage, Lymphatic drainage, Retinacula & Dermatomes of lower limb	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN20.4	Explain anatomical basis of enlarged inguinal lymph nodes	K	KH	N	Lecture	Written/ Viva voce		General Surgery	
AN20.5	Explain anatomical basis of varicose veins and deep vein thrombosis	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN20.6	Identify the bones and joints of lower limb seen in anteroposterior and lateral view radiographs of various regions of lower limb	K/S	SH	Y	Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment		Radiodiagnosis	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN20.7	Identify & demonstrate important bony landmarks of lower limb: -Vertebral levels of highest point of iliac crest, posterior superior iliac spines, iliac tubercle, pubic tubercle, ischial tuberosity, adductor tubercle, -Tibial tuberosity, head of fibula, -Medial and lateral malleoli, Condyles of femur and tibia, sustentaculum tali, tuberosity of fifth metatarsal, tuberosity of the navicular	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment			
AN20.8	Identify & demonstrate palpation of femoral, popliteal, post tibial, anti tibial & dorsalis pedis blood vessels in a simulated environment	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment		General Medicine	
AN20.9	Identify & demonstrate Palpation of vessels (femoral, popliteal,dorsalis pedis,post tibial), Mid inguinal point, Surface projection of: femoral nerve, Saphenous opening, Sciatic, tibial, common peroneal & deep peroneal nerve, Great and small saphenous veins	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment		General Medicine, General Surgery	
AN20.10	Describe basic concept of development of lower limb	K	KH	N	Lecture	Viva voce			
Topic: Thoracic cage		**Number of competencies: (11)**				**Number of procedures for certification: (NIL)**			
AN21.1	Identify and describe the salient features of sternum, typical rib, Ist rib and typical thoracic vertebra	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment			
AN21.2	Identify & describe the features of 2nd, 11th and 12th ribs, 1st, 11th and 12th thoracic vertebrae	K/S	SH	N	Lecture, DOAP session	Viva voce/ skill assessment			
AN21.3	Describe & demonstrate the boundaries of thoracic inlet, cavity and outlet	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN21.4	Describe & demonstrate extent, attachments, direction of fibres, nerve supply and actions of intercostal muscles	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN21.5	Describe & demonstrate origin, course, relations and branches of a typical intercostal nerve	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN21.6	Mention origin, course and branches/ tributaries of: 1) anterior & posterior intercostal vessels 2) internal thoracic vessels	K	KH	Y	Practical, Lecture	Written/ Viva voce			
AN21.7	Mention the origin, course, relations and branches of 1) atypical intercostal nerve 2) superior intercostal artery, subcostal artery	K	KH	N	Lecture	Written			
AN21.8	Describe & demonstrate type, articular surfaces & movements of manubriosternal, costovertebral, costotransverse and xiphisternal joints	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN21.9	Describe & demonstrate mechanics and types of respiration	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			Physiology
AN21.10	Describe costochondral and interchondral joints	K	KH	N	Lecture	Written			
AN21.11	Mention boundaries and contents of the superior, anterior, middle and posterior mediastinum	K	KH	Y	Practical, Lecture	Written/ Viva voce			
Topic: Heart & Pericardium		**Number of competencies: (7)**				**Number of procedures for certification: (NIL)**			
AN22.1	Describe & demonstrate subdivisions, sinuses in pericardium, blood supply and nerve supply of pericardium	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN22.2	Describe & demonstrate external and internal features of each chamber of heart	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			Physiology
AN22.3	Describe & demonstrate origin, course and branches of coronary arteries	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			Physiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN22.4	Describe anatomical basis of ischaemic heart disease	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN22.5	Describe & demonstrate the formation, course, tributaries and termination of coronary sinus	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN22.6	Describe the fibrous skeleton of heart	K	KH	Y	Lecture	Written			
AN22.7	Mention the parts, position and arterial supply of the conducting system of heart	K	KH	Y	Lecture	Written		General Medicine	Physiology
Topic: Mediastinum		**Number of competencies: (7)**				**Number of procedures for certification: (NIL)**			
AN23.1	Describe & demonstrate the external appearance, relations, blood supply, nerve supply,lymphatic drainage and applied anatomy of oesophagus	K/S	SH	Y	Practical, Lecture, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN23.2	Describe & demonstrate the extent, relations tributaries of thoracic duct and enumerate its applied anatomy	K/S	SH	Y	Practical, Lecture, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN23.3	Describe & demonstrate origin, course, relations, tributaries and termination of superior venacava, azygos, hemiazygos and accessory hemiazygos veins	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN23.4	Mention the extent, branches and relations of arch of aorta & descending thoracic aorta	K	KH	Y	Practical, Lecture	Written/ Viva voce			
AN23.5	Identify & Mention the location and extent of thoracic sympathetic chain	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN23.6	Describe the splanchnic nerves	K	KH	N	Lecture	Written			
AN23.7	Mention the extent, relations and applied anatomy of lymphatic duct	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Lungs & Trachea		**Number of competencies: (6)**				**Number of procedures for certification: (NIL)**			
AN24.1	Mention the blood supply, lymphatic drainage and nerve supply of pleura, extent of pleura and describe the pleural recesses and their applied anatomy	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Medicine	Physiology
AN24.2	Identify side, external features and relations of structures which form root of lung & bronchial tree and their clinical correlate	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Medicine	Physiology
AN24.3	Describe a bronchopulmonary segment	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN24.4	Identify phrenic nerve & describe its formation & distribution	K/S	SH	Y	Lecture, Practical	Written/ Viva voce			
AN24.5	Mention the blood supply, lymphatic drainage and nerve supply of lungs	K	KH	Y	Lecture	Written/ Viva voce			
AN24.6	Describe the extent, length, relations, blood supply, lymphatic drainage and nerve supply of trachea	K	KH	N	Lecture	Written			
Topic: Thorax		**Number of competencies: (9)**				**Number of procedures for certification: (01)**			
AN25.1	Identify, draw and label a slide of trachea and lung	K/S	SH	Y	Lecture, Practical	Written/ skill assessment	1		
AN25.2	Describe development of pleura, lung & heart	K	KH	Y	Lecture	Written			
AN25.3	Describe fetal circulation and changes occurring at birth	K	KH	Y	Lecture	Written		General Medicine	Physiology
AN25.4	Describe embryological basis of: 1) atrial septal defect, 2) ventricular septal defect, 3) Fallot's tetralogy & 4) tracheo-oesophageal fistula	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Physiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN25.5	Describe developmental basis of congenital anomalies, transposition of great vessels, dextrocardia, patent ductus arteriosus and coarctation of aorta	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Physiology
AN25.6	Mention development of aortic arch arteries, SVC, IVC and coronary sinus	K	KH	N	Lecture	Written/ Viva voce			
AN25.7	Identify structures seen on a plain x-ray chest (PA view)	K/S	SH	Y	Practical, DOAP session	Written/ Viva voce		Radiodiagnosis, General Medicine	
AN25.8	Identify and describe in brief a barium swallow	K/S	SH	N	Practical, DOAP session	Written/ Viva voce		Radiodiagnosis, General Medicine	
AN25.9	Demonstrate surface marking of lines of pleural reflection, lung borders and fissures, trachea, heart borders, apex beat & surface projection of valves of heart	K/S	SH	Y	Practical	Viva voce/ skill assessment		General Medicine, Pediatrics	Physiology
Topic: Skull osteology		**Number of competencies: (7)**				**Number of procedures for certification: (NIL)**			
AN26.1	Demonstrate anatomical position of skull, Identify and locate individual skull bones in skull	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment			
AN26.2	Describe the features of norma frontalis, verticalis, occipitalis, lateralis and basalis	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment			
AN26.3	Describe cranial cavity, its subdivisions, foramina and structures passing through them	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment			
AN26.4	Describe morphological features of mandible	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment			
AN26.5	Describe features of typical and atypical cervical vertebrae (atlas and axis)	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment			
AN26.6	Explain the concept of bones that ossify in membrane	K	KH	N	Lecture	Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN26.7	Describe the features of the 7th cervical vertebra	K/S	SH	N	DOAP session	Viva voce			
Topic: Scalp		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN27.1	Describe the layers of scalp, its blood supply, its nerve supply and surgical importance	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Surgery	
AN27.2	Describe emissary veins with its role in spread of infection from extracranial route to intracranial venous sinuses	K	KH	Y	Lecture	Written			
Topic: Face & parotid region		**Number of competencies: (10)**				**Number of procedures for certification: (NIL)**			
AN28.1	Describe & demonstrate muscles of facial expression and their nerve supply	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN28.2	Describe sensory innervation of face	K	KH	Y	Practical, Lecture	Written/ Viva voce			
AN28.3	Describe & demonstrate origin /formation, course, branches /tributaries of facial vessels	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN28.4	Describe & demonstrate branches of facial nerve with distribution	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN28.5	Describe cervical lymph nodes and lymphatic drainage of head, face and neck	K	KH	Y	Practical, Lecture	Written/ Viva voce			
AN28.6	Identify superficial muscles of face, their nerve supply and actions	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN28.7	Explain the anatomical basis of facial nerve palsy	K	KH	Y	Lecture	Written		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN28.8	Explain surgical importance of deep facial vein	K	KH	Y	Lecture	Written		General Surgery	
AN28.9	Describe & demonstrate the parts, borders, surfaces, contents, relations and nerve supply of parotid gland with course of its duct and surgical importance	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN28.10	Explain the anatomical basis of Frey's syndrome	K	KH	N	Lecture	Written		General Surgery	
Topic: Posterior triangle of neck		**Number of competencies: (4)**				**Number of procedures for certification: (NIL)**			
AN29.1	Describe & demonstrate attachments, nerve supply, relations and actions of sternocleidomastoid	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN29.2	Explain anatomical basis of Erb's & Klumpke's palsy	K	KH	Y	Lecture	Written		General Surgery	
AN29.3	Explain anatomical basis of wry neck	K	KH	N	Lecture	Written		General Surgery	
AN29.4	Describe & demonstrate attachments of 1) inferior belly of omohyoid, 2)scalenus anterior, 3) scalenus medius & 4) levator scapulae	K/S	SH	N	Lecture, Practical	Written/ Viva voce			
Topic: Cranial cavity		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN30.1	Describe the cranial fossae & identify related structures	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN30.2	Describe & identify major foramina with structures passing through them	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN30.3	Describe & identify dural folds & dural venous sinuses	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN30.4	Describe clinical importance of dural venous sinuses	K	KH	Y	Lecture	Written			
AN30.5	Explain effect of pituitary tumours on visual pathway	K	KH	N	Lecture	Written		Ophthalmology	
Topic: Orbit		**Number of competencies: (5)**			**Number of procedures for certification: (NIL)**				
AN31.1	Describe & identify extra ocular muscles of eyeball	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN31.2	Describe & demonstrate nerves and vessels in the orbit	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN31.3	Describe anatomical basis of Horner's syndrome	K	KH	N	Lecture	Written		Ophthalmology	
AN31.4	Enumerate components of lacrimal apparatus	K	KH	Y	Lecture	Written			
AN31.5	Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus	K	KH	Y	Lecture	Written		Ophthalmology	
Topic: Anterior Triangle		**Number of competencies: (2)**			**Number of procedures for certification: (NIL)**				
AN32.1	Describe boundaries and subdivisions of anterior triangle	K	KH	Y	Practical, Lecture	Written/ Viva voce			
AN32.2	Describe & demonstrate boundaries and contents of muscular, carotid, digastric and submental triangles	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
Topic: Temporal and Infratemporal regions		**Number of competencies: (5)**			**Number of procedures for certification: (NIL)**				
AN33.1	Describe & demonstrate extent, boundaries and contents of temporal and infratemporal fossae	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN33.2	Describe & demonstrate attachments, direction of fibres, nerve supply and actions of muscles of mastication	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN33.3	Describe & demonstrate articulating surface, type & movements of temporomandibular joint	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN33.4	Explain the clinical significance of pterygoid venous plexus	K	KH	Y	Lecture	Written		General Surgery	
AN33.5	Describe the features of dislocation of temporomandibular joint	K	KH	N	Lecture	Written		General Surgery	
Topic: Submandibular region		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN34.1	Describe & demonstrate the morphology, relations and nerve supply of submandibular salivary gland & submandibular ganglion	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN34.2	Describe the basis of formation of submandibular stones	K	KH	N	Lecture	Written		General Surgery	
Topic: Deep structures in the neck		**Number of competencies: (10)**				**Number of procedures for certification: (NIL)**			
AN35.1	Describe the parts, extent, attachments, modifications of deep cervical fascia	K	KH	Y	Lecture	Written			
AN35.2	Describe & demonstrate location, parts, borders, surfaces, relations & blood supply of thyroid gland	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN35.3	Demonstrate & describe the origin, parts, course & branches subclavian artery	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN35.4	Describe & demonstrate origin, course, relations, tributaries and termination of internal jugular & brachiocephalic veins	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN35.5	Describe and demonstrate extent, drainage & applied anatomy of cervical lymph nodes	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN35.6	Describe and demonstrate the extent, formation, relation & branches of cervical sympathetic chain	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN35.7	Describe the course and branches of IX, X, XI & XII nerve in the neck	K	KH	Y	Lecture	Written			
AN35.8	Describe the anatomically relevant clinical features of Thyroid swellings	K	KH	N	Lecture	Written		General Surgery	
AN35.9	Describe the clinical features of compression of subclavian artery and lower trunk of brachial plexus by cervical rib	K	KH	N	Lecture	Written		General Surgery	
AN35.10	Describe the fascial spaces of neck	K	KH	N	Lecture	Written			
Topic: Mouth, Pharynx & Palate		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN36.1	Describe the 1) morphology, relations, blood supply and applied anatomy of palatine tonsil 2) composition of soft palate	K	KH	Y	Lecture	Written		ENT	
AN36.2	Describe the components and functions of Waldeyer's lymphatic ring	K	KH	Y	Lecture	Written		ENT	
AN36.3	Describe the boundaries and clinical significance of pyriform fossa	K	KH	N	Lecture	Written		ENT	
AN36.4	Describe the anatomical basis of tonsillitis, tonsillectomy, adenoids and peri-tonsillar abscess	K	KH	N	Lecture	Written		ENT	
AN36.5	Describe the clinical significance of Killian's dehiscence	K	KH	N	Lecture	Written		ENT	
Topic: Cavity of Nose		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN37.1	Describe & demonstrate features of nasal septum, lateral wall of nose, their blood supply and nerve supply	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		ENT	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN37.2	Describe location and functional anatomy of paranasal sinuses	K	KH	Y	Lecture	Written		ENT	
AN37.3	Describe anatomical basis of sinusitis & maxillary sinus tumours	K	KH	N	Lecture	Written		ENT	
Topic: Larynx		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN38.1	Describe the morphology, identify structure of the wall, nerve supply, blood supply and actions of intrinsic and extrinsic muscles of the larynx	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		ENT	
AN38.2	Describe the anatomical aspects of laryngitis	K	KH	N	Lecture	Written		ENT	
AN38.3	Describe anatomical basis of recurrent laryngeal nerve injury	K	KH	N	Lecture	Written		ENT	
Topic: Tongue		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN39.1	Describe & demonstrate the morphology, nerve supply, embryological basis of nerve supply, blood supply, lymphatic drainage and actions of extrinsic and intrinsic muscles of tongue	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN39.2	Explain the anatomical basis of hypoglossal nerve palsy	K	KH	N	Lecture	Written		ENT	
Topic: Organs of hearing and equilibrium		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN40.1	Describe & identify the parts, blood supply and nerve supply of external ear	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		ENT	
AN40.2	Describe & demonstrate the boundaries, contents, relations and functional anatomy of middle ear and auditory tube	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		ENT	
AN40.3	Describe the features of internal ear	K	KH	N	Lecture	Written		ENT	
AN40.4	Explain anatomical basis of otitis externa and otitis media	K	KH	N	Lecture	Written		ENT	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN40.5	Explain anatomical basis of myringotomy	K	KH	N	Lecture	Written		ENT	
Topic: Eyeball		**Number of competencies: (3)**			**Number of procedures for certification: (NIL)**				
AN41.1	Describe & demonstrate parts and layers of eyeball	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Ophthalmology	
AN41.2	Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion	K	KH	N	Lecture	Written		Ophthalmology	
AN41.3	Describe the position, nerve supply and actions of intraocular muscles	K	KH	N	Lecture	Written		Ophthalmology	
Topic: Back Region		**Number of competencies: (3)**			**Number of procedures for certification: (NIL)**				
AN42.1	Describe the contents of the vertebral canal	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN42.2	Describe & demonstrate the boundaries and contents of Suboccipital triangle	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN42.3	Describe the position, direction of fibres, relations, nerve supply, actions of semispinalis capitis and splenius capitis	K	KH	N	Lecture	Written			
Topic: Head & neck Joints, Histology, Development, Radiography & Surface marking		**Number of competencies: (9)**			**Number of procedures for certification: (NIL)**				
AN43.1	Describe & demonstrate the movements with muscles producing the movements of atlantooccipital joint & atlantoaxial joint	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN43.2	Identify, describe and draw the microanatomy of pituitary gland, thyroid, parathyroid gland, tongue, salivary glands, tonsil, epiglottis, cornea, retina	K/S	SH	Y	Lecture, Practical	Written/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN43.3	Identify, describe and draw microanatomy of olfactory epithelium, eyelid, lip, sclero-corneal junction, optic nerve, cochlea- organ of corti, pineal gland	K/S	SH	N	Lecture, Practical	Written/ skill assessment			
AN43.4	Describe the development and developmental basis of congenital anomalies of face, palate, tongue, branchial apparatus, pituitary gland, thyroid gland & eye	K	KH	Y	Lecture	Written/ Viva voce			
AN43.5	Demonstrate- 1) Testing of muscles of facial expression, extraocular muscles, muscles of mastication, 2) Palpation of carotid arteries, facial artery, superficial temporal artery, 3) Location of internal and external jugular veins, 4) Location of hyoid bone, thyroid cartilage and cricoid cartilage with their vertebral levels	K/S	SH	Y	Practical	Viva voce/ skill assessment		General Surgery	
AN43.6	Demonstrate surface projection of- Thyroid gland, Parotid gland and duct, Pterion, Common carotid artery, Internal jugular vein, Subclavian vein, External jugular vein, Facial artery in the face & accessory nerve	K/S	SH	N	Practical	Viva voce/ skill assessment		General Surgery	
AN43.7	Identify the anatomical structures in 1) Plain x-ray skull, 2) AP view and lateral view 3) Plain x-ray cervical spine-AP and lateral view 4) Plain x-ray of paranasal sinuses	K/S	SH	Y	Practical	Viva voce/ skill assessment		Radiodiagnosis	
AN43.8	Describe the anatomical route used for carotid angiogram and vertebral angiogram	K/S	SH	N	Practical	Viva voce/ skill assessment		Radiodiagnosis	
AN43.9	Identify anatomical structures in carotid angiogram and vertebral angiogram	K/S	SH	N	Practical	Viva voce/ skill assessment		Radiodiagnosis	
Topic: Anterior abdominal wall		**Number of competencies: (7)**				**Number of procedures for certification: (NIL)**			
AN44.1	Describe & demonstrate the Planes (transpyloric, transtubercular, subcostal, lateral vertical, linea alba, linea semilunaris), regions & Quadrants of abdomen	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN44.2	Describe & identify the Fascia, nerves & blood vessels of anterior abdominal wall	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN44.3	Describe the formation of rectus sheath and its contents	K	KH	Y	Lecture	Written/ Viva voce			
AN44.4	Describe & demonstrate extent, boundaries, contents of Inguinal canal including Hesselbach's triangle.	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN44.5	Explain the anatomical basis of inguinal hernia.	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN44.6	Describe & demonstrate attachments of muscles of anterior abdominal wall	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN44.7	Enumerate common Abdominal incisions	K	KH	N	Lecture	Written		General Surgery	
Topic: Posterior abdominal wall		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN45.1	Describe Thoracolumbar fascia	K	KH	Y	Lecture	Written			
AN45.2	Describe & demonstrate Lumbar plexus for its root value, formation & branches	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN45.3	Mention the major subgroups of back muscles, nerve supply and action	K	KH	N	Lecture	Written			
Topic: Male external genitalia		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN46.1	Describe & demonstrate coverings, internal structure, side determination, blood supply, nerve supply, lymphatic drainage & descent of testis with its applied anatomy	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN46.2	Describe parts of Epididymis	K	KH	Y	Lecture, Practical	Written/ Viva voce			
AN46.3	Describe Penis under following headings: (parts, components, blood supply and lymphatic drainage)	K	KH	Y	Lecture, Practical	Written/ Viva voce			
AN46.4	Explain the anatomical basis of Varicocoele	K	KH	N	Lecture	Written		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN46.5	Explain the anatomical basis of Phimosis & Circumcision	K	KH	N	Lecture	Written		General Surgery	
Topic: Abdominal cavity		**Number of competencies: (14)**				**Number of procedures for certification: (NIL)**			
AN47.1	Describe & identify boundaries and recesses of Lesser & Greater sac	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN47.2	Name & identify various peritoneal folds & pouches with its explanation .	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN47.3	Explain anatomical basis of Ascites & Peritonitis	K	KH	N	Lecture	Written		General Surgery	
AN47.4	Explain anatomical basis of Subphrenic abscess	K	KH	N	Lecture	Written		General Surgery	
AN47.5	Describe & demonstrate major viscera of abdomen under following headings (anatomical position, external and internal features, important peritoneal and other relations, blood supply, nerve supply, lymphatic drainage and applied aspects)	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN47.6	Explain the anatomical basis of Splenic notch, Accessory spleens, Kehr's sign, Different types of vagotomy, Liver biopsy (site of needle puncture), Referred pain in cholecystitis, Obstructive jaundice, Referred pain around umbilicus, Radiating pain of kidney to groin & Lymphatic spread in carcinoma stomach	K	KH	N	Lecture	Written		General Surgery	
AN47.7	Mention the clinical importance of Calot's triangle	K	KH	N	Lecture	Written		General Surgery	
AN47.8	Describe & identify the formation, course relations and tributaries of Portal vein, Inferior vena cava & Renal vein	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN47.9	Describe & identify the origin, course, important relations and branches of Abdominal aorta, Coeliac trunk, Superior mesenteric, Inferior mesenteric & Common iliac artery	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN47.10	Enumerate the sites of portosystemic anastomosis	K	KH	Y	Lecture	Written		General Surgery	
AN47.11	Explain the anatomic basis of hematemesis& caput medusae in portal hypertension	K	KH	Y	Lecture,	Written/ Viva voce		General Surgery	
AN47.12	Describe important nerve plexuses of posterior abdominal wall	K	KH	N	Lecture	Written			
AN47.13	Describe & demonstrate the attachments, openings, nerve supply & action of the thoracoabdominal diaphragm	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN47.14	Describe the abnormal openings of thoracoabdominal diaphragm and diaphragmatic hernia	K	KH	N	Lecture	Written		General Surgery	
Topic: Pelvic wall and viscera		**Number of competencies: (8)**				**Number of procedures for certification: (NIL)**			
AN48.1	Describe & identify the muscles of Pelvic diaphragm	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN48.2	Describe & demonstrate the (position, features, important peritoneal and other relations, blood supply, nerve supply, lymphatic drainage and clinical aspects of) important male & female pelvic viscera	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN48.3	Describe & demonstrate the origin, course, important relations and branches of internal iliac artery	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN48.4	Describe the branches of sacral plexus	K	KH	Y	Lecture	Written			
AN48.5	Explain the anatomical basis of suprapubic cystostomy, Urinary obstruction in benign prostatic hypertrophy, Retroverted uterus, Prolapse uterus, Internal and external haemorrhoids, Anal fistula, Vasectomy, Tubal pregnancy & Tubal ligation	K	KH	N	Lecture	Written		General Surgery	
AN48.6	Describe the neurological basis of Automatic bladder	K	KH	N	Lecture	Written		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN48.7	Mention the lobes involved in benign prostatic hypertrophy & prostatic cancer	K	KH	N	Lecture	Written		General Surgery	
AN48.8	Mention the structures palpable during vaginal & rectal examination	K	KH	N	Lecture	Written		Obstetrics & Gynaecology General Surgery	
Topic: Perineum		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN49.1	Describe & demonstrate the superficial & deep perineal pouch (boundaries and contents)	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Obstetrics & Gynaecology	
AN49.2	Describe & identify Perineal body	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Obstetrics & Gynaecology	
AN49.3	Describe & demonstrate Perineal membrane in male & female	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN49.4	Describe & demonstrate boundaries, content & applied anatomy of Ischiorectal fossa	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Surgery	
AN49.5	Explain the anatomical basis of Perineal tear, Episiotomy, Perianal abscess and Anal fissure	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
Topic: Vertebral column		**Number of competencies: (4)**				**Number of procedures for certification: (NIL)**			
AN50.1	Describe the curvatures of the vertebral column	K	KH	Y	Lecture	Written/ Viva voce			
AN50.2	Describe & demonstrate the type, articular ends, ligaments and movements of Intervertebral joints, Sacroiliac joints & Pubic symphysis	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN50.3	Describe lumbar puncture (site, direction of the needle, structures pierced during the lumbar puncture)	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
AN50.4	Explain the anatomical basis of Scoliosis, Lordosis, Prolapsed disc, Spondylolisthesis & Spina bifida	K	KH	N	Lecture	Written		Orthopedics	
Topic: Sectional Anatomy		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN51.1	Describe & identify the cross-section at the level of T8, T10 and L1 (transpyloric plane)	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Radiodiagnosis	
AN51.2	Describe & identify the midsagittal section of male and female pelvis	K	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Radiodiagnosis	
Topic: Histology & Embryology		**Number of competencies: (8)**				**Number of procedures for certification: (NIL)**			
AN52.1	Describe & identify the microanatomical features of Gastro-intestinal system: Oesophagus, Fundus of stomach, Pylorus of stomach, Duodenum, Jejunum, Ileum, Large intestine, Appendix, Liver, Gall bladder, Pancreas & Suprarenal gland	K/S	SH	**Y**	Lecture, Practical	Written/ skill assessment			
AN52.2	Describe & identify the microanatomical features of: Urinary system: Kidney, Ureter & Urinary bladder Male Reproductive System: Testis, Epididymis,Vas deferens, Prostate & penis Female reproductive system: Ovary, Uterus, Uterine tube, Cervix, Placenta & Umbilical cord	K/S	SH	Y	Lecture, Practical	Written/ skill assessment			
AN52.3	Describe & identify the microanatomical features of Cardiooesophageal junction, Corpus luteum	K/S	SH	N	Lecture, Practical	Written/ skill assessment			
AN52.4	Describe the development of anterior abdominal wall	K	KH	N	Lecture	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN52.5	Describe the development and congenital anomalies of Diaphragm	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN52.6	Describe the development and congenital anomalies of: Foregut, Midgut & Hindgut	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN52.7	Describe the development of Urinary system	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN52.8	Describe the development of male & female reproductive system	K	KH	Y	Lecture	Written/ Viva voce		Obstetrics & Gynaecology	
Topic: Osteology		**Number of competencies: (4)**				**Number of procedures for certification: (NIL)**			
AN53.1	Identify & hold the bone in the anatomical position, Describe the salient features, articulations & demonstrate the attachments of muscle groups	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment		General Surgery, Obstetrics & Gynaecology	
AN53.2	Demonstrate the anatomical position of bony pelvis & show boundaries of pelvic inlet, pelvic cavity, pelvic outlet	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment		Obstetrics & Gynaecology	
AN53.3	Define true pelvis and false pelvis and demonstrate sex determination in male & female bony pelvis	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment		Obstetrics & Gynaecology	
AN53.4	Explain and demonstrate clinical importance of bones of abdominopelvic region (sacralization of lumbar vertebra, Lumbarization of 1st sacral vertebra, types of bony pelvis & Coccyx)	K/S	SH	N	Lecture, DOAP session	Viva voce/ skill assessment			
Topic: Radiodiagnosis		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN54.1	Describe & identify features of plain X ray abdomen	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment		Radiodiagnosis	
AN54.2	Describe & identify the special radiographs of abdominopelvic region (contrast X ray Barium swallow, Barium meal, Barium enema, Cholecystography, Intravenous pyelography & Hysterosalpingography)	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment		Radiodiagnosis	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN54.3	Describe role of ERCP, CT abdomen, MRI, Arteriography in radiodiagnosis of abdomen	K	KH	N	Lecture	Viva voce		Radiodiagnosis	
Topic: Surface marking		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN55.1	Demonstrate the surface marking of; Regions and planes of abdomen, Superficial inguinal ring, Deep inguinal ring , McBurney's point, Renal Angle & Murphy's point	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment		General Surgery	
AN55.2	Demonstrate the surface projections of: Stomach, Liver, Fundus of gall bladder, Spleen, Duodenum, Pancreas, Ileocaecal junction, Kidneys & Root of mesentery	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment		General Surgery	
Topic: Meninges & CSF		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN56.1	Describe & identify various layers of meninges with its extent & modifications	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Medicine	
AN56.2	Describe circulation of CSF with its applied anatomy	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
Topic: Spinal Cord		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN57.1	Identify external features of spinal cord	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN57.2	Describe extent of spinal cord in child & adult with its clinical implication	K	KH	Y	Lecture	Written/ Viva voce			
AN57.3	Draw & label transverse section of spinal cord at mid-cervical & mid-thoracic level	K	KH	Y	Lecture	Written/ Viva voce			
AN57.4	Enumerate ascending & descending tracts at mid thoracic level of spinal cord	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN57.5	Describe anatomical basis of syringomyelia	K	KH	N	Lecture	Written		General Medicine	Physiology
Topic: Medulla Oblongata		**Number of competencies: (4)**				**Number of procedures for certification: (NIL)**			
AN58.1	Identify external features of medulla oblongata	K/S	SH	Y	Lecture, DOAP session	Written/ Viva voce/ skill assessment			
AN58.2	Describe transverse section of medulla oblongata at the level of 1) pyramidal decussation, 2) sensory decussation 3) ION	K	KH	Y	Lecture	Written/ Viva voce			
AN58.3	Enumerate cranial nerve nuclei in medulla oblongata with their functional group	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN58.4	Describe anatomical basis & effects of medial & lateral medullary syndrome	K	KH	N	Lecture	Written		General Medicine	Physiology
Topic: Pons		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN59.1	Identify external features of pons	K/S	SH	Y	Lecture, DOAP session	Written/ Viva voce/ skill assessment			Physiology
AN59.2	Draw & label transverse section of pons at the upper and lower level	K	KH	Y	Lecture	Written/ Viva voce			
AN59.3	Enumerate cranial nerve nuclei in pons with their functional group	K	KH	Y	Lecture	Written/ Viva voce			
Topic: Cerebellum		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN60.1	Describe & demonstrate external & internal features of cerebellum	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN60.2	Describe connections of cerebellar cortex and intracerebellar nuclei	K	KH	Y	Lecture	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN60.3	Describe anatomical basis of cerebellar dysfunction	K	KH	N	Lecture	Written		General Medicine	Physiology
Topic: Midbrain		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN61.1	Identify external & internal features of midbrain	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			
AN61.2	Describe internal features of midbrain at the level of superior & inferior colliculus	K	KH	Y	Lecture	Written/ Viva voce			
AN61.3	Describe anatomical basis & effects of Benedikt's and Weber's syndrome	K	KH	N	Lecture	Written		General Medicine	Physiology
Topic: Cranial nerve nuclei & Cerebral hemispheres		**Number of competencies: (6)**				**Number of procedures for certification: (NIL)**			
AN62.1	Enumerate cranial nerve nuclei with its functional component	K	KH	Y	Lecture	Written/ Viva voce			
AN62.2	Describe & demonstrate surfaces, sulci, gyri, poles, & functional areas of cerebral hemisphere	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Medicine	Physiology
AN62.3	Describe the white matter of cerebrum	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN62.4	Enumerate parts & major connections of basal ganglia & limbic lobe	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN62.5	Describe boundaries, parts, gross relations, major nuclei and connections of dorsal thalamus, hypothalamus, epithalamus, metathalamus and subthalamus	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN62.6	Describe & identify formation, branches & major areas of distribution of circle of Willis	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Medicine	Physiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Ventricular System		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN63.1	Describe & demonstrate parts, boundaries & features of IIIrd, IVth & lateral ventricle	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment			Physiology
AN63.2	Describe anatomical basis of congenital hydrocephalus	K	KH	N	Lecture	Written		Pediatrics	Physiology
Topic: Histology & Embryology		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN64.1	Describe & identify the microanatomical features of Spinal cord, Cerebellum & Cerebrum	K/S	SH	Y	Lecture,Practical	Written/ skill assessment			
AN64.2	Describe the development of neural tube, spinal cord, medulla oblongata, pons, midbrain, cerebral hemisphere & cerebellum	K	KH	Y	Lecture	Written/ Viva voce			
AN64.3	Describe various types of open neural tube defects with its embryological basis	K	KH	N	Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
Topic: Epithelium histology		**Number of competencies: (2)**				**Number of competencies for certification: (01)**			
AN65.1	Identify epithelium under the microscope & describe the various types that correlate to its function	K/S	P	Y	Lecture, Practical	Written/ skill assessment	1		
AN65.2	Describe the ultrastructure of epithelium	K	KH	N	Lecture, Practical	Written			
Topic: Connective tissue histology		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN66.1	Describe & identify various types of connective tissue with functional correlation	K/S	SH	Y	Lecture, Practical	Written/ skill assessment			Physiology
AN66.2	Describe the ultrastructure of connective tissue	K	KH	N	Lecture, Practical	Written		Pathology	
Topic: Muscle histology		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN67.1	Describe & identify various types of muscle under the microscope	K/S	SH	Y	Lecture, Practical	Written/ skill assessment			
AN67.2	Classify muscle and describe the structure-function correlation of the same	K	KH	Y	Lecture, Practical	Written			Physiology
AN67.3	Describe the ultrastructure of muscular tissue	K	KH	N	Lecture, Practical	Written			
Topic: Nervous tissue histology		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN68.1	Describe & Identify multipolar & unipolar neuron, ganglia, peripheral nerve	K/S	SH	Y	Lecture, Practical	Written/ skill assessment			
AN68.2	Describe the structure-function correlation of neuron	K	KH	Y	Lecture, Practical	Written			Physiology
AN68.3	Describe the ultrastructure of nervous tissue	K	KH	N	Lecture, Practical	Written			
Topic: Blood Vessels		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN69.1	Identify elastic & muscular blood vessels, capillaries under the microscope	K/S	SH	Y	Lecture, Practical	Skill assessment			
AN69.2	Describe the various types and structure-function correlation of blood vessel	K	KH	Y	Lecture, Practical	Written			Physiology
AN69.3	Describe the ultrastructure of blood vessels	K	KH	Y	Lecture, Practical	Written			
Topic: Glands & Lymphoid tissue		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN70.1	Identify exocrine gland under the microscope & distinguish between serous, mucous and mixed acini	K/S	SH	Y	Lecture, Practical	Written/ skill assessment		Pathology	
AN70.2	Identify the lymphoid tissue under the microscope & describe microanatomy of lymph node, spleen, thymus, tonsil and correlate the structure with function	K/S	SH	Y	Lecture, Practical	Written/ skill assessment		Pathology	
Topic: Bone & Cartilage		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN71.1	Identify bone under the microscope; classify various types and describe the structure-function correlation of the same	K/S	SH	Y	Lecture, Practical	Written/ skill assessment		Pathology	
AN71.2	Identify cartilage under the microscope & describe various types and structure- function correlation of the same	K/S	SH	Y	Lecture, Practical	Written/ skill assessment		Pathology	
Topic: Integumentary System		**Number of competencies: (1)**				**Number of procedures for certification: (NIL)**			
AN72.1	Identify the skin and its appendages under the microscope and correlate the structure with function	K/S	SH	Y	Lecture, Practical	Written/ skill assessment			
Topic: Chromosomes		**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**			
AN73.1	Describe the structure of chromosomes with classification	K	KH	Y	Lecture	Written			
AN73.2	Describe technique of karyotyping with its applications	K	KH	Y	Lecture	Written			
AN73.3	Describe the Lyon's hypothesis	K	KH	Y	Lecture	Written			
Topic: Patterns of Inheritance		**Number of competencies: (4)**				**Number of procedures for certification: (NIL)**			
AN74.1	Describe the various modes of inheritance with examples	K	KH	Y	Lecture	Written		General Medicine, Pediatrics	
AN74.2	Draw pedigree charts for the various types of inheritance & give examples of diseases of each mode of inheritance	K	KH	Y	Lecture	Written		General Medicine, Pediatrics	
AN74.3	Describe multifactorial inheritance with examples	K	KH	Y	Lecture	Written		General Medicine	
AN74.4	Describe the genetic basis & clinical features of Achondroplasia, Cystic Fibrosis, Vitamin D resistant rickets, Haemophilia, Duchene's muscular dystrophy & Sickle cell anaemia	K	KH	N	Lecture	Written		General Medicine, Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Principle of Genetics, Chromosomal Aberrations & Clinical Genetics		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN75.1	Describe the structural and numerical chromosomal aberrations	K	KH	Y	Lecture	Written		Pediatrics	
AN75.2	Explain the terms mosaics and chimeras with example	K	KH	N	Lecture	Written		Pediatrics	
AN75.3	Describe the genetic basis & clinical features of Prader Willi syndrome, Edward syndrome & Patau syndrome	K	KH	N	Lecture	Written		Pediatrics	
AN75.4	Describe genetic basis of variation: polymorphism and mutation	K	KH	Y	Lecture	Written		Pediatrics	
AN75.5	Describe the principles of genetic counselling	K	KH	Y	Lecture	Written		Pediatrics, Obstetrics & Gynaecology	
Topic: Introduction to embryology		**Number of competencies: (2)**				**Number of procedures for certification: (NIL)**			
AN76.1	Describe the stages of human life	K	KH	Y	Lecture	Written			
AN76.2	Explain the terms- phylogeny, ontogeny, trimester, viability	K	KH	Y	Lecture	written			
Topic: Gametogenesis and fertilization		**Number of competencies: (6)**				**Number of procedures for certification: (NIL)**			
AN77.1	Describe the uterine changes occurring during the menstrual cycle	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.2	Describe the synchrony between the ovarian and menstrual cycles	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.3	Describe spermatogenesis and oogenesis along with diagrams	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.4	Describe the stages and consequences of fertilisation	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN77.5	Enumerate and describe the anatomical principles underlying contraception	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.6	Describe teratogenic influences; fertility and sterility, surrogate motherhood, social significance of “sex-ratio”.	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
Topic: Second week of development		**Number of competencies: (5)**				**Number of procedures for certification: (NIL)**			
AN78.1	Describe cleavage and formation of blastocyst	K	KH	Y	Lecture	Written			
AN78.2	Describe the development of trophoblast	K	KH	Y	Lecture	Written			
AN78.3	Describe the process of implantation & common abnormal sites of implantation	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN78.4	Describe the formation of extra-embryonic mesoderm and coelom, bilaminar disc and prochordal plate	K	KH	Y	Lecture	Written			
AN78.5	Describe in brief abortion; decidual reaction, pregnancy test	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
Toic: 3rd to 8th week of development		**Number of competencies: (6)**				**Number of procedures for certification: (NIL)**			
AN79.1	Describe the formation & fate of the primitive streak	K	KH	Y	Lecture	Written			
AN79.2	Describe formation & fate of notochord	K	KH	Y	Lecture	Written			
AN79.3	Describe the process of neurulation	K	KH	Y	Lecture	Written			
AN79.4	Describe the development of somites and intra-embryonic coelom	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN79.5	Explain embryological basis of congenital malformations, nucleus pulposus, sacrococcygeal teratomas, neural tube defects	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
AN79.6	Describe the diagnosis of pregnancy in first trimester and role of teratogens, alpha-fetoprotein	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Fetal membranes	**Number of competencies: (7)**				**Number of procedures for certification: (NIL)**				
AN80.1	Describe formation, functions & fate of-chorion: amnion; yolk sac; allantois & decidua	K	KH	Y	Lecture	Written			
AN80.2	Describe formation & structure of umbilical cord	K	KH	Y	Lecture	Written			
AN80.3	Describe formation of placenta, its physiological functions, foetomaternal circulation & placental barrier	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN80.4	Describe embryological basis of twinning in monozygotic & dizygotic twins	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN80.5	Describe role of placental hormones in uterine growth & parturition	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN80.6	Explain embryological basis of estimation of fetal age.	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
AN80.7	Describe various types of umbilical cord attachments	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
Topic: Prenatal Diagnosis	**Number of competencies: (3)**				**Number of procedures for certification: (NIL)**				
AN81.1	Describe various methods of prenatal diagnosis	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN81.2	Describe indications, process and disadvantages of amniocentesis	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN81.3	Describe indications, process and disadvantages of chorion villus biopsy	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
Topic: Ethics in Anatomy	**Number of competencies: (1)**				**Number of procedures for certification: (NIL)**				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN 82.1	Demonstrate respect and follow the correct procedure when handling cadavers and other biologic tissue	S	SH	Y	Group Activity	NIL		AETCOM	
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
			Physiology						
PY3.1	Describe the structure and functions of a neuron and neuroglia; Discuss Nerve Growth Factor & other growth factors/cytokines	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY3.7	Describe the different types of muscle fibres and their structure	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY3.13	Describe muscular dystrophy: myopathies	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	Human Anatomy
PY4.1	Describe the structure and functions of digestive system	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY5.1	Describe the functional Anatomy of heart including chambers, sounds; and Pacemaker tissue and conducting system.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY5.6	Describe abnormal ECG, arrythmias, heart block and myocardial Infarction	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	Human Anatomy
PY9.1	Describe and discuss sex determination; sex differentiation and their abnormities and outline psychiatry and practical implication of sex determination.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.1	Describe and discuss the organization of nervous system	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
PY10.2	Describe and discuss the functions and properties of synapse, reflex, receptors	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.3	Describe and discuss somatic sensations & sensory tracts	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.4	Describe and discuss motor tracts, mechanism of maintenance of tone, control of body movements, posture and equilibrium & vestibular apparatus	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.5	Describe and discuss structure and functions of reticular activating system, autonomic nervous system (ANS)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.6	Describe and discuss Spinal cord, its functions, lesion & sensory disturbances	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.7	Describe and discuss functions of cerebral cortex, basal ganglia, thalamus, hypothalamus, cerebellum and limbic system and their abnormalities	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry	Human Anatomy
PY10.11	Demonstrate the correct clinical examination of the nervous system: Higher functions, Sensory system, motor system, reflexes, Cranial Nerves in a normal volunteer or simulated environment	S	P	Y	DOAP sessions	Skill assessment / Viva voce / OSCE	1 each (total 5)		Human Anatomy
Biochemistry									
BI6.13	Describe the functions of the kidney, liver, thyroid and adrenal glands .	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.14	Describe the tests that are commonly done in clinical practice to assess the functions of these organs (kidney, liver, thyroid and adrenal glands).	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.15	Describe the abnormalities of kidney, liver, thyroid and adrenal glands	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
Pathology									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA28.10	Describe the etiology, pathogenesis, pathology, laboratory findings, distinguishing features progression and complications of acute and chronic pyelonephritis and reflux nephropathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, General Surgery	
PA31.1	Classify and describe the types, etiology, pathogenesis, pathology and hormonal dependency of benign breast disease	K	KH	Y	Lecture, Small group	Written/ Viva voce		Human Anatomy, General Surgery	
PA32.1	Enumerate, classify and describe the etiology, pathogenesis, pathology and iodine dependency of thyroid swellings	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy Physiology, General Medicine, General Surgery	
PA32.9	Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology, General Medicine, General Surgery	
PA33.1	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of osteomyelitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Orthopedics	Microbiology
Forensic Medicine & Toxicology									
FM2.28	Describe and discuss signs of intrauterine death, signs of live birth, viability of foetus, age determination of foetus, DOAP session of ossification centres, Hydrostatic test, Sudden infants death syndrome and Munchausen's syndrome by proxy.	K	KH	Y	Lectures,Small group discussion, Autopsy, DOAP session	Written/Viva voce/ OSCE		Pediatrics, Human Anatomy	
FM3.1	Identification Define and describe Corpus Delicti, establishment of identity of living persons including race, Sex, religion, complexion, stature, age determination using morphology, teeth-eruption, decay, bite marks, bones-ossification centres, medico-legal aspects of age.	K	KH	Y	Lectures,Small group discussion, Bedside clinic, DOAP session	Written/ Viva voce/skill assessment		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
			Anesthesiology						
AS4.2	Describe the Anatomy of the airway and its implications for general anaesthesia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
AS5.2	Describe the correlative Anatomy of the brachial plexus, subarachnoid and epidural spaces	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
AS5.3	Observe and describe the principles and steps/ techniques involved in peripheral nerve blocks	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Human Anatomy	
AS8.1	Describe the anatomical correlates and physiologic principles of pain	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Human Anatomy Physiology	
			ENT						
EN1.1	Describe the Human Anatomy & physiology of ear, nose, throat, head & neck.	K	KH	Y	Lecture, Small group discission, DOAP session	Written/ Viva voce/Skill assessment		Human Anatomy	
			Ophthalmology						
OP2.1	Enumerate the causes, describe and discuss the aetiology, clinical presentations and diagnostic features of common conditions of the lid and adnexa including Hordeolum externum/ internum, blepharitis, preseptal cellulitis, dacryocystitis, hemangioma, dermoid, ptosis, entropion, lid lag, lagopthalmos	K	KH	Y	Lecture,Small group discussion	Written/ Viva voce		Human Anatomy	
OP4.1	Enumerate describe and discuss the types and causes of corneal ulceration	K	KH	Y	Lecture,Small group discussion	Written/ Viva voce		Human Anatomy	
OP6.7	Enumerate and discuss the aetiology, the clinical distinguishing features of various glaucomas associated with shallow and deep anterior chamber. Choose appropriate investigations and treatment for patients with above conditions.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
OP7.1	Describe the surgical anatomy and the metabolism of the lens	K	KH	Y	Lecture,Small group discussion	Written/ Viva voce		Biochemistry, Human Anatomy	
OP8.1	Discuss the aetiology, pathology, clinical features and management of vascular occlusions of the retina	K	KH	Y	Lecture,Small group discussion	Written/ Viva voce		Human Anatomy, Pathology	
Dentistry									
DE1.1	Enumerate the parts of the tooth	K	K	N	Lecture,Small group discussion	Viva voce		Human Anatomy	
DE5.1	Enumerate the parts of the tooth and supporting structures	K	K	N	Lecture, Small group discussion	Viva voce		Human Anatomy	
General Medicine									
IM3.1	Define discuss describe and distinguish community acquired pneumonia, nosocomial pneumonia and aspiration pneumonia	K	K	Y	Lecture, Small Group discussion	short note/ Viva voce		Human Anatomy, Pathology, Microbiology	
IM13.9	Demonstrate in a mannequin the correct technique for performing breast exam, rectal examination and cervical examination and pap smear	S	K	Y	Bedside clinic	Skill assessment/ short case		Human Anatomy	General Surgery
IM17.1	Define and classify headache and describe the presenting features, precipitating factors, aggravating and relieving factors of various kinds of headache	K	KH	Y	Lecture, Small group discussion	short note/ Viva voce		Human Anatomy	
IM18.1	Describe the functional and the vascular anatomy of the brain	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce		Human Anatomy	
IM19.1	Describe the functional anatomy of the locomotor system of the brain	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Human Anatomy, Physiology	
Obstetrics & Gynaecology									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
OG2.1	Describe and discuss the development and anatomy of the female reproductive tract, relationship to other pelvic organs, applied anatomy as related to Obstetrics and Gynaecology.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Human Anatomy	
OG4.1	Describe and discuss the basic embryology of fetus , factors influencing fetal growth and development, anatomy and physiology of placenta, and teratogenesis	K	K	Y	Lecture, Small group discussion	Theory		Human Anatomy	
OG14.1	Enumerate and discuss the diameters of maternal pelvis and types	K	KH	Y	Lecture, Small group discussion, Bedside clinic, DOAP session	Written/ Viva voce/ skill assessment		Human Anatomy	
General Surgery									
SU19.1	Describe the etiology and classification of cleft lip and palate	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU19.2	Describe the Principles of reconstruction of cleft lip and palate	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU22.1	Describe the Applied anatomy, and physiology of thyroid	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU22.5	Describe the applied anatomy of parathyroid.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU23.1	Describe the applied anatomy of adrenal glands	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU24.1	Describe the clinical features, principles of investigation, prognosis and management of pancreatitis.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
SU25.1	Describe applied anatomy appropriate investigations for breast disease	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU28.2	Describe the clinical features, investigations and principles of management of congenital anomalies of Genitourinary system.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU28.5	Describe the applied anatomy and physiology of esophagus	K	K	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce		Human Anatomy, Physiology	
SU28.7	Describe the applied anatomy and physiology of stomach.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU28.10	Describe the applied anatomy of liver. Describe the Clinical features, Investigations and principles of management of Liver abscess, hydatid disease, Injuries and Tumors of the liver.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU28.11	Describe the applied anatomy of Spleen. Describe the clinical features, Investigations and principles of management of splenic injuries. Describe the Post-splenectomy sepsis- prophylaxis.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU28.12	Describe the applied anatomy of biliary system. Describe the clinical features, investigations and principles of management of diseases of biliary system.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU28.13	Describe the applied anatomy of small and large intestines	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU28.16	Describe applied anatomy including congenital anomalies of the rectum and anal canal	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
SU30.2	Describe the applied anatomy, clinical features, investigations and principles of management of Undescended testis.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU30.3	Describe the applied anatomy, clinical features, investigations and principles of management of Epidydimo-orchitis	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU30.4	Describe the applied anatomy, clinical features, investigations and principles of management of Varicocele	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
SU30.5	Describe the applied anatomy, clinical features, investigations and principles of management of Hydrocele	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
	Orthopaedics								
OR2.1	Describe and discuss the mechanism of Injury, clinical features, investigations and plan management of fracture of clavicle	K/S	KH/SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE	1	Human Anatomy	
OR2.2	Describe and discuss the mechanism of Injury, clinical features, investigations and plan management of fractures of proximal humerus	K	K/KH/SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.3	Describe and discuss the mechanism of Injury, clinical features, investigations and plan management of supra condylar fracture of humerus	K	KH/SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.4	Describe and discuss the mechanism of injury, clinical features, investigations and principles of management of fracture of shaft of humerus and intercondylar fracture humerus with emphasis on neurovasular deficit	K/S	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.5	Describe and discuss the aetiopathogenesis, clinical features, mechanism of injury, investigation & principles of management of fractures of both bones forearm and Galeazzi and Monteggia injury	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
OR2.6	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of fractures of distal radius	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.7	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of pelvic injuries with emphasis on hemodynamic instability	K	K/KH/SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.8	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of spine injuries with emphasisi on mobilisation of the patient	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.9	Describe and discuss the mechanism of injury, Clinical features, investigations and principle of management of acetabular fracture	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.10	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of fractures of proximal femur	K/S/A/C	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.11	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of (a) Fracture patella (b) Fracture distal femur © Fracture proximal tibia with special focus on neurovascular injury and compartment syndrome	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.12	Describe and discuss the aetiopathogenesis, clinical features, Investigation and principles of management of Fracture shaft of femur in all age groups and the recognition and management of fat embolism as a complication	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.13	Describe and discuss the aetiopathogenesis, clinical features, Investigation and principles of management of: (a) Fracture both bones leg (b) Calcaneus (c) Small bones of foot	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.14	Describe and discuss the aetiopathogenesis, clinical features, Investigation and principles of management of ankle fractures	K/S/C	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Teaching-Learning Methods	Assessment Methods	Number required to certify P	Vertical Integration	Horizontal Integration
OR2.15	Plan and interpret the investigations to diagnose complications of fractures like malunion, non-union, infection, compartmental syndrome	K/S	SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE	2	Human Anatomy	
OR2.16	Describe and discuss the mechanism of injury, clinical features, investigations and principles of management of open fractures with focus on secondary infection, prevention and management	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR11.1	Describe and discuss the aetiopathogenesis, Clinical features, Investigations and principles of management of peripheral nerve injuries in diseases like foot drop, wrist drop, claw hand, palsies of Radial, Ulnar, Median, Lateral Popliteal and Sciatic Nerves	K	K/H	Y	Lecture, Small Group discussion, case discussion	Written/ Viva voce/ OSCE		Human Anatomy	General Medicine, General surgery
OR12.1	Describe and discuss the Clinical features, Investigations and principles of management of Congenital and acquired malformations and deformities of: a. limbs and spine - Scoliosis and spinal bifida b. Congenital dislocation of Hip,Torticollis, c. congenital talipes equino varus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ OSCE		Human Anatomy	
Physical Medicine & Rehabilitation									
PM2.1	Describe the causes of disability in the patient with a cerebrovascular accident	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	General Medicine
PM3.1	Describe and discuss the clinical features, types, evaluation, diagnosis and management of cerebral palsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	Pediatrics
Pediatrics									
PE32.1	Discuss the genetic basis, risk factors, complications, prenatal diagnosis, management and genetic counselling in Down's Syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	

PHYSIOLOGY (CODE: PY)

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PHYSIOLOGY									
Topic: General Physiology		**Number of competencies: (09)**				**Number of procedures that require certification : (NIL)**			
PY1.1	Describe the structure and functions of a mammalian cell	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY1.2	Describe and discuss the principles of homeostasis	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY1.3	Describe intercellular communication	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY1.4	Describe apoptosis – programmed cell death	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Pathology	
PY1.5	Describe and discuss transport mechanisms across cell membranes	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY1.6	Describe the fluid compartments of the body, its ionic composition & measurements	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY1.7	Describe the concept of pH & Buffer systems in the body	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY1.8	Describe and discuss the molecular basis of resting membrane potential and action potential in excitable tissue	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY1.9	Demonstrate the ability to describe and discuss the methods used to demonstrate the functions of the cells and its products, its communications and their applications in Clinical care and research.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
Topic: Haematology		**Number of competencies: (13)**				**Number of procedures that require certification: (NIL)**			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY2.1	Describe the composition and functions of blood components	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY2.2	Discuss the origin, forms, variations and functions of plasma proteins	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY2.3	Describe and discuss the synthesis and functions of Haemoglobin and explain its breakdown. Describe variants of haemoglobin	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY2.4	Describe RBC formation (erythropoiesis & its regulation) and its functions	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY2.5	Describe different types of anaemias & Jaundice	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Pathology	Biochemistry
PY2.6	Describe WBC formation (granulopoiesis) and its regulation	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY2.7	Describe the formation of platelets, functions and variations.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY2.8	Describe the physiological basis of hemostasis and, anticoagulants. Describe bleeding & clotting disorders (Hemophilia, purpura)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Pathology	
PY2.9	Describe different blood groups and discuss the clinical importance of blood grouping, blood banking and transfusion	K	KH	Y	Lecture, Small group discussion, ECE- Visit to blood bank	Written/Viva voce		Pathology	
PY2.10	Define and classify different types of immunity. Describe the development of immunity and its regulation	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY2.11	Estimate Hb, RBC, TLC, RBC indices, DLC, Blood groups, BT/CT	S	SH	Y	DOAP sessions	Practical/OSPE/Viva voce		Pathology	
PY2.12	Describe test for ESR, Osmotic fragility, Hematocrit. Note the findings and interpret the test results etc	K	KH	Y	Demonstration	Written /Viva voce		Pathology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY2.13	Describe steps for reticulocyte and platelet count	K	KH	Y	Demonstration sessions	Written /Viva voce		Pathology	
Topic: Nerve and Muscle Physiology		**Number of competencies: (18)**				**Number of procedures that require certification: (NIL)**			
PY3.1	Describe the structure and functions of a neuron and neuroglia; Discuss Nerve Growth Factor & other growth factors/cytokines	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY3.2	Describe the types, functions & properties of nerve fibers	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY3.3	Describe the degeneration and regeneration in peripheral nerves	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
PY3.4	Describe the structure of neuro-muscular junction and transmission of impulses	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Anaesthesiology	
PY3.5	Discuss the action of neuro-muscular blocking agents	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Anaesthesiology, Pharmacology	
PY3.6	Describe the pathophysiology of Myasthenia gravis	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Pathology	
PY3.7	Describe the different types of muscle fibres and their structure	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY3.8	Describe action potential and its properties in different muscle types (skeletal & smooth)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY3.9	Describe the molecular basis of muscle contraction in skeletal and in smooth muscles	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY3.10	Describe the mode of muscle contraction (isometric and isotonic)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY3.11	Explain energy source and muscle metabolism	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY3.12	Explain the gradation of muscular activity	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
PY3.13	Describe muscular dystrophy: myopathies	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	Human Anatomy
PY3.14	Perform Ergography	S	SH	Y	DOAP sessions	Practical/OSPE/Viva voce			
PY3.15	Demonstrate effect of mild, moderate and severe exercise and record changes in cardiorespiratory parameters	S	SH	Y	DOAP sessions	Practical/OSPE/Viva voce			
PY3.16	Demonstrate Harvard Step test and describe the impact on induced physiologic parameters in a simulated environment	S	SH	Y	DOAP sessions	Practical/OSPE/Viva voce			
PY3.17	Describe Strength-duration curve	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY3.18	Observe with Computer assisted learning (i) amphibian nerve - muscle experiments (ii) amphibian cardiac experiments	S	KH	Y	Demonstration, Computer assisted learning methods	Practical / Viva voce			
Topic: Gastro-intestinal Physiology		**Number of competencies: (10)**				**Number of procedures that require certification: (NIL)**			
PY4.1	Describe the structure and functions of digestive system	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY4.2	Describe the composition, mechanism of secretion, functions, and regulation of saliva, gastric, pancreatic, intestinal juices and bile secretion	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY4.3	Describe GIT movements, regulation and functions. Describe defecation reflex. Explain role of dietary fibre.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY4.4	Describe the physiology of digestion and absorption of nutrients	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY4.5	Describe the source of GIT hormones, their regulation and functions	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY4.6	Describe the Gut-Brain Axis	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY4.7	Describe & discuss the structure and functions of liver and gall bladder	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY4.8	Describe & discuss gastric function tests, pancreatic exocrine function tests & liver function tests	K	KH	Y	Lecture, Small group discussion, Demonstration Esophageal Manometry & endoscopy	Written/Viva voce			Biochemistry
PY4.9	Discuss the physiology aspects of: peptic ulcer, gastro-oesophageal reflux disease, vomiting, diarrhoea, constipation, Adynamic ileus, Hirschsprung's disease	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	Biochemistry
PY4.10	Demonstrate the correct clinical examination of the abdomen in a normal volunteer or simulated environment	S	SH	Y	DOAP session	Skill assessment/ Viva voce/OSCE			
Topic: Cardiovascular Physiology (CVS)		**Number of competencies: (16)**			**Number of procedures that require certification: (03)**				
PY5.1	Describe the functional anatomy of heart including chambers, sounds; and Pacemaker tissue and conducting system.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY5.2	Describe the properties of cardiac muscle including its morphology, electrical, mechanical and metabolic functions	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY5.3	Discuss the events occurring during the cardiac cycle	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY5.4	Describe generation, conduction of cardiac impulse	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY5.5	Describe the physiology of electrocardiogram (E.C.G), its applications and the cardiac axis	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY5.6	Describe abnormal ECG, arrythmias, heart block and myocardial Infarction	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	Human Anatomy
PY5.7	Describe and discuss haemodynamics of circulatory system	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY5.8	Describe and discuss local and systemic cardiovascular regulatory mechanisms	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY5.9	Describe the factors affecting heart rate, regulation of cardiac output & blood pressure	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY5.10	Describe & discuss regional circulation including microcirculation, lymphatic circulation, coronary, cerebral, capillary, skin, foetal, pulmonary and splanchnic circulation	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
PY5.11	Describe the patho-physiology of shock, syncope and heart failure	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY5.12	Record blood pressure & pulse at rest and in different grades of exercise and postures in a volunteer or simulated environment	S	SH	Y	DOAP sessions	Practical/OSPE/ Viva voce	1 each x 3		
PY5.13	Record and interpret normal ECG in a volunteer or simulated environment	S	SH	Y	DOAP sessions	Practical/OSPE/ Viva voce		General Medicine	
PY5.14	Observe cardiovascular autonomic function tests in a volunteer or simulated environment	S	SH	N	DOAP sessions	Skill assessment/ Viva voce			
PY5.15	Demonstrate the correct clinical examination of the cardiovascular system in a normal volunteer or simulated environment	S	SH	Y	DOAP sessions	Practical/OSPE/ Viva voce			
PY5.16	Record Arterial pulse tracing using finger plethysmography in a volunteer or simulated environment	S	SH	N	DOAP sessions, Computer assisted learning methods	Practical/OSPE/ Viva voce		General Medicine	
Topic: Respiratory Physiology		**Number of competencies: (10)**				**Number of procedures that require certification: (01)**			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY6.1	Describe the functional anatomy of respiratory tract	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY6.2	Describe the mechanics of normal respiration, pressure changes during ventilation, lung volume and capacities, alveolar surface tension, compliance, airway resistance, ventilation, V/P ratio, diffusion capacity of lungs	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY6.3	Describe and discuss the transport of respiratory gases: Oxygen and Carbon dioxide	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY6.4	Describe and discuss the physiology of high altitude and deep sea diving	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY6.5	Describe and discuss the principles of artificial respiration, oxygen therapy, acclimatization and decompression sickness.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY6.6	Describe and discuss the pathophysiology of dyspnoea, hypoxia, cyanosis asphyxia; drowning, periodic breathing	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY6.7	Describe and discuss lung function tests & their clinical significance	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY6.8	Demonstrate the correct technique to perform & interpret Spirometry	S	SH	Y	DOAP sessions	Skill assessment/ Viva voce		Respiratory Medicine	
PY6.9	Demonstrate the correct clinical examination of the respiratory system in a normal volunteer or simulated environment	S	P	Y	DOAP sessions	Skill assessment/ Viva voce/OSCE	1		
PY6.10	Demonstrate the correct technique to perform measurement of peak expiratory flow rate in a normal volunteer or simulated environment	S	SH	Y	DOAP sessions	Practical/OSPE/ Viva voce			
Topic: Renal Physiology		**Number of competencies: (09)**			**Number of procedures that require certification: (NIL)**				
PY7.1	Describe structure and function of kidney	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY7.2	Describe the structure and functions of juxta glomerular apparatus and role of renin-angiotensin system	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY7.3	Describe the mechanism of urine formation involving processes of filtration, tubular reabsorption & secretion; concentration and diluting mechanism	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY7.4	Describe & discuss the significance & implication of Renal clearance	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY7.5	Describe the renal regulation of fluid and electrolytes & acid-base balance	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY7.6	Describe the innervations of urinary bladder, physiology of micturition and its abnormalities	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY7.7	Describe artificial kidney, dialysis and renal transplantation	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
PY7.8	Describe & discuss Renal Function Tests	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY7.9	Describe cystometry and discuss the normal cystometrogram	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
Topic: Endocrine Physiology		**Number of competencies: (06)**			**Number of procedures that require certification : (NIL)**				
PY8.1	Describe the physiology of bone and calcium metabolism	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY8.2	Describe the synthesis, secretion, transport, physiological actions, regulation and effect of altered (hypo and hyper) secretion of pituitary gland, thyroid gland, parathyroid gland, adrenal gland, pancreas and hypothalamus	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY8.3	Describe the physiology of Thymus & Pineal Gland	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY8.4	Describe function tests: Thyroid gland; Adrenal cortex, Adrenal medulla and pancreas	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY8.5	Describe the metabolic and endocrine consequences of obesity & metabolic syndrome, Stress response. Outline the psychiatry component pertaining to metabolic syndrome.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY8.6	Describe & differentiate the mechanism of action of steroid, protein and amine hormones	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
Topic: Reproductive Physiology		**Number of competencies: (12)**				**Number of procedures that require certification: (NIL)**			
PY9.1	Describe and discuss sex determination; sex differentiation and their abnormities and outline psychiatry and practical implication of sex determination.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY9.2	Describe and discuss puberty: onset, progression, stages; early and delayed puberty and outline adolescent clinical and psychological association.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY9.3	Describe male reproductive system: functions of testis and control of spermatogenesis & factors modifying it and outline its association with psychiatric illness	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY9.4	Describe female reproductive system: (a) functions of ovary and its control; (b) menstrual cycle - hormonal, uterine and ovarian changes	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY9.5	Describe and discuss the physiological effects of sex hormones	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY9.6	Enumerate the contraceptive methods for male and female. Discuss their advantages & disadvantages	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Obstetrics & Gynaecology, Community Medicine	
PY9.7	Describe and discuss the effects of removal of gonads on physiological functions	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY9.8	Describe and discuss the physiology of pregnancy, parturition & lactation and outline the psychology and psychiatry-disorders associated with it.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Obstetrics & Gynaecology	
PY9.9	Interpret a normal semen analysis report including (a) sperm count, (b) sperm morphology and (c) sperm motility, as per WHO guidelines and discuss the results	K	KH	Y	Lecture, Small group discussion	OSPE/Viva voce			
PY9.10	Discuss the physiological basis of various pregnancy tests	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Obstetrics & Gynaecology	
PY9.11	Discuss the hormonal changes and their effects during perimenopause and menopause	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Obstetrics & Gynaecology	
PY9.12	Discuss the common causes of infertility in a couple and role of IVF in managing a case of infertility.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Obstetrics & Gynaecology	
Topic: Neurophysiology		**Number of competencies: (20)**				**Number of procedures that require certification: (09)**			
PY10.1	Describe and discuss the organization of nervous system	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.2	Describe and discuss the functions and properties of synapse, reflex, receptors	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.3	Describe and discuss somatic sensations & sensory tracts	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.4	Describe and discuss motor tracts, mechanism of maintenance of tone, control of body movements, posture and equilibrium & vestibular apparatus	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.5	Describe and discuss structure and functions of reticular activating system, autonomic nervous system (ANS)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy
PY10.6	Describe and discuss Spinal cord, its functions, lesion & sensory disturbances	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Human Anatomy

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY10.7	Describe and discuss functions of cerebral cortex, basal ganglia, thalamus, hypothalamus, cerebellum and limbic system and their abnormalities	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry	Human Anatomy
PY10.8	Describe and discuss behavioural and EEG characteristics during sleep and mechanism responsible for its production	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry	
PY10.9	Describe and discuss the physiological basis of memory, learning and speech	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry	
PY10.10	Describe and discuss chemical transmission in the nervous system. (Outline the psychiatry element).	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY10.11	Demonstrate the correct clinical examination of the nervous system: Higher functions, sensory system, motor system, reflexes, cranial nerves in a normal volunteer or simulated environment	S	P	Y	DOAP sessions	Skill assessment/ Viva voce/OSCE	1 each (total 5)		Human Anatomy
PY10.12	Identify normal EEG forms	S	S	Y	Small group teaching	OSPE/Viva voce		Psychiatry	
PY10.13	Describe and discuss perception of smell and taste sensation	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		ENT	
PY10.14	Describe and discuss patho-physiology of altered smell and taste sensation	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		ENT	
PY10.15	Describe and discuss functional anatomy of ear and auditory pathways & physiology of hearing	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		ENT	
PY10.16	Describe and discuss pathophysiology of deafness. Describe hearing tests	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		ENT	
PY10.17	Describe and discuss functional anatomy of eye, physiology of image formation, physiology of vision including colour vision, refractive errors, colour blindness, physiology of pupil and light reflex	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Ophthalmology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY10.18	Describe and discuss the physiological basis of lesion in visual pathway	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Ophthalmology	
PY10.19	Describe and discuss auditory & visual evoke potentials	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Ophthalmology	
PY10.20	Demonstrate (i) Testing of visual acuity, colour and field of vision and (ii) hearing (iii) Testing for smell and (iv) taste sensation in volunteer/ simulated environment	S	P	Y	DOAP sessions	Skill assessment/ Viva voce	1 each (total 4)	ENT, Ophthalmology	
Topic: Integrated Physiology		**Number of competencies: (14)**				**Number of procedures that require certification: (NIL)**			
PY11.1	Describe and discuss mechanism of temperature regulation	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY11.2	Describe and discuss adaptation to altered temperature (heat and cold)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY11.3	Describe and discuss mechanism of fever, cold injuries and heat stroke	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY11.4	Describe and discuss cardio-respiratory and metabolic adjustments during exercise; physical training effects	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY11.5	Describe and discuss physiological consequences of sedentary lifestyle	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY11.6	Describe physiology of Infancy	K	KH	N	Lecture, Small group discussion	Written/Viva voce		Pediatrics	
PY11.7	Describe and discuss physiology of aging; free radicals and antioxidants	K	KH	N	Lecture, Small group discussion	Written/Viva voce			
PY11.8	Discuss & compare cardio-respiratory changes in exercise (isometric and isotonic) with that in the resting state and under different environmental conditions (heat and cold)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY11.9	Interpret growth charts	K	KH	N	Small group teaching	Practical/OSPE/ Viva voce		Pediatrics	
PY11.10	Interpret anthropometric assessment of infants	K	KH	N	Small group teaching	Practical/OSPE/ Viva voce		Pediatrics	
PY11.11	Discuss the concept, criteria for diagnosis of Brain death and its implications	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
PY11.12	Discuss the physiological effects of meditation	K	KH	N	Lecture, Small group discussion	Written/Viva voce			
PY11.13	Obtain history and perform general examination in the volunteer / simulated environment	S	SH	Y	DOAP sessions	Skill assessment/ Viva voce			
PY11.14	Demonstrate Basic Life Support in a simulated environment	S	SH	Y	DOAP sessions	OSCE		General Medicine, Anaesthesiology	
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Human Anatomy								
AN3.1	Classify muscle tissue according to structure & action	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN5.1	Differentiate between blood vascular and lymphatic system	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN5.2	Differentiate between pulmonary and systemic circulation	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN5.6	Describe the concept of anastomoses and collateral circulation with significance of end-arteries	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN5.7	Explain function of meta-arterioles, precapillary sphincters, arterio-venous anastomoses	K	KH	N	Lecture	Written			Physiology
AN5.8	Define thrombosis, infarction & aneurysm	K	KH	N	Lecture	Written		Pathology	Physiology

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN7.2	List components of nervous tissue and their functions	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN7.3	Describe parts of a neuron and classify them based on number of neurites, size & function	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN7.5	Describe principles of sensory and motor innervation of muscles	K	KH	N	Lecture	Written		General Medicine	Physiology
AN7.7	Describe various types of synapse	K	KH	N	Lecture	Written			Physiology
AN21.9	Describe & demonstrate mechanics and types of respiration	K/S	SH	Y	Practical, Lecture, Small group dicussion, DOAP session	Written/Viva voce/ skill assessment			Physiology
AN22.2	Describe & demonstrate external and internal features of each chamber of heart	K/S	SH	Y	Practical, Lecture, Small group dicussion, DOAP session	Written/Viva voce/ skill assessment			Physiology
AN22.3	Describe & demonstrate origin, course and branches of coronary arteries	K/S	SH	Y	Practical, Lecture, Small group dicussion, DOAP session	Written/Viva voce/ skill assessment			Physiology
AN22.4	Describe anatomical basis of ischaemic heart disease	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN22.7	Mention the parts, position and arterial supply of the conducting system of heart	K	KH	Y	Lecture	Written		General Medicine	Physiology
AN24.1	Mention the blood supply, lymphatic drainage and nerve supply of pleura, extent of pleura and describe the pleural recesses and their applied anatomy	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Medicine	Physiology
AN24.2	Identify side, external features and relations of structures which form root of lung & bronchial tree and their clinical correlate	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Medicine	Physiology
AN24.3	Describe a bronchopulmonary segment	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN25.3	Describe fetal circulation and changes occurring at birth	K	KH	Y	Lecture	Written		General Medicine	Physiology
AN25.4	Describe embryological basis of: 1) atrial septal defect, 2) ventricular septal defect, 3) Fallot's tetralogy & 4) tracheo-oesophageal fistula	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Physiology
AN25.5	Describe developmental basis of congenital anomalies, transposition of great vessels, dextrocardia, patent ductus arteriosus and coarctation of aorta	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Physiology
AN25.9	Demonstrate surface marking of lines of pleural reflection, Lung borders and fissures, Trachea, Heart borders, Apex beat & Surface projection of valves of heart	K/S	SH	Y	Practical	Viva voce/ skill assessment		General Medicine, Pediatrics	Physiology
AN56.2	Describe circulation of CSF with its applied anatomy	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN57.4	Enumerate ascending & descending tracts at mid thoracic level of spinal cord	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN57.5	Describe anatomical basis of syringomyelia	K	KH	N	Lecture	Written		General Medicine	Physiology
AN58.3	Enumerate cranial nerve nuclei in medulla oblongata with their functional group	K	KH	Y	Lecture	Written/ Viva voce			Physiology
AN58.4	Describe anatomical basis & effects of medial & lateral medullary syndrome	K	KH	N	Lecture	Written		General Medicine	Physiology
AN59.1	Identify external features of pons	K/S	SH	Y	Lecture, DOAP session	Written/ Viva voce/ skill assessment			Physiology
AN60.3	Describe anatomical basis of cerebellar dysfunction	K	KH	N	Lecture	Written		General Medicine	Physiology
AN61.3	Describe anatomical basis & effects of Benedikt's and Weber's syndromme	K	KH	N	Lecture	Written		General Medicine	Physiology
AN62.2	Describe & demonstrate surfaces, sulci, gyri, poles, & functional areas of cerebral hemisphere	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Medicine	Physiology

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN62.3	Describe the white matter of cerebrum	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN62.4	Enumerate parts & major connections of basal ganglia & limbic lobe	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN62.5	Describe boundaries, parts, gross relations, major nuclei and connections of dorsal thalamus, hypothalamus, epithalamus, metathalamus and subthalamus	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN62.6	Describe & identify formation, branches & major areas of distribution of circle of Willis	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		General Medicine	Physiology
AN63.1	Describe & demonstrate parts, boundaries & features of IIIrd, IVth & lateral ventricle	K/S	SH	Y	Practical, Lecture, Small group dicussion, DOAP session	Written/ Viva voce/ skill assessment			Physiology
AN63.2	Describe anatomical basis of congenital hydrocephalus	K	KH	N	Lecture	Written		Pediatrics	Physiology
AN66.1	Describe & identify various types of connective tissue with functional correlation	K/S	SH	Y	Lecture, Practical	Written/ skill assessment			Physiology
AN67.2	Classify muscle and describe the structure-function correlation of the same	K	KH	Y	Lecture, Practical	Written			Physiology
AN68.2	Describe the structure-function correlation of neuron	K	KH	Y	Lecture, Practical	Written			Physiology
AN69.2	Describe the various types and structure-function correlation of blood vessel	K	KH	Y	Lecture, Practical	Written			Physiology
					Biochemistry				
BI1.1	Describe the molecular and functional organization of a cell and its sub-cellular components.	K	KH	Y	Lecture, Small group discussions	Written assessment and Viva voce			Physiology

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
BI3.7	Describe the common poisons that inhibit crucial enzymes of carbohydrate metabolism (eg; fluoride, arsenate)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Physiology
BI5.2	Describe and discuss functions of proteins and structure-function relationships in relevant areas eg, hemoglobin and selected hemoglobinopathies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.3	Describe the common disorders associated with nucleotide metabolism.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Physiology
BI6.7	Describe the processes involved in maintenance of normal pH, water & electrolyte balance of body fluids and the derangements associated with these.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Physiology
BI6.9	Describe the functions of various minerals in the body, their metabolism and homeostasis.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Physiology
BI6.11	Describe the functions of haem in the body and describe the processes involved in its metabolism and describe porphyrin metabolism.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.12	Describe the major types of haemoglobin and its derivatives found in the body and their physiological/ pathological relevance.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.13	Describe the functions of the kidney, liver, thyroid and adrenal glands.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.14	Describe the tests that are commonly done in clinical practice to assess the functions of these organs (kidney, liver, thyroid and adrenal glands).	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.15	Describe the abnormalities of kidney, liver, thyroid and adrenal glands.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI10.4	Describe & discuss innate and adaptive immune responses, self/non-self recognition and the central role of T-helper cells in immune responses.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pathology	Physiology
BI11.4	Perform urine analysis to estimate and determine normal and abnormal constituents	S	P	Y	DOAP session	Skill assessment	1	General Medicine	Physiology

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
				Pathology					
PA26.3	Define and describe the etiology, types, pathogenesis, stages, morphology and complications and evaluation of Obstructive airway disease (OAD) and bronchiectasis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	Microbiology
PA27.3	Describe the etiology, types, stages pathophysiology pathology and complications of heart failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Physiology	
PA27.8	Interpret abnormalities in cardiac function testing in acute coronary syndromes	S	SH	Y	DOAP session	Skill Assessment		Physiology, General Medicine	
PA27.9	Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Physiology	
PA28.5	Define and classify glomerular diseases. Enumerate and describe the etiology, pathogenesis, mechanisms of glomerular injury, pathology, distinguishing features and clinical manifestations of glomerulonephritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.1	Enumerate, classify and describe the etiology, pathogenesis, pathology and iodine dependency of thyroid swellings	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology, General Medicine, General Surgery	
PA32.2	Describe the etiology, cause, iodine dependency, pathogenesis, manifestations, laboratory and imaging features and course of thryotoxicosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.3	Describe the etiology, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis/ hypothyroidism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.4	Classify and describe the epidemiology, etiology, pathogenesis, pathology, clinical laboratory features, complications and progression of diabetes mellitus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.5	Describe the etiology, genetics, pathogenesis, manifestations, laboratory and morphologic features of hyperparathyroidism	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PA32.7	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of adrenal insufficiency	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.8	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of Cushing's syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.9	Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology, General Medicine, General Surgery	
				Pharmacology					
PH1.15	Describe mechanism/s of action, types, doses, side effects, indications and contraindications of skeletal muscle relaxants	K	KH	Y	Lecture	Written/ Viva voce		Anesthesiology, Physiology	
PH1.19	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs which act on CNS, (including anxiolytics, sedatives & hypnotics, antipsychotic, antidepressant drugs, anti-maniacs,opioid agonists and antagonists, drugs used for neurodegenerative disorders, antiepileptics Drugs)	K	KH	Y	Lecture	Written/ Viva voce		Psychiatry, Physiology	
PH1.25	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs acting on blood, like anticoagulants, antiplatelets, fibrinolytics, plasma expanders	K	KH	Y	Lecture	Written/ Viva voce		Physiology, General Medicine	
PH1.26	Describe mechanisms of action, types, doses, side effects, indications and contraindications of the drugs modulating the renin angiotensin and aldosterone system	K	KH	Y	Lecture	Written/ Viva voce		Physiology, General Medicine	
PH1.35	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of drugs used in hematological disorders like: 1.Drugs used in anemias 2.Colony Stimulating factors	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Physiology	Pharmacology

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Forensic Medicine & Toxicology									
FM14.7	Demonstrate & identify that a particular stain is blood and identify the species of its origin.	S	KH	Y	Small group discussion, Lecture	Log book/ skill station/ Viva voce		Pathology, Physiology	
FM14.8	Demonstrate the correct technique to perform and identify ABO & Rh blood group of a person.	S	SH	Y	Small group discussion, DOAP session	Log book/ skill station/ Viva voce		Pathology, Physiology	
Anesthesiology									
AS7.3	Observe and describe the management of an unconscious patient	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Physiology	General Medicine
AS7.4	Observe and describe the basic setup process of a ventilator	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Physiology	General Medicine
AS8.1	Describe the anatomical correlates and physiologic principles of pain	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Human Anatomy, Physiology	
AS8.2	Elicit and determine the level, quality and quantity of pain and its tolerance in patient or surrogate	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Physiology	
Ophtalmology									
OP1.1	Describe the physiology of vision.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology	
General Medicine									
IM1.1	Describe and discuss the epidemiology, pathogenesis clinical evolution and course of common causes of heart disease including: rheumatic/ valvular, ischemic, hypertrophic inflammatory.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM1.2	Describe and discuss the genetic basis of some forms of heart failure	K	KH	N	Lecture, Small group discussion	Written		Pathology, Physiology	
IM1.3	Describe and discuss the aetiology microbiology pathogenies and clinical evolution of rheumatic fever, criteria, degree of rheumatic activity and rheumatic valvular heart disease and its complications including infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology, Microbiology	
IM1.4	Stage heart failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.5	Describe discuss and differentiate the processes involved in R Vs L heart failure, systolic vs diastolic failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.6	Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodelling and neurohormonal adaptations	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.7	Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrythmias anemia, thyrotoxicosis, dietary factors drugs etc.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.8	Describe and discuss the pathogenesis and development of common arrythmias involved in heart failure particularly atrial fibrillation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM2.1	Discuss and describe the epidemiology, antecedents and risk factors for atherosclerosis and ischemic heart disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology Community Medicine	
IM2.2	Discuss the aetiology of risk factors both modifiable and non modifiable of atherosclerosis and IHD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM2.3	Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
IM2.4	Discuss and describe the pathogenesis, natural history, evolution and complications of atherosclerosis and IHD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM5.1	Describe and discuss the physiologic and biochemical basis of hyperbilirubinemia	K	K	Y	Lecture, Small group discussion	Written/Viva voce		Pathology, Physiology	
IM5.2	Describe and discuss the aetiology and pathophysiology of liver injury	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM8.1	Describe and discuss the epidemiology, aetiology and the prevalence of primary and secondary hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM8.2	Describe and discuss the pathophysiology of hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM11.22	Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM12.1	Describe the epidemiology and pathogenesis of hypothyroidism and hyperthyroidism including the influence of iodine deficiency and autoimmunity in the pathogenesis of thyroid disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM12.3	Describe and discuss the physiology of the hypothalamopituitary - thyroid axis, principles of thyroid function testing and alterations in physiologic function	K	K	Y	Lecture, Small group discussion	short notes		Pathology, Physiology	
IM15.3	Describe and discuss the physiologic effects of acute blood and volume loss	K	K	Y	Lecture, Small group discussions	short note/ Viva voce		Pathology, Physiology	General Surgery
IM18.6	Distinguish the lesion based on upper vs lower motor neuron, side, site and most probable nature of the lesion	K/S	SH	Y	Bedside clinic, DOAP session	Skill Assessment		Physiology	
IM18.7	Describe the clinical features and distinguish, based on clinical examination, the various disorders of speech	K/S	SH	N	Bedside clinic, DOAP session	Skill Assessment		Physiology	
IM18.8	Describe and distinguish, based on the clinical presentation, the types of bladder dysfunction seen in CNS disease	K	KH	Y	Small group discussion, Bedside clinic	Written/ Viva voce		Physiology	
IM19.1	Describe the functional anatomy of the locomotor system of the brain	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Human Anatomy, Physiology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM22.1	Enumerate the causes of hypercalcemia and distinguish the features of PTH vs non PTH mediated hypercalcemia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM22.9	Enumerate the causes and describe the clinical and laboratory features of metabolic acidosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
IM22.10	Enumerate the causes of describe the clinical and laboratory features of metabolic alkalosis	K	KH	N	Lecture, small group discussion	Written/ Viva voce		Physiology	
IM22.11	Enumerate the causes and describe the clinical and laboratory features of respiratory acidosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
IM22.12	Enumerate the causes and describe the clinical and laboratory features of respiratory alkalosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
IM22.13	Identify the underlying acid based disorder based on an ABG report and clinical situation	S	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
IM23.1	Discuss and describe the methods of nutritional assessment in an adult and calculation of caloric requirements during illnesses	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.2	Discuss and describe the causes and consequences of protein caloric malnutrition in the hospital	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.3	Discuss and describe the aetiology, causes, clinical manifestations, complications, diagnosis and management of common vitamin deficiencies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.4	Enumerate the indications for enteral and parenteral nutrition in critically ill patients	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM24.22	Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment and management of nutritional disorders in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
	Obstetrics & Gynaecology								
OG3.1	Describe the physiology of ovulation, menstruation, fertilization, implantation and gametogenesis	K	K	Y	Lecture, seminars	Theory		Physiology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG7.1	Describe and discuss the changes in the genital tract, cardiovascular system, respiratory, haematology, renal and gastrointestinal systems in pregnancy	K	KH	Y	Lecture, seminars	Theory		Physiology	
				Pediatrics					
PE7.2	Explain the physiology of lactation	K	KH	Y	Lecture, small group discussion	Written/ Viva voce		Physiology	
PE7.3	Describe the composition and types of breast milk and discuss the differences between cow's milk and human milk	K	KH	Y	Lecture, debate	Written/ Viva voce		Physiology	
PE10.1	Define, describe the etio-pathogenesis, classify including WHO classification, clinical features, complication and management of severe Acute Malnourishment and Moderate Acute Malnutrition	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology Biochemistry	
PE10.2	Outline the clinical approach to a child with SAM and MAM	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
PE10.3	Assessment of a patient with SAM and MAM, diagnosis, classification and planning management including hospital and community based intervention, rehabilitation and prevention	S	SH	Y	Bed side clinics, Skill Lab	Skill station		Physiology, Biochemistry	
PE11.1	Describe the common etiology, clinical features and management of Obesity in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry, Pathology	
PE11.2	Discuss the risk approach for obesity and discuss the prevention strategies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE12.7	Describe the causes, clinical features, diagnosis and management of Deficiency / excess of Vitamin D (Rickets and Hypervitaminosis D	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.8	Identify the clinical features of dietary deficiency of Vitamin D	S	P	Y	Bedside clinics, Skills lab	Document in log book	3	Biochemistry Physiology Pathology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE12.9	Assess patients with Vitamin D deficiency, diagnose, classify and plan management	S	SH	Y	Bed side clinics	Document in log book		Biochemistry, Physiology, Pathology	
PE12.13	Discuss the RDA, dietary sources of Vitamin K and their role in health and disease	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.14	Describe the causes, clinical features, diagnosis, management and prevention of of Deficiency of Vitamin K	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE23.1	Discuss the Hemodynamic changes, clinical presentation, complications and management of Acyanotic Heart Diseases –VSD, ASD and PDA	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology Pathology	
PE23.2	Discuss the Hemodynamic changes, clinical presentation, complications and management of Cyanotic Heart Diseases – Fallot's Physiology	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology Pathology	
PE23.3	Discuss the etio-pathogenesis, clinical presentation and management of cardiac failure in infant and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology Pathology	
PE23.4	Discuss the etio-pathogenesis, clinical presentation and management of Acute Rheumatic Fever in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology Pathology	
PE23.5	Discuss the clinical features, complications, diagnosis, management and prevention of Acute Rheumatic Fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology Pathology	
PE23.6	Discuss the etio-pathogenesis and clinical features and management of Infective endocarditis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology, Microbiology	
PE29.1	Discuss the etio-pathogenesis, Clinical features, classification and approach to a child with anaemia	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, Physiology	
PE29.2	Discuss the etio-pathogenesis, clinical features and management of Iron Deficiency anaemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE29.3	Discuss the etiopathogenesis, Clinical features and management of VIT B12, Folate deficiency anaemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.4	Discuss the etio-pathogenesis, clinical features and management of Hemolytic anemia, Thalassemia Major, Sickle cell anaemia, Hereditary spherocytosis, Auto-immune hemolytic anaemia and hemolytic uremic syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology Physiology	
General Surgery									
SU1.1	Describe basic concepts of homeostasis, enumerate the metabolic changes in injury and their mediators	K	KH	Y	Lecture, Bed side clinic and Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
SU2.1	Describe Pathophysiology of shock. Types of shock. Principles of resuscitation including fluid replacement and monitoring	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
SU4.1	Elicit, document and present history in a case of Burns and perform physical examination. Describe Pathophysiology of Burns.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology	
SU12.1	Enumerate the causes and consequences of malnutrition in the surgical patient.	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce		Physiology	
SU12.2	Describe and Discuss the methods of estimation and replacement the Fluid and electrolyte requirements in the surgical patient	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce		Physiology	
SU28.5	Describe the applied Anatomy and physiology of esophagus	K	K	Y	Lecture, Small group Discussion, Demonstration	Written/ Viva voce		Human Anatomy, Physiology	
Respiratory Medicine									

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CT2.1	Define and classify obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.2	Describe and discuss the epidemiology risk factors and evolution of obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.4	Describe and discuss the physiology and pathophysiology of hypoxia and hypercapneia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.5	Describe and discuss the genetics of alpha 1 antitrypsin deficiency in emphysema	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.11	Describe, discuss and interpret pulmonary function tests	S	SH	Y	Bed side clinic, DOAP session	Skill assessment		Physiology, Pathology	

BIOCHEMISTRY (CODE: BI)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BIOCHEMISTRY									
Topic: Basic Biochemistry		**Number of competencies: (01)**				**Number of procedures that require certification: (NIL)**			
BI1.1	Describe the molecular and functional organization of a cell and its sub-cellular components.	K	KH	Y	Lecture, Small group discussion	Written assessment/ Viva voce			Physiology
Topic: Enzyme		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
BI2.1	Explain fundamental concepts of enzyme, isoenzyme, alloenzyme, coenzyme & co-factors. Enumerate the main classes of IUBMB nomenclature.	K	KH	Y	Lecture, case discussion	Written assessment/ Viva voce			
BI2.2	Observe the estimation of SGOT & SGPT	K	K	Y	Demonstration	Viva voce			
BI2.3	Describe and explain the basic principles of enzyme activity	K	KH	Y	Lecture, case discussion	Written/ Viva voce			
BI2.4	Describe and discuss enzyme inhibitors as poisons and drugs and as therapeutic enzymes	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Pathology, General Medicine	
BI2.5	Describe and discuss the clinical utility of various serum enzymes as markers of pathological conditions.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Pathology, General Medicine	
BI2.6	Discuss use of enzymes in laboratory investigations (Enzyme-based assays)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	
BI2.7	Interpret laboratory results of enzyme activities & describe the clinical utility of various enzymes as markers of pathological conditions.	K	KH	Y	Lecture, Small group discussion, DOAP sessions	Written/ Viva voce		Pathology, General Medicine	
Topic: Chemistry and Metabolism of Carbohydrates		**Number of competencies: (10)**				**Number of procedures that require certification: (NIL)**			
BI3.1	Discuss and differentiate monosaccharides, di-saccharides and polysaccharides giving examples of main carbohydrates as energy fuel, structural element and storage in the human body	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BI3.2	Describe the processes involved in digestion and assimilation of carbohydrates and storage.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
BI3.3	Describe and discuss the digestion and assimilation of carbohydrates from food.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
BI3.4	Define and differentiate the pathways of carbohydrate metabolism, (glycolysis, gluconeogenesis, glycogen metabolism, HMP shunt).	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
BI3.5	Describe and discuss the regulation, functions and integration of carbohydrate along with associated diseases/disorders.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
BI3.6	Describe and discuss the concept of TCA cycle as a amphibolic pathway and its regulation.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			
BI3.7	Describe the common poisons that inhibit crucial enzymes of carbohydrate metabolism (eg; fluoride, arsenate)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Physiology
BI3.8	Discuss and interpret laboratory results of analytes associated with metabolism of carbohydrates.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Pathology, General Medicine	
BI3.9	Discuss the mechanism and significance of blood glucose regulation in health and disease.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
BI3.10	Interpret the results of blood glucose levels and other laboratory investigations related to disorders of carbohydrate metabolism.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
Topic: Chemistry and Metabolism of Lipids		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
BI4.1	Describe and discuss main classes of lipids (Essential/non-essential fatty acids, cholesterol and hormonal steroids, triglycerides, major phospholipids and sphingolipids) relevant to human system and their major functions.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
BI4.2	Describe the processes involved in digestion and absorption of dietary lipids and also the key features of their metabolism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BI4.3	Explain the regulation of lipoprotein metabolism & associated disorders.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.4	Describe the structure and functions of lipoproteins, their functions, interrelations & relations with atherosclerosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.5	Interpret laboratory results of analytes associated with metabolism of lipids	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.6	Describe the therapeutic uses of prostaglandins and inhibitors of eicosanoid synthesis.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.7	Interpret laboratory results of analytes associated with metabolism of lipids.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Chemistry and Metabolism of Proteins		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
BI5.1	Describe and discuss structural organization of proteins.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI5.2	Describe and discuss functions of proteins and structure-function relationships in relevant areas eg, hemoglobin and selected hemoglobinopathies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology
BI5.3	Describe the digestion and absorption of dietary proteins.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
BI5.4	Describe common disorders associated with protein metabolism.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
BI5.5	Interpret laboratory results of analytes associated with metabolism of proteins.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Metabolism and homeostasis		**Number of competencies: (15)**				**Number of procedures that require certification: (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BI6.1	Discuss the metabolic processes that take place in specific organs in the body in the fed and fasting states.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.2	Describe and discuss the metabolic processes in which nucleotides are involved.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI6.3	Describe the common disorders associated with nucleotide metabolism.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Physiology
BI6.4	Discuss the laboratory results of analytes associated with gout & Lesch Nyhan syndrome.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.5	Describe the biochemical role of vitamins in the body and explain the manifestations of their deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.6	Describe the biochemical processes involved in generation of energy in cells.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI6.7	Describe the processes involved in maintenance of normal pH, water & electrolyte balance of body fluids and the derangements associated with these.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Physiology
BI6.8	Discuss and interpret results of Arterial Blood Gas (ABG) analysis in various disorders.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.9	Describe the functions of various minerals in the body, their metabolism and homeostasis.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Physiology
BI6.10	Enumerate and describe the disorders associated with mineral metabolism.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.11	Describe the functions of haem in the body and describe the processes involved in its metabolism and describe porphyrin metabolism.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BI6.12	Describe the major types of haemoglobin and its derivatives found in the body and their physiological/ pathological relevance.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.13	Describe the functions of the kidney, liver, thyroid and adrenal glands.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.14	Describe the tests that are commonly done in clinical practice to assess the functions of these organs (kidney, liver, thyroid and adrenal glands).	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.15	Describe the abnormalities of kidney, liver, thyroid and adrenal glands.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
Topic: Molecular biology		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
BI7.1	Describe the structure and functions of DNA and RNA and outline the cell cycle.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI7.2	Describe the processes involved in replication & repair of DNA and the transcription & translation mechanisms.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI7.3	Describe gene mutations and basic mechanism of regulation of gene expression.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
BI7.4	Describe applications of molecular technologies like recombinant DNA technology, PCR in the diagnosis and treatment of diseases with genetic basis.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics, General Medicine	
BI7.5	Describe the role of xenobiotics in disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI7.6	Describe the anti-oxidant defence systems in the body.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI7.7	Describe the role of oxidative stress in the pathogenesis of conditions such as cancer, complications of diabetes mellitus and atherosclerosis.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
Topic: Nutrition		**Number of competencies: (05)**			**Number of procedures that require certification: (NIL)**				
BI8.1	Discuss the importance of various dietary components and explain importance of dietary fibre.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Pathology	
BI8.2	Describe the types and causes of protein energy malnutrition and its effects.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Pathology	
BI8.3	Provide dietary advice for optimal health in childhood and adult, in disease conditions like diabetes mellitus, coronary artery disease and in pregnancy.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI8.4	Describe the causes (including dietary habits), effects and health risks associated with being overweight/ obesity.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pathology	
BI8.5	Summarize the nutritional importance of commonly used items of food including fruits and vegetables.(macro-molecules & its importance)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, General Medicine, Pediatrics	
Topic: Extracellular Matrix		**Number of competencies: (03)**			**Number of procedures that require certification: (NIL)**				
BI9.1	List the functions and components of the extracellular matrix (ECM).	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI9.2	Discuss the involvement of ECM components in health and disease.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI9.3	Describe protein targeting & sorting along with its associated disorders.	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Oncogenesis and immunity		**Number of competencies: (05)**			**Number of procedures that require certification: (NIL)**				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BI10.1	Describe the cancer initiation, promotion oncogenes & oncogene activation. Also focus on p53 & apoptosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
BI10.2	Describe various biochemical tumor markers and the biochemical basis of cancer therapy.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
BI10.3	Describe the cellular and humoral components of the immune system & describe the types and structure of antibody	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
BI10.4	Describe & discuss innate and adaptive immune responses, self/non-self recognition and the central role of T-helper cells in immune responses.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pathology	Physiology
BI10.5	Describe antigens and concepts involved in vaccine development.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Pediatrics, Microbiology	
Topic: Biochemical Laboratory Tests		**Number of competencies: (24)**				**Number of procedures that require certification: (05)**			
BI11.1	Describe commonly used laboratory apparatus and equipments, good safe laboratory practice and waste disposal.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI11.2	Describe the preparation of buffers and estimation of pH.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI11.3	Describe the chemical components of normal urine.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI11.4	Perform urine analysis to estimate and determine normal and abnormal constituents	S	P	Y	DOAP session	Skill assessment	1	General Medicine	Physiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BI11.5	Describe screening of urine for inborn errors & describe the use of paper chromatography	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI11.6	Describe the principles of colorimetry	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI11.7	Demonstrate the estimation of serum creatinine and creatinine clearance	S	P	Y	Practical	Skills assessment	1		
BI11.8	Demonstrate estimation of serum proteins, albumin and A:G ratio	S	P	Y	Practical	Skills assessment	1		
BI11.9	Demonstrate the estimation of serum total cholesterol and HDL-cholesterol	S	P	Y	Practical	Skills assessment			
BI11.10	Demonstrate the estimation of triglycerides	S	P	Y	Practical	Skills assessment			
BI11.11	Demonstrate estimation of calcium and phosphorous	S	P	Y	Practical	Skills assessment			
BI11.12	Demonstrate the estimation of serum bilirubin	S	P	Y	Practical	Skills assessment			
BI11.13	Demonstrate the estimation of SGOT/ SGPT	S	P	Y	Practical	Skills assessment			
BI11.14	Demonstrate the estimation of alkaline phosphatase	S	P	Y	Practical	Skills assessment			
BI11.15	Describe & discuss the composition of CSF	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BI11.16	Observe use of commonly used equipments/techniques in biochemistry laboratory including: •pH meter •Paper chromatography of amino acid •Protein electrophoresis •TLC, PAGE •Electrolyte analysis by ISE •ABG analyzer •ELISA •Immunodiffusion •Autoanalyser •Quality control •DNA isolation from blood/ tissue	S	KH	Y	Demonstration	Skill assessment			
BI11.17	Explain the basis and rationale of biochemical tests done in the following conditions: - diabetes mellitus, - dyslipidemia, - myocardial infarction, - renal failure, gout, - proteinuria, - nephrotic syndrome, - edema, - jaundice, - liver diseases, pancreatitis, disorders of acid- base balance, - thyroid disorders.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pathology	
BI11.18	Discuss the principles of spectrophotometry.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI11.19	Outline the basic principles involved in the functioning of instruments commonly used in a biochemistry laboratory and their applications.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
BI11.20	Identify abnormal constituents in urine, interpret the findings and correlate these with pathological states.	S	SH	Y	DOAP sessions	Skill assessment	1		

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
BI11.21	Demonstrate estimation of glucose, creatinine, urea and total protein in serum.	S	SH	Y	DOAP sessions	Skill assessment	1		
BI11.22	Calculate albumin: globulin (AG) ratio and creatinine clearance	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI11.23	Calculate energy content of different food Items, identify food items with high and low glycemic index and explain the importance of these in the diet	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI11.24	Enumerate advantages and/or disadvantages of use of unsaturated, saturated and trans fats in food.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Physiology								
PY3.11	Explain energy source and muscle metabolism	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY4.2	Describe the composition, mechanism of secretion, functions, and regulation of saliva, gastric, pancreatic, intestinal juices and bile secretion	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY4.4	Describe the physiology of digestion and absorption of nutrients	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY4.7	Describe & discuss the structure and functions of liver and gall bladder	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PY4.8	Describe & discuss gastric function tests, pancreatic exocrine function tests & liver function tests	K	KH	Y	Lecture, Small group discussion, Demonstration Esophageal Manometry & endoscopy	Written/Viva voce			Biochemistry
PY4.9	Discuss the physiology aspects of: peptic ulcer, gastro-oesophageal reflux disease, vomiting, diarrhoea, constipation, Adynamic ileus, Hirschsprung's disease	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	Biochemistry
PY7.8	Describe & discuss Renal Function Tests	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
PY8.4	Describe function tests: Thyroid gland; Adrenal cortex, Adrenal medulla and pancreas	K	KH	Y	Lecture, Small group discussion	Written/Viva voce			Biochemistry
	Pathology								
PA12.2	Describe the pathogenesis of disorders caused by protein calorie malnutrition and starvation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Pediatrics	
PA14.1	Describe iron metabolism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PA15.1	Describe the metabolism of Vitamin B12 and the etiology and pathogenesis of B12 deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.1	Define and classify hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.2	Describe the pathogenesis and clinical features and hematologic indices of hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.3	Describe the pathogenesis, features, hematologic indices and peripheral blood picture of sickle cell anemia and thalassemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.4	Describe the etiology, pathogenesis, hematologic indices and peripheral blood picture of Acquired hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PA25.1	Describe bilirubin metabolism, enumerate the etiology and pathogenesis of jaundice, distinguish between direct and indirect hyperbilirubinemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	

Dermatology, Venereology & Leprosy

DR17.1	Enumerate and identify the cutaneous findings in Vitamin A deficiency	K/S	SH	Y	Lecture, Small group discussion, Bedside clinic	Skill assessment Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.2	Enumerate and describe the various skin changes in Vitamin B complex deficiency	K	KH	Y	Lecture	Written/ Viva voce		General Medicine Pediatrics, Biochemistry	
DR17.3	Enumerate and describe the various changes in Vitamin C deficiency	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.4	Enumerate and describe the various changes in Zinc deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Biochemistry	

Ophthalmology

OP7.1	Describe the surgical anatomy and the metabolism of the lens	K	KH	Y	Lecture,Small group discussion	Written/ Viva voce		Biochemistry, Human Anatomy	

General Medicine

IM2.3	Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
IM2.12	Choose and interpret a lipid profile and identify the desirable lipid profile in the clinical context	S	SH	Y	Bed side clinic, DOAP session	Skill assessment		Biochemistry	
IM2.18	Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of dyslipidemia	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		Pharmacology, Biochemistry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
IM11.12	Perform and interpret a capillary blood glucose test	S	P	Y	Bed side clinic, DOAP session	Skill assessment	2	Pathology, Biochemistry	
IM11.13	Perform and interpret a urinary ketone estimation with a dipstick	S	P	Y	Bed side clinic, DOAP session	Skill assessment	2	Pathology, Biochemistry	
IM13.1	Describe the clinical epidemiology and inherited & modifiable risk factors for common malignancies in India	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Pathology, Biochemistry	
IM23.1	Discuss and describe the methods of nutritional assessment in an adult and calculation of caloric requirements during illnesses	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.2	Discuss and describe the causes and consequences of protein caloric malnutrition in the hospital	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.3	Discuss and describe the aetiology, causes, clinical manifestations, complications, diagnosis and management of common vitamin deficiencies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.4	Enumerate the indications for enteral and parenteral nutrition in critically ill patients	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM24.22	Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment and management of nutritional disorders in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	

Pediatrics

PE9.1	Describe the age related nutritional needs of infants, children and adolescents including micronutrients and vitamins	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce		Community Medicine, Biochemistry	
PE9.3	Explains the Calorific value of common Indian foods	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE10.1	Define Describe the etio-pathogenesis , Classify including WHO classification , clinical features, complication and management of Severe Acute Malnourishment (SAM) and Moderate Acute Malnutrition (MAM)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PE10.2	Outline the clinical approach to a child with SAM and MAM	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
PE10.3	Assessment of a patient with SAM and MAM, diagnosis, classification and planning management including hospital and community based intervention, rehabilitation and prevention	S	SH	Y	Bed side clinics, Skill Lab	Skill station		Physiology, Biochemistry	
PE11.1	Describe the common etiology, clinical features and management of Obesity in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry, Pathology	
PE12.1	Discuss the (RDA) , dietary sources of Vitamin A and their role in Health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.2	Describe the causes, clinical features, diagnosis and management of Deficiency / excess of Vitamin A	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.3	Identify the clinical features of dietary deficiency / excess of Vitamin A	S	SH	Y	Bed side clinics, Small group discussion	Document in log book		Biochemistry	
PE12.4	Diagnose patients with Vitamin A deficiency, Classify and plan management	S	SH	N	Bed side clinics, Skill Station	Document in log book		Biochemistry	
PE12.5	Discuss the Vitamin A prophylaxis program and their recommendations	K	K	Y	Lecture, Small group Discussion	Written/ Viva voce		Biochemistry	
PE12.6	Discuss the RDA, dietary sources of Vitamin D and their role in Health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.7	Describe the causes, clinical features, diagnosis and management of Deficiency / excess of Vitamin D (Rickets and Hypervitaminosis D)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.8	Identify the clinical features of dietary deficiency of Vitamin D	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Biochemistry, Physiology, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PE12.9	Assess patients with Vitamin D deficiency, Diagnose, Classify and plan management	S	SH	Y	Bed side clinics	Document in log book		Biochemistry, Physiology, Pathology	
PE12.11	Discuss the RDA, dietary sources of Vitamin E and their role in Health and disease	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.12	Describe the causes, clinical features, diagnosis and management of deficiency of Vitamin E	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.13	Discuss the RDA , dietary sources of Vitamin K and their role in Health and disease	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.14	Describe the causes, clinical features, diagnosis , management and prevention of Deficiency of Vitamin K	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.15	Discuss the RDA , dietary sources of Vitamin B and their role in Health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.16	Describe the causes, clinical features, diagnosis and management of Deficiency of B complex Vitamins	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.17	Identify the clinical features of Vitamin B complex deficiency	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Biochemistry	
PE12.18	Diagnose patients with Vitamin B complex deficiency and plan management	S	SH	Y	Bed side clinics, Skill lab	Document in log book		Biochemistry	
PE12.19	Discuss the RDA, dietary sources of Vitamin C and their role in Health and disease	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.20	Describe the causes, clinical features, diagnosis and management of Deficiency of Vitamin C (scurvy)	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.21	Identify the clinical features Vitamin C deficiency	S	SH	N	Bed side clinics, Skill lab	Document in log book		Biochemistry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PE13.1	Discuss the RDA, dietary sources of Iron and their role in health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Biochemistry	
PE13.2	Describe the causes, diagnosis and management of Fe deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Biochemistry	
PE13.3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis	S	SH	Y	Bed side clinics, Skill Lab	Document in log book		Pathology, Biochemistry	
PE13.4	Interpret hemogram and Iron Panel	S	SH	Y	Bed side clinic, Small group discussion	Skill Assessment		Pathology, Biochemistry	
PE13.7	Discuss the RDA , dietary sources of Iodine and their role in Health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.8	Describe the causes, clinical features, diagnosis and management of Deficiency of Iodine	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.9	Identify the clinical features of Iodine deficiency disorders	S	SH	N	Lecture, Bed side clinic	Written/ Viva voce		Biochemistry	
PE13.10	Discuss the National Goiter control program and their recommendations	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Community Medicine	
PE13.11	Discuss the RDA, dietary sources of Calcium and its role in Health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.12	Describe the causes, clinical features, diagnosis and management of Ca Deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.13	Discuss the RDA , dietary sources of Magnesium and their role in Health and disease	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.14	Describe the causes, clinical features, diagnosis and management of Magnesium Deficiency	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE19.1	Explain the components of the Universal immunization Program and the sub National Immunization Programs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PE19.2	Explain the epidemiology of Vaccine preventable diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.3	Vaccine description with regards to Classification of vaccines, Strain used, Dose, route, schedule, Risks benefits and side effects, indications and contraindications	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.4	Define cold chain and discuss the methods of safe storage and handling of vaccines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.5	Discuss immunization in special situations – HIV positive children, immunodeficiency, preterm, organ transplants, those who received blood and blood products, splenectomised children, Adolescents, travellers	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE21.11	Perform and interpret the common analytes in a Urine examination	S	SH	Y	Bed side clinic Labs, Skill lab	Skill assessment		Biochemistry, Pathology	
PE29.16	Discuss the Indications for Hemoglobin electrophoresis and interpret report	K	K	N	Small group discussion	Viva voce		Biochemistry	
PE33.6	Perform and interpret Urine Dip Stick for Sugar	S	P	Y	DOAP session	Skill assessment	3	Biochemistry	

General Surgery

SU1.1	Describe basic concepts of homeostasis, enumerate the metabolic changes in injury and their mediators.	K	KH	Y	Lecture, Bed side clinic and Small group discussion.	Written/ Viva voce.		Physiology, Biochemistry	
SU1.2	Describe the factors that affect the metabolic response to injury.	K	KH	Y	Lecture, Bed side clinic and Small group discussion.	Written/ Viva voce.		Biochemistry	
SU9.1	Choose appropriate biochemical, microbiological, pathological, imaging investigations and interpret the investigative data in a surgical patient.	K	KH	Y	Lecture, Small group discussion.	Written/ Viva voce		Biochemistry, Microbiology, Pathology	
SU12.3	Discuss the nutritional requirements of surgical patients, the methods of providing nutritional support and their complications.	K	KH	Y	Lecture, Small group discussion, Bedside clinic discussion	Written/ Viva voce		Biochemistry	

PHARMACOLOGY (CODE: PH)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PHARMACOLOGY									
KNOWLEDGE: Topic: Pharmacology		**Number of competencies: (64)**			**Number of procedures that require certification : (NIL)**				
PH1.1	Define and describe the principles of pharmacology and pharmacotherapeutics	K	K	Y	Lecture	Written/ Viva voce			
PH1.2	Describe the basis of Evidence based medicine and Therapeutic drug monitoring	K	KH	Y	Lecture	Written/ Viva voce			
PH1.3	Enumerate and identify drug formulations and drug delivery systems	K/S	SH	Y	Lecture, Practical	Written/ Viva voce			
PH1.4	Describe absorption, distribution, metabolism & excretion of drugs	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce			
PH1.5	Describe general principles of mechanism of drug action	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce			
PH1.6	Describe principles of Pharmacovigilance & ADR reporting systems	K	KH	Y	Lecture, Practical	Written/ Viva voce			
PH1.7	Define, identify and describe the management of adverse drug reactions (ADR)	K/S	KH	Y	Lecture, Practical	Written/ Viva voce			
PH1.8	Identify and describe the management of drug interactions	K/S	KH	Y	Lecture, Practical	Written/ Viva voce			
PH1.9	Describe nomenclature of drugs i.e. generic, branded drugs	K/S	SH	Y	Lecture, Practical	Written/ Viva voce			
PH1.10	Describe parts of a correct, complete and legible generic prescription. Identify errors in prescription and correct appropriately	K/S	SH	Y	Lecture, Practical	Written/ Viva voce			
PH1.11	Describe various routes of drug administration, eg., oral, SC, IV, IM, SL	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.12	Calculate the dosage of drugs using appropriate formulae for an individual patient, including children, elderly and patient with renal dysfunction.	K/S	SH	Y	Lecture, practical	Written/ Viva voce		Pediatrics, General Medicine	
PH1.13	Describe mechanism of action, types, doses, side effects, indications and contraindications of adrenergic and anti-adrenergic drugs	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce			
PH1.14	Describe mechanism of action, types, doses, side effects, indications and contraindications of cholinergic and anticholinergic drugs	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce			
PH1.15	Describe mechanism/s of action, types, doses, side effects, indications and contraindications of skeletal muscle relaxants	K	KH	Y	Lecture	Written/ Viva voce		Anesthesiology, Physiology	
PH1.16	Describe mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs which act by modulating autacoids, including: anti-histaminics, 5-HT modulating drugs, NSAIDs, drugs for gout, anti-rheumatic drugs, drugs for migraine	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
PH1.17	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of local anesthetics	K	KH	Y	Lecture	Written/ Viva voce		Anesthesiology	
PH1.18	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of general anaesthetics, and pre-anesthetic medications	K	KH	Y	Lecture	Written/ Viva voce		Anesthesiology	
PH1.19	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs which act on CNS, (including anxiolytics, sedatives & hypnotics, anti-psychotic, anti-depressant drugs, anti-maniacs, opioid agonists and antagonists, drugs used for neurodegenerative disorders, anti-epileptics drugs)	K	KH	Y	Lecture	Written/ Viva voce		Psychiatry, Physiology	
PH1.20	Describe the effects of acute and chronic ethanol intake	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.21	Describe the symptoms and management of methanol and ethanol poisonings	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PH1.22	Describe drugs of abuse (dependence, addiction, stimulants, depressants, psychedelics, drugs used for criminal offences)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	Forensic Medicine
PH1.23	Describe the process and mechanism of drug deaddiction	K/S	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
PH1.24	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs affecting renal systems including diuretics, antidiuretics- vasopressin and analogues	K	KH	Y	Lecture	Written/ Viva voce			
PH1.25	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs acting on blood, like anticoagulants, antiplatelets, fibrinolytics, plasma expanders	K	KH	Y	Lecture	Written/ Viva voce		Physiology, General Medicine	
PH1.26	Describe mechanisms of action, types, doses, side effects, indications and contraindications of the drugs modulating the renin-angiotensin and aldosterone system	K	KH	Y	Lecture	Written/ Viva voce		Physiology, General Medicine	
PH1.27	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of antihypertensive drugs and drugs used in shock	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
PH1.28	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in ischemic heart disease (stable, unstable angina and myocardial infarction), peripheral vascular disease	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
PH1.29	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in congestive heart failure	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
PH1.30	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the antiarrhythmics	K	KH	N	Lecture	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.31	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in the management of dyslipidemias	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PH1.32	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of drugs used in bronchial asthma and COPD	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce		Respiratory Medicine	
PH1.33	Describe the mechanism of action, types, doses, side effects, indications and contraindications of the drugs used in cough (antitussives, expectorants/ mucolytics)	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce		Respiratory Medicine	
PH1.34	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs used as below: 1. Acid-peptic disease and GERD 2. Antiemetics and prokinetics 3. Antidiarrhoeals 4 .Laxatives 5. Inflammatory Bowel Disease 6. Irritable Bowel Disorders, biliary and pancreatic diseases	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce		General Medicine	
PH1.35	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of drugs used in hematological disorders like: 1.Drugs used in anemias 2.Colony Stimulating factors	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Physiology	Pharmacology
PH1.36	Describe the mechanism of action, types, doses, side effects, indications and contraindications of drugs used in endocrine disorders (diabetes mellitus, thyroid disorders and osteoporosis)	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
PH1.37	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used as sex hormones, their analogues and anterior Pituitary hormones	K	KH	Y	Lecture	Written/ Viva voce			
PH1.38	Describe the mechanism of action, types, doses, side effects, indications and contraindications of corticosteroids	K	KH	Y	Lecture	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.39	Describe mechanism of action, types, doses, side effects, indications and contraindications the drugs used for contraception	K	KH	Y	Lecture	Written/ Viva voce		Obstetrics & Gynaecology	
PH1.40	Describe mechanism of action, types, doses, side effects, indications and contraindications of 1. Drugs used in the treatment of infertility, and 2. Drugs used in erectile dysfunction	K	KH	Y	Lecture	Written/ Viva voce		Obstetrics & Gynaecology	
PH1.41	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of uterine relaxants and stimulants	K	KH	Y	Lecture	Written/ Viva voce		Obstetrics & Gynaecology	
PH1.42	Describe general principles of chemotherapy	K	KH	Y	Lecture	Written/ Viva voce			
PH1.43	Describe and discuss the rational use of antimicrobials including antibiotic stewardship program	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Microbiology
PH1.44	Describe the first line antitubercular dugs, their mechanisms of action, side effects and doses.	K	KH	Y	Lecture	Written/ Viva voce		Respiratory Medicine	
PH1.45	Describe the dugs used in MDR and XDR Tuberculosis	K	KH	Y	Lecture	Written/ Viva voce		Respiratory Medicine	Microbiology
PH1.46	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of antileprotic drugs	K	KH	Y	Lecture	Written/ Viva voce		Dermatology, Venereology & Leprosy	Microbiology
PH1.47	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in malaria, KALA-AZAR, amebiasis and intestinal helminthiasis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Microbiology
PH1.48	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in UTI/ STD and viral diseases including HIV	K	KH	Y	Lecture	Written/Viva voce			Microbiology
PH1.49	Describe mechanism of action, classes, side effects, indications and contraindications of anticancer drugs	K	KH	Y	Lecture	Written/Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.50	Describe mechanisms of action, types, doses, side effects, indications and contraindications of immunomodulators and management of organ transplant rejection	K	KH	Y	Lecture	Written/ Viva voce			
PH1.51	Describe occupational and environmental pesticides, food adulterants, pollutants and insect repellents	K	KH/	Y	Lecture	Written/ Viva voce			
PH1.52	Describe management of common poisoning, insecticides, common sting and bites	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
PH1.53	Describe heavy metal poisoning and chelating agents	K	KH	N	Lecture	Written/ Viva voce			
PH1.54	Describe vaccines and their uses	K	KH	Y	Lecture	Written/ Viva voce			
PH1.55	Describe and discuss the following National Health Programmes including Immunisation, Tuberculosis, Leprosy, Malaria, HIV, Filaria, Kala Azar, Diarrhoeal diseases, Anaemia & nutritional disorders, Blindness, Non-communicable diseases, cancer and Iodine deficiency	K	KH	Y	Lecture	Written/ Viva voce			Community Medicine
PH1.56	Describe basic aspects of Geriatric and Pediatric pharmacology	K	KH	Y	Lecture	Written/ Viva voce		Pediatrics	
PH1.57	Describe drugs used in skin disorders	K	KH	Y	Lecture	Written/ Viva voce		Dermatology, Venereology & Leprosy	
PH1.58	Describe drugs used in Ocular disorders	K	KH	Y	Lecture	Written/ Viva voce		Ophthalmology	
PH1.59	Describe and discuss the following: Essential medicines, Fixed dose combinations, Over the counter drugs, Herbal medicines	K	KH	Y	Lecture	Written/ Viva voce			
PH1.60	Describe and discuss Pharmacogenomics and Pharmacoeconomics	K	KH	N	Lecture	Written/ Viva voce			
PH1.61	Describe and discuss dietary supplements and nutraceuticals	K	KH	N	Lecture	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.62	Describe and discuss antiseptics and disinfectants	K	KH	Y	Lecture	Written/ Viva voce			
PH1.63	Describe Drug Regulations, acts and other legal aspects	K	KH	Y	Lecture	Written/ Viva voce			
PH1.64	Describe overview of drug development, Phases of clinical trials and Good Clinical Practice	K	KH	Y	Lecture	Written/ Viva voce			
SKILLS: Topic: Clinical Pharmacy		**Number of competencies: (04)**				**Number of procedures that require certification : (NIL)**			
PH2.1	Demonstrate understanding of the use of various dosage forms (oral/local/parenteral; solid/liquid)	S/C	SH	Y	DOAP sessions	Skills assessment			
PH2.2	Prepare oral rehydration solution from ORS packet and explain its use	S/C	SH	Y	DOAP sessions	Skills assessment			
PH2.3	Demonstrate the appropriate setting up of an intravenous drip in a simulated environment	S	SH	Y	DOAP sessions	Skills assessment			
PH2.4	Demonstrate the correct method of calculation of drug dosage in patients including those used in special situations	S	SH	Y	DOAP sessions	Skills assessment		Pediatrics, General Medicine	
SKILLS: Topic: Clinical Pharmacology		**Number of competencies: (08)**				**Number of procedures that require certification : (04)**			
PH3.1	Write a rational, correct and legible generic prescription for a given condition and communicate the same to the patient	S/C	P	Y	Skill station	Skill station	5	General Medicine	
PH3.2	Perform and interpret a critical appraisal (audit) of a given prescription	S	P	Y	Skill Lab	Maintenance of log book	3		
PH3.3	Perform a critical evaluation of the drug promotional literature	S	P	Y	Skill Lab	Maintenance of log book/ Skill station	3	General Medicine	
PH3.4	To recognise and report an adverse drug reaction	S	SH	Y	Skill station	Maintenance of log book/ Skill station			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH3.5	To prepare and explain a list of P-drugs for a given case/condition	S	P	Y	Skill station	Maintenance of log book	3	General Medicine	
PH3.6	Demonstrate how to optimize interaction with pharmaceutical representative to get authentic information on drugs	S	SH	N	Skill station	maintenance of log book			
PH3.7	Prepare a list of essential medicines for a healthcare facility	S	SH	Y	Skill station	Maintenance of log book			
PH3.8	Communicate effectively with a patient on the proper use of prescribed medication	C/A	SH	Y	Skill Lab	Skill station			
SKILLS: Topic: Experimental Pharmacology		**Number of competencies: (02)**				**Number of procedures that require certification :(NIL)**			
PH4.1	Administer drugs through various routes in a simulated environment using mannequins	S	SH	Y	DOAP sessions	Skills assessment			
PH4.2	Demonstrate the effects of drugs on blood pressure (vasopressor and vaso-depressors with appropriate blockers) using computer aided learning	S	SH	Y	Skill lab	Skill station			
Communication Topic: Pharmacology		**Number of competencies: (07)**				**Number of procedures that require certification : (NIL)**			
PH5.1	Communicate with the patient with empathy and ethics on all aspects of drug use	A/C	SH	Y	Small group discussion	skill station		General Medicine	
PH5.2	Communicate with the patient regarding optimal use of a) drug therapy, b) devices and c) storage of medicines	A/C	SH	Y	Small group discussion	Skill station			
PH5.3	Motivate patients with chronic diseases to adhere to the prescribed management by the health care provider	A/C	SH	Y	Small group discussion	short note/skill station			
PH5.4	Explain to the patient the relationship between cost of treatment and patient compliance	A/C	SH	Y	Small group discussion	short note/ viva voce		General Medicine	
PH5.5	Demonstrate an understanding of the caution in prescribing drugs likely to produce dependence and recommend the line of management	K	KH	Y	Small group discussion	short note/ Viva voce		Psychiatry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH5.6	Demonstrate ability to educate public & patients about various aspects of drug use including drug dependence and OTC drugs	A/C	SH	Y	Small group discussion	Skill station		Psychiatry	
PH5.7	Demonstrate an understanding of the legal and ethical aspects of prescribing drugs	K	KH	Y	Small group discussion	short note/ Viva voce			Forensic Medicine

Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication.
Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,
Column F: DOAP session – Demonstrate, Observe, Assess, Perform.
Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation

Integration

					Physiology				
PY3.5	Discuss the action of neuro-muscular blocking agents	K	KH	Y	Lectures, Small group discussion	Written/ Viva voce		Anaesthesiology, Pharmacology	
					Microbiology				
MI1.6	Describe the mechanisms of drug resistance, methods of antimicrobial susceptibility testing and monitoring of antimicrobial therapy.	K	K	Y	Lecture , Small group discussion	Written Viva			Pharmacology
MI3.3	Describe the enteric fever pathogens and discuss the evolution of the clinical course, the laboratory diagnosis of the diseases caused by them	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Pathology
MI3.5	Enumerate the causative agents of food poisoning and discuss the pathogenesis, clinical course and laboratory diagnosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology
MI3.6	Describe the etio-pathogenesis of Acid Peptic Disease (APD) and the clinical course. Discuss the diagnosis and management of the causative agent of APD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Pathology
					Community Medicine				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CM3.8	Describe the mode of action & application cycle of commonly used insecticides and rodenticides	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
CM19.1	Define and describe the concept of Essential Medicine List (EML)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pharmacology
CM19.2	Describe roles of essential medicine in primary health care	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pharmacology
CM19.3	Describe counterfeit medicine and its prevention	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pharmacology
	Forensic Medicine & Toxicology								
FM4.11	Describe and discuss euthanasia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	Pharmacology
FM4.12	Discuss legal and ethical issues in relation to stem cell research	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	Pharmacology
FM4.17	Describe and discuss ethical Principles: Respect for autonomy, non-malfeasance, beneficence & justice	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	Pharmacology
FM4.22	Explain Oath – Hippocrates, Charaka and Sushruta and procedure for administration of Oath	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	Pharmacology
FM4.23	Describe the modified Declaration of Geneva and its relevance	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	Pharmacology
FM4.25	Clinical research & Ethics: Discuss human experimentation including clinical trials	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		AETCOM	Pharmacology
FM4.26	Discuss the constitution and functions of ethical committees	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	Pharmacology
FM4.27	Describe and discuss Ethical Guidelines for Biomedical Research on Human Subjects & Animals	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		AETCOM	Pharmacology
FM8.1	Describe the history of Toxicology	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM8.2	Define the terms Toxicology, Forensic Toxicology, Clinical Toxicology and poison	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
FM8.3	Describe the various types of poisons, Toxicokinetics & Toxicodynamics and diagnosis of poisoning in living and dead	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
FM8.4	Describe the Laws in relations to poisons including NDPS Act, Medico-legal aspects of poisons	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
FM8.5	Describe Medico-legal autopsy in cases of poisoning including preservation and dispatch of viscera for chemical analysis	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce/ OSPE		Pharmacology	
FM8.6	Describe the general symptoms, principles of diagnosis and management of common poisons encountered in India	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce /OSCE		Pharmacology	
FM8.7	Describe simple Bedside clinic tests to detect poison/drug in a patient's body fluids	K	K/KH	Y	Lectures, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce /OSCE		Pharmacology, General Medicine	
FM8.8	Describe basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination	K	K/KH	Y	Lectures, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.1	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Caustics Inorganic – sulphuric, nitric, and hydrochloric acid Organic- Carboloic Acid (phenol), Oxalic and acetylsalicylic acids.	K	K/KH	Y	Lectures, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.2	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Phosphorus, Iodine, Barium	K	K/KH	Y	Lectures, Small group discussion, Bed side clinic, Autopsy,DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.3	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Arsenic, lead, mercury, copper, iron, cadmium and thallium	K	K/KH	Y	Lectures, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM9.4	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ethanol, methanol, ethylene glycol	K	K/KH	Y	Lectures, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.5	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates, Carbamates, Organochlorines, Pyrethroids, Paraquat, Aluminium and Zinc phosphide	K	K/KH	Y	Lectures, Small group discussion Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	Pharmacology
FM9.6	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl isocyanate, tear (riot control) gases	K	K/KH	Y	Lectures, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM10.1	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: i. Antipyretics – Paracetamol, Salicylates ii. Anti-Infectives (Common antibiotics – an overview) iii. Neuropsychotoxicology Barbiturates, benzodiazepines, phenytoin, lithium, haloperidol, neuroleptics, tricyclics iv. Narcotic Analgesics, Anaesthetics, and Muscle Relaxants v. Cardiovascular Toxicology Cardiotoxic plants – oleander, odollam, aconite, digitalis vi. Gastro-Intestinal and Endocrinal Drugs – Insulin	K	K/KH	Y	Lectures, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	Pharmacology
	Dermatology, Venereology & Leprosy								
DR5.3	Enumerate and describe the pharmacology, administration and adverse reaction of pharmacotherapies for scabies	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Pediatrics	Pharmacology
DR7.3	Describe the pharmacology and action of antifungal (systemic and topical). agents Enumerate side effects of antifungal therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology ,Pharmacology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DR8.7	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for common viral illnesses of the skin	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			Pharmacology
DR9.4	Enumerate, describe and identify lepra reactions and supportive measures and therapy of lepra reactions	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology
DR9.5	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for various classes of leprosy based on National Guidelines	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Community Medicine
DR9.6	Describe the treatment of Leprosy based on WHO guidelines	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Community Medicine
DR9.7	Enumerate and describe the complications of leprosy and its management, including understanding disability and stigma	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Psychiatry
DR10.3	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for syphilis	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Microbiology
DR10.8	Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Microbiology
DR11.3	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for dermatologic lesions in HIV	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Microbiology
DR14.5	Enumerate the indications and describe the pharmacology indications and adverse reactions of drugs used in the urticaria and angioedema	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			Pharmacology
DR15.3	Enumerate the indications and describe the pharmacology indications and adverse reactions of topical and systemic drugs used in treatment of pyoderma	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery	Microbiology, Pharmacology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
			Anesthesiology						
AS3.6	Choose and write a prescription for appropriate premedications for patients undergoing surgery	S	SH	Y	DOAP session, Bedside clinic session	Skill station		Pharmacology	
AS4.1	Describe and discuss the pharmacology of drugs used in induction and maintenance of general anaesthesia (including intravenous and inhalation induction agents, opiate and non-opiate analgesics, depolarising and non-depolarising muscle relaxants, anticholinesterases	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Pharmacology	
AS4.3	Observe and describe the principles and the practical aspects of induction and maintenance of anesthesia	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	
AS5.4	Observe and describe the pharmacology and correct use of commonly used drugs and adjuvant agents in regional anesthesia	S	KH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce		Pharmacology	
AS8.3	Describe the pharmacology and use of drugs in the management of pain	K	KH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce		Pharmacology	
AS8.4	Describe the principles of pain management in palliative care	K	KH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce		Pharmacology	General Medicine
AS8.5	Describe the principles of pain management in the terminally ill	K	KH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce		Pharmacology	General Medicine
AS10.4	Define and describe common medical and medication errors in anaesthesia	K	KH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce		Pharmacology	General Medicine
			Psychiatry						

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PS4.4	Describe the treatment of alcohol and substance abuse disorders including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS4.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in alcohol and substance abuse	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS5.3	Describe the treatment of schizophrenia including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS5.5	Enumerate and describe the pharmacologic basis and side effects of drugs used in schizophrenia	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		Pharmacology	
PS6.4	Describe the treatment of depression including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS6.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in depression	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS7.4	Describe the treatment of bipolar disorders including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS7.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in bipolar disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS8.4	Describe the treatment of anxiety disorders including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS8.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in anxiety disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS10.4	Describe the treatment of somatoform disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS10.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in somatoform, dissociative and conversion disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PS11.4	Describe the treatment of **personality** disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS11.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in personality disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS12.4	Describe the treatment of **psychosomatic** disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS12.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychosomatic disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS13.4	Describe the treatment of psychosexual and gender identity disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS18.1	Enumerate the indications and describe the pharmacology, dose and side effects of commonly use drugs in psychiatric disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
				General Medicine					
IM1.24	Describe and discuss the pharmacology of drugs including indications & contraindications in the management of heart failure including diuretics, ACE inhibitors, Beta blockers, aldosterone antagonists and cardiac glycosides	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM1.27	Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease	K	KH	Y	Bedside clinic, Small group discussion	Written		Microbiology Pharmacology	
IM1.30	Administer an intramuscular injection with an appropriate explanation to the patient	S	SH	Y	Bedside clinic, Skill assessment	log book documentation of completion		Pharmacology	
IM2.15	Discuss and describe the medications used in patients with an acute coronary syndrome based on the clinical presentation	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM2.18	Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of dyslipidemia	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		Pharmacology, Biochemistry	
IM2.20	Discuss and describe the assessment and relief of pain in acute coronary syndromes	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		Pharmacology	
IM2.23	Describe and discuss the indications for nitrates, anti platelet agents, gpIIb - IIIa inhibitors, beta blockers, ACE inhibitors etc in the management of coronary syndromes	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		Pharmacology	
IM3.12	Select, describe and prescribe based on the most likely aetiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum	S	SH	Y	Bed side clinic, DOAP session	Skill Assessment/ Written/ Viva voce		Pharmacology, Microbiology	
IM3.13	Select, describe and prescribe based on culture and sensitivity appropriate empaling antimicrobial based on the pharmacology and antimicrobial spectrum	S	SH	Y	Bed side clinic, DOAP session	Skill Assessment/ Written/ Viva voce		Pharmacology, Microbiology	
IM4.22	Describe and discuss the pharmacology, indications, adverse reactions, interactions of antimalarial drugs and basis of resistance	K	KH	Y	Small group, Lecture	Written/ Viva voce		Pharmacology	
IM4.23	Prescribe drugs for malaria based on the species identified, prevalence of drug resistance and National Programs	S	SH	Y	Skill assessment	Skill assessment		Microbiology, Pharmacology	
IM4.26	Counsel the patient on malarial prevention	C	SH	Y	DOAP session	Skill assessment		Microbiology, Pharmacology	
IM5.7	Enumerate and describe the causes and pathophysiology of drug induced liver injury	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Pharmacology	
IM5.16	Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites spontaneous, bacterial peritonitis and hepatic encephalopathy	K	KH	Y	Written, Small group	Skill Assessment/ Written/ Viva voce		Pharmacology	General Surgery
IM6.13	Describe and enumerate the indications and side effects of drugs for bacterial, viral and other types of diarrhea	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM6.17	Discuss and describe the principles of HAART, the classes of antiretrovirals used, adverse reactions and interactions	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
IM6.18	Discuss and describe the principles and regimens used in post exposure prophylaxis	K	K	Y	Lecture Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
IM7.21	Select, prescribe and communicate appropriate medications for relief of joint pain	K/C	SH	Y	DOAP session	Skill assessment/ written		Pharmacology	Orthopedics
IM7.22	Select, prescribe and communicate preventive therapy for crystalline arthropathies	K/C	SH	Y	DOAP session	Skill assessment/ written		Pharmacology	
IM7.23	Select, prescribe and communicate treatment option for systemic rheumatologic conditions	K/C	SH	Y	DOAP session	Skill assessment/ written		Pharmacology	
IM7.24	Describe the basis for biologic and disease modifying therapy in rheumatologic diseases	K	KH	Y	Bed side clinic, Small group discussion	Skill assessment/ written		Pharmacology	
IM8.14	Develop an appropriate treatment plan for essential hypertension	K	KH	Y	Small group discussion	Skill assessment/ Written/ Viva voce		Pharmacology	
IM8.15	Recognise, prioritise and manage hypertensive emergencies	S	SH	Y	DOAP session	Skill assessment/ written		Pharmacology	
IM9.14	Prescribe replacement therapy with iron, B12, folate	S	SH	Y	Bed side clinic, DOAP session	Skill assessment/ written		Pharmacology	
IM9.15	Describe the national programs for anemia prevention	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Community Medicine	
IM10.25	Identify and describe the priorities in the management of ARF including diet, volume management, alteration in doses of drugs, monitoring and indications for dialysis	K/C	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM11.16	Discuss and describe the pharmacologic therapies for diabetes their indications, contraindications, adverse reactions and interactions	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM11.18	Describe and discuss the pharmacology, indications, adverse reactions and interactions of drugs used in the prevention and treatment of target organ damage and complications of Type II Diabetes including neuropathy, nephropathy, retinopathy, hypertension, dyslipidemia and cardiovascular disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM11.19	Demonstrate and counsel patients on the correct technique to administer insulin	S/C	SH	Y	DOAP session	Skill assessment		Pharmacology	
IM12.13	Describe the pharmacology, indications, adverse reaction, interactions of thyroxine and antithyroid drugs	K	KH	Y	Lecture, Small group discussion	Viva voce/ short note		Pharmacology	General Surgery
IM12.14	Write and communicate to the patient appropriately a prescription for thyroxine based on age, sex, and clinical and biochemical status	S/C	SH	Y	Skill assessment	Skill assessment		Pharmacology	
IM12.15	Describe and discuss the indications of thionamide therapy, radio iodine therapy and General Surgery in the management of thyrotoxicosis	K	KH	Y	Bedside clinic, small group discussion	short note/ Viva voce		Pharmacology	General Surgery
IM13.6	Describe and distinguish the difference between curative and palliative care in patients with cancer	K	K	N	Lecture, Small group discussion	short note/ Viva voce		Pharmacology	
IM13.13	Describe and assess pain and suffering objectively in a patient with cancer	K	KH	Y	Bedside clinic, small group discussion	short note/ Viva voce		Pharmacology	General Surgery
IM13.14	Describe the indications for General Surgery, radiation and chemotherapy for common malignancies	K	KH	Y	Bedside clinic, small group discussion	short note/ Viva voce		Pharmacology	General Surgery
IM13.17	Describe and enumerate the indications, use, side effects of narcotics in pain alleviation in patients with cancer	K	KH	Y	Bedside clinic, small group discussion	short note/ Viva voce		Pharmacology	Anesthesiology
IM14.13	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for obesity	K	K	Y	Lecture, small group discussion	short note/ Viva voce		Pharmacology	
IM15.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of pressors used in the treatment of Upper GI bleed	K	K	Y	Lecture, Small group discussion	Viva voce/ short note		Pharmacology	General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM15.15	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of acid peptic disease including Helicobacter pylori	K	K	Y	Lecture, small group discussion	short note/ Viva voce		Pharmacology, Microbiology	General Surgery
IM16.13	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic causes of diarrhea	K	K	Y	Lecture, small group discussion	short note/ Viva voce		Pharmacology, Microbiology	
IM16.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for bacterial and viral diarrhea	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology, Microbiology	
IM16.16	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy including immunotherapy	K	K	Y	Lecture, small group discussion	short note/ Viva voce		Pharmacology	
IM17.11	Describe the indications, pharmacology, dose, side effects of abortive therapy in migraine	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce		Pharmacology	
IM17.12	Describe the indications, pharmacology, dose, side effects of prophylactic therapy in migraine	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce		Pharmacology	
IM17.13	Describe the pharmacology, dose, adverse reactions and regimens of drugs used in the treatment of bacterial, tubercular and viral meningitis	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce		Pharmacology	
IM17.14	Counsel patients with migraine on lifestyle changes and need for prophylactic therapy	A/C	SH	N	DOAP session	Skill Assessment		Pharmacology	
IM19.8	Discuss and describe the pharmacology, dose, side effects and interactions used in the drug therapy of Parkinson’s syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM19.9	Enumerate the indications for use of surgery and botulinum toxin in the treatment of movement disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Surgery
IM20.1	Enumerate the poisonous snakes of your area and describe the distinguishing marks of each	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM20.7	Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of anti-snake venom	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM20.8	Describe the diagnosis, initial approach, stabilisation and therapy of scorpion envenomation	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM20.9	Describe the diagnosis, initial approach, stabilisation and therapy of bee sting allergy	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM21.1	Describe the initial approach to the stabilisation of the patient who presents with poisoning	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM21.2	Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis and specific approach to detoxification	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.3	Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis and approach to therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.4	Enumerate the commonly observed drug overdose in your area and describe their toxicology, clinical features, prognosis and approach to therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.5	Observe and describe the functions and role of a poison center in suspected poisoning	S	KH	Y	DOAP session	document in log book		Forensic Medicine, Pharmacology	
IM21.6	Describe the medico-legal aspects of suspected suicidal or homicidal poisoning and demonstrate the correct procedure to write a medico-legal report on a suspected poisoning	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		Forensic Medicine, Pharmacology	
IM21.7	Counsel family members of a patient with suspected poisoning about the clinical and medico-legal aspects with empathy	A/C	SH	Y	DOAP session	Skill assessment		Forensic Medicine, Pharmacology	
IM22.3	Describe the approach to the management of hypercalcemia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM25.11	Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis	C	SH	Y	DOAP session	Skill assessment		Microbiology, Pharmacology	
	Pediatrics								

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE13.5	Propose a management plan for Fe Deficiency Anaemia	S	SH	Y	Bed side clinics, Skill lab	Skill Assessment		Pathology, Pharmacology	
PE13.6	Discuss the National Anaemia Control Program and its recommendations	K	K	Y	Lecture, Small group Discussion	Written/ Viva voce		Pharmacology, Community Medicine	
PE14.1	Discuss the risk factors, clinical features, diagnosis and management of Lead Poisoning	K	KH	N	Lecture, Small group Discussion	Written/ Viva voce		Pharmacology	
PE14.3	Discuss the risk factors, clinical features, diagnosis and management of Organo phosphorous poisoning	K	KH	N	Lecture, Small group Discussion	Written/ Viva voce		Pharmacology	General Medicine
PE14.4	Discuss the risk factors, clinical features, diagnosis and management of paracetamol Poisoning	K	KH	N	Lecture, Small group Discussion	Written/ Viva voce		Pharmacology	
PE24.5	Discuss the role of antibiotics, antispasmodics, anti-secretory drugs, probiotics, anti- emetics in acute diarrheal diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
PE24.8	Discuss the causes, clinical presentation and management of dysentery in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
PE34.3	Discuss the various regimens for management of Tuberculosis as per National Guidelines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
PE34.4	Discuss the preventive strategies adopted and the objectives and outcome of the National Tuberculosis Control Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
					General Surgery				
SU13.2	Discuss the Principles of immunosuppressive therapy. Enumerate indications, describe surgical principles, management of organ transplantation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
					Physical Medicine & Rehabilitation				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PM3.5	Enumerate the indications and describe the therapies for spasticity including medications, serial casts, nerve blocks, botulinum toxin injections	K	KH	Y	Lectures, Small group discussion			Pharmacology	Pediatrics, Orthopedics
PM7.6	Enumerate the indications and describe the pharmacology and side effects of commonly used drugs in neuropathic bladder	K	KH	Y	Lectures, Small group discussion	Written / Viva voce		Pharmacology	General Medicine
					Respiratory Medicine				
CT1.4	Describe the epidemiology, the predisposing factors and microbial and therapeutic factors that determine resistance to drugs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Pharmacology	
CT1.14	Describe and discuss the pharmacology of various antituberculous agents, their indications, contraindications, interactions and adverse reactions	K	KH	Y	Lecture, Small group discussion	short note/ Viva voce		Pharmacology, Microbiology	
CT1.15	Prescribe an appropriate antituberculosis regimen based on the location of disease, smear positivity and negativity and co-morbidities based on current national guidelines including directly observed tuberculosis therapy (DOTS)	K	SH	Y	Bedside clinic, Small group discussion, Lecture	Skill assessment		Pharmacology, Community Medicine	
CT2.16	Discuss and describe therapies for OAD including bronchodilators, leukotriene inhibitors, mast cell stabilisers, theophylline, inhaled and systemic steroids, oxygen and immunotherapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
					Orthopaedics				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OR3.1	Describe and discuss the aetiopathogenesis, clinical features, Investigations and principles of management of Bone and Joint infections a) Acute Osteomyelitis b) Subacute osteomyelitis c) Acute Suppurative arthritis d) Septic arthritis & HIV infection e) Spirochaetal infection f) Skeletal Tuberculosis	K/S	K/KH/SH	Y	Lecture, Small group Discussion,Video assisted lecture	Written/ Viva voce/ OSCE	_	Pathology, Microbiology	General surgery

PATHOLOGY (CODE: PA)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PATHOLOGY									
Topic: Introduction to Pathology		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
PA1.1	Describe the role of a pathologist in diagnosis and management of disease	K	K	Y	Departmental orientation	Written/ Viva voce			
PA1.2	Enumerate common definitions and terms used in Pathology	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PA1.3	Describe the history and evolution of Pathology	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Cell Injury and Adaptation		**Number of competencies: (08)**				**Number of procedures that require certification: (NIL)**			
PA2.1	Demonstrate knowledge of the causes, mechanisms, types and effects of cell injury and their clinical significance	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA2.2	Describe the etiology of cell injury. Distinguish between reversible-irreversible injury: mechanisms; morphology of cell injury	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA2.3	Intracellular accumulation of fats, proteins, carbohydrates, pigments	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA2.4	Describe and discuss Cell death- types, mechanisms, necrosis, apoptosis (basic as contrasted with necrosis), autolysis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA2.5	Describe and discuss pathologic calcifications, gangrene	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA2.6	Describe and discuss cellular adaptations: atrophy, hypertrophy, hyperplasia, metaplasia, dysplasia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA2.7	Describe and discuss the mechanisms of cellular aging and apoptosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			
PA2.8	Identify and describe various forms of cell injuries, their manifestations and consequences in gross and microscopic specimens	S	SH	Y	DOAP session	Skill assessment			
Topic: Amyloidosis		**Number of competencies: (02)**				**Number of procedures that require certification: (NIL)**			
PA3.1	Describe the pathogenesis and pathology of amyloidosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA3.2	Identify and describe amyloidosis in a pathology specimen	S	SH	N	DOAP session	Skill assessment			
Topic: Inflammation		**Number of competencies:(04)**				**Number of procedures that require certification: (NIL)**			
PA4.1	Define and describe the general features of acute and chronic inflammation including stimuli, vascular and cellular events	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA4.2	Enumerate and describe the mediators of acute inflammation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA4.3	Define and describe chronic inflammation including causes, types, non-specific and granulomatous; and enumerate examples of each	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA4.4	Identify and describe acute and chronic inflammation in gross and microscopic specimens	S	SH	Y	DOAP session	Skill assessment			
Topic: Healing and repair		**Number of competencies: (01)**				**Number of procedures that require certification:(NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA5.1	Define and describe the process of repair and regeneration including wound healing and its types	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
Topic: Hemodynamic disorders		**Number of competencies: (07)**				**Number of procedures that require certification :(NIL)**			
PA6.1	Define and describe edema, its types, pathogenesis and clinical correlations	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA6.2	Define and describe hyperemia, congestion, hemorrhage	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA6.3	Define and describe shock, its pathogenesis and its stages	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA6.4	Define and describe normal haemostasis and the etiopathogenesis and consequences of thrombosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA6.5	Define and describe embolism and its causes and common types	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA6.6	Define and describe Ischaemia/infarction its types, etiology, morphologic changes and clinical effects	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA6.7	Identify and describe the gross and microscopic features of infarction in a pathologic specimen	S	SH	Y	DOAP session	Skill Assessment			
Topic: Neoplastic disorders		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
PA7.1	Define and classify neoplasia. Describe the characteristics of neoplasia including gross, microscopy, biologic, behaviour and spread. Differentiate between benign from maignant neoplams	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA7.2	Describe the molecular basis of cancer	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA7.3	Enumerate carcinogens and describe the process of carcinogenesis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA7.4	Describe the effects of tumor on the host including paraneoplastic syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA7.5	Describe immunology and the immune response to cancer	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Microbiology
	Topic: Basic diagnostic cytology		**Number of competencies:(03)**			**Number of procedures that require certification:(NIL)**			
PA8.1	Describe the diagnostic role of cytology and its application in clinical care	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA8.2	Describe the basis of exfoliative cytology including the technique & stains used	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		General Surgery	
PA8.3	Observe a diagnostic cytology and its staining and interpret the specimen	S	KH	Y	DOAP session	Skill assessment			
Topic: Immunopathology and AIDS		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PA9.1	Describe the principles and mechanisms involved in immunity	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
PA9.2	Describe the mechanism of hypersensitivity reactions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology
PA9.3	Describe the HLA system and the immune principles involved in transplant and mechanism of transplant rejection	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology
PA9.4	Define autoimmunity. Enumerate autoimmune disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA9.5	Define and describe the pathogenesis of systemic Lupus Erythematosus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA9.6	Define and describe the pathogenesis and pathology of HIV and AIDS	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA9.7	Define and describe the pathogenesis of other common autoimmune diseases	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Infections and Infestations		**Number of competencies: (04)**			**Number of procedures that require certification:(NIL)**				
PA10.1	Define and describe the pathogenesis and pathology of malaria	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.2	Define and describe the pathogenesis and pathology of cysticercosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.3	Define and describe the pathogenesis and pathology of leprosy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.4	Define and describe the pathogenesis and pathology of common bacterial, viral, protozoal and helminthic diseases	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
Topic: Genetic and paediatric diseases		**Number of competencies: (03)**			**Number of procedures that require certification :(NIL)**				
PA11.1	Describe the pathogenesis and features of common cytogenetic abnormalities and mutations in childhood	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PA11.2	Describe the pathogenesis and pathology of tumor and tumour-like conditions in infancy and childhood	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PA11.3	Describe the pathogenesis of common storage disorders in infancy and childhood	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
Topic: Environmental and nutritional diseases		**Number of competencies:(03)**			**Number of procedures that require certification:(NIL)**				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA12.1	Enumerate and describe the pathogenesis of disorders caused by air pollution, tobacco and alcohol	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Community Medicine
PA12.2	Describe the pathogenesis of disorders caused by protein calorie malnutrition and starvation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Pediatrics	
PA12.3	Describe the pathogenesis of obesity and its consequences	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Introduction to haematology		**Number of competencies: (05)**				**Number of procedures that require certification:(NIL)**			
PA13.1	Describe hematopoiesis and extramedullary hematopoiesis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.2	Describe the role of anticoagulants in hematology	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.3	Define and classify anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.4	Enumerate and describe the investigation of anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.5	Perform, Identify and describe the peripheral blood picture in anemia	S	SH	Y	DOAP session	Skill assessment		General Medicine	
Topic: Microcytic anemia		**Number of competencies: (03)**				**Number of procedures that require certification:(NIL)**			
PA14.1	Describe iron metabolism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PA14.2	Describe the etiology, investigations and differential diagnosis of microcytic hypochromic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA14.3	Identify and describe the peripheral smear in microcytic anemia	S	SH	Y	DOAP session	Skill assessment		General Medicine	
Topic: Macrocytic anemia		**Number of competencies: (04)**				**Number of procedures that require certification:(NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA15.1	Describe the metabolism of Vitamin B12 and the etiology and pathogenesis of B12 deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA15.2	Describe laboratory investigations of macrocytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA15.3	Identify and describe the peripheral blood picture of macrocytic anemia	S	SH	Y	DOAP session	Skill assessment			
PA15.4	Enumerate the differences and describe the etiology and distinguishing features of megaloblastic and non-megaloblastic macrocytic anemia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Hemolytic anemia		**Number of competencies: (07)**				**Number of procedures that require certification: (01)**			
PA16.1	Define and classify hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.2	Describe the pathogenesis and clinical features and hematologic indices of hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.3	Describe the pathogenesis, features, hematologic indices and peripheral blood picture of sickle cell anemia and thalassemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.4	Describe the etiology pathogenesis, hematologic indices and peripheral blood picture of Acquired hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.5	Describe the peripheral blood picture in different hemolytic anaemias	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA16.6	Prepare a peripheral blood smear and identify hemolytic anaemia from it	S	P	Y	DOAP session	Skill assessment	1		
PA16.7	Discribe the correct technique to perform a cross match	S	SH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Aplastic anemia		**Number of competencies: (02)**				**Number of procedures that require certification:(NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA 17.1	Enumerate the etiology, pathogenesis and findings in aplastic anemia	K	K	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA17.2	Enumerate the indications and describe the findings in bone marrow aspiration and biopsy	K	K	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Leukocyte disorders		**Number of competencies: (02)**			**Number of procedures that require certification:(NIL)**				
PA18.1	Enumerate and describe the causes of leucocytosis leucopenia lymphocytosis and leukemoid reactions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA`18.2	Describe the etiology, genetics, pathogenesis classification, features, hematologic features of acute and chronic leukemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Lymph node and spleen		**Number of competencies: (07)**			**Number of procedures that require certification:(NIL)**				
PA19.1	Enumerate the causes and describe the differentiating features of lymphadenopathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA19.2	Describe the pathogenesis and pathology of tuberculous lymphadenitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA19.3	Identify and describe the features of tuberculous lymphadenitis in a gross and microscopic specimen	S	SH	Y	DOAP session	Skill assessment			
PA19.4	Describe and discuss the pathogenesis, pathology and the differentiating features of Hodgkin's and non-Hodgkin's lymphoma	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA19.5	Identify and describe the features of Hodgkin's lymphoma in a gross and microscopic specimen	S	SH	Y	DOAP session	Skill assessment		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA19.6	Enumerate and differentiate the causes of splenomegaly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
PA19.7	Identify and describe the gross specimen of an enlarged spleen	S	SH	Y	DOAP session	Skill assessment			
Topic: Plasma cell disorders		**Number of competencies: (01)**				**Number of procedures that require certification: (NIL)**			
PA20.1	Describe the features of plasma cell myeloma	S	SH	Y	DOAP session	Skill assessment			
Topic: Hemorrhagic disorders		**Number of competencies: (05)**				**Number of procedures that require certification:(NIL)**			
PA21.1	Describe normal hemostasis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA21.2	Classify and describe the etiology, pathogenesis and pathology of vascular and platelet disorders including ITP and haemophilia's	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PA21.3	Differentiate platelet from clotting disorders based on the clinical and hematologic features	S	SH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA21.4	Define and describe disseminated intravascular coagulation, its laboratory findings and diagnosis of disseminated intravascular coagulation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA21.5	Define and describe disseminated intravascular coagulation, its laboratory findings and diagnosis of Vitamin K deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Blood banking and transfusion		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PA22.1	Classify and describe blood group systems (ABO and RH)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA22.2	Enumerate the indications, describe the principles, enumerate and demonstrate the steps of compatibility testing	S	SH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA22.4	Enumerate blood components and describe their clinical uses	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
PA22.5	Enumerate and describe infections transmitted by blood transfusion	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology
PA22.6	Describe transfusion reactions and enumerate the steps in the investigation of a transfusion reaction	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA22.7	Enumerate the indications and describe the principles and procedure of autologous transfusion	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic:Clinical Pathology		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
PA23.1	Describe abnormal urinary findings in disease states and identify and describe common urinary abnormalities in a clinical specimen	S	SH	Y	DOAP session	Skill Assessment			
PA23.2	Describe abnormal findings in body fluids in various disease states	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PA23.3	Describe and interpret the abnormalities in a panel containing semen analysis, thyroid function tests, renal function tests or liver function tests	S	SH	Y	DOAP session	Skill Assessment			
Topic: Gastrointestinal tract		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PA24.1	Describe the etiology, pathogenesis, pathology and clinical features of oral cancers	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Dentistry	
PA24.2	Describe the etiology, pathogenesis, pathology, microbiology, clinical and microscopic features of peptic ulcer disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA24.3	Describe and identify the microscopic features of peptic ulcer	S	SH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA24.4	Describe and etiology and pathogenesis and pathologic features of carcinoma of the stomach	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA24.5	Describe and etiology and pathogenesis and pathologic features of Tuberculosis of the intestine	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA24.6	Describe and etiology and pathogenesis and pathologic and distinguishing features of Inflammatory bowel disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA24.7	Describe the etiology, pathogenesis, pathology and distinguishing features of carcinoma of the colon	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
Topic: Hepatobiliary system		**Number of competencies: (06)**				**Number of procedures that require certification: (01)**			
PA25.1	Describe bilirubin metabolism, enumerate the etiology and pathogenesis of jaundice, distinguish between direct and indirect hyperbilirubinemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA25.2	Describe the pathophysiology and pathologic changes seen in hepatic failure and their clincial manifestations, complications and consequences	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	
PA25.3	Describe the etiology and pathogenesis of viral and toxic hepatitis: distinguish the causes of hepatitis based on the clinical and laboratory features. Describe the pathology, complications and consequences of hepatitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA25.4	Describe the pathophysiology, pathology and progression of alcoholic liver disease including cirrhosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	
PA25.5	Describe the etiology, pathogenesis and complications of portal hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	
PA25.6	Interpret liver function and viral hepatitis serology panel. Distinguish obstructive from non-obstructive jaundice based on clinical features and liver function tests	S	P	Y	DOAP session	Skill assessment	1	General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
Topic: Respiratory system		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PA26.1	Define and describe the etiology, types, pathogenesis, stages, morphology and complications of pneumonia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA26.2	Describe the etiology, gross and microscopic appearance and complications of lung abscess	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA26.3	Define and describe the etiology, types, pathogenesis, stages, morphology and complications and evaluation of Obstructive airway disease (OAD) and bronchiectasis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	Microbiology
PA26.4	Define and describe the etiology, types, pathogenesis, stages, morphology microscopic appearance and complications of tuberculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA26.5	Define and describe the etiology, types, exposure, environmental influence, pathogenesis, stages, morphology, microscopic appearance and complications of Occupational lung disease	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine, Community Medicine	
PA26.6	Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, stages, morphology, microscopic appearance,metastases and complications of tumors of the lung and pleura	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA26.7	Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, morphology, microscopic appearance and complications of mesothelioma	K	KH	N	Lecture, Small group discussion	Written / Viva voce		General Medicine, Community Medicine	
Topic: Cardiovascular system		**Number of competencies: (10)**				**Number of procedures that require certification: (NIL)**			
PA27.1	Distinguish arteriosclerosis from atherosclerosis. Describe the pathogenesis and pathology of various causes and types of arteriosclerosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA27.2	Describe the etiology, dynamics, pathology types and complications of aneurysms including aortic aneurysms	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA27.3	Describe the etiology, types, stages pathophysiology, pathology and complications of heart failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Physiology	
PA27.4	Describe the etiology, pathophysiology, pathology, gross and microscopic features, criteria and complications of rheumatic fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA27.5	Describe the epidemiology, risk factors, etiology, pathophysiology, pathology, presentations, gross and microscopic features, diagnostic tests and complications of ischemic heart disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA27.6	Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA27.7	Describe the etiology, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of pericarditis and pericardial effusion	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA27.8	Interpret abnormalities in cardiac function testing in acute coronary syndromes	S	SH	Y	DOAP session	Skill Assessment		Physiology, General Medicine	
PA27.9	Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Physiology	
PA27.10	Describe the etiology, pathophysiology, pathology features and complications of syphilis on the cardiovascular system	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
Topic: Urinary Tract		**Number of competencies: (16)**				**Number of procedures that require certification: (NIL)**			
PA28.1	Describe the normal histology of the kidney	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PA28.2	Define, classify and distinguish the clinical syndromes and describe the etiology, pathogenesis, pathology, morphology, clinical and laboratory and urinary findings, complications of renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA28.3	Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings, progression and complications of acute renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.4	Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings progression and complications of chronic renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.5	Define and classify glomerular diseases. Enumerate and describe the etiology, pathogenesis, mechanisms of glomerular injury, pathology, distinguishing features and clinical manifestations of glomerulonephritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA28.6	Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of IgA nephropathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.7	Enumerate and describe the findings in glomerular manifestations of systemic disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.8	Enumerate and classify diseases affecting the tubular interstitium	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.9	Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of acute tubular necrosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.10	Describe the etiology, pathogenesis, pathology, laboratory findings, distinguishing features progression and complications of acute and chronic pyelonephritis and reflux nephropathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, General Surgery	
PA28.11	Define classify and describe the etiology, pathogenesis pathology, laboratory, urinary findings, distinguishing features progression and complications of vascular disease of the kidney	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA28.12	Define classify and describe the genetics, inheritance, etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features, progression and complications of cystic disease of the kidney	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	
PA28.13	Define classify and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features progression and complications of renal stone disease and obstructive uropathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA28.14	Classify and describe the etiology, genetics, pathogenesis, pathology, presenting features, progression and spread of renal tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PA28.15	Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of thrombotic angiopathies	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.16	Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of urothelial tumors	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
Topic: Male Genital Tract		**Number of competencies: (05)**			**Number of procedures that require certification: (NIL)**				
PA29.1	Classify testicular tumors and describe the pathogenesis, pathology, presenting and distinguishing features, diagnostic tests, progression and spread of testicular tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA29.2	Describe the pathogenesis, pathology, presenting and distinguishing features, diagnostic tests, progression and spread of carcinoma of the penis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA29.3	Describe the pathogenesis, pathology, hormonal dependency presenting and distinguishing features, urologic findings & diagnostic tests of benign prostatic hyperplasia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA29.4	Describe the pathogenesis, pathology, hormonal dependency presenting and distinguishing features, diagnostic tests, progression and spread of carcinoma of the prostate	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA29.5	Describe the etiology, pathogenesis, pathology and progression of prostatitis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
Topic: Female Genital Tract		**Number of competencies: (09)**			**Number of procedures that require certification: (NIL)**				
PA30.1	Describe the epidemiology, pathogenesis, etiology, pathology, screening, diagnosis and progression of carcinoma of the cervix	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.2	Describe the pathogenesis, etiology, pathology, diagnosis and progression and spread of carcinoma of the endometrium	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.3	Describe the pathogenesis, etiology, pathology, diagnosis and progression and spread of carcinoma of the leiomyomas and leiomyosarcomas	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.4	Classify and describe the etiology, pathogenesis, pathology, morphology, clinical course, spread and complications of ovarian tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.5	Describe the etiology, pathogenesis, pathology, morphology, clinical course, spread and complications of gestational trophoblastic neoplasms	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.6	Describe the etiology and morphologic features of cervicitis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.7	Describe the etiology, hormonal dependence, features and morphology of endometriosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.8	Describe the etiology and morphologic features of adenomyosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA30.9	Describe the etiology, hormonal dependence and morphology of endometrial hyperplasia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
Topic: Breast		**Number of competencies: (04)**			**Number of procedures that require certification: (NIL)**				
PA31.1	Classify and describe the types, etiology, pathogenesis, pathology and hormonal dependency of benign breast disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, General Surgery	
PA31.2	Classify and describe the epidemiology, pathogenesis, classification, morphology, prognostic factors, hormonal dependency, staging and spread of carcinoma of the breast	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA31.3	Describe and identify the morphologic and microscopic features of carcinoma of the breast	S	SH	N	DOAP session	Skill Assessment		General Surgery	
PA31.4	Enumerate and describe the etiology, hormonal dependency and pathogenesis of gynecomastia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pediatrics, General Medicine	
Topic: Endocrine system		**Number of competencies: (09)**			**Number of procedures that require certification: (NIL)**				
PA32.1	Enumerate, classify and describe the etiology, pathogenesis, pathology and iodine dependency of thyroid swellings	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology, General Medicine, General Surgery	
PA32.2	Describe the etiology, cause, iodine dependency, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.3	Describe the etiology, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis/ hypothyroidism	K	KH	Y	Lecture, Small group	Written/ Viva voce		Physiology, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA32.4	Classify and describe the epidemiology, etiology, pathogenesis, pathology, clinical laboratory features, complications and progression of diabetes mellitus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.5	Describe the etiology, genetics, pathogenesis, manifestations, laboratory and morphologic features of hyperparathyroidism	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.6	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications and metastases of pancreatic cancer	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA32.7	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of adrenal insufficiency	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.8	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of Cushing's syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.9	Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology, General Medicine, General Surgery	
Topic: Bone and soft tissue		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
PA33.1	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of osteomyelitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Orthopaedics	Microbiology
PA33.2	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of bone tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Orthopaedics	
PA33.3	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of soft tissue tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Orthopaedics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA33.4	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of Paget's disease of the bone	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Orthopaedics	
PA33.5	Classify and describe the etiology, immunology, pathogenesis, manifestations, radiologic and laboratory features, diagnostic criteria and complications of rheumatoid arthritis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Skin		**Number of competencies: (04)**			**Number of procedures that require certification:(NIL)**				
PA34.1	Describe the risk factors pathogenesis, pathology and natural history of squamous cell carcinoma of the skin	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Dermatology, Venereology & Leprosy	
PA34.2	Describe the risk factors pathogenesis, pathology and natural history of basal cell carcinoma of the skin	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Dermatology, Venereology & Leprosy	
PA34.3	Describe the distinguishing features between a nevus and melanoma. Describe the etiology, pathogenesis, risk factors morphology clinical features and metastases of melanoma	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Dermatology, Venereology & Leprosy	
PA34.4	Identify, distinguish and describe common tumors of the skin	S	SH	N	DOAP session	Skill Assessment		Dermatology, Venereology & Leprosy	
Topic: Central Nervous System		**Number of competencies:(03)**			**Number of procedures that require certification: (01)**				
PA35.1	Describe the etiology, types and pathogenesis, differentiating factors, CSF findings in meningitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA35.2	Classify and describe the etiology, genetics, pathogenesis, pathology, presentation sequelae and complications of CNS tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PA35.3	Identify the etiology of meningitis based on given CSF parameters	S	P	Y	DOAP session	Skill Assessment	1	General Medicine	Microbiology
Topic: Eye		**Number of competencies: (01)**				**Number of procedures that require certification:(NIL)**			
PA36.1	Describe the etiology, genetics, pathogenesis, pathology, presentation, sequelae and complications of retinoblastoma	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Ophthalmology	

Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication.
Column D: K – Knows, KH - Knows How, S - Shows how, P- performs independently,
Column F: DOAP session – Demonstrate, Observe, Assess, Perform.
Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation

Integration

				Human Anatomy					
AN5.8	Define thrombosis, infarction & aneurysm	K	KH	N	Lecture	Written		Pathology	Physiology
AN66.2	Describe the ultrastructure of connective tissue	K	KH	N	Lecture, Practical	Written		Pathology	
AN70.1	Identify exocrine gland under the microscope & distinguish between serous, mucous and mixed acini	K/S	SH	Y	Lecture, Practical	Written/ skill assessment		Pathology	
AN70.2	Identify the lymphoid tissue under the microscope & describe microanatomy of lymph node, spleen, thymus, tonsil and correlate the structure with function	K/S	SH	Y	Lecture, Practical	Written/ skill assessment		Pathology	
AN71.1	Identify bone under the microscope, Classify various types and describe the structure-function correlation of the same	K/S	SH	Y	Lecture, Practical	Written/ skill assessment		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
AN71.2	Identify cartilage under the microscope & describe various types and structure- function correlation of the same describe various types and structure-function correlation of the same	K/S	SH	Y	Lecture, Practical	Written/ skill assessment		Pathology	
Physiology									
PY1.4	Describe apoptosis – programmed cell death	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PY2.5	Describe different types of anemia & Jaundice	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	Biochemistry
PY2.8	Describe the physiological basis of hemostasis and anticoagulants. Describe bleeding & clotting disorders (Hemophilia, purpura)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PY2.9	Describe different blood groups and discuss the clinical importance of blood grouping, blood banking and transfusion	K	KH	Y	Lecture, Small group discussion, ECE- Visit to blood bank	Written/ Viva voce		Pathology	
PY2.11	Estimate Hb, RBC, TLC, RBC indices, DLC, Blood groups, BT/CT	S	SH	Y	DOAP sessions	Practical/OSPE/ viva voce		Pathology	
PY2.12	Describe test for ESR, Osmotic fragility, Hematocrit. Note the findings and interpret the test results etc	K	KH	Y	Demonstration	Written/ Viva voce		Pathology	
PY2.13	Describe steps for reticulocyte and platelet count	K	KH	Y	Demonstration sessions	Written/ Viva voce		Pathology	
PY3.6	Describe the pathophysiology of Myasthenia gravis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
Biochemistry									
BI2.4	Describe and discuss enzyme inhibitors as poisons and drugs and as therapeutic enzymes	K	KH	Y	Lecture, small group discussions	Written/ Viva voce		Pathology, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
BI2.5	Describe and discuss the clinical utility of various serum enzymes as markers of pathological conditions	K	KH	Y	Lecture, small group discussions	Written/ Viva voce		Pathology, General Medicine	
BI2.6	Discuss use of enzymes in laboratory investigations (Enzyme-based assays)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	
BI2.7	Interpret laboratory results of enzyme activities & describe the clinical utility of various enzymes as markers of pathological conditions	K	KH	Y	Lecture, Small group discussion /DOAP sessions	Written/ Viva voce		Pathology, General Medicine	
BI3.8	Discuss and interpret laboratory results of analytes associated with metabolism of carbohydrates.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	
BI5.2	Describe and discuss functions of proteins and structure-function relationships in relevant areas eg, hemoglobin and selected hemoglobinopathies	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.11	Describe the functions of haem in the body and describe the processes involved in its metabolism and describe porphyrin metabolism	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.12	Describe the major types of haemoglobin and its derivatives found in the body and their physiological/ pathological relevance	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.13	Describe the functions of the kidney, liver, thyroid and adrenal glands.	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.14	Describe the tests that are commonly done in clinical practice to assess the functions of kidney, liver, thyroid and adrenal glands	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
BI6.15	Describe the abnormalities of kidney, liver, thyroid and adrenal glands	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI7.7	Describe the role of oxidative stress in the pathogenesis of conditions such as cancer, complications of diabetes mellitus and atherosclerosis	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		General Medicine, Pathology	
BI8.1	Discuss the importance of various dietary components and explain importance of dietary fibre	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		General Medicine, Pediatrics, Pathology	
BI8.2	Describe the types and causes of protein energy malnutrition and its effects	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		General Medicine, Pediatrics, Pathology	
BI8.4	Describe the causes (including dietary habits), effects and health risks associated with being overweight/obesity	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		General Medicine, Pathology	
BI8.5	Summarize the nutritional importance of commonly used items of food including fruits and vegetables (macro-molecules & its importance)	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Community Medicine, General Medicine, Pediatrics	
BI10.1	Describe the cancer initiation, promotion oncogenes & oncogene activation	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
BI10.2	Describe various biochemical tumor markers and the biochemical basis of cancer therapy	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
BI10.3	Describe the cellular and humoral components of the immune system & describe the types and structure of antibody	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
BI10.4	Describe & discuss innate and adaptive immune responses, self/non-self recognition and the central role of T-helper cells in immune responses	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		General Medicine, Pathology	Physiology
BI10.5	Describe antigens and concepts involved in vaccine development	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pathology, Pediatrics, Microbiology	
BI11.17	Explain the basis and rationale of biochemical tests done in the following conditions: diabetes mellitus, dyslipidemia, myocardial infarction, renal failure, gout, proteinuria, nephrotic syndrome, edema, jaundice, liver diseases, pancreatitis, disorders of acid-base balance, thyroid disorders	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		General Medicine, Pathology	
Microbiology									
MI1.7	Describe the immunological mechanisms in health	K	KH	Y	Lecture	Written/ Viva voce			Pathology
MI1.8	Describe the mechanisms of immunity and response of the host immune system to infections	K	KH	Y	Lecture	Written/ Viva voce		Pediatrics	Pathology
MI2.1	Describe the etiologic agents in rheumatic fever and their diagnosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.2	Describe the classification etio-pathogenesis, clinical features and discuss the diagnostic modalities of Infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.3	Identify the microbial agents causing Rheumatic heart disease & infective Endocarditis	S	SH	Y	DOAP session	Skill assessment		General Medicine	Pathology
MI2.4	List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia	K	KH	Y	Lecture, Small group discussion	Written/ viva voce		General Medicine	Pathology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
MI2.5	Describe the etio-pathogenesis and discuss the clinical evolution and the laboratory diagnosis of kala azar, malaria, filariasis and other common parasites prevalent in India	K	KH	Y	Lecture, Small group discussion	Written/ viva voce		General Medicine	Pathology
MI2.7	Describe the epidemiology, the etio-pathogenesis, evolution, complications, opportunistic infections, diagnosis, prevention and the principles of management of HIV	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI3.1	Enumerate the microbial agents causing diarrhea and dysentery. Describe the epidemiology, morphology, pathogenesis, clinical features, and diagnostic modalities of these agents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	Pathology
MI3.3	Describe the enteric fever pathogens and discuss the evolution of the clinical course, the laboratory diagnosis of the diseases caused by them	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Pathology
MI3.4	Identify the different modalities for diagnosis of enteric fever. Choose the appropriate test related to the duration of illness	S	KH	Y	DOAP session	Skill assessment		General Medicine	Pathology
MI3.6	Describe the etio-pathogenesis of Acid Peptic disease (APD) and the clinical course. Discuss the diagnosis and management of the causative agent of APD.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Pathology
MI3.7	Describe the epidemiology, the etio-pathogenesis and discuss the viral markers in the evolution of Viral hepatitis. Discuss the modalities in the diagnosis, and prevention of viral hepatitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI3.8	Choose the appropriate laboratory test in the diagnosis of viral hepatitis	K	KH	Y	small group discussion, Case discussion	Written/ Viva voce/ OSPE		General Medicine	Pathology
MI5.1	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of meningitis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Pathology
MI5.2	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of encephalitis.	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Pathology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
MI8.2	Describe the etio-pathogenesis of opportunistic infections (OI) and discuss the factors contributing to the occurrence of OI, and the laboratory diagnosis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Pathology
MI8.3	Describe the role of oncogenic viruses in the evolution of virus associated malignancy	K	KH	Y	Lecture	Written		General Medicine	Pathology
Community Medicine									
CM8.1	Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine, Pediatrics	Microbiology, Pathology
Forensic Medicine & Toxicology									
FM2.1	Define, describe and discuss death and its types including somatic/clinical/cellular, molecular and brain-death, Cortical death and Brainstem death	K	KH	Y	Lecture, Small group discussion	Written/viva voce			Pathology
FM2.2	Describe and discuss natural and unnatural deaths	K	KH	Y	Lecture, Small group discussion	Written/viva voce			Pathology
FM2.3	Describe and discuss issues related to sudden natural deaths	K	KH	Y	Lecture, Small group discussion	Written/viva voce			Pathology
FM2.5	Discuss moment of death, modes of death-coma, asphyxia and syncope	K	KH	Y	Lecture, Small group discussion	Written/viva voce			Pathology
FM2.11	Describe and discuss autopsy procedures including post-mortem examination, different types of autopsies, aims and objectives of post-mortem examination	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/viva voce/ OSPE			Pathology
FM2.12	Describe the legal requirements to conduct post-mortem examination and procedures to conduct medico-legal post-mortem examination	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/viva voce/ OSPE			Pathology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
FM2.13	Describe and discuss obscure autopsy	K	KH	Y	Lecture, Small group discussion	Written/viva voce			Pathology
FM3.28	Describe evidences of abortion - living and dead, duties of doctor in cases of abortion, investigations of death due to criminal abortion	K	K/KH	Y	Lecture, Small group discussion	Written/viva voce		Obstetrics & Gynaecology, Pathology	
FM6.1	Describe different types of specimens and tissues to be collected both in the living and dead: body fluids (blood, urine, semen, faeces, saliva), skin, nails, tooth pulp, vaginal smear, viscera, skull, specimen for histo-pathological examination, blood grouping, HLA Typing and DNA Fingerprinting. Describe Locard's Exchange Principle	K	K/KH	Y	Lecture, Small group discussion	Written/viva voce			Pathology
FM14.7	Demonstrate & identify that a particular stain is blood and identify the species of its origin	S	KH	Y	Small group discussion, Lecture	Log book/ skill station/ Viva voce		Forensic Medicicne, Physiology	
FM14.8	Demonstrate the correct technique to perform and identify ABO & RH blood group of a person	S	SH	Y	Small group discussion, DOAP session	Log book/ skill station/ Viva voce		Forensic Medicicne, Physiology	
Dermatology, Venereology & Leprosy									
DR12.7	Identify and distinguish fixed drug eruptions and Steven Johnson syndrome from other skin lesions	S	SH	Y	Bedside clinic	Skill assessment	1	General Medicine	Pathology, Microbiology
DR14.1	Describe the etiology, pathogenesis and clinical precipitating features and classification of Urticaria and angioedema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology, Pathology
DR16.1	Identify and distinguish skin lesions of SLE	S	SH	Y	Bedside clinic discussion	Skill assessment	2	General Medicine	Pathology
DR16.2	Identify and distinguish Raynaud's phenomenon	S	SH	Y	Bedside clinic discussion	Skill assessment	2	General Medicine	Pathology
Anesthesiology									

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AS9.4	Enumerate blood products and describe the use of blood products in the preoperative period	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pathology	General Surgery
ENT									
EN1.2	Describe the pathophysiology of common diseases in ENT	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pathology	
Ophthalmology									
OP7.2	Describe and discuss the aetio-pathogenesis, stages of maturation and complications of cataract	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
OP8.1	Discuss the aetiology, pathology, clinical features and management of vascular occlusions of the retina	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Pathology	
Dentistry									
DE4.1	Discuss the prevalence of oral cancer and enumerate the common types of cancer that can affect tissues of the oral cavity	K	K	N	Lecture, Small group discussion	Viva voce		Pathology	ENT
DE4.2	Discuss the role of etiological factors in the formation of precancerous /cancerous lesions	K	KH	Y	Lecture, Small group discussion	Viva voce		Pathology	ENT
DE4.3	Identify potential pre-cancerous / cancerous lesions	S	SH	N	Observation, Bed side clinics	Skill assessment		Pathology	ENT
DE4.4	Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors.	A/C	SH	Y	DOAP session	Document in Log book	2	Pathology	ENT
General Medicine									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
IM1.1	Describe and discuss the epidemiology, pathogenesis clinical evolution and course of common causes of heart disease including: rheumatic/ valvular, ischemic, hypertrophic inflammatory	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.2	Describe and discuss the genetic basis of some forms of heart failure	K	KH	N	Lecture, Small group discussion	Written		Pathology, Physiology	
IM1.3	Describe and discuss the aetiology, microbiology, pathogenies and clinical evolution of rheumatic fever, criteria, degree of rheumatic activity and rheumatic valvular heart disease and its complications including infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology, Microbiology	
IM1.4	Stage heart failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.5	Describe, discuss and differentiate the processes involved in R vs L heart failure, systolic vs diastolic failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.6	Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodelling and neurohormonal adaptations	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.7	Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrythmias, anemia, thyrotoxicosis, dietary factors drugs etc.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.8	Describe and discuss the pathogenesis and development of common arrhythmias involved in heart failure particularly atrial fibrillation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.9	Describe and discuss the clinical presentation and features, diagnosis, recognition and management of acute rheumatic fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
IM2.1	Discuss and describe the epidemiology, antecedents and risk factors for atherosclerosis and ischemic heart disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology, Community Medicine	
IM2.2	Discuss the aetiology of risk factors both modifiable and non-modifiable of atherosclerosis and IHD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM2.4	Discuss and describe the pathogenesis natural history, evolution and complications of atherosclerosis and IHD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM2.5	Define the various acute coronary syndromes and describe their evolution, natural history and outcomes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM3.1	Define, discuss, describe and distinguish community acquired pneumonia, nosocomial pneumonia and aspiration pneumonia	K	K	Y	Lecture , Small group discussion	short note/ Viva voce		Human Anatomy, Pathology, Microbiology	
IM3.3	Discuss and describe the pathogenesis, presentation, natural history and complications of pneumonia	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Pathology, Microbiology	
IM4.5	Describe and discuss the pathophysiology and manifestations of malignant causes of fever including hematologic and lymph node malignancies	K	KH	Y	Lecture, Small group discussion	written		Pathology, Microbiology	
IM4.12	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC	K	SH	Y	Bed side clinic, Skill assessment	Skill assessment		Pathology, Microbiology	
IM4.16	Enumerate the indications and describe the findings in tests of inflammation and specific rheumatologic tests, serologic testing for pathogens including HIV, bone marrow aspiration and biopsy	K	KH	N	Lecture, Small group discussion	written		Pathology	
IM4.17	Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment	S	SH	N	skills lab	log book documentation/ DOAP session		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
IM5.1	Describe and discuss the physiologic and biochemical basis of hyperbilirubinemia	K	K	Y	Lecture, Small group discussion	Written/Viva voce		Pathology, Physiology	
IM5.2	Describe and discuss the aetiology and pathophysiology of liver injury	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM5.3	Describe and discuss the pathologic changes in various forms of liver disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM5.4	Describe and discuss the epidemiology, microbiology, immunology and clinical evolution of infective (viral) hepatitis	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
IM5.5	Describe and discuss the pathophysiology and clinical evolution of alcoholic liver disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM5.6	Describe and discuss the pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including ascites, spontaneous bacterial peritonitis, hepatorenal syndrome and hepatic encephalopathy	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM5.7	Enumerate and describe the causes and pathophysiology of drug induced liver injury	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Pharmacology	
IM5.12	Choose and interpret appropriate diagnostic tests including: CBC, bilirubin, function tests, Hepatitis serology and ascitic fluid examination in patient with liver diseases	S	KH	Y	Bedside clinic, DOAP session	Skill assessment		Pathology	
IM5.14	Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology	S	SH	Y	Bedside clinic, Small group discussion	viva voce/ written		Pathology, Microbiology	
IM6.5	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related malignancies	K	KH	Y	Lecture, Small group discussion	short notes/ Viva voce		Pathology, Microbiology	
IM6.6	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related skin and oral lesions	K	KH	Y	Lecture, Small group discussion	short notes/ Viva voce		Pathology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
IM6.10	Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC	K	KH	Y	Bed side clinic, DOAP session, Small group discussion	written/ Skill assessment		Pathology, Microbiology	
IM6.19	Enumerate the indications of and discuss about prophylactic drugs used to prevent HIV related opportunistic infections	K/C	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
IM7.1	Describe the pathophysiology of autoimmune disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM7.2	Describe the genetic basis of autoimmune disease	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM7.16	Enumerate the indications for and interpret the results of: CBC, anti CCP (Anti-cyclic citrullinated peptide), RA, ANA, DNA and other tests of autoimmunity	K	SH	Y	Bed side clinic, small group	Skill assessment/ written		Pathology	
IM8.1	Describe and discuss the epidemiology, aetiology and the prevalence of primary and secondary hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM8.2	Describe and discuss the pathophysiology of hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM8.3	Describe and discuss the genetic basis of hypertension	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.4	Define and classify hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.5	Describe and discuss the differences between primary and secondary hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.7	Describe and discuss the clinical manifestations of the various aetiologies of secondary causes of hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.8	Describe, discuss and identify target organ damage due to hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
IM9.1	Define, describe and classify anemia based on red blood cell size and reticulocyte count	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM9.2	Describe and discuss the morphological characteristics, aetiology and prevalence of each of the causes of anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM9.6	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	S	SH	Y	Bed side clinic, DOAP session, Small group discussion	Skill assessment/ written		Pathology	
IM9.7	Describe the appropriate diagnostic work up based on the presumed aetiology	S	SH	Y	Bed side clinic, DOAP session	Skill assessment/ written		Pathology	
IM9.8	Describe and discuss the meaning and utility of various components of the hemogram	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.9	Describe and discuss the various tests for iron deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.10	Order and interpret tests for anemia including hemogram, red cell indices, reticulocyte count, iron studies, B12 and folate.	S	SH	Y	Bed side clinic, DOAP session	Skill assessment/ written		Pathology	
IM9.11	Describe, perform and interpret a peripheral smear and stool occult blood	S	SH	P	Bed side clinic, DOAP session	Skill assessment/ written		Pathology	
IM9.12	Describe the indications and interpret the results of a bone marrow aspirations and biopsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.13	Describe, develop a diagnostic plan to determine the aetiology of anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.18	Describe the indications for blood transfusion and the appropriate use of blood components	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM10.1	Define, describe and differentiate between acute and chronic renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
IM10.2	Classify, describe and differentiate the pathophysiologic causes of acute renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.3	Describe the pathophysiology and causes of pre renal ARF, renal and post renal ARF	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.4	Describe the evolution, natural history and treatment of ARF	K	KH	Y	Lecture, small group	Written/ Viva voce		Pathology	
IM10.5	Describe and discuss the aetiology of CRF	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.6	Stage Chronic Kidney Disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.7	Describe and discuss the pathophysiology and clinical findings of uraemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.8	Classify, describe and discuss the significance of proteinuria in CKD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.9	Describe and discuss the pathophysiology of anemia and hyperparathyroidism in CKD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.10	Describe and discuss the association between CKD glycemia and hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.11	Describe and discuss the relationship between CAD risk factors and CKD and in dialysis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.16	Enumerate the indications for and interpret the results of: renal function tests, calcium, phosphorus, PTH, urine electrolytes, osmolality, Anion gap	K	KH	Y	DOAP session, Small group discussion	Skill assessment/ Written/ Viva voce		Pathology	
IM10.17	Describe and calculate indices of renal function based on available laboratories including FENa (Fractional Excretion of Sodium) and CrCl (Creatinine Clearance)	S	SH	Y	DOAP session, Small group discussion	Skill assessment/ Written/ Viva voce		Pathology	
IM11.2	Describe and discuss the epidemiology and pathogenesis and risk factors and clinical evolution of type 1 diabetes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	

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IM11.3	Describe and discuss the epidemiology and pathogenesis and risk factors, economic impact and clinical evolution of type 2 diabetes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM11.5	Describe and discuss the pathogenesis and temporal evolution of microvascular and macrovascular complications of diabetes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM11.11	Order and interpret laboratory tests to diagnose diabetes and its complications including: glucoses, glucose tolerance test, glycosylated hemoglobin, urinary micro albumin, ECG, electrolytes, ABG, ketones, renal function tests and lipid profile	S	SH	Y	Bed side clinic, DOAP session, Small group discussion	Skill assessment		Pathology	
IM11.12	Perform and interpret a capillary blood glucose test	S	P	Y	Bed side clinic, DOAP session, Small group discussion	Skill assessment	2	Pathology, Biochemistry	
IM11.13	Perform and interpret a urinary ketone estimation with a dipstick	S	P	Y	Bed side clinic, DOAP session	Skill assessment	2	Pathology, Biochemistry	
IM11.22	Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM12.1	Describe the epidemiology and pathogenesis of hypothyroidism and hyperthyroidism including the influence of iodine deficiency and autoimmunity in the pathogenesis of thyroid disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM12.3	Describe and discuss the physiology of the hypothalamo-pituitary - thyroid axis, principles of thyroid function testing and alterations in physiologic function	K	K	Y	Lecture, Small group discussion	short notes		Pathology, Physiology	
IM13.1	Describe the clinical epidemiology and inherited & modifiable risk factors for common malignancies in India	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Pathology, Biochemistry	
IM13.2	Describe the genetic basis of selected cancers	K	K	N	Lecture, Small group discussion	short note/ Viva voce		Pathology	

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IM13.3	Describe the relationship between infection and cancers	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Pathology, Microbiology	
IM13.4	Describe the natural history, presentation, course, complications and cause of death for common cancers	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	
IM13.15	Describe the need, tests involved, their utility in the prevention of common malignancies	K	KH	Y	Bedside clinic, small group discussion	short note/ Viva voce		Pathology	
IM14.2	Describe and discuss the aetiology of obesity including modifiable and non-modifiable risk factors and secondary causes	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Pathology	
IM14.3	Describe and discuss the monogenic forms of obesity	K	K	N	Lecture, Small group discussion	short note/ Viva voce		Pathology	
IM14.4	Describe and discuss the impact of environmental factors including eating habits, food, work, environment and physical activity on the incidence of obesity	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology, Community Medicine	
IM14.5	Describe and discuss the natural history of obesity and its complications	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Pathology	
IM15.1	Enumerate, describe and discuss the aetiology of upper and lower GI bleeding	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Pathology	General Surgery
IM15.2	Enumerate, describe and discuss the evaluation and steps involved in stabilizing a patient who presents with acute volume loss and GI bleed	S	SH	Y	DOAP session, Small group discussion, Lecture	Written/ Viva voce/ Skill assessment		Pathology	General Surgery
IM15.3	Describe and discuss the physiologic effects of acute blood and volume loss	K	K	Y	Lecture, Small group discussion	Short note/ viva voce		Pathology, Physiology	General Surgery
IM15.9	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, PT and PTT, stool examination, occult blood, liver function tests, H.pylori test	S	SH	Y	Bedside clinic, DOAP session, Small group discussion	Skill assessment/ Short note/ Viva voce		Pathology	General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
IM15.11	Develop document and present a treatment plan that includes fluid resuscitation, blood and blood component transfusion and specific therapy for arresting blood loss	S	KH	Y	Lecture, Small group discussion	Short note/ viva voce		Pathology	General Surgery
IM15.12	Enumerate the indications for whole blood, component and platelet transfusion and describe the clinical features and management of a mismatched transfusion	K	K	Y	Lecture, Small group discussion	Short note/ viva voce		Pathology	General Surgery
IM15.13	Observe cross matching and blood / blood component transfusion	S	SH	Y	Bedside clinic	Short note/ Viva voce/ Skill assessment		Pathology	General Surgery
IM16.4	Elicit and document and present an appropriate history that includes the natural history, dietary history, travel, sexual history and other concomitant illnesses	S	SH	Y	Bedside clinic skills lab	Skill assessment		Microbiology, Pathology	
IM16.8	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, and stool examination	S	SH	Y	Bedside clinic, Skills lab, Small group discussion	Skill assessment/ Short note/ Viva voce		Microbiology, Pathology	
IM16.12	Enumerate and discuss the indications for further investigations including antibodies, colonoscopy, diagnostic imaging and biopsy in the diagnosis of chronic diarrhea	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	General Surgery
IM16.15	Distinguish, based on the clinical presentation, Crohn's disease from ulcerative colitis	S	SH	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM17.7	Enumerate the indications and describe the findings in the CSF in patients with meningitis	K	K	Y	Small group, Bedside clinic	Skill Assessment		Microbiology, Pathology	
IM17.8	Demonstrate in a mannequin or equivalent the correct technique for performing a lumbar puncture	S	SH	Y	DOAP session	Skill assessment		Microbiology, Pathology	
IM17.9	Interpret the CSF findings when presented with various parameters of CSF fluid analysis	S	SH	Y	Small group discussion, Bedside clinic	Skill assessment		Microbiology, Pathology	
IM18.2	Classify cerebrovascular accidents and describe the aetiology, predisposing genetic and risk factors pathogenesis of hemorrhagic and non hemorrhagic stroke	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
IM18.3	Elicit and document and present an appropriate history including onset, progression precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident	S	SH	Y	Bedside clinic	Skill assessment		Pathology	
IM22.1	Enumerate the causes of hypercalcemia and distinguish the features of PTH vs non PTH mediated hypercalcemia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM22.2	Describe the aetiology, clinical manifestations, diagnosis and clinical approach to primary hyperparathyroidism	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	General Surgery
IM22.4	Enumerate the components and describe the genetic basis of the multiple endocrine neoplasia syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM25.7	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, blood biochemistry, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC	K	SH	Y	Bed side clinic, Skill assessment	Skill assessment		Pathology, Microbiology	
Obstetrics & Gynaecology									
OG10.2	Enumerate the indications and describe the appropriate use of blood and blood products, their complications and management	K	KH	Y	Lecture, Small group discussion			Pathology	
Pediatrics									
PE11.1	Describe the common etiology, clinical features and management of obesity in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry, Pathology	
PE11.2	Discuss the risk approach for obesity and discuss the prevention strategies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PE12.7	Describe the causes, clinical features, diagnosis and management of deficiency /excess of Vitamin D (Rickets and Hypervitaminosis D)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.8	Identify the clinical features of dietary deficiency of Vitamin D	S	p	Y	Bedside clinics, Skills lab	Document in log book	3	Biochemistry, Physiology Pathology	
PE12.9	Assess patients with Vitamin D deficiency, diagnose, classify and plan management	S	SH	Y	Bed side clinics	Document in log book		Biochemistry, Physiology, Pathology	
PE12.13	Discuss the RDA , dietary sources of Vitamin K and their role in Health and disease	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.14	Describe the causes, clinical features, diagnosis, management and prevention of Deficiency of Vitamin K	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE13.1	Discuss the RDA, dietary sources of Iron and their role in health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Biochemistry	
PE13.2	Describe the causes, diagnosis and management of Fe deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology Biochemistry	
PE13.3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis	S	SH	Y	Bed side clinics, Skill Lab	Document in log book		Pathology, Biochemistry	
PE13.4	Interpret hemogram and Iron Panel	S	P	Y	Bed side clinic, Small group discussion	Skill Assessment	5	Pathology, Biochemistry	
PE13.5	Propose a management plan for Fe Deficiency Anaemia	S	SH	Y	Bed side clinics, Skill lab	Skill Assessment		Pathology, Pharmacology	
PE21.2	Enumerate the etio-pathogenesis, clinical features, complications and management of Acute post streptococcal Glomerular Nephritis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.3	Discuss the approach and referral criteria to a child with Proteinuria	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PE21.5	Enumerate the etio-pathogenesis clinical features, complications and management of Acute Renal Failure in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.6	Enumerate the etio-pathogenesis, clinical features, complications and management of Chronic renal Failure in Children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.7	Enumerate the etio-pathogenesis clinical features, complications and management of Wilms Tumor	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.11	Perform and interpret the common analytes in a Urine examination	S	SH	Y	Bed side clinic Labs, Skill lab	Skill assessment		Biochemistry, Pathology	
PE23.1	Discuss the Hemodynamic changes, clinical presentation, complications and management of Acyanotic Heart Diseases –VSD, ASD and PDA	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.2	Discuss the Hemodynamic changes, clinical presentation, complications and management of Cyanotic Heart Diseases – Fallot's Physiology	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.3	Discuss the etio-pathogenesis, clinical presentation and management of cardiac failure in infant and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.4	Discuss the etio-pathogenesis, clinical presentation and management of Acute Rheumatic Fever in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.5	Discuss the clinical features, complications, diagnosis, management and prevention of Acute Rheumatic Fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.6	Discuss the etio-pathogenesis and clinical features and management of Infective endocarditis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology, Microbiology	
PE24.1	Discuss the etio-pathogenesis, classification, clinical presentation and management of diarrheal diseases in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PE24.2	Discuss the classification and clinical presentation of various types of diarrheal dehydration	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
PE25.1	Discuss the etio-pathogenesis, clinical presentation and management of Malabsorption in children and its causes including celiac disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE26.1	Discuss the etio-pathogenesis, clinical features and management of acute hepatitis in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.2	Discuss the etio-pathogenesis, clinical features and management of Fulminant Hepatic Failure in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.3	Discuss the etio-pathogenesis, clinical features and management of chronic liver diseases in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.4	Discuss the etio-pathogenesis, clinical features and management of Portal Hypertension in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology	
PE26.9	Interpret Liver Function Tests, viral markers, ultra sonogram report	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment		Pathology	
PE29.1	Discuss the etio-pathogenesis, clinical features, classification and approach to a child with anaemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.2	Discuss the etio-pathogenesis, clinical features and management of Iron Deficiency anaemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.3	Discuss the etiopathogenesis, clinical features and management of VIT B12, Folate deficiency anaemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.4	Discuss the etio-pathogenesis, clinical features and management of Hemolytic anemia, Thalassemia Major, Sickle cell anaemia, Hereditary spherocytosis, Auto-immune hemolytic anaemia and hemolytic uremic syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
PE29.6	Discuss the cause of thrombocytopenia in children: describe the clinical features and management of Idiopathic Thrombocytopenic Purpura (ITP)	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.7	Discuss the etiology, classification, pathogenesis and clinical features of Hemophilia in children	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.8	Discuss the etiology, clinical presentation and management of Acute Lymphoblastic Leukemia in children	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.9	Discuss the etiology, clinical presentation and management of lymphoma in children	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
General Surgery									
SU2.1	Describe pathophysiology of shock, types of shock, principles of resuscitation including fluid replacement and monitoring	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
SU3.1	Describe the indications and appropriate use of blood and blood products and complications of blood transfusion.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce.		Pathology	
SU5.1	Describe normal wound healing and factors affecting healing.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
SU9.1	Choose appropriate biochemical, microbiological, pathological, imaging investigations and interpret the investigative data in a surgical patient	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Microbiology, Pathology	
SU22.2	Describe the etiopathogenesis of thyroidal swellings	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology,	
Respiratory Medicine									
CT2.1	Define and classify obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.2	Describe and discuss the epidemiology, risk factors and evolution of obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
CT2.4	Describe and discuss the physiology and pathophysiology of hypoxia and hypercapnia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.5	Describe and discuss the genetics of alpha 1 antitrypsin deficiency in emphysema	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.6	Describe the role of the environment in the cause and exacerbation of obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
CT2.7	Describe and discuss allergic and non-allergic precipitants of obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology,	
CT2.11	Describe, discuss and interpret pulmonary function tests	S	SH	Y	Bed side clinic, DOAP session	Skill assessment		Physiology, Pathology	
Orthopaedics									
OR3.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of Bone and Joint infections a) Acute Osteomyelitis b) Subacute osteomyelitis c) Acute Suppurative arthritis d) Septic arthritis & HIV infection e) Spirochaetal infection f) Skeletal Tuberculosis	K/S	K/KH/SH	Y	Lecture, Small group discussion, Video assisted lecture	Written/ Viva voce/ OSCE		Pathology, Microbiology	General surgery
OR4.1	Describe and discuss the clinical features, investigation and principles of management of Tuberculosis affecting major joints (Hip, Knee) including cold abcess and caries spine	K	K/KH	Y	Lecture, Small group discussion, Case discussion	Written/ Viva voce/ OSCE		Pathology	General surgery
OR10.1	Describe and discuss the aetiopathogenesis, clinical features, Investigations and principles of management of benign and malignant bone tumours and pathological fractures	K	K/KH	Y	Lecture, Small group discussion, Video assisted interactive lecture	Written/ Viva voce OSCE		Pathology	General surgery, Radiotherapy
Radiotherapy									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical integration	Horizontal Integration
RT1.3	Enumerate, describe and discuss classification and staging of cancer (AJCC, FIGO etc.)	K	KH	Y	Lecture	Written/ Viva voce		Pathology	General Surgery, General Medicine
RT4.5	Describe and discuss role of radiation in management of common malignancies in India (region specific)	K	KH	Y	Lecture and Bed side clinic	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.6	Describe and discuss radiotherapy for benign disease	K	KH	Y	Lecture	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.7	Counsel patients regarding acute and late effects of radiation and supportive care	K/A/S	KH	Y	Bed side clinic, Group discussion	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT5.1	Describe and discuss cancer prevention, screening, vaccination, cancer registry	K	K	Y	Group discussion	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology

MICROBIOLOGY (CODE: MI)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
MICROBIOLOGY									
Topic: General Microbiology and Immunity		**Number of competencies: (11)**				**Number of procedures that require certification : (01)**			
MI1.1	Describe the different causative agents of Infectious diseases+A208, the methods used in their detection, and discuss the role of microbes in health and disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
MI1.2	Perform and identify the different causative agents of Infectious diseases by Gram Stain, ZN stain and stool routine microscopy	S	P	Y	DOAP session	Skill assessment	5		
MI1.3	Describe the epidemiological basis of common infectious diseases	K	KH	Y	Lecture	Written/ Viva voce			Community Medicine
MI1.4	Classify and describe the different methods of sterilization and disinfection. Discuss the application of the different methods in the laboratory, in clinical and surgical practice	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
MI1.5	Choose the most appropriate method of sterilization and disinfection to be used in specific situations in the laboratory, in clinical and surgical practice	K	KH	Y	Small group discussion, Case discussion	Written/Viva voce/ OSPE		General Surgery	
MI1.6	Describe the mechanisms of drug resistance, and the methods of antimicrobial susceptibility testing and monitoring of antimicrobial therapy	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			Pharmacology
MI1.7	Describe the immunological mechanisms in health	K	KH	Y	Lecture	Written/ Viva voce			Pathology
MI1.8	Describe the mechanisms of immunity and response of the host immune system to infections	K	KH	Y	Lecture	Written/ Viva voce		Pediatrics	Pathology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
MI1.9	Discuss the immunological basis of vaccines and describe the Universal Immunisation schedule	K	KH	Y	Lecture	Written/ Viva voce		Paediatrics	
MI1.10	Describe the immunological mechanisms in immunological disorder (hypersensitivity, autoimmune disorders and immunodeficiency states) and discuss the laboratory methods used in detection.	K	KH	Y	Lecture	Written/ Viva voce		Paediatrics	
MI1.11	Describe the immunological mechanisms of transplantation and tumor immunity	K	KH	Y	Lecture	Written/ Viva voce			
Topic: CVS and Blood		**Number of competencies: (7)**				**Number of procedures that require certification : (NIL)**			
MI2.1	Describe the etiologic agents in rheumatic fever and their diagnosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.2	Describe the classification etio-pathogenesis, clinical features and discuss the diagnostic modalities of Infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.3	Identify the microbial agents causing Rheumatic Heart Disease & infective Endocarditis	S	SH	Y	DOAP session	Skill assessment		General Medicine	Pathology
MI2.4	List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.5	Describe the etio-pathogenesis and discuss the clinical evolution and the laboratory diagnosis of kalaazar, malaria, filariasis and other common parasites prevalent in India	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.6	Identify the causative agent of malaria and filariasis	K/S	SH	Y	DOAP session	Skill assessment		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
MI2.7	Describe the epidemiology, the etio- pathogenesis, evolution complications, opportunistic infections, diagnosis, prevention and the principles of management of HIV	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
Topic: Gastrointestinal and hepatobiliary system		**Number of competencies: (8)**				**Number of procedures that require certification : (NIL)**			
MI3.1	Enumerate the microbial agents causing diarrhea and dysentery. Describe the epidemiology, morphology, pathogenesis, clinical features and diagnostic modalities of these agents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Paediatrics	Pathology
MI3.2	Identify the common etiologic agents of diarrhea and dysentery	S	SH	Y	DOAP session	Skill assessment		General Medicine, Paediatrics	
MI3.3	Describe the enteric fever pathogens and discuss the evolution of the clinical course and the laboratory diagnosis of the diseases caused by them	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Pathology
MI3.4	Identify the different modalities for diagnosis of enteric fever. Choose the appropriate test related to the duration of illness	S	KH	Y	DOAP session	Skill assessment		General Medicine	Pathology
MI3.5	Enumerate the causative agents of food poisoning and discuss the pathogenesis, clinical course and laboratory diagnosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology
MI3.6	Describe the etio-pathogenesis of Acid peptic disease (APD) and the clinical course. Discuss the diagnosis and management of the causative agent of APD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Pathology
MI3.7	Describe the epidemiology, the etio-pathogenesis and discuss the viral markers in the evolution of Viral hepatitis. Discuss the modalities in the diagnosis and prevention of viral hepatitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
MI3.8	Choose the appropriate laboratory test in the diagnosis of viral hepatitis with emphasis on viral markers	K	KH	Y	Small group discussion, Case discussion	Written/ Viva voce/ OSPE		General Medicine	Pathology
Topic: Musculoskeletal system skin and soft tissue infections		**Number of competencies: (3)**			**Number of procedures that require certification : (NIL)**				
MI4.1	Enumerate the microbial agents causing anaerobic infections. Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of anaerobic infections	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
MI4.2	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of bone & joint infections	K	KH	Y	Lecture	Written/ Viva voce		Orthopaedics	
MI4.3	Describe the etio-pathogenesis of infections of skin and soft tissue and discuss the clinical course and the laboratory diagnosis	K	KH	Y	Lecture	Written/ Viva voce		Dermatology, Venereology & Leprosy, General Surgery	
Topic: Central Nervous System infections		**Number of competencies: (3)**			**Number of procedures that require certification : (NIL)**				
MI5.1	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of meningitis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Pathology
MI5.2	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of encephalitis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Pathology
MI5.3	Identify the microbial agents causing meningitis	S	SH	Y	DOAP session	Skill assessment		General Medicine, Pediatrics	
Topic: Respiratory tract infections		**Number of competencies: (3)**			**Number of procedures that require certification : (02)**				
MI6.1	Describe the etio-pathogenesis, laboratory diagnosis and prevention of Infections of upper and lower respiratory tract	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
MI6.2	Identify the common etiologic agents of upper respiratory tract infections (Gram Stain)	S	P	Y	DOAP session	Skill assessment	3	General Medicine	
MI6.3	Identify the common etiologic agents of lower respiratory tract infections (Gram Stain & Acid fast stain)	S	P	Y	DOAP session	Skill assessment	3	General Medicine	
Topic: Genitourinary & Sexually transmitted infections		**Number of competencies: (3)**				**Number of procedures that require certification : (NIL)**			
MI7.1	Describe the etio-pathogenesis and discuss the laboratory diagnosis of infections of genitourinary system	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
MI7.2	Describe the etio-pathogenesis and discuss the laboratory diagnosis of sexually transmitted infections. Recommend preventive measures	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Dermatology, Venereology & Leprosy, Obstetrics & Gynaecology	
MI7.3	Describe the etio-pathogenesis, clinical features, the appropriate method for specimen collection, and discuss the laboratory diagnosis of Urinary tract infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Zoonotic diseases and miscellaneous		**Number of competencies: (16)**				**Number of procedures that require certification : (01)**			
MI8.1	Enumerate the microbial agents and their vectors causing Zoonotic diseases. Describe the morphology, mode of transmission, pathogenesis and discuss the clinical course, laboratory diagnosis and prevention	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
MI8.2	Describe the etio-pathogenesis of opportunistic infections (OI) and discuss the factors contributing to the occurrence of OI, and the laboratory diagnosis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Pathology
MI8.3	Describe the role of oncogenic viruses in the evolution of virus associated malignancy	K	KH	Y	Lecture	Written		General Medicine	Pathology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
MI8.4	Describe the etiologic agents of emerging Infectious diseases. Discuss the clinical course and diagnosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Community Medicine	
MI8.5	Define Healthcare Associated Infections (HAI) and enumerate the types. Discuss the factors that contribute to the development of HAI and the methods for prevention	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Community Medicine	
MI8.6	Describe the basics of Infection control	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Community Medicine
MI8.7	Demonstrate Infection control practices and use of Personal Protective Equipments (PPE)	S	P	Y	DOAP session	Skill assessment	3 each in (Hand hygiene & PPE)	General Surgery	Community Medicine
MI8.8	Describe the methods used and significance of assessing the microbial contamination of food, water and air	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
MI8.9	Discuss the appropriate method of collection of samples in the performance of laboratory tests in the detection of microbial agents causing infectious diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
MI8.10	Demonstrate the appropriate method of collection of samples in the performance of laboratory tests in the detection of microbial agents causing Infectious diseases	S	SH	Y	DOAP session	Skill assessment			
MI8.11	Demonstrate respect for patient samples sent to the laboratory for performance of laboratory tests in the detection of microbial agents causing Infectious diseases	A	SH	Y	DOAP session	Skill assessment			
MI8.12	Discuss confidentiality pertaining to patient identity in laboratory results	A	KH	Y	Lecture, Small group discussion	Viva voce			
MI8.13	Choose the appropriate laboratory test in the diagnosis of the infectious disease	K	KH	Y	Small group discussions, Case discussion	Written/ Viva voce/ OSPE			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
MI8.14	Demonstrate confidentiality pertaining to patient identity in laboratory results	A	SH	Y	DOAP session	Skill assessment		AETCOM	
MI8.15	Choose and Interpret the results of the laboratory tests used in diagnosis of the infectious diseas	K/S	SH	Y	Small group discussion, Case discussion	Written/ Viva voce/ OSPE			
MI8.16	Describe the National Health Programs in the prevention of common infectious disease (for information purpose only as taught in CM)	K	K	Y	Lecture	Written/ Viva voce			Community Medicine
	*causative agents of Infectious diseases are inclusive of bacterial, viral, parasites and fungal agents causing various clinical conditions.								
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Biochemistry								
BI10.5	Describe antigens and concepts involved in vaccine development.	K	KH	Y	Lectures, Small group discussion	Written/ Viva voce		Pathology, Pediatrics, Microbiology	
	Pathology								
PA7.5	Describe the immunology and the immune response to cancer	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Microbiology
PA9.1	Describe the principles and mechanisms involved in immunity	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
PA9.2	Describe the mechanism of hypersensitivity reactions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PA9.3	Describe the HLA system and the immune principles involved in transplant and mechanism of transplant rejection	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology
PA9.6	Define and describe the pathogenesis and pathology of HIV and AIDS	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.1	Define and describe the pathogenesis and pathology of malaria	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.2	Define and describe the pathogenesis and pathology of cysticercosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.3	Define and describe the pathogenesis and pathology of leprosy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.4	Define and describe the pathogenesis and pathology of common bacterial, viral, protozoal and helminthic diseases	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA22.5	Enumerate and describe infections transmitted by blood transfusion	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology
PA26.1	Define and describe the etiology, types, pathogenesis, stages, morphology and complications of pneumonia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA26.2	Describe the etiology, gross and microscopic appearance and complications of lung abscess	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA26.3	Define and describe the etiology, types, pathogenesis, stages, morphology and complications and evaluation of Obstructive Airway Disease (OAD) and bronchiectasis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	Microbiology
PA26.4	Define and describe the etiology, types, pathogenesis, stages, morphology, microscopic appearance and complications of tuberculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PA27.4	Describe the etiology, pathophysiology, pathology, gross and microscopic features, criteria and complications of rheumatic fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA27.6	Describe the etiology, pathophysiology, pathology, gross and microscopic, features diagnosis and complications of infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA27.10	Describe the etiology, pathophysiology, pathology features and complications of syphilis on the cardiovascular system	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA33.1	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of osteomyelitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Orthopaedics	Microbiology
PA35.1	Describe the etiology, types and pathogenesis, differentiating factors, CSF findings in meningitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA35.3	Identify the etiology of meningitis based on given CSF parameters	S	P	Y	DOAP session	Skill Assessment	1	General Medicine	Microbiology
Pharmacology									
PH1.43	Describe and discuss the rational use of antimicrobials including antibiotic stewardship program	K	KH	Y	Lecture	Written/ Viva voce		General Medicine Pediatrics	Microbiology
PH1.45	Describe the dugs used in MDR and XDR Tuberculosis	K	KH	Y	Lecture	Written/ Viva voce		Respiratory Medicine	Microbiology
PH1.46	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of antileprotic drugs	K	KH	Y	Lecture	Written/ Viva voce		Dermatology, Venereology & Leprosy	Microbiology
PH1.47	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in malaria, KALA-AZAR, amebiasis and intestinal helminthiasis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PH1.48	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in UTI/ STD and viral diseases including HIV	K	KH	Y	Lecture	Written/Viva voce			Microbiology
Community Medicine									
CM3.3	Describe the aetiology and basis of water borne diseases/ jaundice/hepatitis/ diarrheal diseases	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Microbiology, General Medicine, Pediatrics	
CM3.6	Describe the role of vectors in the causation of diseases. Also discuss National Vector Borne disease Control Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
CM3.7	Identify and describe the identifying features and life cycles of vectors of Public Health importance and their control measures	S	SH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		Microbiology	
CM5.7	Describe food hygiene	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology
CM7.7	Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures	S	SH	Y	Small group discussion, DOAP sessions	Written/ Skill assessment		General Medicine	Microbiology
CM8.1	Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine, Pediatrics	Microbiology, Pathology
CM14.1	Define and classify hospital waste	K	KH	Y	Lecture, Small group discussion, visit to hospital	Written/ Viva voce			Microbiology
CM14.2	Describe various methods of treatment of hospital waste	K	KH	Y	Lecture, Small group discussion, visit to hospital	Written/ Viva voce			Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
CM14.3	Describe laws related to hospital waste management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology
Dermatology, Venereology & Leprosy									
DR6.1	Describe the etiology pathogenesis and diagnostic features of pediculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR7.1	Describe the etiology microbiology pathogenesis and clinical presentations and diagnostic features of dermatophytes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR7.2	Identify candida species in fungal scrapings and KOH mount	S	SH	Y	DOAP session	Skill assessment			Microbiology
DR7.3	Describe the pharmacology and action of antifungal (systemic and topical) agents. Enumerate side effects of antifungal therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology ,Pharmacology
DR8.1	Describe the etiology microbiology pathogenesis and clinical presentations and diagnostic features of common viral infections of the skin	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR9.1	Classify, describe the epidemiology, etiology, microbiology, pathogenesis and clinical presentations and diagnostic features of Leprosy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology, Community Medicine
DR10.1	Identify and classify syphilis based on the presentation and clinical manifestations	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Microbiology
DR10.2	Identify spirochete in a dark ground microscopy	S	SH	Y	DOAP session	Skill assessment			Microbiology
DR10.3	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for syphilis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
DR10.6	Describe the etiology, diagnostic and clinical features of non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
DR10.7	Identify and differentiate based on the clinical features non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Microbiology
DR10.8	Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Microbiology
DR11.1	Describe the etiology, pathogenesis and clinical features of the dermatologic manifestations of HIV and its complications including opportunistic infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
DR11.2	Identify and distinguish the dermatologic manifestations of HIV its complications, opportunistic infections and adverse reactions	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Microbiology
DR11.3	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for dermatologic lesions in HIV	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology Microbiology
DR12.7	Identify and distinguish fixed drug eruptions and Steven Johnson syndrome from other skin lesions	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Pathology, Microbiology
DR14.1	Describe the etiology, pathogenesis and clinical precipitating features and classification of Urticaria and angioedema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology, Pathology
DR15.2	Identify staphylococcus on a gram stain	S	SH	Y	Bedside clinic	Skill assessment			Microbiology
DR15.3	Enumerate the indications and describe the pharmacology, indications and adverse reactions of topical and systemic drugs used in treatment of pyoderma	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	Microbiology, Pharmacology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
Dentistry									
DE1.2	Discuss the role of causative microorganisms in the aetio-pathogenesis of dental caries	K	KH	Y	Lecture, Small group discussion	Viva voce		Microbiology	
DE1.4	Discuss the role of dental caries as a focus of sepsis	K	KH	Y	Lecture, Small group discussion	Viva voce		Microbiology, General Medicine	
General Medicine									
IM1.3	Describe and discuss the aetiology, microbiology, pathogenies and clinical evolution of rheumatic fever, criteria, degree of rheumatic activity and rheumatic valvular heart disease and its complications including infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology, Microbiology	
IM1.9	Describe and discuss the clinical presentation and features, diagnosis, recognition and management of acute rheumatic fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
IM1.22	Assist and demonstrate the proper technique in collecting specimen for blood culture	S	SH	Y	DOAP session	Skill assessment		Microbiology	
IM1.27	Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease	K	KH	Y	Bedside clinic, Small group discussion	Written		Microbiology, Pharmacology	
IM3.1	Define, discuss, describe and distinguish community acquired pneumonia, nosocomial pneumonia and aspiration pneumonia	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Human Anatomy, Pathology, Microbiology	
IM3.2	Discuss and describe the aetiology of various kinds of pneumonia and their microbiology depending on the setting and immune status of the host	K	K	Y	Lecture, Small group discussion	short note/ Viva voce		Microbiology	
IM3.3	Discuss and describe the pathogenesis, presentation, natural history and complications of pneumonia	K	KH	Y	Lecture , Small group discussion	short note/ Viva voce		Pathology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
IM3.7	Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG	S	SH	Y	Bed side clinic, DOAP session	Skill assessment		Radiodiagnosis, Microbiology	
IM3.10	Demonstrate the correct technique in a mannequin and interpret results of a blood culture	S	SH	Y	DOAP session	Skill assessment		Microbiology	
IM3.11	Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialised testing	S	SH	Y	Bed side clinic, DOAP session	Skill assessment		Radiodiagnosis, Microbiology	
IM3.12	Select, describe and prescribe based on the most likely aetiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum	S	SH	Y	Bed side clinic, DOAP session	Skill Assessment/ Written/ Viva voce		Pharmacology, Microbiology	
IM3.13	Select, describe and prescribe based on culture and sensitivity appropriate empaling antimicrobial based on the pharmacology and antimicrobial spectrum.	S	SH	Y	Bed side clinic, DOAP session	Skill assessment/ Written/ Viva voce		Pharmacology, Microbiology	
IM3.14	Perform and interpret a sputum gram stain and AFB	S	P	Y	DOAP session	Skill assessment		Microbiology	
IM3.19	Discuss, describe and enumerate the indications and communicate to patients on pneumococcal and influenza vaccines	S/C	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Microbiology	
IM4.1	Describe and discuss the febrile response and the influence of host immune status, risk factors and co-morbidities on the febrile response	K	K	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.2	Describe and discuss the influence of special populations on the febrile response including: the elderly, immune suppression, malignancy and neutropenia, HIV and travel	K	K	Y	Lecture, Small group discussion	Written		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
IM4.3	Discuss and describe the common causes, pathophysiology and manifestations of fever in various regions in India including bacterial, parasitic and viral causes (e.g. Dengue, Chikungunya, Typhus)	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM4.4	Describe and discuss the pathophysiology and manifestations of inflammatory causes of fever	K	KH	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.5	Describe and discuss the pathophysiology and manifestations of malignant causes of fever including hematologic and lymph node malignancies	K	KH	Y	Lecture, Small group discussion	Written		Pathology, Microbiology	
IM4.6	Discuss and describe the pathophysiology and manifestations of malaria	K	KH	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.8	Discuss and describe the pathophysiology, aetiology and clinical manifestations of fever of unknown origin (FUO) including in a normal host, neutropenic host, nosocomial host and a host with HIV disease	K	K	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.9	Elicit document and present a medical history that helps delineate the aetiology of fever that includes the evolution and pattern of fever, associated symptoms, immune status, comorbidities, risk factors, exposure through occupation, travel and environment and medication use	S	SH	Y	Bed side clinic, DOAP session	Skill assessment		Microbiology	
IM4.12	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC	K	SH	Y	Bedside clinic, Skill assessment	Skill assessment		Pathology, Microbiology	
IM4.13	Perform and interpret a sputum gram stain	S	SH	Y	DOAP session	Log book documentation		Microbiology	
IM4.14	Perform and interpret a sputum AFB	S	SH	Y	DOAP session	Log book documentation		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
IM4.15	Perform and interpret a malarial smear	S	SH	Y	DOAP session	Log book documentation/ Skill assessment		Microbiology	
IM4.19	Assist in the collection of blood and wound cultures	S	SH	Y	DOAP session	Log book/ documentation		Microbiology	
IM4.20	Interpret a PPD (Mantoux)	S	SH	Y	DOAP session	Log book/ documentation		Microbiology	
IM4.23	Prescribe drugs for malaria based on the species identified, prevalence of drug resistance and national programs	S	SH	Y	Small group discussion	Skill assessment		Microbiology, Pharmacology	
IM4.26	Counsel the patient on malarial prevention	C	SH	Y	DOAP session	Skill assessment		Microbiology, Pharmacology	
IM5.4	Describe and discuss the epidemiology, microbiology, immunology and clinical evolution of infective (viral) hepatitis	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
IM5.14	Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology	S	SH	Y	Bedside clinic,Small group discussion	Viva voce/ Written		Pathology, Microbiology	
IM5.17	Enumerate the indications precautions and counsel patients on vaccination for hepatitis	K/C	SH	Y	written Small group discussion	Written/ Viva voce		Microbiology	
IM6.1	Describe and discuss the symptoms and signs of acute HIV seroconversion	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce		Microbiology	
IM6.2	Define and classify HIV AIDS based on the CDC criteria	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce		Microbiology	
IM6.3	Describe and discuss the relationship between CDC count and the risk of opportunistic infections	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce		Microbiology	
IM6.4	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related opportunistic infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
IM6.10	Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC	K	KH	Y	Bedside clinic, DOAP session, Small group discussion	Written/ Skill assessment		Pathology, Microbiology	
IM6.13	Describe and enumerate the indications and side effects of drugs for bacterial, viral and other types of diarrhea	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
IM6.14	Perform and interpret a gram stain of the sputum	S	P	Y	DOAP session	Skill assessment		Microbiology	
IM6.17	Describe and discuss the principles of HAART, the classes of antiretroviral used, adverse reactions and interactions	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
IM6.18	Describe and discuss the principles and regimens used in post exposure prophylaxis	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
IM6.19	Enumerate the indications of and discuss about prophylactic drugs used to prevent HIV related opportunistic infections	K/C	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
IM13.3	Describe the relationship between infection and cancers	K	K	Y	Lecture, Small group discussion	Short notes/ Viva voce		Pathology, Microbiology	General Surgery
IM15.15	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of acid peptic disease including Helicobacter pylori	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
IM16.1	Describe and discuss the aetiology of acute and chronic diarrhea including infectious and non-infectious causes	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
IM6.13	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for bacterial, viral and other types of diarrhea	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
IM16.8	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, and stool examination	S	SH	Y	Bedside clinic, Skills lab, Small group discussion	Skill assessment/ Short note/ Viva voce		Microbiology, Pathology	
IM16.9	Identify common parasitic causes of diarrhea under the microscope in a stool specimen	S	SH	Y	DOAP session	Skill assessment		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
IM16.10	Identify Vibrio cholera in a hanging drop specimen	S	SH	Y	DOAP session	Skill Assessment		Microbiology	
IM16.11	Enumerate the indications for stool cultures and blood cultures in patients with acute diarrhea	K	KH	Y	Lectures, Small group discussion	Written/ Viva voce		Microbiology	
IM16.13	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic causes of diarrhea	K	K	Y	Lectures, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
IM17.7	Enumerate the indications and describe the findings in the CSF in patients with meningitis	K	K	Y	Small group discussion, Bedside clinic	Skill Assessment		Microbiology, Pathology	
IM17.8	Demonstrate in a mannequin or equivalent the correct technique for performing a lumbar puncture	S	SH	Y	DOAP session	Skill assessment		Microbiology, Pathology	
IM17.9	Interpret the CSF findings when presented with various parameters of CSF fluid analysis	S	SH	Y	Small group discussion, Bedside clinic	Skill assessment		Microbiology, Pathology	
IM25.1	Describe and discuss the response and the influence of host immune status, risk factors and comorbidities on zoonotic disease (eg. Leptospirosis, Rabies) and non febrile infectious disease (eg. Tetanus)	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM25.2	Describe and discuss the common causes pathophysiology and manifestations of these diseases	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM25.3	Describe and discuss the pathophysiology and manifestations of these diseases	K	KH	Y	Lecture, Small group discussion	Written		Microbiology	
IM25.9	Assist in the collection of blood and other specimen cultures	S	SH	Y	DOAP session	Log book documentation		Microbiology	
IM25.11	Develop an appropriate empiric treatment plan based on the patient’s clinical and immune status pending definitive diagnosis	C	SH	Y	DOAP session	Skill assessment		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
Pediatrics									
PE19.1	Explain the components of the Universal immunization Program and the sub National Immunization Programs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.2	Explain the epidemiology of Vaccine preventable diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.3	Vaccine description with regard to classification of vaccines, strain used, dose, route, schedule, risks, benefits and side effects, indications and contraindications	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.4	Define cold chain and discuss the methods of safe storage and handling of vaccines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.5	Discuss immunization in special situations – HIV positive children, immunodeficiency, preterm, organ transplants, those who received blood and blood products, splenectomised children, adolescents, travellers	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE21.1	Enumerate the etio-pathogenesis clinical features, complications and management of Urinary Tract infection in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE23.6	Discuss the etio-pathogenesis and clinical features and management of Infective endocarditis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology, Microbiology	
PE24.1	Discuss the etio-pathogenesis, classification, clinical presentation and management of diarrheal diseases in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
PE24.2	Discuss the classification and clinical presentation of various types of diarrheal dehydration	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
PE24.5	Discuss the role of antibiotics, antispasmodics, anti-secretory drugs, probiotics, anti- emetics in acute diarrheal diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PE24.6	Discuss the causes, clinical presentation and management of persistent diarrhoea in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE24.8	Discuss the causes, clinical presentation and management of dysentery in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
PE24.12	Perform and interpret stool examination including Hanging Drop	S	P	N	Bed side clinics, Skills lab	log book	2	Microbiology	
PE26.1	Discuss the etio-pathogenesis, clinical features and management of acute hepatitis in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.2	Discuss the etio-pathogenesis, clinical features and management of Fulminant Hepatic Failure in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.3	Discuss the etio-pathogenesis, clinical features and management of chronic liver diseases in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.12	Discuss the prevention of Hep B infection – Universal precautions and Immunisation	K	KH	Y	Lecture, Small group discussion activity	Written/ Viva voce		Microbiology	
PE30.1	Discuss the etio-pathogenesis, clinical features, complications, management and prevention of meningitis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE30.2	Distinguish bacterial, viral and tuberculous meningitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE30.13	Discuss the etio-pathogenesis, clinical features, management and prevention of Poliomyelitis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE30.21	Interpret and explain the findings in a CSF analysis	S	SH	Y	Small group discussion	Log book		Microbiology	Respiratory Medicine
PE34.1	Discuss the epidemiology, clinical features, clinical types, complications of Tuberculosis in Children and Adolescents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PE34.2	Discuss the various diagnostic tools for childhood tuberculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.3	Discuss the various regimens for management of Tuberculosis as per National Guidelines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine Pharmacology	Respiratory Medicine
PE34.4	Discuss the preventive strategies adopted and the objectives and outcome of the National Tuberculosis Control Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine Pharmacology	Respiratory Medicine
PE34.6	Identify a BCG scar	S	P	Y	Bed side clinics, Skills lab	Skill Assessment	3	Microbiology	Respiratory Medicine
PE34.7	Interpret a Mantoux test	S	P	Y	Bed side clinics Skills lab	Skill assessment	3	Microbiology	Respiratory Medicine
PE34.9	Interpret blood tests in the context of laboratory evidence for tuberculosis	S	SH	N	Bed side clinics, Small group discussion	Log book		Microbiology	Respiratory Medicine
PE34.10	Discuss the various samples for demonstrating the organism eg Gastric Aspirate, Sputum, CSF, FNAC	K	KH	Y	Bed side clinics, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.11	Perform AFB staining	S	P	Y	DOAP session	Log book/journal	3	Microbiology	Respiratory Medicine
PE34.12	Enumerate the indications and Discuss the limitation of methods of culturing M.Tuberculii	K	KH	Y	Small group discussion	Written/ Viva voce		Microbiology	
General Surgery									
SU6.1	Define and describe the aetiology and pathogenesis of surgical infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
SU9.1	Choose appropriate biochemical, microbiological, pathological, imaging investigations and interpret the investigative data in a surgical patient	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Microbiology, Pathology	
SU13.1	Describe the immunological basis of organ transplantation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
SU13.2	Discuss the Principles of immunosuppressive therapy.Enumerate Indications, describe surgical principles, management of organ transplantation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
SU14.1	Describe aseptic techniques, sterilization and disinfection	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
SU15.1	Describe Classification of hospital waste and appropriate methods of disposal	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
SU29.3	Describe the Clinical features, Investigations and principles of management of urinary tract infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
Orthopaedics									
OR3.1	Describe and discuss the aetiopathogenesis, clinical features, Investigations and principles of management of Bone and Joint infections a) Acute Osteomyelitis b) Subacute osteomyelitis c) Acute Suppurative arthritis d) Septic arthritis & HIV infection e) Spirochaetal infection f) Skeletal Tuberculosis	K/S	K/KH/SH	Y	Lecture, Small group discussion, Video assisted lecture	Written/ Viva voce/ OSCE		Pathology, Microbiology	
Respiratory Medicine									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
CT1.2	Describe and discuss the microbiology of tubercle bacillus, mode of transmission, pathogenesis, clinical evolution and natural history of pulmonary and extra pulmonary forms (including lymph node, bone and CNS).	K	KH	Y	Lecture, Small group discussion	Written		Microbiology	
CT1.3	Discuss and describe the impact of confection with HIV and other co-morbid conditions like diabetes on the natural history of tuberculosis	K	K	Y	Lecture, Small group discussion	Written		Microbiology	
CT1.4	Describe the epidemiology, the predisposing factors and microbial and therapeutic factors that determine resistance to drugs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Pharmacology	
CT1.7	Perform and interpret a PPD (Mantoux) and describe and discuss the indications and pitfalls of the test	S	P	Y	DOAP session	Maintenance of log book		Microbiology	
CT1.10	Perform and interpret an AFB stain	S	P	Y	DOAP session	Skill assessment	1	Microbiology	
CT1.12	Enumerate the indications for tests including: serology, special cultures and polymerase chain reaction and sensitivity testing	K	KH	Y	Small group discussion, Lecture	Short note/ Viva voce		Microbiology	
CT1.13	Describe and discuss the origins, indications, technique of administration, efficacy and complications of the BCG vaccine	K	KH	Y	Lecture, Small group discussion	Short note/ Viva voce		Microbiology	

FORENSIC MEDICINE INCLUDING TOXICOLOGY (CODE: FM)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FORENSIC MEDICINE & TOXICOLOGY									
Topic: General Information		**Number of competencies: (11)**				**Number of procedures that require certification: (NIL)**			
FM1.1	Demonstrate knowledge of basics of Forensic Medicine like definitions of Forensic medicine, Clinical Forensic Medicine, Forensic Pathology, State Medicine, Legal Medicine and Medical Jurisprudence	K	KH	N	Lecture, Small Group Discussion	Written/ Viva voce			
FM1.2	Describe history of Forensic Medicine	K	KH	N	Lecture, Small Group Discussion	Written/ Viva voce			
FM1.3	Describe legal procedures including Criminal Procedure Code, Indian Penal Code, Indian Evidence Act, Civil and Criminal Cases, Inquest (Police Inquest and Magistrate's Inquest), Cognizable and Non-cognizable offences	K	KH	N	Lecture, Small Group Discussion	Written/ Viva voce			
FM1.4	Describe Courts in India and their powers: Supreme Court, High Court, Sessions court, Magistrate's Court, Labour Court, Family Court, Executive Magistrate Court and Juvenile Justice Board	K	KH	N	Lecture, Small Group Discussion	Written/ Viva voce			
FM1.5	Describe Court procedures including issue of Summons, conduct money, types of witnesses, recording of evidence oath, affirmation, examination in chief, cross examination, re-examination and court questions, recording of evidence & conduct of doctor in witness box	K	KH	N	Lecture, Small Group Discussion, Moot Court	Written/ Viva voce			
FM1.6	Describe Offenses in Court including Perjury; Court strictures vis-a-vis Medical Officer	K	KH	N	Lecture, Small Group Discussion	Written/ Viva voce			
FM1.7	Describe Dying Declaration & Dying Deposition	K	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce			
FM1.8	Describe the latest decisions/notifications/resolutions/ circulars/standing orders related to medico-legal practice issued by Courts/Government authorities etc.	K	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM1.9	Describe the importance of documentation in medical practice in regard to medicolegal examinations, Medical Certificates and medicolegal reports especially - maintenance of patient case records, discharge summary, prescribed registers to be maintained in Health Centres. - maintenance of medico-legal register like accident register. - documents of issuance of wound certificate - documents of issuance of drunkenness certificate. - documents of issuance of sickness and fitness certificate. - documents for issuance of death certificate. -documents of Medical Certification of Cause of Death - Form Number4 and 4A - documents for estimation of age by physical, dental and radiological examination and issuance of certificate	K	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce		Radiodiagnosis, General Surgery, General Medicine, Pediatrics	
FM1.10	Select appropriate cause of death in a particular scenario by referring ICD 10 code	K	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce			
FM1.11	Write a correct cause of death certificate as per ICD 10 document	S	SH	Y	Lecture, Small Group Discussion	Written/ Viva voce			
Topic: Forensic Pathology		**Number of competencies: (35)**				**Number of procedures that require certification : (NIL)**			
FM2.1	Define, describe and discuss death and its types including somatic/clinical/cellular, molecular and brain-death, Cortical Death and Brainstem Death	K	KH	Y	Lecture/Small group discussion	Written/ Viva voce		Pathology	
FM2.2	Describe and discuss natural and unnatural deaths	K	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce		Pathology	
FM2.3	Describe and discuss issues related to sudden natural deaths	K	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce		Pathology	
FM2.4	Describe salient features of the Organ Transplantation and The Human Organ Transplant (Amendment) Act 2011 and discuss ethical issues regarding organ donation	K	KH	Y	Lecture/Small group discussion	Written/ Viva voce		AETCOM	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM2.5	Discuss moment of death, modes of death - coma, asphyxia and syncope	K	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce		Psychiatry, Pathology	
FM2.6	Discuss presumption of death and survivorship	K	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce			
FM2.7	Describe and discuss suspended animation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
FM2.8	Describe and discuss postmortem changes including signs of death, cooling of body, post-mortem lividity, rigor mortis, cadaveric spasm, cold stiffening and heat stiffening	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			
FM2.9	Describe putrefaction, mummification, adipocere and maceration	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			
FM2.10	Discuss estimation of time since death	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			
FM2.11	Describe and discuss autopsy procedures including post-mortem examination, different types of autopsies, aims and objectives of post-mortem examination	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		Pathology	
FM2.12	Describe the legal requirements to conduct post-mortem examination and procedures to conduct medico-legal post-mortem examination	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		Pathology	
FM2.13	Describe and discuss obscure autopsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
FM2.14	Describe and discuss examination of clothing, preservation of viscera on post-mortem examination for chemical analysis and other medico-legal purposes, post-mortem artefacts	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM 2.15	Describe special protocols for conduction of medico-legal autopsies in cases of death in custody or following violation of human rights as per National Human Rights Commission Guidelines	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			
FM2.16	Describe and discuss examination of mutilated bodies or fragments, charred bones and bundle of bones	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce/ OSPE			
FM2.17	Describe and discuss exhumation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
FM2.18	Crime Scene Investigation:- Describe and discuss the objectives of crime scene visit, the duties & responsibilities of doctors on crime scene and the reconstruction of sequence of events after crime scene investigation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
FM2.19	Investigation of anaesthetic, operative deaths: Describe and discuss special protocols for conduction of autopsy and for collection, preservation and dispatch of related material evidences	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Anesthesiology, General Surgery	
FM2.20	Mechanical asphyxia: Define, classify and describe asphyxia and medico-legal interpretation of post-mortem findings in asphyxial deaths	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			
FM2.21	Mechanical asphyxia: Describe and discuss different types of hanging and strangulation including clinical findings, causes of death, post-mortem findings and medico-legal aspects of death due to hanging and strangulation including examination, preservation and dispatch of ligature material	K	KH	Y	Lecture/Small group discussion, Autopsy DOAP session	Written/ Viva voce/ OSPE			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM2.22	Mechanical asphyxia: Describe and discuss patho-physiology, clinical features, post-mortem findings and medico-legal aspects of traumatic asphyxia, obstruction of nose & mouth, suffocation and sexual asphyxia	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			
FM2.23	Describe and discuss types, patho-physiology, clinical features, post-mortem findings and medico-legal aspects of drowning, diatom test and, gettler test.	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			
FM2.24	Thermal deaths: Describe the clinical features, post-mortem finding and medicolegal aspects of injuries due to physical agents like heat (heat-hyper-pyrexia, heat stroke, sun stroke, heat exhaustion/prostration, heat cramps [miner's cramp] or cold (systemic and localized hypothermia, frostbite, trench foot, immersion foot)	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce			
FM2.25	Describe types of injuries, clinical features, patho-physiology, post-mortem findings and medico-legal aspects in cases of burns, scalds, lightening, electrocution and radiations	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		General Surgery	
FM2.26	Describe and discuss clinical features, post-mortem findings and medico-legal aspects of death due to starvation and neglect	K	KH	Y	Lecture/Small group discussion	Written/ Viva voce			
FM2.27	Define and discuss infanticide, foeticide and stillbirth	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
FM2.28	Describe and discuss signs of intrauterine death, signs of live birth, viability of foetus, age determination of foetus, DOAP session of ossification centres, Hydrostatic test, Sudden Infants Death syndrome and Munchausen's syndrome by proxy	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/Viva voce / OSCE		Pediatrics, Human Anatomy	
FM2.29	Demonstrate respect to the directions of courts, while appearing as witness for recording of evidence under oath or affirmation, examination in chief, cross examination, re-examination and court questions, recording of evidence	A and C	SH	Y	Lecture, Small group discussion, Moot Court, Court visits, Role Play	Role Play during internal assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM2.30	Have knowledge/awareness of latest decisions/notifications/ resolutions/circulars/standing orders related to medico-legal practice issued by Courts/Government authorities etc	A	K	Y	Lecture/Small group discussion	Written/ Viva voce			
FM2.31	Demonstrate ability to work in a team for conduction of medico-legal autopsies in cases of death following alleged negligence medical dowry death, death in custody or following violation of human rights as per National Human Rights Commission Guidelines on exhumation	A	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			
FM2.32	Demonstrate ability to exchange information by verbal, or nonverbal communication to the peers, family members, law enforcing agency and judiciary	A and C	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		AETCOM	
FM2.33	Demonstrate ability to use local resources whenever required like in mass disaster situations	A and C	KH	Y	Lecture/Small group discussion	Written/ Viva voce		Community Medicine	
FM2.34	Demonstrate ability to use local resources whenever required like in mass disaster situations	A and C	KH	Y	Lecture/Small group discussion	Written/ Viva voce		General Medicine, AETCOM	
FM2.35	Demonstrate professionalism while conducting autopsy in medicolegal situations, interpretation of findings and making inference/opinion, collection preservation and dispatch of biological or trace evidences	A and C	KH/SH		Lecture, small group discussions, DOAP session	Written/ Viva voce/ OSPE		AETCOM	
Topic: Clinical Forensic Medicine		**Number of competencies:(33)**				**Number of procedures that require certification:(NIL)**			
FM3.1	IDENTIFICATION Define and describe Corpus Delicti, establishment of identity of living persons including race, Sex, religion, complexion, stature, age determination using morphology, teeth-eruption, decay, bite marks, bones-ossification centres, medico-legal aspects of age	K	KH	Y	Lecture, Small group discussion, Bedside clinic, DOAP session	Written/Viva voce/ skill assessment		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM3.2	IDENTIFICATION Describe and discuss identification of criminals, unknown persons, dead bodies from the remains-hairs, fibers, teeth, anthropometry, dactylography, foot prints, scars, tattoos, poroscopy and superimposition	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
FM3.3	Mechanical injuries and wounds: Define, describe and classify different types of mechanical injuries, abrasion, bruise, laceration, stab wound, incised wound, chop wound, defense wound, self-inflicted/fabricated wounds and their medico-legal aspects	K	KH	Y	Lecture, Small group discussion Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		General Surgery	
FM3.4	Mechanical injuries and wounds: Define injury, assault & hurt. Describe IPC pertaining to injuries	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
FM3.5	Mechanical injuries and wounds: Describe accidental, suicidal and homicidal injuries. Describe simple, grievous and dangerous injuries. Describe ante-mortem and post-mortem injuries	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce			
FM3.6	Mechanical injuries and wounds: Describe healing of injury and fracture of bones with its medico-legal importance	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		General Surgery	
FM3.7	Describe factors influencing infliction of injuries and healing, examination and certification of wounds and wound as a cause of death: Primary and Secondary	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	
FM3.8	Mechanical injuries and wounds: Describe and discuss different types of weapons including dangerous weapons and their examination	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	
FM3.9	Firearm injuries: Describe different types of firearms including structure and components. Along with description of ammunition propellant charge and mechanism of fire-arms, different types of cartridges and bullets and various terminology in relation of firearm – caliber, range, choking	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM3.10	Firearm injuries: Describe and discuss wound ballistics-different types of firearm injuries, blast injuries and their interpretation, preservation and dispatch of trace evidences in cases of firearm and blast injuries, various tests related to confirmation of use of firearms	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/Viva voce/ OSCE		General Surgery, Orthopaedics	
FM3.11	Regional Injuries: Describe and discuss regional injuries to head (Scalp wounds, fracture skull, intracranial haemorrhages, coup and contrecoup injuries), neck, chest, abdomen, limbs, genital organs, spinal cord and skeleton	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic or autopsy, DOAP session	Written/ Viva voce/ OSCE/OSPE		General Surgery, Orthopaedics	
FM3.12	Regional Injuries Describe and discuss injuries related to fall from height and vehicular injuries – Primary and Secondary impact, Secondary injuries, crush syndrome, railway spine	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic or autopsy, DOAP session	Written/ Viva voce/ OSCE/OSPE		General Surgery, Orthopaedics	
FM3.13	Describe different types of sexual offences. Describe various sections of IPC regarding rape including definition of rape (Section 375 IPC), Punishment for Rape (Section 376 IPC) and recent amendments notified till date	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce/ OSCE/OSPE		Obstetrics & Gynaecology	
FM3.14	SEXUAL OFFENCES Describe and discuss the examination of the victim of an alleged case of rape, and the preparation of report, framing the opinion and preservation and despatch of trace evidences in such cases	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Obstetrics & Gynaecology, Psychiatry	
FM3.15	SEXUAL OFFENCES Describe and discuss examination of accused and victim of sodomy, preparation of report, framing of opinion, preservation and despatch of trace evidences in such cases	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Obstetrics & Gynaecology, Psychiatry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM3.16	SEXUAL OFFENCES Describe and discuss adultery and unnatural sexual offences- sodomy, incest, lesbianism, buccal coitus, bestiality, indecent assault and preparation of report, framing the opinion and preservation and despatch of trace evidences in such cases	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Psychiatry	
FM3.17	Describe and discuss the sexual perversions fetishism, transvestism, voyeurism, sadism, necrophagia, masochism, exhibitionism, frotteurism, Necrophilia	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Psychiatry	
FM3.18	Describe anatomy of male and female genitalia, hymen and its types. Discuss the medico-legal importance of hymen. Define virginity, defloration, legitimacy and its medicolegal importance	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.19	Discuss the medicolegal aspects of pregnancy and delivery, signs of pregnancy, precipitate labour superfoetation, superfecundation and signs of recent and remote delivery in living and dead	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.20	Discuss disputed paternity and maternity	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.21	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC&PNDT) - Prohibition of Sex Selection Act 2003 and Domestic Violence Act 2005	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, AETCOM	
FM3.22	Define and discuss impotence, sterility, frigidity, sexual dysfunction, premature ejaculation. Discuss the causes of impotence and sterility in male and female	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Medicine	
FM3.23	Discuss Sterilization of male and female, artificial insemination, Test Tube Baby, surrogate mother, hormonal replacement therapy with respect to appropriate national and state laws	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM3.24	Discuss the relative importance of surgical methods of contraception (vasectomy and tubectomy) as methods of contraception in the National Family Planning Programme	K	K/KH	N	Lecture, Small group discussion	Written		Obstetrics & Gynaecology	
FM3.25	Discuss the major results of the National Family Health Survey	K	K/KH	N	Lecture	Written		Obstetrics & Gynaecology	
FM3.26	Discuss the national Guidelines for accreditation, supervision & regulation of ART Clinics in India	K	K/KH	Y	Lecture, Small group discussion	Written		Obstetrics & Gynaecology	
FM3.27	Define, classify and discuss abortion, methods of procuring MTP and criminal abortion and complication of abortion. MTP Act 1971	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, AETCOM	
FM3.28	Describe evidences of abortion - living and dead, duties of doctor in cases of abortion, investigations of death due to criminal abortion	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Pathology	
FM3.29	Describe and discuss child abuse and battered baby syndrome	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
FM3.30	Describe and discuss issues relating to torture, identification of injuries caused by torture and its sequalae, management of torture survivors	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce			
FM3.31	Torture and Human rights Describe and discuss guidelines and Protocols of National Human Rights Commission regarding torture	K	K/KH	N	Lecture/Small group discussion	Written/ Viva voce			
FM3.32	Demonstrate the professionalism while preparing reports in medicolegal situations, interpretation of findings and making inference/opinion, collection preservation and dispatch of biological or trace evidences	A and C	SH	Y	Lecture, Small group discussion	OSPE/Viva voce		AETCOM	
FM3.33	Should be able to demonstrate the professionalism while dealing with victims of torture and human right violations, sexual assaults-psychological consultation, rehabilitation	A and C	K/KH/SH	Y	Lecture/Small group discussion	Written/ Viva voce		AETCOM	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Medical Jurisprudence (Medical Law and ethics)		**Number of competencies: (30)**				**Number of procedures that require certification : (NIL)**			
FM4.1	Describe Medical Ethics and explain its historical emergence	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.2	Describe the Code of Medical Ethics 2002 conduct, Etiquette and Ethics in medical practice and unethical practices & the dichotomy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.3	Describe the functions and role of Medical Council of India and State Medical Councils	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.4	Describe the Indian Medical Register	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.5	Rights/privileges of a medical practitioner, penal erasure, infamous conduct, disciplinary Committee, disciplinary procedures, warning notice and penal erasure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.6	Describe the Laws in Relation to medical practice and the duties of a medical practitioner towards patients and society	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.7	Describe and discuss the ethics related to HIV patients	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.8	Describe the Consumer Protection Act-1986 (Medical Indemnity Insurance, Civil Litigations and Compensations), Workman's Compensation Act & ESI Act	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.9	Describe the medico - legal issues in relation to family violence, violation of human rights, NHRC and doctors	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.10	Describe communication between doctors, public and media	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.11	Describe and discuss euthanasia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM4.12	Discuss legal and ethical issues in relation to stem cell research	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
FM4.13	Describe social aspects of Medico-legal cases with respect to victims of assault, rape, attempted suicide, homicide, domestic violence, dowry- related cases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.14	Describe & discuss the challenges in managing medico-legal cases including development of skills in relationship management – Human behaviour, communication skills, conflict resolution techniques	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.15	Describe the principles of handling pressure – definition, types, causes, sources and skills for managing the pressure while dealing with medico-legal cases by the doctor	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.16	Describe and discuss Bioethics	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.17	Describe and discuss ethical Principles: Respect for autonomy, non-malfeasance, beneficence & justice	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
FM4.18	Describe and discuss medical negligence including civil and criminal negligence, contributory negligence, corporate negligence, vicarious liability, Res Ipsa Loquitor, prevention of medical negligence and defenses in medical negligence litigations	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.19	Define Consent. Describe different types of consent and ingredients of informed consent. Describe the rules of consent and importance of consent in relation to age, emergency situation, mental illness and alcohol intoxication	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.20	Describe therapeutic privilege, Malingering, Therapeutic Misadventure, Professional Secrecy, Human Experimentation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM4.21	Describe Products liability and Medical Indemnity Insurance	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.22	Explain Oath – Hippocrates, Charaka and Sushruta and procedure for administration of Oath.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
FM4.23	Describe the modified Declaration of Geneva and its relevance	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
FM4.24	Enumerate rights, privileges and duties of a Registered Medical Practitioner. Discuss doctor- patient relationship: professional secrecy and privileged communication	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.25	Clinical research & Ethics Discuss human experimentation including clinical trials	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
FM4.26	Discuss the constitution and functions of ethical committees	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
FM4.27	Describe and discuss Ethical Guidelines for Biomedical Research on Human Subjects & Animals	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
FM4.28	Demonstrate respect to laws relating to medical practice and Ethical code of conduct prescribed by Medical Council of India and rules and regulations prescribed by it from time to time	A and C	SH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.29	Demonstrate ability to communicate appropriately with media, public and doctors	A and C	KH/SH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.30	Demonstrate ability to conduct research in pursuance to guidelines or research ethics	A and C	KH/SH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
Topic: Forensic Psychiatry		**Number of competencies: (06)**				**Number of procedures that require certification: (NIL)**			
FM5.1	Classify common mental illnesses including post-traumatic stress disorder (PTSD)	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM5.2	Define, classify and describe delusions, hallucinations, illusion, lucid interval and obsessions with exemplification	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.3	Describe Civil and criminal responsibilities of a mentally ill person	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.4	Differentiate between true insanity from feigned insanity	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.5	Describe & discuss Delirium tremens	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry, General Medicine	
FM5.6	Describe the Indian Mental Health Act, 1987 with special reference to admission, care and discharge of a mentally ill person	K	K/KH	N	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
Topic: Forensic Laboratory investigation in medical legal practice		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
FM6.1	Describe different types of specimen and tissues to be collected both in the living and dead: Body fluids (blood, urine, semen, faeces saliva), Skin, Nails, tooth pulp, vaginal smear, viscera, skull, specimen for histo-pathological examination, blood grouping, HLA Typing and DNA Fingerprinting. Describe Locard's Exchange Principle	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
FM6.2	Describe the methods of sample collection, preservation, labelling, dispatch, and interpretation of reports	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce			
FM6.3	Demonstrate professionalism while sending the biological or trace evidences to Forensic Science laboratory, specifying the required tests to be carried out, objectives of preservation of evidences sent for examination, personal discussions on interpretation of findings	A and C	KH/SH	Y	Lecture, Small group discussions, DOAP sessions	Viva voce / OSPE			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Emerging technologies in Forensic Medicine		**Number of competencies: (01)**				**Number of procedures that require certification:(NIL)**			
FM7.1	Enumerate the indications and describe the principles and appropriate use for: - DNA profiling - Facial reconstruction - Polygraph (Lie Detector) - Narcoanalysis, - Brain Mapping, - Digital autopsy, - Virtual Autopsy, - Imaging technologies	K	K/KH	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Toxicology: General Toxicology		**Number of competencies: (10)**				**Number of procedures that require certification: (NIL)**			
FM8.1	Describe the history of Toxicology	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
FM8.2	Define the terms Toxicology, Forensic Toxicology, Clinical Toxicology and poison	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
FM8.3	Describe the various types of poisons, Toxicokinetics, and Toxicodynamics and diagnosis of poisoning in living and dead	K	K/KH	Y	Lecture, Small group discussion	Written/viva voce		Pharmacology	
FM8.4	Describe the Laws in relations to poisons including NDPS Act, Medico-legal aspects of poisons	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
FM8.5	Describe Medico-legal autopsy in cases of poisoning including preservation and dispatch of viscera for chemical analysis	K	K/KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		Pharmacology	
FM8.6	Describe the general symptoms, principles of diagnosis and management of common poisons encountered in India	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM8.7	Describe simple Bedside clinic tests to detect poison/drug in a patient's body fluids	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM8.8	Describe basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM8.9	Describe the procedure of intimation of suspicious cases or actual cases of foul play to the police, maintenance of records, preservation and despatch of relevant samples for laboratory analysis.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce			
FM8.10	Describe the general principles of Analytical Toxicology and give a brief description of analytical methods available for toxicological analysis: Chromatography – Thin Layer Chromatography, Gas Chromatography, Liquid Chromatography and Atomic Absorption Spectroscopy	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Toxicology : Chemical Toxicology		**Number of competencies: (06)**				**Number of procedures that require certification : (NIL)**			
FM9.1	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Caustics Inorganic – sulphuric, nitric, and hydrochloric acids; Organic-Carboloic Acid (phenol), Oxalic and acetylsalicylic acids	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.2	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Phosphorus, Iodine, Barium	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM9.3	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Arsenic, lead, mercury, copper, iron, cadmium and thallium	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.4	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ethanol, methanol, ethylene glycol	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.5	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates, Carbamates, Organochlorines, Pyrethroids, Paraquat, Aluminium and Zinc phosphide	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.6	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl isocyanate, tear (riot control) gases	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
Topic: Toxicology : Pharmaceutical Toxicology		**Number of competencies: (01)**				**Number of procedures that require certification : (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM10.1	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: i. Antipyretics – Paracetamol, Salicylates ii. Anti-Infectives (Common antibiotics – an overview) iii. Neuropsychotoxicology Barbiturates, benzodiazepins phenytoin, lithium, haloperidol, neuroleptics, tricyclics iv .Narcotic Analgesics, Anaesthetics, and Muscle Relaxants v. Cardiovascular Toxicology Cardiotoxic plants – oleander, odollam, aconite, digitalis vi.Gastro-Intestinal and Endocrinal Drugs – Insulin	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
Topic: Toxicology : Biotoxicology		**Number of competencies: (01)**				**Number of procedures that require certification : (NIL)**			
FM11.1	Describe features and management of Snake bite, scorpion sting, bee and wasp sting and spider bite	K	K/KH	Y	Lecture, Small group discussion, Autopsy	Written/ Viva voce		General Medicine	
Topic: Toxicology : Sociomedical Toxicology		**Number of competencies: (01)**				**Number of procedures that require certification : (NIL)**			
FM12.1	Describe features and management of abuse/poisoning with following camicals: Tobacco, cannabis, amphetamines, cocaine, hallucinogens, designer drugs & solvent	K	K/KH	Y	Lecture, Small group discussion, Autopsy	Written/ Viva voce		General Medicine	
Topic: Toxicology : Environmental Toxicology		**Number of competencies: (02)**				**Number of procedures that require certification : (NIL)**			
FM13.1	Describe toxic pollution of environment, its medico-legal aspects & toxic hazards of occupation and industry	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
FM13.2	Describe medico-legal aspects of poisoning in Workman's Compensation Act	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Skills in Forensic Medicine & Toxicology		**Number of competencies: (22)**				**Number of procedures that require certification: (NIL)**			
FM14.1	Examine and prepare Medico-legal report of an injured person with different etiologies in a simulated/ supervised environment	S	SH/P	Y	Bedside clinic (ward/ casualty), Small group discussion	Log book/ Skill station/ Viva voce / OSCE			
FM14.2	Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico-legal report in a simulated/ supervised environment	S	SH	Y	Bedside clinic (ward/casualty), Small Group discussion	Log book/ Skill station/ Viva voce / OSCE		General Medicine	
FM14.3	Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination	S	SH	Y	Bedside clinic, Small Group discussion, DOAP session	Skill lab/ Viva voce		General Medicine	
FM14.4	Conduct and prepare report of estimation of age of a person for medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment	S	KH	Y	Small group discussion, Demonstration	Log book/ Skill station/ Viva voce / OSCE			
FM14.5	Conduct & prepare post-mortem examination report of varied etiologies (at least 15) in a simulated/ supervised environment	S	KH	Y	Small group discussion, Autopsy, DOAP session	Log book/ Skill station/ Viva voce / OSCE			
FM14.6	Demonstrate and interpret medico-legal aspects from examination of hair (human & animal) fibre, semen & other biological fluids	S	KH	Y	Small group discussion, Lecture	Log book/ Skill station/ Viva voce / OSCE			
FM14.7	Demonstrate & identify that a particular stain is blood and identify the species of its origin	S	KH	Y	Small group discussion, Lecture	Log book/Skill station/Viva voce		Pathology, Physiology	
FM14.8	Demonstrate the correct technique to perform and identify ABO & RH blood group of a person	S	SH	Y	Small group discussion, DOAP session	Log book/Skill station/Viva voce		Pathology, Physiology	
FM14.9	Demonstrate examination of & present an opinion after examination of skeletal remains in a simulated/ supervised environment	S	SH	Y	Small group discussion, DOAP session	Log book/Skill station/Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM14.10	Demonstrate ability to identify & prepare medicolegal inference from specimens obtained from various types of injuries e.g. contusion, abrasion, laceration, firearm wounds, burns, head injury and fracture of bone	S	KH	Y	Small group discussion, DOAP session	Log book/Skill station/ Viva voce/ OSPE			
FM14.11	To identify & describe weapons of medicolegal importance which are commonly used e.g. lathi, knife, kripan, axe, gandasa, gupti, farsha, dagger, bhalla, razor & stick. Able to prepare report of the weapons brought by police and to give opinion regarding injuries present on the person as described in injury report/ PM report so as to connect weapon with the injuries. (Prepare injury report/ PM report must be provided to connect the weapon with the injuries)	S	KH	Y	Small group discussion, DOAP session	Log book/Skill station/ Viva voce/ OSPE			
FM14.12	Describe the contents and structure of bullet and cartridges used & to provide medico-legal interpretation from these	S	KH	Y	Small group discussion, DOAP session	Log book/ Skill station/Viva voce			
FM14.13	To estimate the age of foetus by post-mortem examination	S	KH	Y	Small group discussion, DOAP session	Theory/ Clinical assessment/ Viva voce			
FM14.14	To examine & prepare report of an alleged accused in rape/unnatural sexual offence in a simulated/ supervised environment	S	KH	Y	Small group discussion, DOAP session	Log book/ Skill station/ Viva voce / OSCE			
FM14.15	To examine & prepare medico-legal report of a victim of sexual offence/unnatural sexual offence in a simulated/ supervised environment	S	KH	Y	Small group discussion, DOAP session	Log book/ Skill station/ Viva voce / OSCE			
FM14.16	To examine & prepare medico-legal report of drunk person in a simulated/ supervised environment	S	KH	Y	Small group discussion, Bed side clinic, DOAP session	Log book/ Skill station/ Viva voce / OSCE			
FM14.17	To identify & draw medico-legal inference from common poisons e.g. dhatura, castor, cannabis, opium, aconite copper sulphate, pesticides compounds, marking nut, oleander, Nux vomica, abrus seeds, Snakes, capsicum, calotropis, lead compounds & tobacco.	S	KH	Y	Small group discussion, DOAP session	Log book/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM14.18	To examine & prepare medico-legal report of a person in police, judicial custody or referred by Court of Law and violation of human rights as requirement of NHRC, who has been brought for medical examination	S	KH	Y	Small group discussion, DOAP session	Log book/ Skill station/ Viva voce / OSCE			
FM14.19	To identify & prepare medico-legal inference from histo-pathological slides of Myocardial Infarction, pneumonitis, tuberculosis, brain infarct, liver cirrhosis, brain haemorrhage, bone fracture, Pulmonary oedema, brain oedema, soot particles, diatoms & wound healing	S	KH	Y	Small group discussion, DOAP session	Log book/ Skill station/ Viva voce			
FM14.20	To record and certify dying declaration in a simulated/ supervised environment	S	KH	Y	Small group discussion, Role Play, Bed side clinic DOAP session	Log book/ Skill station/ Viva voce /OSCE			
FM14.21	To collect, preserve, seal and dispatch exhibits for DNA-Finger printing using various formats of different laboratories.	S	KH	Y	Small group discussion, Lecture	Log book/ Skill station/Viva voce			
FM14.22	To give expert medical/ medico-legal evidence in Court of law	S	KH	Y	Small group discussion, Lecture, DOAP session, role play, Court Visits	Log book/ Viva voce/OSCE			
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Human Anatomy								
AN14.3	Describe the importance of ossification of lower end of femur & upper end of tibia	K	KH	Y	Lecture	Viva voce/Practicals		Forensic Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Pharmacology									
PH1.22	Describe drugs of abuse (dependence, addiction, stimulants, depressants, psychedelics, drugs used for criminal offences)	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry	Forensic Medicine
PH5.7	Demonstrate an understanding of the legal and ethical aspects of prescribing drugs	K	KH	Y	Small group discussion	short note/Viva voce			Forensic Medicine
Radiodiagnosis									
RD1.13	Describe the components of the PC & PNDT act and its medicolegal implications	K	KH	Y	Lecture, Small group discussion			Obstetrics & Gynaecology, Forensic Medicine	
Psychiatry									
PS19.3	Describe and discuss the basic legal and ethical issues in psychiatry	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine AETCOM	
General Medicine									
IM20.1	Enumerate the poisonous snakes of your area and describe the distinguishing marks of each	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM20.2	Describe, demonstrate in a volunteer or a mannequin and educate (to other health care workers / patients) the correct initial management of patient with a snake bite in the field	S	SH	Y	DOAP session	Skill assessment/ Written/ Viva voce		Forensic Medicine	
IM20.3	Describe the initial approach to the stabilisation of the patient who presents with snake bite	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine	
IM20.4	Elicit and document and present an appropriate history, the circumstance, time, kind of snake, evolution of symptoms in a patient with snake bite	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Forensic Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM21.2	Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis and specific approach to detoxification	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.3	Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis and approach to therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.4	Enumerate the commonly observed drug overdose in your area and describe their toxicology, clinical features, prognosis and approach to therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.5	Observe and describe the functions and role of a poison center in suspected poisoning	S	KH	Y	DOAP session	document in log book		Forensic Medicine, Pharmacology	
IM21.6	Describe the medico legal aspects of suspected suicidal or homicidal poisoning and demonstrate the correct procedure to write a medico legal report on a suspected poisoning	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Forensic Medicine, Pharmacology	
IM21.7	Counsel family members of a patient with suspected poisoning about the clinical and medico legal aspects with empathy	A/C	SH	Y	DOAP session	Skill assessment		Forensic Medicine, Pharmacology	
IM21.8	Enumerate the indications for psychiatric consultation and describe the precautions to be taken in a patient with suspected suicidal ideation / gesture	K	KH	Y	DOAP session	Skill assessment		Forensic Medicine, Psychiatry	
Obstetrics & Gynaecology									
OG1.3	Define and Discuss still birth and abortion	K	KH	Y	Lecture, Small group discussions	Short notes		Forensic Medicine	
OG9.2	Describe the steps and observe/ assist in the performance of an MTP evacuation	S	SH	Y	DOAP session, Bedside clinic	Viva voce		Forensic Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG20.1	Enumerate the indications and describe and discuss the legal aspects, indications, methods for first and second trimester MTP; complications and management of complications of medical termination of pregnancy	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Forensic Medicine	
OG20.2	In a simulated environment administer informed consent to a person wishing to undergo medical termination of pregnancy	S/A/C	SH	Y	DOAP session	Skill assessment		Forensic Medicine	
OG20.3	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC& PNDT) Act 1994 & its amendments	K	K/KH	Y	Lecture, Small group discussions	Written/ Viva voce		Forensic Medicine	
General Surgery									
SU8.1	Describe the principles of Ethics as it pertains to surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ skill assessment		Forensic Medicine, AETCOM	
SU8.2	Demonstrate Professionalism and empathy to the patient undergoing surgery	A/C	SH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Forensic Medicine, AETCOM	
SU8.3	Discuss Medico legal issues in surgical practice	A/C	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ skill assessment		Forensic Medicine, AETCOM	

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MEDICAL COUNCIL OF INDIA

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

Knows → Knows how → Shows → Shows how → Performs

Enumerate

Describe

Observe

Demonstrate

Assist

Counsel

Prescribe

Analyse

Integrate

Guide

Communicate

Correlate

Interpret

Critique

Collaborate

Clinician

Communicator

Team Leader

Professional

Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

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2018

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भारतीय आयुर्विज्ञान परिषद के अधिक्रमण में शासी बोर्ड

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

FOREWORD

The Medical Council of India, aware of its responsibilities in creation of trained health manpower, has been engaged for the past few years in updating the medical curriculum for undergraduates and postgraduates to be in consonance with the changing health needs of the country. The task of updating and reorganization of the postgraduate curriculum in nearly 50 broad specialty disciplines to the competency pattern was accomplished by the Academic Cell of the Council with the help of subject experts and members of its Reconciliation Board and have been uploaded on the Council Website for use of the medical fraternity.

The Council visualized that the Indian Medical Graduate, at the end of the undergraduate training program, should be able to recognize "health for all" as a national goal and should be able to fulfill his/her societal obligations towards the realization of this goal. To fulfill the mandate of the undergraduate medical curriculum which is to produce a clinician, who understands and is able to provide preventive, promotive, curative, palliative and holistic care to his patients, the curriculum must enunciate clearly the competencies the student must be imparted and must have learnt, with clearly defined teaching-learning strategies and effective methods of assessment. The student should be trained to effectively communicate with patients and their relatives in a manner respectful of the patient's preferences, values, beliefs, confidentiality and privacy and to this purpose, a book on Attitude, Ethics & Communication was prepared by the Medical Council of India; the teaching faculty of medical colleges have been receiving training on this module since 2015.

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Competency based Medical Education provides an effective outcome-based strategy where various domains of teaching including teaching learning methods and assessment form the framework of competencies. Keeping this objective as the core ingredient, the Medical Council of India with the help of panel of experts drawn from across the country, laid the basic framework for the revised undergraduate medical curriculum. Over the past four years, a group of highly committed medical professionals working as Members of the MCI Reconciliation Board developed this information into a document incorporating appropriate teaching-learning strategies, tools and techniques of teaching, and modes of assessment which have culminated in the current competency based undergraduate curriculum. We understand that maximum efforts were made to encourage integrated teaching between traditional subject areas using a problem-based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both the understanding and resolution of the problem. All efforts have been made to de-emphasize compartmentalisation of disciplines so as to achieve both horizontal and vertical integration in different phases. We are proud of their work accomplishment and congratulate them in the onerous task accomplished.

It gives us great satisfaction to state that the **'competency based undergraduate curriculum'** that has been prepared by the Medical Council of India would definitely serve the cause of medical education and in creating a competent Indian Medical Graduate to serve the community.

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COMPETENCY BASED UNDERGRADUATE CURRICULUM
FOR
THE INDIAN MEDICAL GRADUATE

Preamble

The new Graduate Medical Education Regulations attempts to stand on the shoulder of the contributions and the efforts of resource persons, teachers and students (past and present). It intends to take the learner to provide health care to the evolving needs of the nation and the world.

More than twenty years have passed since the existing Regulations on Graduate Medical Education, 1997 was notified, necessitating a relook at all aspects of the various components in the existing regulations and adapt them to the changing demography, socio-economic context, perceptions, values and expectations of stakeholders. Emerging health care issues particularly in the context of emerging diseases, impact of advances in science and technology and shorter distances on diseases and their management also need consideration. The strong and forward looking fundamentals enshrined in the Regulations on Graduate Medical Education, 1997 has made this job easier. A comparison between the 1997 Regulations and proposed Graduate Medical Education Regulations, 2018 will reveal that the 2018 Regulations have evolved from several key principles enshrined in the 1997 Regulations.

The thrust in the new regulations is continuation and evolution of thought in medical education making it more learner-centric, patient-centric, gender-sensitive, outcome -oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment. This has necessitated a deviation from using “broad competencies”; instead, the reports have written end of phase subject (sub) competencies. These “sub-competencies” can be mapped to the global competencies in the Graduate Medical Education Regulations.

A significant attempt has been made in the outcome driven undergraduate curriculum to provide the orientation and the skills necessary for life-long learning to enable proper care of the patient. In particular, the curriculum provides for early clinical exposure, electives and longitudinal care. Skill acquisition is an indispensable component of the learning process in medicine. The curriculum reinforces this aspect by necessitating certification of certain essential skills. The experts and the writing group have factored in patient availability, access, consent, number of students in a class etc. in suggesting skill acquisition and assessment methods; use of skills labs, simulated and guided environments are encouraged. In the pre-internship years,- the highest level of skill acquisition is a show how (SH) in a simulated or guided environment; few skills require independent performance and certification - these are marked with P (for performance). Opportunity to 'perform' these skills will be available during internship.

The importance of ethical values, responsiveness to the needs of the patient and acquisition of communication skills is underscored by providing dedicated curriculum time in the form of a longitudinal program based on Attitude, Ethics and Communication (AETCOM) competencies. Great emphasis has been placed on collaborative and inter-disciplinary teamwork, professionalism, altruism and respect in professional relationships with due sensitivity to differences in thought, social and economic position and gender.

In addition to the above, an attempt has been made to allow students from diverse educational streams and backgrounds to transition appropriately through a Foundation Course. Dedicated time has been allotted for self directed learning and co-curricular activities.

Formative and internal assessments have been streamlined to achieve the objectives of the curriculum. Minor tweaks to the summative assessment have been made to reflect evolving thought and regulatory requirements. Curricular governance and support have been strengthened, increasing the involvement of Curriculum Committee and Medical Education Departments/Units.

The curriculum document in conjunction with the new Graduate Medical Education Regulations (GMR), when notified, must be seen as a "living document" that should evolve as stakeholder requirements and aspirations change. We hope that the current GMR does just that. The Medical Council of India is

grateful to all the teachers, subject experts, process experts, patients, students and trainees who have contributed through invaluable inputs, intellectual feedbacks and valuable time spent to make this possible. This document would not have been possible without the dedicated and unstinting intellectual, mental and time-consuming efforts of the members of the Reconciliation Board of the Council and the Academic Cell of MCI.

How to use the Manual

This Manual is intended for curriculum planners in an institution to design learning and assessment experiences for the MBBS student. Contents created by subject experts have been curated to provide guidance for the curriculum planners, leaders and teachers in medical schools. They must be used with reference to and in the context of the Regulations.

Section 1

Competencies for the Indian Medical Graduate

Section 1 - provides the global competencies extracted from the Graduate Medical Education Regulations, 2018. The global competencies identified as defining the roles of the **Indian Medical Graduate** are the broad competencies that the learner has to aspire to achieve; teachers and curriculum planners must ensure that the learning experiences are aligned to this Manual.

Extract from the Graduate Medical Education Regulations, 2018

2. Objectives of the Indian Graduate Medical Training Programme

The undergraduate medical education program is designed with a goal to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training program are hereby prescribed:-

2.1. National Goals

At the end of undergraduate program, the Indian Medical Graduate should be able to:

(a) recognize “health for all” as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.

(b) learn every aspect of National policies on health and devote herself/himself to its practical implementation.

(c) achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

(d) develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

(e) become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

2.2. Institutional Goals

In consonance with the national goals, each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:

(a) be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.

(b) be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.

(c) appreciate rationale for different therapeutic modalities, be familiar with the administration of the "essential drugs" and their common side effects.

(d) be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

(e) possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.

(f) be familiar with the basic factors which are essential for the implementation of the National Health Programs including practical aspects of the following:

(i) Family Welfare and Maternal and Child Health (MCH);

(ii) Sanitation and water supply;

(iii) Prevention and control of communicable and non-communicable diseases;

(iv) Immunization;

(v) Health Education;

(vi) Indian Public Health Standards (IPHS) at various level of service delivery;

(vii) Bio-medical waste disposal; and

(viii) Organizational and or institutional arrangements.

(g) acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling.

(h) be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

(i) be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

(j) be competent to work in a variety of health care settings.

(k) have personal characteristics and attitudes required for professional life including personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

All efforts must be made to equip the medical graduate to acquire the skills as detailed in Table 11 Certifiable procedural skills – A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate, as given in the Graduate Medical Education Regulations, 2018

2. 3. Goals for the Learner

In order to fulfil this goal, the Indian Medical Graduate must be able to function in the following roles appropriately and effectively:-

2.3.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

2.3.2. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.

2.3.3. Communicator with patients, families, colleagues and community.

2.3.4. Lifelong learner committed to continuous improvement of skills and knowledge.

2.3.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

3. Competency Based Training Programme of the Indian Medical Graduate

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfil the roles as listed in clause 2, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

3.1. Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

3.1.1 Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.

3.1.3 Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.

3.1.4 Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.

3.1.7 Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.8 Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.

3.1.9 Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

3.1.10 Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frameworks.

3.1.11 Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

3.1.12 Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following:

i) Disease prevention,

ii) Health promotion and cure,

iii) Pain and distress alleviation, and

iv) Rehabilitation and palliation.

3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.

3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.

3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

3*.2.* ***Leader and member of the health care team and system***

3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.

3.2.6 Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases and b) cancer, in collaboration with other members of the health care team.

3.3. ***Communicator with patients, families, colleagues and community***

3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.

3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient’s preferences, values, prior experience, beliefs, confidentiality and privacy.

3.3.4 Demonstrate ability to communicate with patients, colleagues and families in amanner that encourages participation and shared decision-making.

3.4. Lifelong learner committed to continuous improvement of skills and knowledge

3.4.1. Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

3.4.2. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

3.4.3. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

3.4.4. Demonstrate ability to search (including through electronic means), and critically revaluate the medical literature and apply the information in the care of the patient.

3.4.5. Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

3.5. *Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession*

3.5.1. Practice selflessness, integrity, responsibility, accountability and respect.

3.5.2. Respect and maintain professional boundaries between patients, colleagues and society.

3.5.3. Demonstrate ability to recognize and manage ethical and professional conflicts.

3.5.4. Abide by prescribed ethical and legal codes of conduct and practice.

3.5.5. Demonstrate a commitment to the growth of the medical profession as a whole.

Section 2

Subject-wise outcomes

Section 2 contains subject-wise outcomes so called “sub-competencies” that must be achieved at the end of instruction in that subject. These are organised in tables and have two parts. The core subject outcomes are in first part. The second part in the same document (titled Integration) contains outcomes/competencies in other subjects which have been identified by experts in those subjects as requiring alignment or integration with the core subject.

Outcomes (competencies) in each subject are grouped according to topics number-wise. It is important to review the individual outcomes (competencies) in the light of the topic outcomes as a whole. For each competency outlined - the learning domains (Knowledge, Skill, Attitude, Communication) are identified. The expected level of achievement in that subject is identified as – [knows (K), knows how (KH), shows how (SH), perform (P)]. As a rule, ‘perform’ indicates independent performance without supervision and is required rarely in the pre-internship period. The outcome is a core (Y - must achieve) or a non-core (N - desirable) outcome. Suggested learning and assessment methods (these are suggestions) and explanation of the terms used are given under the section “definitions used in this document”. The suggested number of times a skill must be performed independently for certification in the learner’s log book is also given. Last two columns indicate subjects within the same phase and other phases with which the topic can be taught - together - aligned (temporal coordination), shared, correlated or nested.

The number of topics and competencies in each subject are given below:

Topics & outcomes in Pre-clinical & Para-clinical subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**Human Anatomy**	82	409
2.	**Physiology**	11	137
3.	**Biochemistry**	11	89
4.	**Pharmacology**	05	85
5.	**Pathology**	36	182
6.	**Microbiology**	08	54
7.	**Forensic Medicine & Toxicology**	14	162
	Total	**167**	**1118**

Topics & outcomes in Medicine and Allied subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**Community Medicine**	20	107
2.	**General Medicine**	26	506
3.	**Respiratory Medicine**	02	47
4.	**Pediatrics**	35	406
5.	**Psychiatry**	19	117
6.	**Dermatology, Venereology & Leprosy**	18	73
7.	**Physical Medicine & Rehabilitation**	09	43
	Total	**129**	**1299**

Topics & outcomes in Surgery and Allied subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**General Surgery**	30	133
2.	**Ophthalmology**	09	60
3.	**Otorhinolaryngology**	04	76
4.	**Obstetrics & Gynaecology**	38	126
5.	**Orthopedics**	14	39
6.	**Anesthesiology**	10	46
7.	**Radiodiagnosis**	01	13
8.	**Radiotherapy**	05	16
9.	**Dentistry**	05	23
	Total	**116**	**532**

Section 3

Sample topics used for alignment & integration

Section 3 contains a sample selection of topics that run across the phases which can be used for alignment and integration. These are suggestions and institutions can select their own set of topics which can run across phases.

It is important to design the curriculum with a view to ensure with several broad outcomes in mind: a) achievement of the broad competencies by the learner at the end of the MBBS program, b) retain the subject - wise character of learning and assessment and ensure that phase-wise subject outcomes are met and assessed, c) teaching topics that are similar together thereby reducing redundancy and allowing the learner to integrate the concept as the most important step in integration (alignment or temporal coordination) (see document on integration), and d) align learning and assessment experiences to the outcome and the level of achievement specified.

Understanding the competencies table

Understanding the competencies table

A	B	C	D	E	F	G	H	I	J
No.	**Competencies**	**Domain**	**K/KH/SH/P**	**Core**	**Suggested Teaching Learning Method**	**Suggested Assessment method**	**No. required to certify (P)**	**Vertical Integration**	**Horizontal Integration**
Physiology									
Summary **Name of Topic: General Physiology** **Number of Competencies: (08)**									
PY1.1	Describe the structure and functions of a	K	KH	Y	Lectures, Small group discussion	Written/Viva			Biochemistry
IM25.4	Elict *document* and present a medical history that helps delineate the	S	SH	Y	Bed Side clinic, DOAP	Skill assessment		Community Medicine	

Unique number of the competency. First two alphabets represent the subject (see list); number following alphabet reflects topic number, following period is a running number.

Description of competency

Identifies the domain or domains addressed
K - Knowledge
S - Skill
A - Attitude
C - Communication

Identifies the level of competency required based on the Miller's pyramid
K - Knows
KH - Knows How
S - Skill
SH - Show How
P - Perform independently

Identifies if the competency is core or desirable.
Y indicates Core; N-non-core

Identifies the suggested learning method.
DOAP - **D**emonstrate (by Student) Observe, Assist Perform)

Identifies the suggested assessment method
Skill assessment - Clinics, Skills lab, Practicals etc.

no of times a skill needs to be done independently to be certified for independent performance; Rarely used in UG

Subject (s) in other phases with which the competency can be vertically integrated to increase relevance or improve basic understanding

Subject (s) in the same phase with which the competency can be horizontally integrated or aligned to allow a more wholesome understanding

***Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents**

Deriving learning objectives from competencies

Deriving learning objectives from competencies

K	Knows	A knowledge attribute – Usually enumerates or describes
KH	Knows how	A higher level of knowledge – is able to discuss or analyse
S	Shows	A skill attribute: is able to identify or demonstrate the steps
SH	Shows how	A skill attribute: is able to interpret / demonstrate a complex procedure requiring thought, knowledge and behaviour
P	Performs (under supervision or independently)	Mastery for the level of competence - When done independently under supervision a pre-specified number of times - certification or capacity to perform independently results

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify the etiology of meningitis based on given CSF parameters**	**K/S**	**SH**	**Y**

PA42.1*	At the end of the session the **phase II student** must be able to enumerate the most common causes of meningitis correctly
PA42.2*	At the end of the session the **phase II student** must be able to enumerate the components of CSF analysis correctly
PA42.3*	At the end of the session the **phase II student** must be able to **describe** the CSF features for a given etiology of meningitis **accurately**
PA42.4*	At the end of the session the **phase II student** must be able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**

Audience - who will do the behavior

Behavior - What should the learner be able to do?

Condition - Under what conditions should the learner be able to do it?

Degree – How well must it be done

Objective: Statement of what a learner should be able to do at the end of a specific learning experience
***Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents**

Deriving learning methods from competencies

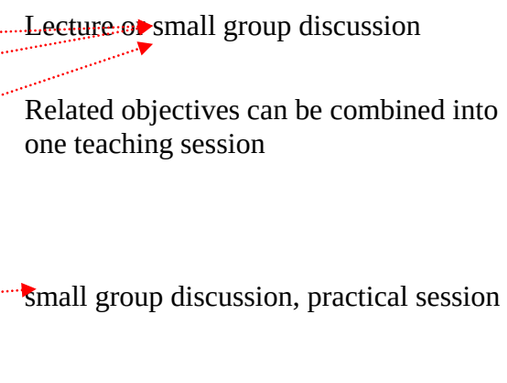
Deriving learning methods from competencies

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify** the etiology of meningitis based on given CSF parameters	K/S	SH	Y

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

PA42.1*	At the end of the session the **Phase II student** must be able to enumerate the most common causes of meningitis **correctly**
PA42.2*	At the end of the session the **Phase II student** must be able to enumerate the components of a CSF analysis correctly
PA42.3*	At the end of the session the **Phase II student** must be able to **describe** the CSF features for a given etiologic of meningitis **accurately**
PA42.4*	At the end of the session the **Phase II student** must the able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**



*Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents

Deriving assessment methods from competencies

Deriving assessment methods from competencies-1

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify** the etiology of meningitis based on given CSF parameters	K/S	SH	Y

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

PA42.1*	At the end of the session the Phase II student must be able to enumerate the most common causes of meningitis correctly	Short note or part of structured essay: Enumerate 5 causes of meningitis based on their prevalence in India
PA42.2*	At the end of the session the **Phase II student** must be able to enumerate the components of a CSF analysis correctly	Short note or part of structured essay: Enumerate the components tested in a CSF analysis
PA42.3*	At the end of the session the **Phase II student** must be able to **describe** the CSF features for a given aetiology of meningitis a**ccurately**	Short note or part of structured essay: Describe the CSF findings that are characteristic of tuberculous meningitis
PA42.4*	At the end of the session the **Phase II student** must the able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**	Short note / part of the structured essay/ Skill station/ Viva voce Review the CSF findings in the following patient and identify (write or vocalise) the most likely etiology

*** Numbers given are for illustrative purposes only and should not be compared with numbers in the curriculum document**

Deriving assessment methods from competencies-2

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

MI2.4*	List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia.	K	KH	Y	Didactic Small group discussion	Written/ Viva voce	Medicine	Pathology

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

MI2.1*	Enumerate the common microbial agents causing anaemia
MI2.2*	Describe the morphology of agent (1,2 etc)
MI2.3*	Describe the mode of infection of agent in humans
MI2.4*	Discuss the pathogenesis of anemia caused by agent
MI2.5*	Describe the clinical course of infection by agent
MI2.6*	Enumerate the diagnostic tests to identify the aetiology of agent as a cause of anemia
MI2.7*	Discuss the methods to prevent infection by agent
MI2.8*	Describe the treatment of infection by agent

Integrate concept - not necessarily teachers
Plan session with teachers of both subjects -teachers from both subjects usually not needed. Ensure redundancy and duplication by reviewing both subjects

Horizontally aligned and integrated with pathology

Vertically integrated with General Medicine

Integrate concept - not necessarily teachers Plan session with teachers from both phases. Make a decision on how much of the information needs to be brought down to this phase to make it relevant. Consider how a competency can ascend over phases: for eg. - can be at a KH -(know how) in phase II but becomes SH in phase III. For vertical integration with clinical subjects, use of a case to link the concept (a well written paper, case is sufficient). Using teachers from both phases is rarely required

The concept of integration

Concept of integration used in the Manual

Integration is a learning experience that allows the learner to perceive relationships from blocks of knowledge and develop a unified view of its basis and its application. The GMR 2018 applies these principles to the extent that will retain the strengths of silo - based education and assessment while providing experiences that will allow learners to integrate concepts.

Keeping this in mind, the Regulations recommend temporal coordination as described by Harden (called alignment in this document) as the major method to be followed allowing similar topics in different subjects to be thought separately but during the same time frame (Figure 1a).

In a small proportion - not to exceed 20% of the total curriculum an attempt can be made to Share (Figure 1b) topics or Correlate (Figure 1c) topics by using an integration session. The integration session most preferred will be a case based discussion in an appropriate format ensuring that elements in the same phase (horizontal) and from other phases are addressed. Care must be taken to ensure that achievement phase - based objectives are given primacy - the integrative elements from other phases are used only to provide adequate recall and understand the clinical application of concepts. It must be emphasized that integration does not necessarily require multiple teachers in each class. Experts from each phase and subject may be involved in the lesson planning but not it in its delivery unless deemed necessary.

As much as possible the necessary correlates from other phases must also be introduced while discussing a topic in a given subject - Nesting (Figure 1d) (Harden). Topics that cannot be aligned and integrated must be provided adequate time in the curriculum throughout the year.

Assessment will continue to be subject based. However, efforts must be made to ensure that phase appropriate correlates are tested to determine if the learner has internalized and integrated the concept and its application.

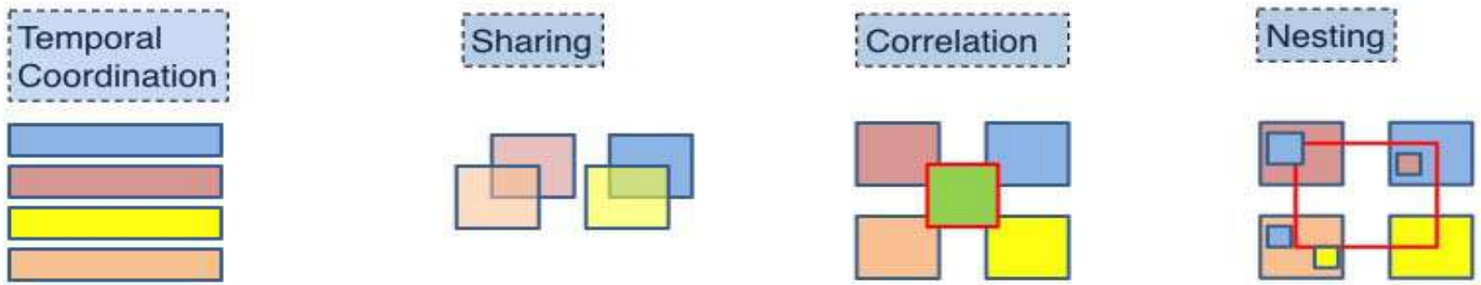


Figure 1 : Integration concepts framed in the GMR. Coloured boxes represent subjects. 1 a. Temporal coordination: The timetable is adjusted so that topics within the subjects or disciplines which are related, are scheduled at the same time. b. Sharing: Two disciplines may agree to plan and jointly implement a teaching program c. Correlation: the emphasis remains on disciplines or subjects with subject-based courses taking up most of the curriculum time. Within this framework, an integrated teaching session or course is introduced in addition to the subject-based teaching (green box with red border) d. Nesting: the teacher targets, within a subject-based course, skills relating to other subjects. Adapted from Harden R Med Edu 2000. 34; 551

Definitions used in the Manual

1. **Goal:** A projected state of affairs that a person or system plans to achieve.

   In other words: Where do you want to go? or What do you want to become?

2. **Competency:** The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

   In other words: What should you have? or What should have changed?

3. **Objective:** Statement of what a learner should be able to do at the end of a specific learning experience.

   In other words: What the Indian Medical Graduate should know, do, or behave.

Action Verbs used in this manual

Knowledge	**Skill**	**Attitude/communicate**
Enumerate	Identify	Counsel
List	Demonstrate	Inform
Describe	Perform under supervision	Demonstrate understanding of
Discuss	Perform independently	
Differentiate	Document	
Define	Present	
Classify	Record	
Choose	Interpret	
Elicit		
Report		

Note:

1. Specified essential competencies only will be required to be performed independently at the end of the final year MBBS.
2. The word ‘perform’ or ‘do’ is used ONLY if the task has to be done on patients or in laboratory practical in the pre/para- clinical phases.
3. Most tasks that require performance during undergraduate years will be performed under supervision.
4. If a certification to perform independently has been done, then the number of times the task has to be performed under supervision will be indicated in the last column.

Explanation of terms used in this manual

Lecture	Any instructional large group method including traditional lecture and interactive lecture
Small group discussion	Any instructional method involving small groups of students in an appropriate learning context
DOAP (Demonstration-Observation - Assistance - Performance)	A practical session that allows the student to observe a demonstration, assist the performer, perform in a simulated environment, perform under supervision or perform independently
Skill assessment	A session that assesses the skill of the student including those in the practical laboratory, skills lab, skills station that uses mannequins/ paper case/simulated patients/real patients as the context demands
Core	A competency that is necessary in order to complete the requirements of the subject (traditional must know)
Non-Core	A competency that is optional in order to complete the requirements of the subject (traditional nice (good) to know/ desirable to know)
National Guidelines	Health programs as relevant to the competency that are part of the National Health Program

Domains of learning

K	Knowledge
S	Skill
A	Attitude
C	Communication

Levels of competency

K	Knows	A knowledge attribute - Usually enumerates or describes
KH	Knows how	A higher level of knowledge - is able to discuss or analyze
S	Shows	A skill attribute: is able to identify or demonstrate the steps
SH	Shows how	A skill attribute: is able to interpret/ demonstrate a complex procedure requiring thought, knowledge and behavior
P	Performs (under supervision or independently)	Mastery for the level of competence - When done independently under supervision a pre-specified number of times - certification or capacity to perform independently results

Note:

In the table of competency - the highest level of competency acquired is specified and implies that the lower levels have been acquired already. Therefore, when a student is able to SH - Show how - an informed consent is obtained - it is presumed that the preceding steps - the knowledge, the analytical skills, the skill of communicating have all been obtained.

It may also be noted that attainment of the highest level of competency may be obtained through steps spread over several subjects or phases and not necessarily in the subject or the phase in which the competency has been identified.

Volume II

Competency based Undergraduate Curriculum

in

Medicine and Allied subjects

COMMUNITY MEDICINE (CODE: CM)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
COMMUNITY MEDICINE									
Topic: Concept of Health and Disease		**Number of competencies: (10)**			**Number of procedures that require certification:(NIL)**				
CM1.1	Define and describe the concept of Public Health	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM1.2	Define health; describe the concept of holistic health including concept of spiritual health and the relativeness & determinants of health	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM1.3	Describe the characteristics of agent, host and environmental factors in health and disease and the multi factorial etiology of disease	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM1.4	Describe and discuss the natural history of disease	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM1.5	Describe the application of interventions at various levels of prevention	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM1.6	Describe and discuss the concepts, the principles of Health promotion and Education, IEC and Behavioral change communication (BCC)	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM1.7	Enumerate and describe health indicators	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM1.8	Describe the Demographic profile of India and discuss its impact on health	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM1.9	Demonstrate the role of effective Communication skills in health in a simulated environment	S	SH	Y	DOAP sessions	Skill Assessment		AETCOM	
CM1.10	Demonstrate the important aspects of the doctor patient relationship in a simulated environment	S	SH	Y	DOAP sessions	Skill Assessment		AETCOM	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Relationship of social and behavioural to health and disease		**Number of competencies: (5)**			**Number of procedures that require certification: (NIL)**				
CM2.1	Describe the steps and perform clinico socio-cultural and demographic assessment of the individual, family and community	S	SH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce/ Skill assessment			
CM2.2	Describe the socio-cultural factors, family (types), its role in health and disease & demonstrate in a simulated environment the correct assessment of socio-economic status	S	SH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce/ Skill assessment			
CM2.3	Describe and demonstrate in a simulated environment the assessment of barriers to good health and health seeking behavior	S	SH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce/ Skill assessment			
CM2.4	Describe social psychology, community behaviour and community relationship and their impact on health and disease	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM2.5	Describe poverty and social security measures and its relationship to health and disease	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
Topic: Environmental Health Problems		**Number of competencies: (8)**			**Number of procedures that require certification: (NIL)**				
CM3.1	Describe the health hazards of air, water, noise, radiation and pollution	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine, ENT	
CM3.2	Describe concepts of safe and wholesome water, sanitary sources of water, water purification processes, water quality standards, concepts of water conservation and rainwater harvesting	K	KH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce			
CM3.3	Describe the aetiology and basis of water borne diseases /jaundice/hepatitis/ diarrheal diseases	K	KH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce		Microbiology, General Medicine, Pediatrics	
CM3.4	Describe the concept of solid waste, human excreta and sewage disposal	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CM3.5	Describe the standards of housing and the effect of housing on health	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM3.6	Describe the role of vectors in the causation of diseases. Also discuss National Vector Borne disease Control Program	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Microbiology	
CM3.7	Identify and describe the identifying features and life cycles of vectors of Public Health importance and their control measures	S	SH	Y	Lecture, Small group discussion, DOAP session	Written / Viva voce/ Skill assessment		Microbiology	
CM3.8	Describe the mode of action, application cycle of commonly used insecticides and rodenticides	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Pharmacology	
Topic: Principles of health promotion and education		**Number of competencies: (3)**			**Number of procedures that require certification: (NIL)**				
CM4.1	Describe various methods of health education with their advantages and limitations	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM4.2	Describe the methods of organizing health promotion and education and counselling activities at individual family and community settings	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM4.3	Demonstrate and describe the steps in evaluation of health promotion and education program	S	SH	Y	Small group session, DOAP session	Written / Viva voce/ Skill assessment			
Topic: Nutrition		**Number of competencies: (08)**			**Number of procedures that require certification: (NIL)**				
CM5.1	Describe the common sources of various nutrients and special nutritional requirements according to age, sex, activity, physiological conditions	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine, Pediatrics	
CM5.2	Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and the community by using the appropriate method	S	SH	Y	DOAP sessions	Skill Assessment		General Medicine, Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CM5.3	Define and describe common nutrition related health disorders (including macro-PEM, Micro-iron, Zn, iodine, Vit. A), their control and management	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine, Pediatrics	
CM5.4	Plan and recommend a suitable diet for the individuals and families based on local availability of foods and economic status, etc in a simulated environment	S	SH	Y	DOAP sessions	Skill Assessment		General Medicine, Pediatrics	
CM5.5	Describe the methods of nutritional surveillance, principles of nutritional education and rehabilitation in the context of socio-cultural factors.	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine, Pediatrics	
CM5.6	Enumerate and discuss the National Nutrition Policy, important national nutritional Programs including the Integrated Child Development Services Scheme (ICDS) etc	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Pediatrics	
CM5.7	Describe food hygiene	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			Microbiology
CM5.8	Describe and discuss the importance and methods of food fortification and effects of additives and adulteration	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Pediatrics	
Topic: Basic statistics and its applications		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
CM6.1	Formulate a research question for a study	K	KH	Y	Small group discussion, Lecture, DOAP sessions	Written / Viva voce/ Skill assessment		General Medicine, Pediatrics	
CM6.2	Describe and discuss the principles and demonstrate the methods of collection, classification, analysis, interpretation and presentation of statistical data	S	SH	Y	Small group, Lecture, DOAP sessions	Written / Viva voce/ Skill assessment		General Medicine, Pediatrics	
CM6.3	Describe, discuss and demonstrate the application of elementary statistical methods including test of significance in various study designs	S	SH	Y	Small group discussion, Lecture, DOAP sessions	Written / Viva voce/ Skill assessment		General Medicine, Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CM6.4	Enumerate, discuss and demonstrate Common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion	S	SH	Y	Small group discussion, Lecture, DOAP sessions	Written / Viva voce/ Skill assessment		General Medicine, Pediatrics	
Topic: Epidemiology		**Number of competencies: (09)**			**Number of procedures that require certification: (NIL)**				
CM7.1	Define Epidemiology and describe and enumerate the principles, concepts and uses	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine	
CM7.2	Enumerate, describe and discuss the modes of transmission and measures for prevention and control of communicable and non-communicable diseases	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine	
CM7.3	Enumerate, describe and discuss the sources of epidemiological data	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine	
CM7.4	Define, calculate and interpret morbidity and mortality indicators based on given set of data	S	SH	Y	Small group, DOAP sessions	Written/ Skill assessment		General Medicine	
CM7.5	Enumerate, define, describe and discuss epidemiological study designs	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine	
CM7.6	Enumerate and evaluate the need of screening tests	S	SH	Y	Small group discussion, DOAP sessions	Written/ Skill assessment		General Medicine	
CM7.7	Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures	S	SH	Y	Small group discussion, DOAP sessions	Written/ Skill assessment		General Medicine	Microbiology
CM7.8	Describe the principles of association, causation and biases in epidemiological studies	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine	
CM7.9	Describe and demonstrate the application of computers in epidemiology	S	KH	Y	Small group discussion, DOAP sessions	Written			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Epidemiology of communicable and non- communicable diseases		**Number of competencies:(7)**				**Number of procedures that require certification:(NIL)**			
CM8.1	Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine, Pediatrics	Microbiology, Pathology
CM8.2	Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for Non Communicable diseases (diabetes, Hypertension, Stroke, obesity and cancer etc.)	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine	
CM8.3	Enumerate and describe disease specific National Health Programs including their prevention and treatment of a case	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine, Pediatrics	
CM8.4	Describe the principles and enumerate the measures to control a disease epidemic	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine, Pediatrics	
CM8.5	Describe and discuss the principles of planning, implementing and evaluating control measures for disease at community level bearing in mind the public health importance of the disease	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine, Pediatrics	
CM8.6	Educate and train health workers in disease surveillance, control & treatment and health education	S	SH	Y	DOAP sessions	Skill assessment			
CM8.7	Describe the principles of management of information systems	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
Topic: Demography and vital statistics		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
CM9.1	Define and describe the principles of Demography, Demographic cycle, Vital statistics	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM9.2	Define, calculate and interpret demographic indices including birth rate, death rate, fertility rates	S	SH	Y	Lecture, Small group discussion, DOAP sessions	Skill assessment		Obstetrics & Gynaecology, Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CM9.3	Enumerate and describe the causes of declining sex ratio and its social and health implications	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM9.4	Enumerate and describe the causes and consequences of population explosion and population dynamics of India.	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM9.5	Describe the methods of population control	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		Obstetrics & Gynaecology	
CM9.6	Describe the National Population Policy	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM9.7	Enumerate the sources of vital statistics including census, SRS, NFHS, NSSO etc	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
Topic: Reproductive maternal and child health		**Number of competensies:(09)**				**Number of procedures that require certification: (NIL)**			
CM10.1	Describe the current status of Reproductive, maternal, newborn and Child Health	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.2	Enumerate and describe the methods of screening high risk groups and common health problems	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		Pediatrics, Obstetrics & Gynaecology	
CM10.3	Describe local customs and practices during pregnancy, childbirth, lactation and child feeding practices	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		Pediatrics, Obstetrics & Gynaecology	
CM10.4	Describe the reproductive, maternal, newborn & child health (RMCH); child survival and safe motherhood interventions	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.5	Describe Universal Immunization Program; Integrated Management of Neonatal and Childhood Illness (IMNCI) and other existing Programs.	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		Pediatrics	
CM10.6	Enumerate and describe various family planning methods, their advantages and shortcomings	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CM10.7	Enumerate and describe the basis and principles of the Family Welfare Program including the organization, technical and operational aspects	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM10.8	Describe the physiology, clinical management and principles of adolescent health including ARSH	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM10.9	Describe and discuss gender issues and women empowerment	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
Topic: Occupational Health		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
CM11.1	Enumerate and describe the presenting features of patients with occupational illness including agriculture	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM11.2	Describe the role, benefits and functioning of the employees state insurance scheme	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM11.3	Enumerate and describe specific occupational health hazards, their risk factors and preventive measures	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM11.4	Describe the principles of ergonomics in health preservation	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
CM11.5	Describe occupational disorders of health professionals and their prevention & management	K	KH	Y	Small group discussion, Lecture	Written / Viva voce			
Topic: Geriatric services		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
CM12.1	Define and describe the concept of Geriatric services	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	
CM12.2	Describe health problems of aged population	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	
CM12.3	Describe the prevention of health problems of aged population	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CM12.4	Describe National program for elderly	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	
Topic: Disaster Management		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
CM13.1	Define and describe the concept of Disaster management	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery, General Medicine	
CM13.2	Describe disaster management cycle	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery, General Medicine	
CM13.3	Describe man made disasters in the world and in India	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery, General Medicine	
CM13.4	Describe the details of the National Disaster management Authority	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery, General Medicine	
Topic: Hospital waste management		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
CM14.1	Define and classify hospital waste	K	KH	Y	Lecture, Small group discussion, visit to hospital	Written / Viva voce			Microbiology
CM14.2	Describe various methods of treatment of hospital waste	K	KH	Y	Lecture, Small group discussion, visit to hospital	Written / Viva voce			Microbiology
CM14.3	Describe laws related to hospital waste management	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			Microbiology
Topic: Mental Health		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
CM15.1	Define and describe the concept of mental Health	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Psychiatry	
CM15.2	Describe warning signals of mental health disorder	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Psychiatry	
CM15.3	Describe National Mental Health program	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Psychiatry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Health planning and management		**Number of competencies: (04)**			**Number of procedures that require certification: (NIL)**				
CM16.1	Define and describe the concept of Health planning	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM16.2	Describe planning cycle	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM16.3	Describe Health management techniques	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM16.4	Describe health planning in India and National policies related to health and health planning	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
Topic: Health care of the communtiy		**Number of competencies:(05)**			**Number of procedures that require certification: (NIL)**				
CM17.1	Define and describe the concept of health care to community	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM17.2	Describe community diagnosis	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM17.3	Describe primary health care, its components and principles	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM17.4	Describe National policies related to health and health planning and millennium development goals	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM17.5	Describe health care delivery in India	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
Topic: International Health		**Number of competencies: (2)**			**Number of procedures that require certionat(NIL)**				
CM18.1	Define and describe the concept of International health	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM18.2	Describe roles of various international health agencies	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Essential Medicine	**Number of competencies: (3)**				**Number of procedures that require certification: (NIL)**				
CM19.1	Define and describe the concept of Essential Medicine List (EML)	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			Pharmacology
CM19.2	Describe roles of essential medicine in primary health care	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			Pharmacology
CM19.3	Describe counterfeit medicine and its prevention	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			Pharmacology
Topic: Recent advances in Community Medicine	**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**				
CM20.1	List important public health events of last five years	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM20.2	Describe various issues during outbreaks and their prevention	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM 20.3	Describe any event important to Health of the Community	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
CM 20.4	Demonstrate awareness about laws pertaining to practice of medicine such as Clinical establishment Act and Human Organ Transplantation Act and its implications	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Intergration									
	Physiology								
PY9.6	Enumerate the contraceptive methods for male and female. Discuss their advantages & disadvantages	K	KH	Y	Lectures, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Community Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Biochemistry									
BI8.5	Summarize the nutritional importance of commonly used items of food including fruits and vegetables.(macro-molecules & its importance)	K	KH	Y	Lectures, Small group discussions	Written/ Viva voce		Community Medicine, General Medicine, Pediatrics	
Pathology									
PA12.1	Enumerate and describe the pathogenesis of disorders caused by air pollution, tobacco and alcohol	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			Community Medicine
PA26.5	Define and describe the etiology, types, exposure, environmental influence, pathogenesis, stages, morphology, microscopic appearance and complications of Occupational lung disease	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine, Community Medicine	
PA26.7	Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, morphology, microscopic appearance and complications of mesothelioma	K	KH	N	Lecture, Small group discussion	Written / Viva voce		General Medicine, Community Medicine	
Microbiology									
MI1.3	Describe the epidemiological basis of common infectious diseases	K	KH	Y	Lecture	Written/ Viva voce			Community Medicine
MI8.4	Describe the etiologic agents of emerging Infectious diseases. Discuss the clinical course and diagnosis	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine, Community Medicine	Community Medicine
MI8.5	Define Healthcare Associated Infections (HAI) and enumerate the types. Discuss the factors that contribute to the development of HAI and the methods for prevention	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Community Medicine	
MI8.6	Describe the basics of Infection control	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
MI8.7	Demonstrate Infection control practices and use of Personal Protective Equipments (PPE)	S	P	Y	DOAP session	Skill assessment	3 each in (Hand hygiene & PPE)	General Surgery	Community Medicine
MI8.16	Describe the National Health Programs in the prevention of common infectious disease (for information purpose only as taught in CM)	K	K	Y	Lecture	Written / Viva voce			
Pharmacology									
PH1.55	Describe and discuss the following National Health programmes including Immunisation, Tuberculosis, Leprosy, Malaria, HIV, Filaria, Kala Azar, Diarrhoeal diseases, Anaemia & nutritional disorders, Blindness, Non-communicable diseases, Cancer and Iodine deficiency	K	KH	Y	Lecture	Written / Viva voce			Community Medicine
Forensic Medicine & Toxicology									
FM2.33	Demonstrate ability to use local resources whenever required like in mass disaster situations	A & C	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Community Medicine	
Dermatology, Venereology & Leprosy									
DR9.1	Classify, describe the epidemiology, etiology, microbiology pathogenesis and clinical presentations and diagnostic features of Leprosy	K	KH	Y	Lecture, Small group discussions	Written / Viva voce		General Medicine	Microbiology, Community Medicine
DR9.5	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for various classes of leprosy based on national guidelines	K	KH	Y	Lecture, Small group discussions	Written / Viva voce		General Medicine	Pharmacology, Community Medicine
DR9.6	Describe the treatment of Leprosy based on the WHO guidelines	K	KH	Y	Lecture, Small group discussions	Written / Viva voce		General Medicine	Pharmacology, Community Medicine
Ophthalmology									
OP9.4	Enumerate, describe and discuss the causes of avoidable blindness and the National Programs for Control of Blindness (including vision 2020)	K	KH	Y	Lecture, Small group discussions	Written / Viva voce			Community Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Psychiatry									
PS19.1	Describe the relevance, role and status of community psychiatry	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
PS19.2	Describe the objectives strategies and contents of the of the National Mental Health Programme	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
PS19.4	Enumerate and describe the salient features of the prevalent mental health laws in India	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
PS19.5	Describe the concept and principles of preventive psychiatry and mental health promotion (positive mental health); and community education	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
General Medicine									
IM2.1	Discuss and describe the epidemiology, antecedents and risk factors for atherosclerosis and ischemic heart disease	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Pathology, Physiology, Community Medicine	
IM4.3	Discuss and describe the common causes, pathophysiology and manifestations of fever in various regions in India including bacterial, parasitic and viral causes (e.g. Dengue, Chikungunya, Typhus)	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM9.15	Describe the national programs for anemia prevention	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Pharmacology, Community Medicine	
IM12.12	Describe and discuss the iodisation programs of the government of India	K	KH	Y	Lecture, Bedside clinic	short note		Community Medicine	
IM14.4	Describe and discuss the impact of environmental factors including eating habits, food, work, environment and physical activity on the incidence of obesity	K	K	Y	Lectures, Small group discussions	short note/ Viva voce		Pathology, Community Medicine	
IM24.18	Describe the impact of the demographic changes in ageing on the population	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM25.1	Describe and discuss the response and the influence of host immune status, risk factors and comorbidities on zoonotic diseases (e.g. Leptospirosis, Rabies) and non-febrile infectious disease (e.g. Tetanus)	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM25.2	Discuss and describe the common causes, pathophysiology and manifestations of these diseases	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM25.4	Elicit document and present a medical history that helps delineate the aetiology of these diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and travel	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Community Medicine	
IM25.13	Counsel the patient and family on prevention of various infections due to environmental issues	C	SH	Y	DOAP session	Skill assessment		Community Medicine, General Medicine	
Obstetrics & Gynaecology									
OG1.1	Define and discuss birth rate, maternal mortality and morbidity	K	KH	Y	Lecture, Small group discussions	Short notes		Community Medicine	
OG1.2	Define and discuss perinatal mortality and morbidity including perinatal and neonatal mortality and morbidity audit	K	KH	Y	Lecture, Small group discussions	Short notes		Community Medicine	Pediatrics
OG8.1	Enumerate describe and discuss the objectives of antenatal care, assessment of period of gestation; screening for high-risk factors	K	KH	Y	Small group discussions, Bedside clinics, Lecture	Written / Viva voce/ Skill assessment		Community Medicine	
OG19.2	Counsel in a simulated environment, contraception and puerperal sterilisation	S/A/C	SH	Y	DOAP session	Skill assessment		Community Medicine	
OG21.1	Describe and discuss the temporary and permanent methods of contraception, indications, technique and complications; selection of patients, side effects and failure rate including OC, male contraception, emergency contraception and IUCD	K	KH	Y	Lecture, Small group discussions, Bedside clinics	Written / Viva voce/ Skill assessment		Community Medicine	
OG33.3	Describe and demonstrate the screening for cervical cancer in a simulated environment	K/S	SH	Y	DOAP session	Skill assessment		Community Medicine	
Pediatrics									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE3.5	Discuss the role of the child developmental unit in management of developmental delay	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE3.7	Visit a Child Developmental unit and observe its functioning	S	KH	Y	Lecture, Small group discussion	Log book Entry		Community Medicine	
PE8.1	Define the term Complementary Feeding	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE8.2	Discuss the principles the initiation, attributes , frequency, techniques and hygiene related to complementary feeding including	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
PE8.3	Enumerate the common complimentary foods	K	K	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
PE8.4	Elicit history on the Complementary Feeding habits	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment		Community Medicine	
PE8.5	Counsel and educate mothers on the best practices in Complimentary Feeding	A/C	SH	Y	DOAP session	Document in Log Book		Community Medicine	
PE9.1	Describe the age related nutritional needs of infants, children and adolescents including micronutrients and vitamins	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine, Biochemistry	
PE9.2	Describe the tools and methods for Assessment and classification of Nutritional status of infants, children and adolescents	K	KH	Y	Lecture, Small group discussion,	Written / Viva voce		Community Medicine	
PE9.4	Elicit, Document and present an appropriate nutritional history and perform a dietary recall	S	SH	Y	Bedside clinic, Skill Lab	Skill Assessment		Community Medicine	
PE9.5	Calculate the age related Calorie requirement in Health and Disease and identify gap	S	SH	Y	Bedside clinics, Small group discussion	Skill assessment		Community Medicine	
PE9.6	Assess and classify the nutrition status of infants, children and adolescents and recognize deviations	S	SH	Y	Bedside clinic, Small group discussion	Skill Assessment		Community Medicine	
PE9.7	Plan an appropriate diet in Health and disease	S	SH	N	Bedside clinic, Small group discussion	Document in logbook		Community Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE10.4	Identify children with under nutrition as per IMNCI criteria and plan referral	S	SH	Y	DOAP session	Document in log book		Community Medicine	
PE17.1	State the vision and outline the goals, strategies and plan of action of NHM and other important national programs pertaining to maternal and child health including RMNCH A+, RBSK, RKSK, JSSK mission Indradhanush and ICDS	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE17.2	Analyse the outcomes and appraise the monitoring and evaluation of NHM	K	KH	Y	Debate	Written/ Viva voce		Community Medicine	
PE18.1	List and explain the components, plans, outcomes of Reproductive child health (RCH) program and appraise the monitoring and evaluation	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	Obstetrics & Gynaecology
PE18.2	Explain preventive interventions for Child survival and safe motherhood	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	Obstetrics & Gynaecology
PE18.3	Conduct Antenatal examination of women independently and apply at-risk approach in antenatal care	S	SH	Y	Bedside clinics	Skill station		Community Medicine	Obstetrics & Gynaecology
PE18.4	Provide intra-natal care and conduct a normal Delivery in a simulated environment	S	SH	Y	DOAP session, Skills lab	Document in Log Book		Community Medicine	Obstetrics & Gynaecology
PE18.6	Perform Postnatal assessment of newborn and mother, provide advice on breast feeding, weaning and on family planning	S	SH	Y	Bedside clinics, Skill Lab	Skill Assessment		Community Medicine	Obstetrics & Gynaecology
PE18.8	Observe the implementation of the program by Visiting the Rural Health Centre	S	KH	Y	Bedside clinics, Skill Lab	Document in log book		Community Medicine	Obstetrics & Gynaecology
PE19.1	Explain the components of the Universal immunization Program and the sub National Immunization Programs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.2	Explain the epidemiology of Vaccine preventable diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.3	Vaccine description with regard to classification of vaccines, strain used, dose, route, schedule, risks, benefits and side effects, indications and contraindications	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology	
PE19.4	Define cold chain and discuss the methods of safe storage and handling of vaccines	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE19.5	Discuss immunization in special situations – HIV positive children, immunodeficiency, preterm , organ transplants, those who received blood and blood products, splenectomised children, Adolescents, travellers	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine, Microbiology	
PE19.8	Demonstrate willingness to participate in the National and sub national immunisation days	A	SH	Y	Lecture, Small group discussion	Document in Log Book		Community Medicine	
PE19.12	Observe the Administration the UIP vaccines	S	SH	Y	DOAP session	Document in Log Book		Community Medicine	
PE29.5	Discuss the National anaemia Control program	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
PE34.3	Discuss the various regimens for management of Tuberculosis as per National Guidelines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
PE34.4	Discuss the preventive strategies adopted and the objectives and outcome of the National Tuberculosis Control Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
General Surgery									
SU7.1	Describe the Planning and conduct of Surgical audit	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
SU7.2	Describe the principles and steps of clinical research in surgery	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
Respiratory Medicine									
CT1.1	Describe and discuss the epidemiology of tuberculosis and its impact on the work, life and economy of India	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
CT1.4	Describe the epidemiology, the predisposing factors and microbial and therapeutic factors that determine resistance to drugs	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine, Microbiology, Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CT1.15	Prescribe an appropriate antituberculosis regimen based on the location of disease, smear positivity and negativity and co-morbidities based on current national guidelines including directly observed tuberculosis therapy (DOTS)	K	SH	Y	Bedside clinic, Small group discussion, Lecture	Skill assessment		Pharmacology, Community Medicine	
CT1.16	Describe the appropriate precautions, screening, testing and indications for chemoprophylaxis for contacts and exposed health care workers	K	KH	Y	Bedside clinic, Small group discussion	Written		Community Medicine	
CT1.18	Educate health care workers on national programs of Tuberculosis and administering and monitoring the DOTS program	C	SH	Y	DOAP session	Skill assessment		Community Medicine	
CT2.24	Recognise the impact of OAD on patient's quality of life, well being, work and family	A	KH	Y	Small group discussion, Bedside clinic	Observation by faculty		Community Medicine	
CT2.25	Discuss and describe the impact of OAD on the society and workplace	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Community Medicine	
CT2.26	Discuss and describe preventive measures to reduce OAD in workplaces	K	KH	Y	Lecture,Small group discussion	Written / Viva voce		Community Medicine	
CT2.27	Demonstrate an understanding of patient's inability to change working, living and environmental factors that influence progression of airway disease	A	KH	Y	Small group discussion, Bedside clinic	Observation by faculty		Community Medicine	

GENERAL MEDICINE (CODE: IM)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
GENERAL MEDICINE									
Topic: Heart Failure		**Number of competencies: (30)**				**Number of procedures that require certification : (01)**			
IM1.1	Describe and discuss the epidemiology, pathogenesis clinical evolution and course of common causes of heart disease including: rheumatic/ valvular, ischemic, hypertrophic inflammatory	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.2	Describe and discuss the genetic basis of some forms of heart failure	K	KH	N	Lecture, Small group discussion	Written		Pathology, Physiology	
IM1.3	Describe and discuss the aetiology microbiology pathogenies and clinical evolution of rheumatic fever, criteria, degree of rheumatic activity and rheumatic valvular heart disease and its complications including infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology, Microbiology	
IM1.4	Stage heart failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.5	Describe ,discuss and differentiate the processes involved in R Vs L heart failure, systolic vs diastolic failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.6	Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodelling and neurohormonal adaptations	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.7	Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrythmias, anemia, thyrotoxicosis, dietary factors drugs etc.	K	KH	Y	Lecture,Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.8	Describe and discuss the pathogenesis and development of common arrythmias involved in heart failure particularly atrial fibrillation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM1.9	Describe and discuss the clinical presentation and features, diagnosis, recognition and management of acute rheumatic fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM1.10	Elicit document and present an appropriate history that will establish the diagnosis, cause and severity of heart failure including: presenting complaints, precipitating and exacerbating factors, risk factors exercise tolerance, changes in sleep patterns, features suggestive of infective endocarditis	S	SH	Y	Bedside clinic	Skill assessment			
IM1.11	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM1.12	Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM1.13	Measure the blood pressure accurately, recognise and discuss alterations in blood pressure in valvular heart disease and other causes of heart failure and cardiac tamponade	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM1.14	Demonstrate and measure jugular venous distension	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM1.15	Identify and describe the timing, pitch quality conduction and significance of precordial murmurs and their variations	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM1.16	Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis	K	KH	Y	Bedside clinic, Small group discussion	Skill assessment			
IM1.17	Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures	K	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM1.18	Perform and interpret a 12 lead ECG	S	P	Y	Bedside clinic, DOAP session	Skill assessment	3		
IM1.19	Enumerate the indications for and describe the findings of heart failure with the following conditions including: 2D echocardiography, brain natriuretic peptide, exercise testing, nuclear medicine testing and coronary angiogram	S	KH	N	Lecture, Small group discussion, Bedside clinic	Skill assessment		Radiodiagnosis	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM1.20	Determine the severity of valvular heart disease based on the clinical and laboratory and imaging features and determine the level of intervention required including surgery	C	SH	Y	Small group discussion, Lecture, Bedside clinic	Written/ Skill assessment			
IM1.21	Describe and discuss and identify the clinical features of acute and subacute endocarditis, echocardiographic findings, blood culture and sensitivity and therapy	K	KH/SH	Y	Bedside clinic, Small group discussion, Lecture	Skill assessment			
IM1.22	Assist and demonstrate the proper technique in collecting specimen for blood culture	S	SH	Y	DOAP session	Skill assessment		Microbiology	
IM1.23	Describe, prescribe and communicate non pharmacologic management of heart failure including sodium restriction, physical activity and limitations	S/C	SH	Y	Lecture, Small group discussion	Skill assessment			
IM1.24	Describe and discuss the pharmacology of drugs including indications, contraindications in the management of heart failure including diuretics, ACE inhibitors, Beta blockers, aldosterone antagonists and cardiac glycosides	K	KH	Y	Lecture, Small group discussion	Viva voce/written		Pharmacology	
IM1.25	Enumerate the indications for valvuloplasty, valvotomy, coronary revascularization and cardiac transplantation	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Viva voce/written			
IM1.26	Develop document and present a management plan for patients with heart failure based on type of failure, underlying aetiology	S	SH	Y	Bedside clinic, Skill assessment, Small group discussion	Bedside clinic/ Skill assessment/written			
IM1.27	Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease	K	KH	Y	Bedside clinic, Small group discussion	Written		Microbiology, Pharmacology	
IM1.28	Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease	K	KH	Y	Bedside clinic, Small group discussion	Bedside clinic/ Skill assessment/written			
IM1.29	Elicit document and present an appropriate history, demonstrate correctly general examination, relevant clinical findings and formulate document and present a management plan for an adult patient presenting with a common form of congenital heart disease	K	KH	Y	Bedside clinic,Small group discussion	Skill assessment/ written			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM1.30	Administer an intramuscular injection with an appropriate explanation to the patient	S	SH	Y	Bedside clinic, Skill assessment	Log book documentation of completion		Pharmacology	
Topic:	**Acute Myocardial Infarction/ IHD**	**Number of competencies: (24)**				**Number of procedures that require certification : (02)**			
IM2.1	Discuss and describe the epidemiology, antecedents and risk factors for atherosclerosis and ischemic heart disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology, Community Medicine	
IM2.2	Discuss the aetiology of risk factors both modifiable and non modifiable of atherosclerosis and IHD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM2.3	Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
IM2.4	Discuss and describe the pathogenesis natural history, evolution and complications of atherosclerosis and IHD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM2.5	Define the various acute coronary syndromes and describe their evolution, natural history and outcomes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM2.6	Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM2.7	Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM2.8	Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on “cannot miss”, most likely diagnosis and severity	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM2.9	Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM2.10	Order, perform and interpret an ECG	S	P	Y	Bedside clinic, DOAP session	Skill assessment	3		

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM2.11	Order and interpret a Chest X-ray and markers of acute myocardial infarction	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM2.12	Choose and interpret a lipid profile and identify the desirable lipid profile in the clinical context	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Biochemistry	
IM2.13	Discuss and enumerate the indications for and findings on echocardiogram, stress testing and coronary angiogram	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM2.14	Discuss and describe the indications for admission to a coronary care unit and supportive therapy for a patient with acute coronary syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM2.15	Discuss and describe the medications used in patients with an acute coronary syndrome based on the clinical presentation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM2.16	Discuss and describe the indications for acute thrombolysis, PTCA and CABG	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM2.17	Discuss and describe the indications and methods of cardiac rehabilitation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM2.18	Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of dyslipidemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Biochemistry	
IM2.19	Discuss and describe the pathogenesis, recognition and management of complications of acute coronary syndromes including arrhythmias, shock, LV dysfunction, papillary muscle rupture and pericarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM2.20	Discuss and describe the assessment and relief of pain in acute coronary syndromes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM2.21	Observe and participate in a controlled environment an ACLS program	S	KH	N	DOAP session	NA			
IM2.22	Perform and demonstrate in a mannequin BLS	S	P	Y	DOAP session	Skill assessment	1		

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM2.23	Describe and discuss the indications for nitrates, anti platelet agents, gpIIb IIIa inhibitors, beta blockers, ACE inhibitors etc in the management of coronary syndromes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM2.24	Counsel and communicate to patients with empathy lifestyle changes in atherosclerosis / post coronary syndromes	C/A	SH	Y	DOAP session	Skill assessment		AETCOM	
Topic: Pneumonia		**Number of competencies: (19)**				**Number of procedures that require certification: (NIL)**			
IM3.1	Define, discuss, describe and distinguish community acquired pneumonia, nosocomial pneumonia and aspiration pneumonia	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Human Anatomy, Pathology, Microbiology	
IM3.2	Discuss and describe the aetiologies of various kinds of pneumonia and their microbiology depending on the setting and immune status of the host	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Microbiology	
IM3.3	Discuss and describe the pathogenesis, presentation, natural history and complications of pneumonia	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology, Microbiology	
IM3.4	Elicit document and present an appropriate history including the evolution, risk factors including immune status and occupational risk	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM3.5	Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of disease	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM3.6	Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM3.7	Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Radiodiagnosis, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM3.8	Demonstrate in a mannequin and interpret results of an arterial blood gas examination	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM3.9	Demonstrate in a mannequin and interpret results of a pleural fluid aspiration	S	SH	Y	DOAP session	Skill assessment			
IM3.10	Demonstrate the correct technique in a mannequin and interpret results of a blood culture	S	SH	Y	DOAP session	Skill assessment		Microbiology	
IM3.11	Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialised testing	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Radiodiagnosis, Microbiology	
IM3.12	Select, describe and prescribe based on the most likely aetiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum	S	SH	Y	Bed side clinic, DOAP session	Skill Assessment/ Written/ Viva voce		Pharmacology, Microbiology	
IM3.13	Select, describe and prescribe based on culture and sensitivity appropriate empaling antimicrobial based on the pharmacology and antimicrobial spectrum.	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Written/ Viva voce		Pharmacology, Microbiology	
IM3.14	Perform and interpret a sputum gram stain and AFB	S	P	Y	DOAP session	Skill assessment		Microbiology	
IM3.15	Describe and enumerate the indications for hospitalisation in patients with pneumonia	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			
IM3.16	Describe and enumerate the indications for isolation and barrier nursing in patients with pneumonia	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			
IM3.17	Describe and discuss the supportive therapy in patients with pneumonia including oxygen use and indications for ventilation	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			
IM3.18	Communicate and counsel patient on family on the diagnosis and therapy of pneumonia	C/A	SH	Y	DOAP session	Skill assessment			
IM3.19	Discuss, describe, enumerate the indications and communicate to patients on pneumococcal and influenza vaccines	S/C	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Microbiology	
Topic: Fever and febrile syndromes		**Number of competencies: (26)**				**Number of procedures that require certification : (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM4.1	Describe and discuss the febrile response and the influence of host immune status, risk factors and comorbidities on the febrile response	K	K	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.2	Describe and discuss the influence of special populations on the febrile response including: the elderly, immune suppression, malignancy and neutropenia, HIV and travel	K	K	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.3	Discuss and describe the common causes, pathophysiology and manifestations of fever in various regions in India including bacterial, parasitic and viral causes (e.g.Dengue, Chikungunya, Typhus)	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM4.4	Describe and discuss the pathophysiology and manifestations of inflammatory causes of fever	K	KH	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.5	Describe and discuss the pathophysiology and manifestations of malignant causes of fever including hematologic and lymph node malignancies	K	KH	Y	Lecture, Small group discussion	Written		Pathology, Microbiology	
IM4.6	Discuss and describe the pathophysiology and manifestations of malaria	K	KH	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.7	Discuss and describe the pathophysiology and manifestations of the sepsis syndrome	K	K	Y	Lecture, Small group discussion	Written			
IM4.8	Discuss and describe the pathophysiology, aetiology and clinical manifestations of fever of unknown origin (FUO) including in a normal host, neutropenic host, nosocomial host and a host with HIV disease	K	K	Y	Lecture, Small group discussion	Written		Microbiology	
IM4.9	Elicit document and present a medical history that helps delineate the aetiology of fever that includes the evolution and pattern of fever, associated symptoms, immune status, comorbidities, risk factors, exposure through occupation, travel and environment and medication use	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM4.10	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM4.11	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes	K	SH	Y	Bedside clinic, DOAP session	Written/ Viva voce			
IM4.12	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC	K	SH	Y	Bedside clinic, Skill assessment	Skill assessment		Pathology, Microbiology	
IM4.13	Perform and interpret a sputum gram stain	S	SH	Y	DOAP session	Log book/ documentation		Microbiology	
IM4.14	Perform and interpret a sputum AFB	S	SH	Y	DOAP session	Log book/ documentation		Microbiology	
IM4.15	Perform and interpret a malarial smear	S	SH	Y	DOAP session	Log book/ documentation/ Skill assessment		Microbiology	
IM4.16	Enumerate the indications and describe the findings in tests of inflammation and specific rheumatologic tests, serologic testing for pathogens including HIV, bone marrow aspiration and biopsy	K	KH	N	Lecture, Small group discussion	Written		Pathology	
IM4.17	Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment	S	SH	N	Skills lab	Log book/ documentation/ DOAP session		Pathology	
IM4.18	Enumerate the indications for use of imaging in the diagnosis of febrile syndromes	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			
IM4.19	Assist in the collection of blood and wound cultures	S	SH	Y	DOAP session	Log book/ documentation		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM4.20	Interpret a PPD (Mantoux)	S	SH	Y	DOAP session	Log book/ documentation		Microbiology	
IM4.21	Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner	K	KH	Y	Bedside clinic, Skill assessment	Skill assessment			
IM4.22	Describe and discuss the pharmacology, indications, adverse reactions, interactions of antimalarial drugs and basis of resistance	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM4.23	Prescribe drugs for malaria based on the species identified, prevalence of drug resistance and national programs	S	SH	Y	Small group discussion	Skill assessment		Microbiology, Pharmacology	
IM4.24	Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis	C	SH	Y	DOAP session	Skill assessment			
IM4.25	Communicate to the patient and family the diagnosis and treatment	C	SH	Y	DOAP session	Skill assessment		AETCOM	
IM4.26	Counsel the patient on malarial prevention	C	SH	Y	DOAP session	Skill assessment		Microbiology, Pharmacology	
Topic: Liver disease		**Number of competencies: (18)**				**Number of procedures that require certification : (NIL)**			
IM5.1	Describe and discuss the physiologic and biochemical basis of hyperbilirubinemia	K	K	Y	Lecture, Small group discussion	Written/Viva voce		Pathology, Physiology	
IM5.2	Describe and discuss the aetiology and pathophysiology of liver injury	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM5.3	Describe and discuss the pathologic changes in various forms of liver disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM5.4	Describe and discuss the epidemiology, microbiology, immunology and clinical evolution of infective (viral) hepatitis	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
IM5.5	Describe and discuss the pathophysiology and clinical evolution of alcoholic liver disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM5.6	Describe and discuss the pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including ascites, spontaneous bacterial peritonitis, hepatorenal syndrome and hepatic encephalopathy	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM5.7	Enumerate and describe the causes and pathophysiology of drug induced liver injury	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Pharmacology	
IM5.8	Describe and discuss the pathophysiology, clinical evolution and complications cholelithiasis and cholecystitis	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
IM5.9	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM5.10	Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM5.11	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom	K	KH	Y	Bedside clinic, DOAP session	Skill assessment/ Viva voce			
IM5.12	Choose and interpret appropriate diagnostic tests including: CBC, bilirubin, function tests, Hepatitis serology and ascitic fluid examination in patient with liver diseases.	S	KH	Y	Bedside clinic, DOAP session	Skill assessment		Pathology	
IM5.13	Enumerate the indications for ultrasound and other imaging studies including MRCP and ERCP and describe the findings in liver disease	K	K	Y	Bedside clinic,Small group discussion	Viva voce/ Written		Radiodiagnosis	General Surgery
IM5.14	Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology	S	SH	Y	Bedside clinic,Small group discussion	Viva voce/ Written		Pathology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM5.15	Assist in the performance and interpret the findings of an ascitic fluid analysis	S	KH	Y	DOAP session	documentation in log book			
IM5.16	Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites spontaneous, bacterial peritonitis and hepatic encephalopathy	K	KH	Y	Written, Small group discussion	Skill assessment/ Written/ Viva voce		Pharmacology	General Surgery
IM5.17	Enumerate the indications, precautions and counsel patients on vaccination for hepatitis	K/C	SH	Y	Written, Small group discussion	Written/ Viva voce		Microbiology	
IM5.18	Enumerate the indications for hepatic transplantation	K	K	Y	Written, Small group discussion	Written/ Viva voce			General Surgery
Topic: HIV		**Number of competencies: (23)**				**Number of procedures that require certification : (NIL)**			
IM6.1	Describe and discuss the symptoms and signs of acute HIV seroconversion	K	KH	Y	Lecture, Small group discussion	Short note/ Viva voce		Microbiology	
IM6.2	Define and classify HIV AIDS based on the CDC criteria	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce		Microbiology	
IM6.3	Describe and discuss the relationship between CDC count and the risk of opportunistic infections	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce		Microbiology	
IM6.4	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related opportunistic infections	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce		Microbiology	
IM6.5	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related malignancies	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce		Pathology, Microbiology	
IM6.6	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related skin and oral lesions	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce		Pathology, Microbiology	
IM6.7	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM6.8	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom	S	SH	Y	Bedside clinic, DOAP session, Small group discussion	Skill assessment			
IM6.9	Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC	K	KH	Y	Bedside clinic, DOAP session, Small group discussion	Written/ Skill assessment		Pathology, Microbiology	
IM6.10	Choose and interpret appropriate diagnostic tests to diagnose opportunistic infections including CBC, sputum examination and cultures, blood cultures, stool analysis, CSF analysis and Chest radiographs	S	KH	Y	Bedside clinic, DOAP session, Small group discussion	Written/ Skill assessment			
IM6.11	Enumerate the indications and describe the findings for CT of the chest and brain and MRI	K	K	N	Small group discussion, Lecture, Bedside clinic	Written/ Viva voce		Radiodiagnosis	
IM6.12	Enumerate the indications for and interpret the results of: pulse oximetry, ABG, Chest Radiograph	K	KH	Y	Bedside clinic, DOAP session, Small group discussion	Written/ Skill assessment			
IM6.13	Describe and enumerate the indications and side effects of drugs for bacterial, viral and other types of diarrhea	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
IM6.14	Perform and interpret AFB sputum	S	P	Y	DOAP session	Skill assessment		Microbiology	
IM6.15	Demonstrate in a model the correct technique to perform a lumbar puncture	S	SH	Y	Simulation	Skill assessment		Microbiology	
IM6.16	Discuss and describe the principles of HAART, the classes of antiretrovirals used, adverse reactions and interactions	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
IM6.17	Discuss and describe the principles and regimens used in post exposure prophylaxis	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
IM6.18	Enumerate the indications and discuss prophylactic drugs used to prevent HIV related opportunistic infections	K/C	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM6.19	Counsel patients on prevention of HIV transmission	C	SH	Y	DOAP session	Skills assessment		AETCOM	
IM6.20	Communicate diagnosis, treatment plan and subsequent follow up plan to patients	C	SH	Y	DOAP session	Skills assessment		AETCOM	
IM6.21	Communicate with patients on the importance of medication adherence	C	SH	Y	DOAP session	Skills assessment		AETCOM	
IM6.22	Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV	K/A	SH	Y	DOAP session, Small group discussion	Viva voce/ Written/ Skill Assessment		AETCOM	
IM6.23	Demonstrate a non-judgemental attitude to patients with HIV and to their lifestyles	A	SH	Y	Small group discussion	observation by teacher		AETCOM	
Topic: Rheumatologic problems		**Number of competencies: (27)**				**Number of procedures that require certification: (NIL)**			
IM7.1	Describe the pathophysiology of autoimmune disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM7.2	Describe the genetic basis of autoimmune disease	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM7.3	Classify cause of joint pain based on the pathophysiology	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM7.4	Develop a systematic clinical approach to joint pain based on the pathophysiology	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.5	Describe and discriminate acute, subacute and chronic causes of joint pain	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.6	Discriminate, describe and discuss arthralgia from arthritis and mechanical from inflammatory causes of joint pain	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.7	Discriminate, describe and discuss distinguishing articular from periarticular complaints	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.8	Determine the potential causes of join pain based on the presenting features of joint involvement	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM7.9	Describe the common signs and symptoms of articular and periarticular diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.10	Describe the systemic manifestations of rheumatologic disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM7.11	Elicit document and present a medical history that will differentiate the aetiologies of disease	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM7.12	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			Orthopedics
IM7.13	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	K/S	KH	Y	Bedside clinic, Small group discussion	Skill assessment/ Written			
IM7.14	Describe the appropriate diagnostic work up based on the presumed aetiology	K	KH	Y	Bedside clinic, Small group discussion	Skill assessment/ Written			
IM7.15	Enumerate the indications for and interpret the results of : CBC, anti-CCP, RA, ANA, DNA and other tests of autoimmunity	K	SH	Y	Bedside clinic, Small group discussion	Skill assessment/ Written		Pathology	
IM7.16	Enumerate the indications for arthrocentesis	K	K	Y	Small group discussion, Lecture	Written/ Viva voce			Orthopedics
IM7.17	Enumerate the indications and interpret plain radiographs of joints	K	SH	Y	Bedside clinic, Small group discussion	Skill assessment/ Written		Radiodiagnosis	Orthopedics
IM7.18	Communicate diagnosis, treatment plan and subsequent follow up plan to patients	C	SH	Y	DOAP session	Skill assessment/ Written			
IM7.19	Develop an appropriate treatment plan for patients with rheumatologic diseases	K	KH	Y	Bedside clinic, Small group discussion	Skill assessment/ Written			
IM7.20	Select, prescribe and communicate appropriate medications for relief of joint pain	K/C	SH	Y	DOAP session	Skill assessment/ Written		Pharmacology	Orthopedics
IM7.21	Select, prescribe and communicate preventive therapy for crystalline arthropathies	K/C	SH	Y	DOAP session	Skill assessment/ Written		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM7.22	Select, prescribe and communicate treatment option for systemic rheumatologic conditions	K/C	SH	Y	DOAP session	Skill assessment/ Written		Pharmacology	
IM7.23	Describe the basis for biologic and disease modifying therapy in rheumatologic diseases	K	KH	Y	Bedside clinic, Small group discussion	Skill assessment/ Written		Pharmacology	
IM7.24	Communicate and incorporate patient preferences in the choice of therapy	C/A	SH	Y	DOAP session	Skill assessment		AETCOM	
IM7.25	Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions	C	SH	Y	DOAP session	Skill assessment			
IM7.26	Demonstrate an understanding of the impact of rheumatologic conditions on quality of life, well being, work and family	A	SH	Y	DOAP session	Skill assessment			
IM7.27	Determine the need for specialist consultation	K	K	Y	Small group discussion, Lecture	Viva voce			
Topic: Hypertension		**Number of competencies: (20)**				**Number of procedures that require certification: (NIL)**			
IM8.1	Describe and discuss the epidemiology, aetiology and the prevalence of primary and secondary hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM8.2	Describe and discuss the pathophysiology of hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM8.3	Describe and discuss the genetic basis of hypertension	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.4	Define and classify hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.5	Describe and discuss the differences between primary and secondary hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.6	Define, describe and discuss and recognise hypertensive urgency and emergency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM8.7	Describe and discuss the clinical manifestations of the various aetiologies of secondary causes of hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.8	Describe, discuss and identify target organ damage due to hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM8.9	Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy	K	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM8.10	Perform a systematic examination that includes : an accurate measurement of blood pressure, fundus examination, examination of vasculature and heart	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM8.11	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM8.12	Describe the appropriate diagnostic work up based on the presumed aetiology	K	KH	Y	Small group discussion	Skill assessment/ Written/ Viva voce			
IM8.13	Enumerate the indications for and interpret the results of : CBC, Urine routine, BUN, Cr, Electrolytes, Uric acid, ECG	K	KH	Y	Small group discussion	Skill assessment/ Written/ Viva voce			
IM8.14	Develop an appropriate treatment plan for essential hypertension	K	KH	Y	Small group discussion	Written/ Viva voce		Pharmacology	
IM8.15	Recognise, prioritise and manage hypertensive emergencies	S	SH	Y	DOAP session	Skill assessment/ Written		Pharmacology	
IM8.16	Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, physical activity and sodium intake	C	SH	Y	DOAP session	Skill assessment			
IM8.17	Perform and interpret a 12 lead ECG	S	P	Y	DOAP session	documentation in log book/ skills station			
IM8.18	Incorporate patient preferences in the management of HTN	A/C	SH	Y	DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM8.19	Demonstrate understanding of the impact of Hypertension on quality of life, well being, work and family	A	SH	Y	Bedside clinic, DOAP session	observation by faculty			
IM8.20	Determine the need for specialist consultation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Anemia		**Number of competencies: (21)**				**Number of procedures that require certification : (NIL)**			
IM9.1	Define, describe and classify anemia based on red blood cell size and reticulocyte count	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM9.2	Describe and discuss the morphological characteristics, aetiology and prevalence of each of the causes of anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM9.3	Elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, and family history	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			
IM9.4	Perform a systematic examination that includes : general examination for pallor, oral examination, DOAP session of hyper dynamic circulation, lymph node and splenic examination	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM9.5	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Written		Pathology	
IM9.6	Describe the appropriate diagnostic work up based on the presumed aetiology	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Written		Pathology	
IM9.7	Describe and discuss the meaning and utility of various components of the hemogram	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.8	Describe and discuss the various tests for iron deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.9	Order and interpret tests for anemia including hemogram, red cell indices, reticulocyte count, iron studies, B12 and folate	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Written		Pathology	
IM9.10	Describe, perform and interpret a peripheral smear and stool occult blood	S	SH	P	Bedside clinic, DOAP session	Skill assessment/ Written		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM9.11	Describe the indications and interpret the results of a bone marrow aspirations and biopsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.12	Describe, develop a diagnostic plan to determine the aetiology of anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.13	Prescribe replacement therapy with iron, B12, folate	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Written		Pharmacology	
IM9.14	Describe the national programs for anemia prevention	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Community Medicine	
IM9.15	Communicate the diagnosis and the treatment appropriately to patients	C	SH	Y	DOAP session	Skill assessment			
IM9.16	Incorporate patient preferences in the management of anemia	C	SH	Y	DOAP session	Skill assessment			
IM9.17	Describe the indications for blood transfusion and the appropriate use of blood components	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Pathology	
IM9.18	Describe the precautions required necessary when performing a blood transfusion	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			
IM9.19	Assist in a blood transfusion	S	SH	Y	Bedside clinic	document in log book			
IM9.20	Communicate and counsel patients with methods to prevent nutritional anemia	C	SH	Y	DOAP session	Skill assessment			
IM9.21	Determine the need for specialist consultation	K	KH	Y	Lecture, Small group discussion	Written			
Topic: Acute Kidney Injury and Chronic renal failure		**Number of competencies: (31)**				**Number of procedures that require certification: (NIL)**			
IM10.1	Define, describe and differentiate between acute and chronic renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.2	Classify, describe and differentiate the pathophysiologic causes of acute renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM10.3	Describe the pathophysiology and causes of pre renal ARF, renal and post renal ARF	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.4	Describe the evolution, natural history and treatment of ARF	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.5	Describe and discuss the aetiology of CRF	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.6	Stage Chronic Kidney Disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.7	Describe and discuss the pathophysiology and clinical findings of uraemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.8	Classify, describe and discuss the significance of proteinuria in CKD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.9	Describe and discuss the pathophysiology of anemia and hyperparathyroidism in CKD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.10	Describe and discuss the association between CKD glycemia and hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.11	Describe and discuss the relationship between CAD risk factors and CKD and in dialysis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM10.12	Elicit document and present a medical history that will differentiate the aetiologies of disease, distinguish acute and chronic disease, identify predisposing conditions, nephrotoxic drugs and systemic causes	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM10.13	Perform a systematic examination that establishes the diagnosis and severity including determination of volume status, presence of edema and heart failure, features of uraemia and associated systemic disease	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM10.14	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	K	KH	Y	DOAP session, Small group discussion	Skill assessment/ Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM10.15	Describe the appropriate diagnostic work up based on the presumed aetiology	K	SH	Y	DOAP session, Small group discussion	Skill assessment/ Written/ Viva voce			
IM10.16	Enumerate the indications for and interpret the results of : renal function tests, calcium, phosphorus, PTH, urine electrolytes, osmolality, Anion gap	K	KH	Y	DOAP session, Small group discussion	Skill assessment/ Written/ Viva voce		Pathology	
IM10.17	Describe and calculate indices of renal function based on available laboratories including FENa (Fractional Excretion of Sodium) and CrCl (Creatinine Clearance)	S	SH	Y	DOAP session, Small group discussion	Skill assessment/ Written/ Viva voce		Pathology	
IM10.18	Identify the ECG findings in hyperkalemia	S	SH	Y	DOAP session, Small group discussion	Skill assessment/ Written/ Viva voce			
IM10.19	Enumerate the indications and describe the findings in renal ultrasound	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Radiodiagnosis	
IM10.20	Describe and discuss the indications to perform arterial blood gas analysis: interpret the data	S	P	Y	DOAP session	documentation in log book			
IM10.21	Describe and discuss the indications for and insert a peripheral intravenous catheter	S	P	Y	DOAP session, Bedside clinic	documentation in logbook			
IM10.22	Describe and discuss the indications, demonstrate in a model and assist in the insertion of a central venous or a dialysis catheter	S	SH	N	DOAP session	Skill assessment with model			
IM10.23	Communicate diagnosis treatment plan and subsequent follow up plan to patients	C	SH	Y	DOAP session	Skill assessment			
IM10.24	Counsel patients on a renal diet	K	SH	Y	DOAP session	Skill assessment			
IM10.25	Identify and describe the priorities in the management of ARF including diet, volume management, alteration in doses of drugs, monitoring and indications for dialysis	K/C	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM10.26	Describe and discuss supportive therapy in CKD including diet, anti hypertensives, glycemic therapy, dyslipidemia, anemia, hyperkalemia, hyperphosphatemia and secondary hyperparathyroidism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM10.27	Describe and discuss the indications for renal dialysis	C/A	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM10.28	Describe and discuss the indications for renal replacement therapy	C	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM10.29	Describe discuss and communicate the ethical and legal issues involved in renal replacement therapy	C/A	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM10.30	Recognise the impact of CKD on patient's quality of life well being work and family	A	K	Y	Lecture, Small group discussion, Bedside clinic	observation by faculty			
IM10.31	Incorporate patient preferences in to the care of CKD	A/C	KH	Y	Lecture, Small group discussion, Bedside clinic	observation by faculty			
Topic: Diabetes Mellitus		**Number of competencies: (24)**				**Number of procedures that require certification : (02)**			
IM11.1	Define and classify diabetes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM11.2	Describe and discuss the epidemiology and pathogenesis and risk factors and clinical evolution of type 1 diabetes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM11.3	Describe and discuss the epidemiology and pathogenesis and risk factors economic impact and clinical evolution of type 2 diabetes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM11.4	Describe and discuss the genetic background and the influence of the environment on diabetes	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			
IM11.5	Describe and discuss the pathogenesis and temporal evolution of microvascular and macrovascular complications of diabetes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM11.6	Describe and discuss the pathogenesis and precipitating factors, recognition and management of diabetic emergencies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM11.7	Elicit document and present a medical history that will differentiate the aetiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM11.8	Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries)	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM11.9	Describe and recognise the clinical features of patients who present with a diabetic emergency	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce			
IM11.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce			
IM11.11	Order and interpret laboratory tests to diagnose diabetes and its complications including: glucoses, glucose tolerance test, glycosylated hemoglobin, urinary micro albumin, ECG, electrolytes, ABG, ketones, renal function tests and lipid profile	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Pathology	
IM11.12	Perform and interpret a capillary blood glucose test	S	P	Y	Bedside clinic, DOAP session	Skill assessment	2	Pathology, Biochemistry	
IM11.13	Perform and interpret a urinary ketone estimation with a dipstick	S	P	Y	Bedside clinic, DOAP session	Skill assessment	2	Pathology, Biochemistry	
IM11.14	Recognise the presentation of hypoglycaemia and outline the principles on its therapy	K	KH	Y	Small Group discussion, Lecture	Written/ Viva voce			
IM11.15	Recognise the presentation of diabetic emergencies and outline the principles of therapy	K	KH	Y	Small Group discussion, Lecture	Written/ Viva voce			
IM11.16	Discuss and describe the pharmacologic therapies for diabetes their indications, contraindications, adverse reactions and interactions	K	KH	Y	Small Group discussion, Lecture	Written/ Viva voce		Pharmacology	
IM11.17	Outline a therapeutic approach to therapy of T2Diabetes based on presentation, severity and complications in a cost effective manner	K	KH	Y	Small Group discussion, Lecture	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM11.18	Describe and discuss the pharmacology, indications, adverse reactions and interactions of drugs used in the prevention and treatment of target organ damage and complications of Type II Diabetes including neuropathy, nephropathy, retinopathy, hypertension, dyslipidemia and cardiovascular disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM11.19	Demonstrate and counsel patients on the correct technique to administer insulin	S/C	SH	Y	DOAP session	Skill assessment		Pharmacology	
IM11.20	Demonstrate to and counsel patients on the correct technique of self monitoring of blood glucoses	S/C	SH	Y	DOAP session	Skill assessment			
IM11.21	Recognise the importance of patient preference while selecting therapy for diabetes	A	KH	Y	DOAP session	faculty observation			
IM11.22	Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM11.23	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of diabetic ketoacidosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM11.24	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of Hyperosmolar non ketotic state	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Thyroid dysfunction		**Number of competencies: (15)**				**Number of procedures that require certification : (NIL)**			
IM12.1	Describe the epidemiology and pathogenesis of hypothyroidism and hyperthyroidism including the influence of iodine deficiency and autoimmunity in the pathogenesis of thyroid disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM12.2	Describe and discuss the genetic basis of some forms of thyroid dysfunction	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
IM12.3	Describe and discuss the physiology of the hypothalamopituitary - thyroid axis, principles of thyroid function testing and alterations in physiologic function	K	K	Y	Lecture, Small group discussion	Short notes		Pathology, Physiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM12.4	Describe and discuss the principles of radio iodine uptake in the diagnosis of thyroid disorders	K	KH	Y	Lecture, Small group discussion	Short notes/ Viva voce			
IM12.5	Elicit document and present an appropriate history that will establish the diagnosis cause of thyroid dysfunction and its severity	S	SH	Y	Bedside clinic	Skill assessment/ Short case			
IM12.6	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and severity including systemic signs of thyrotoxicosis and hypothyroidism, palpation of the pulse for rate and rhythm abnormalities, neck palpation of the thyroid and lymph nodes and cardiovascular findings	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			General Surgery
IM12.7	Demonstrate the correct technique to palpate the thyroid	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Surgery
IM12.8	Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis	K	KH	Y	Bedside clinic, small group discussion	Short case			General Surgery
IM12.9	Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio iodine uptake and scan	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Surgery
IM12.10	Identify atrial fibrillation, pericardial effusion and bradycardia on ECG	S	SH	Y	Bedside clinic, lab	Skill assessment			General Surgery
IM12.11	Interpret thyroid function tests in hypo and hyperthyroidism	S	SH	Y	Bedside clinic, lab	Skill assessment			General Surgery
IM12.12	Describe and discuss the iodisation programs of the government of India	K	KH	Y	Lecture, Bedside clinic	Short note		Community Medicine	
IM12.13	Describe the pharmacology, indications, adverse reaction, interactions of thyroxine and antithyroid drugs	K	KH	Y	Lecture, Small group discussion	Viva voce/ Short note		Pharmacology	General Surgery
IM12.14	Write and communicate to the patient appropriately a prescription for thyroxine based on age, sex, and clinical and biochemical status	S/C	SH	Y	Skill assessment	Skill assessment		Pharmacology	
IM12.15	Describe and discuss the indications of thionamide therapy, radio iodine therapy and surgery in the management of thyrotoxicosis	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		Pharmacology	General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Common malignancies		**Number of competencies: (19)**				**Number of procedures that require certification : (NIL)**			
IM13.1	Describe the clinical epidemiology and inherited & modifiable risk factors for common malignancies in India	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology, Biochemistry	
IM13.2	Describe the genetic basis of selected cancers	K	K	N	Lecture, Small group discussion	Short note/ Viva voce		Pathology	
IM13.3	Describe the relationship between infection and cancers	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology, Microbiology	
IM13.4	Describe the natural history, presentation, course, complications and cause of death for common cancers	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	
IM13.5	Describe the common issues encountered in patients at the end of life and principles of management	K	K	N	Lecture, Small group discussion	Short note/ Viva voce			
IM13.6	Describe and distinguish the difference between curative and palliative care in patients with cancer	K	K	N	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology	
IM13.7	Elicit document and present a history that will help establish the aetiology of cancer and includes the appropriate risk factors, duration and evolution	S	K	Y	Bedside clinic	Skill assessment/ Short case			General Surgery
IM13.8	Perform and demonstrate a physical examination that includes an appropriate general and local examination that excludes the diagnosis, extent spread and complications of cancer	S	SH	Y	Bedside clinic	Skill assessment/ short case			General Surgery
IM13.9	Demonstrate in a mannequin the correct technique for performing breast exam, rectal examination and cervical examination and pap smear	S	K	Y	Bedside clinic	Skill assessment/ Short case		Human Anatomy	General Surgery
IM13.10	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	S	K	Y	Bedside clinic	Skill assessment/ Short case			General Surgery
IM13.11	Order and interpret diagnostic testing based on the clinical diagnosis including CBC and stool occult blood and prostate specific antigen	S	K	Y	Bedside clinic	Skill assessment/ Short case			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM13.12	Describe the indications and interpret the results of Chest X Ray, mammogram, skin and tissue biopsies and tumor markers used in common cancers	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		Radiodiagnosis	
IM13.13	Describe and assess pain and suffering objectively in a patient with cancer	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		Pharmacology	General Surgery
IM13.14	Describe the indications for surgery, radiation and chemotherapy for common malignancies	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		Pharmacology	General Surgery
IM13.15	Describe the need, tests involved, their utility in the prevention of common malignancies	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		Pathology	
IM13.16	Demonstrate an understanding and needs and preferences of patients when choosing curative and palliative therapy	A/C	KH	Y	Bedside clinic, small group discussion	Short note/ Viva voce		AETCOM	
IM13.17	Describe and enumerate the indications, use, side effects of narcotics in pain alleviation in patients with cancer	K	KH	Y	Bedside clinic,Small group discussion	Short note/ Viva voce		Pharmacology	Anesthesiology
IM13.18	Describe and discuss the ethical and the medico legal issues involved in end of life care	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		AETCOM	
IM13.19	Describe the therapies used in alleviating suffering in patients at the end of life	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		AETCOM	
Topic: Obesity		**Number of competencies: (15)**				**Number of procedures that require certification: (NIL)**			
IM14.1	Define and measure obesity as it relates to the Indian population	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			
IM14.2	Describe and discuss the aetiology of obesity including modifiable and non-modifiable risk factors and secondary causes	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	
IM14.3	Describe and discuss the monogenic forms of obesity	K	K	N	Lecture, Small group discussion	Short note/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM14.4	Describe and discuss the impact of environmental factors including eating habits, food, work, environment and physical activity on the incidence of obesity	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology, Community Medicine	
IM14.5	Describe and discuss the natural history of obesity and its complications	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	
IM14.6	Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history, clues for secondary causes and motivation to lose weight	S	SH	Y	Bedside clinic, Skills lab	Skill assessment			
IM14.7	Perform, document and demonstrate a physical examination based on the history that includes general examination, measurement of abdominal obesity, signs of secondary causes and comorbidities	S	SH	Y	Bedside clinic, Skills lab	Skill assessment			
IM14.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	S	SH	Y	Bedside clinic,Skills lab	Skill assessment/ Short note/ Viva voce			
IM14.9	Order and interpret diagnostic tests based on the clinical diagnosis including blood glucose, lipids, thyroid function tests etc.	S	SH	Y	Bedside clinic, Skills lab, Small group discussion	Skill assessment/ Short note/ Viva voce			
IM14.10	Describe the indications and interpret the results of tests for secondary causes of obesity	K	KH	Y	Bedside clinic, Skills lab, Small group discussion	Skill assessment/ Short note/ Viva voce			
IM14.11	Communicate and counsel patient on behavioural, dietary and lifestyle modifications	C	SH	Y	Bedside clinic, Skills lab	Skill assessment			
IM14.12	Demonstrate an understanding of patient’s inability to adhere to lifestyle instructions and counsel them in a non - judgemental way	A/C	SH	Y	Bedside clinic, Skills lab	Skill assessment			
IM14.13	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for obesity	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology	
IM14.14	Describe and enumerate the indications and side effects of bariatric surgery	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM14.15	Describe and enumerate and educate patients, health care workers and the public on measures to prevent obesity and promote a healthy lifestyle	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			
Topic: GI bleeding		**Number of competencies: (18)**				**Number of procedures that require certification : (NIL)**			
IM15.1	Enumerate, describe and discuss the aetiology of upper and lower GI bleeding	K	KH	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM15.2	Enumerate, describe and discuss the evaluation and steps involved in stabilizing a patient who presents with acute volume loss and GI bleed	S	SH	Y	DOAP session, Small group discussion, Lecture	Written/ Viva voce/ Skill assessment		Pathology	General Surgery
IM15.3	Describe and discuss the physiologic effects of acute blood and volume loss	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology, Physiology	General Surgery
IM15.4	Elicit and document and present an appropriate history that identifies the route of bleeding, quantity, grade, volume loss, duration, etiology, comorbid illnesses and risk factors	S	SH	Y	Bedside clinic	Skill assessment			General Surgery
IM15.5	Perform, demonstrate and document a physical examination based on the history that includes general examination, volume assessment and appropriate abdominal examination	S	SH	Y	Bedside clinic, Skills lab	Skill assessment			General Surgery
IM15.6	Distinguish between upper and lower gastrointestinal bleeding based on the clinical features	S	KH	Y	Lecture, Small group discussion	Short note/ Viva voce			General Surgery
IM15.7	Demonstrate the correct technique to perform an anal and rectal examination in a mannequin or equivalent	S	SH	Y	DOAP session	Skill assessment			General Surgery
IM15.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	S	SH	Y	Bedside clinic, Skills lab	Skill assessment/ Short note/ Viva voce			General Surgery
IM15.9	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, PT and PTT, stool examination, occult blood, liver function tests, H.pylori test.	S	SH	Y	Bedside clinic, DOAP session, Small group discussion	Skill assessment/ Short note/ Viva voce		Pathology	General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM15.10	Enumerate the indications for endoscopy, colonoscopy and other imaging procedures in the investigation of Upper GI bleeding	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery
IM15.11	Develop, document and present a treatment plan that includes fluid resuscitation, blood and blood component transfusion, and specific therapy for arresting blood loss	S	KH	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM15.12	Enumerate the indications for whole blood, component and platelet transfusion and describe the clinical features and management of a mismatched transfusion	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM15.13	Observe cross matching and blood / blood component transfusion	S	SH	Y	Bedside clinic	Short note/ Viva voce/ Skill assessment		Pathology	General Surgery
IM15.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of pressors used in the treatment of Upper GI bleed	K	K	Y	Lecture, Small group discussion	Short note/Viva voce		Pharmacology	General Surgery
IM15.15	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of acid peptic disease including Helicobacter pylori	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology, Microbiology	General Surgery
IM15.16	Enumerate the indications for endoscopic interventions and Surgery	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			General Surgery
IM15.17	Determine appropriate level of specialist consultation	S	K	Y	Small group discussion				General Surgery
IM15.18	Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options	S	SH	Y	DOAP session	Skill assessment			General Surgery
Topic: Diarrheal disorder		**Number of competencies: (17)**				**Number of procedures that require certification : (NIL)**			
IM16.1	Describe and discuss the aetiology of acute and chronic diarrhea including infectious and non infectious causes	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Microbiology	
IM16.2	Describe and discuss the acute systemic consequences of diarrhea including its impact on fluid balance	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM16.3	Describe and discuss the chronic effects of diarrhea including malabsorption	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			
IM16.4	Elicit and document and present an appropriate history that includes the natural history, dietary history, travel , sexual history and other concomitant illnesses	S	SH	Y	Bedside clinic, Skills lab	Skill assessment		Microbiology, Pathology	
IM16.5	Perform, document and demonstrate a physical examination based on the history that includes general examination, including an appropriate abdominal examination	S	SH	Y	Bedside clinic, Skills lab	Skill assessment			
IM16.6	Distinguish between diarrhea and dysentery based on clinical features	S	KH	Y	Lecture, Small group discussion	Short note/ Viva voce			
IM16.7	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	S	SH	Y	Bedside clinic, Skills lab	Skill assessment/ short note/ Viva voce			
IM16.8	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, and stool examination	S	SH	Y	Bedside clinic, Skills lab, Small group discussion	Skill assessment/ Short note/ Viva voce		Microbiology, Pathology	
IM16.9	Identify common parasitic causes of diarrhea under the microscope in a stool specimen	S	SH	Y	DOAP session	Skill assessment		Microbiology	
IM16.10	Identify vibrio cholera in a hanging drop specimen	S	SH	Y	DOAP session	Skill Assessment		Microbiology	
IM16.11	Enumerate the indications for stool cultures and blood cultures in patients with acute diarrhea	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
IM16.12	Enumerate and discuss the indications for further investigations including antibodies, colonoscopy, diagnostic imaging and biopsy in the diagnosis of chronic diarrhea	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	General Surgery
IM16.13	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic causes of diarrhea	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology, Microbiology	
IM16.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for bacterial and viral diarrhea	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM16.15	Distinguish based on the clinical presentation Crohn's disease from Ulcerative Colitis	S	SH	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM16.16	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy including immunotherapy	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology	
IM16.17	Describe and enumerate the indications for surgery in inflammatory bowel disease	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			General Surgery
Topic: Headache		**Number of competencies: (14)**				**Number of procedures that require certification : (NIL)**			
IM17.1	Define and classify headache and describe the presenting features, precipitating factors, aggravating and relieving factors of various kinds of headache	K	KH	Y	Lecture, Small group discussion	Short note/ Viva voce		Human Anatomy	
IM17.2	Elicit and document and present an appropriate history including aura, precipitating aggravating and relieving factors, associated symptoms that help identify the cause of headaches	S	SH	Y	Bedside clinic, Small group discussion	Bedside clinic/ Skill assessment			
IM17.3	Classify migraine and describe the distinguishing features between classical and non classical forms of migraine	K	KH	Y	Bedside clinic, Small group discussion	Bedside clinic/ Skill assessment			
IM17.4	Perform and demonstrate a general neurologic examination and a focused examination for signs of intracranial tension including neck signs of meningitis	S	SH	Y	Bedside clinic, Small group discussion	Bedside clinic/ Skill assessment			
IM17.5	Generate document and present a differential diagnosis based on the clinical features, and prioritise the diagnosis based on the presentation	S	SH	Y	Bedside clinic,Small group discussion	Bedside clinic/ skill assessment			
IM17.6	Choose and interpret diagnostic testing based on the clinical diagnosis including imaging	S	SH	Y	Lecture, Small group discussion, Bedside clinic	Skill Assessment			
IM17.7	Enumerate the indications and describe the findings in the CSF in patients with meningitis	K	K	Y	Small group discussion, Bedside clinic	Skill Assessment		Microbiology, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM17.8	Demonstrate in a mannequin or equivalent the correct technique for performing a lumbar puncture	S	SH	Y	DOAP session	Skill assessment		Microbiology, Pathology	
IM17.9	Interpret the CSF findings when presented with various parameters of CSF fluid analysis	S	SH	Y	Small group discussion, Bedside clinic	Skill assessment		Microbiology, Pathology	
IM17.10	Enumerate the indications for emergency care admission and immediate supportive care in patients with headache	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
IM17.11	Describe the indications, pharmacology, dose, side effects of abortive therapy in migraine	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM17.12	Describe the indications, pharmacology, dose, side effects of prophylactic therapy in migraine	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM17.13	Describe the pharmacology, dose, adverse reactions and regimens of drugs used in the treatment of bacterial, tubercular and viral meningitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM17.14	Counsel patients with migraine and tension headache on lifestyle changes and need for prophylactic therapy	A/C	SH	N	DOAP session	Skill Assessment		Pharmacology	Psychiatry
Topic: Cerebrovascular accident		**Number of competencies: (17)**				**Number of procedures that require certification : (NIL)**			
IM18.1	Describe the functional and the vascular anatomy of the brain	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
IM18.2	Classify cerebrovascular accidents and describe the aetiology, predisposing genetic and risk factors pathogenesis of hemorrhagic and non hemorrhagic stroke	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
IM18.3	Elicit and document and present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident	S	SH	Y	Bedside clinic	Skill assessment		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM18.4	Identify the nature of the cerebrovascular accident based on the temporal evolution and resolution of the illness	K	KH	Y	Bedside clinic, Small group discussion	Skill Assessment			
IM18.5	Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate, based on the history	S	SH	Y	Bedside clinic, DOAP session	Skill Assessment			
IM18.6	Distinguish the lesion based on upper vs lower motor neuron, side, site and most probable nature of the lesion	K/S	SH	Y	Bedside clinic, DOAP session	Skill Assessment		Physiology	
IM18.7	Describe the clinical features and distinguish, based on clinical examination, the various disorders of speech	K/S	SH	N	Bedside clinic, DOAP session	Skill Assessment		Physiology	
IM18.8	Describe and distinguish, based on the clinical presentation, the types of bladder dysfunction seen in CNS disease	K	KH	Y	Small group discussion, Bedside clinic	Written/ Viva voce		Physiology	
IM18.9	Choose and interpret the appropriate diagnostic and imaging test that will delineate the anatomy and underlying cause of the lesion	S	KH	Y	Bedside clinic, DOAP session, Small group discussion	Written/ Viva voce/ Skill assessment		Radiodiagnosis	
IM18.10	Choose and interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)	S	SH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM18.11	Describe the initial supportive management of a patient presenting with a cerebrovascular accident (CVA)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM18.12	Enumerate the indications for and describe acute therapy of non hemorrhagic stroke including the use of thrombolytic agents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM18.13	Enumerate the indications for and describe the role of anti platelet agents in non hemorrhagic stroke	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM18.14	Describe the initial management of a hemorrhagic stroke	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM18.15	Enumerate the indications for surgery in a hemorrhagic stroke	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM18.16	Enumerate the indications describe and observe the multidisciplinary rehabilitation of patients with a CVA	S	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Physical Medicine & Rehabilitation
IM18.17	Counsel patient and family about the diagnosis and therapy in an empathetic manner	A/C	SH	Y	DOAP session	Skill assessment			
Topic: Movement disorders		**Number of competencies: (09)**				**Number of procedures that require certification : (NIL)**			
IM19.1	Describe the functional anatomy of the locomotor system of the brain	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology	
IM19.2	Classify movement disorders of the brain based on distribution, rhythm, repetition, exacerbating and relieving factors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM19.3	Elicit and document and present an appropriate history including onset, progression precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the movement disorders	S	SH	Y	Bedside clinic	Skill assessment			
IM19.4	Perform, demonstrate and document a physical examination that includes a general examination and a detailed neurologic examination using standard movement rating scales	S	SH	Y	Bedside clinic	Skill assessment			
IM19.5	Generate document and present a differential diagnosis and prioritise based on the history and physical examination	S	SH	Y	Bedside clinic	Skill assessment			
IM19.6	Make a clinical diagnosis regarding on the anatomical location, nature and cause of the lesion based on the clinical presentation and findings	S	SH	Y	Bedside clinic	Skill assessment			
IM19.7	Choose and interpret diagnostic and imaging tests in the diagnosis of movement disorders	S	SH	Y	Bedside clinic, Small group session	Skill assessment/ Written/ Viva voce		Radiodiagnosis	
IM19.8	Discuss and describe the pharmacology, dose, side effects and interactions used in the drug therapy of Parkinson's syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM19.9	Enumerate the indications for use of surgery and botulinum toxin in the treatment of movement disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Envenomation		**Number of competencies: (09)**				**Number of procedures that require certification : (NIL)**			
IM20.1	Enumerate the local poisonous snakes and describe the distinguishing marks of each	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM20.2	Describe, demonstrate in a volunteer or a mannequin and educate (to other health care workers / patients) the correct initial management of patient with a snake bite in the field	S	SH	Y	DOAP session	Skill assessment/ Written/ Viva voce		Forensic Medicine	
IM20.3	Describe the initial approach to the stabilisation of the patient who presents with snake bite	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine	
IM20.4	Elicit and document and present an appropriate history, the circumstance, time, kind of snake, evolution of symptoms in a patient with snake bite	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Forensic Medicine	
IM20.5	Perform a systematic examination, document and present a physical examination that includes general examination, local examination, appropriate cardiac and neurologic examination	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM20.6	Choose and interpret the appropriate diagnostic testing in patients with snake bites	S	SH	Y	Small group discussion	Written/ Viva voce			
IM20.7	Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of anti snake venom	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM20.8	Describe the diagnosis, initial approach stabilisation and therapy of scorpion envenomation	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM20.9	Describe the diagnosis initial approach stabilisation and therapy of bee sting allergy	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
Topic: Poisoning		**Number of competencies: (08)**				**Number of procedures that require certification : (NIL)**			
IM21.1	Describe the initial approach to the stabilisation of the patient who presents with poisoning	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM21.2	Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis and specific approach to detoxification	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.3	Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis and approach to therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.4	Enumerate the commonly observed drug overdose in your area and describe their toxicology, clinical features, prognosis and approach to therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine, Pharmacology	
IM21.5	Observe and describe the functions and role of a poison center in suspected poisoning	S	KH	Y	DOAP session	document in log book		Forensic Medicine, Pharmacology	
IM21.6	Describe the medico legal aspects of suspected suicidal or homicidal poisoning and demonstrate the correct procedure to write a medico legal report on a suspected poisoning	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		Forensic Medicine, Pharmacology	
IM21.7	Counsel family members of a patient with suspected poisoning about the clinical and medico legal aspects with empathy	A/C	SH	Y	DOAP session	Skill assessment		Forensic Medicine, Pharmacology	
IM21.8	Enumerate the indications for psychiatric consultation and describe the precautions to be taken in a patient with suspected suicidal ideation / gesture	K	KH	Y	DOAP session	Skill assessment		Forensic Medicine, Psychiatry	
Topic: Mineral, Fluid Electrolyte and Acid base Disorder		**Number of competencies: (13)**				**Number of procedures that require certification : (NIL)**			
IM22.1	Enumerate the causes of hypercalcemia and distinguish the features of PTH vs non PTH mediated hypercalcemia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
IM22.2	Describe the aetiology, clinical manifestations, diagnosis and clinical approach to primary hyperparathyroidism	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	General Surgery
IM22.3	Describe the approach to the management of hypercalcemia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
IM22.4	Enumerate the components and describe the genetic basis of the multiple endocrine neoplasia syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM22.5	Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management of the patient with hyponatremia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM22.6	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hyponatremia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM22.7	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hypokalemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM22.8	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hyperkalemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM22.9	Enumerate the causes and describe the clinical and laboratory features of metabolic acidosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
IM22.10	Enumerate the causes of describe the clinical and laboratory features of metabolic alkalosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
IM22.11	Enumerate the causes and describe the clinical and laboratory features of respiratory acidosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
IM22.12	Enumerate the causes and describe the clinical and laboratory features of respiratory alkalosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
IM22.13	Identify the underlying acid based disorder based on an ABG report and clinical situation	S	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology	
Topic: Nutritional and Vitamin Deficiencies		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
IM23.1	Discuss and describe the methods of nutritional assessment in an adult and calculation of caloric requirements during illnesses	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.2	Discuss and describe the causes and consequences of protein caloric malnutrition in the hospital	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM23.3	Discuss and describe the aetiology, causes, clinical manifestations, complications, diagnosis and management of common vitamin deficiencies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.4	Enumerate the indications for enteral and parenteral nutrition in critically ill patients	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.5	Counsel and communicate to patients in a simulated environment with illness on an appropriate balanced diet	S	SH	Y	DOAP session	Skill assessment			
Topic: Geriatrics		**Number of competencies: (22)**				**Number of procedures that require certification : (NIL)**			
IM24.1	Describe and discuss the epidemiology, pathogenesis, clinical evolution, presentation and course of common diseases in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM24.2	Perform multidimensional geriatric assessment that includes medical, psycho-social and functional components	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Psychiatry	
IM24.3	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of acute confusional states	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM24.4	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vascular events in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM24.5	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of depression in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
IM24.6	Describe and discuss the aetiopathogenesis causes, clinical presentation, difference in discussion presentation identification, functional changes, acute care, stabilization, management and rehabilitation of dementia in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			AETCOM

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM24.7	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of personality changes in the elderly	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
IM24.8	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of osteoporosis in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM24.9	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of CVA in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM24.10	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of COPD in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Respiratory Medicine
IM24.11	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of the elderly undergoing surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anesthesiology, General Surgery
IM24.12	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of degenerative joint disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM24.13	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of falls in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics, Physical Medicine & Rehabilitation
IM24.14	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of common fractures in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM24.15	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vision and visual loss in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Ophthalmology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM24.16	Describe and discuss the principles of physical and social rehabilitation, functional assessment, role of physiotherapy and occupational therapy in the management of disability in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics, Physical Medicine & Rehabilitation
IM24.17	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of hearing loss in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			ENT
IM24.18	Describe the impact of the demographic changes in ageing on the population	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
IM24.19	Enumerate and describe the social problems in the elderly including isolation, abuse, change in family structure and their impact on health.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
IM24.20	Enumerate and describe social interventions in the care of elderly including domiciliary discussion services, rehabilitation facilities, old age homes and state interventions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
IM24.21	Enumerate and describe ethical issues in the care of the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			AETCOM
IM24.22	Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment and management of nutritional disorders in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
Topic: Miscellaneous Infections		**Number of competencies: (13)**				**Number of procedures that require certification : (NIL)**			
IM25.1	Describe and discuss the response and the influence of host immune status, risk factors and comorbidities on zoonotic diseases (e.g. Leptospirosis, Rabies) and non-febrile infectious disease (e.g. Tetanus)	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM25.2	Discuss and describe the common causes, pathophysiology and manifestations of these diseases	K	K	Y	Lecture, Small group discussion	Written		Microbiology, Community Medicine	
IM25.3	Describe and discuss the pathophysiology and manifestations of these diseases	K	KH	Y	Lecture, Small group discussion	Written		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM25.4	Elicit document and present a medical history that helps delineate the aetiology of these diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and travel	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Community Medicine	
IM25.5	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin, mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM25.6	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes	K	SH	Y	Bedside clinic, DOAP session	Written/ Viva voce			
IM25.7	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, blood biochemistry, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC	K	SH	Y	Bedside clinic, Skill assessment	Skill assessment		Pathology, Microbiology	
IM25.8	Enumerate the indications for use of newer techniques in the diagnosis of these infections	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			
IM25.9	Assist in the collection of blood and other specimen cultures	S	SH	Y	DOAP session	Log book documentation		Microbiology	
IM25.10	Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner	K	KH	Y	Bedside clinic, Skill assessment	Skill assessment			
IM25.11	Develop an appropriate empiric treatment plan based on the patient’s clinical and immune status pending definitive diagnosis	C	SH	Y	DOAP session	Skill assessment		Microbiology, Pharmacology	
IM25.12	Communicate to the patient and family the diagnosis and treatment of identified infection	C	SH	Y	DOAP session	Skill assessment		AETCOM	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM25.13	Counsel the patient and family on prevention of various infections due to environmental issues	C	SH	Y	DOAP session	Skill assessment		Community Medicine, General Medicine	
Topic: The role of the physician in the community		**Number of competencies: (49)**				**Number of procedures that require certification : (NIL)**			
IM26.1	Enumerate and describe professional qualities and roles of a physician	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.2	Describe and discuss the commitment to lifelong learning as an important part of physician growth	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.3	Describe and discuss the role of non maleficence as a guiding principle in patient care	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.4	Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.5	Describe and discuss the role of beneficence of a guiding principle in patient care	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.6	Describe and discuss the role of a physician in health care system	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.7	Describe and discuss the role of justice as a guiding principle in patient care	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.8	Identify discuss medicolegal, socioeconomic and ethical issues as it pertains to organ donation	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.9	Identify, discuss and defend medicolegal, sociocultural, economic and ethical issues as it pertains to rights, equity and justice in access to health care	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.10	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to confidentiality in patient care	K	KH	Y	Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM26.11	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.12	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.13	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to decision making in emergency care including situations where patients do not have the capability or capacity to give consent	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.14	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to research in human subjects	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.15	Identify, discuss and defend, medicolegal,socio-cultural and ethical issues as they pertain to consent for surgical procedures	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.16	Identify, discuss and defend medicolegal, socio-cultural, professional and ethical issues as it pertains to the physician patient relationship (including fiduciary duty)	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.17	Identify, discuss physician's role and responsibility to society and the community that she/ he serves	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.18	Identify, discuss and defend medicolegal, socio-cultural, professional and ethical issues in physician- industry relationships	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.19	Demonstrate ability to work in a team of peers and superiors	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM26.20	Demonstrate ability to communicate to patients in a patient, respectful, non threatening, non judgemental and empathetic manner	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM26.21	Demonstrate respect to patient privacy	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM26.22	Demonstrate ability to maintain confidentiality in patient care	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
IM26.23	Demonstrate a commitment to continued learning	S	SH	Y	Small group discussion	Skill assessment/ Viva voce			
IM26.24	Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Viva voce			
IM26.25	Demonstrate responsibility and work ethics while working in the health care team	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Viva voce			
IM26.26	Demonstrate ability to maintain required documentation in health care (including correct use of medical records)	S	SH	Y	Small group discussion	Skill assessment/ Viva voce			
IM26.27	Demonstrate personal grooming that is adequate and appropriate for health care responsibilities	S	SH	Y	Small group discussion	Skill assessment			
IM26.28	Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning	S	SH	Y	Small group discussion	Skill assessment/ Viva voce			
IM26.29	Communicate diagnostic and therapeutic opitons to patient and family in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Viva voce			
IM26.30	Communicate care opitons to patient and family with a terminal illness in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Viva voce			
IM26.31	Demonstrate awareness of limitations and seeks help and consultations appropriately	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Viva voce			
IM26.32	Demonstrate appropriate respect to colleagues in the profession	S	SH	N	Small group discussion	Skill assessment/ Viva voce			
IM26.33	Demonstrate an understanding of the implications and the appropriate procedures and response to be followed in the event of medical errors	S	SH	N	Small group discussion	Skill assessment/ Viva voce			
IM26.34	Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	S	SH	Y	Small group discussion	Skill assessment/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM26.35	Demonstrate empathy in patient encounters	S	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Viva voce			
IM26.36	Demonstrate ability to balance personal and professional priorities	S	SH	N	Small group discussion	Skill assessment/ Viva voce			
IM26.37	Demonstrate ability to manage time appropriately	S	SH	Y	Small group discussion	Skill assessment/ Viva voce			
IM26.38	Demonstrate ability to form and function in appropriate professional networks	S	SH	N	Small group discussion	Skill assessment/ Viva voce			
IM26.39	Demonstrate ability to pursue and seek career advancement	S	SH	N	Small group discussion	Skill assessment/ Viva voce			
IM26.40	Demonstrate ability to follow risk management and medical error reduction practices where appropriate	S	SH	N	Small group discussion	Skill assessment/ Viva voce			
IM26.41	Demonstrate ability to work in a mentoring relationship with junior colleagues	S	SH	N	Small group discussion	Skill assessment/ Viva voce			
IM26.42	Demonstrate commitment to learning and scholarship	S	SH	N	Small group discussion	Skill assessment/ Viva voce			
IM26.43	Identify, discuss and defend medicolegal, sociocultural, economic and ethical issues as they pertain to in vitro fertilisation donor insemination and surrogate motherhood	K	KH	N	Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
IM26.44	Identify, discuss and defend medicolegal, socio-cultural professional and ethical issues pertaining to medical negligence	K	KH	N	Small group discussion	Written/ Viva voce			
IM26.45	Identify, discuss and defend medicolegal, socio-cultural professional and ethical issues pertaining to malpractice	K	KH	N	Small group discussion	Written/ Viva voce			
IM26.46	Identify, discuss and defend medicolegal, socio-cultural professional and ethical issues in dealing with impaired physicians	K	KH	N	Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
IM26.47	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support	K	KH	Y	Small group discussion	Written/ Viva voce			
IM26.48	Demonstrate altruism	S	SH	Y	Small group discussion	Written/ Viva voce			
IM26.49	Administer informed consent and approriately adress patient queries to a patient being enrolled in a research protocol in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Written/ Viva voce			
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Human Anatomy								
AN5.6	Describe the concept of anastomoses and collateral circulation with significance of end-arteries	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN7.5	Describe principles of sensory and motor innervation of muscles	K	KH	N	Lecture	Written		General Medicine	Physiology
AN7.6	Describe concept of loss of innervation of a muscle with its applied anatomy	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
AN20.8	Identify & demonstrate palpation of femoral, popliteal, post tibial, anti tibial & dorsalis pedis blood vessels in a simulated environment	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ Skill assessment		General Medicine	
AN20.9	Identify & demonstrate Palpation of vessels (femoral, popliteal,dorsalis pedis,post tibial), Mid inguinal point, Surface projection of: femoral nerve, Saphenous opening, Sciatic, tibial, common peroneal & deep peroneal nerve, great and small saphenous veins	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ Skill assessment		General Medicine, General Surgery	
AN22.4	Describe anatomical basis of ischaemic heart disease	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN22.7	Mention the parts, position and arterial supply of the conducting system of heart	K	KH	Y	Lecture	Written		General Medicine	Physiology
AN24.1	Mention the blood supply, lymphatic drainage and nerve supply of pleura, extent of pleura and describe the pleural recesses and their applied anatomy	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Medicine	Physiology
AN24.2	Identify side, external features and relations of structures which form root of lung & bronchial tree and their clinical correlate	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Medicine	Physiology
AN24.3	Describe a bronchopulmonary segment	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN25.3	Describe fetal circulation and changes occurring at birth	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN25.4	Describe embryological basis of: 1) atrial septal defect, 2)ventricular septal defect, 3) Fallot's tetralogy & 4) tracheo-oesophageal fistula	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Physiology
AN25.5	Describe developmental basis of congenital anomalies, transposition of great vessels, dextrocardia, patent ductus arteriosus and coarctation of aorta	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Physiology
AN25.7	Identify structures seen on a plain x-ray chest (PA view)	K/S	SH	Y	Practical, DOAP session	Written/ Viva voce		Radiodiagnosis, General Medicine	
AN25.8	Identify and describe in brief a barium swallow	K/S	SH	N	Practical, DOAP session	Written/ Viva voce		Radiodiagnosis, General Medicine	
AN25.9	Demonstrate surface marking of lines of pleural reflection, Lung borders and fissures, Trachea, Heart borders, Apex beat & Surface projection of valves of heart	K/S	SH	Y	Practical	Viva voce/ Skill assessment		General Medicine, Pediatrics	Physiology
AN28.7	Explain the anatomical basis of facial nerve palsy	K	KH	Y	Lecture	Written		General Medicine	
AN50.3	Describe lumbar puncture (site, direction of the needle, structures pierced during the lumbar puncture)	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN56.1	Describe & identify various layers of meninges with its extent & modifications	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Medicine	
AN56.2	Describe circulation of CSF with its applied anatomy	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN57.4	Enumerate ascending & descending tracts at mid thoracic level of spinal cord	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN57.5	Describe anatomical basis of syringomyelia	K	KH	N	Lecture	Written		General Medicine	Physiology
AN58.4	Describe anatomical basis & effects of medial & lateral medullary syndrome	K	KH	N	Lecture	Written		General Medicine	Physiology
AN60.3	Describe anatomical basis of cerebellar dysfunction	K	KH	N	Lecture	Written		General Medicine	Physiology
AN61.3	Describe anatomical basis & effects of Benedict's and Weber's syndrome	K	KH	N	Lecture	Written		General Medicine	Physiology
AN62.2	Describe & demonstrate surfaces, sulci, gyri, poles, & functional areas of cerebral hemisphere	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Medicine	Physiology
AN62.3	Describe the white matter of cerebrum	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN62.5	Describe boundaries, parts, gross relations, major nuclei and connections of dorsal thalamus, hypothalamus, epithalamus, metathalamus and subthalamus	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Physiology
AN62.6	Describe & identify formation, branches & major areas of distribution of circle of Willis	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Medicine	Physiology
AN74.1	Describe the various modes of inheritance with examples	K	KH	Y	Lecture	Written		General Medicine, Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
AN74.2	Draw pedigree charts for the various types of inheritance & give examples of diseases of each mode of inheritance	K	KH	Y	Lecture	Written		General Medicine, Pediatrics	
AN74.3	Describe multifactorial inheritance with examples	K	KH	Y	Lecture	Written		General Medicine	
AN74.4	Describe the genetic basis & clinical features of Achondroplasia, Cystic Fibrosis, Vitamin D resistant rickets, Hemophilia, Duchene's muscular dystrophy & Sickle cell anaemia	K	KH	N	Lecture	Written		General Medicine, Pediatrics	
Physiology									
PY3.12	Explain the gradation of muscular activity	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PY3.13	Describe muscular dystrophy: myopathies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Human Anatomy
PY4.9	Discuss the physiology aspects of: peptic ulcer, gastro-oesophageal reflux disease, vomiting, diarrhoea, constipation, Adynamic ileus, Hirschsprung's disease	S	SH	Y	Lecture, Small group discussion	Practical/ Viva voce		General Medicine	Biochemistry
PY5.5	Describe the physiology of electrocardiogram (E.C.G), its applications and the cardiac axis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PY5.6	Describe abnormal ECG, arrythmias, heart block and myocardial Infarction	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Human Anatomy
PY5.10	Describe & discuss regional circulation including microcirculation, lymphatic circulation, coronary, cerebral, capillary, skin, foetal, pulmonary and splanchnic circulation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PY5.13	Record and interpret normal ECG in a volunteer or simulated environment	S	SH	Y	DOAP sessions	Practical/OSPE/Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PY5.16	Record Arterial pulse tracing using finger plethysmography in a volunteer or simulated environment	S	SH	N	DOAP sessions, Computer assisted learning methods	Practical/OSPE/Viva voce		General Medicine	
PY7.7	Describe artificial kidney, dialysis and renal transplantation	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
PY11.14	Demonstrate Basic Life Support in a simulated environment	S	SH	Y	DOAP sessions	OSCE		General Medicine Anaesthesiology	
Biochemistry									
BI2.4	Describe and discuss enzyme inhibitors as poisons and drugs, therapeutic enzymes and the clinical utility of various serum enzymes as markers of pathological conditions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	
BI2.5	Describe and discuss the clinical utility of various serum enzymes as markers of pathological conditions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	
BI2.6	Discuss use of enzymes in laboratory investigations (Enzyme-based assays)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	
BI2.7	Interpret laboratory results of enzyme activities & describe the clinical utility of various enzymes as markers of pathological conditions	K	KH	Y	Lecture, Small group discussion, DOAP sessions	Written/ Viva voce		Pathology, General Medicine	
BI3.4	Define and differentiate the pathways of carbohydrate metabolism (glycolysis, gluconeogenesis, glycogen metabolism, HMP shunt)	K	KH	Y	Lecture,Small group discussion	Written/ Viva voce		General Medicine	
BI3.5	Describe and discuss the regulation, functions and integration of carbohydrate along with associated diseases/disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI3.8	Discuss and interpret laboratory results of analytes associated with metabolism of carbohydrates	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	
BI3.9	Discuss the mechanism and significance of blood glucose regulation in health and disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
BI3.10	Interpret the results of blood glucose levels and other laboratory investigations related to disorders of carbohydrate metabolism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.1	Describe and discuss main classes of lipids (Essential/non-essential fatty acids, cholesterol and hormonal steroids, triglycerides, major phospholipids and sphingolipids) relevant to human system and their major functions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.2	Describe the processes involved in digestion and absorption of dietary lipids and also the key features of their metabolism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.3	Explain the regulation of lipoprotein metabolism & associated disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.4	Describe the structure and functions of lipoproteins, their functions, interrelations & relations with atherosclerosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.5	Interpret laboratory results of analytes associated with metabolism of lipids	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.6	Describe the therapeutic uses of prostaglandins and inhibitors of eicosanoid synthesis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI4.7	Interpret laboratory results of analytes associated with metabolism of lipids	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI5.2	Describe and discuss functions of proteins and structure-function relationships in relevant areas e.g., hemoglobin and selected hemoglobinopathies	K	KH	Y	Lecture, Small group discussion	Viva voce/ Skill assessment		Pathology, General Medicine	Physiology
BI5.5	Interpret laboratory results of analytes associated with metabolism of proteins	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.1	Discuss the metabolic processes that take place in specific organs in the body in the fed and fasting states	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.4	Discuss the laboratory results of analytes associated with gout & Lesch Nyhan syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
BI6.5	Describe the biochemical role of vitamins in the body and explain the manifestations of their deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.7	Describe the processes involved in maintenance of normal pH, water & electrolyte balance of body fluids and the derangements associated with these	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Physiology
BI6.8	Discuss and interpret results of Arterial Blood Gas (ABG) analysis in various disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.9	Describe the functions of various minerals in the body, their metabolism and homeostasis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Physiology
BI6.10	Enumerate and describe the disorders associated with mineral metabolism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI6.11	Describe the functions of haem in the body and describe the processes involved in its metabolism and describe porphyrin metabolism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.12	Describe the major types of haemoglobin and its derivatives found in the body and their physiological/ pathological relevance	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology
BI6.13	Describe the functions of the kidney, liver, thyroid and adrenal glands	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.14	Describe the tests that are commonly done in clinical practice to assess the functions of these organs (kidney, liver, thyroid and adrenal glands)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI6.15	Describe the abnormalities of kidney, liver, thyroid and adrenal glands.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, General Medicine	Physiology, Human Anatomy
BI7.4	Describe applications of recombinant DNA technology, PCR in the diagnosis and treatment of diseases with genetic basis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
BI7.7	Describe the role of oxidative stress in the pathogenesis of conditions such as cancer, complications of diabetes mellitus and atherosclerosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pathology	
BI8.1	Discuss the importance of various dietary components and explain importance of dietary fibre	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Pathology	
BI8.2	Describe the types and causes of protein energy malnutrition and its effects	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Pathology	
BI8.3	Provide dietary advice for optimal health in childhood and adult, in disease conditions like diabetes mellitus, coronary artery disease and in pregnancy.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI8.4	Describe the causes (including dietary habits), effects and health risks associated with being overweight/ obesity	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pathology	
BI8.5	Summarize the nutritional importance of commonly used items of food including fruits and vegetables (macro-molecules & its importance)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, General Medicine, Pediatrics	
BI9.2	Discuss the involvement of ECM components in health and disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI10.4	Describe & discuss innate and adaptive immune responses, self/non-self recognition and the central role of T-helper cells in immune responses	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pathology	Physiology
BI11.4	Perform urine analysis to estimate and determine normal and abnormal constituents	S	P	Y	Lecture, Small group discussion	Skill assessment	1	General Medicine	Physiology
BI11.5	Describe screening of urine for inborn errors & describe the use of paper chromatography	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
BI11.17	Explain the basis and rationale of biochemical tests done in the following conditions: - diabetes mellitus, - dyslipidemia, - myocardial infarction, - renal failure, gout, - proteinuria, - nephrotic syndrome, - edema, - jaundice, - liver diseases, pancreatitis, disorders of acid- base balance, - thyroid disorders.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine Pathology	
BI11.22	Calculate albumin: globulin (AG) ratio and creatinine clearance	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI11.23	Calculate energy content of different food Items, identify food items with high and low glycemic index and explain the importance of these in the diet	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
BI11.24	Enumerate advantages and/or disadvantages of use of unsaturated, saturated and trans fats in food.	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
BI1.26	Calculate albumin: globulin (AG) ratio and creatinine clearance	S	SH	Y	Lecture, Small group discussion	Skill assessment		General Medicine	
BI1.27	Calculate energy content of different food Items, identify food items with high and low glycemic index and explain the importance of these in the diet	S	SH	N	Lecture, Small group discussion	Skill assessment		General Medicine	
BI1.28	Enumerate advantages and/or disadvantages of use of unsaturated, saturated and trans fats in food	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
Pathology									
PA6.1	Define and describe edema its types pathogenesis and clinical correlations	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA9.4	Define autoimmunity. Enumerate autoimmune disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA9.5	Define and describe the pathogenesis of systemic lupus erythematosus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA9.6	Define and describe the pathogenesis and pathology of HIV and AIDS	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA9.7	Define and describe the pathogenesis of other common autoimmune diseases	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA10.1	Define and describe the pathogenesis and pathology of malaria	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.2	Define and describe the pathogenesis and pathology of cysticercosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.3	Define and describe the pathogenesis and pathology of leprosy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA10.4	Define and describe the pathogenesis and pathology of common bacterial, viral, protozoal and helminthic diseases	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA12.3	Describe the pathogenesis of obesity and its consequences	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.1	Describe hematopoiesis and extramedullary hematopoiesis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.2	Describe the role of anticoagulants in hematology	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.3	Define and classify anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.4	Enumerate and describe the investigation of anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA13.5	Perform, Identify and describe the peripheral blood picture in anemia	S	SH	Y	DOAP session	Skill assessment		General Medicine	
PA14.2	Describe the etiology, investigations and differential diagnosis of microcytic hypochromic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA14.3	Identify and describe the peripheral smear in microcytic anemia	S	SH	Y	DOAP session	Skill assessment		General Medicine	
PA15.1	Describe the metabolism of Vitamin B12 and the etiology and pathogenesis of B12 deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA15.2	Describe the laboratory investigations of macrocytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA15.4	Enumerate the differences and describe the etiology and distinguishing features of megaloblastic and non-megaloblastic macrocytic anemia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA16.1	Define and classify hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.2	Describe the pathogenesis and clinical features and hematologic indices of hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.3	Describe the pathogenesis, features, hematologic indices and peripheral blood picture of sickle cell anemia and thalassemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.4	Describe the etiology pathogenesis, hematologic indices and peripheral blood picture of Acquired hemolytic anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA16.5	Describe indices and peripheral blood smear	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA 17.1	Enumerate the etiology, pathogenesis and findings in aplastic anemia	K	K	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA17.2	Enumerate the indications and describe the findings in bone marrow aspiration and biopsy	K	K	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA19.6	Enumerate and differentiate the causes of splenomegaly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
PA21.3	Differentiate platelet from clotting disorders based on the clinical and hematologic features	S	SH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA21.4	Define and describe disseminated intravascular coagulation, its laboratory findings and diagnosis of disseminated intravascular coagulation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA21.5	Define and describe disseminated intravascular coagulation its laboratory findings and diagnosis of Vitamin K deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA22.4	Enumerate blood components and describe their clinical uses	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
PA22.6	Describe transfusion reactions and enumerate the steps in the investigation of a transfusion reaction	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA24.2	Describe the etiology, pathogenesis, pathology, microbiology, clinical and microscopic features of peptic ulcer disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA24.3	Describe and identify the microscopic features of peptic ulcer	S	SH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA25.1	Describe bilirubin metabolism, enumerate the etiology and pathogenesis of jaundice, distinguish between direct and indirect hyperbilirubinemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, General Medicine	
PA25.2	Describe the pathophysiology and pathologic changes seen in hepatic failure and their clinical manifestations, complications and consequences	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	
PA25.3	Describe the etiology and pathogenesis of viral and toxic hepatitis: distinguish the causes of hepatitis based on the clinical and laboratory features. Describe the pathology, complications and consequences of hepatitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA25.4	Describe the pathophysiology, pathology and progression of alcoholic liver disease including cirrhosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	
PA25.5	Describe the etiology, pathogenesis and complications of portal hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA25.6	Interpret a liver function and viral hepatitis serology panel. Distinguish obstructive from non obstructive jaundice based on clinical features and liver function tests	S	P	Y	DOAP session	Skill assessment	1	General Medicine	
PA26.1	Define and describe the etiology, types, pathogenesis, stages, morphology and complications of pneumonia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA26.2	Describe the etiology, gross and microscopic appearance and complications of lung abscess	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA26.3	Define and describe the etiology, types, pathogenesis, stages, morphology and complications and evaluation of Obstructive airway disease (OAD) and bronchiectasis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	Microbiology
PA26.4	Define and describe the etiology, types, pathogenesis, stages, morphology microscopic appearance and complications of tuberculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA26.5	Define and describe the etiology, types, exposure, environmental influence, pathogenesis, stages, morphology, microscopic appearance and complications of Occupational lung disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Community Medicine	
PA26.6	Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, stages, morphology, microscopic appearance,metastases and complications of tumors of the lung and pleura	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA26.7	Define and describe the etiology, types, exposure, genetics environmental influence, pathogenesis, morphology, microscopic appearance and complications of mesothelioma	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Community Medicine	
PA27.1	Distinguish arteriosclerosis from atherosclerosis. Describe the pathogenesis and pathology of various causes and types of arteriosclerosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA27.2	Describe the etiology, dynamics, pathology types and complications of aneurysms including aortic aneurysms	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA27.3	Describe the etiology, types, stages pathophysiology pathology and complications of heat failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Physiology	
PA27.4	Describe the etiology, pathophysiology, pathology, gross and microscopic, features, criteria and complications of rheumatic fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA27.5	Describe the epidemiology, risk factors, etiology, pathophysiology, pathology, presentations, gross and microscopic, features, diagnostic tests and complications of ischemic heart disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA27.6	Describe the etiology, pathophysiology, pathology, gross and microscopic, features diagnosis and complications of infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA27.7	Describe the etiology, pathophysiology, pathology, gross and microscopic, features diagnosis and complications of pericarditis and pericardial effusion	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA27.8	Interpret abnormalities in cardiac function testing in acute coronary syndromes	S	SH	Y	DOAP session	Skill Assessment		Physiology, General Medicine	
PA27.9	Classify and describe the etiology, types, pathophysiology, pathology, gross and microscopic features, diagnosis and complications of cardiomyopathies	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Physiology	
PA27.10	Describe the etiology, pathophysiology, pathology features and complications of syphilis on the cardiovascular system	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
PA28.3	Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings, progression and complications of acute renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.4	Define and describe the etiology, precipitating factors, pathogenesis, pathology, laboratory urinary findings progression and complications of chronic renal failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA28.5	Define and classify glomerular diseases. Enumerate and describe the etiology, pathogenesis, mechanisms of glomerular injury, pathology, distinguishing features and clinical manifestations of glomerulonephritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA28.6	Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of IgA nephropathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.7	Enumerate and describe the findings in glomerular manifestations of systemic disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.8	Enumerate and classify diseases affecting the tubular interstitium	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.9	Define and describe the etiology, pathogenesis, pathology, laboratory, urinary findings, progression and complications of acute tubular necrosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.11	Define classify and describe the etiology, pathogenesis pathology, laboratory, urinary findings, distinguishing features, progression and complications of vascular disease of the kidney	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA28.12	Define classify and describe the genetics, inheritance etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features, progression and complications of cystic disease of the kidney	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	
PA28.15	Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of thrombotic angiopathies	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA31.4	Enumerate and describe the etiology, hormonal dependency and pathogenesis of gynecomastia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pediatrics, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA32.1	Enumerate, classify and describe the etiology, pathogenesis, pathology and iodine dependency of thyroid swellings	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology, General Medicine, General Surgery	
PA32.2	Describe the etiology, cause, iodine dependency, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.3	Describe the etiology, pathogenesis, manifestations, laboratory and imaging features and course of thyrotoxicosis/ hypothyroidism	K	KH	Y	Lecture, Small group	Written/ Viva voce		Physiology, General Medicine	
PA32.4	Classify and describe the epidemiology, etiology, pathogenesis, pathology, clinical laboratory features, complications and progression of diabetes mellitus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.5	Describe the etiology, genetics, pathogenesis, manifestations, laboratory and morphologic features of hyperparathyroidism	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.7	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of adrenal insufficiency	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.8	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications of Cushing's syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PA32.9	Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology, General Medicine, General Surgery	
PA33.5	Classify and describe the etiology, immunology, pathogenesis, manifestations, radiologic and laboratory features, diagnostic criteria and complications of rheumatoid arthritis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PA35.1	Describe the etiology, types and pathogenesis, differentiating factors, CSF findings in meningitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PA35.3	Identify the etiology of meningitis based on given CSF parameters	S	P	Y	DOAP session	Skill Assessment	1	General Medicine	Microbiology
Microbiology									
MI2.1	Describe the etiologic agents in rheumatic fever and their diagnosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.2	Describe the classification, etio-pathogenesis, clinical features and discuss the diagnostic modalities of Infective endocarditis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.3	Identify the microbial agents causing Rheumatic heart disease & infective Endocarditis	S	SH	Y	DOAP session	Skill assessment		General Medicine	Pathology
MI2.4	List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.5	Describe the etio-pathogenesis and discuss the clinical evolution and the laboratory diagnosis of kalazaar, malaria, filariasis and other common parasites prevalent in India	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI2.6	Identify the causative agent of malaria and filariasis	K/S	SH	Y	DOAP session	Skill assessment		General Medicine	
MI2.7	Describe the epidemiology, the etio- pathogenesis evolution complications, opportunistic infections, diagnosis prevention and the principles of management of HIV	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI3.1	Enumerate the microbial agents causing diarrhea and dysentery. Describe the epidemiology, morphology, pathogenesis, clinical features, and diagnostic modalities of these agents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Paediatrics	Pathology
MI3.2	Identify the common etiologic agents of diarrhea and dysentery	S	SH	Y	DOAP session	Skill assessment		General Medicine, Paediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
MI3.3	Describe the enteric fever pathogens and discuss the evolution of the clinical course, the laboratory diagnosis of the diseases caused by them	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Pathology
MI3.4	Identify the different modalities for diagnosis of enteric fever. Choose the appropriate test related to the duration of illness	S	KH	Y	DOAP session	Skill assessment		General Medicine	Pathology
MI3.5	Enumerate the causative agents of food poisoning and discuss the pathogenesis, clinical course and laboratory diagnosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology
MI3.6	Describe the etio-pathogenesis of Acid peptic disease (APD) and the clinical course. Discuss the diagnosis and management of the causative agent of APD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Pathology
MI3.7	Describe the epidemiology, the etio- pathogenesis and discuss the viral markers in the evolution of Viral hepatitis. Discuss the modalities in the diagnosis, and prevention of viral hepatitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
MI3.8	Choose the appropriate laboratory test in the diagnosis of viral hepatitis	K	KH	Y	Small group discussion, Case discussion	Written/ Viva voce/ OSPE		General Medicine	Pathology
MI4.1	Enumerate the microbial agents causing anaerobic infections. Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of anaerobic infections	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
MI5.1	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of meningitis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Paediatrics	Pathology
MI5.2	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of encephalitis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Paediatrics	Pathology
MI5.3	Identify the microbial agents causing meningitis	S	SH	Y	DOAP session	Skill assessment		General Medicine, Paediatrics	
MI6.1	Describe the etio-pathogenesis, laboratory diagnosis and prevention of Infections of upper and lower respiratory tract	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
MI6.2	Identify the common etiologic agents of upper respiratory tract infections (Gram Stain)	S	P	Y	DOAP session	Skill assessment	3	General Medicine	
MI6.3	Identify the common etiologic agents of lower respiratory tract infections (Gram Stain & Acid fast stain).	S	P	Y	DOAP session	Skill assessment	3	General Medicine	
MI7.3	Describe the etio-pathogenesis, clinical features, the appropriate method for specimen collection, and discuss the laboratory diagnosis of Urinary tract infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
MI8.1	Enumerate the microbial agents and their vectors causing Zoonotic diseases. Describe the morphology, mode of transmission, pathogenesis and discuss the clinical course, laboratory diagnosis and prevention	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
MI8.2	Describe the etio-pathogenesis of opportunistic infections (OI) and discuss the factors contributing to the occurrence of OI, and the laboratory diagnosis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Pathology
MI8.3	Describe the role of oncogenic viruses in the evolution of virus associated malignancy	K	KH	Y	Lecture	Written		General Medicine	Pathology
MI8.4	Describe the etiologic agents of emerging Infectious diseases. Discuss the clinical course and diagnosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Community Medicine	
MI8.5	Define Healthcare Associated Infections (HAI) and enumerate it types. Discuss the factors that contribute to the development of HAI and the methods for prevention	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Community Medicine	
Pharmacology									
PH1.12	Calculate the dosage of drugs using appropriate formulae for an individual patient, including children, elderly and patient with renal dysfunction	K/S	SH	Y	Lecture, practical	Written/ Viva voce		Pediatrics, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.16	Describe mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs which act by modulating autacoids, including: Anti-histaminics, 5-HT modulating drugs, NSAIDs, Drugs for gout, Anti-rheumatic drugs, drugs for migraine	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
PH1.21	Describe the symptoms and management of methanol and ethanol poisonings	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
PH1.25	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs acting on blood, like anticoagulants, antiplatelets, fibrinolytics, plasma expanders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PH1.26	Describe mechanisms of action, types, doses, side effects, indications and contraindications of the drugs modulating the renin angiotensin and aldosterone system	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, General Medicine	
PH1.27	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of Antihypertensive drugs and drugs used in shock	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PH1.28	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in ischemic heart disease (stable, unstable angina and myocardial infarction), peripheral vascular disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
PH1.29	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in congestive heart failure	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pathology
PH1.30	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used as Antiarrhythmics	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PH1.31	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in the management of dyslipidemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.34	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs used as below: 1. Acid-peptic disease and GERD 2. Antiemetics and prokinetics 3. Antidiarrhoeals 4. Laxatives 5. Inflammatory Bowel Disease 6. Irritable Bowel Disorders, biliary and pancreatic diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PH1.35	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of drugs used in hematological disorders like: 1.Drugs used in anemias 2.Colony Stimulating factors	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Physiology	Pharmacology
PH1.36	Describe the mechanism of action, types, doses, side effects, indications and contraindications of drugs used in endocrine disorders (diabetes mellitus, thyroid disorders and osteoporosis)	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Pathology, Pharmacology
PH1.43	Describe and discuss the rational use of antimicrobials including antibiotic stewardship program	K	KH	Y	Lecture	Written/ Viva voce		General Medicine Pediatrics	Microbiology, Pharmacology
PH1.47	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of the drugs used in malaria, KALA-AZAR, amebiasis and intestinal helminthiasis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	Microbiology
PH1.52	Describe management of common poisoning, insecticides, common sting and bites	K	KH	Y	Lecture	Written/ Viva voce		General Medicine	
PH2.4	Demonstrate the correct method of calculation of drug dosage in patients including those used in special situations	S	SH	Y	DOAP sessions	Skills assessment		Pediatrics, Pharmacology	
PH3.1	Write a rational, correct and legible generic prescription for a given condition and communicate the same to the patient	S/C	P	Y	Skill station	Skill station	5	General Medicine	
PH3.3	Perform a critical evaluation of the drug promotional literature	S	P	Y	Skill Lab	Maintenance of log book/ Skill station	3	General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PH3.5	To prepare and explain a list of P-drugs for a given case/condition	S	P	Y	Skill station	Maintenance of log book	3	General Medicine	
PH5.1	Communicate with the patient with empathy and ethics on all aspects of drug use	A/C	SH	Y	Small group discussion	Skill station		General Medicine	
PH5.4	Explain to the patient the relationship between cost of treatment and patient compliance	A/C	SH	Y	Small group discussion	Short note/ Viva voce		General Medicine	
	Community Medicine								
CM3.1	Describe the health hazards of air, water, noise, radiation and pollution	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, ENT	
CM3.3	Describe the aetiology and basis of water borne diseases/jaundice/hepatitis/ diarrheal diseases	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Microbiology, General Medicine, Pediatrics	
CM5.1	Describe the common sources of various nutrients and special nutritional requirements according to age, sex, activity, physiological conditions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	
CM5.2	Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and the community by using the appropriate method	S	SH	Y	DOAP sessions	Skill Assessment		General Medicine, Pediatrics	
CM5.3	Define and describe common nutrition related health disorders (including macro-PEM, Micro-iron, Zn, iodine, Vit. A), their control and management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	
CM5.4	Plan and recommend a suitable diet for the individuals and families based on local availability of foods and economic status, etc in a simulated environment	S	SH	Y	DOAP sessions	Skill Assessment		General Medicine, Pediatrics	
CM5.5	Describe the methods of nutritional surveillance, principles of nutritional education and rehabilitation in the context of socio-cultural factors	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine, Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
CM6.1	Formulate a research question for a study	K	KH	Y	Small group discussion, Lecture, DOAP sessions	Written/ Viva voce/ Skill Assessment		General Medicine, Pediatrics	
CM6.2	Describe and discuss the principles and demonstrate the methods of collection, classification, analysis, interpretation and presentation of statistical data	S	SH	Y	Small group discussion, Lecture, DOAP sessions	Written/ Viva voce/ Skill Assessment		General Medicine, Pediatrics	
CM6.3	Describe, discuss and demonstrate the application of elementary statistical methods including test of significance in various study designs	S	SH	Y	Small group discussion, Lecture, DOAP sessions	Written/ Viva voce/ Skill Assessment		General Medicine, Pediatrics	
CM6.4	Enumerate, discuss and demonstrate common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion	S	SH	Y	Small group discussion, Lecture, DOAP sessions	Written/ Viva voce/ Skill Assessment		General Medicine, Pediatrics	
CM7.1	Define Epidemiology and describe and enumerate the principles, concepts and uses	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine	
CM7.2	Enumerate, describe and discuss the modes of transmission and measures for prevention and control of communicable and non-communicable diseases	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine	
CM7.3	Enumerate, describe and discuss the sources of epidemiological data	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine	
CM7.4	Define, calculate and interpret morbidity and mortality indicators based on given set of data	S	SH	Y	Small group discussion, DOAP sessions	Written/ Skill assessment		General Medicine	
CM7.5	Enumerate, define, describe and discuss epidemiological study designs.	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine	
CM7.6	Enumerate and evaluate the need of screening tests	S	SH	Y	Small group discussion, DOAP sessions	Written/ Skill assessment		General Medicine	
CM7.7	Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures.	S	SH	Y	Small group discussion, DOAP sessions	Written/ Skill assessment		General Medicine	Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
CM7.8	Describe the principles of association, causation and biases in epidemiological studies	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine	
CM8.1	Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine, Pediatrics	Microbiology Pathology
CM8.2	Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for Non Communicable diseases (diabetes, Hypertension, Stroke, obesity and cancer etc.)	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine	
CM8.3	Enumerate and describe disease-specific National Health Programs including their prevention and treatment of a case	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine, Pediatrics	
CM8.4	Describe the principles and enumerate the measures to control a disease epidemic	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine, Pediatrics	
CM8.5	Describe and discuss the principles of planning, implementing and evaluating control measures for disease at community level bearing in mind the public health importance of the disease	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine, Pediatrics	
CM12.1	Define and describe the concept of Geriatric services	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
CM12.2	Describe health problems of aged population	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
CM12.3	Describe the prevention of health problems of aged population	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
CM12.4	Describe National program for elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
CM13.1	Define and describe the concept of Disaster management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
CM13.2	Describe disaster management cycle	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
CM13.3	Describe man made disasters in the world and in India	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery, General Medicine	
CM13.4	Describe the details of the National Disaster management Authority	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery, General Medicine	
Forensic Medicine & Toxicology									
FM1.9	Describe the importance of documentation in medical practice in regard to medicolegal examinations, Medical Certificates and medicolegal reports especially – maintenance of patient case records, discharge summary, prescribed registers to be maintained in Health Centres. -- maintenance of medico-legal register like accident register. - documents of issuance of wound certificate - documents of issuance of drunkenness certificate. - documents of issuance of sickness and fitness certificate. - documents for issuance of death certificate. - documents of Medical Certification of Cause of Death - Form Number4 and 4A - documents for estimation of age by physical, dental and radiological examination and issuance of certificate	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Radiodiagnosis, General Surgery, General Medicine, Pediatrics	
FM2.34	Demonstrate ability to use local resources whenever required like in mass disaster situations	A & C	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine, AETCOM	
FM3.22	Define and discuss impotence, sterility, frigidity, sexual dysfunction, premature ejaculation. Discuss the causes of impotence and sterility in male and female	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Medicine	
FM5.5	Describe & discuss Delirium tremens	K	K/KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry, General Medicine	
FM8.6	Describe the general symptoms, principles of diagnosis and management of common poisons encountered in India.	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/Viva voce/OSCE		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
FM8.7	Describe simple Bedside clinic tests to detect poison/drug in a patient's body fluids	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/Viva voce/OSCE		Pharmacology, General Medicine	
FM8.8	Describe basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.1	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Caustics Inorganic – sulphuric, nitric, and hydrochloric acids Organic-Carboloic Acid (phenol), Oxalic and acetylsalicylic acids .	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.2	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Phosphorus, Iodine, Barium	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.3	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Arsenic, lead, mercury, copper, iron, cadmium and thallium	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.4	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ethanol, methanol, ethylene glycol	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM9.5	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates, Carbamates, Organochlorines, Pyrethroids, Paraquat, Aluminium and Zinc phosphide	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
FM9.6	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl isocyanate, tear (riot control) gases	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM10.1	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: i. Antipyretics – Paracetamol, Salicylates ii. Anti-Infectives (Common antibiotics – an overview) iii. Neuropsychotoxicology Barbiturates, benzodiazepines, phenytoin, lithium, haloperidol, neuroleptics, tricyclics iv. Narcotic Analgesics, Anaesthetics, and Muscle Relaxants v. Cardiovascular Toxicology Cardiotoxic plants – oleander, odollam, aconite, digitalis vi. Gastro-Intestinal and Endocrinal Drugs – Insulin	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
FM11.1	Describe features and management of Snake bite, scorpion sting, bee and wasp sting and spider bite	K	K/KH	Y	Lecture, Small group discussion, Autopsy	Written/Viva voce		General Medicine	
FM12.1	Describe features and management of abuse/poisoning with following camicals: Tobacco, cannabis, amphetamines, cocaine, hallucinogens, designer drugs& solvent	K	K/KH	Y	Lecture, Small group discussion, Autopsy	Written/Viva voce		General Medicine	
FM13.1	Describe toxic pollution of environment, its medico-legal aspects & toxic hazards of occupation and industry	K	K/KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
FM14.2	Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico-legal report in a simulated/ supervised environment	S	SH	Y	Bedside clinic (ward/casualty), Small group discussion	Logbook Skill station/Viva voce/ OSCE		General Medicine	
FM14.3	Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination .	S	SH	Y	Bedside clinic, Small group discussion/DOAP session	Skill lab/Viva voce		General Medicine	
Dermatology, Venereology & Leprosy									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
DR9.1	Classify, describe the epidemiology, etiology, microbiology pathogenesis and clinical presentations and diagnostic features of Leprosy	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	Microbiology, Community Medicine
DR9.2	Demonstrate (and classify based on) the clinical features of leprosy including an appropriate neurologic examination	S	SH	Y	Lecture, Small group discussion	Bedside clinic session/ Skill assessment		General Medicine	
DR9.4	Enumerate, describe and identify lepra reactions and supportive measures and therapy of lepra reactions	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	Pharmacology
DR9.5	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for various classes of leprosy based on national guidelines	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	Pharmacology, Community Medicine
DR9.6	Describe the treatment of Leprosy based on the WHO guidelines	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	Pharmacology, Community Medicine
DR9.7	Enumerate and describe the complications of leprosy and its management, including understanding disability and stigma.	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Psychiatry
DR10.1	Identify and classify syphilis based on the presentation and clinical manifestations	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Microbiology
DR10.3	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for syphilis	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	Pharmacology, Microbiology
DR10.4	Describe the prevention of congenital syphilis	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	
DR10.5	Counsel in a non-judgemental and empathetic manner patients on prevention of sexually transmitted diseases	C	SH	Y	Lecture, Small group discussion	Skill assessment		General Medicine	
DR10.6	Describe the etiology, diagnostic and clinical features of non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
DR10.7	Identify and differentiate based on the clinical features non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	S	SH	Y	Lecture, Small group discussion	Skill assessment		General Medicine	Microbiology
DR10.8	Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	Pharmacology, Microbiology
DR10.9	Describe the syndromic approach to ulcerative sexually transmitted disease	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	
DR10.10	Describe the etiology, diagnostic and clinical features and management of gonococcal and non gonococcal urethritis	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	
DR11.1	Describe the etiology, pathogenesis and clinical features of the dermatologic manifestations of HIV and its complications including opportunistic infections	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		General Medicine	Microbiology
DR11.2	Identify and distinguish the dermatologic manifestations of HIV its complications, opportunistic infections and adverse reactions	S	SH	Y	Lecture, Small group discussion	Skill assessment		General Medicine	Microbiology
DR11.3	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for dermatologic lesions in HIV	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Microbiology
DR12.7	Identify and distinguish fixed drug eruptions and Steven Johnson syndrome from other skin lesions	S	SH	Y	Lecture, Small group discussion	Skill assessment		General Medicine	Pathology, Microbiology
DR16.1	Identify and distinguish skin lesions of SLE	S	SH	Y	Lecture, Small group discussion	Skill assessment		General Medicine	Pathology
DR16.2	Identify and distinguish Raynaud's phenomenon	S	SH	Y	Lecture, Small group discussion	Skill assessment		General Medicine	Pathology
DR17.1	Enumerate and identify the cutaneous findings in vitamin A deficiency	K/S	SH	Y	Lecture, Small group discussion	Skill assessment/ Viva voce		General Medicine, Pediatrics, Biochemistry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
DR17.2	Enumerate and describe the various skin changes in Vitamin B complex deficiency	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.3	Enumerate and describe the various changes in Vitamin C deficiency	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.4	Enumerate and describe the various changes in Zinc deficiency	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine, Pediatrics, Biochemistry	
DR18.1	Enumerate the cutaneous features of Type 2 diabetes	K	K	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
DR18.2	Enumerate the cutaneous features of hypo- & hyperthyroidism	K	K	Y	Lecture, Small group discussion	Written/Viva voce		General Medicine	
	Anesthesiology								
AS2.1	Enumerate the indications, describe the steps and demonstrate in a simulated environment basic life support in adults children and neonates	S	SH	N	DOAP session	Skill assessment		General Medicine, Pediatrics	
AS2.2	Enumerate the indications, describe the steps and demonstrate in a simulated environment advanced life support in adults and children	S	SH	N	DOAP session	Skill assessment		General Medicine	
AS3.1	Describe the principles of preoperative evaluation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery, General Medicine
AS3.2	Elicit, present and document an appropriate history including medication history in a patient undergoing Surgery as it pertains to a preoperative anaesthetic evaluation	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS3.3	Demonstrate and document an appropriate clinical examination in a patient undergoing General Surgery	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
AS3.4	Choose and interpret appropriate testing for patients undergoing Surgery	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS3.5	Determine the readiness for General Surgery in a patient based on the preoperative evaluation	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS7.2	Enumerate and describe the criteria for admission and discharge of a patient to an ICU	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Medicine
AS7.3	Observe and describe the management of an unconscious patient	S	KH	Y	Lecture, Small group discussion DOAP session	Written/ Viva voce		Physiology	General Medicine
AS7.4	Observe and describe the basic setup process of a ventilator	S	KH	Y	Lecture, Small group discussion DOAP session	Written/ Viva voce		Physiology	General Medicine
AS7.5	Observe and describe the principles of monitoring in an ICU	S	KH	Y	Lecture, Small group discussion DOAP session	Written/ Viva voce			General Medicine
AS8.4	Describe the principles of pain management in palliative care	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	General Medicine
AS8.5	Describe the principles of pain management in the terminally ill	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	General Medicine
AS10.4	Define and describe common medical and medication errors in anaesthesia	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	General Medicine
Otorhinolaryngology (ENT)									
EN4.53	Describe the Clinical features, Investigations and principles of management of HIV manifestations of the ENT	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
Ophthalmology									
OP5.2	Define, enumerate and describe the aetiology, associated systemic conditions, clinical features, complications, indications for referral and management of scleritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
OP6.3	Enumerate systemic conditions that can present as iridocyclitis and describe their ocular manifestations	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
OP9.3	Describe the role of refractive error correction in a patient with headache and enumerate the indications for referral	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Dentistry									
DE1.4	Discuss the role of dental caries as a focus of sepsis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, General Medicine	
Psychiatry									
PS3.7	Enumerate and describe common organic psychiatric disorders, magnitude, etiology and clinical features	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS3.8	Enumerate and describe the essential investigations in patients with organic psychiatric disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS4.1	Describe the magnitude and etiology of alcohol and substance use disorders	K	KH	Y	Lecture, Small group discussion	Lecture/ Small group discussion			General Medicine
PS4.2	Elicit, describe and document clinical features of alcohol and substance use disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS4.3	Enumerate and describe the indications and interpret laboratory and other tests used in alcohol and substance abuse disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS4.4	Describe the treatment of alcohol and substance abuse disorders including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PS4.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in alcohol and substance abuse	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS10.1	Enumerate and describe the magnitude and etiology of somatoform, dissociative and conversion disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS10.2	Enumerate, elicit, describe and document clinical features in patients with somatoform, dissociative and conversion disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS10.3	Enumerate and describe the indications and interpret laboratory and other tests used in somatoform, dissociative and conversion disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS10.4	Describe the treatment of somatoform disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS10.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in somatoform, dissociative and conversion disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS12.1	Enumerate and describe the magnitude and etiology of psychosomatic disorders	K	KH	Y	Lecture Small group discussion	Written/ Viva voce			General Medicine
PS12.2	Enumerate, elicit, describe and document clinical features in patients with magnitude and etiology of psychosomatic disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS12.3	Enumerate and describe the indications and interpret laboratory and other tests of psychosomatic disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS12.4	Describe the treatment of psychosomatic disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS16.1	Enumerate and describe common psychiatric disorders in the elderly including dementia, depression and psychosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS16.2	Describe the aetiology and magnitude of psychiatric illness in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS16.3	Describe the therapy of psychiatric illness in elderly including psychosocial and behavioural therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PS16.4	Demonstrate family education in a patient with psychiatric disorders occurring in the elderly in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
Obstetrics & Gynaecology									
OG12.1	Define, classify and describe the etiology and pathophysiology, early detection, investigations; principles of management of hypertensive disorders of pregnancy and eclampsia, complications of eclampsia	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.2	Define, Classify and describe the etiology, pathophysiology, diagnosis, investigations, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of anemia in pregnancy	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.3	Define, Classify and describe the etiology, pathophysiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of diabetes in pregnancy	K	KH	Y	Lecture,Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.4	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of heart diseases in pregnancy	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.5	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management in pregnancy of urinary tract infections	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.6	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management in pregnancy of liver disease	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.7	Describe and discuss Screening, risk factors, management of mother and newborn with HIV	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
Pediatrics									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE14.3	Discuss the risk factors, clinical features, diagnosis and management of Organophosphorous poisoning	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PE32.3	Interpret normal Karyotype and recognize Trisomy 21	S	SH	Y	Bedside clinics, Skills lab	Log book			General Medicine
PE32.9	Discuss the referral criteria and multidisciplinary approach to management of Turner Syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Obstetrics & Gynecology
General Surgery									
SU22.6	Describe and discuss the clinical features of hypo- & hyperparathyroidism and the principles of their management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
SU23.2	Describe the etiology, clinical features and principles of management of disorders of adrenal gland	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
Orthopaedics									
OR5.1	Describe and discuss the aetiopathogenesis, clinical features, Investigations and principles of management of various inflammatory disorder of joints	K	K/KH	Y	Lecture, Small group Discussion, Bedside clinic	Written/ Viva voce OSCE			General Medicine
OR11.1	Describe and discuss the aetiopathogenesis, Clinical features, Investigations and principles of management of peripheral nerve injuries in diseases like foot drop, wrist drop, claw hand, palsies of Radial, Ulnar, Median, Lateral Popliteal and Sciatic Nerves	K	K/H	Y	Lecture Small Group discussion, case discussion	Written/ Viva voce OSCE		Human Anatomy	General Medicine, General surgery
Physical Medicine & Rehabiliation									
PM1.2	Define and describe disability, its cause, and magnitude, identification and prevention of disability	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM1.3	Define and describe the methods to identify and prevent disability	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PM1.4	Enumerate the rights and entitlements of differently abled persons	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM2.1	Describe the causes of disability in the patient with a cerebrovascular accident	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	General Medicine
PM2.2	Describe and discuss the treatment of rigidity and spasticity	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM2.3	Describe and discuss the principles of early mobilizations, mobility aids and splints	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM2.4	Describe and discuss the impact of comorbidities on the rehabilitation of the patient with cerebrovascular accident	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM4.1	Describe the common patterns, clinical features, investigations, diagnosis and treatment of common causes of arthritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM4.5	Demonstrate correct assessment of muscle strength and range of movements	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			General Medicine Orthopedics
PM6.1	Perform and demonstrate a clinical examination of sensory and motor deficits of peripheral nerve	S	SH	Y	Bedside clinic	Skill assessment			General Medicine
PM6.2	Enumerate the indications and describe the principles of nerve conduction velocity and EMG	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM7.4	Assess bowel and bladder function and identify common patterns of bladder dysfunction	S	KH	Y	Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM7.6	Enumerate the indications and describe the pharmacology and side effects of commonly used drugs in neuropathic bladder	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PM7.7	Enumerate and describe common life threatening complications following SCI like Deep vein Thrombosis, Aspiration Pneumonia, Autonomic dysreflexia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/ N	Suggested Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PM8.1	Describe the clinical features, evaluation, diagnosis and management of disability following traumatic brain injury	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics General Surgery
PM8.2	Describe and discuss cognitive dysfunction like deficits in attention, memory and communication	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM8.3	Describe and discuss common behavior and mood changes following TBI	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM8.4	Describe metabolic co-morbidities like SIADH, diabetes mellitus, insipidus and endocrine dysfunction following TBI	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM8.5	Describe the Vocational opportunities and community based rehabilitation following TBI	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM 9.1	Describe rehabilative aspects as they pertain to the elderly including patients with dementia, depression, incontinence immobility and nutritional needs	K	KH	Y	Lecture, Small group	Written Viva voce			General Medicine Psychiatry
Radiotherapy									
RT1.3	Enumerate, describe and discuss classification and staging of cancer (AJCC, FIGO etc.)	K	KH	Y	Lecture	Written/ Viva voce		Pathology	General Surgery General Medicine

RESPIRATORY MEDICINE (CODE: CT)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
RESPIRATORY MEDICINE									
Topic:Tuberculosis		**Number of competencies: (19)**				**Number of procedures that require certification : (01)**			
CT1.1	Describe and discuss the epidemiology of tuberculosis and its impact on the work, life and economy of India	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
CT1.2	Describe and discuss the microbiology of tubercle bacillus, mode of transmission, pathogenesis, clinical evolution and natural history of pulmonary and extra pulmonary forms (including lymph node, bone and CNS)	K	KH	Y	Lecture, Small group discussion	written		Microbiology	
CT1.3	Discuss and describe the impact of co-infection with HIV and other co-morbid conditions. Like diabetes on the natural history of tuberculosis	K	K	Y	Lecture, Small group discussion	written		Microbiology	
CT1.4	Describe the epidemiology, the predisposing factors and microbial and therapeutic factors that determine resistance to drugs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Pharmacology	
CT1.5	Elicit, document and present an appropriate medical history that includes risk factor, contacts, symptoms including cough and fever CNS and other manifestations	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			
CT1.6	Demonstrate and perform a systematic examination that establishes the diagnosis based on the clinical presentation that includes a a) general examination, b) examination of the chest and lung including loss of volume, mediastinal shift, percussion and auscultation (including DOAP session of lung sounds and added sounds) c) examination of the lymphatic system and d) relevant CNS examination	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			
CT1.7	Perform and interpret a PPD (mantoux) and describe and discuss the indications and pitfalls of the test	S	P	Y	DOAP session	Maintenance of log book		Microbiology	
CT1.8	Generate a differential diagnosis based on the clinical history and evolution of the disease that prioritises the most likely diagnosis	K	K	Y	Bedside clinic, Small group discussion	Bedside clinic/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CT1.9	Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing	K	K	Y	Bedside clinic, DOAP session	Skill assessment			
CT1.10	Perform and interpret an AFB stain	S	P	Y	DOAP session	Skill assessment	1	Microbiology	
CT1.11	Assist in the performance, outline the correct tests that require to be performed and interpret the results of a pleural fluid aspiration	S	SH	Y	Skill assessment	Skill assessment			
CT1.12	Enumerate the indications for tests including: serology, special cultures and polymerase chain reaction and sensitivity testing	K	KH	Y	Small group discussion, Lecture	Short note/ Viva voce		Microbiology	
CT1.13	Describe and discuss the origin, indications, technique of administration, efficacy and complications of the BCG vaccine	K	KH	Y	Lecture, Small group discussion	Short note/ Viva voce		Microbiology	
CT1.14	Describe and discuss the pharmacology of various anti-tuberculous agents, their indications, contraindications, interactions and adverse reactions	K	KH	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology, Microbiology	
CT1.15	Prescribe an appropriate antituberculosis regimen based on the location of disease, smear positivity and negativity and co-morbidities based on current national guidelines including directly observed tuberculosis therapy (DOTS)	K	SH	Y	Bedside clinic, Small group discussion, Lecture	Skill assessment		Pharmacology, Community Medicine	
CT1.16	Describe the appropriate precautions, screening, testing and indications for chemoprophylaxis for contacts and exposed health care workers	K	KH	Y	Bedside clinic, Small group discussion	Written		Community Medicine	
CT1.17	Define criteria for the cure of Tuberculosis; describe and recognise the features of drug resistant tuberculosis, prevention and therapeutic regimens	S	P	Y	Lecture, Small group discussion	Written			
CT1.18	Educate health care workers on National Program of Tuberculosis and administering and monitoring the DOTS program	C	SH	Y	DOAP session	Skill assessment		Community Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CT1.19	Communicate with patients and family in an empathetic manner about the diagnosis, therapy	S	P	Y	DOAP session	Skill assessment		AETCOM	
Topic: Obstructive airway disease		**Number of competencies: (28)**				**Number of procedures that require certification : (01)**			
CT2.1	Define and classify obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.2	Describe and discuss the epidemiology, risk factors and evolution of obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology , Pathology	
CT2.3	Enumerate and describe the causes of acute episodes in patients with obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
CT2.4	Describe and discuss the physiology and pathophysiology of hypoxia and hypercapneia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.5	Describe and discuss the genetics of alpha 1 antitrypsin deficiency in emphysema	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
CT2.6	Describe the role of the environment in the cause and exacerbation of obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
CT2.7	Describe and discuss allergic and non-allergic precipitants of obstructive airway disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
CT2.8	Elicit document and present a medical history that will differentiate the aetiologies of obstructive airway disease, severity and precipitants	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			
CT2.9	Perform a systematic examination that establishes the diagnosis and severity that includes measurement of respiratory rate, level of respiratory distress, effort tolerance, breath sounds, added sounds, identification of signs of consolidation pleural effusion and pneumothorax	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CT2.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	S	SH	Y	Bed side clinic, DOAP session	Skill assessment/ Written			
CT2.11	Describe, discuss and interpret pulmonary function tests	S	SH	Y	Bed side clinic, DOAP session	Skill assessment		Physiology, Pathology	
CT2.12	Perform and interpret peak expiratory flow rate	S	P	Y	Bedside clinic, DOAP session	documentation in log book/ Skill assessment	3		
CT2.13	Describe the appropriate diagnostic work up based on the presumed aetiology	S	SH	Y	Bedside clinic, Small group discussion	Written/ Skill assessment			
CT2.14	Enumerate the indications for and interpret the results of : pulse oximetry, ABG, Chest Radiograph	K	SH	Y	Bedside clinics, Small group discussion, DOAP session	Written/ Skill assessment			
CT2.15	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	K	SH	Y	Bedside clinics, Small group discussion, DOAP session	Written/ Skill assessment			
CT2.16	Discuss and describe therapies for OAD including bronchodilators, leukotriene inhibitors, mast cell stabilisers, theophylline, inhaled and systemic steroids, oxygen and immunotherapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
CT2.17	Describe and discuss the indications for vaccinations in OAD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
CT2.18	Develop a therapeutic plan including use of bronchodilators and inhaled corticosteroids	K	SH	Y	Bedside clinics, Small group discussion, DOAP session	Written/ Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
CT2.19	Develop a management plan for acute exacerbations including bronchodilators, systemic steroids, antimicrobial therapy	K	SH	Y	Bedside clinics, Small group discussion, DOAP session	Written/ Skill assessment			
CT2.20	Describe and discuss the principles and use of oxygen therapy in the hospital and at home	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
CT2.21	Describe discuss and counsel patients appropriately on smoking cessation	K/C	SH	Y	DOAP session	Skill assessment		AETCOM	
CT2.22	Demonstrate and counsel patient on the correct use of inhalers	S/C	SH	Y	DOAP session	Skill assessment			
CT2.23	Communicate diagnosis treatment plan and subsequent follow up plan to patients	K/C	SH	Y	DOAP session	Skill assessment			
CT2.24	Recognise the impact of OAD on patient's quality of life, well being, work and family	A	KH	Y	Small group discussion, Bedside clinics	Observation by faculty		Community Medicine	
CT2.25	Discuss and describe the impact of OAD on the society and workplace	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
CT2.26	Discuss and describe preventive measures to reduce OAD in workplaces	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
CT2.27	Demonstrate an understanding of patient's inability to change working, living and environmental factors that influence progression of airway disease	A	KH	Y	Small group discussion, Bedside clinics	Observation by faculty		Community Medicine	
CT2.28	Demonstrate an understanding for the difficulties faced by patients during smoking cessation	A	KH	Y	Small group discussion, Bedside clinics	Observation by faculty			
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Integration									
				Physiology					
PY6.8	Demonstrate the correct techinque to perform & interpret Spirometry	S	SH	Y	DOAP sessions	Skill assessment/ Viva voce		Respiratory Medicine	
				Pharmacology					
PH1.32	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of drugs used in bronchial asthma and COPD	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Respiratory Medicine	
PH1.33	Describe the mechanism of action, types, doses, side effects, indications and contraindications of the drugs used in cough (antitussives, expectorants/ mucolytics)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Respiratory Medicine	
PH1.44	Describe the first line antitubercular dugs, their mechanisms of action, side effects and doses.	K	KH	Y	Lecture	Written/ Viva voce		Respiratory Medicine	
PH1.45	Describe the dugs used in MDR and XDR Tuberculosis	K	KH	Y	Lecture	Written/ Viva voce		Respiratory Medicine	Microbiology
				General Medicine					
IM24.10	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of COPD in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Respiratory Medicine
				Pediatrics					
PE28.19	Describe the etio-pathogenesis, clinical features, diagnosis, management and prevention of asthma in children	S	SH	Y	Bedside clinics, Small group discussion, Lecture	Skill Assessment/ Written/ Viva voce		Respiratory Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE28.20	Counsel the child with asthma on the correct use of inhalers in a simulated environment	S	P	Y	Bedside clinics, Small group discussion, Lecture	Skills Assessment/ Written/ Viva voce	3	Respiratory Medicine	
PE34.1	Discuss the epidemiology, clinical features, clinical types, complications of Tuberculosis in Children and Adolescents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.2	Discuss the various diagnostic tools for childhood tuberculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.3	Discuss the various regimens for management of Tuberculosis as per National Guidelines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
PE34.4	Discuss the preventive strategies adopted and the objectives and outcome of the National Tuberculosis Control Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
PE34.5	Able to elicit, document and present history of contact with tuberculosis in every patient encounter	S	SH	Y	Bedside clinics, Skill lab	Skill Assessment			Respiratory Medicine
PE34.6	Identify a BCG scar	S	P	Y	Bed side clinics, Skills lab	Skill Assessment	3	Microbiology	Respiratory Medicine
PE34.7	Interpret a Mantoux test	S	P	Y	Bed side clinics Skills lab	Skill assessment	3	Microbiology	Respiratory Medicine
PE34.8	Interpret a Chest Radiograph	S	SH	Y	Bedside clinics Skills lab	Skill assessment		Radiodiagnosis	Respiratory Medicine
PE34.9	Interpret blood tests in the context of laboratory evidence for tuberculosis	S	SH	N	Bed side clinics, Small group discussion	Log book		Microbiolgoy	Respiratory Medicine
PE34.10	Discuss the various samples for demonstraing the organism eg Gastric Aspirate, Sputum , CSF, FNAC	K	KH	Y	Bed side clinics, Small group discussion	Written/ Viva voce		Microbiolgoy	Respiratory Medicine
PE34.11	Perform AFB staining	S	P	Y	DOAP session	Log book/Journal	3	Microbiology	Respiratory Medicine
PE34.12	Enumerate the indications and discuss the limitations of methods of culturing M.Tuberculii	K	KH	Y	Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine

PEDIATRICS (CODE: PE)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PEDIATRICS									
Topic: Normal Growth and Development		**Number of competencies : (07)**				**Number of procedures that require certification: (02)**			
PE1.1	Define the terminologies Growth and development and discuss the factors affecting normal growth and development	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE1.2	Discuss and describe the patterns of growth in infants, children and adolescents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE1.3	Discuss and describe the methods of assessment of growth including use of WHO and Indian national standards. Enumerate the parameters used for assessment of physical growth in infants, children and adolescents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE1.4	Perform Anthropometric measurements, document in growth charts and interpret	S	P	Y	Small group discussion	Document in Log book	3		
PE1.5	Define development and discuss the normal developmental mile stones with respect to motor, behaviour, social, adaptive and language	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE1.6	Discuss the methods of assessment of development	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE1.7	Perform Developmental assessment and interpret	S	P	N	Bedside clinics, Skills Lab	Document in Log book	3		
Topic: Common problems related to Growth		**Number of competencies:(06)**				**Number of procedures that require certification: (NIL)**			
PE2.1	Discuss the etio-pathogenesis, clinical features and management of a child who fails to thrive	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE2.2	Assessment of a child with failing to thrive including eliciting an appropriate history and examination	S	SH	Y	Bedside clinics	Skills Station			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE2.3	Counselling a parent with failing to thrive child	A/C	SH	Y	OSPE	Document in Log book		AETCOM	
PE2.4	Discuss the etio-pathogenesis, clinical features and management of a child with short stature	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE2.5	Assessment of a child with short stature: Elicit history, perform examination, document and present	S	SH	Y	Bedside clinics, Skill lab	Skill Assessment			
PE2.6	Enumerate the referral criteria for growth related problems	K	K	Y	Small group discussion	Written/ Viva voce			
Topic: Common problems related to Development -1 (Developmental delay , Cerebral palsy) **Number of competencies:(08) Number of procedures that require certification: (NIL)**									
PE3.1	Define, enumerate and discuss the causes of developmental delay and disability including intellectual disability in children	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE3.2	Discuss the approach to a child with developmental delay	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE3.3	Assessment of a child with developmental delay - Elicit document and present history	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE3.4	Counsel a parent of a child with developmental delay	S	SH	Y	DOAP session	Document in Log Book			
PE3.5	Discuss the role of the child developmental unit in management of developmental delay	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE3.6	Discuss the referral criteria for children with developmental delay	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE3.7	Visit a Child Developmental Unit and observe its functioning	S	KH	Y	Lecture, Small group discussion	Log book Entry		Community Medicine	
PE3.8	Discuss the etio-pathogenesis, clinical presentation and multi-disciplinary approach in the management of Cerebral palsy	K	KH	Y	Lecture, Small group, Bedside clinics	Written/ Viva voce			Physical Medicine & Rehabilitation

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Common problems related to Development-2 (Scholastic backwardness, Learning Disabilities , Autism , ADHD) **Number of competencies: (06)** **Number of procedures that require certification: (NIL)**									
PE4.1	Discuss the causes and approach to a child with scholastic backwardness	K	K	N	Lecture, Small group discussion	Written			
PE4.2	Discuss the etiology, clinical features, diagnosis and management of a child with Learning Disabilities	K	K	N	Lecture, Small group discussion	Written			
PE4.3	Discuss the etiology, clinical features, diagnosis and management of a child with Attention Deficit Hyperactivity Disorder (ADHD)	K	K	N	Lecture, Small group discussion	Written			
PE4.4	Discuss the etiology, clinical features, diagnosis and management of a child with Autism	K	K	N	Lecture, Small group discussion	Written			
PE4.5	Discuss the role of Child Guidance clinic in children with Developmental problems	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
PE4.6	Visit to the Child Guidance Clinic	S	KH	N	Lecture, Small group discussion	Document in Log Book			
Topic: Common problems related to behavior **Number of competencies: (11)** **Number of procedures that require certification: (NIL)**									
PE5.1	Describe the clinical features, diagnosis and management of thumb sucking	K	K	N	Lecture, Small group discussion	Written			
PE5.2	Describe the clinical features, diagnosis and management of Feeding problems	K	K	N	Lecture, Small group discussion	Written			
PE5.3	Describe the clinical features, diagnosis and management of nail biting	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE5.4	Describe the clinical features, diagnosis and management of Breath Holding spells	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE5.5	Describe the clinical features, diagnosis and management of temper tantrums	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE5.6	Describe the clinical features, diagnosis and management of Pica	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE5.7	Describe the clinical features, diagnosis and management of Fussy infant	K	K	N	Lecture, Small group discussion	Written			Psychiatry
PE5.8	Discuss the etiology, clinical features and management of Enuresis	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE5.9	Discuss the etiology, clinical features and management of Encopresis	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE5.10	Discuss the role of child guidance clinic in children with behavioural problems and the referral criteria	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE5.11	Visit to Child Guidance Clinic and observe functioning	K	KH	N	Lecture, Small group discussion	Document in Log Book			
Topic: Adolescent Health & common problems related to Adolescent Health Number of competencies: (13) Number of procedures that require certification: (NIL)									
PE6.1	Define Adolescence and stages of adolescence	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE6.2	Describe the physical, physiological and psychological changes during adolescence (Puberty)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.3	Discuss the general health problems during adolescence	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE6.4	Describe adolescent sexuality and common problems related to it	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.5	Explain the Adolescent Nutrition and common nutritional problems	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE6.6	Discuss the common Adolescent eating disorders (Anorexia Nervosa, Bulimia)	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.7	Describe the common mental health problems during adolescence	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.8	Respecting patient privacy and maintaining confidentiality while dealing with adolescence	A	SH	Y	Bedside clinics	Document in log book			AETCOM
PE6.9	Perform routine Adolescent Health check up including eliciting history, performing examination including SMR (Sexual Maturity Rating), growth assessments (using Growth charts) and systemic exam including thyroid and Breast exam and the HEADSS screening	S	SH	Y	Bedside clinics	Skills station			
PE6.10	Discuss the objectives and functions of AFHS (Adolescent Friendly Health Services) and the referral criteria	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE6.11	Visit to the Adolescent Clinic	S	KH	Y	DOAP session	Document in Log Book			
PE6.12	Enumerate the importance of obesity and other NCD in adolescents	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE6.13	Enumerate the prevalence and the importance of recognition of sexual drug abuse in adolescents and children	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
Topic: To promote and support optimal Breast feeding for Infants **Number of competencies: (11)** **Number of procedures that require certification: (01)**									
PE7.1	Awareness on the cultural beliefs and practices of breast feeding	K	K	N	Lecture, Small group discussion	Viva			Obstetrics & Gynaecology
PE7.2	Explain the physiology of lactation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE7.3	Describe the composition and types of breast milk and discuss the differences between cow's milk and Human milk	K	KH	Y	Lecture, debate	Written/ Viva voce		Physiology	
PE7.4	Discuss the advantages of breast milk	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE7.5	Observe the correct technique of breast feeding and distinguish right from wrong techniques	S	P	Y	Bedside clinics, Skills lab	Skill Assessment	3		
PE7.6	Enumerate the baby friendly hospital initiatives	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE7.7	Perform breast examination and identify common problems during lactation such as retracted nipples, cracked nipples, breast engorgement, breast abscess	S	SH	Y	Bedside clinics, Skill Lab	Skill Assessment			Obstetrics & Gynaecology, AETCOM
PE7.8	Educate mothers on ante natal breast care and prepare mothers for lactation	A/C	SH	Y	DOAP session	Document in Log Book			AETCOM
PE7.9	Educate and counsel mothers for best practices in Breast feeding	A/C	SH	Y	DOAP session	Document in Log Book			Obstetrics & Gynaecology, AETCOM
PE7.10	Respects patient privacy	A	SH	Y	DOAP session	Document in Log Book			AETCOM
PE7.11	Participate in Breast Feeding Week Celebration	A	SH	Y	DOAP session	Document in Log Book			
Topic: Complementary Feeding		**Number of competencies : (05)**				**Number of procedures that require certification: (NIL)**			
PE8.1	Define the term Complementary Feeding	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE8.2	Discuss the principles, the initiation, attributes, frequency, techniques and hygiene related to Complementary Feeding including IYCF	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE8.3	Enumerate the common complimentary foods	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE8.4	Elicit history on the Complementary Feeding habits	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment		Community Medicine	
PE8.5	Counsel and educate mothers on the best practices in Complimentary Feeding	A/C	SH	Y	DOAP session	Document in Log Book		Community Medicine	
Topic: Normal nutrition, assessment and monitoring **Numbcompetencies : (07)** **Number of procedures that require certification: (NIL)**									
PE9.1	Describe the age related nutritional needs of infants, children and adolescents including micronutrients and vitamins	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Biochemistry	
PE9.2	Describe the tools and methods for assessment and classification of nutritional status of infants, children and adolescents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE9.3	Explains the Calorific value of common Indian foods	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE9.4	Elicit document and present an appropriate nutritional history and perform a dietary recall	S	SH	Y	Bedside clinic, Skills lab	Skill Assessment		Community Medicine	
PE9.5	Calculate the age related calorie requirement in Health and Disease and identify gap	S	SH	Y	Bedside clinics, Small group discussion	Skill assessment		Community Medicine	
PE9.6	Assess and classify the nutrition status of infants, children and adolescents and recognize deviations	S	SH	Y	Bedside clinic, Small group discussion	Skill Assessment		Community Medicine	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE9.7	Plan an appropriate diet in health and disease	S	SH	N	Bedside clinic, Small group discussion	Document in logbook		Community Medicine	
Topic: Provide nutritional support , assessment and monitoring for common nutritional problems **Number of competencies: (06)** **Number of procedures that require certification: (NIL)**									
PE10.1	Define and describe the etio-pathogenesis, classify including WHO classification, clinical features, complication and management of Severe Acute Malnourishment (SAM) and Moderate Acute Malnutrition (MAM)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
PE10.2	Outline the clinical approach to a child with SAM and MAM	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
PE10.3	Assessment of a patient with SAM and MAM, diagnosis, classification and planning management including hospital and community based intervention, rehabilitation and prevention	S	SH	Y	Bedside clinics, Skills lab	Skill station		Physiology, Biochemistry	
PE10.4	Identify children with under nutrition as per IMNCI criteria and plan referral	S	SH	Y	DOAP session	Document in log book		Community Medicine	
PE10.5	Counsel parents of children with SAM and MAM	S	SH	Y	Bedside clinic, Skills Station	Document in Log book		AETCOM	
PE10.6	Enumerate the role of locally prepared therapeutic diets and ready to use therapeutic diets	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Obesity in children **Number of competencies: (06)** **Number of procedures that require certification: (01)**									
PE11.1	Describe the common etiology, clinical features and management of obesity in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry, Pathology	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE11.2	Discuss the risk approach for obesity and discuss the prevention strategies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE11.3	Assessment of a child with obesity with regard to eliciting history including physical activity, charting and dietary recall	S	SH	Y	Bedside clinics, Standardized patients	Document in log book			
PE11.4	Examination including calculation of BMI, measurement of waist hip ratio, identifying external markers like acanthosis, striae, pseudogynaecomastia etc	S	SH	Y	Bedside clinics, Standardized patients, Videos	Skills Station			
PE11.5	Calculate BMI, document in BMI chart and interpret	S	P	Y	Bedside clinics, Small group discussion	Document in log book	3		
PE11.6	Discuss criteria for referral	K	K	Y	Small group discussion	Viva voce			
Topic: Micronutrients in Health and disease-1 (Vitamins ADEK, B Complex and C) **Number of competencies: (21)** **Number of procedures that require certification: (NIL)**									
PE12.1	Discuss the RDA, dietary sources of Vitamin A and their role in Health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.2	Describe the causes, clinical features, diagnosis and management of Deficiency / excess of Vitamin A	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.3	Identify the clinical features of dietary deficiency / excess of Vitamin A	S	SH	Y	Bedside clinics, Small group discussion	Document in log book		Biochemistry	
PE12.4	Diagnose patients with Vitamin A deficiency, classify and plan management	S	SH	N	Bedside clinics, Skill Station	Document in log book		Biochemistry	
PE12.5	Discuss the Vitamin A prophylaxis program and their recommendations	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE12.6	Discuss the RDA, dietary sources of Vitamin D and their role in health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.7	Describe the causes, clinical features, diagnosis and management of Deficiency / excess of Vitamin D (Rickets and Hypervitaminosis D)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.8	Identify the clinical features of dietary deficiency of Vitamin D	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Biochemistry, Physiology, Pathology	
PE12.9	Assess patients with Vitamin D deficiency, diagnose, classify and plan management	S	SH	Y	Bedside clinics	Document in log book		Biochemistry, Physiology, Pathology	
PE12.10	Discuss the role of screening for Vitamin D deficiency	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE12.11	Discuss the RDA, dietary sources of Vitamin E and their role in health and disease	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.12	Describe the causes, clinical features, diagnosis and management of deficiency of Vitamin E	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.13	Discuss the RDA, dietary sources of Vitamin K and their role in health and disease	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.14	Describe the causes, clinical features, diagnosis management and prevention of deficiency of Vitamin K	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.15	Discuss the RDA, dietary sources of Vitamin B and their role in health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.16	Describe the causes, clinical features, diagnosis and management of deficiency of B complex Vitamins	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE12.17	Identify the clinical features of Vitamin B complex deficiency	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Biochemistry	
PE12.18	Diagnose patients with Vitamin B complex deficiency and plan management	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Biochemistry	
PE12.19	Discuss the RDA , dietary sources of Vitamin C and their role in Health and disease	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.20	Describe the causes, clinical features, diagnosis and management of deficiency of Vitamin C (scurvy)	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.21	Identify the clinical features of Vitamin C deficiency	S	SH	N	Bedside clinics, Skill lab	Document in log book		Biochemistry	
Topic: Micronutrients in Health and disease -2: Iron, Iodine, Calcium, Magnesium **Number of competencies: (14)** **Number of procedures that require certification: (NIL)**									
PE13.1	Discuss the RDA, dietary sources of Iron and their role in health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Biochemistry	
PE13.2	Describe the causes, diagnosis and management of Fe deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Biochemistry	
PE13.3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Pathology, Biochemistry	
PE13.4	Interpret hemogram and Iron Panel	S	SH	Y	Bedside clinic, Small group discussion	Skill Assessment		Pathology, Biochemistry	
PE13.5	Propose a management plan for Fe deficiency anaemia	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment		Pathology, Pharmacology	
PE13.6	Discuss the National anaemia control program and its recommendations	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Community Medicine	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE13.7	Discuss the RDA , dietary sources of Iodine and their role in Health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.8	Describe the causes, diagnosis and management of deficiency of Iodine	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.9	Identify the clinical features of Iodine deficiency disorders	S	SH	N	Lecture, Bedside clinic	Written/ Viva voce		Biochemistry	
PE13.10	Discuss the National Goiter Control program and their recommendations	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Community Medicine	
PE13.11	Discuss the RDA, dietary sources of Calcium and their role in health and disease	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.12	Describe the causes, clinical features, diagnosis and management of Ca Deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.13	Discuss the RDA, dietary sources of Magnesium and their role in health and disease	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.14	Describe the causes, clinical features, diagnosis and management of Magnesium Deficiency	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
Topic: Toxic elements and free radicals and oxygen toxicity		**Number of competencies: (05)**				**Number of procedures that require certification (NIL)**			
PE14.1	Discuss the risk factors, clinical features, diagnosis and management of Lead Poisoning	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PE14.2	Discuss the risk factors, clinical features, diagnosis and management of Kerosene ingestion	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE14.3	Discuss the risk factors, clinical features, diagnosis and management of Organophosphorous poisoning	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE14.4	Discuss the risk factors, clinical features, diagnosis and management of paracetamol poisoning	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PE14.5	Discuss the risk factors, clinical features, diagnosis and management of Oxygen toxicity	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Fluid and electrolyte balance **Number of competencies:(07)** **Number of procedures that require certification:(NIL)**									
PE15.1	Discuss the fluid and electrolyte requirement in health and disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE15.2	Discuss the clinical features and complications of fluid and electrolyte imbalance and outline the management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE15.3	Calculate the fluid and electrolyte requirement in health	S	SH	Y	Bedside clinics, Small group discussion	Skill Assessment			
PE15.4	Interpret electrolyte report	S	SH	Y	Bedside clinics, Small group discussion	Skill Assessment			
PE15.5	Calculate fluid and electrolyte imbalance	S	SH	Y	Bedside clinics, Small group discussion	Skill Assessment			
PE15.6	Demonstrate the steps of inserting an IV cannula in a model	S	SH	Y	Skills Lab	mannequin			
PE15.7	Demonstrate the steps of inserting an interosseous line in a mannequin	S	SH	Y	Skills Lab	mannequin			
Topic: Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Guideline **Number of competencies:(03)** **Number of procedures that require certification: (NIL)**									
PE16.1	Explain the components of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) guidelines and method of Risk stratification	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE16.2	Assess children <2 months using IMNCI Guidelines	S	SH	Y	DOAP session	Document in log Book			
PE16.3	Assess children >2 to 5 years using IMNCI guidelines and Stratify Risk	S	SH	Y	DOAP session	Document in log Book			
Topic: The National Health programs, NHM		**Number of competencies:(02)**				**Number of procedures that require certification: (NIL)**			
PE17.1	State the vision and outline the goals, strategies and plan of action of NHM and other important national programs pertaining to maternal and child health including RMNCH A+, RBSK, RKSK, JSSK mission Indradhanush and ICDS	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE17.2	Analyse the outcomes and appraise the monitoring and evaluation of NHM	K	KH	Y	Debate	Written/ Viva voce		Community Medicine	
Topic: The National Health Programs: RCH		**Number of competencies: (08)**				**Number of procedures that require certification: (NIL)**			
PE18.1	List and explain the components, plan, outcome of Reproductive Child Health (RCH) program and appraise its monitoring and evaluation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	Obstetrics & Gynaecology
PE18.2	Explain preventive interventions for child survival and safe motherhood	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	Obstetrics & Gynaecology
PE18.3	Conduct Antenatal examination of women independently and apply at-risk approach in antenatal care	S	SH	Y	Bedside clinics	Skill station		Community Medicine	Obstetrics & Gynaecology
PE18.4	Provide intra-natal care and conduct a normal delivery in a simulated environment	S	SH	Y	DOAP session, Skills lab	Document in Log Book		Community Medicine	Obstetrics & Gynaecology
PE18.5	Provide intra-natal care and observe the conduct of a normal delivery	S	SH	Y	DOAP session	Document in Log Book			Obstetrics & Gynaecology

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE18.6	Perform Postnatal assessment of newborn and mother, provide advice on breast feeding, weaning and on family planning	S	SH	Y	Bed side clinics, Skill Lab	Skill Assessment		Community Medicine	Obstetrics & Gynaecology
PE18.7	Educate and counsel caregivers of children	A	SH	Y	Postnatal ward, standardized patient	Skill Assessment		AETCOM	
PE18.8	Observe the implementation of the program by visiting the Rural Health Centre	S	KH	Y	Bed side clinics, Skill Lab	Document in log book		Community Medicine	Obstetrics & Gynaecology
Topic: National Programs, RCH - Universal Immunizations program Number of competencies: (16) Number of procedures that require certification: (01)									
PE19.1	Explain the components of the Universal Immunization Program and the National Immunization Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Biochemistry	
PE19.2	Explain the epidemiology of Vaccine preventable diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Biochemistry	
PE19.3	Vaccine description with regard to classification of vaccines, strain used, dose, route, schedule, risks, benefits and side effects, indications and contraindications	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Biochemistry	
PE19.4	Define cold chain and discuss the methods of safe storage and handling of vaccines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Biochemistry	
PE19.5	Discuss immunization in special situations – HIV positive children, immunodeficiency, pre-term, organ transplants, those who received blood and blood products, splenectomised children, adolescents, travellers	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Biochemistry	
PE19.6	Assess patient for fitness for immunization and prescribe an age appropriate immunization schedule	S	P	Y	Out Patient clinics Skills lab	Skill Assessment	5		

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE19.7	Educate and counsel a patient for immunization	A/C	SH	Y	DOAP session	Document in Log Book			
PE19.8	Demonstrate willingness to participate in the National and sub national immunisation days	A	SH	Y	Lecture, Small group discussion	Document in Log Book		Community Medicine	
PE19.9	Describe the components of safe vaccine practice – Patient education/ counselling; adverse events following immunization, safe injection practices, documentation and Medico-legal implications	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			AETCOM
PE19.10	Observe the handling and storing of vaccines	S	SH	Y	DOAP session	Written/ Viva voce			
PE19.11	Document Immunization in an immunization record	S	SH	Y	Out Patient clinics, Skills lab	Skill assessment			
PE19.12	Observe the administration of UIP vaccines	S	SH	Y	DOAP session	Document in Log Book		Community Medicine	
PE19.13	Demonstrate the correct administration of different vaccines in a mannequin	S	SH	Y	DOAP session	Document in Log Book			
PE19.14	Practice Infection control measures and appropriate handling of the sharps	S	SH	Y	DOAP session	Document in Log Book			
PE19.15	Explain the term implied consent in Immunization services	K	K	Y	Small group discussion	Written/ Viva voce			
PE19.16	Enumerate available newer vaccines and their indications including pentavalent pneumococcal, rotavirus, JE, typhoid IPV & HPV	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Care of the Normal New born, and High risk New born **Number of competencies: (20)** **Number of procedures that require certification: (NIL)**									

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE20.1	Define the common neonatal nomenclatures including the classification and describe the characteristics of a Normal Term Neonate and High Risk Neonates	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.2	Explain the care of a normal neonate	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.3	Perform Neonatal resuscitation in a manikin	S	SH	Y	DOAP session	Log book entry of Performance			
PE20.4	Assessment of a normal neonate	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE20.5	Counsel / educate mothers on the care of neonates	A/C	SH	Y	DOAP session	Log book documentation			
PE20.6	Explain the follow up care for neonates including Breast Feeding, Temperature maintenance, immunization, importance of growth monitoring and red flags	S	SH	Y	DOAP session	Log book entry			Obstetrics & Gynaecology
PE20.7	Discuss the etiology, clinical features and management of Birth asphyxia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.8	Discuss the etiology, clinical features and management of respiratory distress in New born including meconium aspiration and transient tachypnoea of newborn	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.9	Discuss the etiology, clinical features and management of Birth injuries	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.10	Discuss the etiology, clinical features and management of Hemorrhagic disease of New born	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE20.11	Discuss the clinical characteristics, complications and management of Low birth weight (preterm and Small for gestation)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.12	Discuss the temperature regulation in neonates, clinical features and management of Neonatal Hypothermia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.13	Discuss the temperature regulation in neonates, clinical features and management of Neonatal Hypoglycemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.14	Discuss the etiology, clinical features and management of Neonatal hypocalcemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.15	Discuss the etiology, clinical features and management of Neonatal seizures	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.16	Discuss the etiology, clinical features and management of Neonatal Sepsis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.17	Discuss the etiology, clinical features and management of Perinatal infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.18	Identify and stratify risk in a sick neonate using IMNCI guidelines	S	SH	Y	DOAP session	Document in Log Book			
PE20.19	Discuss the etiology, clinical features and management of Neonatal hyperbilirubinemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.20	Identify clinical presentations of common surgical conditions in the new born including TEF, esophageal atresia, anal atresia, cleft lip and palate, congenital diaphragmatic hernia and causes of acute abdomen	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Genito-Urinary system			**Number of competencies: (17)**			**Number of procedures that require certification: (NIL)**			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE21.1	Enumerate the etio-pathogenesis, clinical features, complications and management of Urinary Tract infection in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE21.2	Enumerate the etio-pathogenesis, clinical features, complications and management of acute post-streptococcal Glomerular Nephritis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.3	Discuss the approach and referral criteria to a child with Proteinuria	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.4	Discuss the approach and referral criteria to a child with Hematuria	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
PE21.5	Enumerate the etio-pathogenesis, clinical features, complications and management of Acute Renal Failure in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.6	Enumerate the etio-pathogenesis, clinical features, complications and management of Chronic Renal Failure in Children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.7	Enumerate the etio-pathogenesis, clinical features, complications and management of Wilms Tumor	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.8	Elicit, document and present a history pertaining to diseases of the Genitourinary tract	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			General Surgery
PE21.9	Identify external markers for Kidney disease, like Failing to thrive, hypertension, pallor, Icthyosis, anasarca	S	SH	Y	Bedside clinics, Skills lab	Document in log book			
PE21.10	Analyse symptom and interpret the physical findings and arrive at an appropriate provisional / differential diagnosis	S	SH	Y	Bedside clinics, Skills lab	Log book			
PE21.11	Perform and interpret the common analytes in a Urine examination	S	SH	Y	Bedside clinics, Skills lab	Skill assessment		Biochemistry, Pathology	
PE21.12	Interpret report of Plain X Ray of KUB	S	SH	Y	Bedside clinics, Skills lab	Log book		Radiodiagnosis	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE21.13	Enumerate the indications for and Interpret the written report of Ultra sonogram of KUB	S	SH	Y	Bedside clinics, Skills lab	Log book		Radiodiagnosis	
PE21.14	Recognize common surgical conditions of the abdomen and genitourinary system and enumerate the indications for referral including acute and subacute intestinal obstruction, appendicitis, pancreatitis, perforation intussusception, Phimosis, undescended testis, Chordee, hypospadiasis, Torsion testis, hernia Hydrocele, Vulval Synechiae	S	SH	Y	Bedside clinics, Skills lab	Log book assessment			General Surgery
PE21.15	Discuss and enumerate the referral criteria for children with genitourinary disorder	S	SH	Y	Bedside clinics, Skills lab	Log book assessment			
PE21.16	Counsel / educate a patient for referral appropriately	A/C	SH	Y	DOAP session	Document in Log book		AETCOM	
PE21.17	Describe the etiopathogenesis, grading, clinical features and management of hypertension in children	K	KH	Y	Lecture, Small group discussion	Short notes			
Topic: Approach to and recognition of a child with possible Rheumatologic problem **Number of competencies: (03)** **Number of procedures that require certification:(NIL)**									
PE22.1	Enumerate the common Rheumatological problems in children. Discuss the clinical approach to recognition and referral of a child with Rheumatological problem	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE22.2	Counsel a patient with Chronic illness	S	SH	N	Bedside clinics Skills lab	Log book			
PE22.3	Describe the diagnosis and management of common vasculitic disorders including Henoch Schonlein Purpura, Kawasaki Disease, SLE, JIA	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Cardiovascular system- Heart Diseases **Number of competencies: (18)** **Number of procedures that require certification:(NIL)**									
PE23.1	Discuss the Hemodynamic changes, clinical presentation, complications and management of Acyanotic Heart Diseases –VSD, ASD and PDA	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE23.2	Discuss the Hemodynamic changes, clinical presentation, complications and management of Cyanotic Heart Diseases – Fallot's Physiology	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.3	Discuss the etio-pathogenesis, clinical presentation and management of cardiac failure in infant and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.4	Discuss the etio-pathogenesis, clinical presentation and management of Acute Rheumatic Fever in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.5	Discuss the clinical features, complications, diagnosis, management and prevention of Acute Rheumatic Fever	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.6	Discuss the etio-pathogenesis, clinical features and management of Infective endocarditis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology, Microbiology	
PE23.7	Elicit appropriate history for a cardiac disease, analyse the symptoms e.g. breathlessness, chest pain, tachycardia, feeding difficulty, failing to thrive, reduced urinary output, swelling, syncope, cyanotic spells, Suck rest cycle, frontal swelling in infants. Document and present	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE23.8	Identify external markers of a cardiac disease e.g. Cyanosis, Clubbing, dependent edema, dental caries, arthritis, erythema rash, chorea, subcutaneous nodules, Oslers node, Janeway lesions and document	S	SH	Y	Bedside clinics, Skills Lab	Skill Assessment			
PE23.9	Record pulse, blood pressure, temperature and respiratory rate and interpret as per the age	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE23.10	Perform independently examination of the cardiovascular system – look for precordial bulge, pulsations in the precordium, JVP and its significance in children and infants, relevance of percussion in Pediatric examination, Auscultation and other system examination and document	S	SH	Y	Bedside clinics, Skills lab	Skill station			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE23.11	Develop a treatment plan and prescribe appropriate drugs including fluids in cardiac diseases, anti -failure drugs, and inotropic agents	S	SH	Y	Bedside clinics, Skills lab	log book			
PE23.12	Interpret a chest X ray and recognize Cardiomegaly	S	SH	Y	Bedside clinics, Skills lab	Log book entry		Radiodiagnosis	
PE23.13	Choose and Interpret blood reports in Cardiac illness	S	P	Y	Bedside clinics, Small group discussion	Log book entry			
PE23.14	Interpret Pediatric ECG	S	SH	Y	Bedside clinics, Skills lab	Log book entry			
PE23.15	Use the ECHO reports in management of cases	S	SH	Y	Bedside clinics	Log book entry		Radiodiagnosis	
PE23.16	Discuss the indications and limitations of Cardiac catheterization	K	K	N	Small group discussion	Viva voce			
PE23.17	Enumerate some common cardiac surgeries like BT shunt, Potts and Waterston's and corrective surgeries	K	K	N	Small group discussion	Viva voce			
PE23.18	Demonstrate empathy while dealing with children with cardiac diseases in every patient encounter	A	SH	Y	Small group discussion	Document in Log Book		AETCOM	
Topic:Diarrhoeal diseases and Dehydration		**Number of competencies: (17)**				**Number of procedures that require certification:(03)**			
PE24.1	Discuss the etio-pathogenesis, classification, clinical presentation and management of diarrheal diseases in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	
PE24.2	Discuss the classification and clinical presentation of various types of diarrheal dehydration	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE24.3	Discuss the physiological basis of ORT, types of ORS and the composition of various types of ORS	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE24.4	Discuss the types of fluid used in Paediatric diarrheal diseases and their composition	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE24.5	Discuss the role of antibiotics, antispasmodics, anti-secretory drugs, probiotics, anti-emetics in acute diarrheal diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
PE24.6	Discuss the causes, clinical presentation and management of persistent diarrhoea in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE24.7	Discuss the causes, clinical presentation and management of chronic diarrhoea in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE24.8	Discuss the causes, clinical presentation and management of dysentery in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
PE24.9	Elicit, document and present history pertaining to diarrheal diseases	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			
PE24.10	Assess for signs of dehydration, document and present	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			
PE24.11	Apply the IMNCI guidelines in risk stratification of children with diarrheal dehydration and refer	S	SH	Y	Bedside clinics, Skills lab	Document in Log book			
PE24.12	Perform and interpret stool examination including Hanging Drop	S	SH	N	Bedside clinics, Skills lab	Log book		Microbiology	
PE24.13	Interpret RFT and electrolyte report	S	SH	Y	Bedside clinics, Small group discussion	Document in Log Book			
PE24.14	Plan fluid management as per the WHO criteria	S	SH	Y	Bedside clinics, Small group activity	Skills Station			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE24.15	Perform NG tube insertion in a manikin	S	P	Y	DOAP session	Document in Log book	2		
PE24.16	Perform IV cannulation in a model	S	P	Y	DOAP session	Document in Log book	2		
PE24.17	Perform Interosseous insertion model	S	P	Y	DOAP session	Document in Log book	2		
Topic: Malabsorption		**Number of competencies: (01)**			**Number of procedures that require certification:(NIL)**				
PE25.1	Discuss the etio-pathogenesis, clinical presentation and management of Malabsorption in Children and its causes including celiac disease	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
Topic: Acute and chronic liver disorders		**Number of competencies: (13)**			**Number of procedures that require certification: (NIL)**				
PE26.1	Discuss the etio-pathogenesis, clinical features and management of acute hepatitis in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.2	Discuss the etio-pathogenesis, clinical features and management of Fulminant Hepatic Failure in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.3	Discuss the etio-pathogenesis, clinical features and management of chronic liver diseases in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.4	Discuss the etio-pathogenesis, clinical features and management of Portal Hypertension in children	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology	
PE26.5	Elicit document and present the history related to diseases of Gastrointestinal system	S	SH	Y	Bedside clinics, Skills lab	Skills Station			
PE26.6	Identify external markers for GI and Liver disorders e.g.. Jaundice, Pallor, Gynaecomastia, Spider angioma, Palmar erythema, Icthyosis, Caput medusa, Clubbing, Failing to thrive, Vitamin A and D deficiency	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE26.7	Perform examination of the abdomen, demonstrate organomegaly, ascites etc.	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE26.8	Analyse symptoms and interpret physical signs to make a provisional/ differential diagnosis	S	SH	Y	Bedside clinics, Skill lab	Skill Assessment			
PE26.9	Interpret Liver Function Tests, viral markers, ultra sonogram report	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment		Pathology	
PE26.10	Demonstrate the technique of liver biopsy in a Perform Liver Biopsy in a simulated environment	S	SH	Y	DOAP session	Document in log book			
PE26.11	Enumerate the indications for Upper GI endoscopy	K	K	N	Small group discussion	Viva voce			
PE26.12	Discuss the prevention of Hep B infection – Universal precautions and Immunisation	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Microbiology	
PE26.13	Counsel and educate patients and their family appropriately on liver diseases	A/C	P	y	Bedside clinics, Skills lab	Document in log book			
Topic: Pediatric Emergencies – Common Pediatric Emergencies **Number of competencies: (35)** **Number of procedures that require certification:(10)**									
PE27.1	List the common causes of morbidity and mortality in the under five children	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.2	Describe the etio-pathogenesis, clinical approach and management of cardiorespiratory arrest in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.3	Describe the etio-pathogenesis of respiratory distress in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE27.4	Describe the clinical approach and management of respiratory distress in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.5	Describe the etio-pathogenesis, clinical approach and management of Shock in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.6	Describe the etio-pathogenesis, clinical approach and management of Status epilepticus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.7	Describe the etio-pathogenesis, clinical approach and management of an unconscious child	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.8	Discuss the common types, clinical presentations and management of poisoning in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.9	Discuss oxygen therapy, in Pediatric emergencies and modes of administration	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.10	Observe the various methods of administering Oxygen	S	KH	Y	Demonstration	Document in log book			
PE27.11	Explain the need and process of triage of sick children brought to health facility	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.12	Enumerate emergency signs and priority signs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.13	List the sequential approach of assessment of emergency and priority signs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.14	Assess emergency signs and prioritize	S	SH	Y	DOAP session, Skills lab	Skills Assessment			
PE27.15	Assess airway and breathing: recognise signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting	S	P	Y	DOAP session, Skills lab	Skills Assessment	3		

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE27.16	Assess airway and breathing. Demonstrate the method of positioning of an infant & child to open airway in a simulated environment	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PE27.17	Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PE27.18	Assess airway and breathing: perform assisted ventilation by Bag and mask in a simulated environment	S	P	Y	DOAP session, Skills lab	Skills Assessment	3		
PE27.19	Check for signs of shock i.e. pulse, Blood pressure, CRT	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PE27.20	Secure an IV access in a simulated environment	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PF27.21	Choose the type of fluid and calculate the fluid requirement in shock	S	P	Y	DOAP session, Small group activity	Skills Assessment	3		
PE27.22	Assess level of consciousness & provide emergency treatment to a child with convulsions/ coma - Position an unconscious child - Position a child with suspected trauma - Administer IV/per rectal Diazepam for a convulsing child in a simulated environment	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PE27.23	Assess for signs of severe dehydration	S	P	Y	Bedside clinics, Skills lab	Skill station	3		
PE27.24	Monitoring and maintaining temperature: define hypothermia. Describe the clinical features, complications and management of Hypothermia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.25	Describe the advantages and correct method of keeping an infant warm by skin to skin contact	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE27.26	Describe the environmental measures to maintain temperature	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.27	Assess for hypothermia and maintain temperature	S	SH	Y	Skills lab	Skills Assessment			
PE27.28	Provide BLS for children in manikin	S	P	Y	Skills Lab		3		
PE.27.29	Discuss the common causes, clinical presentation, medico-legal implications of abuse	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.30	Demonstrate confidentiality with regard to abuse	A	SH	Y	Skills lab, standardized patients	Skills Station			
PE27.31	Assess child for signs of abuse	S	SH	Y	DOAP session, Skills lab	Log book			
PE27.32	Counsel parents of dangerously ill / terminally ill child to break a bad news	S	SH	Y	DOAP session	Document in Log book			
PE27.33	Obtain Informed Consent	S	SH	Y	DOAP session	Document in Log book			
PE27.34	Willing to be a part of the ER team	A	SH	Y	DOAP session	Document in Log book			
PE27.35	Attends to emergency calls promptly	A	SH	Y	DOAP session	Document in Log Book			
Topic: Respiratory system		**Number of competencies: (20)**				**Number of procedures that require certification: (NIL)**			
PE28.1	Discuss the etio-pathogenesis, clinical features and management of Naso pharyngitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.2	Discuss the etio-pathogenesis of Pharyngo Tonsillitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE28.3	Discuss the clinical features and management of Pharyngo Tonsillitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.4	Discuss the etio-pathogenesis, clinical features and management of Acute Otitis Media (AOM)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.5	Discuss the etio-pathogenesis, clinical features and management of Epiglottitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.6	Discuss the etio-pathogenesis, clinical features and management of Acute laryngo- trachea-bronchitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.7	Discuss the etiology, clinical features and management of Stridor in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.8	Discuss the types, clinical presentation, and management of foreign body aspiration in infants and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.9	Elicit, document and present age appropriate history of a child with upper respiratory problem including Stridor	S	SH	Y	Bedside clinics, skill lab	Skill Assessment		ENT	
PE28.10	Perform otoscopic examination of the ear	S	SH	Y	DOAP session	Skills Assessment		ENT	
PE28.11	Perform throat examination using tongue depressor	S	SH	Y	DOAP session	Skills Assessment		ENT	
PE28.12	Perform examination of the nose	S	SH	Y	DOAP session	Skills Assessment		ENT	
PE28.13	Analyse the clinical symptoms and interpret physical findings and make a provisional / differential diagnosis in a child with ENT symptoms	S	SH	Y	Bedside clinics	Skills Assessment			
PE28.14	Develop a treatment plan and document appropriately in a child with upper respiratory symptoms	S	SH	Y	Bedside clinics	Skills Assessment			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE28.15	Stratify risk in children with stridor using IMNCI guidelines	S	SH	Y	Bedside clinics	Log book documentation			
PE28.16	Interpret blood tests relevant to upper respiratory problems	S	SH	N	Bedside clinics, Small group discussion	Log book			
PE28.17	Interpret X-ray of the paranasal sinuses and mastoid; and /or use written report in case of management Interpret CXR in foreign body aspiration and lower respiratory tract infection, understand the significance of thymic shadow in pediatric chest X-rays	S	SH	Y	Bedside clinics, Small group discussion	Skills Assessment		ENT, Radiodiagnosis	
PE28.18	Describe the etio-pathogenesis, diagnosis, clinical features, management and prevention of lower respiratory infections including bronchiolitis, wheeze associated LRTI Pneumonia and empyema	S	SH	Y	Bedside clinics, Small group discussion, Lecture	Skill Assessment/ Written/ Viva voce			
PE28.19	Describe the etio-pathogenesis, diagnosis, clinical features, management and prevention of asthma in children	S	SH	Y	Bedside clinics, Small group discussion, Lecture	Skill Assessment/ Written/ Viva voce		Respiratory Medicine	
PE28.20	Counsel the child with asthma on the correct use of inhalers in a simulated environment	S	SH	Y	Bedside clinics, Small group discussion, Lecture	Skills Assessment/ Written/ Viva voce		Respiratory Medicine	
Topic: Anemia and other Hemato-oncologic disorders in children **Number of competencies: (20)** **Number of procedures that require certification: (NIL)**									
PE29.1	Discuss the etio-pathogenesis, clinical features, classification and approach to a child with anaemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.2	Discuss the etio-pathogenesis, clinical features and management of Iron Deficiency anaemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE29.3	Discuss the etiopathogenesis, clinical features and management of VIT B12, Folate deficiency anaemia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.4	Discuss the etio-pathogenesis, clinical features and management of Hemolytic anemia, Thalassemia Major, Sickle cell anaemia, Hereditary spherocytosis, Auto-immune hemolytic anaemia and hemolytic uremic syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.5	Discuss the National Anaemia Control Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE29.6	Discuss the cause of thrombocytopenia in children: describe the clinical features and management of Idiopathic Thrombocytopenic Purpura (ITP)	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.7	Discuss the etiology, classification, pathogenesis and clinical features of Hemophilia in children	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.8	Discuss the etiology, clinical presentation and management of Acute Lymphoblastic Leukemia in children	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.9	Discuss the etiology, clinical presentation and management of lymphoma in children	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.10	Elicit, document and present the history related to Hematology	S	SH	Y	Bedside clinics, Skills lab	Skills Station			
PE29.11	Identify external markers for hematological disorders e.g.. Jaundice, Pallor, Petechiae purpura, Ecchymosis, Lymphadenopathy, bone tenderness, loss of weight, Mucosal and large joint bleed	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			
PE29.12	Perform examination of the abdomen, demonstrate organomegaly	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE29.13	Analyse symptoms and interpret physical signs to make a provisional/ differential diagnosis	S	SH	Y	Bedside clinics, Skill lab	Skill assessment			
PE29.14	Interpret CBC, LFT	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			
PE29.15	Perform and interpret peripheral smear	S	SH	Y	DOAP session	Document in log book			
PE29.16	Discuss the indications for Hemoglobin electrophoresis and interpret report	K	K	N	Small group discussion	Viva voce		Biochemistry	
PE29.17	Demonstrate performance of bone marrow aspiration in manikin	S	SH	Y	Skills lab	Document in log Book			
PE29.18	Enumerate the referral criteria for Hematological conditions	S	SH	Y	Bedside clinics, Small group activity	Viva voce			
PE29.19	Counsel and educate patients about prevention and treatment of anemia	A/C	SH	Y	Bedside clinics, Skills lab	Document in log book			
PE29.20	Enumerate the indications for splenectomy and precautions	K	K	N	Small group Activity	Viva voce			
Topic: Systemic Pediatrics-Central Nervous system **Number of competencis: (23)** **Number of procedures that require certification:(NIL)**									
PE30.1	Discuss the etio-pathogenesis, clinical features , complications, management and prevention of meningitis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE30.2	Distinguish bacterial, viral and tuberculous meningitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE30.3	Discuss the etio-pathogenesis, classification, clinical features, complication and management of Hydrocephalus in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE30.4	Discuss the etio-pathogenesis, classification, clinical features, and management of Microcephaly in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.5	Enumerate the Neural tube defects. Discuss the causes, clinical features, types, and management of Neural Tube defect	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.6	Discuss the etio-pathogenesis, clinical features, and management of Infantile hemiplegia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.7	Discuss the etio-pathogenesis, clinical features, complications and management of Febrile seizures in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.8	Define epilepsy. Discuss the pathogenesis, clinical types, presentation and management of Epilepsy in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.9	Define status Epilepticus. Discuss the clinical presentation and management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.10	Discuss the etio-pathogenesis, clinical features and management of Mental retardation in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.11	Discuss the etio-pathogenesis, clinical features and management of children with cerebral palsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.12	Enumerate the causes of floppiness in an infant and discuss the clinical features, differential diagnosis and management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.13	Discuss the etio-pathogenesis, clinical features, management and prevention of Poliomyelitis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE30.14	Discuss the etio-pathogenesis, clinical features and management of Duchene muscular dystrophy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.15	Discuss the etio-pathogenesis, clinical features and management of Ataxia in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE30.16	Discuss the approach to and management of a child with headache	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.17	Elicit document and present an age appropriate history pertaining to the CNS	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE30.18	Demonstrate the correct method for physical examination of CNS including identification of external markers. Document and present clinical findings	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE30.19	Analyse symptoms and interpret physical findings and propose a provisional / differential diagnosis	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE30.20	Interpret and explain the findings in a CSF analysis	S	SH	Y	Small group discussion	Log book		Microbiology	
PE30.21	Enumerate the indication and discuss the limitations of EEG, CT, MRI	K	K	N	Bedside clinics	Log book			
PE30.22	Interpret the reports of EEG, CT, MRI	S	SH	Y	Bedside clinics, Skills lab	Log book		Radiodiagnosis	
PE30.23	Perform in a mannequin lumbar puncture. Discuss the indications, contraindication of the procedure	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
Topic: Allergic Rhinitis , Atopic Dermatitis, Bronchial Asthma , Urticaria Angioedema		**Number of competencies: (12)**				**Number of procedures that require certification: (NIL)**			
PE31.1	Describe the etio-pathogenesis, management and prevention of Allergic Rhinitis in Children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE31.2	Recognize the clinical signs of Allergic Rhinitis	S	SH	Y	Bedside clinics' Skill Lab	Skill Assessment		ENT	
PE31.3	Describe the etio-pathogenesis, clinical features and management of Atopic dermatitis in Children	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		ENT	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE31.4	Identify Atopic dermatitis and manage	S	SH		Bedside clinics Skills lab	Skill Assessment		Dermatology, Venereology & Leprosy	
PE31.5	Discuss the etio-pathogenesis, clinical types, presentations, management and prevention of childhood Asthma	K	KH	Y	Lecture Small group discussion	Written/ Viva voce			
PE31.6	Recognise symptoms and signs of Asthma	S	SH	Y	Bedside clinic, Small group activity	Skill Assessment			
PE31.7	Develop a treatment plan for Asthma appropriate to clinical presentation & severity	S	SH	Y	Bedside clinic, Small group activity	Skill Assessment			
PE31.8	Enumerate criteria for referral	K	KH	Y	Bedside clinic, Small group activity	Written/ Viva voce			
PE31.9	Interpret CBC and CX Ray in Asthma	S	SH	Y	Bedside clinic, Small group activity	Skill Assessment			
PE31.10	Enumerate the indications for PFT	K	K	N	Bedside clinic, Small group activity	Viva voce			
PE31.11	Observe administration of Nebulisation	S	SH	Y	DOAP session	Document in log book			
PE31.12	Discuss the etio-pathogenesis, clinical features and complications and management of Urticaria Angioedema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Chromosomal Abnormalities		**Number of competencies: (13)**				**Number of procedures that require certification: (NIL)**			
PE32.1	Discuss the genetic basis, risk factors, complications, prenatal diagnosis, management and genetic counselling in Down's Syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE32.2	Identify the clinical features of Down's Syndrome	S	SH	Y	Bedside clinics, Skills lab	log book		General Medicine	
PE32.3	Interpret normal Karyotype and recognize Trisomy 21	S	SH	Y	Bedside clinics, Skills lab	Log book			General Medicine
PE32.4	Discuss the referral criteria and Multidisciplinary approach to management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE32.5	Counsel parents regarding 1. Present child 2. Risk in the next pregnancy	A/C	SH	N	Bedside clinics, Skills lab	Log book			
PE32.6	Discuss the genetic basis, risk factors, clinical features, complications, prenatal diagnosis, management and genetic counselling in Turner's Syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Obstetrics & Gynaecology	
PE32.7	Identify the clinical features of Turner Syndrome	S	SH	N	Bedside clinics, Skills lab	Log book		General Medicine	
PE32.8	Interpret normal Karyotype and recognize the Turner Karyotype	S	SH	N	Bedside clinics, Skills lab	log book		General Medicine, Obstetrics & Gynaecology	
PE32.9	Discuss the referral criteria and multidisciplinary approach to management of Turner Syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Obstetrics & Gynaecology
PE32.10	Counsel parents regarding 1. Present child 2. Risk in the next pregnancy	A/C	SH	N	Bedside clinics, Skills lab	Log book			
PE32.11	Discuss the genetic basis, risk factors, complications, prenatal diagnosis, management and genetic counselling in Klineferlter Syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE32.12	Identify the clinical features of Klineferlter Syndrome	S	SH	N	Bedside clinics, Skills lab	Log book		General Medicine	
PE32.13	Interpret normal Karyotype and recognize the Klineferlter Karyotype	S	SH	N	Bedside clinics, Skills lab	Log book		General Medicine	
Topic: Endocrinology		**Number of competencies: (11)**				**Number of procedures that require certification: (02)**			
PE33.1	Describe the etio-pathogenesis clinical features, management of Hypothyroidism in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE33.2	Recognize the clinical signs of Hypothyroidism and refer	S	SH	Y	Bedside clinics, Skill Lab	Skill Assessment			
PE33.3	Interpret and explain neonatal thyroid screening report	S	SH	Y	Bedside clinics, Small group discussion	Skill Assessment			
PE33.4	Discuss the etio-pathogenesis, clinical types, presentations, complication and management of Diabetes mellitus in children	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce			
PE33.5	Interpret Blood sugar reports and explain the diagnostic criteria for Type 1 Diabetes	S	SH	Y	Bedside clinic, small group activity	Skill Assessment			
PE33.6	Perform and interpret Urine Dip Stick for Sugar	S	P	Y	DOAP session	Skill Assessment	3	Biochemistry	
PE33.7	Perform genital examination and recognize Ambiguous Genitalia and refer appropriately	S	SH	Y	Bedside clinic Skills lab	Skill Assessment			
PE33.8	Define precocious and delayed Puberty	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE33.9	Perform Sexual Maturity Rating (SMR) and interpret	S	SH	Y	Bedside clinics Skills Lab	Skill Assessment			
PE33.10	Recognize precocious and delayed Puberty and refer	S	SH	Y	Bedside clinics Skills Lab	log book			
PE33.11	Identify deviations in growth and plan appropriate referral	S	P	Y	Bedside clinics Skills Lab	log book	2		
Topic:Vaccine preventable Diseases - Tuberculosis		**Number of competencies: (20)**				**Number of procedures that require certification: (03)**			
PE34.1	Discuss the epidemiology, clinical features, clinical types, complications of Tuberculosis in Children and Adolescents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.2	Discuss the various diagnostic tools for childhood tuberculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.3	Discuss the various regimens for management of Tuberculosis as per National Guidelines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
PE34.4	Discuss the preventive strategies adopted and the objectives and outcome of the National Tuberculosis Control Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
PE34.5	Able to elicit, document and present history of contact with tuberculosis in every patient encounter	S	SH	Y	Bedside clinics, Skill lab	Skill Assessment			Respiratory Medicine
PE34.6	Identify a BCG scar	S	P	Y	Bedside clinics, Skills lab	Skill Assessment	3	Microbiology	Respiratory Medicine
PE34.7	Interpret a Mantoux test	S	P	Y	Bedside clinics Skills lab	Skill assessment	3	Microbiology	Respiratory Medicine
PE34.8	Interpret a Chest Radiograph	S	SH	Y	Bedside clinics Skills lab	Skill assessment		Radiodiagnosis	Respiratory Medicine

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PE34.9	Interpret blood tests in the context of laboratory evidence for tuberculosis	S	SH	N	Bedside clinics, Small group discussion	log book		Microbiology	Respiratory Medicine
PE34.10	Discuss the various samples for demonstrating the organism e.g. Gastric Aspirate, Sputum , CSF, FNAC	K	KH	Y	Bedside clinics, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.11	Perform AFB staining	S	P	Y	DOAP session	Log book/Journal	3	Microbiology	Respiratory Medicine
PE34.12	Enumerate the indications and discuss the limitations of methods of culturing M.Tuberculii	K	KH	Y	Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.13	Enumerate the newer diagnostic tools for Tuberculosis including BACTEC CBNAAT and their indications	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE34.14	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of fever in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.15	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with exanthematous illnesses like Measles, Mumps, Rubella & Chicken pox	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.16	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with Diphtheria, Pertussis, Tetanus.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.17	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with Typhoid	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE34.18	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with Dengue, Chikungunya and other vector born diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.19	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of children with Common Parasitic infections, malaria, leishmaniasis, filariasis, helminthic infestations, amebiasis, giardiasis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.20	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with Ricketsial diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
Topic: The role of the physician in the community		**Number of competencies: (01)**				**Number of procedures that require certification : (NIL)**			
PE35.1	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as they pertain to health care in children (including parental rights and right to refuse treatment)	K	KH	Y	Small group discussion	Written/ Viva voce			
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH- Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Human Anatomy								
AN25.4	Describe embryological basis of: 1) atrial septal defect, 2)ventricular septal defect , 3)Fallot's tetralogy & 4) tracheo-oesophageal fistula	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Physiology

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
AN25.5	Describe developmental basis of congenital anomalies, transposition of great vessels, dextrocardia, patent ductus arteriosus and coarctation of aorta	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics	Physiology
AN25.9	Demonstrate surface marking of lines of pleural reflection, Lung borders and fissures, Trachea, Heart borders, Apex beat & surface projection of valves of heart	K/S	SH	Y	Practical	Viva voce/ skill assessment		General Medicine, Pediatrics	Physiology
AN63.2	Describe anatomical basis of congenital hydrocephalus	K	KH	N	Lecture	Written		Pediatrics	Physiology
AN64.3	Describe various types of open neural tube defects with its embryological basis	K	KH	N	Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
AN74.1	Describe the various modes of inheritance with examples	K	KH	Y	Lecture	Written		General Medicine, Pediatrics	
AN74.2	Draw pedigree charts for the various types of inheritance & give examples of diseases of each mode of inheritance	K	KH	Y	Lecture	Written		General Medicine, Pediatrics	
AN74.4	Describe the genetic basis & clinical features of Achondroplasia, Cystic Fibrosis, Vitamin D resistant rickets, Hemophilia, Duchene's muscular dystrophy & Sickle cell anaemia	K	KH	N	Lecture	Written		General Medicine, Pediatrics	
AN75.1	Describe the structural and numerical chromosomal aberrations	K	KH	Y	Lecture	Written		Pediatrics	
AN75.2	Explain the terms mosaics and chimeras with example	K	KH	N	Lecture	Written		Pediatrics	
AN75.3	Describe the genetic basis & clinical features of Prader Willi syndrome, Edward syndrome & Patau syndrome	K	KH	N	Lecture	Written		Pediatrics	
AN75.4	Describe genetic basis of variation; polymorphism and mutation	K	KH	Y	Lecture	Written		Pediatrics	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
AN75.5	Describe the principles of genetic counselling	K	KH	Y	Lecture	Written		Pediatrics, Obstetrics & Gynaecology	
Physiology									
PY11.6	Describe physiology of Infancy	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PY11.9	Interpret growth charts	K	KH	Y	Small group teaching	Practical/OSPE/ Viva voce		Pediatrics	
PY11.10	Interpret anthropometric assessment of infants	K	KH	Y	Small group teaching	Practical/OSPE/Viva voce		Pediatrics	
Biochemistry									
BI5.3	Describe the digestion and absorption of dietary proteins	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
BI5.4	Describe common disorders associated with protein metabolism	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
BI7.3	Describe gene mutations and basic mechanism of regulation of gene expression	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
BI7.4	Describe applications of recombinant DNA technology, PCR in the diagnosis and treatment of diseases with genetic basis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics, General Medicine	
BI8.1	Discuss the importance of various dietary components and explain importance of dietary fibre	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Pathology	
BI8.2	Describe the types and causes of protein energy malnutrition and its effects	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Pathology	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
BI8.5	Summarize the nutritional importance of commonly used items of food including fruits and vegetables. (macro-molecules & its importance)	K	KH	Y	Lecture , Small group discussion	Written/ Viva voce		Community Medicine, General Medicine, Pediatrics	
BI10.5	Describe antigens and concepts involved in vaccine development	K	KH	Y	Lecture , Small group discussion	Written/ Viva voce		Pathology, Pediatrics, Microbiology	
Pathology									
PA12.2	Describe the pathogenesis of disorders caused by protein calorie malnutrition and starvation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Pediatrics	
PA21.2	Classify and describe the etiology, pathogenesis and pathology of vascular and platelet disorders including ITP and hemophilias	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PA28.12	Define, classify and describe the genetics, inheritance etiology, pathogenesis, pathology, laboratory, urinary findings, distinguishing features, progression and complications of cystic disease of the kidney	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	
PA28.14	Classify and describe the etiology, genetics, pathogenesis, pathology, presenting features, progression and spread of renal tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PA31.4	Enumerate and describe the etiology, hormonal dependency and pathogenesis of gynecomastia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pediatrics, General Medicine	
PA35.2	Classify and describe the etiology, genetics, pathogenesis, pathology, presentation sequelae and complications of CNS tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
Microbiology									

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
MI1.8	Describe the mechanisms of immunity and response of the host immune system to infections	K	KH	Y	Lecture	Written/ Viva voce		Pediatrics	Pathology
MI1.9	Discuss the immunological basis of vaccines and describe the Universal Immunisation schedule	K	KH	Y	Lecture	Written/ Viva voce		Paediatrics	
MI1.10	Describe the immunological mechanisms in immunological disorder (hypersensitivity, autoimmune disorders and immunodeficiency states) and discuss the laboratory methods used in detection	K	KH	Y	Lecture	Written/ Viva voce		Paediatrics	
MI3.1	Enumerate the microbial agents causing diarrhea and dysentery. Describe the epidemiology, morphology, pathogenesis, clinical features, and diagnostic modalities of these agents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Paediatrics	Pathology
MI3.2	Identify the common etiologic agents of diarrhea and dysentery	S	SH	Y	DOAP session	Skill assessment		General Medicine, Paediatrics	
MI5.1	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of meningitis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Paediatrics	Pathology
MI5.2	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of encephalitis	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Paediatrics	Pathology
MI5.3	Identify the microbial agents causing meningitis	S	SH	Y	DOAP session	Skill assessment		General Medicine, Paediatrics	
Pharmacology									
PH1.12	Calculate the dosage of drugs using appropriate formulae for an individual patient, including children, elderly and patient with renal dysfunction	K/S	SH	Y	Lecture, practical	Written/ Viva voce		Pediatrics, General Medicine	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PH1.43	Describe and discuss the rational use of antimicrobials including antibiotic stewardship program	K	KH	Y	Lecture	Written/ Viva voce		General Medicine Pediatrics	Microbiology
PH1.56	Describe basic aspects of Geriatric and Pediatric pharmacology	K	KH	Y	Lecture	Written/ Viva voce		Pediatrics	
PH2.4	Demonstrate the correct method of calculation of drug dosage in patients including those used in special situations	S	SH	Y	DOAP sessions	Skills assessment		Pharmacology, General Medicine	
	Community Medicine								
CM3.3	Describe the aetiology and basis of water borne diseases /jaundice/hepatitis/ diarrheal diseases	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Microbiology, General Medicine, Pediatrics	
CM5.1	Describe the common sources of various nutrients and special nutritional requirements according to age, sex, activity, physiological conditions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	
CM5.2	Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and the community by using the appropriate method	S	SH	Y	DOAP session	Skill Assessment		General Medicine, Pediatrics	
CM5.3	Define and describe common nutrition related health disorders (including macro-PEM, Micro-iron, Zn, iodine, Vit. A), their control and management.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	
CM5.4	Plan and recommend a suitable diet for the individuals and families based on local availability of foods and economic status, etc in a simulated environment	S	SH	Y	DOAP session	Skill Assessment		General Medicine, Pediatrics	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
CM5.5	Describe the methods of nutritional surveillance, principles of nutritional education and rehabilitation in the context of socio-cultural factors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics	
CM5.6	Enumerate and discuss the National Nutrition Policy, important national nutritional Programs including the Integrated Child Development Services Scheme (ICDS) etc	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
CM5.8	Describe and discuss the importance and methods of food fortification and effects of additives and adulteration	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
CM6.1	Formulate a research question for a study	K	KH	Y	Small group, Lecture, DOAP session	Written/ Viva voce/ Skill Assessment		General Medicine, Pediatrics	
CM6.2	Describe and discuss the principles and demonstrate the methods of collection, classification, analysis, interpretation and presentation of statistical data	S	SH	Y	Small group discussion, Lecture, DOAP session	Written/ Viva voce/ Skill Assessment		General Medicine, Pediatrics	
CM6.3	Describe, discuss and demonstrate the application of elementary statistical methods including test of significance in various study designs	S	SH	Y	Small group discussion, Lecture, DOAP session	Written/ Viva voce/ Skill Assessment		General Medicine, Pediatrics	
CM6.4	Enumerate, discuss and demonstrate common sampling techniques, simple statistical methods, frequency distribution, measures of central tendency and dispersion	S	SH	Y	Small group discussion, Lecture, DOAP session	Written/ Viva voce/ Skill Assessment		General Medicine, Pediatrics	
CM8.1	Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine, Pediatrics	Microbiology, Pathology
CM8.3	Enumerate and describe disease specific National Health Programs including their prevention and treatment of a case	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine, Pediatrics	
CM8.4	Describe the principles and enumerate the measures to control a disease epidemic	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		General Medicine, Pediatrics	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
CM8.5	Describe and discuss the principles of planning, implementing and evaluating control measures for disease at community level bearing in mind the public health importance of the disease	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		General Medicine, Pediatrics	
CM9.2	Define, calculate and interpret demographic indices including birth rate, death rate, fertility rates	S	SH	Y	Lecture, Small group discussion, DOAP sessions	Skill assessment		Obstetrics & Gynaecology, Pediatrics	
CM10.1	Describe the current status of Reproductive, maternal, newborn and Child Health	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.2	Enumerate and describe the methods of screening high risk groups and common health problems	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.3	Describe local customs and practices during pregnancy, childbirth, lactation and child feeding practices	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.4	Describe the reproductive, maternal, newborn & child health (RMCH); child survival and safe motherhood interventions	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.5	Describe Universal Immunization Program; Integrated Management of Neonatal and Childhood Illness (IMNCI) and other existing Programs	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Pediatrics	
Forensic Medicine & Toxicology									

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
FM1.9	Describe the importance of documentation in medical practice in regard to medicolegal examinations, Medical Certificates and medicolegal reports especially – maintenance of patient case records, discharge summary, prescribed registers to be maintained in Health Centres. -- maintenance of medico-legal register like accident register. -- documents of issuance of wound certificate -- documents of issuance of drunkenness certificate. -- documents of issuance of sickness and fitness certificate. -- documents for issuance of death certificate. -- documents of Medical Certification of Cause of Death - Form Number 4 and 4A -- documents for estimation of age by physical, dental and radiological examination and issuance of certificate	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Radiodiagnosis, General Surgery, General Medicine, Paediatrics	
FM2.27	Define and discuss infanticide, foeticide and stillbirth	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Pediatrics	
FM2.28	Describe and discuss signs of intrauterine death, signs of live birth, viability of foetus, age determination of foetus, DOAP session of ossification centres, Hydrostatic test, Sudden infants death syndrome and Munchausen's syndrome by proxy	K	KH	Y	Lecture, Small group discussions, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pediatrics, Human Anatomy	
FM3.29	Describe and discuss child abuse and battered baby syndrome	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
Dermatology, Venereology & Leprosy									
DR5.1	Describe the etiology, microbiology, pathogenesis, natural history, clinical features, presentations and complications of scabies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
DR5.2	Identify and differentiate scabies from other lesions	S	SH	Y	Bedside clinic	Skill assessment		Pediatrics	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
DR5.3	Enumerate and describe the pharmacology, administration and adverse reaction of pharmacotherapies for scabies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Pharmacology
DR6.1	Describe the etiology, pathogenesis and diagnostic features of pediculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR6.2	Identify and differentiate pediculosis from other skin lesions	S	SH	Y	Bedside clinic	Skill assessment		Pediatrics	
DR7.1	Describe the etiology, microbiology, pathogenesis, clinical presentations and diagnostic features of dermatophytes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR8.1	Describe the etiology, microbiology, pathogenesis, clinical presentations and diagnostic features of common viral infections of the skin	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR17.1	Enumerate and identify the cutaneous findings in vitamin A deficiency	K/S	SH	Y	Lecture, Small group discussion, Bedside clinic	Skill assessment/ Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.2	Enumerate and describe the various skin changes in Vitamin B complex deficiency	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.3	Enumerate and describe the various changes in Vitamin C deficiency	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.4	Enumerate and describe the various changes in Zinc deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Biochemistry	
Anesthesiology									

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
AS2.1	Enumerate the indications, describe the steps and demonstrate in a simulated environment basic life support in adults children and neonates	S	SH	N	DOAP session	Skill assessment		General Medicine, Pediatrics	
				Psychiatry					
PS14.1	Enumerate and describe the magnitude and etiology of psychiatric disorders occurring in childhood and adolescence	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS14.2	Enumerate, elicit, describe and document clinical features in patients with psychiatric disorders occurring in childhood and adolescence	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Pediatrics	
PS14.3	Describe the treatment of stress related disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS14.4	Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Pediatrics	
PS14.5	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychiatric disorders occurring in childhood and adolescence	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS15.1	Describe the aetiology and magnitude of mental retardation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS15.2	Describe and discuss intelligence quotient and its measurement	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS15.3	Elicit and document a history and clinical examination and choose appropriate investigations in a patient with mental retardation	K/S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Pediatrics	
PS15.4	Describe the psychosocial interventions and treatment used in mental retardation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
				General Medicine					
IM23.1	Discuss and describe the methods of nutritional assessment in an adult and calculation of caloric requirements during illnesses	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.2	Discuss and describe the causes and consequences of protein caloric malnutrition in the hospital	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.3	Discuss and describe the aetiology, causes, clinical manifestations, complications, diagnosis and management of common vitamin deficiencies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
IM23.4	Enumerate the indications for enteral and parenteral nutrition in critically ill patients	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	Pediatrics
				Obstetrics & Gynocology					
OG1.2	Define and discuss perinatal mortality and morbidity including perinatal and neonatal mortality and morbidity audit	K	KH	Y	Lecture, Small group discussion	Short notes		Community Medicine	Pediatrics
OG18.1	Describe and discuss the assessment of maturity of the newborn, diagnosis of birth asphyxia, principles of resuscitation, common problems	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
OG18.2	Demonstrate the steps of neonatal resuscitation in a simulated environment	S	SH	Y	DOAP session	Skill assessment			Pediatrics
OG18.3	Describe and discuss the diagnosis of birth asphyxia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
OG18.4	Describe the principles of resuscitation of the newborn and enumerate the common problems encountered	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics

Number	**COMPETENCY** **The student should be able to**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core Y/N**	**Suggested Teaching Learning methods**	**Suggested Assessment methods**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
Physical Medicine & Rehabilitation									
PM3.1	Describe and discuss the clinical features, types, evaluation, diagnosis and management of cerebral palsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	Pediatrics
PM3.2	Recognize, describe and discuss the spectrum of multiple disability : cognitive, motor, visual and hearing in cerebral palsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
PM3.3	Recognize, describe and discuss the role of special education in children with learning disabilities	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
PM3.4	Demonstrate spasticity, rigidity and dystonia in children with cerebral palsy	S	SH	Y	DOAP session, Small group discussion, Bedside clinic	Skill assessment			Pediatrics
PM3.5	Enumerate the indications and describe the therapies for spasticity including medications, serial casts, nerve blocks, botulinum toxin injections	K	KH	Y	Lecture, Small group discussion			Pharmacology	Pediatrics, Orthopedics
PM3.6	Enumerate the indications and describe prevention of joint subluxations and contractures by proper positioning, and use of special chairs, and appliances	K	KH	Y	DOAP session, Small group discussion, Bedside clinic				Pediatrics
PM3.7	Enumerate the first aid measures to be used in patients with seizures	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
PM4.2	Describe and discuss the principles of management of chronic pain and role of common modalities (moist heat, ultrasound, Short wave diathermy)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics

PSYCHIATRY (CODE: PS)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PSYCHIATRY									
Topic: Doctor patient relationship		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
PS1.1	Establish rapport and empathy with patients	A/C	SH	Y	DOAP session	Skill station			
PS1.2	Describe the components of communication	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS1.3	Demonstrate breaking of bad news in a simulated environment	A/C	SH	Y	DOAP session	Skill station			
PS1.4	Describe and demonstrate the importance of confidentiality in patient encounters	A/C	SH	Y	DOAP session	Faculty observation			
Topic: Mental health		**Number of competencies: (05)**				**Number of procedures that require certification:(NIL)**			
PS2.1	Define stress and describe its components and causes	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PS2.2	Describe the role of time management, study skills, balanced diet and sleep wake habits in stress avoidance	K	KH	Y	Lecture, Small group discussion	Viva voce			
PS2.3	Define and describe the principles and components of learning memory and emotions	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PS2.4	Describe the principles of personality development and motivation	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PS2.5	Define and distinguish normality and abnormality	K	K	Y	Lecture, Small group discussion	Viva voce			
Topic: Introduction to psychiatry		**Number of competencies: (12)**				**Number of procedures that require certification: (NIL)**			
PS3.1	Describe the growth of psychiatry as a medical specialty, its history and contribution to society	K	KH	Y	Lecture	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS3.2	Enumerate, describe and discuss important signs & symptoms of common mental disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS3.3	Elicit, present and document a history in patients presenting with a mental disorder	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS3.4	Describe the importance of establishing rapport with patients	S/A	SH	Y	Bedside clinic, DOAP session	Skill assessment/ Faculty observation			
PS3.5	Perform, demonstrate and document a minimental examination	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS3.6	Describe and discuss biological, psychological & social factors & their interactions in the causation of mental disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS3.7	Enumerate and describe common organic psychiatric disorders, magnitude, etiology and clinical features	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS3.8	Enumerate and describe the essential investigations in patients with organic psychiatric disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS3.9	Describe the steps and demonstrate in a simulated environment family education in patients with organic psychiatric disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS3.10	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychiatric disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS3.11	Enumerate the appropriate conditions for specialist referral in patients with psychiatric disorders	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PS3.12	Describe, discuss and distinguish psychotic & non-psychotic (Mood, Anxiety, Stress related) disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Psychotic disorders		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PS4.1	Describe the magnitude and etiology of alcohol and substance use disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS4.2	Elicit, describe and document clinical features of alcohol and substance use disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS4.3	Enumerate and describe the indications and interpret laboratory and other tests used in alcohol and substance abuse disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS4.4	Describe the treatment of alcohol and substance abuse disorders including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS4.5	Demonstrate family education in a patient with alcohol and substance abuse in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		AETCOM	
PS4.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in alcohol and substance abuse	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS4.7	Enumerate the appropriate conditions for specialist referral in patients with alcohol and substance abuse disorders	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Psychotic disorders		**Number of competencies: (06)**				**Number of procedures that require certification: (NIL)**			
PS5.1	Classify and describe the magnitude and etiology of schizophrenia & other psychotic disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS5.2	Enumerate, elicit, describe and document clinical features, positive s	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS5.3	Describe the treatment of schizophrenia including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS5.4	Demonstrate family education in a patient with schizophrenia in a simulated environment	K/S/A/C	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS5.5	Enumerate and describe the pharmacologic basis and side effects of drugs used in schizophrenia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS5.6	Enumerate the appropriate conditions for specialist referral in patients with psychotic disorders	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Depression		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS6.1	Classify and describe the magnitude and etiology of depression	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS6.2	Enumerate, elicit, describe and document clinical features in patients with depression	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS6.3	Enumerate and describe the indications and interpret laboratory and other tests used in depression	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS6.4	Describe the treatment of depression including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS6.5	Demonstrate family education in a patient with depression in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS6.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in depression	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS6.7	Enumerate the appropriate conditions for specialist referral in patients with depression	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Bipolar disorders		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PS7.1	Classify and describe the magnitude and etiology of bipolar disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS7.2	Enumerate, elicit, describe and document clinical features in patients with bipolar disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS7.3	Enumerate and describe the indications and interpret laboratory and other tests used in bipolar disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS7.4	Describe the treatment of bipolar disorders including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS7.5	Demonstrate family education in a patient with bipolar disorders in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS7.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in bipolar disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS7.7	Enumerate the appropriate conditions for specialist referral in patients with bipolar disorders	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Anxiety disorders		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PS8.1	Enumerate and describe the magnitude and etiology of anxiety disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS8.2	Enumerate, elicit, describe and document clinical features in patients with anxiety disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS8.3	Enumerate and describe the indications and interpret laboratory and other tests used in anxiety disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS8.4	Describe the treatment of anxiety disorders including behavioural and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS8.5	Demonstrate family education in a patient with anxiety disorders in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS8.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in anxiety disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS8.7	Enumerate the appropriate conditions for specialist referral in anxiety disorders	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Stress related disorders		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PS9.1	Enumerate and describe the magnitude and etiology of stress related disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS9.2	Enumerate, elicit, describe and document clinical features in patients with stress related disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS9.3	Enumerate and describe the indications and interpret laboratory and other tests used in stress related disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS9.4	Describe the treatment of stress related disorders including behavioural and psychosocial therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS9.5	Demonstrate family education in a patient with stress related disorders in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS9.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in stress related disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS9.7	Enumerate the appropriate conditions for specialist referral in stress disorders	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Somatoform disorders		**Number of competencies: (07)**			**Number of procedures that require certification: (NIL)**				
PS10.1	Enumerate and describe the magnitude and etiology of somatoform, dissociative and conversion disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS10.2	Enumerate, elicit, describe and document clinical features in patients with somatoform, dissociative and conversion disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS10.3	Enumerate and describe the indications and interpret laboratory and other tests used in somatoform, dissociative and conversion disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS10.4	Describe the treatment of **somatoform** disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS10.5	Demonstrate family education in a patient with somatoform, dissociative and conversion disorders in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS10.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in somatoform, dissociative and conversion disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS10.7	Enumerate the appropriate conditions for specialist referral in patients with somato form dissociative and conversion disorders	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Personality disorders		**Number of competencies: (07)**			**Number of procedures that require certification: (NIL)**				
PS11.1	Enumerate and describe the magnitude and etiology of personality disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS11.2	Enumerate, elicit, describe and document clinical features in patients with personality disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS11.3	Enumerate and describe the indications and interpret laboratory and other tests used in personality disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS11.4	Describe the treatment of **personalit**y disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS11.5	Demonstrate family education in a patient with personality disorders in a simulated environment	S/A/C	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS11.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in personality disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS11.7	Enumerate the appropriate conditions for specialist referral	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Psychosomatic disorders		**Number of competencies: (07)**				**Number of procedures that require certification: (NIL)**			
PS12.1	Enumerate and describe the magnitude and etiology of psychosomatic disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS12.2	Enumerate, elicit, describe and document clinical features in patients with magnitude and etiology of psychosomatic disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS12.3	Enumerate and describe the indications and interpret laboratory and other tests of psychosomatic disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Medicine
PS12.4	Describe the treatment of **psychosomatic** disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PS12.5	Demonstrate family education in a patient with psychosomatic disorders in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS12.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychosomatic disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS12.7	Enumerate the appropriate conditions for specialist referral	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
Topic: Psychosexual and gender identity disorders		**Number of competencies: (07)**			**Number of procedures that require certification: (NIL)**				
PS13.1	Enumerate and describe the magnitude and etiology of psychosexual and gender identity disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS13.2	Enumerate, elicit, describe and document clinical features in patients with magnitude and etiology of psychosexual and gender identity disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS13.3	Enumerate and describe the indications and interpret laboratory and other tests used in psychosexual and gender identity disorders	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS13.4	Describe the treatment of psychosexual and gender identity disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
PS13.5	Demonstrate family education in a patient with psychosexual and gender identity disorders in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			
PS13.6	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychosexual and gender identity disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS13.7	Enumerate the appropriate conditions for specialist referral	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Psychiatric disorders in childhood and adolescence		**Number of competencies: (06)**			**Number of procedures that require certification: (NIL)**				
PS14.1	Enumerate and describe the magnitude and etiology of psychiatric disorders occurring in childhood and adolescence	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS14.2	Enumerate, elicit, describe and document clinical features in patients with psychiatric disorders occurring in childhood and adolescence	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS14.3	Describe the treatment of stress related disorders including behavioural, psychosocial and pharmacologic therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS14.4	Demonstrate family education in a patient with psychiatric disorders occurring in childhood and adolescence in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Pediatrics	
PS14.5	Enumerate and describe the pharmacologic basis and side effects of drugs used in psychiatric disorders occurring in childhood and adolescence	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS14.6	Enumerate the appropriate conditions for specialist referral in children and adolescents with psychiatric disorders	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Mental retardation		**Number of competencies: (04)**			**Number of procedures that require certification: (NIL)**				
PS15.1	Describe the aetiology and magnitude of mental retardation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS15.2	Describe and discuss intelligence quotient and its measurement	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
PS15.3	Elicit and document a history and clinical examination and choose appropriate investigations in a patient with mental retardation	K/S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Pediatrics	
PS15.4	Describe the psychosocial interventions and treatment used in mental retardation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
Topic: Psychiatric disorders in the elderly		**Number of competencies: (05)**			**Number of procedures that require certification: (NIL)**				
PS16.1	Enumerate and describe common psychiatric disorders in the elderly including dementia, depression and psychosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PS16.2	Describe the aetiology and magnitude of psychiatric illness in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
PS16.3	Describe the therapy of psychiatric illness in elderly including psychosocial and behavioural therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS16.4	Demonstrate family education in a patient with psychiatric disorders occurring in the elderly in a simulated environment	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		General Medicine	
PS16.5	Enumerate the appropriate conditions for specialist referral in psychiatric disorders in the elderly	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Psychiatric emergencies		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
PS17.1	Enumerate and describe the recognition and clinical presentation of psychiatric emergencies (Suicide, Deliberate Self Harm, Violent behaviour)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS17.2	Describe the initial stabilisation and management of psychiatric emergencies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PS17.3	Enumerate the appropriate conditions for specialist referral in patients with psychiatric emergencies	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Therapeutics		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
PS18.1	Enumerate the indications and describe the pharmacology, dose and side effects of commonly use drugs in psychiatric disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharamcology	
PS18.2	Enumerate the indications for modified electroconvulsive therapy	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PS18.3	Enumerate and describe the principles and role of psychosocial interventions in psychiatric illness including psychotherapy, behavioural therapy and rehabilitation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Miscellaneous		**Number of competencies: (06)**				**Number of procedures that require certification: (NIL)**			
PS19.1	Describe the relevance, role and status of community psychiatry	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PS19.2	Describe the objectives strategies and contents of the National Menta	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PS19.3	Describe and discuss the basic legal and ethical issues in psychiatry	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine & Toxicology, AETCOM	
PS19.4	Enumerate and describe the salient features of the prevalent mental health laws in India	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PS19.5	Describe the concept and principles of preventive psychiatry and mental health promotion (positive mental health); and community education	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PS19.6	Enumerate and describe the identifying features and the principles of participatory management of mental illness occurring during and after disasters	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Physiology								
PY10.7	Describe and discuss functions of cerebral cortex, basal ganglia, thalamus, hypothalamus, cerebellum and limbic system and their abnormalities	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry	Human Anatomy
PY10.8	Describe and discuss behavioural and EEG characteristics during sleep and mechanism responsible for its production	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry	
PY10.9	Describe and discuss the physiological basis of memory, learning and speech	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Psychiatry	
PY10.12	Identify normal EEG forms	S	S	Y	Small group teaching	OSPE/Viva voce		Psychiatry	
	Pharmacology								

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PH1.19	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of the drugs which act on CNS, (including anxiolytics, sedatives & hypnotics, antipsychotic, antidepressant drugs, antimaniacs, opioid agonists and antagonists, drugs used for neurodegenerative disorders, antiepileptics drugs)	K	KH	Y	Lecture	Written/ Viva voce		Psychiatry, Physiology	
PH1.20	Describe the effects of acute and chronic ethanol intake. Describe the symptoms and management of methanol and ethanol poisonings	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce		Psychiatry	
PH1.22	Describe drugs of abuse (dependence, addiction, stimulants, depressants, psychedelics, drugs used for criminal offences)	K	KH	Y	Lecture, Small group discussions	Written/Viva voce		Psychiatry	Forensic Medicine
PH1.23	Describe the process and mechanism of drug deaddiction	K/ S	KH	Y	Lecture, Small group discussions	Written/Viva voce		Psychiatry	
PH5.5	Demonstrate an understanding of the caution in prescribing drugs likely to produce dependence and recommend the line of management	K	KH	Y	Small group discussion	Short note/Viva voce		Psychiatry	
PH5.6	Demonstrate ability to educate public & patients about various aspects of drug use including drug dependence and OTC drugs.	A/C	SH	Y	Small group discussion	Skill station		Psychiatry	
Community Medicine									
CM15.1	Define and describe the concept of mental Health	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
CM15.2	Describe warning signals of mental health disorder	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
CM15.3	Describe National Mental Health program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
Forensic Medicine & Toxicology									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
FM3.17	Describe and discuss the sexual perversions fetichism, transvestism, voyeurism, sadism, necrophagia, masochism, exhibitionism, frotteurism, Necrophilia	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Psychiatry	
FM5.1	Classify common mental illnesses including post-traumatic stress disorder (PTSD)	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.2	Define, classify and describe delusions, hallucinations, illusion, lucid interval and obsessions with exemplification	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.3	Describe civil and criminal responsibilities of a mentally ill person	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.4	Differentiate between true insanity from feigned insanity	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.5	Describe & discuss Delirium tremens	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry, General Medicine	
FM5.6	Describe the Indian Mental Health Act, 1987 with special reference to admission, care and discharge of a mentally ill person	K	K/KH	N	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
General Medicine									
IM17.14	Counsel patients with migraine and tension headache on lifestyle changes and need for prophylactic therapy	A/C	SH	N	DOAP session	Skill Assessment		Pharmacology	Psychiatry
IM21.8	Enumerate the indications for psychiatric consultation and describe the precautions to be taken in a patient with suspected suicidal ideation / gesture	K	KH	Y	DOAP session	Skill assessment		Forensic Medicine, Psychiatry	
IM24.2	Perform multidimensional geriatric assessment that includes medical, psycho-social and functional components	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Psychiatry	
IM24.5	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of depression in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
IM24.7	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of personality changes in the elderly	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
IM24.19	Enumerate and describe the social problems in the elderly including isolation, abuse, change in family structure and their impact on health	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
Pediatrics									
PE1.2	Discuss and describe the patterns of growth in infants, children and Adolescents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE1.3	Discuss and describe the methods of assessment of growth including use of WHO and Indian national standards. Enumerate the parameters used for assessment of physical growth in infants, children and adolescents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE1.5	Define development and discuss the normal developmental milestones with respect to motor, behaviour, social, adaptive and language	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE5.4	Describe the clinical features, diagnosis and management of Breath Holding spells	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE5.5	Describe the clinical features, diagnosis and management of Temper tantrums	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE5.7	Describe the clinical features, diagnosis and management of Fussy infant	K	K	N	Lecture, Small group discussion	Written			Psychiatry
PE5.10	Discuss the role of child guidance clinic in children with Behavioral problems and the referral criteria	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.2	Describe the physical , physiological and psychological changes during Adolescence (Puberty)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
PE6.4	Describe Adolescent sexuality and common problems related to it	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.5	Explain Adolescent Nutrition and common nutritional problems	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.6	Discuss the common Adolescent Eaing disorders (Anorexia Nervosa, Biulimia)	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.7	Describe the common mental health problems during Adolescence	K	KH	Y	Lecture, Small Group discussion	Written/ Viva voce			Psychiatry
PE6.13	Enumerate the prevalence and the importance of recognition of sexual drug abuse in adolescents and children	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychaitry
	Physical Medicine & Rehabilitation								
PM 9.1	Describe rehabilative aspects as they pertain to the elderly including patients with dementia, depression, incontinence immobility and nutritional needs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Psychiatry
	Dermatology, Venereology & Leprosy								
DR9.7	Enumerate and describe the complications of leprosy and its management, including understanding disability and stigma	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Medicine	Pharmacology, Psychiatry
	Forensic Medicine & Toxicology								
FM2.5	Discuss moment of death, modes of death- coma, asphyxia and syncope	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	Pathology
FM3.14	SEXUAL OFFENCES Describe and discuss the examination of the victim of an alleged case of rape, and the preparation of report, framing the opinion and preservation and despatch of trace evidences in such cases	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic, DOAP session	Written/ Viva voce / OSCE		Obstetrics & Gynaecology, Psychiatry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
FM3.15	SEXUAL OFFENCES Describe and discuss examination of accused and victim of sodomy, preparation of report, framing of opinion, preservation and despatch of trace evidences in such cases	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic, DOAP session	Written/ Viva voce / OSCE		Obstetrics & Gynaecology, Psychiatry	
FM3.16	SEXUAL OFFENCES Describe and discuss adultery and unnatural sexual offences-sodomy, incest, lesbianism, buccal coitus, bestiality, indecent assault and preparation of report, framing the opinion and preservation and despatch of trace evidences in such cases	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Psychiatry	

DERMATOLOGY, VENEROLOGY AND LEPROSY (CODE: DR)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DERMATOLOGY, VENEREOLOGY & LEPROSY									
Topic: Acne		**Number of competencies:(03)**			**Number of procedures that require certificaion:(NIL)**				
DR1.1	Enumerate the causative and risk factors of acne	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
DR1.2	Identify and grade the various common types of acne	S	SH	Y	Bedside clinic	Skill assessment			
DR1.3	Describe the treatment and preventive measures for various kinds of acne	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Vitiligo		**Number of competencies: (02)**			**Number of procedures that require certificaion:(NIL)**				
DR2.1	Identify and differentiate vitiligo from other causes of hypopigmented lesions	S	S	Y	Bedside clinic	Skill assessment			
DR2.2	Describe the treatment of vitiligo	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Papulosquamous disorders		**Number of competencies:(03)**			**Number of procedures that require certificaion:(NIL)**				
DR3.1	Identify and distinguish psoriatic lesions from other causes	K	SH	Y	Bedside clinic	Skill assessment/ Written/ Viva voce			
DR3.2	Demonstrate the grattage test	S	SH	Y	Bedside clinic	Skill assessment			
DR3.3	Enumerate the indications for and describe the various modalities of treatment of psoriasis including topical, systemic and phototherapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Lichen Planus		**Number of competencies:(02)**			**Number of procedures that require certificaion:(NIL)**				
DR4.1	Identify and distinguish lichen planus lesions from other causes	S	SH	Y	Bedside clinic	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DR4.2	Enumerate and describe the treatment modalities for lichen planus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Scabies		**Number of competencies:(03)**				**Number of procedures that require certificaion:(NIL)**			
DR5.1	Describe the etiology, microbiology, pathogenesis, natural history, clinical features, presentations and complications of scabies in adults and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	
DR5.2	Identify and differentiate scabies from other lesions in adults and children	S	SH	Y	Bedside clinic	Skill assessment		Pediatrics	
DR5.3	Enumerate and describe the pharmacology, administration and adverse reaction of pharmacotherapies for scabies	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Pharmacology
Topic: Pediculosis		**Number of competencies : (02)**				**Number of procedures that require certificaion:(NIL)**			
DR6.1	Describe the etiology pathogenesis and diagnostic features of pediculosis in adults and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR6.2	Identify and differentiate pediculosis from other skin lesions in adults and children	S	SH	Y	Bedside clinic	Skill assessment		Pediatrics	
Topic: Fungal Infections		**Number of competencies: (03)**				**Number of procedures that require certificaion:(NIL)**			
DR7.1	Describe the etiology, microbiology, pathogenesis and clinical presentations and diagnostic features of dermatophytes in adults and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR7.2	Identify Candida species in fungal scrapings and KOH mount	S	SH	Y	DOAP session	Skill assessment			Microbiology
DR7.3	Describe the pharmacology and action of antifungal (systemic and topical) agents. Enumerate side effects of antifungal therapy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology, Pharmacology
Topic: Viral infections		**Number of competencies (07)**				**Number of procedures that require certification: (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DR8.1	Describe the etiology, microbiology, pathogenesis and clinical presentations and diagnostic features of common viral infections of the skin in adults and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pediatrics	Microbiology
DR8.2	Identify and distinguish herpes simplex and herpes labialis from other skin lesions	S	SH	Y	DOAP session	Skill assessment			
DR8.3	Identify and distinguish herpes zoster and varicella from other skin lesions	S	SH	Y	DOAP session	Skill assessment			
DR8.4	Identify and distinguish viral warts from other skin lesions	S	SH	Y	DOAP session	Skill assessment			
DR8.5	Identify and distinguish molluscum contagiosum from other skin lesions	S	SH	Y	DOAP session	Skill assessment			
DR8.6	Enumerate the indications, describe the procedure and perform a Tzanck smear	S	SH	Y	DOAP session	Skill assessment			
DR8.7	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for common viral illnesses of the skin	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pharmacology
Topic: Leprosy		**Number of competencies: (07)**				**Number of procedures that require certificaion:(NIL)**			
DR9.1	Classify, describe the epidemiology, etiology, microbiology, pathogenesis, clinical presentations and diagnostic features of Leprosy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology, Community Medicine
DR9.2	Demonstrate (and classify based on) the clinical features of leprosy including an appropriate neurologic examination	S	SH	Y	Bedside clinic	Bedside clinic/ Skill assessment		General Medicine	
DR9.3	Enumerate the indications and observe the performance of a slit skin smear in patients with leprosy	S	KH	Y	Bedside clinic, DOAP session	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DR9.4	Enumerate, describe and identify lepra reactions and supportive measures and therapy of lepra reactions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology
DR9.5	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for various classes of leprosy based on national guidelines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Community Medicine
DR9.6	Describe the treatment of Leprosy based on the WHO guidelines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Community Medicine
DR9.7	Enumerate and describe the complications of leprosy and its management, including understanding disability and stigma.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Psychiatry
Topic: Sexually Transmitted Diseases		**Number of competencies: (11)**			**Number of procedures that require certificaion:(NIL)**				
DR10.1	Identify and classify syphilis based on the presentation and clinical manifestations	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Microbiology
DR10.2	Identify spirochete in a dark ground microscopy	S	SH	Y	DOAP session	Skill assessment			Microbiology
DR10.3	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for syphilis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Microbiology
DR10.4	Describe the prevention of congenital syphilis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
DR10.5	Counsel in a non-judgemental and empathetic manner patients on prevention of sexually transmitted disease	C	SH	Y	DOAP session	Skill assessment		General Medicine	
DR10.6	Describe the etiology, diagnostic and clinical features of non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DR10.7	Identify and differentiate based on the clinical features non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Microbiology
DR10.8	Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the non-syphilitic sexually transmitted diseases (chancroid, donovanosis and LGV)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Microbiology
DR10.9	Describe the syndromic approach to ulcerative sexually transmitted disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
DR10.10	Describe the etiology, diagnostic and clinical features and management of gonococcal and non-gonococcal urethritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
DR10.11	Describe the etiology, diagnostic and clinical features and management of vaginal discharge	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
Topic: HIV		**Number of competencies: (03)**				**Number of procedures that require certificaion:(NIL)**			
DR11.1	Describe the etiology, pathogenesis and clinical features of the dermatologic manifestations of HIV and its complications including opportunistic infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Microbiology
DR11.2	Identify and distinguish the dermatologic manifestations of HIV, its complications, opportunistic infections and adverse reactions	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Microbiology
DR11.3	Enumerate the indications and describe the pharmacology, administration and adverse reaction of pharmacotherapies for dermatologic lesions in HIV	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	Pharmacology, Microbiology
Topic: Dermatitis and Eczema		**Number of competencies: (07)**				**Number of procedures that require certificaion:(NIL)**			
DR12.1	Describe the aetiopathogenesis of eczema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DR12.2	Identify eczema and differentiate it from lichenification and changes of aging	S	SH	Y	Bedside clinic	Skill assessment			
DR12.3	Classify and grade eczema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
DR12.4	Enumerate the indications and describe the pharmacology, indications and adverse reactions of drugs used in the treatment of eczema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
DR12.5	Define erythroderma. Enumerate and identify the causes of erythroderma. Discuss the treatment	S	KH	Y	Bedside clinic	Written/ Skill assessment			
DR12.6	Identify and distinguish exfoliative dermatitis from other skin lesions	S	SH	Y	Bedside clinic	Skill assessment			
DR12.7	Identify and distinguish fixed drug eruptions and Steven Johnson syndrome from other skin lesions	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Pathology, Microbiology
Topic: Vesicubullous Lesions		**Number of competencies:(03)**			**Number of procedures that require certificaion:(NIL)**				
DR13.1	Distinguish bulla from vesicles	S	SH	Y	Bedside clinic	Skill assessment			
DR13.2	Demonstrate the Tzanck test, nikolsky sign and bulla spread sign	S	SH	Y	Bedside clinic	Skill assessment			
DR13.3	Calculate the body surface area of involvement of vesiculobullous lesions	S	SH	Y	Bedside clinic	Skill assessment			
Topic: Urticaria Angioedema		**Number of competencies: (05)**			**Number of procedures that require certificaion:(NIL)**				
DR14.1	Describe the etiology, pathogenesis and clinical precipitating features and classification of Urticaria and angioedema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Microbiology, Pathology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DR14.2	Identify and distinguish urticarial from other skin lesions	S	SH	Y	Bedside clinic	Skill assessment			
DR14.3	Demonstrate dermographism	S	SH	Y	Bedside clinic	Skill assessment			
DR14.4	Identify and distinguish angioedema from other skin lesions	S	SH	Y	Bedside clinic	Skill assessment			
DR14.5	Enumerate the indications and describe the pharmacology indications and adverse reactions of drugs used in the urticaria and angioedema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pharmacology
Topic: Pyoderma		**Number of competencies: (04)**			**Number of procedures that require certificaion:(NIL)**				
DR15.1	Identify and distinguish folliculitis impetigo and carbuncle from other skin lesions	S	SH	Y	Bedside clinic	Skill assessment			
DR15.2	Identify staphylococcus on a gram stain	S	SH	Y	Bedside clinic	Skill assessment			Microbiology
DR15.3	Enumerate the indications and describe the pharmacology, indications and adverse reactions of topical and systemic drugs used in treatment of pyoderma	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	Microbiology, Pharmacology
DR15.4	Enumerate the indications for surgical referral	S	KH	Y	DOAP session	Written/ Viva voce		General Surgery	
Topic: Collagen Vascular disease		**Number of competencies: (02)**			**Number of procedures that require certificaion:(NIL)**				
See also major competencies listed in General Medicine									
DR16.1	Identify and distinguish skin lesions of SLE	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Pathology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DR16.2	Identify and distinguish Raynaud's phenomenon	S	SH	Y	Bedside clinic	Skill assessment		General Medicine	Pathology
Topic: Nutritional Deficiencies and Skin		**Number of competencies: (04)**				**Number of procedures that require certificaion:(NIL)**			
DR17.1	Enumerate and identify the cutaneous findings in vitamin A deficiency	K/S	SH	Y	Lecture, Small group discussion, Bedside clinic	Skill assessment/ Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.2	Enumerate and describe the various skin changes in Vitamin B complex deficiency	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.3	Enumerate and describe the various changes in Vitamin C deficiency	K	KH	Y	Lecture	Written/ Viva voce		General Medicine, Pediatrics, Biochemistry	
DR17.4	Enumerate and describe the various changes in Zinc deficiency	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Pediatrics, Biochemistry	
Topic: Systemic diseases and the skin		**Number of competencies:(02)**				**Number of procedures that require certification:(NIL)**			
DR18.1	Enumerate the cutaneous features of Type 2 diabetes	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
DR18.2	Enumerate the cutaneous features of hypo/hyper-thyroidism	K	K	Y	Lecture, Small group	Written/ Viva voce		General Medicine	

Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication.
Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,
Column F: DOAP session – Demonstrate, Observe, Assess, Perform.
Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation

Integration

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Human Anatomy									
AN4.2	Describe structure & function of skin with its appendages	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		Dermatology, Venereology & Leprosy	
AN4.4	Describe modifications of deep fascia with its functions	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		Dermatology, Venereology & Leprosy	
AN4.5	Explain principles of skin incisions	K	KH	N	Lecture	Written		Dermatology, Venereology & Leprosy	
Pathology									
PA34.1	Describe the risk factors, pathogenesis, pathology and natural history of squamous cell carcinoma of the skin	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Dermatology, Venereology & Leprosy	
PA34.2	Describe the risk factors, pathogenesis, pathology and natural history of basal cell carcinoma of the skin	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Dermatology, Venereology & Leprosy	
PA34.3	Describe the distinguishing features between a nevus and melanoma. Describe the etiology, pathogenesis, risk factors, morphology, clinical features and metastases of melanoma	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Dermatology, Venereology & Leprosy	
PA34.4	Identify, distinguish and describe common tumors of the skin	S	SH	N	DOAP session	Skill Assessment		Dermatology, Venereology & Leprosy	
Microbiology									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
MI4.3	Describe the etio-pathogenesis of Skin and soft tissue infections and discuss the clinical course, and the laboratory diagnosis.	K	KH	Y	Lecture	Written/ Viva voce		Dermatology, Venereology & Leprosy, General Surgery	
MI7.2	Describe the etio-pathogenesis and discuss the laboratory diagnosis of sexually transmitted infections. Recommend preventive measures, wherever relevant.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Dermatology, Venereology & Leprosy, Obstetrics & Gynaecology	
				Pharmacology					
PH1.46	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of antileprotic drugs	K	KH	Y	Lecture	Written/ Viva voce		Dermatology, Venereology & Leprosy	Microbiology
PH1.57	Describe drugs used in skin disorders	K	KH	Y	Lecture	Written/ Viva voce		Dermatology, Venereology & Leprosy	
				Pediatrics					
PE31.4	Identify Atopic dermatitis and manage	S	SH		Bedside clinics, Skill Lab	Skill Assessment		Dermatology, Venereology & Leprosy	

PHYSICAL MEDICINE & REHABILITATION (CODE: PM)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PHYSICAL MEDICINE & REHABILITATION									
Topic: Introduction to Physical Medicine		**Number of competencies: (04)**				**Number of procedures that require certification:(NIL)**			
PM1.1	Define and describe the scope of physical Medicine and Rehabilitation and functional restoration	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PM1.2	Define and describe disability, its cause, and magnitude, identification and prevention of disability	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM1.3	Define and describe the methods to identify and prevent disability	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM1.4	Enumerate the rights and entitlements of differently abled persons	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
Topic: Cerebrovascular accident		**Number of competencies: (04)**				**Number of procedures that require certification:(NIL)**			
PM2.1	Describe the causes of disability in the patient with a cerebrovascular accident	K	KH	Y	Lecture, small group discussion	Written/ Viva voce		Human Anatomy	General Medicine
PM2.2	Describe and discuss the treatment of rigidity and spasticity	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM2.3	Describe and disucss the principles of early mobilizations, mobility aids and splints	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM2.4	Describe and discuss the impact of co-morbidities on the rehabilitation of the patient with cerebrovascular accident	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
Topic: Cerebral Palsy		**Number ocompetencies: (07)**				**Number of procedures that require certification: (NIL)**			
PM3.1	Describe and discuss the clinical features, types, evaluation, diagnosis and management of cerebral palsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	Pediatrics

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PM3.2	Recognize, Describe and discuss the spectrum of multiple disability: cognitive, motor, visual and hearing in cerebral palsy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
PM3.3	Recognize describe and discuss the role of special education in children with learning disabilities	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
PM3.4	Demonstrate spasticity rigidity and dystonia in children with cerebral palsy	S	SH	Y	DOAP session, Small group discussion, Bedside clinic	Skill assessment			Pediatrics
PM3.5	Enumerate the indications and describe the therapies for spasticity including medications, serial casts, nerve blocks, botulinum toxin injections	K	KH	Y	Lecture, Small group discussion			Pharmacology	Pediatrics, Orthopedics
PM3.6	Enumerate the indications and describe prevention of joint subluxations and contractures by proper positioning, and use of special chairs, and appliances	K	KH	Y	DOAP session, Small group discussion, Bedside clinic				Pediatrics
PM3.7	Enumerate the first aid measures to be used in patients with seizures	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
Topic: Musculoskeletal system		**Number of competencies : (05)**				**Number of procedures that require certification: (NIL)**			
PM4.1	Describe the common patterns, clinical features, investigations, diagnosis and treatment of common causes of arthritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM4.2	Describe and discuss the principles of management of chronic pain and role of common modalities (moist heat, ultrasound, Short wave diathermy)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
PM4.3	Observe in a mannequin or equivalent the administration of an intra-articular injection	S	KH	N	DOAP session	Skill assessment			Orthopedics
PM4.4	Describe the role of exercise as a therapeutic modality	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PM4.5	Demonstrate correct assessment of muscle strength and range of movements	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			General Medicine, Orthopedics
Topic: Amputation		**Number of competencies : (04)**			**Number of procedures that require certification: (NIL)**				
PM5.1	Enumerate the indications and describe the principles of amputation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics, General Surgery
PM5.2	Describe the principles of early mobilization, evaluation of the residual limb, contralateral limb and the influence of co-morbidities	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
PM5.3	Demonstrate the correct use of crutches in ambulation and postures to correct contractures and deformities	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			Orthopedics
PM5.4	Identify the correct prosthesis for common amputations	S	SH	Y	DOAP session	Skill assessment written			Orthopedics
Topic: Lower motor neruon lesion		**Number of competencies :(04)**			**Number of procedures that require certification: (NIL)**				
PM6.1	Perform and demonstrate a clinical examination of sensory and motor deficits of peripheral nerve	S	SH	Y	Bedside clinic	Skill assessment			General Medicine
PM6.2	Enumerate the indications and describe the principles of nerve conduction velocity and EMG	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM6.3	Describe the principles principles of skin traction, serial casts and surgical treatment including contracture release, tendon transfer, osteotomies and arthrodesis.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
PM6.4	Describe the principles of orthosis for ambulation in PPRP	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
Topic: Spinal injury		**Number of competencies:(09)**			**Number of procedures that require certification: (NIL)**				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PM7.1	Describe and discuss the clinical features, diagnostic work up and management of spinal cord injury	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
PM7.2	Describe and demonstrate process of transfer, application of collar restraints while maintaining airway and prevention of secondary injury in a mannequin/model	S	SH	Y	DOAP session, Small group discussion, Bedside clinic	Skill assessment			Orthopedics
PM7.3	Perform and demonstrate a correct neurological examination in a patient with spinal injury and determine the neurologic level of injury	S	SH	Y	Bed side clinic	Skill assessment			Orthopedics
PM7.4	Assess bowel and bladder function and identify common patterns of bladder dysfunction	S	KH	Y	Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM7.5	Enumerate the indications and identify the common mobility aids and appliances, wheel chairs	S	S	Y	DOAP session	Skill assessment /Viva voce			Orthopedics
PM7.6	Enumerate the indications and describe the pharmacology and side effects of commonly used drugs in neuropathic bladder	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Medicine
PM7.7	Enumerate and describe common life threatening complications following SCI like Deep vein Thrombosis, Aspiration Pneumonia, Autonomic dysreflexia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM7.8	Enumerate the causes of, describe and classify Pressure Sores,their prevention, and treatment.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery
PM7.9	Enumerate the indications of debridement, and Split thickness skin grafting.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery
Topic: Traumatic brain injury (TBI)		**Number of competencies:(05)**			**Number of procedures that require certification: (NIL)**				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PM8.1	Describe the clinical features, evaluation, diagnosis and management of disability following traumatic brain injury	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics, General Surgery
PM8.2	Describe and discuss cognitive dysfunction like deficits in attention, memory and communication.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM8.3	Describe and discuss common behavior and mood changes following TBI.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM8.4	Describe metabolic co-morbidities like SIADH, diabetes mellitus, insipidus and endocrine dysfunction following TBI	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
PM8.5	Describe the vocational opportunities and community based rehabilitation following TBI	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
Topic: Geriatrics		**Number of competencies:(01)**				**Number of procedures that require certification: (NIL)**			
PM 9.1	Describe rehabilitative aspects as they pertain to the elderly including patients with dementia, depression, incontinence immobility and nutritional needs	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Psychiatry
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								

Integration

				General Medicine					
IM18.16	Enumerate the indications, describe and observe the multidisciplinary rehabilitation of patients with a CVA	S	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Physical Medicine & Rehabilitation
IM24.13	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of falls in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics, Physical Medicine & Rehabilitation

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM24.16	Describe and discuss the principles of physical and social rehabilitation, functional assessment, role of physiotherapy and occupational therapy in the management of disability in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics, Physical Medicine & Rehabilitation
				Pediatrics					
PE3.8	Discuss the etio-pathogenesis, clinical presentation and multi-disciplinary approach in the management of Cerebral palsy	K	KH	Y	Lecture, Small group discussion, Bed side clinics	Written/ Viva voce			Physical Medicine & Rehabilitation

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MEDICAL COUNCIL OF INDIA

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

Knows → Knows how → Shows → Shows how → Performs

Enumerate

Describe

Observe

Demonstrate

Assist

Counsel

Prescribe

Analyse

Integrate

Guide

Communicate

Correlate

Interpret

Critique

Collaborate

Clinician

Communicator

Team Leader

Professional

Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

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2018

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भारतीय आयुर्विज्ञान परिषद के अधिक्रमण में शासी बोर्ड

BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

FOREWORD

The Medical Council of India, aware of its responsibilities in creation of trained health manpower, has been engaged for the past few years in updating the medical curriculum for undergraduates and postgraduates to be in consonance with the changing health needs of the country. The task of updating and reorganization of the postgraduate curriculum in nearly 50 broad specialty disciplines to the competency pattern was accomplished by the Academic Cell of the Council with the help of subject experts and members of its Reconciliation Board and have been uploaded on the Council Website for use of the medical fraternity.

The Council visualized that the Indian Medical Graduate, at the end of the undergraduate training program, should be able to recognize "health for all" as a national goal and should be able to fulfill his/her societal obligations towards the realization of this goal. To fulfill the mandate of the undergraduate medical curriculum which is to produce a clinician, who understands and is able to provide preventive, promotive, curative, palliative and holistic care to his patients, the curriculum must enunciate clearly the competencies the student must be imparted and must have learnt, with clearly defined teaching-learning strategies and effective methods of assessment. The student should be trained to effectively communicate with patients and their relatives in a manner respectful of the patient's preferences, values, beliefs, confidentiality and privacy and to this purpose, a book on Attitude, Ethics & Communication was prepared by the Medical Council of India; the teaching faculty of medical colleges have been receiving training on this module since 2015.

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Competency based Medical Education provides an effective outcome-based strategy where various domains of teaching including teaching learning methods and assessment form the framework of competencies. Keeping this objective as the core ingredient, the Medical Council of India with the help of panel of experts drawn from across the country, laid the basic framework for the revised undergraduate medical curriculum. Over the past four years, a group of highly committed medical professionals working as Members of the MCI Reconciliation Board developed this information into a document incorporating appropriate teaching-learning strategies, tools and techniques of teaching, and modes of assessment which have culminated in the current competency based undergraduate curriculum. We understand that maximum efforts were made to encourage integrated teaching between traditional subject areas using a problem-based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both the understanding and resolution of the problem. All efforts have been made to de-emphasize compartmentalisation of disciplines so as to achieve both horizontal and vertical integration in different phases. We are proud of their work accomplishment and congratulate them in the onerous task accomplished.

It gives us great satisfaction to state that the **'competency based undergraduate curriculum'** that has been prepared by the Medical Council of India would definitely serve the cause of medical education and in creating a competent Indian Medical Graduate to serve the community.

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COMPETENCY BASED UNDERGRADUATE CURRICULUM
FOR
THE INDIAN MEDICAL GRADUATE

Preamble

The new Graduate Medical Education Regulations attempts to stand on the shoulder of the contributions and the efforts of resource persons, teachers and students (past and present). It intends to take the learner to provide health care to the evolving needs of the nation and the world.

More than twenty years have passed since the existing Regulations on Graduate Medical Education, 1997 was notified, necessitating a relook at all aspects of the various components in the existing regulations and adapt them to the changing demography, socio-economic context, perceptions, values and expectations of stakeholders. Emerging health care issues particularly in the context of emerging diseases, impact of advances in science and technology and shorter distances on diseases and their management also need consideration. The strong and forward looking fundamentals enshrined in the Regulations on Graduate Medical Education, 1997 has made this job easier. A comparison between the 1997 Regulations and proposed Graduate Medical Education Regulations, 2018 will reveal that the 2018 Regulations have evolved from several key principles enshrined in the 1997 Regulations.

The thrust in the new regulations is continuation and evolution of thought in medical education making it more learner-centric, patient-centric, gender-sensitive, outcome -oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment. This has necessitated a deviation from using “broad competencies”; instead, the reports have written end of phase subject (sub) competencies. These “sub-competencies” can be mapped to the global competencies in the Graduate Medical Education Regulations.

A significant attempt has been made in the outcome driven undergraduate curriculum to provide the orientation and the skills necessary for life-long learning to enable proper care of the patient. In particular, the curriculum provides for early clinical exposure, electives and longitudinal care. Skill acquisition is an indispensable component of the learning process in medicine. The curriculum reinforces this aspect by necessitating certification of certain essential skills. The experts and the writing group have factored in patient availability, access, consent, number of students in a class etc. in suggesting skill acquisition and assessment methods; use of skills labs, simulated and guided environments are encouraged. In the pre-internship years,- the highest level of skill acquisition is a show how (SH) in a simulated or guided environment; few skills require independent performance and certification - these are marked with P (for performance). Opportunity to 'perform' these skills will be available during internship.

The importance of ethical values, responsiveness to the needs of the patient and acquisition of communication skills is underscored by providing dedicated curriculum time in the form of a longitudinal program based on Attitude, Ethics and Communication (AETCOM) competencies. Great emphasis has been placed on collaborative and inter-disciplinary teamwork, professionalism, altruism and respect in professional relationships with due sensitivity to differences in thought, social and economic position and gender.

In addition to the above, an attempt has been made to allow students from diverse educational streams and backgrounds to transition appropriately through a Foundation Course. Dedicated time has been allotted for self directed learning and co-curricular activities.

Formative and internal assessments have been streamlined to achieve the objectives of the curriculum. Minor tweaks to the summative assessment have been made to reflect evolving thought and regulatory requirements. Curricular governance and support have been strengthened, increasing the involvement of Curriculum Committee and Medical Education Departments/Units.

The curriculum document in conjunction with the new Graduate Medical Education Regulations (GMR), when notified, must be seen as a "living document" that should evolve as stakeholder requirements and aspirations change. We hope that the current GMR does just that. The Medical Council of India is

grateful to all the teachers, subject experts, process experts, patients, students and trainees who have contributed through invaluable inputs, intellectual feedbacks and valuable time spent to make this possible. This document would not have been possible without the dedicated and unstinting intellectual, mental and time-consuming efforts of the members of the Reconciliation Board of the Council and the Academic Cell of MCI.

How to use the Manual

This Manual is intended for curriculum planners in an institution to design learning and assessment experiences for the MBBS student. Contents created by subject experts have been curated to provide guidance for the curriculum planners, leaders and teachers in medical schools. They must be used with reference to and in the context of the Regulations.

Section 1

Competencies for the Indian Medical Graduate

Section 1 - provides the global competencies extracted from the Graduate Medical Education Regulations, 2018. The global competencies identified as defining the roles of the **Indian Medical Graduate** are the broad competencies that the learner has to aspire to achieve; teachers and curriculum planners must ensure that the learning experiences are aligned to this Manual.

Extract from the Graduate Medical Education Regulations, 2018

2. Objectives of the Indian Graduate Medical Training Programme

The undergraduate medical education program is designed with a goal to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training program are hereby prescribed:-

2.1. National Goals

At the end of undergraduate program, the Indian Medical Graduate should be able to:

(a) recognize “health for all” as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.

(b) learn every aspect of National policies on health and devote herself/himself to its practical implementation.

(c) achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

(d) develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

(e) become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

2.2. Institutional Goals

In consonance with the national goals, each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:

(a) be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.

(b) be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.

(c) appreciate rationale for different therapeutic modalities, be familiar with the administration of the "essential drugs" and their common side effects.

(d) be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

(e) possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.

(f) be familiar with the basic factors which are essential for the implementation of the National Health Programs including practical aspects of the following:

(i) Family Welfare and Maternal and Child Health (MCH);

(ii) Sanitation and water supply;

(iii) Prevention and control of communicable and non-communicable diseases;

(iv) Immunization;

(v) Health Education;

(vi) Indian Public Health Standards (IPHS) at various level of service delivery;

(vii) Bio-medical waste disposal; and

(viii) Organizational and or institutional arrangements.

(g) acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling.

(h) be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

(i) be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

(j) be competent to work in a variety of health care settings.

(k) have personal characteristics and attitudes required for professional life including personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

All efforts must be made to equip the medical graduate to acquire the skills as detailed in Table 11 Certifiable procedural skills – A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate, as given in the Graduate Medical Education Regulations, 2018

2. 3. Goals for the Learner

In order to fulfil this goal, the Indian Medical Graduate must be able to function in the following roles appropriately and effectively:-

2.3.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

2.3.2. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.

2.3.3. Communicator with patients, families, colleagues and community.

2.3.4. Lifelong learner committed to continuous improvement of skills and knowledge.

2.3.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

3. Competency Based Training Programme of the Indian Medical Graduate

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfil the roles as listed in clause 2, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

3.1. Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

3.1.1 Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.

3.1.3 Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.

3.1.4 Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.

3.1.7 Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.8 Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.

3.1.9 Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

3.1.10 Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frameworks.

3.1.11 Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

3.1.12 Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following:

i) Disease prevention,

ii) Health promotion and cure,

iii) Pain and distress alleviation, and

iv) Rehabilitation and palliation.

3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.

3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.

3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

3*.2.* ***Leader and member of the health care team and system***

3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.

3.2.6 Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases and b) cancer, in collaboration with other members of the health care team.

3.3. ***Communicator with patients, families, colleagues and community***

3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.

3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient’s preferences, values, prior experience, beliefs, confidentiality and privacy.

3.3.4 Demonstrate ability to communicate with patients, colleagues and families in amanner that encourages participation and shared decision-making.

3.4. Lifelong learner committed to continuous improvement of skills and knowledge

3.4.1. Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

3.4.2. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

3.4.3. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

3.4.4. Demonstrate ability to search (including through electronic means), and critically revaluate the medical literature and apply the information in the care of the patient.

3.4.5. Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

3.5. *Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession*

3.5.1. Practice selflessness, integrity, responsibility, accountability and respect.

3.5.2. Respect and maintain professional boundaries between patients, colleagues and society.

3.5.3. Demonstrate ability to recognize and manage ethical and professional conflicts.

3.5.4. Abide by prescribed ethical and legal codes of conduct and practice.

3.5.5. Demonstrate a commitment to the growth of the medical profession as a whole.

Section 2

Subject-wise outcomes

Section 2 contains subject-wise outcomes so called “sub-competencies” that must be achieved at the end of instruction in that subject. These are organised in tables and have two parts. The core subject outcomes are in first part. The second part in the same document (titled Integration) contains outcomes/competencies in other subjects which have been identified by experts in those subjects as requiring alignment or integration with the core subject.

Outcomes (competencies) in each subject are grouped according to topics number-wise. It is important to review the individual outcomes (competencies) in the light of the topic outcomes as a whole. For each competency outlined - the learning domains (Knowledge, Skill, Attitude, Communication) are identified. The expected level of achievement in that subject is identified as – [knows (K), knows how (KH), shows how (SH), perform (P)]. As a rule, ‘perform’ indicates independent performance without supervision and is required rarely in the pre-internship period. The outcome is a core (Y - must achieve) or a non-core (N - desirable) outcome. Suggested learning and assessment methods (these are suggestions) and explanation of the terms used are given under the section “definitions used in this document”. The suggested number of times a skill must be performed independently for certification in the learner’s log book is also given. Last two columns indicate subjects within the same phase and other phases with which the topic can be taught - together - aligned (temporal coordination), shared, correlated or nested.

The number of topics and competencies in each subject are given below:

Topics & outcomes in Pre-clinical & Para-clinical subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**Human Anatomy**	82	409
2.	**Physiology**	11	137
3.	**Biochemistry**	11	89
4.	**Pharmacology**	05	85
5.	**Pathology**	36	182
6.	**Microbiology**	08	54
7.	**Forensic Medicine & Toxicology**	14	162
	Total	**167**	**1118**

Topics & outcomes in Medicine and Allied subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**Community Medicine**	20	107
2.	**General Medicine**	26	506
3.	**Respiratory Medicine**	02	47
4.	**Pediatrics**	35	406
5.	**Psychiatry**	19	117
6.	**Dermatology, Venereology & Leprosy**	18	73
7.	**Physical Medicine & Rehabilitation**	09	43
	Total	**129**	**1299**

Topics & outcomes in Surgery and Allied subjects

Sr. No.	Subjects	Number of topics	Number of outcomes
1.	**General Surgery**	30	133
2.	**Ophthalmology**	09	60
3.	**Otorhinolaryngology**	04	76
4.	**Obstetrics & Gynaecology**	38	126
5.	**Orthopedics**	14	39
6.	**Anesthesiology**	10	46
7.	**Radiodiagnosis**	01	13
8.	**Radiotherapy**	05	16
9.	**Dentistry**	05	23
	Total	**116**	**532**

Section 3

Sample topics used for alignment & integration

Section 3 contains a sample selection of topics that run across the phases which can be used for alignment and integration. These are suggestions and institutions can select their own set of topics which can run across phases.

It is important to design the curriculum with a view to ensure with several broad outcomes in mind: a) achievement of the broad competencies by the learner at the end of the MBBS program, b) retain the subject - wise character of learning and assessment and ensure that phase-wise subject outcomes are met and assessed, c) teaching topics that are similar together thereby reducing redundancy and allowing the learner to integrate the concept as the most important step in integration (alignment or temporal coordination) (see document on integration), and d) align learning and assessment experiences to the outcome and the level of achievement specified.

Understanding the competencies table

Understanding the competencies table

A	B	C	D	E	F	G	H	I	J
No.	**Competencies**	**Domain**	**K/KH/SH/P**	**Core**	**Suggested Teaching Learning Method**	**Suggested Assessment method**	**No. required to certify (P)**	**Vertical Integration**	**Horizontal Integration**
Physiology									
Summary **Name of Topic: General Physiology** **Number of Competencies: (08)**									
PY1.1	Describe the structure and functions of a	K	KH	Y	Lectures, Small group discussion	Written/Viva			Biochemistry
IM25.4	Elict *document* and present a medical history that helps delineate the	S	SH	Y	Bed Side clinic, DOAP	Skill assessment		Community Medicine	

Unique number of the competency. First two alphabets represent the subject (see list); number following alphabet reflects topic number, following period is a running number.

Description of competency

Identifies the domain or domains addressed
K - Knowledge
S - Skill
A - Attitude
C - Communication

Identifies the level of competency required based on the Miller's pyramid
K - Knows
KH - Knows How
S - Skill
SH - Show How
P - Perform independently

Identifies if the competency is core or desirable.
Y indicates Core; N-non-core

Identifies the suggested learning method.
DOAP - **D**emonstrate (by Student) Observe, Assist Perform)

Identifies the suggested assessment method
Skill assessment - Clinics, Skills lab, Practicals etc.

no of times a skill needs to be done independently to be certified for independent performance; Rarely used in UG

Subject (s) in other phases with which the competency can be vertically integrated to increase relevance or improve basic understanding

Subject (s) in the same phase with which the competency can be horizontally integrated or aligned to allow a more wholesome understanding

***Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents**

Deriving learning objectives from competencies

Deriving learning objectives from competencies

K	Knows	A knowledge attribute – Usually enumerates or describes
KH	Knows how	A higher level of knowledge – is able to discuss or analyse
S	Shows	A skill attribute: is able to identify or demonstrate the steps
SH	Shows how	A skill attribute: is able to interpret / demonstrate a complex procedure requiring thought, knowledge and behaviour
P	Performs (under supervision or independently)	Mastery for the level of competence - When done independently under supervision a pre-specified number of times - certification or capacity to perform independently results

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify the etiology of meningitis based on given CSF parameters**	**K/S**	**SH**	**Y**

PA42.1*	At the end of the session the **phase II student** must be able to enumerate the most common causes of meningitis correctly
PA42.2*	At the end of the session the **phase II student** must be able to enumerate the components of CSF analysis correctly
PA42.3*	At the end of the session the **phase II student** must be able to **describe** the CSF features for a given etiology of meningitis **accurately**
PA42.4*	At the end of the session the **phase II student** must be able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**

Audience - who will do the behavior

Behavior - What should the learner be able to do?

Condition - Under what conditions should the learner be able to do it?

Degree – How well must it be done

Objective: Statement of what a learner should be able to do at the end of a specific learning experience
***Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents**

Deriving learning methods from competencies

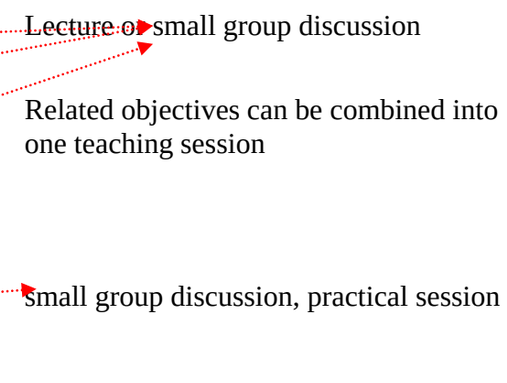
Deriving learning methods from competencies

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify** the etiology of meningitis based on given CSF parameters	K/S	SH	Y

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

PA42.1*	At the end of the session the **Phase II student** must be able to enumerate the most common causes of meningitis **correctly**
PA42.2*	At the end of the session the **Phase II student** must be able to enumerate the components of a CSF analysis correctly
PA42.3*	At the end of the session the **Phase II student** must be able to **describe** the CSF features for a given etiologic of meningitis **accurately**
PA42.4*	At the end of the session the **Phase II student** must the able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**



*Numbers given are for illustrative purposes only and should not be compared with the same in curriculum documents

Deriving assessment methods from competencies

Deriving assessment methods from competencies-1

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3*	**Identify** the etiology of meningitis based on given CSF parameters	K/S	SH	Y

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

PA42.1*	At the end of the session the Phase II student must be able to enumerate the most common causes of meningitis correctly	Short note or part of structured essay: Enumerate 5 causes of meningitis based on their prevalence in India
PA42.2*	At the end of the session the **Phase II student** must be able to enumerate the components of a CSF analysis correctly	Short note or part of structured essay: Enumerate the components tested in a CSF analysis
PA42.3*	At the end of the session the **Phase II student** must be able to **describe** the CSF features for a given aetiology of meningitis a**ccurately**	Short note or part of structured essay: Describe the CSF findings that are characteristic of tuberculous meningitis
PA42.4*	At the end of the session the **Phase II student** must the able to identify the aetiology of meningitis correctly from a **given set of CSF parameters**	Short note / part of the structured essay/ Skill station/ Viva voce Review the CSF findings in the following patient and identify (write or vocalise) the most likely etiology

*** Numbers given are for illustrative purposes only and should not be compared with numbers in the curriculum document**

Deriving assessment methods from competencies-2

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

MI2.4*	List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia.	K	KH	Y	Didactic Small group discussion	Written/ Viva voce	Medicine	Pathology

Objective: Statement of what a learner should be able to do at the end of a specific learning experience

MI2.1*	Enumerate the common microbial agents causing anaemia
MI2.2*	Describe the morphology of agent (1,2 etc)
MI2.3*	Describe the mode of infection of agent in humans
MI2.4*	Discuss the pathogenesis of anemia caused by agent
MI2.5*	Describe the clinical course of infection by agent
MI2.6*	Enumerate the diagnostic tests to identify the aetiology of agent as a cause of anemia
MI2.7*	Discuss the methods to prevent infection by agent
MI2.8*	Describe the treatment of infection by agent

Integrate concept - not necessarily teachers
Plan session with teachers of both subjects -teachers from both subjects usually not needed. Ensure redundancy and duplication by reviewing both subjects

Horizontally aligned and integrated with pathology

Vertically integrated with General Medicine

Integrate concept - not necessarily teachers Plan session with teachers from both phases. Make a decision on how much of the information needs to be brought down to this phase to make it relevant. Consider how a competency can ascend over phases: for eg. - can be at a KH -(know how) in phase II but becomes SH in phase III. For vertical integration with clinical subjects, use of a case to link the concept (a well written paper, case is sufficient). Using teachers from both phases is rarely required

The concept of integration

Concept of integration used in the Manual

Integration is a learning experience that allows the learner to perceive relationships from blocks of knowledge and develop a unified view of its basis and its application. The GMR 2018 applies these principles to the extent that will retain the strengths of silo - based education and assessment while providing experiences that will allow learners to integrate concepts.

Keeping this in mind, the Regulations recommend temporal coordination as described by Harden (called alignment in this document) as the major method to be followed allowing similar topics in different subjects to be thought separately but during the same time frame (Figure 1a).

In a small proportion - not to exceed 20% of the total curriculum an attempt can be made to Share (Figure 1b) topics or Correlate (Figure 1c) topics by using an integration session. The integration session most preferred will be a case based discussion in an appropriate format ensuring that elements in the same phase (horizontal) and from other phases are addressed. Care must be taken to ensure that achievement phase - based objectives are given primacy - the integrative elements from other phases are used only to provide adequate recall and understand the clinical application of concepts. It must be emphasized that integration does not necessarily require multiple teachers in each class. Experts from each phase and subject may be involved in the lesson planning but not it in its delivery unless deemed necessary.

As much as possible the necessary correlates from other phases must also be introduced while discussing a topic in a given subject - Nesting (Figure 1d) (Harden). Topics that cannot be aligned and integrated must be provided adequate time in the curriculum throughout the year.

Assessment will continue to be subject based. However, efforts must be made to ensure that phase appropriate correlates are tested to determine if the learner has internalized and integrated the concept and its application.

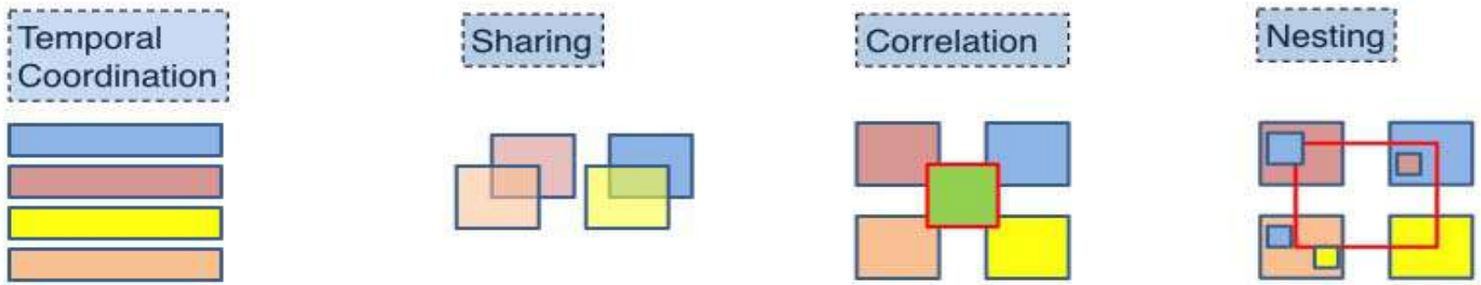


Figure 1 : Integration concepts framed in the GMR. Coloured boxes represent subjects. 1 a. Temporal coordination: The timetable is adjusted so that topics within the subjects or disciplines which are related, are scheduled at the same time. b. Sharing: Two disciplines may agree to plan and jointly implement a teaching program c. Correlation: the emphasis remains on disciplines or subjects with subject-based courses taking up most of the curriculum time. Within this framework, an integrated teaching session or course is introduced in addition to the subject-based teaching (green box with red border) d. Nesting: the teacher targets, within a subject-based course, skills relating to other subjects. Adapted from Harden R Med Edu 2000. 34; 551

Definitions used in the Manual

1. **Goal:** A projected state of affairs that a person or system plans to achieve.

   In other words: Where do you want to go? or What do you want to become?

2. **Competency:** The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

   In other words: What should you have? or What should have changed?

3. **Objective:** Statement of what a learner should be able to do at the end of a specific learning experience.

   In other words: What the Indian Medical Graduate should know, do, or behave.

Action Verbs used in this manual

Knowledge	**Skill**	**Attitude/communicate**
Enumerate	Identify	Counsel
List	Demonstrate	Inform
Describe	Perform under supervision	Demonstrate understanding of
Discuss	Perform independently	
Differentiate	Document	
Define	Present	
Classify	Record	
Choose	Interpret	
Elicit		
Report		

Note:

1. Specified essential competencies only will be required to be performed independently at the end of the final year MBBS.
2. The word ‘perform’ or ‘do’ is used ONLY if the task has to be done on patients or in laboratory practical in the pre/para- clinical phases.
3. Most tasks that require performance during undergraduate years will be performed under supervision.
4. If a certification to perform independently has been done, then the number of times the task has to be performed under supervision will be indicated in the last column.

Explanation of terms used in this manual

Lecture	Any instructional large group method including traditional lecture and interactive lecture
Small group discussion	Any instructional method involving small groups of students in an appropriate learning context
DOAP (Demonstration-Observation - Assistance - Performance)	A practical session that allows the student to observe a demonstration, assist the performer, perform in a simulated environment, perform under supervision or perform independently
Skill assessment	A session that assesses the skill of the student including those in the practical laboratory, skills lab, skills station that uses mannequins/ paper case/simulated patients/real patients as the context demands
Core	A competency that is necessary in order to complete the requirements of the subject (traditional must know)
Non-Core	A competency that is optional in order to complete the requirements of the subject (traditional nice (good) to know/ desirable to know)
National Guidelines	Health programs as relevant to the competency that are part of the National Health Program

Domains of learning

K	Knowledge
S	Skill
A	Attitude
C	Communication

Levels of competency

K	Knows	A knowledge attribute - Usually enumerates or describes
KH	Knows how	A higher level of knowledge - is able to discuss or analyze
S	Shows	A skill attribute: is able to identify or demonstrate the steps
SH	Shows how	A skill attribute: is able to interpret/ demonstrate a complex procedure requiring thought, knowledge and behavior
P	Performs (under supervision or independently)	Mastery for the level of competence - When done independently under supervision a pre-specified number of times - certification or capacity to perform independently results

Note:

In the table of competency - the highest level of competency acquired is specified and implies that the lower levels have been acquired already. Therefore, when a student is able to SH - Show how - an informed consent is obtained - it is presumed that the preceding steps - the knowledge, the analytical skills, the skill of communicating have all been obtained.

It may also be noted that attainment of the highest level of competency may be obtained through steps spread over several subjects or phases and not necessarily in the subject or the phase in which the competency has been identified.

Volume III

Competency based Undergraduate Curriculum

in

Surgery and Allied subjects

GENERAL SURGERY (CODE: SU)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
GENERAL SURGERY									
Topic: Metabolic response to injury		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
SU1.1	Describe Basic concepts of homeostasis, enumerate the metabolic changes in injury and their mediators.	K	KH	Y	Lecture, Bed side clinic, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
SU1.2	Describe the factors that affect the metabolic response to injury.	K	KH	Y	Lecture, Bed side clinic, Small group discussion	Written/ Viva voce		Biochemistry	
SU1.3	Describe basic concepts of perioperative care.	K	KH	Y	Lecture, Bed side clinic, Small group discussion	Written/ Viva voce			
Topic: Shock		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
SU2.1	Describe Pathophysiology of shock, types of shock & principles of resuscitation including fluid replacement and monitoring.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
SU2.2	Describe the clinical features of shock and its appropriate treatment.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU2.3	Communicate and counsel patients and families about the treatment and prognosis of shock demonstrating empathy and care	A/C	SH	Y	DOAP session	Skill assessment		AETCOM	
Topic: Blood and blood components		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
SU3.1	Describe the Indications and appropriate use of blood and blood products and complications of blood transfusion.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
SU3.2	Observe blood transfusions.	S	SH	Y	Small group discussion, DOAP session	Skills assessment/ Log book			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU3.3	Counsel patients and family/ friends for blood transfusion and blood donation.	A/C	SH	Y	DOAP session	Skills assessment			
Topic: Burns		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
SU4.1	Elicit document and present history in a case of Burns and perform physical examination. Describe Pathophysiology of Burns.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology	
SU4.2	Describe Clinical features, Diagnose type and extent of burns and plan appropriate treatment.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU4.3	Discuss the Medicolegal aspects in burn injuries.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU4.4	Communicate and counsel patients and families on the outcome and rehabilitation demonstrating empathy and care.	A /C	SH	Y	Small group discussion, Role play, Skills assessment	Viva voce			
Topic: Wound healing and wound care		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
SU5.1	Describe normal wound healing and factors affecting healing.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
SU5.2	Elicit, document and present a history in a patient presenting with wounds.	C	SH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU5.3	Differentiate the various types of wounds, plan and observe management of wounds.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU5.4	Discuss medico legal aspects of wounds	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Surgical infections		**Number of competencies: (02)**				**Number of procedures that require certification: (NIL)**			
SU6.1	Define and describe the aetiology and pathogenesis of surgical Infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
SU6.2	Enumerate Prophylactic and therapeutic antibiotics Plan appropriate management	**K**	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Surgical Audit and Research		**Number of competencies: (02)**				**Number of procedures that require certification: (NIL)**			
SU7.1	Describe the Planning and conduct of Surgical audit	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
SU7.2	Describe the principles and steps of clinical research in General Surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
Topic: Ethics		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
SU8.1	Describe the principles of Ethics as it pertains to General Surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment	-	Forensic Medicine, AETCOM	
SU8.2	Demonstrate Professionalism and empathy to the patient undergoing General Surgery	A/C	SH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		Forensic Medicine, AETCOM	
SU8.3	Discuss Medico-legal issues in surgical practice	A/C	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Forensic Medicine, AETCOM	
Topic: Investigation of surgical patient		**Number of competencies (03)**				**Number of procedures that require certification: (NIL)**			
SU9.1	Choose appropriate biochemical, microbiological, pathological, imaging investigations and interpret the investigative data in a surgical patient	C	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Microbiology, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU9.2	Biological basis for early detection of cancer and multidisciplinary approach in management of cancer	C	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU9.3	Communicate the results of surgical investigations and counsel the patient appropriately	C	SH	Y	DOAP session	Skill assessment			
Topic: Pre, intra and post- operative management. **Number of competencies: (04)** **Number of procedures that require certification: (NIL)**									
SU10.1	Describe the principles of perioperative management of common surgical procedures	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU10.2	Describe the steps and obtain informed consent in a simulated environment	S/A/C	SH	Y	DOAP session	Skill assessment/ Log book		AETCOM	
SU10.3	Observe common surgical procedures and assist in minor surgical procedures; Observe emergency lifesaving surgical procedures.	S	KH	Y	DOAP sessions	Log book			
SU10.4	Perform basic surgical Skills such as First aid including suturing and minor surgical procedures in simulated environment	S	P	Y	DOAP session	Skill assessment			
Topic: Anaesthesia and pain management **Number of competencies: (06)** **Number of procedures that require certification: (NIL)**									
SU11.1	Describe principles of Preoperative assessment.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anaesthesiology
SU11.2	Enumerate the principles of general, regional, and local Anaesthesia.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anaesthesiology
SU11.3	Demonstrate maintenance of an airway in a mannequin or equivalent	S	SH	Y	DOAP session	Skill assessment			Anaesthesiology
SU11.4	Enumerate the indications and principles of day care General Surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU11.5	Describe principles of providing post-operative pain relief and management of chronic pain.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anaesthesiology
SU11.6	Describe Principles of safe General Surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Nutrition and fluid therapy		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
SU12.1	Enumerate the causes and consequences of malnutrition in the surgical patient	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce		Physiology	
SU12.2	Describe and discuss the methods of estimation and replacement of the fluid and electrolyte requirements in the surgical patient	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce		Physiology	
SU12.3	Discuss the nutritional requirements of surgical patients, the methods of providing nutritional support and their complications	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce		Biochemistry	
Topic: Transplantation		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
SU13.1	Describe the immunological basis of organ transplantation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
SU13.2	Discuss the Principles of immunosuppressive therapy.Enumerate Indications, describe surgical principles, management of organ transplantation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Pharmacology	
SU13.3	Discuss the legal and ethical issues concerning organ donation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
SU13.4	Counsel patients and relatives on organ donation in a simulated environment	S	SH	Y	DOAP session	Skill assessment		AETCOM	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Basic Surgical Skills		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
SU14.1	Describe Aseptic techniques, sterilization and disinfection.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
SU14.2	Describe Surgical approaches, incisions and the use of appropriate instruments in Surgery in general.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU14.3	Describe the materials and methods used for surgical wound closure and anastomosis (sutures, knots and needles)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU14.4	Demonstrate the techniques of asepsis and suturing in a simulated environment	S	SH	Y	DOAP session	Skill assessment/ Log book			
Topic: Biohazard disposal		**Number of competencies: (01)**				**Number of procedures that require certification: (NIL)**			
SU15.1	Describe **c**lassification of hospital waste and appropriate methods of disposal.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
Topic: Minimally invasive General Surgery		**Number of competencies: (01)**				**Number of procedures that require certification: (NIL)**			
SU16.1	Minimally invasive General Surgery: Describe indications advantages and disadvantages of Minimally invasive General Surgery	K	K	Y	Lecture, Demonstration, Bedside clinic, Discussion	Theory/ Practical / Orals/Written/ Viva voce			
Topic: Trauma		**Number of competencies: (10)**				**Number of procedures that require certification: (NIL)**			
SU17.1	Describe the Principles of FIRST AID	S	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU17.2	Demonstrate the steps in Basic Life Support. Transport of injured patient in a simulated environment	S	SH	Y	DOAP session	Skill assessment			Anaesthesiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU17.3	Describe the Principles in management of mass casualties	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU17.4	Describe Pathophysiology, mechanism of head injuries	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU17.5	Describe clinical features for neurological assessment and GCS in head injuries	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU17.6	Chose appropriate investigations and discuss the principles of management of head injuries	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU17.7	Describe the clinical features of soft tissue injuries. Chose appropriate investigations and discuss the principles of management.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU17.8	Describe the pathophysiology of chest injuries.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU17.9	Describe the clinical features and principles of management of chest injuries.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU17.10	Demonstrate Airway maintenance. Recognize and manage tension pneumothorax, hemothorax and flail chest in simulated environment.	S	SH	Y	DOAP session	Skill assessment/ Log book			Anaesthesiology
Topic: Skin and subcutaneous tissue		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
SU18.1	Describe the pathogenesis, clinical features and management of various cutaneous and subcutaneous infections.	K	KH	Y	Lecture, Small group Discussion	Written/ Viva voce			
SU18.2	Classify skin tumors Differentiate different skin tumors and discuss their management.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			
SU18.3	Describe and demonstrate the clinical examination of surgical patient including swelling and order relevant investigation for diagnosis. Describe and discuss appropriate treatment plan.	S	SH	Y	Bedside clinic, Small group discussion, DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Developmental anomalies of face, mouth and jaws		**Number of competencies: (02)**			**Number of procedures that require certification: (NIL)**				
SU19.1	Describe the etiology and classification of cleft lip and palate	K	KH	Y	Lecture, Small group Discussion	Written/ Viva voce		Human Anatomy	
SU19.2	Describe the Principles of reconstruction of cleft lip and palate	K	KH	Y	Lecture, Small group Discussion	Written/ Viva voce		Human Anatomy	
Topic: Oropharyngeal cancer		**Number of competencies: (02)**			**Number of procedures that require certification: (NIL)**				
SU20.1	Describe etiopathogenesis of oral cancer symptoms and signs of oropharyngeal cancer.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
SU20.2	Enumerate the appropriate investigations and discuss the Principles of treatment.	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Disorders of salivary glands		**Number of competencies: (02)**			**Number of procedures that require certification: (NIL)**				
SU21.1	Describe surgical anatomy of the salivary glands, pathology, and clinical presentation of disorders of salivary glands	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU21.2	Enumerate the appropriate investigations and describe the Principles of treatment of disorders of salivary glands	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Endocrine General Surgery: Thyroid and parathyroid		**Number of competencies: (06)**			**Number of procedures that require certification: (NIL)**				
SU22.1	Describe the applied anatomy and physiology of thyroid	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
SU22.2	Describe the etiopathogenesis of thyroidal swellings	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU22.3	Demonstrate and document the correct clinical examination of thyroid swellings and discus the differential diagnosis and their management	S	SH	Y	Bedside clinic	Skill assessment			
SU22.4	Describe the clinical features, classification and principles of management of thyroid cancer	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU22.5	Describe the applied anatomy of parathyroid	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
SU22.6	Describe and discuss the clinical features of hypo - and hyperparathyroidism and the principles of their management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
Topic: Adrenal glands		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
SU23.1	Describe the applied anatomy of adrenal glands	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
SU23.2	Describe the etiology, clinical features and principles of management of disorders of adrenal gland	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
SU23.3	Describe the clinical features, principles of investigation and management of Adrenal tumors	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Pancreas		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
SU24.1	Describe the clinical features, principles of investigation, prognosis and management of pancreatitis.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
SU24.2	Describe the clinical features, principles of investigation, prognosis and management of pancreatic endocrine tumours	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
SU24.3	Describe the principles of investigation and management of Pancreatic disorders including pancreatitis and endocrine tumors.	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
Topic: Breast		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
SU25.1	Describe applied anatomy and appropriate investigations for breast disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		Human Anatomy	
SU25.2	Describe the etiopathogenesis, clinical features and principles of management of benign breast disease including infections of the breast	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			
SU25.3	Describe the etiopathogenesis, clinical features, Investigations and principles of treatment of benign and malignant tumours of breast.	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		Radiodiagnosis	
SU25.4	Counsel the patient and obtain informed consent for treatment of malignant conditions of the breast	A/ C	SH	Y	DOAP session	Skill assessment			
SU25.5	Demonstrate the correct technique to palpate the breast for breast swelling in a mannequin or equivalent	S	SH	Y	DOAP session	Skill assessment			
Topic: Cardio-thoracic General Surgery- Chest - Heart and Lungs		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
SU26.1	Outline the role of surgery in the management of coronary heart disease, valvular heart diseases and congenital heart diseases	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU26.3	Describe the clinical features of mediastinal diseases and the principles of management	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
SU26.4	Describe the etiology, pathogenesis, clinical features of tumors of lung and the principles of management	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Vascular diseases		**Number of competencies: (08)**				**Number of procedures that require certification: (NIL)**			
SU27.1	Describe the etiopathogenesis, clinical features, investigations and principles of treatment of occlusive arterial disease.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			
SU27.2	Demonstrate the correct examination of the vascular system and enumerate and describe the investigation of vascular disease	S	SH	Y	DOAP session	Skill assessment			
SU27.3	Describe clinical features, investigations and principles of management of vasospastic disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU27.4	Describe the types of gangrene and principles of amputation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			
SU27.5	Describe the applied anatomy of venous system of lower limb	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
SU27.6	Describe pathophysiology, clinical features, Investigations and principles of management of DVT and Varicose veins	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
SU27.7	Describe pathophysiology, clinical features, investigations and principles of management of Lymph edema, lymphangitis and Lymphomas	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			
SU27.8	Demonstrate the correct examination of the lymphatic system	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			
Topic: Abdomen		**Number of competencies: (18)**				**Number of procedures that require certification: (NIL)**			
SU28.1	Describe pathophysiology, clinical features, Investigations and principles of management of Hernias	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU28.2	Demonstrate the correct technique to examine the patient with hernia and identify different types of hernias.	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			
SU28.3	Describe causes, clinical features, complications and principles of mangament of peritonitis	K	K	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce			
SU28.4	Describe pathophysiology, clinical features, investigations and principles of management of Intra-abdominal abscess, mesenteric cyst, and retroperitoneal tumors	K	K	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
SU28.5	Describe the applied Anatomy and physiology of esophagus	K	K	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce		Human Anatomy, Physiology	
SU28.6	Describe the clinical features, investigations and principles of management of benign and malignant disorders of esophagus	K	K	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
SU28.7	Describe the applied anatomy and physiology of stomach	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
SU28.8	Describe and discuss the aetiology, the clinical features, investigations and principles of management of congenital hypertrophic pyloric stenosis, Peptic ulcer disease, Carcinoma stomach	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			
SU28.9	Demonstrate the correct technique of examination of a patient with disorders of the stomach	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			
SU28.10	Describe the applied anatomy of liver. Describe the clinical features, Investigations and principles of management of liver abscess, hydatid disease, injuries and tumors of the liver	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce		Human Anatomy	
SU28.11	Describe the applied anatomy of spleen. Describe the clinical features, investigations and principles of management of splenic injuries. Describe the post-splenectomy sepsis - prophylaxis	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU28.12	Describe the applied anatomy of biliary system. Describe the clinical features, investigations and principles of management of diseases of biliary system	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce		Human Anatomy	
SU28.13	Describe the applied anatomy of small and large intestine	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce		Human Anatomy	
SU28.14	Describe the clinical features, investigations and principles of management of disorders of small and large intestine including neonatal obstruction and Short gut syndrome	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
SU28.15	Describe the clinical features, investigations and principles of management of diseases of Appendix including appendicitis and its complications.	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
SU28.16	Describe applied anatomy including congenital anomalies of the rectum and anal canal	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		Human Anatomy	
SU28.17	Describe the clinical features, investigations and principles of management of common anorectal diseases	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
SU28.18	Describe and demonstrate clinical examination of abdomen. Order relevant investigations. Describe and discuss appropriate treatment plan	S	SH	Y	Bedside clinic, DOAP session, Small group discussion	Skill assessment			
Topic: Urinary System		**Number of competencies: (11)**				**Number of procedures that require certification: (NIL)**			
SU29.1	Describe the causes, investigations and principles of management of Hematuria	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU29.2	Describe the clinical features, investigations and principles of management of congenital anomalies of genitourinary system	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU29.3	Describe the Clinical features, Investigations and principles of management of urinary tract infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
SU29.4	Describe the clinical features, investigations and principles of management of hydronephrosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU29.5	Describe the clinical features,investigations and principles of management of renal calculi	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU29.6	Describe the clinical features, investigations and principles of management of renal tumours	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU29.7	Describe the principles of management of acute and chronic retention of urine	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU29.8	Describe the clinical features, investigations and principles of management of bladder cancer	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
SU29.9	Describe the clinical features, investigations and principles of management of disorders of prostate	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment			
SU29.10	Demonstrate a digital rectal examination of the prostate in a mannequin or equivalent	S	SH	Y	DOAP session	Skill assessment			
SU29.11	Describe clinical features, investigations and management of urethral strictures	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
Topic: Penis, Testis and scrotum		**Number of competencies: (06)**				**Number of procedures that require certification: (NIL)**			
SU30.1	Describe the clinical features, investigations and principles of management of phimosis, paraphimosis and carcinoma penis.	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
SU30.2	Describe the applied anatomy clinical features, investigations and principles of management of undescended testis.	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		Human Anatomy	
SU30.3	Describe the applied anatomy clinical features, investigations and principles of management of epidydimo-orchitis	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		Human Anatomy	
SU30.4	Describe the applied anatomy clinical features, investigations and principles of management of varicocele	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		Human Anatomy	
SU30.5	Describe the applied anatomy, clinical features, investigations and principles of management of Hydrocele	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		Human Anatomy	
SU30.6	Describe classification, clinical features, investigations and principles of management of tumours of testis	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
	Column C: K- Knowledge, S – Skill , A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Human Anatomy								
AN6.3	Explain the concept of lymphoedema and spread of tumors via lymphatics and venous system	K	KH	N	Lecture	Written		General Surgery	
AN9.2	Breast-Describe the location, extent, deep relations, structure, age changes, blood supply, lymphatic drainage, microanatomy and applied anatomy of breast	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN10.4	Describe the anatomical groups of axillary lymph nodes and specify their areas of drainage	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Surgery	
AN10.6	Explain the anatomical basis of clinical features of Erb's palsy and Klumpke's paralysis	K	KH	N	Lecture	Written		General Surgery	
AN10.7	Explain anatomical basis of enlarged axillary lymph nodes	K	KH	N	Lecture	Written		General Surgery	
AN11.3	Describe the anatomical basis of Venepuncture of cubital veins	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Surgery	
AN12.8	Describe anatomical basis of Claw hand	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN12.10	Explain infection of fascial spaces of palm	K	KH	N	Lecture	Written		General Surgery	
AN12.11	Identify, describe and demonstrate important muscle groups of dorsal forearm with attachments, nerve supply and actions	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN12.12	Identify & describe origin, course, relations, branches (or tributaries), termination of important nerves and vessels of back of forearm	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN12.13	Describe the anatomical basis of Wrist drop	K	KH	Y	Lecture	Written/Viva voce		General Surgery	
AN12.14	Identify & describe compartments deep to extensor retinaculum	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN15.3	Describe and demonstrate boundaries, floor, roof and contents of femoral triangle	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN15.4	Explain anatomical basis of Psoas abscess & Femoral hernia	K	KH	N	Lecture, DOAP session	Written/ Viva voce		General Surgery	
AN16.2	Describe anatomical basis of sciatic nerve injury during gluteal intramuscular injections	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		General Surgery	
AN16.3	Explain the anatomical basis of Trendelenburg sign	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		General Surgery	
AN18.3	Explain the anatomical basis of foot drop	K	KH	Y	Lecture, DOAP session	Written/ Viva voce		General Surgery	
AN19.3	Explain the concept of “Peripheral heart”	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN20.4	Explain anatomical basis of enlarged inguinal lymph nodes	K	KH	N	Lecture	Written/ Viva voce		General Surgery	
AN20.5	Explain anatomical basis of varicose veins and deep vein thrombosis	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN20.9	Identify & demonstrate palpation of vessels (femoral, popliteal, dorsalis pedis, post tibial), Mid inguinal point, Surface projection of: femoral nerve, Saphenous opening, Sciatic, tibial, common peroneal & deep peroneal nerve, great and small saphenous veins	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ Skill assessment		General Medicine General Surgery	
AN23.1	Describe & demonstrate the external appearance, relations, blood supply, nerve supply, lymphatic drainage and applied anatomy of oesophagus	K/S	SH	Y	Practical, Lecture, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN23.2	Describe & demonstrate the extent, relations, tributaries of thoracic duct and enumerate its applied anatomy	K/S	SH	Y	Practical, Lecture, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN23.7	Mention the extent, relations and applied anatomy of lymphatic duct	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN27.1	Describe the layers of scalp, its blood supply, its nerve supply and surgical importance	K	KH	Y	Practical, Lecture	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN28.8	Explain surgical importance of deep facial vein	K	KH	Y	Lecture	Written		General Surgery	
AN28.9	Describe & demonstrate the parts, borders, surfaces, contents, relations and nerve supply of parotid gland with course of its duct and surgical importance	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN28.10	Explain the anatomical basis of Frey's syndrome	K	KH	N	Lecture	Written		General Surgery	
AN29.2	Explain anatomical basis of Erb's & Klumpke's palsy	K	KH	Y	Lecture	Written		General Surgery	
AN29.3	Explain anatomical basis of wry neck	K	KH	N	Lecture	Written		General Surgery	
AN30.1	Describe the cranial fossae & identify related structures.	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/Skill assessment		General Surgery	
AN30.2	Describe & identify major foramina with structures passing through them	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN33.2	Describe & demonstrate attachments, direction of fibres, nerve supply and actions of muscles of mastication	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN33.4	Explain the clinical significance of pterygoid venous plexus	K	KH	Y	Lecture	Written		General Surgery	
AN33.5	Describe the features of dislocation of temporomandibular joint	K	KH	N	Lecture	Written		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN34.1	Describe & demonstrate the morphology, relations and nerve supply of submandibular salivary gland & submandibular ganglion	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN34.2	Describe the basis of formation of submandibular stones	K	KH	N	Lecture	Written		General Surgery	
AN35.2	Describe & demonstrate location, parts, borders, surfaces, relations & blood supply of thyroid gland	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN35.5	Describe & demonstrate extent, drainage & applied anatomy of cervical lymph nodes	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN35.8	Describe the anatomically relevant clinical features of Thyroid swellings	K	KH	N	Lecture	Written		General Surgery	
AN35.9	Describe the clinical features of compression of subclavian artery and lower trunk of brachial plexus by cervical rib	K	KH	N	Lecture	Written		General Surgery	
AN43.5	Demonstrate- 1) Testing of muscles of facial expression, extraocular muscles, muscles of mastication, 2) Palpation of carotid arteries, facial artery, superficial temporal artery, 3) Location of internal and external jugular veins, 4) Location of hyoid bone, thyroid cartilage and cricoid cartilage with their vertebral levels	K/S	SH	Y	Practical	Viva voce/ Skill assessment		General Surgery	
AN43.6	Demonstrate surface projection of Thyroid gland, Parotid gland and duct, Pterion, Common carotid artery, Internal jugular vein, Subclavian vein, External jugular vein, Facial artery in the face & Accessory nerve	K/S	SH	N	Practical	Viva voce/ Skill assessment		General Surgery	
AN44.1	Describe & demonstrate the Planes (transpyloric, transtubercular, subcostal, lateral vertical, linea alba, linea semilunaris), regions & Quadrants of abdomen	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN44.4	Describe & demonstrate extent, boundaries, contents of Inguinal canal including Hesselbach's triangle.	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN44.5	Explain the anatomical basis of inguinal hernia.	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN44.6	Describe & demonstrate attachments of muscles of anterior abdominal wall	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN44.7	Enumerate common Abdominal incisions	K	KH	N	Lecture	Written		General Surgery	
AN46.1	Describe & demonstrate coverings, internal structure, side determination, blood supply, nerve supply, lymphatic drainage & descent of testis with its applied anatomy	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN46.4	Explain the anatomical basis of varicocele	K	KH	N	Lecture	Written		General Surgery	
AN46.5	Explain the anatomical basis of Phimosis & Circumcision	K	KH	N	Lecture	Written		General Surgery	
AN47.1	Describe & identify boundaries and recesses of Lesser & Greater sac	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN47.2	Name & identify various peritoneal folds & pouches with its explanation.	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN47.3	Explain anatomical basis of Ascites & Peritonitis	K	KH	N	Lecture	Written		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN47.4	Explain anatomical basis of Subphrenic abscess	K	KH	N	Lecture	Written		General Surgery	
AN47.5	Describe & demonstrate major viscera of abdomen under following headings (anatomical position, external and internal features, important peritoneal and other relations, blood supply, nerve supply, lymphatic drainage and applied aspects)	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written		General Surgery	
AN47.6	Explain the anatomical basis of Splenic notch, accessory spleens, Kehr's sign, different types of vagotomy, liver biopsy (site of needle puncture), referred pain in cholecystitis, Obstructive jaundice, referred pain around umbilicus, radiating pain of kidney to groin & Lymphatic spread in carcinoma stomach	K	KH	N	Lecture	Written		General Surgery	
AN47.7	Mention the clinical importance of Calot's triangle	K	KH	N	Lecture	Written		General Surgery	
AN47.10	Enumerate the sites of portosystemic anastomosis	K	KH	Y	Lecture	Written		General Surgery	
AN47.11	Explain the anatomic basis of hematemesis & caput medusae in portal hypertension	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN47.14	Describe the abnormal openings of thoracoabdominal diaphragm and diaphragmatic hernia	K	KH	N	Lecture	Written		General Surgery	
AN48.5	Explain the anatomical basis of suprapubic cystostomy, Urinary obstruction in benign prostatic hypertrophy, Retroverted uterus, Prolapse uterus, Internal and external haemorrhoids, Anal fistula, Vasectomy, Tubal pregnancy & Tubal ligation	K	KH	N	Lecture	Written		General Surgery	
AN48.6	Describe neurological basis of automatic bladder	K	KH	N	Lecture	Written		General Surgery	
AN48.7	Mention the lobes involved in benign prostatic hypertrophy & prostatic cancer	K	KH	N	Lecture	Written		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN48.8	Mention the structures palpable during vaginal & rectal examination	K	KH	N	Lecture	Written		Obstetrics & Gynaecology General Surgery	
AN49.4	Describe & demonstrate boundaries, content & applied anatomy of Ischiorectal fossa	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		General Surgery	
AN52.5	Describe the development and congenital anomalies of diaphragm	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN52.6	Describe the development and congenital anomalies of foregut, midgut & hindgut	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN52.7	Describe the development of urinary system	K	KH	Y	Lecture	Written/ Viva voce		General Surgery	
AN53.1	Identify & hold the bone in the anatomical position, describe the salient features, articulations & demonstrate the attachments of muscle groups	K/S	SH	Y	Lecture, DOAP session	Viva voce/ Skill assessment		General Surgery, Obstetrics & Gynaecology	
AN55.1	Demonstrate the surface marking of regions and planes of abdomen, superficial inguinal ring, deep inguinal ring , McBurney's point, Renal Angle & Murphy's point	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ Skill assessment		General Surgery	
AN55.2	Demonstrate the surface projections of: stomach, liver, fundus of gall bladder, spleen, duodenum, pancreas, ileocaecal junction, idneys & root of mesentery	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Viva voce/ Skill assessment		General Surgery	
Biochemistry									
BI10.1	Describe the cancer initiation promotion oncogenes & oncogene activation.	K	KH	Y	Lectures, Small group discussion	Written/ viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
BI10.2	Describe various biochemical tumor markers and the biochemical basis of cancer therapy.	K	KH	Y	Lectures, Small group discussion	Written/ viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
BI10.3	Describe the cellular and humoral components of the immune system & describe the types and structure of antibody	K	KH	Y	Lectures, Small group discussion	Written/ viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
Pathology									
PA4.1	Define and describe the general features of acute and chronic inflammation including stimuli, vascular and cellular events	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA4.2	Enumerate and describe the mediators of acute inflammation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA5.1	Define and describe the process of repair and regeneration including wound healing and its types	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA6.3	Define and describe shock, its pathogenesis and its stages	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA8.1	Describe the diagnostic role of cytology and its application in clinical care	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA8.2	Describe the basis of exfoliative cytology including the technique, stains used	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Skill assessment		General Surgery	
PA19.1	Enumerate the causes and describe the differentiating features of lymphadenopathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA19.2	Describe the pathogenesis and pathology of tuberculous lymphadenitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA19.4	Describe and discuss the pathogenesis pathology and the differentiating features of Hodgkin's and non-Hodgkin's lymphoma	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PA19.5	Identify and describe the features of Hodgkin's lymphoma in a gross and microscopic specimen	S	SH	Y	DOAP session	Skill assessment		General Surgery	
PA19.6	Enumerate and differentiate the causes of splenomegaly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
PA22.4	Enumerate blood components and describe their clinical uses	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
PA24.4	Describe and etiology and pathogenesis and pathologic features of carcinoma of the stomach	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA24.5	Describe and etiology and pathogenesis and pathologic features of Tuberculosis of the intestine	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA24.6	Describe and etiology and pathogenesis and pathologic and distinguishing features of inflammatory bowel disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA24.7	Describe the etiology and pathogenesis and pathologic and distinguishing features of carcinoma of the colon	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA25.2	Describe the pathophysiology and pathologic changes seen in hepatic failure and their clinical manifestations, complications and consequences	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	
PA25.4	Describe the pathophysiology, pathology and progression of alcoholic liver disease including cirrhosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	
PA25.5	Describe the etiology, pathogenesis and complications of portal hypertension	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine, General Surgery	
PA28.10	Describe the etiology, pathogenesis, pathology, laboratory findings, distinguishing features progression and complications of acute and chronic pyelonephritis and reflux nephropathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PA28.13	Define, classify and describe the etiology, pathogenesis, pathology, laboratory urinary findings, distinguishing features, progression and complications of renal stone disease and obstructive uropathy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA28.16	Describe the etiology, genetics, pathogenesis, pathology, presenting features and progression of urothelial tumors	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA29.1	Classify testicular tumors and describe the pathogenesis, pathology, presenting and distinguishing features, diagnostic tests, progression and spread of testicular tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA29.2	Describe the pathogenesis, pathology, presenting and distinguishing features, diagnostic tests, progression and spread of carcinoma of the penis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA29.3	Describe the pathogenesis, pathology, hormonal dependency, presenting and distinguishing features, urologic findings and diagnostic tests of benign prostatic hyperplasia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA29.4	Describe the pathogenesis, pathology, hormonal dependency, presenting and distinguishing features, diagnostic tests, progression and spread of carcinoma of the prostate	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA29.5	Describe the etiology, pathogenesis, pathology and progression of prostatitis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA31.1	Classify and describe the types, etiology, pathogenesis, pathology and hormonal dependency of benign breast disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, General Surgery	
PA31.2	Classify and describe the epidemiology, pathogenesis, classification, morphology, prognostic factors, hormonal dependency, staging and spread of carcinoma of the breast	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PA31.3	Describe and identify the morphologic and microscopic features of carcinoma of the breast	S	SH	N	DOAP session	Skill assessment		General Surgery	
PA32.1	Enumerate, classify and describe the etiology, pathogenesis, pathology and iodine dependency of thyroid swellings	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy , Physiology, General Medicine, Pathology	
PA32.6	Describe the etiology, pathogenesis, manifestations, laboratory, morphologic features, complications and metastases of pancreatic cancer	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
PA32.9	Describe the etiology, pathogenesis, manifestations, laboratory and morphologic features of adrenal neoplasms	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Physiology, General Medicine, General Surgery	
Microbiology									
MI1.4	Classify and describe the different methods of sterilization and disinfection. Discuss the application of the different methods in the laboratory, in clinical and surgical practice	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
MI1.5	Choose the most appropriate method of sterilization and disinfection to be used in specific situations in the laboratory, in clinical and surgical practice	K	KH	Y	Small group discussions, Case discussion	Written/ Viva voce/ OSPE		General Surgery	
MI7.1	Describe the etio-pathogenesis and discuss the laboratory diagnosis of infections of genitourinary system	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
MI8.7	Demonstrate Infection control practices and use of Personal Protective Equipments (PPE)	S	P	Y	DOAP session	Skill assessment	3 each in (Hand hygiene & PPE)	General Surgery	Community Medicine
	Community Medicine								
CM13.1	Define and describe the concept of Disaster management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
CM13.2	Describe disaster management cycle	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, General Medicine	
CM13.3	Describe man-made disasters in the world and in India	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery, General Medicine	
CM13.4	Describe the details of the National Disaster management Authority	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery, General Medicine	
	Forensic Medicine & Toxicology								
FM1.9	Describe the importance of documentation in medical practice in regard to medicolegal examinations, Medical Certificates and medicolegal reports especially –maintenance of patient case records, discharge summary, prescribed registers to be maintained in Health Centres. -- maintenance of medico-legal register like accident register. -- documents of issuance of wound certificate -- documents of issuance of drunkenness certificate. -- documents of issuance of sickness and fitness certificate. -- documents for issuance of death certificate. -- documents of Medical Certification of Cause of Death - Form Number 4 and 4A -- documents for estimation of age by physical, dental and radiological examination and issuance of certificate	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Radiodiagnosis, General Surgery, General Medicine, Pediatrics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM2.19	Investigation of anaesthetic, operative deaths:Describe and discuss special protocols for conduction of autopsy and for collection, preservation and dispatch of related material evidences	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Anesthesiology, General Surgery	
FM2.25	Describe types of injuries, clinical features, patho-physiology, post-mortem findings and medico-legal aspects in cases of burns, scalds, lightening, electrocution and radiations.	K	KH	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		General Surgery	
FM3.3	Mechanical injuries and wounds: Define, describe and classify different types of mechanical injuries, abrasion, bruise, laceration, stab wound, incised wound, chop wound, defense wound, self-inflicted/fabricated wounds and their medico-legal aspects.	K	KH	Y	Lectures, Small group discussion, Bed side clinic/ DOAP session	Written/ Viva voce/ OSCE		General Surgery	
FM3.4	Mechanical injuries and wounds: define injury, assault & hurt. Describe IPC pertaining to injuries	K	KH	Y	Lectures, Small group discussion	Written/ Viva voce		General Surgery	
FM3.6	Mechanical injuries and wounds:Describe healing of injury and fracture of bones with its medico-legal importance	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	
FM3.8	Mechanical injuries and wounds:Describe and discuss different types of weapons including dangerous weapons and their examination.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	
FM3.9	Firearm injuries:Describe different types of firearms including structure and components, along with description of ammunition propellant charge and mechanism of fire-arms, different types of cartridges and bullets and various terminology in relation of firearm – caliber, range, choking.	K	K/KH	Y	Lecture, Small group discussion	Written/Viva voce		General Surgery, Orthopaedics	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM3.10	Firearm injuries: Describe and discuss wound ballistics-different types of firearm injuries, blast injuries and their interpretation, preservation and dispatch of trace evidences in cases of firearm and blast injuries, various tests related to confirmation of use of firearms	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		General Surgery, Orthopaedics	
FM3.11	Regional Injuries: Describe and discuss regional injuries to head (Scalp wounds, fracture skull, intracranial haemorrhages, coup and contrecoup injuries), neck, chest, abdomen, limbs, genital organs, spinal cord and skeleton	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic or autopsy, DOAP session	Written/ Viva voce/ OSCE/OSPE		General Surgery, Orthopaedics	
FM3.12	Regional Injuries: Describe and discuss injuries related to fall from height and vehicular injuries – Primary and Secondary impact, Secondary injuries, crush syndrome, railway spine.	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic or autopsy, DOAP session	Written/ Viva voce/ OSCE/OSPE		General Surgery, Orthopaedics	
Dermatology, Venereology & Leprosy									
DR15.3	Enumerate the indications and describe the pharmacology, indications and adverse reactions of topical and systemic drugs used in treatment of pyoderma	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		General Surgery	Microbiology, Pharmacology
DR15.4	Enumerate the indications for surgical referral	S	KH	Y	DOAP session	Written/Viva voce		General Surgery	
Anesthesiology									
AS3.1	Describe the principles of preoperative evaluation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery, General Medicine
AS3.2	Elicit, present and document an appropriate history including medication history in a patient undergoing Surgery as it pertains to a preoperative anaesthetic evaluation	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AS3.3	Demonstrate and document an appropriate clinical examination in a patient undergoing General Surgery	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS3.4	Choose and interpret appropriate testing for patients undergoing Surgery	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS3.5	Determine the readiness for General Surgery in a patient based on the preoperative evaluation	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS5.6	Observe and describe the principles and steps/ techniques involved in common blocks used in Surgery(including brachial plexus blocks)	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Surgery
AS6.3	Describe the common complications encountered by patients in the recovery room, their recognition and principles of management	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Surgery
AS9.3	Describe the principles of fluid therapy in the preoperative period	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Surgery
AS9.4	Enumerate blood products and describe the use of blood products in the preoperative period	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pathology	General Surgery
AS10.3	Describe the role of communication in patient safety	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		AETCOM	General Surgery
General Medicine									
IM5.8	Describe and discuss the pathophysiology, clinical evolution and complications of cholelithiasis and cholecystitis	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM5.13	Enumerate the indications for ultrasound and other imaging studies including MRCP and ERCP and describe the findings in liver disease	K	K	Y	Bed side clinic, Small group discussion	Written/ Viva voce		Radiodiagnosis	General Surgery
IM5.16	Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites, spontaneous, bacterial peritonitis and hepatic encephalopathy	K	KH	Y	Written, Small group discussion	Skill assessment/ Written/ Viva voce		Pharmacology	General Surgery
IM5.18	Enumerate the indications for hepatic transplantation	K	K	Y	Written, Small group discussion	Written/ Viva voce			General Surgery
IM12.6	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and severity including systemic signs of thyrotoxicosis and hypothyroidism, palpation of the pulse for rate and rhythm abnormalities, neck palpation of the thyroid and lymph nodes and cardiovascular findings	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			General Surgery
IM12.7	Demonstrate the correct technique to palpate the thyroid	S	SH	Y	Bedside clinic, DOAP session	Skill assessment			General Surgery
IM12.8	Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis	K	KH	Y	Bedside clinic, small group discussion	Short case			General Surgery
IM12.9	Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio iodine uptake and scan	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			General Surgery
IM12.10	Identify atrial fibrillation, pericardial effusion and bradycardia on ECG	S	SH	Y	Bedside clinic, lab	Skill assessment			General Surgery
IM12.11	Interpret thyroid function tests in hypo-and hyperthyroidism	S	SH	Y	Bedside clinic, lab	Skill assessment			General Surgery
IM12.13	Describe the pharmacology, indications, adverse reaction, interactions of thyroxine and antithyroid drugs	K	KH	Y	Lecture, Small group discussion	Viva voce/ Short note		Pharmacology	General Surgery
IM12.15	Describe and discuss the indications of thionamide therapy, radio iodine therapy and Surgeryin the management of thyrotoxicosis	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce, Skill assessment		Pharmacology	General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM13.7	Elicit document and present a history that will help establish the aetiology of cancer and includes the appropriate risk factors, duration and evolution	S	K	Y	Bedside clinic	Skill assessment/ Short case			General Surgery
IM13.8	Perform and demonstrate a physical examination that includes an appropriate general and local examination that excludes the diagnosis, extent spread and complications of cancer	S	SH	Y	Bedside clinic	Skill assessment/ Short case			General Surgery
IM13.9	Demonstrate in a mannequin the correct technique for performing breast exam, rectal examination and cervical examination and pap smear	S	K	Y	Bedside clinic	Skill assessment/ Short case		Human Anatomy	General Surgery
IM13.10	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	S	K	Y	Bedside clinic	Skill assessment/ Short case			General Surgery
IM13.13	Describe and assess pain and suffering objectively in a patient with cancer	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		Pharmacology	General Surgery
IM13.14	Describe the indications for General Surgery, radiation and chemotherapy for common malignancies	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		Pharmacology	General Surgery
IM14.14	Describe and enumerate the indications and side effects of bariatric surgery	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			General Surgery
IM15.1	Enumerate,describe and discuss the aetiology of upper and lower GI bleeding	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM15.2	Enumerate describe and discuss the evaluation and steps involved in stabilizing a patient who presents with acute volume loss and GI bleed	S	SH	Y	DOAP session, Small group discussion, Lecture	Written/ Viva voce/ Skill assessment		Pathology	General Surgery
IM15.3	Describe and discuss the physiologic effects of acute blood and volume loss	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology, Physiology	General Surgery
IM15.4	Elicit document and present an appropriate history that identifies the route of bleeding, quantity, grade, volume loss, duration, etiology, comorbid illnesses and risk factors	S	SH	Y	Bedside clinic	Skill assessment			General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM15.5	Perform, demonstrate and document a physical examination based on the history that includes general examination, volume assessment and appropriate abdominal examination	S	SH	Y	Bedside clinic, Skills lab	Skill assessment			General Surgery
IM15.6	Distinguish between upper and lower gastrointestinal bleeding based on the clinical features	S	KH	Y	Lecture, Small group discussion	Short note/ Viva voce			General Surgery
IM15.7	Demonstrate the correct technique to perform an anal and rectal examination in a mannequin or equivalent	S	SH	Y	DOAP session	Skill assessment			General Surgery
IM15.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	S	SH	Y	Bedside clinic, Skills lab	Skill assessment/ Short note/ Viva voce			General Surgery
IM15.9	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, PT and PTT, stool examination, occult blood, liver function tests, H.pylori test.	S	SH	Y	Bedside clinic, DOAP session, Small group discussion	Skill assessment/ Short note/ Viva voce		Pathology	General Surgery
IM15.10	Enumerate the indications for endoscopy, colonoscopy and other imaging procedures in the investigation of Upper GI bleeding	K	KH	Y	Lectures, Small group discussion	Written/ Viva voce			General Surgery
IM15.11	Develop, document and present a treatment plan that includes fluid resuscitation, blood and blood component transfusion, and specific therapy for arresting blood loss	S	KH	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM15.12	Enumerate the indications for whole blood, component and platelet transfusion and describe the clinical features and management of a mismatched transfusion	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM15.13	Observe cross matching and blood / blood component transfusion	S	SH	Y	Bedside clinic	Short note/ Viva voce/ Skill assessment		Pathology	General Surgery
IM15.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of pressors used in the treatment of Upper GI bleed	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology	General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM15.15	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of acid peptic disease including Helicobacter pylori	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce		Pharmacology, Microbiology	General Surgery
IM15.16	Enumerate the indications for endoscopic interventions and Surgery	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			General Surgery
IM15.17	Determine appropriate level of specialist consultation	S	K	Y	Small group discussion				General Surgery
IM15.18	Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options	S	SH	Y	DOAP session	Skill assessment			General Surgery
IM16.12	Enumerate and discuss the indications for further investigations including antibodies, colonoscopy, diagnostic imaging and biopsy in the diagnosis of chronic diarrhea	K	KH	Y	Lectures, Small group discussion	Written/ Viva voce		Pathology	General Surgery
IM16.15	Distinguish, based on the clinical presentation, Crohn’s disease from ulcerative colitis	S	SH	Y	Lecture, Small group discussion	Short note/ Viva voce		Pathology	General Surgery
IM16.17	Describe and enumerate the indications for Surgeryin inflammatory bowel disease	K	K	Y	Lecture, Small group discussion	Short note/ Viva voce			General Surgery
IM18.15	Enumerate the indications for Surgery in a hemorrhagic stroke	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery
IM19.9	Enumerate the indications for use of Surgery and botulinum toxin in the treatment of movement disorders	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	General Surgery
IM22.2	Describe the aetiology, clinical manifestations, diagnosis and clinical approach to primary hyperparathyroidism	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM24.11	Describe and discuss the aetiopathogenesis,clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of the elderly undergoing surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anesthesiology, General Surgery
Obstetrics & Gynaecology									
OG26.2	Describe the causes, prevention, clinical features, principles of management of genital injuries and fistulae	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			General Surgery
OG33.2	Describe the principles of management including Surgery and radiotherapy of benign, pre-malignant (CIN) and malignant Lesions of the Cervix	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Surgery
Pediatrics									
PE21.8	Elicit, document and present a history pertaining to diseases of the Genitourinary tract00	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			General Surgery
PE21.14	Recognize common surgical conditions of the abdomen and genitourinary system and enumerate the indications for referral including acute and subacute intestinal obstruction, appendicitis pancreatitis perforation intussusception, Phimosis, undescended testis, Chordee, hypospadiasis,Torsion testis, hernia Hydrocele, Vulval Synechiae	S	SH	Y	Bed side clinics, Skills lab	Log book assessment			General Surgery
Orthopedics									
OR1.1	Describe and discuss the principles of pre-hospital care and casuality management of a trauma victim including principles of triage	K/S/A/C	K/KH	Y	Lecture with video, Small group discussion	Written/ Viva voce/ OSCE/ Simulation			General Surgery - Anaesthesiology
OR1.2	Describe and discuss the aetiopathogenesis, clinical features, investigations, and principles of management of shock	K/S	K/KH	Y	Lecture	Written/ Viva voce/ OSCE/ Simulation			General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OR1.3	Describe and discuss the aetiopathogenesis, clinical features, investigations, and principles of management of soft tissue injuries	K	KH/ SH	Y	Lecture, Small group discussion	Written/ OSCE			General Surgery
OR1.4	Describe and discuss the principles of management of soft tissue injuries	K	K/KH	Y	Lecture, Small group discussion	Written Assesment/ Viva voce			General Surgery
OR3.1	Describe and discuss the aetiopathogenesis, clinical features, Investigations and principles of management of Bone and Joint infections a) Acute Osteomyelitis b) Subacute osteomyelitis c) Acute Suppurative arthritis d) Septic arthritis & HIV infection e) Spirochaetal infection f) Skeletal Tuberculosis	K/S	K/KH/ SH	Y	Lecture, Small group discussion, Video assisted lecture	Written/ Viva voce/ OSCE		Pathology, Microbiology	General surgery
OR3.3	Participate as a member in team for procedures like drainage of abscess, sequestrectomy/ saucerisation and arthrotomy	K/S/A/C	SH	Y	DOAP session, Video demonstration	Viva voce/ OSCE/ Skills assessment			General Surgery
OR4.1	Describe and discuss the clinical features, Investigation and principles of management of Tuberculosis affecting major joints (Hip, Knee) including cold abcess and caries spine	K	K/KH	Y	Lecture,Small group discussion, Case discussion	Written/ Viva voce/ OSCE		Pathology	General surgery
OR10.1	Describe and discuss the aetiopathogenesis, clinical features, Investigations and principles of management of benign and malignant bone tumours and pathological fractures	K	K/KH	Y	Lecture, Small group discussion, Video assisted interactive lecture	Written/ Viva voce OSCE		Pathology	General surgery, Radiotherapy
OR11.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of peripheral nerve injuries in diseases like foot drop, wrist drop, claw hand, palsies of Radial, Ulnar, Median, Lateral Popliteal and Sciatic Nerves	K	K/H	Y	Lecture Small Group discussion, Case discussion	Written/ Viva voce/ OSCE		Human Anatomy	General Medicine, General surgery
Physical Medicine & Rehabilitation									
PM5.1	Enumerate the indications and describe the principles of amputation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics, General Surgery

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PM7.8	Enumerate the causes of, describe, classify Pressure sores, prevention, and treatment.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery
PM7.9	Enumerate the indications of debridement, and Split thickness skin grafting.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery
PM8.1	Describe the clinical features, evaluation, diagnosis and management of disability following traumatic brain injury	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics, General Surgery
Radiotherapy									
RT1.1	Describe and discuss definition of radiation, mechanism of action of radiation, types of radiation	K	KH	Y	Lecture	Written/ Viva voce			General Surgery Anaesthesiology
RT1.3	Enumerate, describe and discuss and classify staging of cancer (AJCC, FIGO etc.)	K	KH	Y	Lecture	Written/ Viva voce		Pathology	General Surgery, General Medicine
RT4.5	Describe and discuss role of radiation in management of common malignancies in India (region specific)	K	KH	Y	Lecture, Bed side clinic	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.6	Describe and discuss radiotherapy for benign disease	K	KH	Y	Lecture	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.7	Counsel patients regarding acute and late effects of radiation and supportive care	K/A/S	KH	Y	Bedside clinic, Group discussion	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.8	Describe oncological emergencies and palliative care	K/A/S	K/KH	Y	Lecture, Group discussion	Written/ Viva voce			General Surgery, Obstetrics & Gynaecology
RT5.1	Describe and discuss cancer prevention, screening, vaccination, cancer registry	K	K	Y	Group discussion	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology

OPHTHALMOLOGY (CODE: OP)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OPHTHALMOLOGY									
Topic: Visual Acuity Assessment		**Number of Competencs: (05)**				**Number of procedures that require certification : (NIL)**			
OP1.1	Describe the physiology of vision	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology	
OP1.2	Define, classify and describe the types and methods of correcting refractive errors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP1.3	Demonstrate the steps in performing the visual acuity assessment for distance vision, near vision, colour vision, the pin hole test and the menace and blink reflexes	S	SH	Y	DOAP session, Lecture	Skill assessment/ Logbook			
OP1.4	Enumerate the indications and describe the principles of refractive surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP1.5	Define, enumerate the types and the mechanism by which strabismus leads to amblyopia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Lids and Adnexa, Orbit		**Number of Competencies: (08)**				**Number of procedures that require certification: (NIL)**			
OP2.1	Enumerate the causes, describe and discuss the aetiology, clinical presentations and diagnostic features of common conditions of the lid and adnexa including Hordeolum externum/ internum, blepharitis, preseptal cellulitis, dacryocystitis, hemangioma, dermoid, ptosis, entropion, lid lag, lagopthalmos	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
OP2.2	Demonstrate the symptoms & clinical signs of conditions enumerated in OP2.1	S	S	Y	DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OP2.3	Demonstrate under supervision clinical procedures performed in the lid including: bells phenomenon, assessment of entropion/ ectropion, perform the regurgitation test of lacrimal sac. massage technique in cong. dacryocystitis, and trichiatic cilia removal by epilation	S	SH	Y	DOAP session, Lecture	Skill assessment			
OP2.4	Describe the aetiology, clinical presentation. Discuss the complications and management of orbital cellulitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP2.5	Describe the clinical features on ocular examination and management of a patient with cavernous sinus thrombosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP2.6	Enumerate the causes and describe the differentiating features, and clinical features and management of proptosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP2.7	Classify the various types of orbital tumours. Differentiate the symptoms and signs of the presentation of various types of ocular tumours	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP2.8	List the investigations helpful in diagnosis of orbital tumors. Enumerate the indications for appropriate referral	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Conjunctiva		**Number of Competencies (09)**				**Number of procedures that require certification: (NIL)**			
OP3.1	Elicit document and present an appropriate history in a patient presenting with a “red eye” including congestion, discharge, pain	S	SH	Y	DOAP session	Skill Assessment			
OP3.2	Demonstrate document and present the correct method of examination of a “red eye” including vision assessment, corneal lustre, pupil abnormality, ciliary tenderness	S	SH	Y	DOAP session	Skill Assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OP3.3	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications. and management of various causes of conjunctivitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP3.4	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of trachoma.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP3.5	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of vernal catarrh	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP3.6	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of pterygium	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP3.7	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of symblepharon	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP3.8	Demonstrate correct technique of removal of foreign body from the eye in a simulated environment	S	SH	Y	DOAP session	Skill assessment			
OP3.9	Demonstrate the correct technique of instillation of eye drops in a simulated environment	S	SH	Y	DOAP session	Skill assessment			
Topic: Corneas		**Number of Competencies: (10)**				**Number of procedures that require certification: (NIL)**			
OP4.1	Enumerate, describe and discuss the types and causes of corneal ulceration	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
OP4.2	Enumerate and discuss the differential diagnosis of infective keratitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OP4.3	Enumerate the causes of corneal edema	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP4.4	Enumerate the causes and discuss the management of dry eye	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP4.5	Enumerate the causes of corneal blindness	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP4.6	Enumerate the indications and the types of keratoplasty	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP4.7	Enumerate the indications and describe the methods of tarsorraphy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP4.8	Demonstrate technique of removal of foreign body in the cornea in a simulated environment	S	SH	Y	DOAP session	Skill assessment			
OP4.9	Describe and discuss the importance and protocols involved in eye donation and eye banking	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP4.10	Counsel patients and family about eye donation in a simulated environment	A/C	SH	Y	DOAP session	Skill assessment			
Topic: Sclera		**Number of competencies: (02)**				**Number of procedures that require certification : (NIL)**			
OP5.1	Define, enumerate and describe the aetiology, associated systemic conditions, clinical features complications indications for referral and management of episcleritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OP5.2	Define, enumerate and describe the aetiology, associated systemic conditions, clinical features, complications, indications for referral and management of scleritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
Topic: Iris and Anterior chamber		**Number of Competencies (10)**			**Number of procedures that require certification: (NIL)**				
OP6.1	Describe clinical signs of intraocular inflammation and enumerate the features that distinguish granulomatous from non-granulomatous inflammation. Identify acute iridocyclitis from chronic condition	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP6.2	Identify and distinguish acute iridocyclitis from chronic iridocyclitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP6.3	Enumerate systemic conditions that can present as iridocyclitis and describe their ocular manifestations	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine
OP6.4	Describe and distinguish hyphema and hypopyon	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP6.5	Describe and discuss the angle of the anterior chamber and its clinical correlates	K	KH		Lecture, Small group discussion	Written/ Viva voce			
OP6.6	Identify and demonstrate the clinical features and distinguish and diagnose common clinical conditions affecting the anterior chamber	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			
OP6.7	Enumerate and discuss the aetiology, the clinical distinguishing features of various glaucomas associated with shallow and deep anterior chamber. Choose appropriate investigations and treatment for patients with above conditions.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OP6.8	Enumerate and choose the appropriate investigation for patients with conditions affecting the Uvea	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP6.9	Choose the correct local and systemic therapy for conditions of the anterior chamber and enumerate their indications, adverse events and interactions	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP6.10	Counsel patients with conditions of the iris and anterior chamber about their diagnosis, therapy and prognosis in an empathetic manner in a simulated environment	A/C	SH	Y	DOAP session	Skill assessment			
Topic: Lens		**Number of Competencies: (06)**				**Number of procedures that require certification: (NIL)**			
OP7.1	Describe the surgical anatomy and the metabolism of the lens	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Human Anatomy	
OP7.2	Describe and discuss the aetio-pathogenesis, stages of maturation and complications of cataract	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
OP7.3	Demonstrate the correct technique of ocular examination in a patient with a cataract	S	SH	Y	DOAP session	Skill assessment			
OP7.4	Enumerate the types of cataract surgery and describe the steps, intra-operative and post-operative complications of extracapsular cataract extraction surgery.	S	KH	Y	DOAP session, Lecture, Small group discussion	Written/ Viva voce			
OP7.5	To participate in the team for cataract surgery	S	SH	Y	DOAP session	Skill assessment/ Logbook documentation			
OP7.6	Administer informed consent and counsel patients for cataract surgery in a simulated environment	S	SH	Y	DOAP session	Skill Assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Retina & optic Nerve		**Number of Competencies (05)**			**Number of procedures that require certification : (NIL)**				
OP8.1	Discuss the aetiology, pathology, clinical features and management of vascular occlusions of the retina	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Pathology	
OP8.2	Enumerate the indications for laser therapy in the treatment of retinal diseases (including retinal detachment, retinal degenerations, diabetic retinopathy & hypertensive retinopathy)	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
OP8.3	Demonstrate the correct technique of a fundus examination and describe and distinguish the funduscopic features in a normal condition and in conditions causing an abnormal retinal exam	S	SH	Y	Lecture, Small group discussion	Skill Assessment			
OP8.4	Enumerate and discuss treatment modalities in management of diseases of the retina	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OP8.5	Describe and discuss the correlative anatomy, aetiology, clinical manifestations, diagnostic tests, imaging and management of diseases of the optic nerve and visual pathway	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Miscellaneous		**Number of Competencies (05)**			**Number of procedures that require certification: (01)**				
OP9.1	Demonstrate the correct technique to examine extra ocular movements (Uniocular & Binocular)	S	P	Y	DOAP session	Skill Assessment	5		
OP9.2	Classify, enumerate the types, methods of diagnosis and indications for referral in a patient with heterotropia/ strabismus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ skill assessment			
OP9.3	Describe the role of refractive error correction in a patient with headache and enumerate the indications for referral	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OP9.4	Enumerate, describe and discuss the causes of avoidable blindness and the National Programs for Control of Blindness (including vision 2020)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Community Medicine
OP9.5	Describe the evaluation and enumerate the steps involved in the stabilisation, initial management and indication for referral in a patient with ocular injury	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication.
Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,
Column F: DOAP session – Demonstrate, Observe, Assess, Perform.
Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation

Integration

Human Anatomy

AN30.5	Explain effect of pituitary tumours on visual pathway	K	KH	N	Lecture	Written		Ophthalmology	
AN31.3	Describe anatomical basis of Horner's syndrome	K	KH	N	Lecture	Written		Ophthalmology	
AN31.5	Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus	K	KH	Y	Lecture	Written		Ophthalmology	
AN41.1	Describe & demonstrate parts and layers of eyeball	K/S	SH	Y	Practical, Lecture, Small group discussion	Written/ Viva voce		Ophthalmology	
AN41.2	Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion	K	KH	N	Lecture	Written		Ophthalmology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN41.3	Describe the position, nerve supply and actions of intraocular muscles	K	KH	N	Lecture	Written		Ophthalmology	
	Physiology								
PY10.17	Describe and discuss functional anatomy of eye, physiology of image formation, physiology of vision including colour vision, Refractive errors, colour blindness, Physiology of pupil and light reflex	K	KH	Y	Lecture, Small group discussion	Written/viva		Ophthalmology	
PY10.18	Describe and discuss the physiological basis of lesion in visual pathway	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		Ophthalmology	
PY10.19	Describe and discuss auditory & visual evoke potentials	K	KH	Y	Lecture, Small group discussion	Written/ viva		Ophthalmology	
PY10.20	Demonstrate testing of visual acuity, colour and field of vision in volunteer/ simulated environment	S	P	Y	DOAP sessions	Skill assessment/ Viva voce	1	ENT, Ophthalmology	
	Pathology								
PA36.1	Describe the etiology, genetics, pathogenesis, pathology, presentation, sequelae and complications of retinoblastoma	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Ophthalmology	
	Pharmacology								
PH1.58	Describe drugs used in Ocular disorders	K	KH	Y	Lecture	Written/ Viva voce		Ophthalmology	
	General Medicine								
IM24.15	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vision and visual loss in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Ophthalmology

OTORHINOLARYNGOLOGY (ENT) (CODE: EN)

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OTORHINOLARYNGOLOGY (ENT)									
Topic: Anatomy and Physiology of ear, nose, throat, head & neck		**Number of competencies:(02)**				**Number of procedures that require certification:(NIL)**			
EN1.1	Describe the Anatomy & physiology of ear, nose, throat, head & neck	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		Human Anatomy	
EN1.2	Describe the pathophysiology of common diseases in ENT	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		Pathology	
Topic: Clinical Skills		**Number of competencies: (15)**				**Number of procedures that require certification : (NIL)**			
EN2.1	Elicit document and present an appropriate history in a patient presenting with an ENT complaint	K/S/A/C	SH	Y	Lecture, Small group discussion, Demonstration	Skill assessment			
EN2.2	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat	S	SH	Y	DOAP session	Skill assessment/ OSCE			
EN2.3	Demonstrate the correct technique of examination of the ear including Otoscopy	K/S/A	SH	Y	DOAP session, Bedside clinic	Skill assessment/ OSCE			
EN2.4	Demonstrate the correct technique of performance and interpret tuning fork tests	K/S/A	SH	Y	DOAP session, Bedside clinic	Skill assessment/ OSCE			
EN2.5	Demonstrate the correct technique of examination of the nose & paranasal sinuses including the use of nasal speculum	S	SH	Y	DOAP session, Bedside clinic	Skill assessment/ OSCE			
EN2.6	Demonstrate the correct technique of examining the throat including the use of a tongue depressor	S	SH	Y	DOAP session, Bedside clinic	Skill assessment/ OSCE			
EN2.7	Demonstrate the correct technique of examination of neck including elicitation of laryngeal crepitus	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
EN2.8	Demonstrate the correct technique to perform and interpret pure tone audiogram & impedance audiogram	K/S	SH	Y	DOAP session, Bedside clinic	Skill assessment			
EN2.9	Choose correctly and interpret radiological, microbiological & histological investigations relevant to the ENT disorders	K/S	SH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment			
EN2.10	Identify and describe the use of common instruments used in ENT surgery	K	SH	Y	DOAP session, Bedside clinic	Skill assessment			
EN2.11	Describe and identify by clinical examination malignant & pre- malignant ENT diseases	K/S	SH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN2.12	Counsel and administer informed consent to patients and their families in a simulated environment	S/A/C	SH	Y	DOAP session, Bedside clinic	Skill assessment			
EN2.13	Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostomy, anterior nasal packing, removal of foreign bodies in ear, nose, throat and upper respiratory tract)	K/S/A	SH	Y	DOAP session, Bedside clinic	Skill assessment			
EN2.14	Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated environment	K/S	SH	Y	DOAP session, Bedside clinic	Skill assessment/ OSCE			
EN2.15	Describe the national programs for prevention of deafness, cancer, noise & environmental pollution	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
Topic: Diagnostic and Therapeutic procedures in ENT		**Number of competencies:(06)**			**Number of procedures that require certification:(NIL)**				
EN3.1	Observe and describe the indications for and steps involved in the performance of Otomicroscopic examination in a simulated environment	S	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
EN3.2	Observe and describe the indications for and steps involved in the performance of diagnostic nasal Endoscopy	S	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
EN3.3	Observe and describe the indications for and steps involved in the performance of Rigid/Flexible Laryngoscopy	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
EN3.4	Observe and describe the indications for and steps involved in the removal of foreign bodies from ear, nose & throat	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
EN3.5	Observe and describe the indications for and steps involved in the surgical procedures in ear, nose & throat	K	KH	N	Lecture, small group discussion, Demonstration	Written/ Viva voce			
EN3.6	Observe and describe the indications for and steps involved in the skills of emergency procedures in ear, nose & throat	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
Topic: Management of diseases of ear, nose & throat		**Number of competencies: (53)**				**Number of procedures that require certification : (NIL)**			
EN4.1	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Otalgia	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.2	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of diseases of the external Ear	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.3	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of ASOM	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
EN4.4	Demonstrate the correct technique to hold visualize and assess the mobility of the tympanic membrane and its mobility and interpret and diagrammatically represent the findings	K/S/A	SH	Y	Clinical, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.5	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of OME	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.6	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Discharging ear	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.7	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of CSOM	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.8	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of CSOM	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.9	Demonstrate the correct technique for syringing wax from the ear in a simulated environment	S	SH	Y	DOAP session	Skill assessment			
EN4.10	Observe and describe the indications for and steps involved in myringotomy and myringoplasty	S	KH	Y	DOAP session	Written/ Viva voce			
EN4.11	Enumerate the indications describe the steps and observe a mastoidectomy	K/S	KH	Y	DOAP session	Written/ Viva voce			
EN4.12	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Hearing loss	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
EN4.13	Describe the clinical features, investigations and principles of management of Otosclerosis	K	KH	Y	Lecture, Small group discussion; Demonstration	Written/ Viva voce/ Skill assessment			
EN4.14	Describe the clinical features, investigations and principles of management of Sudden Sensorineural Hearing Loss	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.15	Describe the clinical features, investigations and principles of management of Noise Induced Hearing Loss	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.16	Observe and describe the indications for and steps involved in the performance of pure tone audiometry	S	KH	Y	DOAP session	Written/ Viva			
EN4.17	Enumerate the indications and interpret the results of an audiogram	S	SH	Y	DOAP session	Skill assessment			
EN4.18	Describe the clinical features, investigations and principles of management of Facial Nerve palsy	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.19	Describe the clinical features, investigations and principles of management of Vertigo	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.20	Describe the clinical features, investigations and principles of management of Meniere's Disease	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.21	Describe the clinical features, investigations and principles of management of Tinnitus	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.22	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Nasal Obstruction	K/S	SH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
EN4.23	Describe the clinical features, investigations and principles of management of DNS	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.24	Enumerate the indications observe and describe the steps in a septoplasty	S	KH	Y	DOAP session	Written/ Viva voce			
EN4.25	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Nasal Polyps	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.26	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Adenoids	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.27	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Allergic Rhinitis	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.28	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Vasomotor Rhinitis	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.29	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Acute & Chronic Rhinitis	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.30	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Epistaxis	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
EN4.31	Describe the clinical features, investigations and principles of management of trauma to the face & neck	K/S	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
EN4.32	Describe the clinical features, investigations and principles of management of nasopharyngeal Angiofibroma	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
EN4.33	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Acute & Chronic Sinusitis	K/S	SH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.34	Describe the clinical features, investigations and principles of management of Tumors of Maxilla	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
EN4.35	Describe the clinical features, investigations and principles of management of Tumors of Nasopharynx	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.36	Describe the clinical features, investigations and principles of management of diseases of the Salivary glands	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.37	Describe the clinical features, investigations and principles of management of Ludwig's angina	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.38	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of type of dysphagia	K/S	SH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.39	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Acute & Chronic Tonsillitis	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
EN4.40	Observe and describe the indications for and steps involved in a tonsillectomy / adenoidectomy	S	KH	Y	DOAP session	Written/ Viva voce			
EN4.41	Describe the clinical features, investigations and principles of management of Acute & chronic abscesses in relation to Pharynx	K/S	KH	Y	Lecture, Small group discussion Demonstration	Written/ Viva voce			
EN4.42	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of hoarseness of voice	K/S	SH	Y	Lecture, Small group discussion, DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
EN4.43	Describe the clinical features, investigations and principles of management of Acute & Chronic Laryngitis	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
EN4.44	Describe the clinical features, investigations and principles of management of Benign lesions of the vocal cord	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce			
EN4.45	Describe the clinical features, investigations and principles of management of Vocal cord palsy	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.46	Describe the clinical features, investigations and principles of management of Malignancy of the Larynx & Hypopharynx	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.47	Describe the clinical features, investigations and principles of management of Stridor	K	KH	Y	Lecture, Small group discussion Demonstration	Written/ Viva voce/ Skill assessment			
EN4.48	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Airway Emergencies	S	SH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
EN4.49	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of foreign bodies in the air & food passages	S	SH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.50	Observe and describe the indications for and steps involved in tracheostomy	S	KH	Y	DOAP session	Written/ Viva voce			
EN4.51	Observe and describe the care of the patient with a tracheostomy	S	KH	Y	DOAP session	Written/ Viva voce			
EN4.52	Describe the Clinical features, Investigations and principles of management of diseases of Oesophagus	K	ENT	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment			
EN4.53	Describe the clinical features, investigations and principles of management of HIV manifestations of the ENT	K	KH	N	Lecture, Small group discussion, Demonstration	Written/ Viva voce/ Skill assessment		General Medicine	
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Human Anatomy								
AN36.1	Describe the (1) morphology, relations, blood supply and applied anatomy of palatine tonsil and (2) composition of soft palate	K	KH	Y	Lecture	Written		ENT	
AN36.2	Describe the components and functions of waldeyer's lymphatic ring	K	KH	Y	Lecture	Written		ENT	
AN36.3	Describe the boundaries and clinical significance of pyriform fossa	K	KH	N	Lecture	Written		ENT	
AN36.4	Describe the anatomical basis of tonsilitis, tonsillectomy, adenoids and peri-tonsillar abscess	K	KH	N	Lecture	Written		ENT	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN36.5	Describe the clinical significance of Killian's dehiscence	K	KH	N	Lecture	Written		ENT	
AN37.1	Describe & demonstrate features of nasal septum, lateral wall of nose, their blood supply and nerve supply	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		ENT	
AN37.2	Describe location and functional anatomy of paranasal sinuses	K	KH	Y	Lecture	Written		ENT	
AN37.3	Describe anatomical basis of sinusitis & maxillary sinus tumours	K	KH	N	Lecture	Written		ENT	
AN38.1	Describe the morphology, identify structure of the wall, nerve supply, blood supply and actions of intrinsic and extrinsic muscles of the larynx	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		ENT	
AN38.2	Describe the anatomical aspects of laryngitis	K	KH	N	Lecture	Written		ENT	
AN38.3	Describe anatomical basis of recurrent laryngeal nerve injury	K	KH	N	Lecture	Written		ENT	
AN39.2	Explain the anatomical basis of hypoglossal nerve palsy	K	KH	N	Lecture	Written		ENT	
AN40.1	Describe & identify the parts, blood supply and nerve supply of external ear	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		ENT	
AN40.2	Describe & demonstrate the boundaries, contents, relations and functional anatomy of middle ear and auditory tube	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		ENT	
AN40.3	Describe the features of internal ear	K	KH	N	Lecture	Written		ENT	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN40.4	Explain anatomical basis of otitis externa and otitis media	K	KH	N	Lecture	Written		ENT	
AN40.5	Explain anatomical basis of myringotomy	K	KH	N	Lecture	Written		ENT	
Physiology									
PY10.13	Describe and discuss perception of smell and taste sensation	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		ENT	
PY10.15	Describe and discuss functional anatomy of ear and auditory pathways & physiology of hearing	K	KH	Y	Lecture, Small group discussion	Written/Viva voce		ENT	
PY10.16	Describe and discuss pathophysiology of deafness. Describe hearing tests	K	KH	Y	Lecture, Small group discussion	Written /Viva voce		ENT	
PY10.20	Demonstrate (i) hearing (ii) testing for smell and (iii) taste sensation in volunteer/ simulated environment	S	P	Y	DOAP sessions	Skill assessment/ Viva voce	1 each x 3	ENT, Ophthalmology	
Community Medicine									
CM3.1	Describe the health hazards of air, water, noise, radiation and pollution.	K	KH	Y	Lecture, small group discussion	Written/ Viva voce		General Medicine, ENT	
Dentistry									
DE4.1	Discuss the prevalence of oral cancer and enumerate the common types of cancer that can affect tissues of the oral cavity	K	K	N	Lecture	Viva voce		Pathology	ENT
DE4.2	Discuss the role of etiological factors in the formation of precancerous /cancerous lesions	K	KH	Y	Lecture, Small group discussion	Viva voce		Pathology	ENT
DE4.3	Identify potential pre-cancerous /cancerous lesions	S	SH	N	Observation, Bed side clinics	Skill assessment		Pathology	ENT

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DE4.4	Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors	A/C	SH	Y	DOAP session	Document in Log book	2	Pathology	ENT
General Medicine									
IM24.17	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of hearing loss in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			ENT
Pediatrics									
PE14.2	Discuss the risk factors, clinical features, Diagnosis and management of Kerosene ingestion	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.1	Discuss the etio-pathogenesis, clinical features and management of Naso pharyngitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.2	Discuss the etio-pathogenesis of Pharyngo Tonsillitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.3	Discuss the clinical features and management of Pharyngo Tonsillitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.4	Discuss the etio-pathogenesis, clinical features and management of Acute Otitis Media (AOM)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.5	Discuss the etio-pathogenesis, clinical features and management of Epiglottitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.6	Discuss the etio-pathogenesis, clinical features and management of Acute laryngo- trachea-bronchitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.7	Discuss the etiology, clinical features and management of Stridor in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.8	Discuss the types, clinical presentation, and management of foreign body aspiration in infants and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE28.9	Elicit, document and present age appropriate history of a child with upper respiratory problem including Stridor	S	SH	Y	Bedside clinics, skill lab	Skill Assessment		ENT	
PE28.10	Perform otoscopic examination of the ear	S	SH	Y	DOAP session	Skill Assessment		ENT	
PE28.11	Perform throat examination using tongue depressor	S	SH	Y	DOAP session	Skill Assessment		ENT	
PE28.12	Perform examination of the nose	S	P	Y	DOAP session	Skill Assessment		ENT	
PE28.17	Interpret X-ray of the paranasal sinuses and mastoid; and /or use written report in case of management. Interpret CXR in foreign body aspiration and lower respiratory tract infection, understand the significance of thymic shadow in pediatric chest X-rays	S	P	Y	Bedside clinics, Small group discussion	Skills Assessment	3	ENT, Radiodiagnosis	
PE31.1	Describe the etio-pathogenesis, management and prevention of Allergic Rhinitis in Children	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		ENT	
PE31.3	Describe the etio-pathogenesis, clinical features and management of Atopic dermatitis in children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
General Surgery									
SU20.1	Describe etiopathogenesis of oral cancer, symptoms and signs of pharyngeal cancer. Enumerate the appropriate investigations and discuss the principles of treatment.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	

OBSTETRICS & GYNECOLOGY (CODE: OG)

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OBSTETRICS & GYNAECOLOGY									
Topic: Demographic and Vital Statistics **Number of competencies: (03)** **Number of procedures that require certification : (NIL)**									
OG1.1	Define and discuss birth rate, maternal mortality and morbidity	K	KH	Y	Lecture, Small group discussion	Short notes		Community Medicine	
OG1.2	Define and discuss perinatal mortality and morbidity including perinatal and neonatal mortality and morbidity audit	K	KH	Y	Lecture, Small group discussion	Short notes		Community Medicine	Pediatrics
OG1.3	Define and discuss still birth and abortion	K	KH	Y	Lecture, Small group discussion	Short notes		Forensic Medicine & Toxicology	
Topic: Anatomy of the female reproductive tract (Basic anatomy and embryology) **Number of competencies: (01)** **Number of procedures that require certification : (NIL)**									
OG2.1	Describe and discuss the development and anatomy of the female reproductive tract, relationship to other pelvic organs, applied anatomy as related to Obstetrics and Gynaecology.	K	KH	Y	Lecture, Small group discussion	Theory/ Skill station		Human Anatomy	
Topic: Physiology of conception **Number of competencies: (01)** **Number of procedures that require certification : (NIL)**									
OG3.1	Describe the physiology of ovulation, menstruation, fertilization, implantation and gametogenesis.	K	K	Y	Lecture, seminars	Theory		Physiology	
Topic: Development of the fetus and the placenta **Number of competencies: (01)** **Number of procedures that require certification : (NIL)**									
OG4.1	Describe and discuss the basic embryology of fetus, factors influencing fetal growth and development, anatomy and physiology of placenta, and teratogenesis	K	K	Y	Lecture, Small group discussion	Theory		Human Anatomy	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Preconception counselling		**Number of competencies:(02)**				**Number of procedures that require certification : (NIL)**			
OG5.1	Describe, discuss and identify pre-existing medical disorders and discuss their management; discuss evidence-based intrapartum care	K/S	SH	Y	Lecture, Bedside clinics	Theory/ clinical assessment			
OG5.2	Determine maternal high risk factors and verify immunization status	K/S	SH	Y	Lecture, Bedside clinics	Theory/ clinical assessment			
Topic: Diagnosis of pregnancy		**Number of competencies:(01)**				**Number of procedures that require certification : (NIL)**			
OG6.1	Describe, discuss and demonstrate the clinical features of pregnancy, derive and discuss its differential diagnosis, elaborate the principles underlying and interpret pregnancy tests.	S	SH	Y	Lecture, Small group discussion, Bedside clinics	Theory/ Clinical assessment/ Viva voce			
Topic: Maternal Changes in pregnancy		**Number of competencies: (01)**				**Number of procedures that require certification : (NIL)**			
OG7.1	Describe and discuss the changes in the genital tract, cardiovascular system, respiratory, haematology, renal and gastrointestinal system in pregnancy	K	KH	Y	Lecture, seminars	Theory		Physiology	
Topic: Antenatal Care		**Number of competencies: (08)**				**Number of procedures that require certification : (NIL)**			
OG8.1	Enumerate, describe and discuss the objectives of antenatal care, assessment of period of gestation; screening for high-risk factors.	K	KH	Y	Small group discussion, Bedside clinics, Lecture	Written/ Viva voce/ Skill assessment		Community Medicine	
OG8.2	Elicit document and present an obstetric history including menstrual history, last menstrual period, previous obstetric history, comorbid conditions, past medical history and surgical history	K/S	SH	Y	Small group discussion, Bedside clinics, Lecture	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG8.3	Describe, demonstrate, document and perform an obstetrical examination including a general and abdominal examination and clinical monitoring of maternal and fetal well-being;	K/S	SH	Y	Bed side clinic, DOAP session	Skill assessment			
OG8.4	Describe and demonstrate clinical monitoring of maternal and fetal well-being	K/S	SH	Y	Bedside clinic, DOAP session, Small group discussion	Skill assessment/ Written/ Viva voce			
OG8.5	Describe and demonstrate pelvic assessment in a model	K/S	SH	Y	DOAP session	Skill assessment			
OG8.6	Assess and counsel a patient in a simulated environment regarding appropriate nutrition in pregnancy	K/S	SH	Y	DOAP session, Bedside clinic	Skill assessment			
OG8.7	Enumerate the indications for and types of vaccination in pregnancy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OG8.8	Enumerate the indications and describe the investigations including the use of ultrasound in the initial assessment and monitoring in pregnancy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Complications in early pregnancy		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
OG9.1	Classify, define and discuses the aetiology and management of abortions including threatened, incomplete, inevitable, missed and septic	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OG9.2	Describe the steps and observe/ assist in the performance of an MTP evacuation	S	SH	Y	DOAP session, Bedside clinic	Viva voce		Forensic Medicine	
OG9.3	Discuss the aetiology, clinical features, differential diagnosis of acute abdomen in early pregnancy (with a focus on ectopic pregnancy) and enumerate the principles of medical and surgical management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG9.4	Discuss the clinical features, laboratory investigations, ultrasonography, differential diagnosis, principles of management and follow up of gestational trophoblastic neoplasms	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Radiodiagnosis
OG9.5	Describe the etiopathology, impact on maternal and fetal health and principles of management of hyperemesis gravidarum	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Antepartum haemorrhage		**Number of competencies: (02)**				**Number of competencies that require certification: (NIL)**			
OG10.1	Define, classify and describe the aetiology, pathogenesis, clinical features, ultrasonography, differential diagnosis and management of antepartum haemorrhage in pregnancy	K	KH	Y	Lecture, Small group disussion, Bedside clinic				
OG10.2	Enumerate the indications and describe the appropriate use of blood and blood products, their complications and management.	K	KH	Y	Lecture, Small group discussion			Pathology	
Topic: Multiple pregnancies		**Number of competencies: (01)**				**Number of procedures that require certification : (NIL)**			
OG11.1	Describe the etiopathology, clinical features; diagnosis and investigations, complications, principles of management of multiple pregnancies	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Theory/ OSCE/ Clinical assessment/ Viva voce			
Topic: Medical Disorders in pregnancy		**Number of competencies: (08)**				**Number of procedures that require certification : (NIL)**			
OG12.1	Define, classify and describe the etiology and pathophysiology, early detection, investigations; principles of management of hypertensive disorders of pregnancy and eclampsia, complications of eclampsia.	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG12.2	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of anemia in pregnancy	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.3	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of diabetes in pregnancy	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.4	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of heart diseases in pregnancy	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.5	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management of urinary tract infections in pregnancy	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.6	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management of liver disease in pregnancy	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.7	Describe and discuss screening, risk factors, management of mother and newborn with HIV	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Medicine
OG12.8	Describe the mechanism, prophylaxis, fetal complications, diagnosis and management of isoimmunization in pregnancy	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Labour		**Number of competencies: (05)**				**Number of procedures that require certification : (01)**			
OG13.1	Enumerate and discuss the physiology of normal labor, mechanism of labor in occipito-anterior presentation; monitoring of labor including partogram; conduct of labor, pain relief; principles of induction and acceleration of labor; management of third stage of labor.	K/S	KH	Y	Lecture, Small group discussion (with models/ videos/ AV aids, etc.)	Theory/Clinical assessment/ Viva voce			
OG13.2	Define, describe the causes, pathophysiology, diagnosis, investigations and management of preterm labor, PROM and postdated pregnancy	K/S	KH	Y	Lecture, Small group discussion, Bedside clinics	Theory/ OSCE/ Clinical assessment/ Viva voce			
OG13.3	Observe/ assist in the performance of an artificial rupture of membranes	S	SH	N	DOAP session, Bedside clinic	Skill assessment			
OG13.4	Demonstrate the stages of normal labor in a simulated environment / mannequin and counsel on methods of safe abortion.	S	SH	Y	DOAP session	Skill assessment			
OG13.5	Observe and assist the conduct of a normal vaginal delivery	S	P	Y	DOAP session	Log book	10		
Topic: Abnormal Lie and Presentation; Maternal Pelvis		**Number of competencies: (04)**				**Number of procedures that need certification : (NIL)**			
OG14.1	Enumerate and discuss the diameters of maternal pelvis and types	K	KH	Y	Lecture, Small group discussion DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment		Human Anatomy	
OG14.2	Discuss the mechanism of normal labor, Define and describe obstructed labor, its clinical features; prevention; and management	K	KH	Y	Lecture, Small group discussion DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG14.3	Describe and discuss rupture uterus, causes, diagnosis and management.	K	KH	Y	Lecture, Small group discussion DOAP session, Bedside clinic	Written/ Viva voce/ Skill assessment			
OG14.4	Describe and discuss the classification; diagnosis; management of abnormal labor	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ skill assessment			
Topic: Operative obstetrics		**Number of competencies: (02)**				**Number of procedures that require certification : (NIL)**			
OG15.1	Enumerate and describe the indications and steps of common obstetric procedures, technique and complications: Episiotomy, vacuum extraction; low forceps; Caesarean section, assisted breech delivery; external cephalic version; cervical cerclage	S	KH	Y	Lecture, Small group discussion, seminars	Written/ skill assessment			
OG15.2	Observe and assist in the performance of an episiotomy and demonstrate the correct suturing technique of an episiotomy in a simulated environment. Observe/Assist in operative obstetrics cases – including - CS, Forceps, vacuum extraction, and breech delivery	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			
Topic: Complications of the third stage		**Number of competencies: (03)**				**Number of procedures that require certification : (NIL)**			
OG16.1	Enumerate and discuss causes, prevention, diagnosis, management, appropriate use of blood and blood products in postpartum haemorrhage	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ skill assessment			
OG16.2	Describe and discuss uterine inversion – causes, prevention, diagnosis and management.	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG16.3	Describe and discuss causes, clinical features, diagnosis, investigations; monitoring of fetal well-being, including ultrasound and fetal Doppler; principles of management; prevention and counselling in intrauterine growth retardation	K/S	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ skill assessment/ Viva voce			
Topic: Lactation		**Number of competencies: (03)**			**Number of procedures that require certification : (NIL)**				
OG17.1	Describe and discuss the physiology of lactation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OG17.2	Counsel in a simulated environment, care of the breast, importance and the technique of breast feeding	S/A/C	SH	Y	DOAP session	Skill assessment			
OG17.3	Describe and discuss the clinical features, diagnosis and management of mastitis and breast abscess	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Care of the new born		**Number of competencies: (04)**			**Number of procedures that require certification : (NIL)**				
OG18.1	Describe and discuss the assessment of maturity of the newborn, diagnosis of birth asphyxia, principles of resuscitation, common problems.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
OG18.2	Demonstrate the steps of neonatal resuscitation in a simulated environment	S	SH	Y	DOAP session	Skill assessment			Pediatrics
OG18.3	Describe and discuss the diagnosis of birth asphyxia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics
OG18.4	Describe the principles of resuscitation of the newborn and enumerate the common problems encountered	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Pediatrics

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Normal and abnormal puerperium.		**Number of competencies: (04)**			**Number of procedures that require certification : (NIL)**				
OG19.1	Describe and discuss the physiology of puerperium, its complications, diagnosis and management; counselling for contraception, puerperal sterilization	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce			
OG19.2	Counsel in a simulated environment, contraception and puerperal sterilisation	S/A/C	SH	Y	DOAP session	Skill assessment		Community Medicine	
OG19.3	Observe/ assist in the performance of tubal ligation	S	KH	Y	DOAP session, intraoperative	Skill assessment			
OG19.4	Enumerate the indications for, describe the steps in and insert and remove an intrauterine device in a simulated environment	S	SH	Y	DOAP session	Skill assessment			
Topic: Medical termination of pregnancy		**Number of competencies: (03)**			**Number of procedures that require certification : (NIL)**				
OG20.1	Enumerate the indications and describe and discuss the legal aspects, indications, methods for first and second trimester MTP; complications and management of complications of Medical Termination of Pregnancy	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic Medicine	
OG20.2	In a simulated environment administer informed consent to a person wishing to undergo Medical Termination of Pregnancy	S/A/C	SH	Y	DOAP session	Skill assessment		Forensic Medicine	
OG20.3	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC& PNDT) Act 1994 & its amendments	K	K/KH	Y	Lecture, Small group discussion	Written/Viva voce		Forensic Medicine	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Contraception		**Number of competencies: (02)**			**Number of procedures that require certification : (NIL)**				
OG21.1	Describe and discuss the temporary and permanent methods of contraception, indications, technique and complications; selection of patients, side effects and failure rate including Ocs, male contraception, emergency contraception and IUCD	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment		Community medicine	
OG21.2	Describe & discuss PPIUCD programme	K	K/KH	Y	Lecture, Small group discussion	Written/Viva voce			
Topic: Vaginal discharge		**Number of competencies: (02)**			**Number of procedures that require certification :(NIL)**				
OG22.1	Describe the clinical characteristics of physiological vaginal discharge.	K	KH	Y	Lecture	Theory			
OG22.2	Describe and discuss the etiology (with special emphasis on Candida, T. vaginalis, bacterial vaginosis), characteristics, clinical diagnosis, investigations, genital hygiene, management of common causes and the syndromic management	K	KH	Y	Lecture, Bedside clinics	Written/ Viva voce/ Skill assessment			
Topic: Normal and abnormal puberty		**Number of competencies: (03)**			**Number of procedures that require certification : (NIL)**				
OG23.1	Describe and discuss the physiology of puberty, features of abnormal puberty, common problems and their management	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce			
OG23.2	Enumerate the causes of delayed puberty. Describe the investigation and management of common causes	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OG23.3	Enumerate the causes of precocious puberty	K	K	N	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Abnormal uterine bleeding		**Number of competencies: (01)**			**Number of procedures that require certification: (NIL)**				
OG24.1	Define, classify and discuss abnormal uterine bleeding, its aetiology, clinical features, investigations, diagnosis and management	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Amenorrhea		**Number of competencies: (01)**			**Number of procedures that require certification : (NIL)**				
OG25.1	Describe and discuss the causes of primary and secondary amenorrhea, its investigation and the principles of management.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Genital injuries and fistulae		**Number of competencies: (02)**			**Number of procedures that require certification : (NIL)**				
OG26.1	Describe and discuss the etiopathogenesis, clinical features; investigation and implications on health and fertility and management of endometriosis and adenomyosis	K/S	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OG26.2	Describe the causes, prevention, clinical features, principles of management of genital injuries and fistulae	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			General Surgery
Topic: Genital infections		**Number of competencies: (04)**			**Number of procedures that require certification : (NIL)**				
OG27.1	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of sexually transmitted infections	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OG27.2	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of genital tuberculosis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
OG27.3	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of HIV	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG27.4	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of Pelvic Inflammatory Disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic: Infertility		**Number of competencies:(04)**			**Number of procedures that require certification : (NIL)**				
OG28.1	Describe and discuss the common causes, pathogenesis, clinical features, differential diagnosis; investigations; principles of management of infertility – methods of tubal patency, ovulation induction, assisted reproductive techniques	K	KH	Y	Lecture, seminars, Bedside clinics	Written/ Viva voce			
OG28.2	Enumerate the assessment and restoration of tubal latency	K	K	N	Lecture, seminars, Bedside clinics	Written/ Viva voce			
OG28.3	Describe the principles of ovulation induction	K	KH	Y	Lecture, seminars, Bedside clinics	Written/ Viva voce			
OG28.4	Enumerate the various Assisted Reproduction Techniques	K	K	N	Lecture, seminars, Bedside clinics	Written/ Viva voce			
Topic: Uterine fibroids		**Number of competencies: (01)**			**Number of procedures that require certification : (NIL)**				
OG29.1	Describe and discuss the etiology; pathology; clinical features; differential diagnosis; investigations; principles of management, complications of fibroid uterus	K/A/C	KH	Y	Lecture, Bedside clinics	Theory/ OSCE/ Clinical Assessment/ Viva voce			
Topic: PCOS and hirsutism		**Number of competencies: (02)**			**Number of procedures that require certification : (NIL)**				
OG30.1	Describe and discuss the etiopathogenesis; clinical features; differential diagnosis; investigations; management, complications of PCOS	K/A/C	KH	Y	Lecture	Theory/ OSCE/ Clinical Assessment/ Viva voce			
OG30.2	Enumerate the causes and describe the investigations and management of hyperandrogenism	K	KH	N		Theory/ OSCE/ Clinical Assessment/ Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Uterine prolapse		**Number of competencies: (01)**			**Number of procedures that require certification :(NIL)**				
OG31.1	Describe and discuss the etiology, classification, clinical features, diagnosis, investigations, principles of management and preventive aspects of prolapse of uterus	K/S	KH	Y	Lecture, small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			
Topic: Menopause		**Number of competencies: (02)**			**Number of procedures that require certification : (NIL)**				
OG32.1	Describe and discuss the physiology of menopause, symptoms, prevention, management and the role of hormone replacement therapy.	K	KH	Y	Lecture, small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			
OG32.2	Enumerate the causes of postmenopausal bleeding and describe its management	K	KH	Y	Lecture, small group discussion Bedside clinics	Written/ Viva voce			
Topic: Benign, Pre-malignant (CIN) and Malignant Lesions of the Cervix		**Number of competencies: (04)**			**Number of procedures that require certification : (NIL)**				
OG33.1	Classify, describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations and staging of cervical cancer	K/S	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			
OG33.2	Describe the principles of management including surgery and radiotherapy of Benign, Pre-malignant (CIN) and Malignant Lesions of the Cervix	K	KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment			General Surgery
OG33.3	Describe and demonstrate the screening for cervical cancer in a simulated environment	K/S	SH	Y	DOAP session	Skill assessment		Community Medicine	
OG33.4	Enumerate the methods to prevent cancer of cervix including visual inspection with acetic acid (VIA), visual inspection of cervix with Lugol's iodine (VILI), pap smear and colposcopy	K	K	Y	Lecture, Small group discussion, Bedside clinics	Viva voce/ Written			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Benign and malignant diseases of the uterus and the ovaries **Number of competencies: (04)** **Number of procedures that require certification : (NIL)**									
OG34.1	Describe and discuss aetiology, pathology, staging clinical features, differential diagnosis, investigations, staging laparotomy and principles of management of endometrial cancer	K	KH	Y	Lecture, Bedside clinics	Viva voce/ Written/ skill assessment			
OG34.2	Describe and discuss the etiology, pathology, classification, staging of ovarian cancer, clinical features, differential diagnosis, investigations, principal of management including staging laparotomy	K/S	KH	Y	Lecture	Theory/ OSCE/ clinical assessment/ Viva voce			
OG34.3	Describe and discuss the etiology, pathology, classification, staging, clinical features, differential diagnosis, investigations and management of gestational trophoblastic disease	K/S	KH	Y	Lecture	Theory/ OSCE/ clinical assessment/			
OG34.4	Operative Gynaecology : Understand and describe the technique and complications: Dilatation & Curettage (D&C); EA-ECC; cervical biopsy; abdominal hysterectomy; myomectomy; surgery for ovarian tumours; staging laparotomy; vaginal hysterectomy including pelvic floor repair; Fothergill's operation, Laparoscopy; hysteroscopy; management of postoperative complications	K/S	SH	Y	Videos, on manikins, observe procedures and surgeries in OR	Viva voce			
Topic: Obstetrics & Gynecological skills - I **Number of competencies: (17)** **Number of procedures that require certification : (NIL)**									
OG35.1	Obtain a logical sequence of history, and perform a humane and thorough clinical examination, excluding internal examinations (per-rectal and per-vaginal)	K/S	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG35.2	Arrive at a logical provisional diagnosis after examination.	K/S	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG35.3	Recognize situations, which call for urgent or early treatment at secondary and tertiary centres and make a prompt referral of such patients after giving first aid or emergency treatment.	K/S	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG35.4	Demonstrate interpersonal and communication skills befitting a physician in order to discuss illness and its outcome with patient and family	A/C	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG35.5	Determine gestational age, EDD and obstetric formula	K/S	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG35.6	Demonstrate ethical behavior in all aspects of medical practice.	A/C	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG35.7	Obtain informed consent for any examination / procedure	S	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG35.8	Write a complete case record with all necessary details	S	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG35.9	Write a proper discharge summary with all relevant information	S	SH	Y	Bedside clinics	Clinical assessment			
OG35.10	Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details.	S	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG35.11	Demonstrate the correct use of appropriate universal precautions for self-protection against HIV and hepatitis and counsel patients	S	SH	Y	DOAP session	Skill assessment			
OG35.12	Obtain a PAP smear in a stimulated environment	S	SH	Y	DOAP session	Skill assessment			
OG35.13	Demonstrate the correct technique to perform artificial rupture of membranes in a simulated / supervised environment	S	SH	Y	DOAP session	Skill assessment			
OG35.14	Demonstrate the correct technique to perform and suture episiotomies in a simulated/ supervised environment	S	SH	Y	DOAP session	Skill assessment			
OG35.15	Demonstrate the correct technique to insert and remove an IUD in a simulated/ supervised environment	S	SH	Y	DOAP session	Skill assessment			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG35.16	Diagnose and provide emergency management of antepartum and postpartum hemorrhage in a simulated / guided environment	K/S	SH	Y	DOAP session	Skill assessment			
OG35.17	Demonstrate the correct technique of urinary catheterisation in a simulated/ supervised environment	S	SH	Y	DOAP session	Skill assessment			
Topic: Obstetrics & Gynecological skills - II		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
OG36.1	Plan and institute a line of treatment, which is need based, cost effective and appropriate for common conditions taking into consideration (a) Patient (b) Disease (c) Socio-economic status (d) Institution/ Governmental guidelines.	K/S	SH	Y	Bedside clinics, Small group discussion	Clinical assessment/ Viva voce			
OG36.2	Organise antenatal, postnatal, well-baby and family welfare clinics	K/S	KH	Y	Bedside clinics	Clinical assessment/ Viva voce			
OG36.3	Demonstrate the correct technique of punch biopsy of uterus in a simulated/ supervised environment	S	SH	Y	Bedside clinics	Clinical assessment/ Viva voce			
Topic: Obstetrics & Gynecological skills - III		**Number of competencies: (07)**				**Number of procedures that require certification : (NIL)**			
OG37.1	Observe and assist in the performance of a Caesarean section	K/S/A/C	SH	Y	Bedside clinics, Small group discussion	Log book			
OG37.2	Observe and assist in the performance of Laparotomy	K/S/A/C	SH	Y	Bedside clinics, Small group discussion	Clinical assessment/ Viva voce			
OG37.3	Observe and assist in the performance of Hysterectomy – abdominal/vaginal	K/S/A/C	SH	Y	Bedside clinics, Small group discussion	Clinical assessment/ Viva voce			

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
OG37.4	Observe and assist in the performance of Dilatation & Curettage (D&C)	K/S/A/C	SH	Y	Bedside clinics, Small group discussion	Clinical assessment/ Viva voce			
OG37.5	Observe and assist in the performance of Endometrial aspiration - endocervical curettage (EA-ECC)	K/S/A/C	SH	Y	Bedside clinics, Small group discussion	Viva voce			
OG37.6	Observe and assist in the performance of outlet forceps application of vacuum and breech delivery	K/S/A/C	SH	Y	Bedside clinics, Small group discussion	Log book			
OG37.7	Observe and assist in the performance of MTP in the first trimester and evacuation in incomplete abortion	K/S/A/C	SH	Y	Bedside clinics, Small group discussion	Clinical assessment/ Viva voce			
Topic: Should observe		**Number of competencies: (04)**				**Number of procedures that require certification : (NIL)**			
OG38.1	Laparoscopy	K/S/A/C	KH	Y	Bedside clinic, Small group discussion	Clinical assessment/ Viva voce			
OG38.2	Hysteroscopy	K/S/A/C	KH	Y	Bedside clinics, Small group discussion	Clinical assessment/ Viva voce			
OG38.3	Lap sterilization	K/S/A/C	KH	Y	Bedside clinics, Small group discussion	Clinical assessment/ Viva voce			
OG38.4	Assess the need for and issue proper medical certificates to patients for various purposes	K/S/A/C	KH	Y	Bedside clinics, Small group discussion	Clinical assessment/ Viva voce			
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Integration									
				Human Anatomy					
AN48.8	Mention the structures palpable during Vaginal & Rectal examination	K	KH	N	Lecture	Written		Obstetrics & Gynaecology, General Surgery	
AN49.1	Describe & demonstrate the Superficial & Deep perineal pouch (boundaries and contents)	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ skill assessment		Obstetrics & Gynaecology	
AN49.2	Describe & identify Perineal body	K/S	SH	Y	Lecture, Small group discussion, DOAP session	Viva voce/ skill assessment		Obstetrics & Gynaecology	
AN49.5	Explain the anatomical basis of Perineal tear, Episiotomy, Perianal abscess and Anal fissure	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
AN52.8	Describe the development of male & female reproductive system	K	KH	Y	Lecture	Written/ Viva voce		Obstetrics & Gynaecology	
AN53.1	Identify & hold the bone in the anatomical position, Describe the salient features, articulations & demonstrate the attachments of muscle groups	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment		General Surgery, Obstetrics & Gynaecology	
AN53.2	Demonstrate anatomical position of bony pelvis & show boundaries of pelvic inlet, pelvic cavity, pelvic outlet	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment		Obstetrics & Gynaecology	
AN53.3	Define true pelvis and false pelvis and demonstrate sex determination in male & female bony pelvis	K/S	SH	Y	Lecture, DOAP session	Viva voce/ skill assessment		Obstetrics & Gynaecology	
AN64.3	Describe various types of open neural tube defects with its embryological basis	K	KH	N	Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN75.5	Describe the principles of genetic counselling	K	KH	Y	Lecture	Written		Pediatrics, Obstetrics & Gynaecology	
AN77.1	Describe the uterine changes occurring during the menstrual cycle	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.2	Describe the synchrony between the ovarian and menstrual cycles	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.3	Describe spermatogenesis and oogenesis along with diagrams	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.4	Describe stages and consequences of fertilisation	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.5	Enumerate and describe the anatomical principles underlying contraception	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN77.6	Describe teratogenic influences; fertility and sterility, surrogate motherhood, social significance of “sex-ratio”.	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
AN78.3	Describe the process of implantation & common abnormal sites of implantation	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN78.5	Describe in brief abortion: decidual reaction, pregnancy test	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN79.4	Describe the development of somites and intra-embryonic coelom	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN79.5	Explain embryological basis of congenital malformations, nucleus pulposus, sacrococcygeal teratomas, neural tube defects	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
AN79.6	Describe the diagnosis of pregnancy in first trimester and role of teratogens, alpha-fetoprotein	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN80.3	Describe formation of placenta, its physiological functions, foetomaternal circulation & placental barrier	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN80.4	Describe embryological basis of twinning in monozygotic & dizygotic twins	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN80.5	Describe role of placental hormones in uterine growth & parturition	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN80.6	Explain embryological basis of estimation of fetal age.	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
AN80.7	Describe various types of umbilical cord attachments	K	KH	N	Lecture	Written		Obstetrics & Gynaecology	
AN81.1	Describe various methods of prenatal diagnosis	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN81.2	Describe indications, process and disadvantages of amniocentesis	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
AN81.3	Describe indications, process and disadvantages of chorion villus biopsy	K	KH	Y	Lecture	Written		Obstetrics & Gynaecology	
Physiology									
PY9.6	Enumerate the contraceptive methods for male and female. Discuss their advantages & disadvantages	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Community Medicine	
PY9.8	Describe and discuss the physiology of pregnancy, parturition & lactation and outline the psychology and psychiatry-disorders associated with it.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PY9.10	Discuss the physiological basis of various pregnancy tests	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PY9.11	Discuss the hormonal changes and their effects during perimenopause and menopause	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PY9.12	Discuss the common causes of infertility in a couple and role of IVF in managing a case of infertility.	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
Biochemistry									
BI10.1	Describe cancer initiation, promotion, oncogenes & oncogene activation.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
BI10.2	Describe various biochemical tumor markers and the biochemical basis of cancer therapy.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
BI10.3	Describe the cellular and humoral components of the immune system & describe the types and structure of antibody	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Surgery, Pathology	
Pathology									
PA22.2	Enumerate the indications describe the principles enumerate and demonstrate the steps of compatibility testing	S	SH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.1	Describe the epidemiology, pathogenesis, etiology, pathology, screening, diagnosis and progression of carcinoma of the cervix	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PA30.2	Describe the pathogenesis, etiology, pathology, diagnosis and progression and spread of carcinoma of the endometrium	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.3	Describe the pathogenesis, etiology, pathology, diagnosis and progression and spread of carcinoma of the leiomyomas and leiomyosarcomas	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.4	Classify and describe the etiology, pathogenesis, pathology, morphology, clinical course, spread and complications of ovarian tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.5	Describe the etiology, pathogenesis, pathology, morphology, clinical course, spread and complications of gestational trophoblastic neoplasms	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.6	Describe the etiology and morphologic features of cervicitis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.7	Describe the etiology, hormonal dependence, features and morphology of endometriosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.8	Describe the etiology and morphologic features of adenomyosis	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
PA30.9	Describe the etiology, hormonal dependence and morphology of endometrial hyperplasia	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
Pharmacology									
PH1.39	Describe mechanism of action, types, doses, side effects, indications and contraindications of the drugs used for contraception	K	KH	Y	Lecture	Written/ Viva voce		**Obstetrics & Gynaecology**	
PH1.40	Describe mechanism of action, types, doses, side effects, indications and contraindications of 1. Drugs used in the treatment of infertility, and 2. Drugs used in erectile dysfunction	K	KH	Y	Lecture	Written/ Viva voce		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PH1.41	Describe the mechanisms of action, types, doses, side effects, indications and contraindications of uterine relaxants and stimulants	K	KH	Y	Lecture	Written/ Viva voce		Obstetrics & Gynaecology	
Community Medicine									
CM9.2	Define, calculate and interpret demographic indices including birth rate, death rate, fertility rates	S	SH	Y	Lecture, Small group discussion, DOAP sessions	Skill assessment		Obstetrics & Gynaecology, Pediatrics	
CM9.5	Describe the methods of population control	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Obstetrics & Gynaecology	
CM10.1	Describe the current status of Reproductive, maternal, newborn and Child Health	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.2	Enumerate and describe the methods of screening high risk groups and common health problems	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.3	Describe local customs and practices during pregnancy, childbirth, lactation and child feeding practices	K	KH	Y	Small group discussion, Lecture	Written/ Viva voce		Obstetrics & Gynaecology, Pediatrics	
CM10.4	Describe the reproductive, maternal, newborn & child health (RMCH); child survival and safe motherhood interventions	K	KH	Y	Small group discussion, Lecture	Written / Viva voce		Obstetrics & Gynaecology, Pediatrics	
Forensic Medicine & Toxicology									
FM3.13	Describe different types of sexual offences. Describe various sections of IPC regarding rape including definition of rape (Section 375 IPC), Punishment for Rape (Section 376 IPC) and recent amendments notified till date.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM3.14	SEXUAL OFFENCES Describe and discuss the examination of the victim of an alleged case of rape, and the preparation of report, framing the opinion and preservation and despatch of trace evidences in such cases.	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Obstetrics & Gynaecology, Psychiatry	
FM3.15	SEXUAL OFFENCES Describe and discuss examination of accused and victim of sodomy, preparation of report, framing of opinion, preservation and despatch of trace evidences in such cases	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Obstetrics & Gynaecology, Psychiatry	
FM3.16	SEXUAL OFFENCES Describe and discuss adultery and unnatural sexual offences - sodomy, incest, lesbianism, buccal coitus, bestiality, indecent assault and preparation of report, framing the opinion and preservation and despatch of trace evidences in such cases.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.17	Describe and discuss the sexual perversions fetishism, transvestism, voyeurism, sadism, necrophagia, masochism, exhibitionism, frotteurism, Necrophilia.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Psychiatry	
FM3.18	Describe anatomy of male and female genitalia, hymen and its types. Discuss the medico-legal importance of hymen. Define virginity, defloration, legitimacy and its medicolegal importance.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.19	Discuss the medicolegal aspects of pregnancy and delivery, signs of pregnancy, precipitate labour superfoetation, superfecundation and signs of recent and remote delivery in living and dead	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.20	Discuss disputed paternity and maternity	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.21	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PCPNDT)- Prohibition of Sex Selection Act 2003 and Domestic Violence Act 2005	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, AETCOM	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM3.22	Define and discuss impotence, sterility, frigidity, sexual dysfunction, premature ejaculation. Discuss the causes of impotence and sterility in male and female	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Medicine	
FM3.23	Discuss Sterilization of male and female, artificial insemination, Test Tube Baby, surrogate mother, hormonal replacement therapy with respect to appropriate national and state laws	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.24	Discuss the relative importance of surgical methods of contraception (vasectomy and tubectomy) as methods of contraception in the national family Planning Programme	K	K/KH	N	Lecture, Small group discussion	Written		Obstetrics & Gynaecology	
FM3.25	Discuss the major results of the National Family Health Survey	K	K/KH	N	Lecture	Written		Obstetrics & Gynaecology	
FM3.26	Discuss the National Guidelines for accreditation, supervision & regulation of ART Clinics in India	K	K/KH	Y	Lecture, Small group discussion	Written		Obstetrics & Gynaecology	
FM3.27	Define, classify and discuss abortion, methods of procuring MTP and criminal abortion and complication of abortion: MTP Act 1971	K	K/KH	Y	Lecture, Small group discussion	Written/Viva voce		Obstetrics & Gynaecology, AETCOM	
FM3.28	Describe evidences of abortion - living and dead, duties of doctor in cases of abortion, investigations of death due to criminal abortion	K	K/KH	Y	Lecture, Small group discussion	Written/Viva voce		Obstetrics & Gynaecology, AETCOM	
Dermatology & Venereology									
DR10.11	Describe the etiology, diagnostic and clinical features and management of vaginal discharge	K	KH	Y	Lecture, Small group discussion	Written / Viva voce		Obstetrics & Gynaecology	

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
			General Medicine						
IM26.43	Identify, discuss and defend medicolegal, sociocultural, economic and ethical issues as they pertain to in vitro fertilisation donor insemination and surrogate motherhood	K	KH	N	Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
			Radiodiagnosis						
RD1.13	Describe the components of the PC & PNDT Act and its medicolegal implications	K	KH	Y	Lecture, Small group discussion			Obstetrics & Gynaecology, Forensic Medicine	
			Pediatrics						
PE7.1	Awareness on the cultural beliefs and practices of breast feeding	K	K	N	Lecture, Small group discussion	Viva voce			Obstetrics & Gynaecology
PE7.7	Perform breast examination and identify common problems during lactation such as retracted nipples, cracked nipples, breast engorgement, breast abscess	S	SH	Y	Bed side clinics Skill Lab	Skill Assessment			Obstetrics & Gynaecology
PE7.8	Educate mothers on ante natal breast care and prepare mothers for lactation	A/C	SH	Y	DOAP session	Document in Log Book			Obstetrics & Gynaecology, AETCOM
PE7.9	Educate and counsel mothers for best practices in breast feeding	A/C	SH	Y	DOAP session	Document in Log Book			Obstetrics & Gynaecology, AETCOM
PE18.1	List and explain the components, plans , outcomes of Reproductive Child Health (RCH) program and appraise the monitoring and evaluation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	Obstetrics & Gynaecology
PE18.2	Explain preventive interventions for Child survival and safe motherhood	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	Obstetrics & Gynaecology

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE18.3	Conduct Antenatal examination of women independently and apply at-risk approach in antenatal care	S	SH	Y	Bed side clinics	Skill station		Community Medicine	Obstetrics & Gynaecology
PE18.4	Provide intra-natal care and conduct a normal Delivery in a simulated environment	S	SH	Y	DOAP session, Skills lab	Document in Log Book		Community Medicine	Obstetrics & Gynaecology
PE18.5	Provide intra-natal care and observe the conduct of a normal delivery	S	SH	Y	DOAP session	Document in Log Book			Obstetrics & Gynaecology
PE18.6	Perform Postnatal assessment of newborn and mother, provide advice on breast feeding, weaning and on family planning	S	SH	Y	Bed side clinics, Skill Lab	Skill Assessment		Community Medicine	Obstetrics & Gynaecology
PE18.8	Observe the implementation of the program by visiting the Rural Health Centre	S	KH	Y	Bed side clinics, Skill Lab	Document in log book		Community Medicine	Obstetrics & Gynaecology
PE20.6	Explain the follow up care for neonates including Breast feeding, temperature maintenance, immunization, importance of growth monitoring and red flags	S	SH	Y	DOAP session	Log book entry			Obstetrics & Gynaecology
PE32.6	Discuss the genetic basis, risk factors, clinical features, complications, prenatal diagnosis, management and genetic counselling in Turner's Syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Obstetrics & Gynaecology
PE32.8	Interpret normal Karyotype and recognize the Turner Karyotype	S	SH	N	Bed Side clinics, Skill lab	Log book			General Medicine, Obstetrics & Gynaecology
PE32.9	Discuss the referral criteria and multidisciplinary approach to management of Turner Syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Obstetrics & Gynaecology

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Radiotherapy									
RT4.5	Describe and discuss role of radiation in management of common malignancies in India (region specific)	K	KH	Y	Lecture, Bed side clinic	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.6	Describe and discuss radiotherapy for benign disease	K	KH	Y	Lecture	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.7	Counsel patients regarding acute and late effects of radiation and supportive care	K/A/S	KH	Y	Bed side clinic, group discussion	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.8	Describe oncological emergencies and palliative care	K/A/S	K/KH	Y	Lecture and group discussion	Written/ Viva voce			General Surgery, Obstetrics & Gynaecology
RT5.1	Describe and discuss cancer prevention, screening, vaccination, cancer registry	K	K	Y	Group discussion	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology

ORTHOPAEDICS (CODE: OR)

Number	COMPETENCY The student should be able to:	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
ORTHOPEDICS									
Topic: Skeletal Trauma, Poly trauma		**Number of competencies : (06)**				**Number of procedures that require certification: (NIL)**			
OR1.1	Describe and discuss the Principles of pre-hospital care and Casuality management of a trauma victim including principles of triage	K/S/A/C	K/KH	Y	Lecture with video, Small group discussion	Written/ Viva voce/ OSCE/ Simulation			General Surgery, Anaesthesiology
OR1.2	Describe and discuss the aetiopathogenesis, clinical features, investigations, and principles of management of shock	K/S	K/KH	Y	Lecture	Written/ Viva voce/ OSCE/ Simulation			General Surgery
OR1.3	Describe and discuss the aetiopathogenesis, clinical features, investigations, and principles of management of soft tissue injuries	K	KH/SH	Y	Lecture, Small group discussion	Written/ OSCE			General Surgery
OR1.4	Describe and discuss the Principles of management of soft tissue injuries	K	K/KH	Y	Lecture, Small group discussion	Written/ Assesment/ Viva voce			General Surgery
OR1.5	Describe and discuss the aetiopathogenesis, clinical features, investigations, and principles of management of dislocation of major joints, shoulder, knee, hip	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE/ Simulation			
OR1.6	Participate as a member in the team for closed reduction of shoulder dislocation / hip dislocation / knee dislocation	K/S/A/C	SH	Y	Simulation, DOAP session	OSCE/ Simulation			
Topic: Fractures		**Number of competencies : (16)**				**Number of procedures that require certification: (NIL)**			
OR2.1	Describe and discuss the mechanism of Injury, clinical features, investigations and plan management of fracture of clavicle	K/S	KH/SH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE		Human Anatomy	

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
OR2.2	Describe and discuss the mechanism of Injury, clinical features, investigations and plan management of fractures of proximal humerus	K	K/KH/ SH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.3	Select, prescribe and communicate appropriate medications for relief of joint pain	K	KH/SH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.4	Describe and discuss the mechanism of injury, clinical features, investigations and principles of management of fracture of shaft of humerus and intercondylar fracture humerus with emphasis on neurovasular deficit	K/S	K/KH	Y	Lecture, Small group discussion, Bed side clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.5	Describe and discuss the aetiopathogenesis, clinical features, mechanism of injury, investigation & principles of management of fractures of both bones forearm and Galeazzi and Monteggia injury	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.6	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of fractures of distal radius	K	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.7	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of pelvic injuries with emphasis on hemodynamic instability	K	K/KH/ SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.8	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of spine injuries with emphasis on mobilisation of the patient	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.9	Describe and discuss the mechanism of injury, Clinical features, investigations and principle of management of acetabular fracture	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
OR2.10	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of fractures of proximal femur	K/S/A/C	KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.11	Describe and discuss the aetiopathogenesis, mechanism of injury, clinical features, investigations and principles of management of (a) Fracture patella (b) Fracture distal femur (c) Fracture proximal tibia with special focus on neurovascular injury and compartment syndrome	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.12	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of Fracture shaft of femur in all age groups and the recognition and management of fat embolism as a complication	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.13	Describe and discuss the aetiopathogenesis, clinical features, Investigation and principles of management of: (a) Fracture both bones leg (b) Calcaneus (c) Small bones of foot	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.14	Describe and discuss the aetiopathogenesis, clinical features, Investigation and principles of management of ankle fractures	K/S/C	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.15	Plan and interpret the investigations to diagnose complications of fractures like malunion, non-union, infection, compartmental syndrome	K/S	SH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	
OR2.16	Describe and discuss the mechanism of injury, clinical features, investigations and principles of management of open fractures with focus on secondary infection prevention and management	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE		Human Anatomy	

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
Topic: Musculoskeletal Infection		**Number of competencies : (03)**				**Number of Procedures that require certification: (NIL)**			
OR3.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of Bone and Joint infections a) Acute Osteomyelitis b) Subacute osteomyelitis c) Acute Suppurative arthritis d) Septic arthritis & HIV infection e) Spirochaetal infection f) Skeletal Tuberculosis	K/S	K/KH/ SH	Y	Lecture, Small group discussion, Video assisted lecture	Written/ Viva voce/ OSCE		Pathology, Microbiology	General surgery
OR3.2	Participate as a member in team for aspiration of joints under supervision	K/S/A/C	SH	Y	Small group Discussion. DOAP session	Viva voce/ OSCE/ Skills assessment		_	
OR3.3	Participate as a member in team for procedures like drainage of abscess, sequestrectomy/ saucerisation and arthrotomy	K/S/A/C	SH	Y	DOAP session, Video demonstration	Viva voce/ OSCE/ Skills assessment			General Surgery
Topic: Skeletal Tuberculosis		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			
OR4.1	Describe and discuss the clinical features, Investigation and principles of management of Tuberculosis affecting major joints (Hip, Knee) including cold abcess and caries spine	K	K/KH	Y	Lecture, Small group discussion, Case discussion	Written/ Viva voce/ OSCE		Pathology	General surgery
Topic: Rheumatoid Arthritis and associated inlammatory disorders		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
OR5.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of various inflammatory disorder of joints	K	K/KH	Y	Lecture, Small group discussion, Bedside clinic	Written/ Viva voce/ OSCE			General Medicine
Topic: Degenerative disorders		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			
OR6.1	Describe and discuss the clinical features, investigations and principles of management of degenerative condition of spine (Cervical Spondylosis, Lumbar Spondylosis, PID)	K	K/KH	Y	Lecture, Small group discussion, Case discussion	Written/ Viva voce/ OSCE			
Topic: Metabolic bone disorders		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			
OR7.1	Describe and discuss the aetiopathogenesis, clinical features, investigation and principles of management of metabolic bone disorders in particular osteoporosis, osteomalacia, rickets, Paget's disease	K	K/KH	Y	Lecture, Small group discussion, Case discussion	Written/ Viva voce/ OSCE			
Topic: Poliomyelitis		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			
OR8.1	Describe and discuss the aetiopathogenesis, clinical features, assessment and principles of management a patient with Post Polio Residual Paralysis	K	K/KH	Y	Lecture, Small group discussion, Case discussion	Written/ Viva voce/ OSCE			
Topic: Cerebral Palsy		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
OR9.1	Describe and discuss the aetiopathogenesis, clinical features, assessment and principles of management of Cerebral palsy patient	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce/ OSCE			
Topic:Bone Tumors		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			
OR10.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of benign and malignant bone tumours and pathological fractures	K	K/KH	Y	Lecture, Small group discussion, Video assisted interactive lecture	Written/ Viva voce/ OSCE		Pathology	General surgery, Radiotherapy
Topic: Peripheral nerve injuries		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			
OR11.1	Describe and discuss the aetiopathogenesis, clinical features, investigations and principles of management of peripheral nerve injuries in diseases like foot drop, wrist drop, claw hand, palsies of Radial, Ulnar, Median, Lateral Popliteal and Sciatic Nerves	K	K/H	Y	Lecture, Small group discussion, case discussion	Written/ Viva voce/ OSCE		Human Anatomy	General Medicine, General surgery
Topic: Congenital lesions		**Number of competencies : (01)**				**Number of procedures that require certification: (NIL)**			
OR12.1	Describe and discuss the clinical features, investigations and principles of management of Congenital and acquired malformations and deformities of: a. limbs and spine - Scoliosis and spinal bifida b. Congenital dislocation of Hip,Torticollis, c. congenital talipes equino varus	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ OSCE		Human Anatomy	
Topic: Procedural Skills		**Number of competencies : (02)**				**Number of procedures that require certification: (NIL)**			

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
OR13.1	Participate in a team for procedures in patients and demonstrating the ability to perform on mannequins / simulated patients in the following: i. Above elbow plaster ii. Below knee plaster iii. Above knee plaster iv. Thomas splint v. splinting for long bone fractures vi. Strapping for shoulder and clavicle trauma	S/A	KH / SH	Y	Case discussion, Video assisted Lecture, Small group discussion, Teaching, Skill lab sessions	OSCE with Simulation based assessment			
OR13.2	Participate as a member in team for Resuscitation of Polytrauma victim by doing all of the following : (a) I.V. access central - peripheral (b) Bladder catheterization (c) Endotracheal intubation (d) Splintage	S/A	KH / SH	Y	Case discussion, Video assisted Lecture, Small group discussion, Teaching, Skill lab sessions	OSCE with Simulation based assessment			Anaesthesiology
Topic: Counselling Skills		**Number of competencies : (03)**				**Number of procedures that require certification: (NIL)**			
OR14.1	Demonstrate the ability to counsel patients regarding prognosis in patients with various orthopedic illnesses like a. fractures with disabilities b. fractures that require prolonged bed stay c. bone tumours d. congenital disabilities	K/S/A/C	KH / SH	Y	Case discussion, Video assisted lecture, Small group discussion, Teaching, Skills lab sessions	OSCE with Simulation based assessment			AETCOM
OR14.2	Demonstrate the ability to counsel patients to obtain consent for various orthopedic procedures like limp amputation, permanent fixations etc..	K/S/A/C	KH / SH	Y	Case discussion, Video assisted Lecture, Small group discussion, Teaching, Skills lab sessions	OSCE with Simulation based assessment			AETCOM

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
OR14.3	Demonstrate the ability to convince the patient for referral to a higher centre in various orthopedic illnesses, based on the detection of warning signals and need for sophisticated management	K/S/A/C	KH / SH	Y	Case discussion, Video assisted Lecture, Small group discussion, Teaching, Skills lab sessions	OSCE with Simulation based assessment			AETCOM
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Human Anatomy								
AN2.4	Describe various types of cartilage with its structure & distribution in body	K	KH	Y	Lecture	Written/ Viva voce		Orthopedics	
AN2.5	Describe various joints with subtypes and examples	K	KH	Y	Lecture	Written/ Viva voce		Orthopedics	
AN8.4	Demonstrate important muscle attachment on the given bone	K/S	SH	Y	Practical, DOAP session, Small group teaching	Viva voce/ Practicals		Orthopedics	
AN8.6	Describe scaphoid fracture and explain the anatomical basis of avascular necrosis	K	KH	N	DOAP session	Viva voce		Orthopedics	

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
AN10.12	Describe and demonstrate Shoulder joint for– type, articular surfaces, capsule, synovial membrane, ligaments, relations, movements, muscles involved, blood supply, nerve supply and applied anatomy	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skills assessment		Orthopedics	
AN11.4	Describe the anatomical basis of Saturday night paralysis	K	KH	Y	Practical, Lecture	Written/ Viva voce		Orthopedics	
AN17.2	Describe anatomical basis of complications of fracture neck of femur.	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN17.3	Describe dislocation of hip joint and surgical hip replacement	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN18.6	Describe knee joint injuries with its applied anatomy	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN18.7	Explain anatomical basis of Osteoarthritis	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN19.4	Explain the anatomical basis of rupture of calcaneal tendon	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN19.6	Explain the anatomical basis of Flat foot & Club foot	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN19.7	Explain the anatomical basis of Metatarsalgia & Plantar fasciitis	K	KH	N	Lecture	Written/ Viva voce		Orthopedics	
AN50.4	Explain the anatomical basis of Scoliosis, Lordosis, Prolapsed disc, Spondylolisthesis & Spina bifida	K	KH	N	Lecture	Written		Orthopedics	
Pathology									

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PA33.1	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of osteomyelitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy, Orthopedics	Microbiology
PA33.2	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of bone tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Orthopedics	
PA33.3	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications and metastases of soft tissue tumors	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Orthopedics	
PA33.4	Classify and describe the etiology, pathogenesis, manifestations, radiologic and morphologic features and complications of Paget's disease of the bone	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Orthopedics	
Microbiology									
MI4.2	Describe the etiopathogenesis, clinical course and discuss the laboratory diagnosis of bone & joint infections.	K	KH	Y	Lecture	Written/ Viva voce		Orthopedics	
Forensic Medicine & Toxicology									
FM3.7	Describe factors influencing infliction of injuries and healing, examination and certification of wounds and wound as a cause of death: Primary and Secondary.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		Forensic medicicne, Orthopaedics	
FM3.8	Mechanical injuries and wounds: Describe and discuss different types of weapons including dangerous weapons and their examination.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
FM3.9	Firearm injuries: Describe different types of firearms including structure and components. Along with description of ammunition propellant charge and mechanism of fire-arms, different types of cartridges and bullets and various terminology in relation of firearm – caliber, range, choking.	K	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	
FM3.10	Firearm injuries: Describe and discuss wound ballistics-different types of firearm injuries, blast injuries and their interpretation, preservation and dispatch of trace evidences in cases of firearm and blast injuries, various tests related to confirmation of use of firearms	K	K/KH	Y	Lecture,Small group discussion, Bed side clinic DOAP session	Written/ Viva voce / OSCE		General Surgery, Orthopaedics	
FM3.11	Regional Injuries: Describe and discuss regional injuries to head (Scalp wounds, fracture skull, intracranial haemorrhages, coup and contrecoup injuries), neck, chest, abdomen, limbs, genital organs, spinal cord and skeleton	K	K/KH	Y	Lecture, Small group discussion,Bed side clinic or autopsy, DOAP session	Written/ Viva voce / OSCE/ OSPE		General Surgery, Orthopaedics	
FM3.12	Regional Injuries Describe and discuss injuries related to fall from height and vehicular injuries – Primary and Secondary impact, Secondary injuries, crush syndrome, railway spine.	K	K/KH	Y	Lecture, Small group discussion, Bed side clinic or autopsy, DOAP session	Written/ Viva voce / OSCE/ OSPE		General Surgery, Orthopaedics	
General Medicine									
IM7.5	Develop a systematic clinical approach to joint pain based on the pathophysiology	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.6	Describe and discriminate acute, subacute and chronic causes of joint pain	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.7	Discriminate, describe and discuss arthralgia from arthritis and mechanical from inflammatory causes of joint pain	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
IM7.8	Discriminate, describe and discuss distinguishing articular from periarticular complaints	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.9	Determine the potential causes of join pain based on the presenting features of joint involvement	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.10	Describe the common signs and symptoms of articular and periarticular diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM7.13	Perform a systematic examination of all joints, muscle and skin that will establish the diagnosis and severity of disease	S	SH	Y	Bed side clinic, DOAP session	Skill assessment			Orthopedics
IM7.17	Enumerate the indications for arthrocentesis	K	K	Y	small group discussion, Lecture	Written/ Viva voce			Orthopedics
IM7.18	Enumerate the indications and interpret plain radiographs of joints	K	SH	Y	Bed side clinic, small group discussion	Skill assessment/ Written		Radiodiagnosis	Orthopedics
IM7.21	Select, prescribe and communicate appropriate medications for relief of joint pain	K/C	SH	Y	DOAP session	Skill assessment/ Written		Pharmacology	Orthopedics
IM24.12	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of degenerative joint disease	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
IM24.13	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of falls in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics, Physical Medicine & Rehabilitation
IM24.14	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of common fractures in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
IM24.16	Describe and discuss the principles of physical and social rehabilitation, functional assessment, role of physiotherapy and occupational therapy in the management of disability in the elderly	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics, Physical Medicine & Rehabilitation
Physical Medicine & Rehabilitation									
PM1.2	Define and describe disability, its cause, and magnitude, identification and prevention of disability	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM1.3	Define and describe the methods to identify and prevent disability	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM1.4	Enumerate the rights and entitlements of differently abled persons	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM4.1	Describe the common patterns, clinical features, investigations, diagnosis and treatment of common causes of arthritis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine Orthopedics
PM4.3	Observe in a mannequin or equivalent the administration of an intra-articular injection	S	KH	N	DOAP session	Skill assessment			Orthopedics
PM4.5	Demonstrate correct assessment of muscle strength and range of movements	S	SH	Y	DOAP session, Bedside clinic	Skill assessment			General Medicine Orthopedics
PM5.1	Enumerate the indications and describe the principles of amputation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics General Surgery
PM5.2	Describe the principles of early mobilization, evaluation of the residual limb, contralateral limb and the influence of co-morbidities	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PM5.3	Demonstrate the correct use of crutches in ambulation and postures to correct contractures and deformities	S	SH	Y	DOAP session, Bedside clinic discussion	Skill assessment			Orthopedics
PM5.4	Identify the correct prosthesis for common amputations	S	SH	Y	DOAP session	Skill assessment / written			Orthopedics
PM6.3	Describe the principles of skin traction, serial casts and surgical treatment including contracture release, tendon transfer, osteotomies and arthrodesis.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
PM6.4	Describe the principles of orthosis for ambulation in PPRP	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
PM7.1	Describe and discuss the clinical features, diagnostic work up, work up diagnosis and management of spinal cord injury	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Orthopedics
PM7.2	Describe and demonstrate process of transfer, applications of collar restraints while maintaining airway and prevention of secondary injury in a mannequin/model	S	SH	Y	DOAP session, Small group discussion	Skill assessment			Orthopedics
PM7.3	Perform and demonstrate a correct neurological examination in a patient with spinal injury and determine the neurologic level of injury	S	SH	Y	Bed side clinic	Skill assessment			Orthopedics
PM7.4	Assess bowel and bladder function and identify common patterns of bladder dysfunction	S	KH	Y	Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM7.5	Enumerate the indications and identify the common mobility aids and appliances, wheel chairs	S	S	Y	DOAP session	Skill assessment/ Viva voce			Orthopedics

Number	**COMPETENCY** **The student should be able to:**	**Domain K/S/A/C**	**Level K/KH/ SH/P**	**Core (Y/N)**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**Number required to certify P**	**Vertical Integration**	**Horizontal Integration**
PM7.7	Enumerate and describe common life threatening complications following SCI like Deep vein Thrombosis, Aspiration Pneumonia, Autonomic dysreflexia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Orthopedics
PM8.1	Describe the clinical features, evaluation, diagnosis and management of disability following traumatic brain injury	K	KH	Y	Lecture, Small group discussion	Written / Viva voce			General Medicine, Orthopedics, General Surgery

ANAESTHESIOLOGY (CODE: AS)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
ANAESTHESIOLOGY									
Topic: Anaesthesiology as a specialty		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
AS1.1	Describe the evolution of Anaesthesiology as a modern specialty	K	K	N	Lecture	Written/ Viva voce			
AS1.2	Describe the roles of Anaesthesiologist in the medical profession (including as a peri-operative physician, in the intensive care and high dependency units, in the management of acute and chronic pain, including labour analgesia, in the resuscitation of acutely ill)	K	K	N	Lecture	Written/ Viva voce			
AS1.3	Enumerate and describe the principle of ethics as it relates to Anaesthesiology	K	K	N	Lecture	Written/ Viva voce		AETCOM	
AS1.4	Describe the prospects of Anaesthesiology as a career	K	K	N	Lecture	Written/ Viva voce			
Topic: Cardiopulmonary resuscitation		**Number of competencies: (02)**				**Number of procedures that require certification : (NIL)**			
AS2.1	Enumerate the indications, describe the steps and demonstrate in a simulated environment, Basic Life Support in adults, children and neonates	K/S	SH	N	DOAP session	Skill assessment		General Medicine, Pediatrics	
AS2.2	Enumerate the indications, describe the steps and demonstrate in a simulated environment, Advanced Life Support in adults and children	S	SH	N	DOAP session	Skill assessment		General Medicine	
Topic: Preoperative evaluation and medication		**Number of competencies: (06)**				**Number of procedures that require certification : (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
AS3.1	Describe the principles of preoperative evaluation	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			General Surgery, General Medicine
AS3.2	Elicit, present and document an appropriate history including medication history in a patient undergoing Surgery as it pertains to a preoperative anaesthetic evaluation	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS3.3	Demonstrate and document an appropriate clinical examination in a patient undergoing General Surgery	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS3.4	Choose and interpret appropriate testing for patients undergoing Surgery	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS3.5	Determine the readiness for General Surgery in a patient based on the preoperative evaluation	S	SH	Y	DOAP session, Bedside clinic	Skill station			General Surgery, General Medicine
AS3.6	Choose and write a prescription for appropriate premedications for patients undergoing surgery	S	SH	Y	DOAP session, Bedside clinic	Skill station		Pharmacology	
Topic: General Anaesthesia		**Number of competencies: (07)**				**Number of procedures that require certification : (NIL)**			
AS4.1	Describe and discuss the pharmacology of drugs used in induction and maintenance of general anaesthesia (including intravenous and inhalation induction agents, opiate and non-opiate analgesics, depolarising and non depolarising muscle relaxants, anticholinesterases)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
AS4.2	Describe the anatomy of the airway and its implications for general anaesthesia	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
AS4.3	Observe and describe the principles and the practical aspects of induction and maintenance of anesthesia	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
AS4.4	Observe and describe the principles and the steps/ techniques in maintenance of vital organ functions in patients undergoing surgical procedures	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS4.5	Observe and describe the principles and the steps/ techniques in monitoring patients during anaesthesia	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS4.6	Observe and describe the principles and the steps/ techniques involved in day care anesthesia	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS4.7	Observe and describe the principles and the steps/ techniques involved in anaesthesia outside the operating room	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
Topic: Regional anaesthesia		**Number of competencies: (06)**				**Number of procedures that require certification: (NIL)**			
AS5.1	Enumerate the indications for and describe the principles of regional anaesthesia (including spinal, epidural and combined)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
AS5.2	Describe the correlative anatomy of the brachial plexus, subarachnoid and epidural spaces	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	
AS5.3	Observe and describe the principles and steps/ techniques involved in peripheral nerve blocks	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Human Anatomy	
AS5.4	Observe and describe the pharmacology and correct use of commonly used drugs and adjuvant agents in regional anesthesia	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
AS5.5	Observe and describe the principles and steps/ techniques involved in caudal epidural in adults and children	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS5.6	Observe and describe the principles and steps/ techniques involved in common blocks used in surgery (including brachial plexus blocks)	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Surgery
Topic: Post-anaesthesia recovery		**Number of competencies: (03)**				**Number of procedures that require certification: (NIL)**			
AS6.1	Describe the principles of monitoring and resuscitation in the recovery room	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS6.2	Observe and enumerate the contents of the crash cart and describe the equipment used in the recovery room	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS6.3	Describe the common complications encountered by patients in the recovery room, their recognition and principles of management	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Surgery
Topic: Intensive Care Management		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
AS7.1	Visit, enumerate and describe the functions of an Intensive Care Unit	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS7.2	Enumerate and describe the criteria for admission and discharge of a patient to an ICU	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Medicine
AS7.3	Observe and describe the management of an unconscious patient	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Physiology	General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
AS7.4	Observe and describe the basic setup process of a ventilator	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Physiology	General Medicine
AS7.5	Observe and describe the principles of monitoring in an ICU	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Medicine
Topic: Pain and its management		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
AS8.1	Describe the anatomical correlates and physiologic principles of pain	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Human Anatomy, Physiology	
AS8.2	Elicit and determine the level, quality and quantity of pain and its tolerance in patient or surrogate	S	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Physiology	
AS8.3	Describe the pharmacology and use of drugs in the management of pain	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	
AS8.4	Describe the principles of pain management in palliative care	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	General Medicine
AS8.5	Describe the principles of pain management in the terminally ill	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	General Medicine
Topic: Fluids		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
AS9.1	Establish intravenous access in a simulated environment	S	KH	Y	Small group discussion, DOAP session	Skill assessment			
AS9.2	Establish central venous access in a simulated environment	S	KH	Y	Small group discussion, DOAP session	Skill assessment			
AS9.3	Describe the principles of fluid therapy in the preoperative period	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			General Surgery
AS9.4	Enumerate blood products and describe the use of blood products in the preoperative period	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pathology	General Surgery
Topic: Patient safety		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
AS10.1	Enumerate the hazards of incorrect patient positioning	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS10.2	Enumerate the hazards encountered in the perioperative period and steps/techniques taken to prevent them	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce			
AS10.3	Describe the role of communication in patient safety	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		AETCOM	General Surgery
AS10.4	Define and describe common medical and medication errors in anaesthesia	K	KH	Y	Lecture, Small group discussion, DOAP session	Written/ Viva voce		Pharmacology	General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Physiology								
PY3.4	Describe the structure of neuro-muscular junction and transmission of impulses	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Anaesthesiology	
PY3.5	Discuss the action of neuro-muscular blocking agents	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Anaesthesiology Pharmacology	
PY11.14	Demonstrate Basic Life Support in a simulated environment	S	SH	Y	DOAP sessions	OSCE		General Medicine Anaesthesiology	
	Pharmacology								
PH1.15	Describe mechanism/s of action, types, doses, side effects, indications and contraindications of skeletal muscle relaxants	K	KH	Y	Lecture	Written/ Viva voce		Anesthesiology, Physiology	
PH1.17	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of local anaesthetics	K	KH	Y	Lecture	Written/ Viva voce		Anesthesiology	
PH1.18	Describe the mechanism/s of action, types, doses, side effects, indications and contraindications of general anaesthetics, and pre-anaesthetic medications	K	KH	Y	Lecture	Written/ Viva voce		Anesthesiology	
	Forensic Medicine & Toxicology								

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
FM2.19	Investigation of anaesthetic, operative deaths: Describe and discuss special protocols for conduction of autopsy and for collection, preservation and dispatch of related material evidences	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Anesthesiology, General Surgery	
General Medicine									
IM13.17	Describe and enumerate the indications, use, side effects of narcotics in pain alleviation in patients with cancer	K	KB	Y	Bedside clinic, small group discussion	short note/ Viva voce		Pharmacology	Anesthesiology
IM24.11	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of the elderly undergoing surgery	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anesthesiology General Surgery
General Surgery									
SU11.1	Describe principles of Preoperative assessment.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anesthesiology
SU11.2	Enumerate the principles of general, regional, and local Anaesthesia.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anesthesiology
SU11.3	Demonstrate maintenance of an airway in a mannequin or equivalent	S	SH	Y	DOAP session	Skill Assessment			Anesthesiology
SU11.5	Describe principles of providing post-operative pain relief and management of chronic pain.	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Anesthesiology
SU17.2	Demonstrate the steps in Basic Life Support. Transport of injured patient in a simulated environment	S	SH	Y	DOAP session	Skill assessment			Anesthesiology

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal integration
SU17.10	Demonstrate Airway maintenance and recognize and management of tension pneumothorax, hemothorax and flail chest in simulated environment	S	SH	Y	DOAP session	Skill Assessment/ Log book			Anesthesiology
Orthopaedics									
OR1.1	Describe and discuss the Principles of Pre hospital care and Casuality management of a trauma victim including principles of triage,	K/S/A/C	K, KH	Y	Lecture with video, Small group Discussion	Written/ Viva voce/ OSCE/ Simulation			General Surgery Anaesthesiology
OR13.2	Participate as a member in team for Resuscitation of Polytrauma victim by doing all of the following : (a) IV. access central - peripheral (b) Bladder catheterization (c) Endotracheal intubation (d) Splintage	S/A	KH / SH	Y	Case discussion, Video assisted Lecture, Small group discussion, Teaching, Skill lab sessions	OSCE with Simulation based assessment			Anaesthesiology

RADIODIAGNOSIS (CODE: RD)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
RADIODIAGNOSIS									
Topic: Radiological investigations and Radiation safety		**Number of competencies: (13)**			**Number of procedures that require certification: (NIL)**				
RD1.1	Define radiation and the interaction of radiation and importance of radiation protection	K	KH	Y	Lecture, Demonstration				
RD1.2	Describe the evolution of Radiodiagnosis. Identify various radiological equipments In the current era	S	SH	Y	Lecture, Demonstration				
RD1.3	Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to disorder of ENT	K/S	SH	Y	Lecture, Demonstration				
RD1.4	Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to disorder in Ob & Gy	K/S	SH	Y	Lecture, Demonstration				
RD1.5	Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to disorder in internal medicine	K/S	SH	Y	Lecture, Demonstration				
RD1.6	Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to disorderls in surgery	K/S	SH	Y	Lecture, Demonstration				
RD1.7	Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to disorder in Pediatrics	K/S	SH	Y	Lecture, Demonstration				

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
RD1.8	Enumerate indications for various common radiological investigations, choose the most appropriate and cost effective method and interpret findings in common conditions pertaining to common malignancies	K/S	SH	Y	Lecture, Demonstration				
RD1.9	Describe the role of Interventional Radiology in common clinical conditions	K	KH	Y	Lecture, Demonstration				
RD1.10	Describe the role of Emergency Radiology, miscellaneous & applied aspects, interaction with clinical departments	K	KH	Y	Lecture, Demonstration				
RD1.11	Describe preparation of patient for common imaging procedures	K	KH	Y	Lecture, Demonstration				
RD1.12	Describe the effects of radiation in pregnancy and the methods of prevention/ minimization of radiation exposure	K	KH	Y	Lecture, Demonstration				
RD1.13	Describe the components of the PC & PNDT Act and its medicolegal implications	K	KH	Y	Lecture, Small group discussion			Obstetrics & Gynaecology, Forensic Medicine & Toxicology	
	Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. **Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,** **Column F: DOAP session – Demonstrate, Observe, Assess, Perform.** **Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation**								
Integration									
	Human Anatomy								
AN13.4	Identify the bones and joints of upper limb seen in anteroposterior and lateral view radiographs of shoulder region, arm, elbow, forearm and hand	K/S	SH	Y	Practical, Small group discussion, DOAP session	Viva voce/ Skill assessment		Radiodiagnosis	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN20.6	Identify the bones and joints of lower limb seen in anteroposterior and lateral view radiographs of various regions of lower limb	K/S	SH	Y	Lecture, Small group discussion, DOAP session	Viva voce/ Skill assessment		Radiodiagnosis	
AN25.7	Identify structures seen on a plain x-ray chest (PA view)	K/S	SH	Y	Practical, DOAP session	Written/ Viva voce		Radiodiagnosis, General Medicine	
AN25.8	Identify and describe in brief a barium swallow	K/S	SH	N	Practical, DOAP session	Written/ Viva voce		Radiodiagnosis, General Medicine	
AN43.7	Identify the anatomical structures in 1) Plain x ray skull, 2) AP view and lateral view 3) Plain x ray cervical spine - AP and lateral view 4) Plain x ray of paranasal sinuses	K/S	SH	Y	Practical	Viva voce/ Skill assessment		Radiodiagnosis	
AN43.8	Describe the anatomical route used for carotid angiogram and vertebral angiogram	K/S	SH	N	Practical	Viva voce/ Skill assessment		Radiodiagnosis	
AN43.9	Identify anatomical structures in carotid angiogram and vertebral angiogram	K/S	SH	N	Practical	Viva voce/ Skill assessment		Radiodiagnosis	
AN51.1	Describe & identify the cross-section at the level of T8, T10 and L1 (transpyloric plane)	K/S	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		Radiodiagnosis	
AN51.2	Describe & identify the midsagittal section of male and female pelvis	K	SH	Y	Practical, Lecture, Small group discussion, DOAP session	Written/ Viva voce/ Skill assessment		Radiodiagnosis	
AN541.	Describe & identify features of plain X ray abdomen	K/S	SH	Y	Lecture, DOAP session	Viva voce/ Skill assessment		Radiodiagnosis	
AN54.2	Describe & identify the special radiographs of abdominopelvic region (contrast X ray Barium swallow, Barium meal, Barium enema, Cholecystography, Intravenous pyelography &Hysterosalpingography)	K/S	SH	Y	Lecture, DOAP session	Viva voce/ Skill assessment		Radiodiagnosis	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
AN54.3	Describe role of ERCP, CT abdomen, MRI, Arteriography in radiodiagnosis of abdomen	K	KH	N	Lecture	Viva voce		Radiodiagnosis	
Forensic Medicine & Toxicology									
FM1.9	Describe the importance of documentation in medical practice in regard to medicolegal examinations, Medical Certificates and medicolegal reports especially: – maintenance of patient case records, discharge summary, prescribed registers to be maintained in Health Centres. -- maintenance of medico-legal register like accident register. -- documents of issuance of wound certificate -- documents of issuance of drunkenness certificate. -- documents of issuance of sickness and fitness certificate. -- documents for issuance of death certificate. -- documents of Medical Certification of Cause of Death - Form Number4 and 4A -- documents for estimation of age by physical, dental and radiological examination and issuance of certificate	K	KH	Y	Lecture/ Small group discussion	Written/ Viva voce		Radiodiagnosis, General Surgery, General Medicine, Pediatrics	
General Medicine									
IM1.19	Enumerate the indications for and describe the findings of heart failure with the following conditions including: 2D echocardiography, brain natriuretic peptide, exercise testing, nuclear medicine testing and coronary angiogram	S	KH	N	Lecture, Small group discussion, Bedside clinic	Skill assessment		Radiodiagnosis	
IM3.7	Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Radiodiagnosis, Microbiology	
IM3.11	Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialised testing	S	SH	Y	Bedside clinic, DOAP session	Skill assessment		Radiodiagnosis, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
IM5.13	Enumerate the indications for ultrasound and other imaging studies including MRCP and ERCP and describe the findings in liver disease	K	K	Y	Bedside clinic,Small group discussion	Viva voce/ Written		Radiodiagnosis	General Surgery
IM6.12	Enumerate the indications and describe the findings for CT of the chest and brain and MRI	K	K	N	Small group discussion, Lecture, Bedside clinic	Written/ Viva voce		Radiodiagnosis	
IM7.18	Enumerate the indications and interpret plain radiographs of joints	K	SH	Y	Bedside clinic, Small group discussion	Skill assessment/ Written		Radiodiagnosis	Orthopedics
IM10.19	Enumerate the indications and describe the findings in renal ultrasound	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Radiodiagnosis	
IM13.12	Describe the indications and interpret the results of Chest X Ray, mammogram, skin and tissue biopsies and tumor markers used in common cancers	K	KH	Y	Bedside clinic, Small group discussion	Short note/ Viva voce		Radiodiagnosis	
IM18.9	Choose and interpret the appropriate diagnostic and imaging test that will delineate the anatomy and underlying cause of the lesion	S	KH	Y	Bedside clinic, DOAP session, Small group discussion	Written/ Viva voce/ Skill assessment		Radiodiagnosis	
IM19.7	Choose and interpret diagnostic and imaging tests in the diagnosis of movement disorders	S	SH	Y	Bedside clinic, Small group discussion	Skill assessment/ Small group session/ Written/ Viva voce		Radiodiagnosis	
Obstetrics & Gynaecology									
OG9.4	Discuss the clinical features, laboratory investigations ultrasonography, differential diagnosis, principles of management and follow up of gestational trophoblastic neoplasms	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Radiodiagnosis
Pediatrics									
PE21.12	Interpret report of Plain radiograph of KUB	S	SH	Y	Bedside clinics, Skills lab	Log book		Radiodiagnosis	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
PE21.13	Enumerate the indications for and Interpret the written report of Ultra sonogram of KUB	S	SH	Y	Bedside clinics, Skills lab	Log book		Radiodiagnosis	
PE23.13	Interpret a chest radiograph and recognize Cardiomegaly	S	SH	Y	Bedside clinics, Skills lab	Log book entry		Radiodiagnosis	
PE23.16	Use the ECHO reports in management of cases	S	SH	Y	Bedside clinics	Log book entry		Radiodiagnosis	
PE28.17	Interpret X-ray of the paranasal sinuses and mastoid; and /or use written report in case of management Interpret CXR in foreign body aspiration and lower respiratory tract infection, understand the significance of thymic shadow in Pediatric chest X-rays	S	P	Y	Bedside clinics, Small group discussion	Skills Assessment	3	ENT, Radiodiagnosis	
PE30.23	Interpret the reports of EEG, CT, MRI	S	SH	Y	Bedside clinics, Skill lab	Log book		Radiodiagnosis	
PE34.8	Interpret a Chest radiograph	S	SH	Y	Bedside clinics, Skill lab	Skill assessment		Radiodiagnosis	Respiratory Medicine
General Surgery									
SU25.3	Describe the etiopathogenesis, clinical features, Investigations and principles of treatment of benign and malignant tumours of breast.	K	KH	Y	Lecture, Small group discussion, Demonstration	Written/ Viva voce Skill assessment		Radiodiagnosis	

RADIOTHERAPY (CODE: RT)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested teaching learning method	Suggested assessment method	Number required to certify P	Vertical integration	Horizontal integration
RADIOTHERAPY									
Topic: Principles of Radiation Oncology (Radiotherapy)		**Number of competencies: (03)**				**Number of procedures that require certification : (NIL)**			
RT1.1	Describe and discuss definition of radiation, mechanism of action of radiation, types of radiation	K	KH	Y	Lecture	Written/ Viva voce			General Surgery, Anaesthesiology
RT1.2	Describe and discuss interaction of radiation with matter & measurement of radiation	K	KH	Y	Lecture	Written/ Viva voce			
RT1.3	Enumerate, describe and discuss classification and staging of cancer (AJCC, FIGO etc.)	K	KH	Y	Lecture	Written/ Viva voce		Pathology	General Surgery, General Medicine
Topic: Radiation Protection		**Number of competencies: (01)**				**Number of procedures that require certification : (NIL)**			
RT2.1	Describe and discuss radiation protection and personnel monitoring during radiation treatment	K	KH	Y	Lecture	Written/ Viva voce			
Topic: Radiobiology & Chemoradiation		**Number of competencies: (02)**				**Number of procedures that require certification : (NIL)**			
RT3.1	Describe and discuss cell cycle and cell survival curve, principles of radiobiology	K	KH	Y	Lecture	Written/ Viva voce			
RT3.2	Describe and discuss synergism of radiation and chemotherapy	K	KH	Y	Lecture	Written/ Viva voce			
Topic: Radiation Treatment Delivery & outcome		**Number of competencies: (09)**				**Number of procedures that require certification : (NIL)**			
RT4.1	Describe and discuss teletherapy machine (Co60/LINAC)	K	KH	Y	DOAP session	Written/ Viva voce			
RT4.2	Enumerate, describe and discuss types of treatment plan, basic workflow of 2D/3DCRT/IMRT/IGRT	K	KH	Y	DOAP session	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested teaching learning method	Suggested assessment method	Number required to certify P	Vertical integration	Horizontal integration
RT4.3	Describe and discuss Brachytherapy machine (remote after loading)	K	KH	Y	DOAP session	Written/ Viva voce			
RT4.4	Describe and discuss different radioactive isotopes and their use in cancer patients	K	KH	Y	Lecture	Written/ Viva voce			
RT4.5	Describe and discuss role of radiation in management of common malignancies in India (region specific)	K	KH	Y	Lecture and Bed side clinics	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.6	Describe and discuss radiotherapy for benign disease	K	KH	Y	Lecture	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.7	Counsel patients regarding acute and late effects of radiation and supportive care	K/A/S	KH	Y	Bed side clinic, group discussion	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology
RT4.8	Describe oncological emergencies and palliative care	K/A/S	K/KH	Y	Lecture, group discussion	Written/ Viva voce			General Surgery, Obstetrics & Gynaecology
RT4.9	Display empathy in the care of patients with cancer	A	SH	N				AETCOM	
Topic: Cancer Prevention & Registries		**Number of competencies: (01)**				**Number of procedures that require certification : (NIL)**			
RT5.1	Describe and discuss cancer prevention, screening, vaccination, cancer registry	K	K	Y	Group discussion	Written/ Viva voce		Pathology	General Surgery, Obstetrics & Gynaecology

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Column D: K – Knows, KH - Knows How, SH- Shows how, P- performs independently,
Column F: DOAP session – Demonstrate, Observe, Assess, Perform.
Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation

Integration

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested teaching learning method	Suggested assessment method	Number required to certify P	Vertical integration	Horizontal integration
Orthopaedics									
OR10.1	Describe and discuss the aetiopathogenesis, Clinical features, Investigations and principles of management of benign and malignant bone tumours and pathological fractures	K	K/KH	Y	Lecture, Small group discussion, Video assisted interactive lecture	Written/ Viva voce/ OSCE		Pathology	General Surgery, Radiotherapy

DENTISTRY (CODE: DE)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DENTISTRY									
Topic: Dental Caries		**Number of competencies: (05)**				**Number of procedures that require certification (NIL)**			
DE1.1	Enumerate the parts of the tooth	K	K	N	Lecture, Small group discussion	Viva voce		Human Anatomy	
DE1.2	Discuss the role of causative microorganisms in the aetio-pathogenesis of dental caries	K	KH	Y	Lecture, Small group discussion	Viva voce		Microbiology	
DE1.3	Identify Dental caries	S	SH	N	Observation, Bed side clinics	Skill assessment			
DE1.4	Discuss the role of dental caries as a focus of sepsis	K	KH	Y	Lecture, Small group discussion	Viva voce		Microbiology, General Medicine	
DE1.5	Counsel patients with respect to oral hygiene, diet and the direct bearing on systemic health	A/C	SH	Y	DOAP session	Document in Log book			
Topic: Edentulous state		**Number of competencies: (05)**				**Number of procedures that require certification (NIL)**			
DE2.1	Discuss the various causes for partial /complete loss of teeth and associated structures	K	K	N	Lecture, Small group discussion	Viva voce			
DE2.2	Discuss the local and systemic sequelae of the above	K	KH	Y	Lecture, Small group discussion	Viva voce			
DE2.3	Identify complete complement of teeth and identify missing teeth	S	SH	N	Observation, Bed side clinics	Skill assessment			
DE2.4	Enumerate common ways of restoring the edentulous state	K	KH	Y	Lecture, Small group discussion	Viva voce			
DE2.5	Counsel patients on the importance of restoring missing teeth/tissues with respect to the benefits on oral and systemic health.	A/C	SH	Y	DOAP session	Document in Log book			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
Topic: Malocclusion		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
DE3.1	Aware of malocclusion and the tissues that cause it	K	K	N	Lecture, Small group discussion	Viva voce			
DE3.2	Enumerate the impact of malocclusion on aesthetics, health	K	KH	Y	Lecture, Small group discussion	Viva voce			
DE3.3	Identify malocclusion	S	SH	N	Observation, Bedside clinics	Skill assessment			
DE3.4	Counsel patients with respect to correction of malocclusion and the role it might have on oral health specifically on the TMJ	A/C	SH	Y	DOAP session	Document in Log book			
Topic: Oral cancer		**Number of competencies: (04)**				**Number of procedures that require certification: (NIL)**			
DE4.1	Discuss the prevalence of oral cancer and enumerate the common types of cancer that can affect tissues of the oral cavity	K	K	N	Lecture, Small group discussion	Viva voce		Pathology	ENT
DE4.2	Discuss the role of etiological factors in the formation of precancerous /cancerous lesions	K	KH	Y	Lecture, Small group discussion	Viva voce		Pathology	ENT
DE4.3	Identify potential pre-cancerous /cancerous lesions	S	SH	N	Observation, Bed side clinics	Skill assessment		Pathology	ENT
DE4.4	Counsel patients to risks of oral cancer with respect to tobacco, smoking, alcohol and other causative factors.	A/C	SH	Y	DOAP session	Document in Log book		Pathology	ENT
Topic: Periodontal disease		**Number of competencies: (05)**				**Number of procedures that require certification: (NIL)**			
DE5.1	Enumerate the parts of the tooth and supporting structures	K	K	N	Lecture, Small group discussion	Viva voce		Human Anatomy	
DE5.2	Enumerate the common diseases that affect the periodontium and identify local and systemic causative factors	K	KH	Y	Lecture, Small group discussion	Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
DE5.3	Identify Periodontal disease	S	SH	N	Observation, Bedside clinics	Skill assessment			
DE5.4	Discuss the role of Periodontal disease as a focus of sepsis	K	KH	Y	Lecture, Small group discussion	Viva voce			
DE5.5	Counsel patients with respect to oral hygiene, diet and the direct bearing on systemic health and vice versa	A/C	SH	Y	DOAP session	Document in Log book			

Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication.
Column D: K – Knows, KH - Knows How, SH - Shows how, P- performs independently,
Column F: DOAP session – Demonstrate, Observe, Assess, Perform.
Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation

Integration									
					Pathology				
PA24.1	Describe the etiology, pathogenesis, pathology and clinical features of oral cancers	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Dentistry	

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ROLL OUT PLAN OF COMPETENCY BASED UG CURRICULUM

Milestone	Dates of Workshop	Location of workshop
First CISP at MCI for Conveners & Co-Conveners of Regional & Nodal Centres at Kerala, Tamil Nadu, Puducherry, Karnataka, Andhra Pradesh, Madhya Pradesh & UP	January 16-17, 2019	Medical Council of India
Second CISP at MCI for Conveners & Co-Conveners of Regional & Nodal Centres at Maharashtra, Odisha, Punjab, Assam, Uttarakhand & Gujarat	January 23-24, 2019	Medical Council of India
CISP training program for in-house faculty of department of Medical Education at Nodal & Regional Centres	To be completed by February 7, 2019	Nodal & Regional Centre ME Departments
CISP training program for Curriculum Committee members of colleges allotted to each Nodal & Regional Centre	From second week of February, 2019 to end of April, 2019	Nodal & Regional Centre ME Departments
CISP workshops to train medical college faculty supervised by Observer from respective Nodal & Regional Centres	May 2019 (or even earlier as per schedule fixed by medical colleges in consultation with corresponding Nodal or Regional centres) – a continuing process until all college faculty are trained.	Medical colleges
Submission of first compliance report	March, 2019 for in-house workshops	Nodal & Regional centre faculty in charge of CISP
Submission of second compliance report	March 2019 – May 2019	Nodal & Regional centre faculty- in - charge of CISP
Submission of third compliance report	May 2019 onwards	By Observer to the workshop through Nodal & Regional centre faculty- in - charge of CISP
Completion of skill labs and other requisite infrastructure	March 2019 to December 2019	Dean of institution

Medical Council of India

A E T C O M

ATTITUDE, ETHICS & COMMUNICATION

Communication

Reliability

Patient centered

Professionalism

Personal growth

Leadership

Respect

Teamwork

Accountability

Responsiveness

Lifelong learning

Attitude

System based learning

Responsibility

Social Commitment

Values

Knowledge	Skills	Attitudes	Values	Responsiveness	Communication

2018

Attitude, Ethics and Communication

(AETCOM)

Competencies for the

Indian Medical Graduate

2018

Medical Council of India

Pocket-14, Sector-8, Dwarka,

New Delhi 110 077

F O R E W O R D

Medical education has its deep rooted relevance with reference to creation of trained health manpower in the country capable of shouldering the onus and responsibility ensuring an effective health care delivery system. It is the prime concern upper most in the minds of all concerned as to whether the said dispensation is mitigated adequately or otherwise? Attainment on this count in my opinion is a ‘minimum must’ and therefore all ‘initiatives’ with concrete cause are warranted towards realistic and meaningful actualization of the same.

The crystallization of objectives ensuring corresponding curriculum with appropriate teaching learning strategies, tools, techniques and technology and commensurate mode of assessment are the parts of the core model for providing quality based undergraduate medical education.

It gives me great satisfaction that the ‘competency based curriculum’ that has been proposed by the Medical Council of India would definitely serve a larger cause in the domain of ‘quality centricity’.

The “Conative domain” which hitherto was not appropriately incorporated and structured in the curriculum has been specifically dispensed of by providing a definitive model for the same titled AETCOM “Attitude, Ethics and Communication Model”.

Structuring them into competencies, placing them appropriately in the curriculum design ensuring its incorporation through desired teaching and learning would definitely ensure enrichment of the learner with desired communicative and

altruistic skills with proper orientation pertaining to ethics, professionalism, leadership skills and also the attribute that shall inculcate in him/her the essence of lifelong learning.

This definitely would go a long way in creating an 'Indian Medical Graduate' to realistically turn out to be an 'International Medical Graduate' capable of catering to the cause and requirement of health care delivery across the boundaries all over the Globe.

I record my appreciation for Dr. Ved Prakash Mishra, Chairman, Academic Committee and his team for venturing into the said much desired exercise and giving it the required shape out of committed painstaking labour. I am sure that this is going to change the 'shape' and 'face' of undergraduate medical education to make it timely relevant, purposive, need based, consequential and impactful.

(Dr. Jayshree Mehta)

Dr. Vedprakash Mishra
Chairman
Academic Committee
Medical Council of India

Date : 15.09.2017

FOREWORD

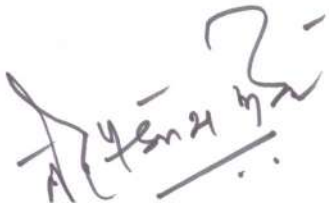
Health Professions and practice is a complex interplay of Knowledge, Clinical Skills & Acumen, Communication, Attitude, Inter- Professional behavior and is largely dependent on strong Ethical values. India, as one of the major stakeholders towards contribution of world's health care, offers a major share of health professionals across the globe. Hence; more so than ever; it needs a curriculum which is better aligned with Health professional attributes that are locally relevant and globally adaptive. This realization; though has struck every health professional of our country; the efforts to effectively deal with the issue was sparsely articulated in its entirety. Teaching and learning of medical ethics, behavioral science, communication skills, and managerial skills have not received due attention in the existing medical curriculum. The proposed AETCOM module is a manifestation of this realization that endeavors to strike a balance between the five identified roles of an 'Indian Medical Graduate (IMG)' viz; Clinician, Leader & Member of health care team, Communicator, Life- long learner and Professional; right from the 1st professional year of training.

The entire concept of AETCOM module lies on the fundamental principle that changing a person's attitude can change his or her behavior. The Cognitive components of attitudes are more fundamental and constant over time and more closely connected to basic values. Behavioural attitudes are manifestations of underlying cognitive and affective attitudes. Ethical dimensions play a crucial role in behavioral evolution and the basic building block of good communication is the feeling that every human being is unique and of value.

There are many new key areas recommended in the AETCOM module that are identified for implementation across the entire duration of the course. It is hoped that

the successful implementation of the AETCOM modules will be forerunner of the transition to competency based undergraduate medical education program envisaged by the Medical Council of India. This booklet and other electronic resources provide background concept, session guidelines and other resources for these sessions that will be useful for all faculty involved in conducting these sessions. These are conceptual frameworks only and Institutions and faculty are at liberty to make modifications while implementing the same at their own settings.

It is genuinely expected that this module plays a vital role in providing a coherent picture of how Attitude, Communication and Bioethics can be integrated within medical curriculum and also inspire medical teachers to make it more meaningful and consequential. The effort is surely a new vista to Medical education making it more comprehensive and relevant to health needs of the society.



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Pro-Chancellor, Datta Meghe Institute of Medical Sciences (Deemed University), Nagpur
Honorary Director, Centre for Health Sciences Education Policy and Planning, DMIMS(DU), Nagpur

DR. (MRS.) REENA NAYYAR
SECRETARY I/C

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FOREWORD

Medical education today has recognized the need to teach and evaluate professionalism as a formal concept due to increasing concerns about physicians' conflict of interest with patients and relatives and possible loss of licensure. The need of the hour is to train medical professionals in this important area of clinical practice but is often ignored. The diagnostic capability of a doctor is greatly enhanced if the doctor is able to effectively communicate with the patient and his/her relatives decreasing frustration of the doctor and patient or relatives. It has been aptly stated that "Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship" (Hall, Roter & Rand, 1981).

Having recognized the pivotal role of effective interpersonal communication between doctor and patient in clinical training and practice, the Medical Council of India has embarked on an ambitious and robust Faculty Development Programme in which medical college teachers are trained to acquire theoretical and practical skills in teaching. The Council has also revised and remodeled the Graduate Medical Education Regulations, 1997 with emphasis on curricular reforms. Teaching curricula in various disciplines would be based on a competency based format with emphasis on domains of attitude, ethics and communication, as envisaged in the AETCOM (Attitude, Ethics and Communication) module.

The AETCOM (Attitude, Ethics and Communication) module was prepared by the Academic Cell of the Council under the inspiring leadership of Dr. Ved Prakash Mishra, Chairman, Academic Committee and ably supported by Dr. M. Rajalakshmi, Academic Cell and the members of the Reconciliation Board headed by Dr. Avinash Supe to guide medical institutions and faculty to acquire the much needed competencies in the attitude, ethics and communication domains. I am extremely grateful to all of them for their painstaking efforts in giving shape to such a well structured document and congratulate them for the same. I am sure effective implementation of the revised Graduate Medical Education Regulations would go a long way in improving the standards of medical education in the country.

Dr. Reena Nayyar

Attitude, Ethics & Communication (AETCOM) competencies

CONTENTS

PREFACE

The Medical Council of India has prepared revised Graduate Medical Education Regulations 2017 and competency based UG curricula, accompanied by guidance for its implementation. In response to this, every medical college needs to develop the capacity to adapt to the requirements of the new guidelines. Earlier experience with implementation of curricular changes suggests that a carefully managed, sustainable approach is necessary to ensure that every college has access to these new skills and knowledge. Faculty development has been seen to play a key role in the implementation and sustenance of any curricular reforms.

The Medical Council of India has decided to implement Attitude, Ethics and Communication module (AETCOM) in all medical schools across the country over the next two years. It is against this backdrop that the AETCOM module is prepared along with facilitators guide. This activity has been supported wholeheartedly by the President of Medical Council of India, Dr. Jayshree Mehta and under the inspiring guidance of Dr. Ved Prakash Mishra, Chairman, Academic Committee and whole hearted support of Dr. Reena Nayyar, Secretary-in-charge, Medical Council of India. There are many new key areas recommended in the AETCOM module that were identified for implementation across the entire duration of the course. It is hoped that the successful implementation of the AETCOM module would be the forerunner of the transition to competency based undergraduate medical education program envisaged by the Medical Council of India.

This booklet and other electronic resources provide background concept, session guidelines and other resources for these sessions. These will be useful for all faculty involved in conducting these sessions. These are conceptual frameworks only and institutions and faculty are at liberty to make modifications while implementing the same at their own settings.

It is proposed that the existing network of MCI Nodal and Regional Centers and Medical Education Units of all medical colleges will be the torchbearers of this transformational change. We hope that such a change will significantly impact the quality of community health and patient care in our country.

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Attitude, Ethics and Communication (AETCOM) Competencies

for the

Indian Medical Graduate

Preamble/Concept

The overall goal of undergraduate medical education program as envisaged in the revised Graduate Medical Education Regulations - 2017 is to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. In order to fulfill this goal, the IMG must be able to function appropriately, ethically and effectively in her/his roles as clinician, leader and member of the health care team and system, communicator, lifelong learner and as a professional. In order to effectively fulfill the above mentioned roles, the IMG must obtain a set of competencies at the time of graduation. In order to ensure that training is in alignment with the goals and competencies, Medical Council of India has proposed new teaching learning approaches including a structured longitudinal programme on attitude, ethics and communication.

Role modelling and mentoring associated with classical approach to professional apprenticeship has long been a powerful tool. This approach alone is no longer sufficient for the development of a medical professional. The domains of attitude and communications with emphasis on ethics therefore need to be taught directly and explicitly throughout the undergraduate curriculum. The two major aspects of teaching professionalism include explicit teaching of cognitive base and stage appropriate opportunities for experiential learning and reflection throughout the curriculum.

AETCOM module has been prepared as a guide to facilitate institutions and faculty in implementing a longitudinal program that will help students acquire necessary competence in the attitudinal, ethical and communication domains. It offers framework of competencies that students must achieve. It also offers approaches to teaching learning methods. However, it is a suggested format and institutions can develop their own approaches to impart these competencies.

How to use this document

This document is a guide to facilitate institutions and faculty in implementing a longitudinal program that will help students acquire necessary competence in the attitude, ethics and communication domains. The purpose of this program is to allow the graduate to function in roles envisaged in the revised Graduate Medical Education Regulations, 2017 (GMR 2017). The revised GMR 2017 document creates roles for the graduate that goes beyond the traditional knowledge and skill components. In particular, it adds four roles – leader and member of the health care team, communicator, life-long learner and professional - which call for learning and skills not addressed by the traditional syllabi.

The document is divided into the following:

1. **Section I:** contains an extract of the goals, roles and universal competencies as envisaged in the GMR 2017 document. This is the base document upon which all learning in the undergraduate years must be based and lists the final competencies that all students must achieve.
2. **Section II:** contains suggested teaching modules for each professional year including resources cases and methods to teach.
3. **Section III:** contains a list of additional non-core competencies that form a desirable set of learning.
4. **Section IV**: is a competency log that contains a list of skills that may be acquired prior to graduation. These skills are best imparted in a simulated setting (usually involving standardized patients). They are also best done progressing in complexity over time. For example, a skill on communicating treatment options may be acquired at different levels of complexities spread over phases before finally being certified.
5. **Section V:** contains formative elements that are observable by tutors/mentors/guides and marked over time with appropriate feedback in a non-punitive fashion.
6. **Appendix 1**: consists of the entire set of competencies as approved by the Academic Committee of the Medical Council of India.
7. **Appendix 2**: provides a modified communication skill rating tool adapted from the Kalamazoo consensus.

Definitions

1. **Goal:** A projected state of affairs that a person or system plans to achieve.

   In other words: Where do you want to go? or What do you want to become?

2. **Competency:** The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.

   In other words: What should you have? or What should have changed?

3. **Objective:** Statement of what a learner should be able to do at the end of a specific learning experience.

   In other words: What the Indian Medical Graduate should know, do, or behave.

Action Verbs used in this document

Knowledge	Skill	Attitude/communicate
Enumerate	Identify	Counsel
List	Demonstrate	Inform
Describe	Perform under supervision	Demonstrate understanding of
Discuss	Perform independently	
Differentiate	Document	
Define	Present	
Classify	Record	
Choose	Interpret	
Elicit		
Report		

Note:

1. Specified essential competencies only will be required to be performed independently at the end of the final year MBBS.
2. The word ‘perform’ or ‘do’ is used ONLY if the task has to be done on patients or in laboratory practicals in the pre/para- clinical phases.
3. Most tasks that require performance during undergraduate years will be performed under supervision.
4. If a certification to perform independently has been done, then the number of times the task has to be performed under supervision will be indicated in the last column.

Explanation of terms used in this document

Lecture	Any instructional large group method including traditional lecture and interactive lecture
Small group discussion	Any instructional method involving small groups of students in an appropriate learning context
DOAP (Demonstration-Observation - Assistance - Performance)	A practical session that allows the student to observe a demonstration, assist the performer, perform in a simulated environment, perform under supervision or perform independently
Skill assessment	A session that assesses the skill of the student including those in the practical laboratory, skills lab, skills station that uses mannequins/ paper case/simulated patients/real patients as the context demands
Core	A competency that is necessary in order to complete the requirements of the subject (traditional must know)
Non-Core	A competency that is optional in order to complete the requirements of the subject (traditional nice (good) to know/ desirable to know)
National Guidelines	Health programs as relevant to the competency that are part of the National Health Program

Domains of learning

K	Knowledge
S	Skill
A	Attitude
C	Communication

Levels of competency

K	Knows	A knowledge attribute - Usually enumerates or describes
KH	Knows how	A higher level of knowledge - is able to discuss or analyse
S	Shows	A skill attribute: is able to identify or demonstrate the steps
SH	Shows how	A skill attribute: is able to interpret/ demonstrate a complex procedure requiring thought, knowledge and behavior
P	Performs (under supervision or independently)	Mastery for the level of competence - When done independently under supervision a pre-specified number of times - certification or capacity to perform independently results

Note:

In the table of competency - the highest level of competency acquired is specified and implies that the lower levels have been acquired already. Therefore, when a student is able to SH - Show how - an informed consent is obtained - it is presumed that the preceding steps - the knowledge, the analytical skills, the skill of communicating have all been obtained.

It may also be noted that attainment of the highest level of competency may be obtained through steps spread over several subjects or phases and not necessarily in the subject or the phase in which the competency has been identified.

Teaching Learning Methods recommended

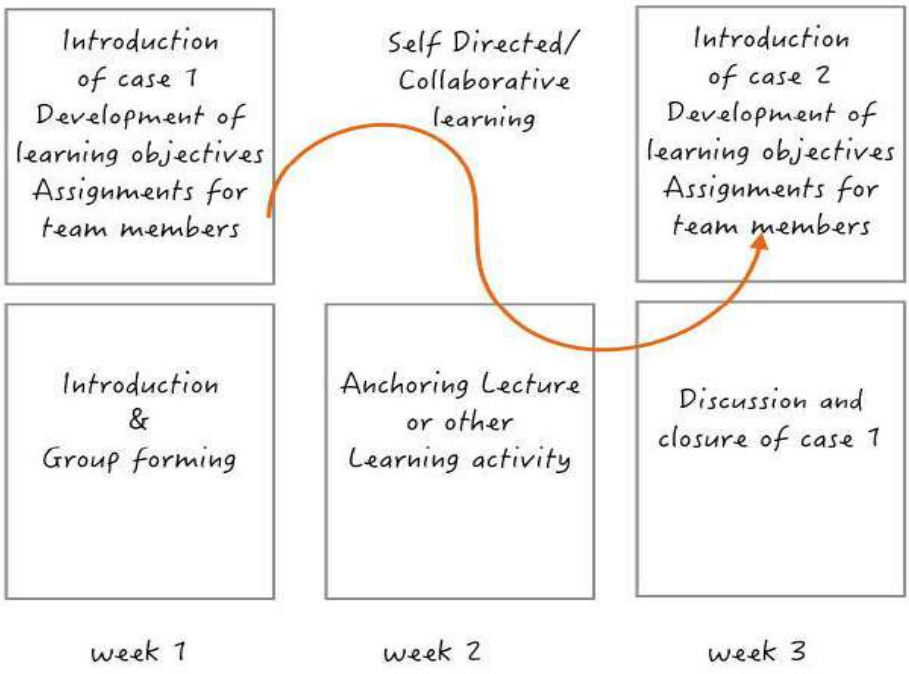
Guidelines for Case Discussion

A hybrid problem-oriented approach is one of the most effective ways for students to explore the various facets of "real life issues" that will confront them in their careers. In addition to problem solving skills, case discussions promote collaborative learning, team work, reflection and self-directed learning. The cases presented in this booklet represent competencies that lend themselves best to this form of learning.

The figure on the following page explains the suggested format of the hybrid problem-based learning method:

1. Two or more learning sessions are recommended for each session with ample time for self-directed learning and other learning activities between each session.
2. A case is introduced into a small group and the facilitator facilitates a small group discussion where,
    a. initial reactions of the group to the case is obtained
    b. the underlying ethical, legal and societal principles of the case are elicited
    c. learning objectives for the case are developed
    d. learning tasks are assigned for members of the learning groups
    e. learning resources are identified
        - The suggested location for such a session is a small group discussion area which requires a small table with seating for 8 - 10 students
        - Suggested duration for such a session is 1 hour
        - A board with chalk or marker is also required
3. Learning occurs in between sessions by the learners through following:
    - Self-directed learning by study of identified learning resources
    - Self-directed learning through study of online learning resources
    - Identification of legal, ethical and social precedents for the given settings
    - Obtaining opinion from seniors in the profession on their impressions on the setting
4. Reinforcement of the fundamental concepts underlying the case can be done through a large group learning session (lecture or equivalent) in between the small group sessions.

5. In the second session, the small group discussion is focussed on closure of the case (or the part of the case) for which learning objectives were identified for in the first session. The facilitators may guide the discussion based on the ethical, legal, societal and communication aspects of the case. The group discusses the case, based on the learning done in between the session and provides suggestions and alternatives on the approach for doctors to follow. It must be reiterated that there may not be one correct way to resolve a case. The approach will be to allow students to reflect, make a choice and defend their choice, based on their values and learning.



The Hybrid PBL model suggested for ATCOM Cases

Student narrative

The student narrative is a learning method that focuses on the following skills:

a. Elicit, observe and record data.
b. Reflect on the data at a higher level of thinking and derive opinions and conclusions.
c. Communicate the observations and conclusions in a written and verbal form and expand on and defend the conclusions with colleagues and teachers.
d. Form new experiences and conclusions based on this discussion.

Section I

Extract from the Graduate Medical Education Regulations, 2017

1. The undergraduate medical education program is designed with a **goal** to create an "**Indian Medical Graduate" (IMG)** possessing requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively *as a doctor of first contact of the community* while being globally relevant.

2. In order to fulfill this goal, the IMG must be able to function in the following **ROLES** appropriately and effectively:

2.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

2.2. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.

2.3. Communicator with patients, families, colleagues and community.

2.4. Lifelong learner committed to continuous improvement of skills and knowledge.

2.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

Global Attitude, Ethics and Communication Competencies addressed in the roles of an Indian Medical Graduate

3. Competencies: Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfill the roles as listed in item 2 above, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

3.1. Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

3.1.1. Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.

3.1.3. Demonstrate knowledge of medico-legal, societal, ethical and humanitarian

principles that influence health care.

3.1.4. Demonstrate knowledge of national and regional health care policies including the National Health Mission (NHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.

3.1.7. Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

3.1.8. Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.

3.1.9. Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.

3.1.10. Maintain accurate, clear and appropriate records of the patient in conformation with legal and administrative frameworks.

3.1.11. Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

3.1.12. Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programs and policies for the following:

a. Disease prevention,
b. Health promotion and cure,
c. Pain and distress alleviation, and
d. Rehabilitation and palliation.

3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.

3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.

3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

3.2. Leader and member of the health care team and system

3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.

3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.

3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.

3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.

3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system

3.2.6 Recognise and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases, and b) cancer in collaboration with other members of the health care team.

3.3. Communicator with patients, families, colleagues and community

3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and

trustworthy.

3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.

3.3.4 Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision-making.

3.4. Lifelong learner committed to continuous improvement of skills and knowledge

3.4.1 Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

3.4.2 Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

3.4.3 Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

3.4.4 Demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient.

3.4.5 Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

3.5. Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

3.5.1 Practice selflessness, integrity, responsibility, accountability and respect.

3.5.2 Respect and maintain professional boundaries between patients, colleagues and society.

3.5.3 Demonstrate ability to recognize and manage ethical and professional conflicts.

3.5.4 Abide by prescribed ethical and legal codes of conduct and practice.

3.5.5 Demonstrate a commitment to the growth of the medical profession as a whole.

Assessment of skills related to Attitude, Ethics and Communication

Assessment is a vital component of competency based education. In addition to making the pass/fail decisions, a very important role of assessment is to provide feedback to the learner and help him/her to improve learning. The assessment in AETCOM nodule has been designed with this purpose. The teachers should use this opportunity to observe the performance and provide feedback based on their observations. In case a student has demonstrated a performance, which is considered below expectation, corrective action including counseling should be initiated. Many of the tools in this module may appear subjective but coupled with the experience of the assessor, they will serve a very useful purpose.

Section II

Learning modules for Professional year I

Number of modules: 5

Number of hours: 34

Module 1.1: What does it mean to be a doctor?

Background

It is important for new entrants to get a holistic view of their profession, its ups and downs, its responsibilities and its privileges. It is important to start this discussion early in their careers when their minds are still fresh with the thrill of joining medical school. Such a discussion will help them remember the big picture through the program and remind them why they have chosen to be doctors.

Competencies addressed

The student should be able to:	Level
1. Enumerate and describe professional qualities and roles of a physician	KH
2. Describe and discuss the commitment to lifelong learning as an important part of physician growth	KH
3. Describe and discuss the role of a physician in health care system	KH
4. Identify and discuss physician's role and responsibility to society and the community that she/ he serves	KH

Learning Experience

Year of study: Professional year 1

Hours: 8 (6 hours + 2 hours self-directed learning)

i. Exploratory session- 1 hour
ii. Facilitated panel discussion – 2 hours
iii. Self-directed learning - 2 hours
iv. Introductory visit to the hospital – 2 hours
v. Discussion and closure of case - 1 hour

1. An exploratory session with the students to find out (a) why they chose to become doctors, (b) what do they think are the privileges and the responsibilities of the profession, (c) what do they expect from society and what do they think society expects from them, and (d) what will they have to do and give up in order to meet their own and society's expectations. This is preferably done in a small group discussion.

2. A facilitated panel discussion involving doctors who are at different stages of their careers (senior, midlevel, young) during which these doctors share their experiences and also answer questions from the students.
3. Self-directed learning where students write a report from reflections based on sessions 1 & 2 and on other reading materials, TV series, movies etc. that they have chosen from the lay press about doctors' experiences.
4. Introductory visit to the hospital / community medical centres
5. A closure session with students to share their reflections based on 1, 2, 3 and 4 that includes their plans for the next 5 years in order to fulfill their professional and personal roles as doctors.
6. A coat ceremony in the Foundation Course may be considered. A white coat ceremony is held in many institutions, as a symbolic transition of the medical student prior to their first day of exposure to clinical teaching, in order to emphasize the importance of their new role as budding doctors.

Assessment

1. **Formative:** not required
2. **Summative:** not required

Resources

1. Whitcomb ME. What does it mean to be a physician? Acad Med.2007; 82: 917-8.
2. Eisenberg C. It is still a privilege to be a doctor? N Engl J Med 1986; 314:1113-1114.
3. Ofri D. Neuron overload and the juggling doctor. The Lancet 2010; 376: 1820 – 21.

Module 1.2: What does it mean to be a patient?

Background

Doctors deal with human suffering throughout their professional careers. A balanced approach to the patient care experience requires an understanding of patients, illnesses, their concepts of suffering, coping mechanisms, the role of the doctor, an exploration of empathy vs equanimity and the difference between healing and curing. An introduction to this fundamental but complex field is important in the first Professional year. An introductory experience will allow students to keep the patient experience in perspective during their learning.

Competencies addressed

The student should be able to:	Level
1.Enumerate and describe professional qualities and roles of a physician	KH
2. Demonstrate empathy in patient encounters	SH

Learning Experience

Year of study: Professional year 1

Hours: 8 (6 hours + 2 hours self-directed learning)

i. Exploratory session - 2 hours
ii. Hospital visit - 2 hours
iii. Self-directed learning - 2 hours
iv. Discussion and closure of case - 2 hours

1. An exploratory session with the students enquiring from them about their views on health, disease and suffering. Discussion could involve their personal ill health or involving someone they know among their families and friends. How did that experience affect them? What do they believe patients feel and go through? How does it affect patient's behaviour, outlook and expectations?
2. Students are assigned to patients in the hospital, interview them about their experiences, reactions, emotions, outlook and expectations.
3. Self-directed learning where students write a report from reflections based on sessions 1 & 2 and on other readings, TV series movies etc.
4. A closure session with students to share their reflections based on 1, 2 and 3.

Assessment

1. **Formative:** The student may be assessed based on their active participation and presentation (written and oral).
2. **Summative:** SAQ

Module 1.3: The doctor-patient relationship

Background

The doctor-patient relationship is the cornerstone to effective patient care. This session builds on the previous two sessions which address doctors and patients and attempts to explore the fundamental basis of the doctor-patient contract, its rules, boundaries and duties. It provides an introduction to the nature of relationship, importance of communication, honesty, transparency, shared responsibility, equality and vulnerability. This introductory session, though complex, will provide an overview for the student to provide them with a perspective on the doctor-patient relationship throughout their years of study.

Competencies addressed

The student should be able to:	Level
1.Enumerate and describe professional qualities and roles of a physician	KH
2. Demonstrate empathy in patient encounters	SH

Learning Experience

Year of study: Professional year 1

Hours: 7 hours (5 hours + 2 hours of self-directed learning)

i. Large group session- 1 hour
ii. Self-directed learning - 2 hours
iii. Interactive discussions – 2 hours
iv. Discussion and closure – 2 hours

1. Anchoring a large group session emphasising the fundamentals of the doctor- patient relationship (1 hour).
2. Self-directed/Guided learning by students on the doctor-patient relationship that includes learning from resources, lay press, media and movies (2 hours).
3. An interactive discussion in a small group, based on session 1, with illustrative cases. Examples of cases that can be used are provided in the resources section (2 hours) (or) a patient-doctor encounter observation with checklist may be used.
4. A closure session with reflection by the students, based on items 1, 2 and 3.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions. A written critique of the situations discussed in item 2 may be used for formative assessment.
2. **Summative:** Short questions for example a) rights of patients, b) responsibilities of patients, c) duties of doctors, and d) boundaries of the doctor-patient relationship.

Resources

1. http://www.cpso.on.ca/policies-publications/the-practice-guide-medical-professionalism-and-col/principles-of-practice-and-duties-of-physicians

Case for discussion 1:

A 53 year old man is seen by a cardiologist for chest pain lasting for a few minutes on accustomed exercise for the past 3 weeks. After a detailed history and physical examination, the doctor orders an ECG which was normal. He further orders an exercise stress test which showed reversible ischemia. The doctor orders an angiogram. At the time, the patient requests that he would like to have a second opinion. The cardiologist explains that he has done everything correctly and that the patient indeed requires an angiogram. The patient tells him that he cannot make a decision unless he talks to his family doctor of 20 years. The cardiologist is offended and tells the patient that he does not wish to see the patient any longer.

Points for discussion:

1. Trust in the doctor-patient relationship.
2. Rights of a patient, Duties of a doctor.
3. Does the request for a second opinion provide sufficient grounds to terminate the doctor-patient relationship?

Case for discussion 2:

A young doctor has been taking care of an 86 year old woman for the past 2 years. She had a fall 2 years ago and has been mostly bed ridden. She lives alone with just a care taker and her children are abroad. She requires preventive care mostly and the doctor makes house visits once a week. The doctor spends time talking to her during each

visit and makes her feel comfortable. One day during such a visit, the patient expresses the view that her children have been ungrateful to her and that she intends to call her lawyer today and divide her assets between the doctor and the caretaker after her death. What should the doctor do?

Points for discussion:

1. Boundaries in the doctor-patient relationship.
2. Trust and vulnerability in doctor-patient relationship.

Resources:

1. AMA Code of Medical Ethics: https://www.ama-assn.org/delivering - care/ama-code-medical-ethics (for case 1)
2. https://www.dovepress.com/getfile.php fileID=1351 (for case 2)

Module 1.4: The foundations of communication - 1

Background

Communication is a fundamental prerequisite in the medical profession and bedside clinical skills is crucial in ensuring professional success for doctors. This module provides students with an introduction to doctor-patient communication. The Kalamazoo consensus statement[1] provides a working model of teaching communication skills and may be used to impart communication skills. The five 'A's elements of behaviour change model may also be used. Effective listening, verbal and nonverbal communication and creating respect in patient encounters would be the skills that would be introduced.

Competency addressed

The student should be able to:	Level
Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non- judgmental and empathetic manner	SH

Learning Experience

Year of study: Professional Year 1

Hours: 7 hours (5 hours + 2 hours self-directed learning)

i. Large group session- 2 hours
ii. Self-directed learning - 2 hours
iii. Small group discussions – 2 hours
iv. Discussion and closure – 1 hour

Contents:

This module includes 3 interdependent learning sessions:

1. Introductory large group sessions on the principles of communication.
2. Self-directed/Guided learning by students on the importance and techniques of effective communication.
3. Small group sessions on improving communication. These sessions can include either videos or role play highlighting common mistakes in patient - doctor communication and allowing students to identify these mistakes and discussing on how to correct them. Situations that can be used include: a) a noisy ambience with a distracted doctor

who is multitasking, b) lack of eye contact, c) doctor who keeps on interrupting patients and not listening, d) doctor who talks down to patients etc.

4. Closure session with reflection by students in a small group based on sessions 1, 2 and 3 and with emphasis on learning done and future directions.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions. A written critique of the situations discussed in item 3 may be used for formative assessment.
2. **Summative:** may be deferred for later phases.

Resource:

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.

Module 1.5: The cadaver as our first teacher

Background

Medical students enter college and their first and lasting encounter is with the cadaver. Respect for cadaver as a teacher translates later into respect for human beings as teachers and a lifelong respect for learning. Throughout the world the emphasis on "humanizing" the cadaver with respect as first patient or first teacher has gained momentum.

Competency addressed

The student should be able to:	Level
Demonstrate respect and follows the correct procedure when handling cadavers and other biologic tissues	SH

Learning Experience

Year of study: Beginning and end of Professional year 1

Hours: 4 (2+2) hours

i. Opening session- 2 hours

ii. Closing session - 2 hours

Contents:

1. An initial introductory session (large or small group) should be on the importance of biologic tissues and cadavers in their learning. The discussion should focus on the fact that some of these cadavers were unclaimed but also many of them are an anatomic gift by families; respect for donor families, cadavers and tissues is important and must be respected. The session should include safe and clean handling and disposal of biologic tissues (2 hours).
2. A session at the end of phase is a small group or large group discussion with reflective presentations by students on how the cadaver helped them to learn, their experience with dissection etc. These sessions should allow the students to display their creativity and may include prose, poetry, sketches etc. An example of such a project is found in the resources section (2 hours).

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions. The respect and the manner in which students handle biologic tissues throughout the phase may be part of the overall formative assessment of the student.
2. **Summative:** may not be required.

Resource: http://medicine.yale.edu/education/donation/reflections/ (An example of the project is found here).

Learning modules for Professional Year II

Number of modules: 8

Number of hours: 37

Module 2.1: The foundations of communication - 2

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module continues to provide an emphasis on effective communication skills. During professional year II, the emphasis is on active listening and data gathering.

Competency addressed

The student should be able to:	Level
Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non- judgmental and empathetic manner	SH

Learning Experience:

Year of study: Professional year 2

Hours: 5 (1 + 2 +1+1)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills lab session – 1 hour
iv. Discussion and closure – 1 hour

Contents:

This module includes 2 interdependent learning sessions:

1. Introductory small group session on the principles of communication with focus on opening the discussion, listening and gathering data.
2. Focused small group session with role play or videos where the students have an opportunity to observe, criticise and discuss common mistakes in opening the discussion, listening and data gathering.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by the facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 may be used as part of formative assessment.
2. **Summative:** may be deferred.

Resources:

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.
2. Hausberg M. Enhancing medical students' communication skills: development and evaluation of an undergraduate training program. BMC Medical Education 2012; 12:16.

Module 2.2 The foundations of bioethics

Background

An introductory session in a large group that provides an overview of the evolution and the fundamental principles of bioethics including the cardinal pillars of ethics viz., autonomy, beneficence, non-maleficence and justice.

Competencies addressed

The student should be able to:	Level
1. Describe and discuss the role of non-maleficence as a guiding principle in patient care	KH
2. Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care	KH
3. Describe and discuss the role of beneficence of a guiding principle in patient care	KH
4. Describe and discuss the role of a physician in health care system	KH
5. Describe and discuss the role of justice as a guiding principle in patient care	KH

Learning Experience

Year of study: Professional year 2

Hours: 2 large group session - 2 hours

Contents:

This module is a large group learning session that can be made interactive by illustrative examples.

Assessment

Summative: Short notes on a) Autonomy b) Beneficence c) Non-maleficence

Resource:

A review of the four principles of bioethics is found here: http://archive.journalchirohumanities.com/Vol%2014/JChiroprHumanit_2007_v14_34-40.pdf

Module 2.3: Health care as a right

Background

This session is aimed at introducing students to health care systems, their access, equity in access, the impact of socio-economic situations in determining health care access and the role of doctors as key players in the health care system.

Competency addressed

The student should be able to:	Level
Describe and discuss the role of justice as a guiding principle in patient care	KH

Learning Experience

Year of study: Professional year 2

Hours: 2

i. Participatory student seminar - 2 hours

Contents:

This module may be done as a participatory student seminar with debates on the more controversial issues to increase a reflective process.

Focus may be on:

1. Is health care a right?
2. What are the implications of health care as a right?
3. What are the social and economic implications of health care as a right?
4. What are the missing links? (see resource 2 for a brief overview) and
5. What are the implications for doctors?

Assessment

Summative: Short note on barriers to implementation of health care as a universal right.

Resources

1. The Universal Declaration of Human Rights. http://www.un.org/en/documents/udhr/
2. Missing links in universal health care. http://www.thehindu.com/opinion/lead/missing-links-in-universal-health-care/article6618667.ece

Module 2.4: Working in a health care team

Background

This session is aimed at introducing students to health care systems and their functioning. It allows students to "tag along" with members of health care teams, observe their work and gain experience about their perspectives. It is hoped that this experience will help students to understand the need for collaborative work in health care, how each member of the health care team is important and also develop respect.

Competencies addressed

The student should be able to:	Level
1. Demonstrate ability to work in a team of peers and superiors	SH
2. Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers	SH

Learning Experience

Year of study: Professional year 2

Hours: 6 hours (4 hours "tag along" + 2 hours discussion)

i. "Tag along" session in hospital- 2 x 2 hours

ii. Small group discussion session - 2 hours

Contents:

This module may be done as two interdependent sessions:

1. A "tag along" session where students spend time with other health care workers including nurses, technicians and others, observe their work, their interactions, conduct a small interview with them and write a narrative based on this interview.
2. A small group discussion which is based on the students' observations, experiences, reflections and inferences and what must be done by them to work as an integral part of the health care team.

Assessment

Formative: Student participation in session 2 with assessment of submitted narrative.

Module 2.5: Bioethics continued – Case studies on patient autonomy and decision making

Background

The important parts of ethical care of the patient are best learnt in a hybrid problem-based format with additional lectures and other sessions that allow students to learn collaboratively with different learning styles. A guide for case discussion is provided in the resources section of this module and may be used as a guide for other modules. The key element is that students remain in the same group with the same facilitator since groups mature in their learning over time.

Competency addressed

The student should be able to:	Level
Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care	KH

Learning Experience

Year of study: Professional year 2

Hours: 6

i. Introduction and group formation - 1 hour
ii. Case introduction - 1 hour
iii. Self-directed learning - 2 hours
iv. Anchoring lecture - 1 hour
v. Case Resolution - 1 hour

Case: The Cover Up

You evaluate Mrs. Lakshmi Srinivasan who is a 48 year old woman presenting with lymphadenopathy. She had been complaining of mild fever and weight loss for the past 4 -5 months. Examination of the neck shows large rubbery lymph nodes that are present also in the axilla and the groin. There is a palpable spleen. She is accompanied by her caring husband.

Lakshmi undergoes a lymph node biopsy and the pathologist calls you and tells you that she has a lymphoma. That evening Mr. Srinivasan comes in first into your office and leaves the report on your table. As you read the description you realise that the final diagnosis has been altered to Tuberculosis by whitening out the pathologist's report. When you look up he tells you –"Sir, I googled lymphoma - it is almost like a cancer. My wife can't handle that diagnosis. She has always been a worried frightened person. I want you to tell my wife that she had TB. She is waiting outside, doctor. I thought I will call her in after I had a chat about this with you".

Points for discussion:

1. Does the patient have a right to know their diagnosis?
2. What should the patient be told about their diagnosis, therapy and prognosis?
3. How much should be told to a patient about their illness?
4. Are there exceptions to full disclosure? Can family members request withholding of information from patient?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on: 1) Define patient autonomy, 2) Contrast autonomy and paternalism, 3) What are the responsibilities of patients and doctors in shared decision making? 4) What is full and reasonable disclosure?

The suggested location, duration and requirements are as in item 2.

Once the case (or part of the case) is resolved, the next case (or the next part of the case) is introduced.

Module 2.6: Bioethics continued: Case studies on autonomy and decision making

Background

This introduces the student to further issues in autonomy including competence and capacity to make decisions (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support	KH

Learning Experience

Year of study: Professional year 2

Hours: 5

i. Introduction of case - 1 hour
ii. Self-directed learning - 2 hours
iii. Anchoring lecture - 1 hour
iv. Discussion and closure of case - 1 hour

Case: Life on a machine

You are taking care of 78-year-old Mrs. Mythili who was living all alone in an apartment with only a live-in caretaker, 3 streets away from your clinic. She is a widow and her only son emigrated to the US 32 years ago. He visits her once a year. One year ago, she had a fall with a hip fracture that healed badly. She has hypertension which is reasonably controlled on medications. She continues to come to your clinic once a month. Four months ago, she spent some time talking about her sister who recently died following metastatic breast cancer. “My sister suffered a lot, Doctor - they put a tube down her throat to breathe. Even when her heart stopped they kept thumping her chest - it was awful. If I ever fall sick I don't want to go through all this. Promise me, doctor, that you won’t do all of this to me. I have lived all alone since my husband died but I have lived independently - now I don't want to depend on a machine to live”. You had reassured her that she would be ok and this was just the recent death of her sister affecting her. On subsequent visits she would still bring up this issue and

state that there was no use of her living as a burden to anyone and that no one should endure what her sister had undergone.

One day you get a call from the Emergency Room of the local hospital stating that Mrs. Mythili has been admitted by the caretaker. She had developed fever and shortness of breath. She was brought hypoxic to the emergency room and they had intubated her. Chest X ray revealed a large pneumonic patch. Laboratory testing revealed hyponatremia.

When you visited her she is somewhat drowsy, intubated and restrained. The nurse tells you that she is sometimes lucid; at other times not even able to recognise her son who was there since this morning. She points out at the ET and makes a pleading gesture to remove it. Her son accosts you in the hallway. He tells you that he got a call while he was traveling in Singapore and took the first flight out to be with his mom. He was very distressed at his mother's health and that he wants "everything" possible done for her. You ask him if she had ever indicated what she wanted to be done if she were to require hospitalization and intubation - he says that he used to speak to her every month on the phone and she was always cheerful and enquiring about her grandchildren but did not talk about her health.

Points for discussion:

1. Extent of patient autonomy.
2. Elements in decision making: Competency vs Capacity.
3. Surrogacy in decision making.
4. Autonomy vs beneficence.
5. How much does family wishes count?
6. Legal, ethical and social aspects of 'Do not resuscitate'.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on:
   a) What determines decision making capacity and competency.
   b) Who has the right to make decisions for a patient who cannot determine for himself.

Resources: See Module 2.5

Module 2.7: Bioethics continued: Case studies on autonomy and decision making

Background

This introduces the student to further issues in autonomy including informed consent and refusal (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures	KH

Learning Experience

Year of study: Professional year 2

Hours: 5

i. Introduction of case - 1 hour
ii. Self-directed learning - 2 hours
iii. Anchoring lecture - 1 hour
iv. Discussion and closure of case - 1 hour

Case: Who is the doctor?

A 54 year old man named Mr. Surendra Patel is admitted for acute chest pain in a medical centre. His father had died of a myocardial infarction at the age of 60. Two years ago, his brother had been admitted to a hospital with a myocardial infarction and had died after complications following an angioplasty. Mr. Patel is a diabetic and is on multiple oral hypoglycemic agents with moderate control. He is a businessman with his own small industry. After initial stabilization, the patient is comfortable and pain-free after analgesics, nitrates and statins. Preliminary blood tests and ECG confirm an acute coronary event. The next morning, the senior cardiologist makes rounds and reviews the patient. “You have unstable angina, Mr. Patel and require an angiogram. You may also require either a stent or coronary bypass after the procedure. The nurse will provide you with the necessary paperwork. Please sign it and I will plan the procedure for 4.35 AM tomorrow morning.”. “Doctor sahib”, asked Mr. Patel, “I am not comfortable with the idea of an angiogram; my brother died on the table when an angioplasty was being done. Aren’t there other tests that

you can do? I am not happy with this option". "Your brother would have had it with someone else, Mr. Patel - I have the best hands in town; nothing will happen when I do it" retorted the cardiologist. "But aren't there any other options to see what I have? Is this the only test? I have read somewhere that you can do a CT angiogram", persisted Mr. Patel. "Are you the doctor or am I the doctor?" retorted the cardiologist angrily. "If you are ready to do as I say, sign the papers and I will see you in the Cath lab tomorrow. Otherwise you are free to get discharged". He stomped out.

Points for discussion:

1. Extent of patient autonomy.
2. Informed consent and informed refusal.
3. Conflict between autonomy and beneficence.
4. What should the patient be told about a procedure?
5. What must the informed consent include?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on 1) What is informed consent? 2) What is informed refusal?

Resources

See module 2.5

Module 2.8: What does it mean to be family member of a sick patient?

Background

Doctors deal with human suffering throughout their professional careers. A balanced approach to the patient care experience requires an understanding of support systems of patients, priorities coping and emotions of families, the role of the doctor, an exploration of empathy vs equanimity and the difference between healing and curing and support.

Competency addressed

The student should be able to:	Level
Demonstrate empathy in patient encounters	SH

Learning Experience

Year of study: Professional year 2

Hours: 6 (includes 2 hours of SDL)

i. Hospital visit & interviews - 2 hours
ii. Large Group Discussions with patients' relatives - 1 hour
iii. Self-directed Learning - 2 hours
iv. Discussion and closure - 1 hour

1. Students are assigned to patients in the hospital, interview their family about their illnesses, experience, reactions, emotions, outlook and expectations (or can be done in a controlled environment with standardised patients.
2. Family members of patients with different illnesses may be brought to a large group discussion with permission and an interactive discussion (based on the items outlined in option A. Can use standardised patients)
3. Self-directed learning where students write a report from reflection based on sessions 1 & 2 and on other readings, TV series, movies etc.
4. A closure session with students to share their reflections based on 1, 2 and 3 so that it includes how they intend to incorporate the lessons learnt in patient care.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions and submission of the written narrative.
2. **Summative:** Short questions on the role of doctors in the community and expectations of society form doctors.

   e.g. 1. What is empathy? What is the role of empathy in the care of patients?

Learning modules for Professional Year III

Number of modules: 5

Number of hours: 25

Module 3.1: The foundations of communication - 3

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module builds on the listening skills developed in professional year II. The Kalamazoo consensus statement provides a working model of teaching communication skills and may be used to impart communication skills. Skills, that will be introduced, should include "dealing with emotion".

Competency addressed

The student should be able to:	Level
Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner	SH

Learning Experience

Year of study: Professional year 3

Hours: 5 (1 + 2 +2)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills Lab session - 2 hour

Contents:

1. Introductory small group session on the principles of communication with focus on dealing with emotions.
2. Focused small group session with role play or video where students have an opportunity to observe, critique and discuss common mistakes when dealing with emotion.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 may be used as part of formative assessment.

2. **Summative:** may be deferred.

Resources

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.

2. Hausberg M. Enhancing medical students' communication skills: development and evaluation of an undergraduate training program. BMC Medical Education 2012; 12:16.

Module 3.2: Case studies in bioethics - Disclosure of medical errors

Background

This introduces the student to further issues in autonomy including full disclosure of mistakes (also see module 2.5).

Competency addressed

The student should be able to:	Level
Demonstrate an understanding of the implications and the appropriate procedure and response to be followed in the event of medical errors	SH

Learning Experience

Year of study: Professional year - 3

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: Seeking immunity

It was a busy clinic day and getting worse. Patients were getting impatient. Time was marching and details were becoming a casualty. Five year old Madhumita comes in with her mother. She has asthma and is under your care. You examine her and adjust your prescriptions and start your good byes. At that time, her mother reminds you that she is due for her booster shots. Oh that, you frown - and tell her to wait for a few minutes and that you will have the nurse load the injection and come to the adjoining room and give the injection. You ask the nurse to load the injection and keep it for you over the intercom.

You continue to see patients. After a couple of patients, the mother knocks indicating that she is getting late. You get up and go to the next room. The nurse is not there but you find a loaded syringe. You quickly administer the injection to the child and get back to seeing patients.

A few minutes later, the nurse calls back saying that she has loaded Madhumita's injections. You drop everything and go into the injection room and confront the nurse "But doctor that was gentamicin I had loaded for Mrs. Asif" she says.

Points for discussion:

1. Medical errors in clinical care.
2. The correct approach to disclosure of medical errors.
3. Consequence of failure to disclosure of medical errors including medico-legal, social and loss of trust.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions including role play on disclosure of errors.
2. **Summative:** Short questions on 1) What is the ethical standard in dealing with medical errors?

Module 3.3: The foundations of communication - 4

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module continues to provide an emphasis on effective communication skills. The emphasis is on administering informed consent during professional year III.

Competencies addressed

The student should be able to:	Level
1. Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner	SH
2. Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures	KH
3. Administer informed consent and appropriately address patient queries to a patient undergoing a surgical procedure in a simulated environment	SH

Learning Experience

Year of study: Professional year 3

Hours: 5 (1 + 2 +2)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills Lab session - 2 hour

Contents:

1. Introductory small group session on the principles of communication with focus on administering informed consent.
2. Focused small group session with role play or video where students have an opportunity to observe, criticise and discuss common mistakes in administering informed consent.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 may be used as part of formative assessment.
2. **Summative:** A skill station in which the student may administer informed consent to a standardized patient.

Resources

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.
2. Hausberg M. Enhancing medical students' communication skills: development and evaluation of an undergraduate training program. BMC Medical Education 2012; 12:16.

Module 3.4: Case studies in bioethics - Confidentiality

Background

This introduces the student to confidentiality and its limits (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to confidentiality in patient care	KH

Learning Experience

Year of study: Professional year 3

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: Do not tell my wife

Ramratan was in tears. “How is it possible doctor? We are expecting our son soon. He will not have a father”. Ramratan had seen you with vague aches, fever, weight loss and cough with expectoration not responsive to antibiotics for the past three months. He had a right mid zone lung shadow on X-ray and the sputum was positive for AFB. On being questioned, he had revealed that he had unprotected sexual intercourse with multiple partners 3 years ago. “But I stopped after I married Danno, doctor - I am faithful to her”. An informed consent was obtained and HIV screening test was ordered and it was positive. A confirmatory test was subsequently obtained and it was also positive. The CDC count was < 100. Ramratan had come to discuss the results of his HIV test. After consoling him and writing out prescriptions for TB and HIV, you mention to him that he must bring his wife for testing. “This is important, Ramratan”, you add - “especially since she is pregnant.”

“Absolutely not, sir!” he explosively retorts. “That is not possible. I will be humiliated. Danno will leave me and go. I will never be able to see my son. I will become

an outcast in our community. I can't live without my wife, doctor. I urge you, doctor - don't do this. I forbid you…"

Points for discussion:

1. The primacy of confidentiality in patient care.
2. What does confidentiality entail?
3. When can confidence be breached with whom and how?
4. Confidentiality and diseases that may engender patients and society.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on 1) What are the instances in which confidentiality of patient information may be breached?

Module 3.5: Case studies in bioethics - Fiduciary duty

Background

This module discusses doctor's duty including fiduciary duty (also see module 2.5)

Competencies addressed

The student should be able to	Level
1. Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues as it pertains to the physician - patient relationship (including fiduciary duty)	KH
2. Identify and discuss physician's role and responsibility to society and the community that she/ he serves	KH

Learning Experience

Year of study: Professional year 3

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: Is he a human being or a machine?

It was a long day and the surgeon has finished four surgeries. Two of these were complicated surgeries requiring all his experience and skills. But it was gratifying. After that he had seen 40 outpatients. He was the most successful doctor in that small community and had provided service for the past 25 years. He had finished his outpatient, ate his meal and went to bed. The night duty doctor who usually comes around 10 pm to sit in the clinic and answer calls from inpatients had taken the night off - he had entrance exams next day. Praying it would be a quiet night he told his wife - I am very very tired; make sure that I am not disturbed.

He woke up at 1AM with the sounds of commotion downstairs. He could hear signs of arguing - Call the doctor, he must come down. He could hear his wife - "please take her to the nearest government hospital. This is a surgical nursing home and doctor is very tired - I cannot wake him up." He could hear irate patient attendants - "but your board

says open 24 hours for emergency. The town hospital is 15 km. away. I don't know if my daughter will make it. By the time the venom will reach the brain. Call your husband now madam. This is not correct". His wife retorted "He has worked from 4AM this morning - he has gone to sleep very tired asking me not to wake him up. Is he the only doctor in town? Is he a human being or a machine? Why are you being unreasonable?" The surgeon reached out for his clothes…

Points for discussion:

1. Duty of a doctor.
2. The concept of fiduciary duty.
3. Balancing personal and professional life.
4. Where to draw the line!

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on: What is fiduciary duty?

Learning modules for Professional Year IV

Number of modules: 9

Number of hours: 44

Module 4.1: The foundations of communication - 5

Background

Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module continues to provide an emphasis on effective communication skills. During professional year phase III part II (year four), the emphasis is on communicating, diagnosis, prognosis and therapy effectively.

Competencies addressed

The student should be able to:	Level
1. Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgmental and empathetic manner	SH
2. Communicate diagnostic and therapeutic options to patient and family in a simulated environment	SH

Learning Experience

Year of study: Professional year 4

Hours: 5 (1 + 2 + 2)

i. Introductory small group session - 1 hour
ii. Focused small group session - 2 hours
iii. Skills Lab session - 2 hour

Contents:

This module includes 3 inter-dependent learning sessions:

1. Introductory small group session on the principles of communication with focus on administering communication, of diagnosis, prognosis and therapy.
2. Focused small group session with role play or video where students have an opportunity to observe critique and discuss common mistakes in communicating diagnosis, prognosis and therapy.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by facilitator.

Assessment

1. **Formative:** Participation in session 2 and performance in session 3 mentioned above may be used as part of formative assessment.
2. **Summative:** A skills station in which the student may communicate a diagnosis management plan and prognosis to a patient.

Resources

Same as Module 3.1

Module 4.2: Case studies in medico-legal and ethical situations

Background

This module discusses the medico-legal and ethical conflicts in adolescents (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify, discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / Medical Termination of Pregnancy and reproductive rights	KH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Child's Child

You are the family doctor of Mr. Ravikiran for the past 10 years. One evening toward the end of a busy clinic Mr. Ravikiran, his wife and daughter come in. The usual smiles were absent. There was silence for a few minutes and when you asked what is the matter, Mr. Ravikiran points out to his wife and tells her that you tell him.

Reluctantly and with tears bursting in her eyes she tells you that her only daughter Sapna who is 16 years old had amenorrhea for 4 months. She had taken her to the gynecologist, who after examining her ordered an ultrasound scan of the abdomen which showed a 16 week fetus. After much argument and discussion, the family requested the gynecologist to perform a Medical Termination of Pregnancy (MTP). Sapna, however refuses to undergo an MTP - claiming that the child is her expression of love and that she believes that taking away her baby's life will be tantamount to murder.

The parents are embarrassed to face society and feel that continuing the pregnancy will harm the daughter. As parents, they feel that they have a right to determine if their daughter should undergo a Medical Termination of Pregnancy or not. The daughter feels that she is old enough. As their family doctor, they would like you to help them through this nightmare.

Points for discussion:

1. Who makes health care decisions for adolescents?
2. What are the medical implication of the MTP act?
3. Are there provisions for emancipated minors?
4. Should adolescents be included in the decision making process?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on the Medical Termination of Pregnancy Act

Module 4.3: Case studies in medico-legal and ethical situations

Background

This module discusses the medico-legal and ethical conflicts in organ transplantation (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify and discuss medico-legal, socio-economic and ethical issues as it pertains to organ donation	KH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The angry brick kiln owner

68 year old Muthukumar is your patient for the past 8 years. You are his family doctor and he seldom does anything without consulting you first. A self made man with no formal education he is a successful brick kiln owner in the suburbs of the city. He has hypertension and diabetes even before the time he has been under your care. Today he enters your office distraught and angry and unable to speak. You calm him down…

Muthukumar is a known diabetic and hypertensive for the past 23 years and has been on multiple medications in the past. Six years ago, he was diagnosed with chronic renal failure. For the past one year, his renal function has been worsening. The nephrologist that you had recommended had suggested dialysis and he has been on hemodialysis thrice a week for the past 6 months. At the last visit, he was suggested renal transplantation.

Muthukumar continues “I saw that kidney doctor today, Doctor. He said that I can get a new kidney instead of my old one. He told me that I need someone to donate a kidney to me. I told him that I don't need anyone’s charity and I can buy one donor. That doctor laughed at me, sir - he told me that I cannot buy any kidney and that one of my relatives must donate it to me - He even said that my younger brother is probably the best person to donate the kidney. How dare he, Sir - my younger brother who is dearer to me than a son. I have so many employees in my factory who will line up to give me a kidney. Why is this doctor talking like this?

Points for discussion:

1. Can a kidney be bought?
2. What are the health economic outcomes of selling a kidney?
3. What are the medico-legal and ethical implications of the Human Organ Transplantation Act?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on the Human Organ Transplantation Act.

Module 4.4: Case studies in ethics empathy and the doctor-patient relationship

Background

This module discusses some nuances in the doctor-patient relationship including - failure of therapy, termination of relationships etc. (also see module 2.5).

Competencies addressed

The student should be able to:	Level
1. Demonstrate empathy in patient encounters	SH
2. Communicate care options to patient and family with a terminal illness in a simulated environment	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: A letter from the grave

Respected doctor:

I am writing this letter with extreme sadness. As you may know that it has been three months since my wife and your patient Mrs. Alka Chaturvedi has passed away. I am writing this letter not with anger or with spite; I am writing this only with the intent that my wife's death not be in vain and that the lessons that can be learned from the way you took care of her may be valuable to other patients in your care and that they will receive the compassion and care from you that Alka never received.

As you may recall, Alka was diagnosed with breast cancer 5 years ago. We rushed to you knowing your reputation as a talented oncologist and we were not disappointed. Your aggressive approach to the disease made all the difference. Surgery and aggressive chemotherapy, while distressing, helped Alka beat the disease and she lived disease-free for 2 years. We were very happy and were and still are very grateful to you. But fate had

ordained that our joy will be short-lived. The disease came back with a vengeance. Even at this time you did not give up hope and took on the disease like a warrior but then there came a time that it was clear that the disease had won. We were devastated.

Alka looked up to you as a doctor to provide her with support but it looked like that you were unable to confront the failure. While you did prescribe pain medications and your office helped us find a home nurse you were reluctant to meet Alka or talk to her. When we called for appointments, your office would tell us to contact our family doctor for pain medications. When we did get to see you would not even look at Alka's eyes. You would distractedly talk to her, refill her pain medications and dismiss us quickly. It was as if we were seeing a different doctor than the one we had seen when all was well. And when Alka was admitted to the hospital where she breathed her last you would not even come and see her. We made so many requests for you to come and visit with her. I even called and told you that it would mean so much for her to see you before she departs but you did not.

Would it have been too much for you to come and hold her hand for a minute or say a kind word? Doctor - I am not as learned as you are but patients come to you and repose their faith in you to help them through their illness. We come to you not with the expectation that a cure is always possible but always with the expectation that you will support us in coping with the disease and the tremendous effects it has on our lives. We don't always expect you to succeed but we always expect you to show us care and compassion. I hate to point to out, doctor, that you abandoned Alka when it was clear that she will not be a trophy that you can parade as a success. You abandoned Alka and us at the time we needed you most. You sir, abandoned us when we were most vulnerable.

I write this to you not to fault your knowledge and skills which are considerable. I bear you no ill will. I am grateful that you gave Alka and our family a few more years of togetherness. I only write to remind you that knowledge and skills are not sufficient for a doctor. Compassion, empathy and non-abandonment are superior virtues. I can only hope that Alka's experience with you will help you take care of your other patients who may not all be successes, as you seem to define it. If only you provided patients empathy, all your patients will be your successes, irrespective of outcome.

Sincerely

Points for discussion:

1. The role of a doctor as a healer.
2. Failure of treatment and its implications for the doctor-patient relationship.
3. Empathy and patient care.
4. Can the doctor-patient relationship be terminated?
5. Hospice care.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on 1) Empathy 2) Doctor's responsibilities in the doctor-patient relationship 3) Doctor's responsibilities in the care of the terminally ill patient.

Module 4.5: Case studies in ethics: the doctor-industry relationship

Background

This module discusses some nuances in the doctor-industry relationship (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify and discuss and defend medico-legal, socio-cultural, professional and ethical issues in physician - industry relationships	KH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Launch

It was the end of the morning session in your clinic. You were getting ready to have lunch when you are told that a drug company representative wants to meet you. You let him in and he tells you. “Sir - we are launching a new combination drug next month. We are planning a one hour meeting to introduce you to the product. The meeting will be held in Singapore and we will fly you and your spouse business class. All expenses will be borne by us. You can stay there for 3 days, sir. The meeting will be held in a cruise ship. The meeting will be only for one hour, sir. After that there will be a gala dinner and entertainment, Sir. Also, to compensate you for losing your practice for those three days we will pay you an honorarium of Rs. 25000 for each day that you are there. This is our way of saying thank you for all the support in the past and the support that you are going to provide in making this new molecule a success.”

Points for discussion:

1. The influence of pharmaceutical industry on doctor's prescription behavior.
2. The limits of doctor - industry engagement.

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on 1) Can doctors accept gifts from pharmaceutical industry? Explain your choice.

Resources

The MCI &AMA Code of Medical Ethics.

Module 4.6: Case studies in ethics and the doctor - industry relationship

Background

This module discusses some nuances in the professional relationships and conflicts there of (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Offer

You get a call from the secretary of the promoter of the largest and most successful corporate hospital in the city asking for an appointment for you with him. You are perplexed but make it to the appointment. You enter a large well appointed room. The owner of the hospital gets up from his chair, welcomes you and asks you to sit down.

"Welcome to our hospital, doctor." After a few minutes of empty banter, he says – "My marketing executives tell me that you are the most successful practitioner in this area. As you know, we are a growing organisation; we are eager to partner with you. Doctor, I know that you use the services of another hospital here but we can make it worth your while to consider". You look enquiringly. He continues. "In addition to your professional charges that you can determine, we can provide you with 20% of the hospital's collections from your patient including radiology and laboratory charges. If you send us your

outpatients for consultations, laboratory or radiology we will give you back 30% of our collections. We hope that you will consider this, doctor and become part of our extended family."

Points for discussion:

1. Fee splitting and other practices.
2. Can doctors become entrepreneurs?
3. Can doctors own pharmacies or hold stock in pharmaceutical companies?
4. What comprises professional conflict of interest?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on: 1) Fee splitting and its implications for patient care,
   2) Conflicts in professional relationships.

Module 4.7: Case studies in ethics and patient autonomy

Background

This module discusses ethical issues in care of children (also see module 2.5).

Competency addressed

The student should be able to:	Level
Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The "Cruel" Parents

A six year old boy is brought to the emergency room with a single episode of generalised tonic clonic convulsions. The child is stabilised on IV anti-epileptics and an oral anti-epileptic is started. There are no further episodes during the hospitalisation. The child is scheduled for an EEG and an MRI. Through this time the family had been cooperative with the treatment. The parents appear to be educated and appeared to care for their son deeply. When further investigations are suggested, the parents come back to you and say - "doctor, thank you for helping us at a time of need but we feel that it is against our faith to continue allopathic care. We have decided to go back to our ancestral village and our family shrine where we have scheduled a ritual tomorrow. Our priest has promised us that the child will be disease-free, if we perform the rites required. This convulsion is a result of the curse of our ancestors and if we do the requisite rituals to please them the

child will be cured of the disease. Please do not do anymore tests or treatments. We are stopping the medications tomorrow and will get discharged. Thank you."

Points for discussion:

1. Who has the right to decide for children?
2. Can parents refuse treatment even in life threatening situations?
3. What if there is a conflict?

Assessment

1. **Formative:** The student may be assessed based on their active participation in the sessions.
2. **Summative:** Short questions on parental consent.

Module 4.8: Dealing with death

Background

Thanatology is a branch of science that deals with death. Death is an event that any medical student will inevitably face during the course of their professional career. Dealing with death empathetically and at the same time not being overwhelmed by it is an important coping skill for doctors.

Competencies addressed

The student should be able to:	Level
1. Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts.	SH
2. Demonstrate empathy to patient and family with a terminal illness in a simulated environment.	SH

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Case: The Empty Bed

You are a house surgeon in the night shift of the ICU. A 19 year old girl Sharmila is wheeled into the ICU. She has a complicated history. She had surgery for cyanotic congenital heart disease at age 8. She has a history of severe asthma often requiring admission for steroids. She lives in a home near a construction site and recently the attacks have flared up. She now has frequent admissions for asthma exacerbations. She is now constantly on steroids. In the last month, she has had 3 admissions. But she fights it bravely. She carries her books with her when she comes in and after the attack settles down she sits quietly reading. Despite the struggle you noticed that the staff nurses liked her. She was positive and charming. Today was no different but the attack seemed worse.

In the ER, the FEV1 was horrible. They had pumped her with steroids, put her on continuous nebulization, an aminophylline infusion was in place when you received her. The smile was smaller but there. The face was cushingoid with all the steroids and the body looked tired. She was moved to her usual bed number 9. Your shift was getting over at 7 a.m. but you stayed on an hour. She looked better, the smile was back you reassured her and said I'll be back in the evening and left.

That evening you report for duty and as you look through the patients, bed number 9 is empty. "Have you discharged Sharmila?" you asked the nurse. No doctor – she developed a sudden cardiac arrest at 12 noon – we could not revive her.

Points for discussion:

1. How should doctors deal with the emotions of patients and family facing death?
2. What does the patient experience when he/she is dying? Can physicians make the process of death comfortable?
3. What are the emotions faced by doctors when confronting death in patients? Is death a defeat for the doctor? Should the doctor be emotionally detached from a dying patient?
4. What are the cultural aspects of dying?

Alternate Case: I have decided to die

You are a physician in a community care practice for over 20 years and caring for various patients. Mr. Bhaskara Rao is a patient in your care for the past 14 years. He is 76 years old and has diabetes for the past 30 years. He had renal failure for the past 10 years and is CKD stage V requiring dialysis for 3 years. While he is following up with the nephrologist he values your position in his family as a family doctor and regularly visits you to check if his treatment is correct and more often to seek reassurance. He has invited you to all his family events – the last being one month ago for his grandson's wedding.

This morning you get a call from him. "Doctor! He says in his usual cheerful voice. Can I meet you tomorrow? I have fulfilled all my responsibilities in life. I am not sad. My children are all settled; my grandson is married; my wife as you know is no more. I have decided to stop my dialysis and say goodbye to this world. I thought I'll talk to you about how to prepare for my death!"

Learning Experience

Year of study: Professional year 4

Hours: 5

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Anchoring lecture – 1 hour
iv. Discussion and closure of case – 1 hour

Points for discussion:

1. Can patients choose to die? Is there a role for doctors in the death of patients? Can doctors assist death?
2. How should doctors deal with the emotions of patients and family facing death?
3. What does the patient experience when he/she is dying? Can physicians make the process of death comfortable?
4. What are the emotions faced by doctors when confronting death in patients? Is death a defeat for the doctor? Should the doctor be emotionally detached from a dying patient?
5. What are the cultural aspects of dying?

Assessment

1. **Formative:** Participation in sessions may be used as part of formative assessment. Submitted narrative on the socio cultural aspects of death may be used as assessment**.**
2. **Summative:** Short question on assisted dying.

Module 4.9: Medical Negligence

Background

This introductory session allows students to be familiar with the legal aspects of care including negligence and malpractice and ways to protect themselves from such issues.

Competencies addressed

The student should be able to:	Level
1. Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to medical negligence	KH
2. Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to malpractice	KH

Learning Experience

Year of study: Professional year 4

Hours: 4

i. Introduction of case – 1 hour
ii. Self-directed learning – 2 hours
iii. Discussion and closure of case – 1 hour

Learning Method

This is an interactive panel discussion by students with legal experts and senior members of the medical profession. A written summary of learning may be provided by the student based on the learning.

Assessment

1. **Formative:** Submitted summary may be used as assessment.
2. **Summative:** Short question on medical negligence

Section III

Competency Acquisition: Suggested Log Book pattern

Name of student	Roll number	Year of joining
Specific competency no.		
Competency required to graduate	Universal competency no.	
Administer informed consent to a patient undergoing surgery in a simulated environment (Dreyfus level advanced beginner)		
Competency must be acquired at the end of professional year	IV	
Is the acquisition of this competency a prerequisite to advancement to the next phase	Yes/ No	
Does this competency require performance in a patient	Yes/ No	
Number of times the student must have performed the skill		
	Date Completed	**Supervisor**
Certified by Faculty: Name, Date and UID		
Student's descriptive narrative of skill acquired		
Faculty only: If the student has not completed the competency, write down the reasons and remedial measures suggested		

Section IV

Formative Elements to be marked by Tutor

(Desirable competencies in attitude, ethics and communication skills that may be included in whole or part of the formative assessment of the student)

	Competency	**PY1**	**PY2**	**PY3**	**PY4**
	Indicate as appropriate to the level of training DME: Does not meet expectations; ME - Meets Expectations; N/A: Not applicable				
1.	demonstrate ability to work in a team of peers and superiors				
2.	demonstrates respect to patient privacy				
3.	demonstrate ability to maintain confidentiality in patient care				
4.	demonstrate a commitment to continued learning				
5.	demonstrate responsibility and work ethics while working in the health care team				
6.	demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers				
7.	demonstrates ability to maintain required documentation in health care (including correct use of medical records)				
8.	demonstrates personal grooming that is adequate and appropriate for health care responsibilities				
9.	demonstrates adequate knowledge and use of information technology that permits appropriate patient care and continued learning				
10.	demonstrates respect and follows the correct procedure when handling cadavers and other biologic tissues				
11.	demonstrates awareness of limitations and seeks help and consultations appropriately				
12.	demonstrates appropriate respect to colleagues in the profession				
	Feedback provided to student (Y/N)				
	Signed by Mentor/tutor Name: Faculty ID	Initial/ Date	Initial/ Date	Initial/ Date	Initial/ Date

Appendix 1

List of competencies in Attitude, Ethics and Communication

Note: Competencies from 1 - 39 are core competencies. Competencies 40 -54 are non-core (desirable) competencies that be assessed formatively

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
1	Enumerate and describe professional qualities and roles of a physician	K	KH
2	Describe and discuss the commitment to lifelong learning as an important part of physician growth	K	KH
3	Describe and discuss the role of non-malfeasance as a guiding principle in patient care	K	KH
4	Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care	K	KH
5	Describe and discuss the role of beneficence of a guiding principle in patient care	K	KH
6	Describe and discuss the role of a physician in health care system	K	KH
7	Describe and discuss the role of justice as a guiding principle in patient care	K	KH
8	Identify and discuss medico-legal, socioeconomic and ethical issues as it pertains to organ donation	K	KH
9	Identify and discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / medical termination of pregnancy and reproductive rights	K	KH
10	Identify, discuss and defend medico-legal, socio-cultural economic and ethical issues as it pertains to rights, equity and justice in access to health care	K	KH

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
11	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to confidentiality in patient care	K	KH
12	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care	K	KH
13	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making	K	KH
14	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to decision making in emergency care including situations where patients do not have the capability or capacity to give consent	K	KH
15	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to research in human subjects	K	KH
16	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to health care in children (including parental right to refuse treatment)	K	KH
17	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to health care in children including parental rights	K	KH
18	Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures	K	KH
19	Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues as it pertains to the physician patient relationship (including fiduciary duty)	K	KH

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
20	Identify and discuss physician's role and responsibility to society and the community that she/ he serves	K	KH
21	Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues in physician industry relationships	K	KH
22	Demonstrate ability to work in a team of peers and superiors	S	SH
23	Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non-judgemental and empathetic manner	S	SH
24	Demonstrate respect to patient privacy	S	SH
25	Demonstrate ability to maintain confidentiality in patient care	S	SH
26	Demonstrate a commitment to continued learning	S	SH
27	Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers	S	SH
28	Demonstrate responsibility and work ethics while working in the health care team	S	SH
29	Demonstrate ability to maintain required documentation in health care (including correct use of medical records)	S	SH
30	Demonstrate personal grooming that is adequate and appropriate for health care responsibilities	S	SH
31	Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning	S	SH

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
32	Demonstrate respect and follows the correct procedure when handling cadavers and other biologic tissues	S	SH
33	Administer informed consent and appropriately address patient queries to a patient undergoing a surgical procedure in a simulated environment	S	SH
34	Communicate diagnostic and therapeutic options to patient and family in a simulated environment	S	SH
35	Communicate care options to patient and family with a terminal illness in a simulated environment	S	SH
36	Demonstrate awareness of limitations and seeks help and consultations appropriately	S	SH
37	Demonstrate appropriate respect to colleagues in the profession	S	SH
38	Demonstrate an understanding of the implications and the appropriate procedure and response to be followed in the event of medical errors	S	SH
39	Identify conflicts of interest in patient care and professional relationships and describes the correct response to these conflicts	S	SH
40	Demonstrate empathy in patient encounters	S	SH
41	Demonstrate ability to balance personal professional priorities	S	SH
42	Demonstrate ability to manage time appropriately	S	SH
43	Demonstrate ability to form and function in appropriate professional networks	S	SH

No	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
44	Demonstrate ability to pursue and seek career advancement	S	SH
45	Demonstrate ability to follow risk management and medical error reduction practices where appropriate	S	SH
46	Demonstrate ability to work in a mentoring relationship with junior colleagues	S	SH
47	Demonstrate commitment to learning and scholarship	S	SH
48	Identify, discuss and defend medico-legal, socio-cultural, economic and ethical issues as they pertain to in vitro fertilisation donor insemination and surrogate motherhood	K	KH
49	Identify, discuss and defend medico-legal, socio-cultural professional and ethical issues pertaining to medical negligence	K	KH
50	Identify, discuss and defend medico-legal, socio-cultural professional and ethical issues pertaining to malpractice	K	KH
51	Identify, discuss and defend medico-legal, socio-cultural professional and ethical issues in dealing with impaired physicians	K	KH
52	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support	K	KH
53	Demonstrate altruism	S	SH
54	Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment	S	SH

Additional list of desirable competencies in attitude, ethics and communication but listed as non-core

Competency	Domain	Level
Identify, discuss, and defend medico-legal, socio-cultural and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support	K	KH
Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues in dealing with impaired doctors	K	KH
Demonstrate altruism	S	KH
Administer informed consent and appropriately addresses patient queries to a patient being enrolled in a research protocol in a simulated environment	S	KH
Demonstrate appropriate respect to colleagues in the profession	S	SH
Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to medical negligence	K	KH
Identify, discuss and defend medico-legal, socio-cultural, professional and ethical issues pertaining to malpractice	K	KH
Demonstrate ability to balance personal professional priorities	S	SH
Demonstrate ability to manage time appropriately	S	SH
Demonstrate ability to form and function in appropriate professional networks	S	SH
Demonstrate ability to pursue and seek career advancement	S	SH
Demonstrate ability to follow risk management and medical error reduction practices where appropriate	S	SH
Demonstrate ability to work in a mentoring relationship with junior colleagues	S	SH

Competency	Domain	Level
Demonstrate commitment to learning and scholarship	S	SH

Appendix 2

Communication skills rating scale adapted from Kalamazoo consensus statement

Rating 1-3 - Poor, 4 -6 Satisfactory, 6 -10 Superior

Criteria	Score
Builds relationship	
Opens the discussion	
Gathers information	
Understands the patient's perspective	
Shares information	
Manages flow	
Overall rating	

BOARD of GOVERNORS in supersession of
Medical Council of India

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

Knows → Knows how → Shows → Shows how → Performs

Observe

Demonstrate

Enumerate

Assist

Counsel

Describe

Prescribe

Analyse

Integrate

Guide

Communicate

Correlate

Interpret

Module 1

Foundation Course

Critique

Collaborate

Clinician | Communicator | Team Leader | Professional | Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Foundation Course for the Undergraduate Medical Education Program

2019

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FOREWORD

Medical education and educators have the responsibility of training the custodians of the health of the nation. The MBBS program is the foundation of the health delivery system in the country creating health care providers who need to provide not only adequate, appropriate and cost effective care but also need to be leaders of their community. Through the program it is expected that students will be able to fulfill their professional and personal goals and aspirations in addition to the expectations of the profession, society and nation. The course can be demanding and requires the learner to respond to the challenges of continued learning and improvement. Besides acquisition of new skills, learner is required to provide leadership in challenging situations and demonstrate exemplary professional and humanistic attributes. Medical students come from varied backgrounds and require a bridge that will transition from school to a professional course.

The Board of Governors in supersession of Medical Council of India has therefore created a Foundation Course that will not only serve as a bridge for the student into the MBBS program but will also orient the student to the knowledge, skills and attitude required of him or her during the program. The Foundation Course is envisaged to be a month long program with continued support provided through the year for students to acquire language, communication and computer skills. Particular emphasis on professional and ethical behaviour is placed in the Foundation Course; this dovetails into the AETCOM module - one of the flagship programs of the MBBS curriculum.

This booklet has been developed by experts and is meant to be used as a program guide for the Foundation Course. It outlines the outcomes that are intended to be achieved; it also incorporates examples of the Foundation Course program derived from best practices from around the country. Institutions are encouraged to develop their own Foundation Course that addresses local needs and brings out the institutional flavour while aligning the whole program to the outcomes identified in the booklet. The Medical Council of India also welcomes institutions to share their learning feedback and best practices that will enhance the value and structure of the program in the coming years.

The Council is grateful to the experts who have developed this booklet for their time and effort. Appreciation is also due to the Academic Cell and the members of expert group headed by Dr. Avinash Supe under whose guidance the course and the competency based curriculum has been developed and is being progressively rolled out in the country.

(Dr. V. K. Paul)

डॉ. राकेश कुमार वत्स
महासचिव
Dr. R.K. Vats
Secretary General

सत्यमेव जयते

भारतीय आयुर्विज्ञान परिषद
के अधिक्रमण में शासी बोर्ड
पॉकेट – 14, सेक्टर – 8 द्वारका फेस– 1
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Foreword

India has the unique distinction of having the largest number of medical schools since it has taken the responsibility to create a large pool of health educators who would be responsible to train the young Indian Medical Graduate joining the undergraduate medical education program. The MBBS program is the foundation of the health delivery system in the country, creating health care providers who need to provide not only adequate, appropriate and cost effective health care but also need to be leaders of their community, in due course. Medical students in India come from diverse backgrounds in terms of geography, culture, language, economy, social construct, medium of instruction and education Boards. The MBBS course is a highly challenging programwhich prepares the student for a lifetime of altruistic care, continued learning, discipline, professional and ethical behavior and respect for human interactions, systems and processes. It is therefore necessary that a smooth transition of the high school student to this challenging learning stream is ensured and to achieve this, a Foundation Course at the beginning of the MBBS program was considered necessary.

This booklet has been developed by Council-nominated experts and is meant to be used as a program guide for the Foundation Course; institutions are encouraged to develop their own format of the Foundation Course that addresses local needs while aligning the whole program to the outcomes identified in the booklet. The Foundation Course is the forerunner to the roll out of the competency based UG curriculum across the country under the aegis of the Medical Council of India & Board of Governors.

The Council is grateful to the Expert group who have developed this booklet for their valuable time, knowledge, expertise and effort ably supported by the Academic Cell of the Council.

Vatsa

Secretary General

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Curriculum Implementation Support Program

Module – 1

FOUNDATION COURSE

FOUNDATION COURSE

Objective of the document

The objective of this document is to facilitate institutions and faculty in implementing a **Foundation Course** of one-month duration at the beginning of the MBBS course that will sensitise the fresh medical student with the required knowledge and skills that will assist him/her in acclimatising to the new professional environment which would be his/her milieu for a life-long career in the medical profession. The Foundation Course will ~~also~~ provide a sound foundation for learning in the MBBS course and later in their professional career. While the institutions are expected to abide by the general guidelines, local changes can be made depending on the context and requirements.

1. Glossary of terms used in the document

Orientation: Refers to the awareness created in new students with respect to place (learning environment and facility), time, teaching schedules and timetables, processes (Rules, Regulations, policies and procedures), personnel (faculty, staff, and mentors), patients and their relatives.

Skills Module: Refers to basic skills that are considered important for all health care personnel who deal with patients and requires students to be trained in prior to entering patient care areas.

Enhancement skills: Refers to those skills which are needed to enable students from diverse backgrounds (including different Boards, language of instruction, culture and varied degrees of technological exposure) to appreciate and accommodate the similarities and differences in medical practice and to feel at par with each other.

Sports and extra-curricular activities: Refers to sports and extra - curricular activities permitted within the time schedule.

Professionalism and ethics: Professionalism defines a set of values and behaviour that build the trust that a patient has in his/ her doctor. Ethics are principles that govern the behaviour of doctors. Professional competence, effective communication and ethics are the three founding principles of Professionalism.

2. Introduction

Medical education in India requires training in a wide spectrum of domains that involves exposure to human interactions and interpersonal relationships in various settings including hospital, community, clinics etc. The training is intense and demands great commitment, resilience and lifelong learning. Students enter a new environment in medical college at around 17 years of age directly from school which can be challenging. Therefore, it is desirable to create a period of acclimatisation and familiarization to the new environment. This would include an introduction to the course structure, learning methods, technology usage, and peer interactions which would facilitate their smooth transition from high school to medical college.

This is proposed to be achieved through a dedicated one month exclusive "Foundation Course", at the beginning of the MBBS course, to orient and sensitize the student to the various identified areas. Many of these identified areas will need to be followed up by more focused outcome-based sessions at various stages in the MBBS course. This will be achieved through activities/small courses integrated throughout the course which will be like the thread running through a garland. At appropriate stages throughout the course, emphasis will be laid on the various essential roles of the "Indian Medical Graduate".

3. Purpose

The purpose of the Foundation Course include:

a) Orienting the students to all aspects of the medical college environment.
b) Equipping them with certain basic, but important, skills required for patient care and enhancing their communication, language, computer and learning skills.
c) Providing opportunity for peer and faculty interactions and an overall sensitisation to the various learning methodologies.

4. Context from proposed GMER 2019 (Graduate Medical Education Regulations)

9.1. Foundation Course

Goal: The goal of the Foundation Course is to prepare a learner to study Medicine effectively. It will be of one-month duration after admission (see Table 1).

9.1.1 **Objectives:** The objectives are to:

(i) Orient the learner to:

a. The medical profession and the physician's role in society
b. The MBBS programme
c. Alternate health systems in the country and history of medicine
d. Medical ethics, attitudes and professionalism
e. Health care system and its delivery
f. National health priorities and policies
g. Universal precautions and vaccinations
h. Patient safety and biohazard safety
i. Principles of primary care (general and community-based care)
j. The academic ambience

(ii) Enable the learner to acquire enhanced skills in:

a. Language
b. Interpersonal relationships
c. Communication
d. Learning including self-directed learning
e. Time management
f. Stress management
g. Use of information technology

(iii) Train the learner to provide:

a. First-aid
b. Basic life support

9.1.2 In addition to the above, learners may be enrolled in one of the following programmes which will be run concurrently:

(i) Local language programme
(ii) English language programme

(iii) Computer skills

These may be done in the last hours of the day for the duration of the Foundation Course.

9.1.3 These sessions must be as interactive as possible.

5. Major Components

The major components of the Foundation Course include:

- **Orientation Program:** This includes orienting students to all the components mentioned in GMER 9.1 and should be completed as one block in the first week.
- **Skills Module (Basic):** This involves skill sessions such as Basic Life Support, First Aid, Universal precautions and biomedical waste and safety management that students need to be trained prior to entering the patient care areas.
- **Field visit to Community and Primary Health Centre:** These visits provide orientation to the care delivery through community and primary health centres, and include interaction with health care workers, patients and their families.
- **Professional development including Ethics:** This is an introduction to the concept of Professionalism and Ethics. This component will provide students with understanding that clinical competence, communication skills and sound ethical principles are the foundation of professionalism. It will also provide understanding of the consequences of unethical and unprofessional behaviour, value of honesty, integrity and respect in all interactions. Professional attributes such as accountability, altruism, pursuit of excellence, empathy, compassion and humanism will be addressed. It should inculcate respect and sensitivity for gender, background, culture, regional and language diversities. It should also include respect towards the differently abled persons. It introduces the students to the basic concept of compassionate care and functioning as a part of a health care team. It sensitises students to “learning” as a behaviour and to the appropriate methods of learning.

Orientation to Professionalism and Ethics will continue as the AETCOM module after the first month of the MBBS course and throughout the first year, with reinforcement of the various components introduced.

- **Sports and Extracurricular activities:** These have been included, in order to demonstrate the importance of work-life balance in a demanding profession, and provide an opportunity for students to have compulsory physical activity and to showcase their talents. The Foundation Course should have compulsory 4 hours

per week for sports and 2 hours per week for extracurricular activities, adding up to 22 hours.

- **Enhancement of Language / Computer skills / Learning Skills:** These are sessions to provide opportunity for the students from diverse background and language competence to undergo training for speaking and writing English, fluency in local language and basic computer skills. The students should be sensitized to various learning methodologies such as small group discussions, skills lab, simulations, documentation and concept of Self-Directed learning.

Structure of the program for students

Table.1

Subjects/ Contents	Total Teaching hours
Orientation[1]	30
Skills Module [2]	35
Field visit to Community Health Centre	8
Professional Development including ethics	40
Sports and Extracurricular activities	22
Enhancement of language/ computer skills[3]	40
Total teaching hours	175

1. Orientation course will be completed as single block in first week and will contain elements outlined in the section 9.1.1of the GMR
2. Skills modules will contain elements outlined in the section 9.1.1 of the GMR
3. Based on perceived needs the students may choose any or both of language enhancements (English or local spoken or both) and computer skills. This should be available longitudinally throughout the duration of the Foundation Course and afterwards.

Foundation Course will be organized by co-ordinator appointed by Dean of the college and will be under supervision by the heads of preclinical departments.

Foundation Course Modules

1. Orientation Module — **Total hours: 30**
   - 1A. Orientation Module: Introduction to institution / campus / facilities
   - 1B. Orientation Module: Role of doctors in the society
   - 1C. Orientation Module: History of Medicine and alternate systems
   - 1D. Orientation Module: IMG roles / overview MBBS curriculum various career pathways
   - 1E. Orientation Module : Principles of family practice
2. Skills Module: — **Total hours: 35**
   - 2A.Skills Module: First Aid
   - 2B.Skills Module: BLS
   - 2C.Skills Module: Universal precautions
   - 2D.Skills Module: Waste management
   - 2E.Skills Module: Immunization
   - 2F.Skills Module: Documentation
3. Community orientation module — **Total hours: 8**
   - 3A. Community Orientation Module: National Health goals and policies/ health Care systems/ community health
   - 3B. Community Orientation Module: Interactions with patients and families, Communities.
4. Professional Development and Ethics Module (P&E) — **Total hours: 40**
   - 4A. (P&E): Concept of Professionalism and Ethics
   - 4B. (P&E): White coat Ceremony
   - 4C. (P&E): Professional behaviour and altruistic behaviour
   - 4D. (P&E): Working in a health care team
   - 4E. (P&E): Disability competencies
   - 4F. (P&E): Cultural competence
   - 4G. (P&E): Stress management
   - 4H. (P&E): Time management
   - 4I. (P&E): Interpersonal relationship
   - 4J. (P&E): Learning
5. Enhancement of Language and Computer Skills Module — **Total hours:40**
   - 5A.Enhancement of Language and Computer Skills Module: Communication
   - 5B.Enhancement of Language and Computer Skills Module: Local Language training
   - 5C. Enhancement of Language and Computer Skills Module: English Language training
   - 5D.Enhancement of Language and Computer Skills Module: Computer Skills training
6. Sports and extracurricular activities: — **Total hours: 22**

Sports should be for a mandatory 4 hours per week and extra-curricular activities 2 hours per week, subject to a total of 22 hours.

6. Learning outcomes

Code	COMPETENCY The student should be able to:	Domain	K/KH/ SH/P
1.	Topic : ORIENTATION		
FC 1.1	Demonstrate understanding of the role of doctors in the society and their impact	A	KH
FC 1.2	Demonstrate understanding of the Roles of an Indian Medical Graduate and relate it to the societal impact	A	KH
FC 1.3	Discuss and appreciate the expectations of the students from the Nation, society, Institution, peers, colleagues and patients and vice versa	A	KH
FC 1.4	Demonstrate understanding of the rules and regulations of the institution	A	SH
FC 1.5	Orient themselves to the college campus, facilities, faculty, administrative structure, support systems and processes of the institution	A	KH
FC 1.6	Discuss the various career pathways and opportunities for personal growth	A	KH
FC 1.7	Demonstrate understanding of the overview of MBBS curriculum, its structure and outcomes and its relation to the career pathways	K	KH
FC 1.8	Demonstrate understanding the role of physician at various levels of Health care delivery	K	KH
FC 1.9	Discuss the principles of family practice	K	KH
FC 1.10	Demonstrate awareness of the History of Medicine and alternate systems of Medicine	K	K
2	**Topic : Skills**		
FC 2.1	Perform Basic Life support in Skills lab	S	SH
FC 2.2	Perform First Aid in a simulated environment	S	SH
FC 2.3	Follow bio-safety and universal precautions	S	SH
FC 2.4	Demonstrate handling and safe disposal of Biohazardous materials in a simulated environment	S	SH
FC 2.5	Demonstrate proper hand washing and use of personal protective equipment	S	SH

FC 2.6	Demonstrate appropriate response to needle stick injuries	S	SH
FC 2.7	Demonstrate Biomedical Waste segregation (BMW), observe and explain the process of management of BMW in accordance with National Regulations	S	SH
FC 2.8	Discuss the Immunization requirements of Health care professionals	K	KH
FC 2.9	Demonstrate awareness of significance of documentation in patient care and the proper method of documentation	S	SH
3	**Community Orientation and field visits**		
FC 3.1	Demonstrate understanding of the National Health Goals and Policies	K	KH
FC 3.2	Discuss the national health scenario, demographic, socio-cultural and epidemiological issues	K	KH
FC 3.3	Demonstrate understanding of the health care systems in India with reference to primary, secondary and tertiary level care	K	KH
FC 3.4	Discuss the basic principles of community health and its impact on health and disease	S	SH
FC 3.5	Demonstrate understanding of the structure and functioning of the community health center	K	KH
FC 3.6	Demonstrate ability to obtain patient experiences through patient and family interactions and relate these experiences to impact of environment and diseases.	S	SH
4	**Professional Development including Ethics**		
FC 4.1	Demonstrate understanding of the concept of Professionalism and ethics among health care professionals and discuss the consequences of unprofessional and unethical behavior	S	KH
FC 4.2	Demonstrate understanding that compassion, altruism, integrity, duty, responsibility and trust are the core values that defines the nature of the physician's work	K	KH
FC 4.3	Discuss the value, honesty and respect during interaction with peers, seniors, faculty, other health care workers and patients	S	KH

FC 4.4	Discuss the significance of working in a health care team	S	KH
FC 4.5	Discuss disability competencies	K	KH
FC 4.6	Demonstrate understanding and respect of cultural diversities and interact with those with different cultural values	K/A	KH
FC 4.7	Discuss the significance and methods of stress management and risk taking behavior.	K	KH
FC 4.8	Understand the role of Yoga and meditation in personal health	S	S
FC 4.9	Discuss the significance and appropriate ways of Time management	K	KH
FC 4.10	Demonstrate understanding of importance of interpersonal relationship while working in a health care team	S	KH
FC 4.11	Understand the role of mentoring	S	KH
FC 4.12	Demonstrates understanding of the process of group learning and group dynamics	S	KH
FC 4.13	Comprehend the learning pedagogy and its role in learning skills	S	KH
FC 4.14	Demonstrates understanding of different methods of self-directed learning	S	KH
FC 4.15	Understand collaborative learning	S	KH
5	**Enhancement skills - Communication and language skills**		
FC 5.1	Demonstrate ability to communicate with patient and families, be aware of barriers to communication and appropriate ways to respond	C	SH
FC 5.2	Demonstrate use of local language in patient and peer interactions	C	SH
FC 5.3	Demonstrate ability to communicate and learn in English	C	SH
FC 5.4	Demonstrate basic computer skills	S	SH
FC 5.5	Demonstrate ability for accessing online resources	S	SH

7. Formative and Internal Assessment

- Foundation Course is compulsory and an attendance of 75% will be mandatory
- Feedback, comments and/or grades about the student's performance by the faculty mentor can be documented particularly for the skills training
- The performance of the students in the Foundation Course will **NOT** contribute towards internal assessment marks.
- Student's feedback about the Foundation Course also needs to be documented in a structured format. This will help in gathering student's perceptions about various aspects of Foundation Course and help in program evaluation and refinement.

8. Capacity Building for Faculty

The components of the Foundation Course are multifarious and will require resource faculty from various disciplines. Many of these identified areas of the Foundation Course will need to be followed up by more focused outcome-based sessions at various stages in the course of MBBS through activities spirally integrated throughout the course. The objectives of each of the sessions in the Foundation Course are specific and the resource faculty need to understand not only the content, context and specific objectives of these sessions but also the approach and need for an interactive teaching learning methodology. The Dean/Principal of every medical college will ensure that adequate faculty training and resources are made available for implementation of the Foundation Course.

9. Curricular Governance and Evaluation

The Dean/ Principal in each medical college will identify **a faculty coordinator from preclinical departments** for conduct of the Foundation Course.

The faculty coordinator will identify resource faculty for the various sessions from within and outside the institution and coordinate the training of the resource faculty, the implementation of the program and the evaluation of the program.

Program evaluation report from faculty and students will be submitted to curriculum committee within four weeks of completion of Foundation Course.

Annexures

(The following are examples of schedules and lesson plans that may be used for Foundation Course. Institutions are encouraged to make their own plan tailored to their local needs and aligned to proposed outcomes)

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Week 1	Morning	1A	1B	1C	1D	1E	2F	
	After noon	1A	1B 6A	1C 6A	1D 6A	1E 6A		
Week 2	Morning	2B	2A	2C	2D	2E	6B	
	After noon	2B	2A 6A	2C 6A	2D 6A	2E 6A		
Week 3	Morning	3A	4A	4C	4D	4G	4F 6B	
	After noon	3B	4A 6A	4C 6A	4D 6A	4E 6A		
Week 4	Morning	4H	4J	5A	5D	5D	5B 6B	
	After noon	4I	5B 6A	5B 6A	5B 6A	5B 6A		
Week 5	Morning	5D	5C	5C				
	After noon	5B	5C	4B				

Sample lesson plans

1. Orientation

The purpose of the Orientation Module is to provide the new MBBS student a greater understanding of the medical profession in a historical, local and national context, a knowledge of the institution in which he/she will spend the next six years, and an idea of his/her role as an MBBS student.

1A Orientation Module: Introduction to institution / campus / facilities

The medical students at the very beginning of their course should have a clear understanding of the goals of their training, the expectations of the nation, the vision and mission of the institution, Rules and Regulations of the organisation. They must also be provided an orientation to the campus and the facilities available.

FC 1.2	Demonstrate understanding of the Roles of an Indian Medical Graduate and relate it to the societal impact	A	KH
FC 1.3	Discuss and appreciate the expectations of the students from the nation, society, Institution, peers, colleagues and patients and vice versa	A	KH
FC 1.4	Demonstrate understanding of the rules and regulations of the institution	A	SH
FC 1.5	Orient themselves to the college campus, facilities, faculty, administrative structure, support systems and processes of the institution	A	KH

Objectives:

At the end of the session the students should be able to:

- Explain the Roles of the Indian Medical Graduate
- Discuss their expectations from the Nation, institution, society, colleagues and peers and vice versa
- Understand the Rules and Regulations of the Institution

- Familiarise themselves with the college campus, facilities, administrative structure, support systems and processes of the institution

Methodology

No.	Content area	Methodology	Time
1	Welcome and Introduction by institutional heads	Inspiring talk… to the new MBBS graduates and their parents	2 hours
2	Vision / Mission of the institution		
3	Roles of an Indian Medical Graduate		
4	Expectation of the students from Nation, Society, Institutions, colleagues and peers	Overview lecture/ interactive discussion	1 hour
4	Rules and Regulations of the institution	Overview lecture/ interactive discussion	1 hour
5	Orientation to the college / campus / facilities	▪ Walk through the college including lecture halls, common rooms, preclinical departments, office of the Dean and administration, library, food facilities, security facilities, auditorium – ▪ mini talks at important facilities regarding Rules and Regulations	4 hours
6	Introduction to faculty / mentors	Interactive session with faculty mentors and peers	2 hours

Assessment: Open feedback at the end of the Foundation Course

1B. Orientation Module: Role of doctors in the society

It is important for new entrants to the new MBBS program to have a clear understanding of the roles and responsibilities of a doctor in society and the expectations from society, patients and the profession. It is important to sensitise and inspire students to the wider roles of physicians in society beyond patient-doctor interaction.

FC 1.1	Demonstrate understanding of the role of the doctors in the society and their impact	A	KH

Objectives:

At the end of this session, the student will be able to:

1. Appreciate the wider role of physicians in society beyond the physician – patient interaction
2. Reflection their own potential roles in society

At the end of this session, the moderators will be able to:

1. Better understand the attitude of students who join the medical course regarding their perceptions of the social role of physicians
2. Review the session and make plans for:
    a. Further sessions
    b. The session next year

Methodology

No	Sub session	Methods	Requirements	Time
1	**Introduction**	Moderators, observers and other participants		10 minutes
2	Role of doctors buzz groups	• Create buzz groups of 10 students each • Ask each group to list, discuss and note down on separate cards the various roles of doctors • After 10 minutes, ask one student from each batch to bring up their cards to put on four different posters which will be labelled at the back as – diagnostic role, treating role, physician-patient interactive roles, societal role. ▪ The students will be blinded to labels at the back of poster. The moderator will help them separate and place their cards. • At the end, the entire group will view the posters – the moderator will turn the posters around to show the poster titles at the back The discussion that follows will be based on the	10 cards per group i.e. 150 cards Felt pens 04 large black poster sheets A4 white paper – for notes and observations	30 minutes

		nature of responses: • Do the students see the doctor within a constrained role? • Is there a societal role for doctors in all conditions? – is there an even greater relevance in a diverse, unequal society like India • Is there a possibility that doctors remove themselves from society – us (ivory tower) AND them – the concept of isolationism and the 'urban citadel'		
3	Short film	**Short film: In Silence – maternal mortality in India** Discussion: • Is this a medical problem or are there wider problems? • If there are wider problems, what are they? • What can doctors do to address wider problems? • Do doctors have privileged roles in society	LCD projector with adequate sound facilities	30 minutes

		that they can exploit for greater common good?		
4	Meet the doctor	**Meet the doctor:** Three doctors with diverse backgrounds who have chosen wider roles in society: They introduce themselves and their work **Interview them:** • Why did they choose this option? • What were the choices that they had to make? • What challenges did they face? • What advice, if any, would they give to these students?	Arrange chairs for visitors to face the students	6o minutes
5	Wrap up	Wrap up: Each student gets one card. • Think of one social issue in your own local area. • What could you do to help address that issue?	150 cards 4 black poster sheets 60 brief feedback questionnaires	30 minutes

		Students stick it on a poster entitled – • I AM PART OF SOCIETY – I CAN CONTRIBUTE TO IT • Time for entire batch to review what has been put up- • Which of the sessions did you like the most & why?		

Alternative method

No	Sub Session	Methods	Requirements	Time
1	Introduction	An interactive lecture to discuss • the roles of a physician and the expectation from the patient, families and society. followed by small group discussion Videos / clippings relating to the roles of the doctor could also be used as a trigger for discussion	LCD projector, audio output for video, Appropriate Video clips, Flip charts, Marker pens	1 hour
2	Shadowing the physician	Students asked to shadow Physicians and • observe patient- physician interaction and their expectations from doctors		2 hours
3	Reflection	Small group discussion and reflection		2 hours
4	Wrap up	Summarize salient points		10 minutes

Assessment: Formative: May be assessed by active discussion in the small group session or by Reflective writing in log book.

1C.Orientation Module: History of Medicine and alternate systems

Students at the time of entry into MBBS must be introduced to the evolution of the system of medicine which they will be learning and appreciate the great men and women behind many of the seemingly mundane practices and concepts in modern medicine. The students should also be introduced to the alternative systems that are available and how they can impact patient preferences and choices.

FC 1.10	Demonstrate awareness of the History of Medicine and alternate systems of Medicine	K	K

Objectives

At the end of the session, the students should be able to:

1. Discuss the History of Medicine
2. Distinguish Alternative Medicine, Complementary Medicine and Evidence based Medicine
3. Discuss the various Alternative Medicine practices in India and its practice impact

Methodology

No	Sub Session	Methods	Requirements	Time
1	Overview	lecture/ interactive discussion	LCD projector, Flip charts, Marker pens	30 minutes
2	Group work	Students, split into groups, are given a structured task on • obtaining information on one important aspect of the History of Medicine (example – evolution of the germ	History of Medicine hand outs	3 hours

		theory of medicine, discovery of vaccines,…etc) Small group discussion and reflection Presentation by groups and discussion		
3	Alternate systems of Medicine	lecture/ interactive discussion to address the following questions • What is Alternative Medicine? • What is Complementary Medicine? • What is Evidence Based Medicine? • What is the difference between Modern Medicine and Complementary and Alternative Medicine (CAM)? • What is the practice impact?	LCD projector, Flip charts, Marker pens	1 hour
3	Wrap up	Summation and learning points		10 minutes

Assessment: General feedback about the usefulness of the session for future planning

1D. Orientation Module: IMG roles / overview of MBBS curriculum and various career pathways

It is important for medical students at entry to have an overview of the curricular frame work and the expected learning outcomes from them. It is very important for them to know their career path and the road ahead.

FC 1.2	Demonstrate understanding of the Roles of an Indian Medical Graduate and relate it to the societal impact	A	KH
FC 1.7	Demonstrate understanding of the overview of MBBS curriculum, its structure and outcomes and its relation to the career pathways	K	KH
FC 1.6	Discuss the various career pathways and opportunities for personal growth	A	KH

The objectives

At the end of the session, the students should be able to:

- Comprehend the overall Goal and outcomes of the MBBS program
- Reflect on the various Roles of the Indian Medical Graduate
- Discuss the structure of the MBBS program
- Recognise the various career pathways that are available for their Career growth

Methodology

No	Sub Session	Methods	Requirements	Time
1	GMR 2019	Lecture/ interactive discussion about the salient features of the GMR 2019 • Explain the MBBS curriculum, its structure, outcomes and curricular requirements for course completion and program certification	LCD projector, Flip charts, Marker pens GMR 2019 handouts	1 hour
2	Panel discussion	A panel of specialists and physicians from diverse career pathways • Discuss the opportunities for the students followed by a question answer session. This could be done by the Alumni from various career back grounds		2 hour
3	Wrap up	Summation and learning points		10 minutes

Assessment: General feedback about the usefulness of the session for future planning

1E Orientation Module: Principles of family practice

The students need to be provided a basic understanding of the concept of family practice and holistic care. It is also important for the student to understand the role of the family practitioner in the health system, the role they could play at the various levels of health care.

FC1.8	Demonstrate understanding the role of physician at various levels of Health care delivery	K	KH
FC 1.9	Discuss the principles of family practice	K	KH

Objectives:

At the end of this session, the student will be able to:

1. Discuss the principles of family practice and holistic care
2. Describe the role of the physician in the health care system

Methodology

No	Sub Session	Methods	Requirements	Time
1	Principles of family practice and holistic care	Lecture/ interactive discussion about the ten principles of family practice: ▪ Caring ▪ Clinical Competence ▪ Cost-effectiveness ▪ Continuity of care ▪ Comprehensive care ▪ Common problems management expertise	LCD projector, Flip charts, Marker pens Case vignette or a visit to a family practitioner	1 hour

		▪ Co-ordination of Care ▪ Community based care and research ▪ Counselling and Communication skills ▪ Continuing Medical Education (CME) Depending on available time the session may be preceded by either an appropriate case vignette or a visit to a family practitioner		

Assessment: Formative: Reflective writing

2. Skills

The fresh undergraduate student should be aware of some basic principles of Hospital safety and trained in certain basic skills that are mandated before they enter patient care areas. These are a part of quality initiatives to ensure patient and physician safety.

2A and 2B Skills module 1 and 2: BLS and First Aid

New entrants into medical fraternity should have a basic understanding of resuscitation and first aid skills.

The Basic Life Support (BLS): CPR provider training is designed to provide the students with foundational knowledge and skills needed to perform cardiopulmonary resuscitation (CPR) and other lifesaving skills. The first-aid component of this course addresses additional circumstances and diseases that may require intervention and assistance before the patient is transferred to emergency medical services.

FC 2.1	Perform Basic Life support in Skills lab	S	SH
FC 2.2	Perform First Aid in a simulated environment	S	SH

Objectives:

At the end of this session, the student will be able to:

1. Perform adequate chest compressions, deliver adequate ventilations in adults and children and appropriately use of an Automated External Defibrillator (AED).
2. Recognize and initiate first aid for several life threatening emergencies.

150 students can be divided into two groups of 75 each. Each group should be engaged by facilitators for a three hour session inclusive of break and subsequently groups should be rotated.

Group 1: Basic Life Support

No	Sub Session	Methods	Requirements	Time
1	Introduction	Introduction to Basic Life Support. Its importance and need.		15 minutes
2	Demonstration with appropriate videos followed by Hands on training	15 groups of 5 students each = 75 Total Demonstrate individual skills of basic life support followed by hands on practice of each skill and finally integration of all the skills in a patient scenario. • Introduce them to C-A-B algorithm • Recognition of cardiac and respiratory arrest • Pulse check • Chest compression • Delivering effective breaths • Use of an AED • Integration of all skill sets into a single scenario. These skills will be taught for both adults and children (including infants)	Space/Area to accommodate 75 students, Adult, child and infant Basic Life support mannequins. LCD projector with adequate sound facilities to show appropriate videos.	2.5 hours (150 minutes)
3	Wrap up	Feedback from students and guidance for future learning		15 minutes

Group 2: First Aid

No	Sub Session	Methods	Requirements	Time
1	Introduction	Introduction to several life threatening emergencies, the importance of first aid and its benefits.		15 minutes
2	Appropriate videos followed by discussion and hands on training when required.	75 students: Table top discussion Initial videos to demonstrate emergency scenarios followed by appropriate first aid. • First Aid Basics (Approach) • Medical emergencies (Breathing problems, Choking, Allergic reactions) • Injury Emergencies (Bleeding, Bandaging, Burns, Electrical Injuries) • Environmental Emergencies (Bites and stings, heat cramps) Emphasis on Do's and Don'ts in each category.	Space/Area to accommodate75 students, adult, child and infant Basic Life support mannequins. LCD projector with adequate sound facilities to show appropriate videos.	2.5 hours (150 minutes)
3	**Wrap up**	Feedback from students and guidance for future learning		15 minutes

Assessment: Assessment of skill performance as a part of the formative assessment

2C Skills Module: Universal Precautions (UP)

FC 2.3	Follow biosafety and universal precautions	S	SH
FC 2.4	Demonstrate handling and safe disposal of Bio hazardous materials in a simulated environment	S	SH
FC 2.5	Demonstrate proper hand washing and use of personal protective equipment	S	SH
FC 2.6	Demonstrate appropriate response to needle stick injuries	S	SH

Objectives:

At the end of this session, the student will be able to:

1. Define Universal Precautions
2. List essential components of Universal Precautions
3. List infective and non- infective body fluids
4. Demonstrate correct techniques of Hand washing, gloving/degloving, disinfection, handling sharps, waste disposal

Methodology

No	Sub Session	Methods	Requirements	Time
1	Definition of Universal Precautions (UP)	Interactive lecture about: ▪ Definition of UP ▪ Essential components of UP ▪ Infective and non-infective body fluids (may use a drill to recap)	LCD projector, Flip charts, Marker pens	1 hour
2	Interactive practical demonstration	▪ Divide the students into groups of not more than 10 per group. There should be one faculty per group who will conduct an interactive practical demo about ▪ Use of hand rub ▪ Gloving and de-gloving The students will be then allowed to demonstrate the correct method and receive feedback		2 hour
3	Wrap up	Summation and learning points		10 minutes

Assessment: Formative assessment, OSCE

2D Skills Module: Waste management

FC 2.7	Demonstrate Biomedical Waste (BMW) segregation, observe and reflect on the process of management of BMW in accordance with National regulation	S	SH

Objectives:

At the end of this session, the student will be able to:

1. Define biomedical waste
2. Explain the hazards of improper disposal of biomedical wastes
3. Describe the different types of waste generated in a health care facility
4. Explain how one should segregate waste
5. Explain how one should dispose biomedical wastes
6. Methodology

No	Sub session	Methods	Requirements	Time
1	Definition of BMW	Interactive lecture about: ▪ Definition of biomedical wastes ▪ Different types of waste generated in a health care facility) ▪ Segregation and disposal of waste	LCD projector, Flip charts, Marker pens	1 hour

Assessment: Students may present a reflection of their observation, OSCE on BMW segregation

2E Skills Module: Immunization

The students should be sensitised to the occupational exposure and the need for protection and safety. During this session, it's important to review the immunisation status of the students and also ensure compliance to the requirements.

FC 2.8	Discuss the Immunization requirements of Health care professionals	K	KH

Objectives:

At the end of this session, the student will be able to:

1. List the vaccine-preventable diseases (VPD)
2. Explain why vaccination is important for staff and students
3. Describe the vaccination recommendation for health care personnel (Hepatitis B, Chicken pox etc.)

Methodology

No	Sub Session	Methods	Requirements	Time
1	Vaccine-preventable diseases and recommendations for health care personnel	Interactive lecture about: • What are vaccine-preventable diseases (VPD)? • Why is vaccination important for staff? • VPDs in healthcare • Recommendation for health care personnel (Hepatitis B, Chicken pox)	LCD projector, Flip charts, Marker pens	1 hour

Assessment: Formative assessment, short notes, Viva in summative assessments

2F Skills Module: Documentation

The students in the first year should be introduced to the importance of “Documentation” in patient care. They should learn the method of appropriate documentation and understand its significance in patient and employee safety.

FC 2.9	Demonstrate awareness of significance of documentation in patient care and the proper method of documentation	S	SH

Objectives

At the end of the session, the students should be able to:

- Explain the importance of documentation as a physician responsibility
- Discuss the consequences of appropriate and inappropriate documentation on patient and employee safety
- Observe the correct method of documentation in patient record
- Reflect on the process

Method: Large group session that gives an overview and demonstrates the documentation process and explains the right and wrong ways.

- The students can be asked to do mock audit and discuss on patient records (dummy records) with a check list .Small group sessions with peer interaction to guide the new students on the process

Assessment: Formative assessment

3. Community Orientation Module

3A. Community Orientation Module: National Health goals and policies/ health care systems / community health

The medical student should be exposed from the beginning to the community in order to get a bird's eye view of the social, demographic, environmental and cultural factors that influence health and the system of health care delivery at the primary level of health care.

FC 3.1	Demonstrate understanding of the National Health Goals and Policies	K	KH
FC 3.2	Discuss the national health scenario, demographic, socio cultural and epidemiological issues	K	KH
FC 3.3	Demonstrate understanding of the health care systems in India with reference to primary, secondary and tertiary level care	K	KH
FC 3.4	Discuss the basic principles of community health and its impact on health and disease	S	SH
FC 3.5	Demonstrate understanding of the structure and functioning of the community health center	K	KH

Objectives:

At the end of this session, the student will be able to:

1. Explain the National Health goals and policies
2. Discuss the National health scenario, demographic, socio-cultural and epidemiological issues
3. Discuss the health care systems in India with reference to primary, secondary and tertiary level care
4. Describe the basic principles of community health and its impact on Health and disease
5. Observe the structure and functioning of the community health centre
6. Reflect on the observation

Methodology

No	Sub Session	Methods	Requirements	Time
1	National Health: goals and policies	Interactive lecture on National health goals and policies	LCD projector, Flip charts, Marker pens	1 hour
2	National health scenario	Interactive lecture on National health goals and policies	LCD projector, Flip charts, Marker pens	1 hour
3	Health care systems in India	Community Health Centre visit and reflection on the experience with particular reference to: A) Levels of health care in a community setting B) Interaction with families in the community setting and the impact of health C) Functioning of the Community Health Centre and health care team Community visit followed by a discussion back in the college	Logistics for community visit	4 hours
4	Principles of community health			
5	Community Health Center			

Assessment: Formative: Reflection writing / discussion of the experience

3B. Community Orientation Module: Interactions with patients and families and communities.

Exposure to the community in the beginning of their profession will sensitize the students to the actual community living of people, the disease impact in the community and its impact on the patient's families and health workers.

FC 3.6	Demonstrate ability to obtain patient experiences through patient and family interactions and relate these experiences to impact of environment and diseases.	S	SH

Objectives:

At the end of this session, the student will be able to demonstrate an understanding of:

1. The effect of family and social environment in the aetiology of diseases
2. Community beliefs and practices related to health and illnesses
3. The environmental health problems in the community
4. Patient experiences to diseases treatment-seeking practice

Methodology

No	Sub Session	Methods	Requirements	Time
1	Interaction with patients and families and communities**.**	• Community Health centre visit and reflection on the experience with particular reference to: • The effect of family and social environment in the aetiology of diseases • Community beliefs and practices related to	Logistics for community visit LCD projector, Flip charts, Marker pens	1 hour (The time for community visit is factored in in the previous session)

		health and illnesses • The environmental health problems in the community • Patient experiences to diseases treatment-seeking practice • Community visit followed by a discussion back in the college		

Assessment: Formative: Reflective writing of their observations

4. Professional Development and Ethics

4A. Professional Development and Ethics Module: Concept of Professionalism and Ethics

The students should be introduced to the concept of professionalism and ethics as an important domain in their learning and practice. They should be made aware of the code of conduct and its significance in life and career.

FC 4.1	Demonstrate understanding of the concept of Professionalism and ethics among health care professionals and discuss the consequences of unprofessional and unethical behavior	S	KH

Objectives:

At the end of this session, the student will be able to:

1. Explain the concept of professionalism and ethics among health care professionals
2. Describe the consequences of unprofessional and unethical behavior

Methodology

No	Sub Session	Methods	Requirements	Time
1	Professionalism and Ethics – the concept	• Interactive lecture about using case vignettes and video • Could use a drill with various scenarios depicting professional and unprofessional behaviour	LCD projector, Flip charts, Marker pens	1 hour
2	Consequences of unprofessional and unethical behavior	• Group work using case vignettes / video • Group presentation and discussion with reference to consequences of unprofessional and unethical behavior		1 hour

Assessment: Formative assessment

4B. Professionalism and Ethics Module: White coat ceremony

FC 4.2	Demonstrate understanding that compassion, altruism, integrity, duty, responsibility and trust are the core values that defines the nature of the physician's work	K	KH

Objective:

At the end of the session, the student is able to:

1. Appreciate the significance of White Coat Ceremony

The white coat reminds physicians of their professional duties, as prescribed by Hippocrates, to lead their lives and practice their art in uprightness and honour. The white coat is a symbol of our profession.

The White Coat Ceremony is a rite of passage, welcoming the new medical students into the medical profession. As medical students, they are bound by the same professional commitments that bind all physicians. This ceremony will join the symbol of the white coat with the virtues of altruism, responsibility, duty, honour, respect, and compassion.

Assessment: Reflections

4C Professionalism and Ethics Module 3: Professional and altruistic behaviour

FC 4.2	Demonstrate understanding that compassion, altruism, integrity duty, responsibility and trust are the core values that defines the nature of the Physician work	K	KH

Objective

At the end of the session, the student should be able to:

- Describe Altruism
- Discuss Altruism as an important professional virtue of a physician

1	Altruism as a virtue of a Physician	• Guest lecture / Address by the dean or director • Case based interactive lecture	LCD projector, Flip charts, Marker pens	1hour
2	Case discussion	• The students will discuss case in groups		1 hour

Assessment: Formative assessment while discussing in groups

4D Professionalism and Ethics Module: Working in a health care team

One of the major roles of the Indian Medical Graduate is that of being a member of a health care team. While the MBBS program is structured to build this competence during its course, an introduction to the concept of working in a team is essential at the beginning.

FC 4.3	Discuss the value of honesty and respect during interaction with peers, seniors, faculty, other health care workers and patients	S	KH
FC 4.4	Discuss the significance of working in a health care team	S	KH

Objectives:

At the end of this session, the student will be able to:

1. Describe the significance of working in a health care team
2. Discuss the role of honesty ,respect and trust

Methodology

No	Sub Session	Methods	Requirements	Time
1	Working in a health care team	1. The students visit several patient care area and observe functioning of the Multidisciplinary teams, such as the emergency OPD, or OT, or labour room 2. The students may be posted in small groups to observe and reflect with regard to the 5	LCD projector, Flip charts, Marker pens	1 hour

		important aspects of working in a team: a. Shared goals b. Communication c. Leadership d. Role clarity e. Trust / respect 3. Group presentation and discussion		

3. **Assessment :** Formative assessment during group discussions / presentations

4E Professionalism and ethics Module 5: Disability competencies

As newly joined medical students, they need to recognize the importance of various deviations from majority that are happening in human life. Disability is part of human diversity. Differently abled individuals need to be understood and recognized by any stream that deals with human life.

India was one of the first major country who ratified the greatest human rights instrument of 21st Century, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and accordingly amended its disability legislation incorporating human rights approach to Rights of Persons with Disabilities (RPDA) Act, 2016. The Act mandates inducting disability content into all professional courses including medical field.

Educational Strategy

An Indian Medical Graduate is expected to have disability competence which is the skills and attributes essential to provide quality health care to patients with disabilities. It is the social responsibility of medical institutions to be empathetic towards the marginalized section. Disability competencies and suggested teaching-learning methods are provided in table 2.

Table 2. Disability Competencies under the Five Roles of the Indian Medical Graduate (IMG)

IMG Role	FC 4.5 Competencies addressed The student should be able to:	Domain	Level	Suggested TLM	Duration

Clinician	**4.5.1** Describe disability as per United Nations Convention on the Rights of Persons with Disabilities while demonstrating respect for the differences and capacities of persons with disabilities as part of human diversity and humanity.	K	KH	Lecture/or panel discussion involving person with disability	1 hour
Clinician	**4.5.2** Compare and contrast medical and social model of disability.	K	KH	Patient narratives in small groups followed by sharing amongst groups	
Communicator	**4.5.3** Build an understanding on the disability etiquettes while addressing people with disabilities	S/A	SH	Standardized patient with disabilities in small groups followed by sharing amongst groups	1 hour
Lifelong learner	**4.5.4** Demonstrate awareness of the disabilities included in the Rights of Persons with Disabilities Act, 2016.	K	KH	Case histories, incidental reports in small groups followed by sharing amongst groups	
Communicator	**4.5.5** Demonstrate the use of verbal and non-verbal empathetic communication techniques while communicating with people with disabilities	S/A	SH	Clinical patient encounter with guidance in small groups followed by sharing amongst groups	1 hour

Professional	**4.5.6** Demonstrate a non-discriminatory behaviour towards patients or caregivers with disabilities	A	SH	Video or simulated encounters or Forum Theatre (Theatre of the Oppressed) Class room Session	
Lifelong learner	**4.5.7** Have an understanding of accessible healthcare setting for patients with disabilities, including universal design	K	KH	Functioning of NGO or accessible Disability Unit	Visit or SGD-2 hours
Leader	**4.5.8** Advocate social inclusion by raising awareness of the human rights of persons with disabilities.	K	KH	Self-reflection paper/blog SDL	SDL- 2 hours

Modified-from Disability-inclusive Compassionate Care: Core Competencies on Disability for Health Professions Education by Medical Humanities Group, UCMS, Delhi

4F. Professionalism and Ethics Module: Cultural competence

Cultural competence is the ability to interact respectfully with colleagues from any culture and requires critical consciousness. It is a congruent set of behaviours, attitudes, skills, policy and procedures that come together in a system, agency, or among individual professionals to enable them to work effectively in cross cultural situations. This is relevant for the medical students as they are joining MBBS in medical colleges throughout all states in India and students from outside India are also joining medical colleges in India. Therefore, the cross cultural component will help students a lot as the cultural diversity is unique and vast in the country.

FC 4.6	Demonstrate understanding and respect of cultural diversities and interact with those with different cultural values	K/A	KH

Objectives:

At the end of this session, the student will be able to:

1. Describe components of cultural competence

Methodology

No	Sub Session	Methods	Requirements	Time
1	Components of cultural competence	• An interactive lecture on the components	LCD projector, Flip charts, Marker pens	1 hour

Professionalism and Ethics Module: Stress management

The first year students are challenged with many changes including the new place,peers, atmosphere, environment and a major leap in the learning styles and contents. This induces stress making them vulnerable. Hence, it is important to address the role of stress during their learning period and methods to enhance their resilience.

FC 4.7	Discuss the significance and methods of stress management and risk taking behaviour.	K	KH
FC 4.8	Understand the role of yoga and meditation in personal health	S	S

Objectives

At the end of the session, the student should be able to:

- Describe the situation that may cause stress during their learning period
- Discuss the health impact of stress
- Appreciate the various stress management techniques including yoga and meditation
- Discuss the spectrum of risk - taking behaviour, consequences and ways to manage

Case based discussion to be held in small groups on stressful situations such, academic stress, examination stress, peer pressure, family pressure, gender issues, discrimination, dealing with emotions. Various risk taking behaviours such as violence, drug abuse, rash driving, bullying etc. should be addressed.

A Yoga / Meditation demonstration by an expert followed by reflection on the experience may be done.

4 H Professional Development and Ethics Module: Time management

Good time management is essential for a Professional. Many deadlines for college work occur at the same time, and unless the student plans ahead, he/she will find it difficult to manage. Learning how to manage time will help them maintain academic performance as well as a life outside of school.

FC 4.9	Discuss the significance and appropriate ways of time management	S	SH

Objectives:

At the end of this session, the student will be able to:

1. Describe the importance of time management
2. Prioritize their activities in order to manage time better
3. Identify and handle their own distractions and interruptions

Methodology

No	Sub Session	Methods	Requirements	Time
1	Importance of time management	• An interactive lecture	LCD projector, Flip charts, Marker pens	1/2 hour
2	Prioritization	• Group work using the “action priority matrix” • Discussion		1 hour

3	Distractions and Interruptions	• Administer the time management skills questionnaire • Students to reflect their own strengths • Ask students to work in groups and write down what they think are the main distractions / interruptions that a MBBS student will face. • Ask the groups to discuss and present the solutions to the above		1 hour
4	Wrap up	Summarize and take general feedback about the session		5 minutes

Assessment: Formative

4I Professional Development and Ethics Module: Interpersonal relationship

The students should understand the role of interpersonal relationship while interacting with the patients, families, peers, superiors and health care personnel. They should understand the significance of these interactions and professional boundaries. They should understand and experience the role of mentoring in personal and professional growth.

FC 4.10	Demonstrate understanding of importance of interpersonal relationship while working in a health care team	S	KH
FC 4.11	Understand the role of mentoring	S	KH

Learning method:

(1) Role plays to understand the significance of interpersonal relationship and group discussion

(2) Interactive lecture on Mentoring followed by allotment of mentors to the new batch

(3) Mentor-Mentee interaction and road ahead

4J Professionalism and Ethics: Learning

After years of formal schooling, students enter the MBBS course often without having mastered the fundamental skills of learning. When they begin their course and are propelled into a more active learner mode, understanding of these fundamentals becomes vital. Students will learn how to learn through many avenues, such as modelling, curiosity, and situational need. This session on learning is included in the Foundation Course as a way to help them understand the process learning.

FC 4.12	Demonstrate understanding of the process of group learning and group dynamics	S	KH
FC 4.13	Comprehend the learning pedagogy and its role in learning skills	S	KH

FC 4.14	Demonstrate understanding of different methods of self-directed learning	S	KH
FC 4.15	Understand collaborative learning	S	KH

Objectives:

1. To recognize the need to learn
2. To identify and maximize one's learning style
3. To describe how people learn
4. Experience collaborative and group learning
5. Discuss the methods of SDL and its application in their routine learning

Learning method

- Students are subjected learning style evaluation and asked to reflect
- Students are exposed to various methods through self -experience and role play and asked to reflect

Assessment: Nil

5 Enhancement of Language and Computer Skills:

5A Enhancement of Language and Computer Skills Module: Communication

Good communication skills are essential for an optimal doctor-patient relationship, relationship between peers/colleagues and also colleagues in a team which ultimately also contributes to improved health outcomes. Training in communication skills needs approaches which are different from that of teaching other clinical subjects.

FC5.1	Demonstrate ability to communicate with patient and families, be aware of barriers to communication and appropriate ways to respond	C	SH

Objectives:

At the end of this session, the student will be able to:

1. Describe the basic elements of communication skills
2. Explain the importance of listening and empathy in communication
3. Explain the importance of good communication skills in medicine
4. Recognise the common barriers to communication
5. Observe patient and family interactions (Videos , Role plays)
6. Reflect on the appropriate ways to respond

Methodology

No	Sub Session	Methods	Requirements	Time
1	Basic communication skills	• Lectures (PPT), role plays, group	LCD projector, Flip charts,	3 hours

2	Listening skills	discussions, brainstorming	Marker pens	
3	Importance of empathy in communication skills			
4	Importance of good communication in medicine			
5	Observe patient and family interactions	• Video demo / Role play of patient and family interaction • Ask students to reflect on appropriate and inappropriate responses	Video	

Assessment: Formative during group discussions

5B Enhancement Skills Module 8: Local Language skills

The local language skills training will be conducted as per the felt need and may continue beyond the Foundation Course.

FC 5.2	Demonstrate use of local language in patient and peer interactions	C	SH

Sessions will be organised in small groups and rotated between enhancement skills

5C Enhancement Skills Module 8: English Language skills

The English language skills training will be conducted as per the felt need and may continue beyond the Foundation Course.

FC 5.3	Demonstrate ability to communicate and learn in English	C	SH

Sessions will be organised in small groups and rotated between enhancement skills

Enhancement of Language and computer skills Module: Basic computer skills

The students should be competent in the use of ICT in teaching and learning. The students should be introduced to the basic use of word and power point, familiar with search engines, in performing a literature search and accessing online resources.

FC 5.4	Demonstrate basic computer skills	S	SH
FC 5.5	Demonstrate ability for accessing online resources	S	SH

The students are posted to the computer / Active learning centre for the training and it will continue as per need of the students beyond Foundation Course

6 Sports and extracurricular activities

Should be for a mandatory 4 hours per week and extra-curricular activities 2 hours per week, subject to a maximum of 22 hours

1. Further Reading link

https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-I.pdf

https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-II.pdf

https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-III.pdf

https://www.mciindia.org/CMS/wp-content/uploads/2019/01/AETCOM_book.pdf

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COMPETENCY BASED UNDERGRADUATE CURRICULUM
FOR THE INDIAN MEDICAL GRADUATE

Knows Knows how Shows Shows how Performs

Observe

Demonstrate

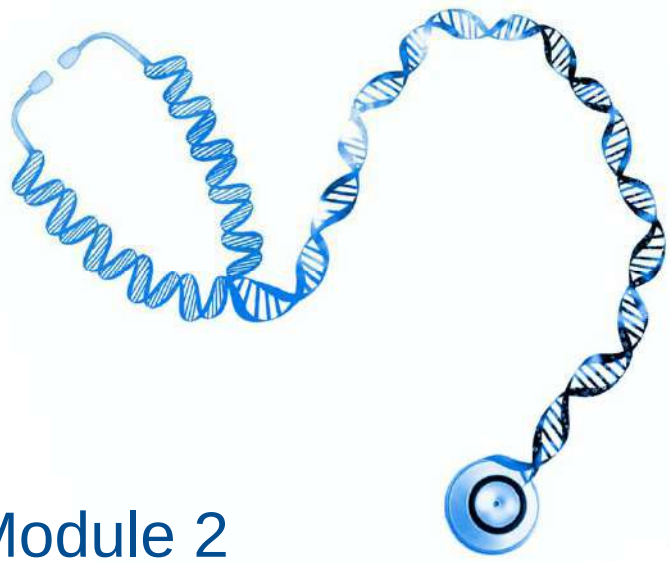
Enumerate

Assist

Counsel

Describe

Prescribe



Analyse

Integrate

Guide

Communicate

Correlate

Interpret

Module 2

Early Clinical Exposure

Critique

Collaborate

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Early Clinical Exposure for

Undergraduate Medical Education

Program

2019

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Foreword

Early Clinical Exposure

The primary objective of medical education is to prepare students for a lifetime of patient care. The students must not lose this perspective through their years of study. One of the key requisites of a curriculum is providing relevance to learning. The competency driven curriculum developed for the MBBS program has several unique features that guides student learning by maintaining a focus on patients.

Early Clinical Exposure introduces some aspects of clinical and social contexts of patient care into the first year of undergraduate teaching program. The purpose of this program is to provide a reference to basic science learning so that students can understand the applicative aspects of learning. Importantly it helps to reinforce comprehension of normal and its altered expression and disease states.

Early patient contact by the student is desirable because it introduces the learner to the most important stakeholder in his or her career at a nascent time; this will hopefully provide the stimulus and encouragement required for the learner to focus on the task ahead. Simple designed programs - allowing patient interaction/context in a supervised setting - will facilitate the student to learn from patient's perception of illness, its effect on health, its impact on family relationships and well-being and professional activity. Providing such opportunities for "immersive learning" early in the curriculum will shape the learner's commitment to care, empathy, altruism and service, the guiding principles enshrined in the new curriculum.

Introduction of Early Clinical Exposure in the undergraduate curriculum fulfills a long standing request of educators. This booklet incorporates some ideas and best practices gleaned from experts and institutions across the country. We are confident that each institution will add to this corpus of experience, their own lessons, cases and modules and hopefully share them with other institutions.

The Early Clinical Exposure program is designed to enrich the learning experience of the student and provide him or her tools that will not only strengthen the foundation laid in the first phase, but also bring to focus the larger import of learning done in that phase to future phases and career. We are grateful to the members of the Expert Group and the Academic Cell for painstakingly putting this booklet together. We hope that teachers and institutions will benefit from the suggestions provided herein and can successfully adapt and apply them into their own environment.

Chairman, BOG

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Foreword

Early Clinical Exposure

This booklet provides a suggested pattern for the Early Clinical Exposure component for the MBBS program commencing 2019. The Early Clinical Exposure component allows students to understand basic science from an applicative perspective. The ability to learn concepts with their future application will generate interest and provide for greater retention and comprehension in the learner. One key aspect of this component is provision of authentic human contact. Exposure to patients and their families early will be a great influence on the professional and personal development of students and provide a stimulus to improved learning.

This booklet has been developed by experts invited by the Board of Governors in super cession of the MCI and incorporates their vast expertise and experience. The time and effort spent in creating this guide that can be used by institutions to develop their own learning process and content is gratefully acknowledged. Appreciation is also due to the efforts of the Academic Cell and of the faculty at various Regional and Nodal centers who worked tirelessly to ensure that the new competency driven curriculum and its various unique components are implemented fully and flawlessly across the medical colleges in the country.

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Curriculum Implementation Support Program

Module – 2

EARLY CLINICAL EXPOSURE

Early Clinical Exposure

Guidelines for Universities, Curricular Committees and Faculty

Early Clinical Exposure (ECE) provides a clinical context and relevance to basic sciences learning. It also facilitates early involvement in the healthcare environment that serves as motivation and reference point for students, leading to their professional growth & development.

1. Objectives of the Document are to:

- Describe the modalities of applications of ECE in a medical college
- Facilitate the development of modules of ECE for students
- Facilitate Implementation of ECEin their medical college

2. Introduction:

Students require context to understand basic sciences. They also require grounding in human and social aspects of the practice of medicine. Early clinical correlation and exposure to clinical environment will provide a point of reference and relevance to the novice learner. The ECE program in the MBBS curriculum tries to create an opportunity for students to correlate learning in Phase I subjects with their clinical application. Learning of basic sciences with respect to a clinical context can improve student's motivation to learn and also improve retention. It also provides authentic human context and early introduction to immersion into the clinical environment.

The MBBS curriculum has therefore been modified such that clinical exposure can be introduced earlier along with the basic sciences. Students will be able to learn the basic and clinical sciences by means of integrating learning activities, like early clinical contact, clinical skills, communication skills or task-based learning sessions.

Students can be exposed to clinical experiences in various forms and in a variety of settings which are outlined in this booklet. This does not reduce the

importance of traditional basic science instruction, but enriches and contextualizes the learning for the students.

3. Objectives of Early Clinical Exposure:

The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

(a) Recognize the relevance of basic sciences in diagnosis, patient care and treatment
(b) Provide a context that will enhance basic science learning
(c) Relate to experience of patients as a motivation to learn.
(d) Recognize attitude, ethics and professionalism as integral to the doctor-patient relationship
(e) Understand the socio-cultural context of diseases through the study of humanities

4. Elements of ECE:

The three elements of ECE are:

1. Provision of clinical correlation to basic sciences learning.
2. Provision of authentic human contact in a social or clinical context that enhances learning in the early/pre-clinical years of undergraduate education.
3. Introduction to humanities in medicine

Salient Principles:

The key principles underlying early clinical exposure are providing a clinical context and ensuring patient centricity. Early clinical exposure provides for the three key elements listed above. The clinical context can include case scenario, videos, actual patient, simulated patient etc. The presence of actual patients in every sessions of ECE, though not essential, is preferred. Therefore, ECE is exposure to the relevant clinical context in earlier years. It must be noted

that purpose of ECE is not to prepone the conventional clinical teaching but to provide better understanding of basic sciences through a clinical context.

5. Context from proposed GMER 2019:

9.2.1 Objectives:

The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

(a) Recognize the relevance of basic sciences in diagnosis, patient care and treatment
(b) Provide a context that will enhance basic science learning
(c) Relate to experience of patients as a motivation to learn
(d) Recognize attitude, ethics and professionalism as integral to the doctor-patient relationship
(e) Understand the socio-cultural context of diseases through the study of humanities

9.2.2 Elements:

a) **Basic science correlation:** To apply and correlate principles of basic sciences as they relate to the care of the patient (this will also become part of integrated modules).
b) **Clinical skills:** To include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training will be imparted in the time allotted for early clinical exposure).
c) **Humanities:** To introduce learners to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

6. Structure of the program for students:

Planning of activities & its distribution

It would be desirable to plan all teaching learning sessions in basic sciences around a clinical scenario so that students understand its relevance. But the clinical scenario in ECE should not be restricted to just the initial part of the teaching sessions, but form a framework around which learning will occur.

The time allotted for ECE in first year (as per GMR, 2019) is 90 hours which has to be equally divided among the three preclinical subjects. So the time available for each subject is 30 hours. It is suggested that, it can be further divided as follows:

1. **Basic sciences correlation** (18 hours): One three hour session per month for 6 months may be allotted. The clinical context can be introduced using actual patient contact or by use of paper based cases, charts (e.g. use of spirogram, electromyogram with its clinical correlation), graphics (e.g. using photos of gigantism/hypothyroidism/ Cushing's syndrome in endocrinology), videos (e.g. videos depicting normal & abnormal respiratory movements, embryology, endoscopy, laryngoscopy etc.), reports (e.g. blood/urine reports indicating biochemical markers), field visits etc. in community/ hospital laboratories.

2. **Clinical skills (experience and human context)** (12 hours): Three hour session per month for 4 months per department may be allotted. Cases may be demonstrated by preclinical faculty or clinicians, in out-patient departments/ wards/ demonstration rooms, as feasible, in small groups.

   Each 3-hour session of clinical experience can follow the guidelines below:

   - Introduction to the module & instruction by preclinical faculty: 30 minutes

- Clinical experience (in groups at different places like wards/OPDs/classrooms with guided observation/checklist): 1 hour 30 minutes
- Summary & conclusion (with learning points): 30 minutes
- Reflection (with guidance & monitoring) on what was learnt: 30 minutes

Examples of clinical context and related learning outcomes are provided in **Annexure I.**

Examples of deviations from normal to be observed and noted by student when exposed to clinical context are given in **Annexure II**. These can be used while preparing observation guides.

It is important to finalise a detailed observation guide for students and instruct them, before the actual interaction, regarding what he/she is supposed to observe during the ECE session. In observation guide, list out clinical features the student has to focus in the particular context. You may refer to the sample modules for ECE given in **Annexure III.**

3. **Humanities:** This will be merged with AETCOM module and therefore no additional time is allotted.

   A sample for Humanities module is attached in **Annexure IV**

7. Formative & Internal Assessment:

Formative assessment will have a major role in the teaching of Early Clinical Exposure. The assessment must focus on students' activities during ECE. Students will participate in various activities such as case based scenarios, live patient's interactions, simulated patients, videos etc. A record of these activities should be maintained and assessed periodically.

Elements from ECE should be included as appropriate in formative and summative assessments of the respective subjects.

A) Internal Assessment:

Early Clinical Exposure should be part of internal assessment for the respective subject. During assessment, questions should test clinical correlation in basic sciences.

B) University Examinations:

It is suggested that examinations should include elements from ECE to test the ability of the student to apply basic science knowledge in clinical context.

The Modified Essay Questions (Problem based long answer questions), Clinical vignette based Short Answers Questions (SAQ), objective type questions (e.g. Multiple Choice Questions - MCQs) and OSPE can include parts of ECE. **Annexure V** gives examples of clinical vignette based short answer questions.

8. Capacity Building for Faculty:

Faculty Development:

Faculty need to be reoriented to the principles and practice of early clinical exposure. Preclinical and clinical faculty need to coordinate and involve in the activities related to hospital visits. Clinical faculty may be involved in the planning of ECE sessions. Faculty should be trained to develop, implement and assess ECE which is relevant to their subjects and phases including setting question papers, use of case based questions, assessing clinical context in earlier years and applications of the ECE.

9. Implementation, Monitoring / Curricular Governance:

Planning, Implementation and oversight of ECE is the responsibility of the Curriculum Committee of the college. The Curriculum Committee (CC) will work

in collaboration with phase-wise curriculum subcommittee (CSC), and Heads of departments to plan the ECE sessions and coordinate hospital visits.

Responsibilities of Principal/Dean

- Hold regular meetings of the Curriculum Committee and Heads of Departments
- Ensure implementation of ECE & monitor its activities.

Responsibilities of Head of Departments

- Function as Coordinator of ECE program in their disciplines

Responsibilities of Curriculum Committee

- To review regularly and record ECE activities & make necessary changes /adjustments as required from time to time.
- To help in scheduling ECE sessions for class-room, hospital & community visit
- To ensure that the competency based UG curriculum is implemented by all departments as per MCI guidelines.

Responsibilities of MEU

- To arrange the sensitization programs for all faculty members (including the Principal/Dean, Heads of departments of pre-clinical & related clinical departments)
- To train and orient the resource persons

10. Further Reading:

List of resources

Must read

1. Başak O, Yaphe J, Spiegel W, Wilm S, Carelli F, Metsemakers JFM. Early clinical exposure in medical curricula across Europe: An overview. Eur J Gen Pract. 2009 Jan 1;15(1):4–10.

Additional reading

2. Dornan T, Littlewood S, Margolis SA, Scherpbier A, Spencer J, Ypinazar V. How can experience in clinical and community settings contribute to early medical education? A BEME systematic review. Med Teach. 2006 Feb; 28(1):3–18.
3. McLean M. Sometimes we do get it right! Early clinical contact is a rewarding experience. Educ Health Abingdon Engl. 2004 Mar; 17(1):42–52.
4. Abramovitch H, Shenkman L, Schlank E, Shoham S, Borkan J. A tale of two exposures: a comparison of two approaches to early clinical exposure. Educ Health Abingdon Engl. 2002;15(3):386–90.
5. Kachur EK. Observation during early clinical exposure – an effective instructional tool or a bore? Med Educ. 2003; 37(2):88–9.
6. MacLeod RD, Parkin C, Pullon S, Robertson G. Early clinical exposure to people who are dying: learning to care at the end of life. Med Educ. 2003; 37(1):51–8.
7. Duque G, Gold S, Bergman H. Early Clinical Exposure to Geriatric Medicine in Second-Year Medical School Students—The McGill Experience. J Am Geriatr Soc. 2003; 51(4):544–8.
8. Johnson AK, Scott CS. Relationship between early clinical exposure and first-year students' attitudes toward medical education. Acad Med J Assoc Am Med Coll. 1998 Apr; 73(4):430–2.
9. Vyas R, Jacob M, Faith M, Isaac B, Rabi S, Sathishkumar S, et al. An effective integrated learning programme in the first year of the medical course. Natl Med J India. 2008; 21(1):21–6.
10. Sathishkumar S, Thomas N, Tharion E, Neelakantan N, Vyas R. Attitude of medical students towards Early Clinical Exposure in learning endocrine physiology. BMC Med Educ. 2007 Sep 5; 7:30.

11. Badyal DK and Singh T. Teaching of the basic sciences in medicine: Changing trends. –The changing trends. National Medical Journal of India. 2015; 28(3):137-40.

Annexure I

Examples of clinical context and related learning outcome

Clinical Context	Outcome
Parkinson's disease (Neurophysiology) *Patient/video/simulated patient/role play*	1. Demonstrate understanding of alterations in normal functions of Basal ganglia and their clinical expression. 2. Explain anatomical and physiological basis of signs & symptoms of Parkinson's disease 3. Observe examination of Motor system (Tone of the muscles) in a patient with Parkinson's disease
COPD (Respiratory Physiology) ***Patient/video/investigations***	1. Demonstrate understanding of alterations in normal respiratory physiology and anatomy in chronic obstructive lung disease and their clinical expression. 2. Explain the concept of restrictive and obstructive lung disease
Ascites (Abdominal system) *Patient/video/USG*	1. Demonstrate understanding of alterations in normal physiology and anatomy in portal system and their clinical expression. 2. Observe tests for eliciting presence of fluid in abdomen

Claw hand, Foot drop, Carpal tunnel syndrome (Peripheral nerve injuries) Patient/ video	1. Demonstrate understanding of alterations in normal anatomy & function of these nerves and their clinical expression. 2. Observe tests for eliciting normal function of these nerves
Clinical Context	**Outcome**
Varicose veins (Venous drainage of the lower limbs) *patient/video*	1. Demonstrate understanding of alterations in normal anatomy and physiology in peripheral venous system and their clinical expression 2. Demonstrate understanding of principles behind clinical examination of varicose veins
Type 2 Diabetes mellitus (T2DM) (Nutrition & Biochemical Lab tests) *patient/ Lab investigations*	1. Demonstrate understanding of alterations in metabolism and physiology in diabetes mellitus and its clinical expression 2. Explain the basis and rationale of biochemical tests done in diabetes mellitus
Obesity (Nutrition) *Video/Clinical parameters*	1. Demonstrate understanding of alterations in Metabolism and physiology in over nutrition and its clinical expression 2. Explain to the population the health risks associated with being overweight/obesity 3. Describe the metabolic and endocrine consequences of obesity.

Annexure II

Examples of deviations from normal, to be observed and noted by the student, when exposed to clinical context.

Example of the Disease / Disorder	**Deviations from normal, to be observed and noted by student, when exposed to clinical context. The students should be able to compare abnormal and normal**
Cerebellar dysfunction	Tremor, abnormalities of coordination, tone of muscles, findings on elicitation of knee jerk, ocular signs, abnormality in performing alternate rapid movements
Pneumonia	Presence of adventitious sounds on auscultation
Pleural Effusion	Position of mediastinum, findings on percussion, abnormalities of breath sounds
Arthritis	Swelling / Oedema & tenderness in the affected joint, restricted & painful joint movements
Jaundice/Anaemia	Examination for icterus /Pallor- site and colour
Cushing's syndrome	Moon face, hirsuitism, striae, buffalo hump

Annexure III

Sample Modules for ECE

ECE Module 1: Acute Myocardial Infarction (AMI)

Setting: Class room

Topic of Basic Science: Coronary Circulation

ECE through- Acute Myocardial Infarction case(Paper based case / Role play)

Goal:

The student must be able recognize the relevance of coronary circulation in diagnosis, patient care and treatment of Acute MI

Expected Competency:

1. Demonstrate understanding of alterations in normal anatomy and physiology of coronary circulation and its clinical expression.
2. Correlate the clinical manifestation in myocardial infarction with altered coronary circulation
3. Explain the basis and rationale of biochemical tests done in myocardial infarction.

Objectives:

At the end of the ECE module I MBBS student shall be able to:

1) Describe the mechanism of regulation of coronary circulation.
2) Describe the role of lipoproteins in derangement of coronary circulation.
3) Explain the biochemical changes occurring in acute myocardial infarction
4) Identify the clinical manifestation secondary to decreased coronary circulation.
5) Explain the basis of treatment of acute myocardial infarction

Learning Experiences:

Total time: 3 hours

- Introduction and instruction to students: 20 mins.

- Exposure to clinical context and discussion:90 mins
- Summary and conclusion: 10 mins
- Reflection: 30 mins
- Assignment: 30 mins

ECE: Classroom setting: 3 hours

Clinical Context:

A 48 year old company executive experienced a sudden, crushing chest pain, after he returned from his morning walk. His wife noticed that he was pale, sweating profusely and was in distress. She rushed him to the ICU of a nearby hospital immediately. He told the attending physician that on previous occasions too he had felt such pain but he it had subsided with rest. He is known smoker. He also suffers from diabetes, dyslipidemia and hypertension. ECG was taken & it showed ST elevation in leads II, III and AVF. He was admitted in the ICU.

**This clinical scenario can be either used as a paper based case or be performed as a role play if feasible.*

Facilitator's guide:

- *What is the probable reason for the severe pain in chest?*
- *Why did the regulatory mechanisms fail to meet increased demand of Oxygen ?*
- *How are diabetes Mellitus, hypertension and cardiac ischemia related?*
- *What do the changes in ECG indicate?*

Lab report:

Various investigations carried out 4 hours after the onset showed

- Raised cardiac specific troponin T & I
- Raised CK-MB
- Raised Cholesterol (Total, LDL and Triglycerides)

** get an actual lab report copy of a patient of Acute Myocardial infarction admitted at your hospital and use the same taking care not to disclose the identity.*

Facilitator's guide:

- Why are the cardiac Biomarkers raised?
- *What do the serum lipid levels indicate?*
- *What is the role of dyslipidemia in disruption of coronary circulation?*
- *What will be the next steps to manage acute MI?*

Formative assessment:

Submit assignment on the topic anatomical and physiological basis of treatment of acute myocardial infarction**.**

Reflections can be structured using the following guiding questions

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate for improvements in the module

1. How helpful has the ECE module been in improving your knowledge about coronary circulation?
2. Which components of the program helped you to learn?

3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

- ✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Resources

Appropriate text resources to be identified by the institutional subject experts.

ECE Module 2: Post - Myocardial Infarction Counseling

Setting: OPD

Topic: Coronary Circulation

ECE through- Post -Myocardial Infarction Counseling **(OPD visit)**

Goal:

The student must realize the relevance of basic sciences in patient care and relate to experience of patients as a motivation to learn

Expected Competency:

1. Demonstrate knowledge of process of counseling and communicating to patients with empathy, the dietary modifications and lifestyle changes in post coronary syndromes

Objectives:

At the end of the ECE module I MBBS student shall be able to:

1. Explain the basis of necessary dietary and life style modification to be undertaken in a patient recovering from Acute MI
2. Identify the salient features of effective communication between doctor and patient
3. Realize the impact of illness on patient's life

Learning Experiences:

- Introduction and instruction to students: 20 mins
- Exposure to clinical context: 45 mins
- Discussion: 45 mins
- Summary and conclusion: 10 mins
- Reflections: 30 mins
- Assignment: 30 mins

Part I - OPD setting: 45 mins

The Preclinical departments should arrange rotation of students to the OPD in collaboration with Medicine/ Cardiology / Cardiac Rehabilitation departments. Visits should be arranged in small groups so as to offer a better clinical experience. The clinicians should be made aware of the objectives of module. Patients recovering from Acute Myocardial infarction either treated with medications or interventions can be the focus for learning.

Observation Guide:

Students can be divided to observe different aspects of the doctor patient interaction and share ideas in post-clinic discussion.

Instructions to the students: During the consultation with a post-myocardial infarction patient, observe the interaction carefully.

Observation Guide to group A

Note down the lifestyle and dietary modifications advised by the doctor to prevent reoccurrence of MI.

Observation guide to group B

Observe the communication between the doctor and patient and list all the points in this interaction that helped the patient understand the information being shared. Also list the points that could be done to help the patient further.

Patient Interview:

Encourage one of the students in the group to interview the patient regarding how this illness has impacted his/her life.

Part II: Post clinic discussion: 45 mins

In small groups

- Students observing different aspects will share ideas.
- Facilitator must take care to give an opportunity to all students to voice their observations.

- All points emerging must be noted down on black board/ whiteboard during discussion.
- Facilitator to encourage the students to discuss the reasons for the dietary and life style modification to be undertaken in a patient recovering from Acute MI.
- Facilitator will also discuss the points of effective communication between doctor and patient, focusing on the importance of explaining in a way the patient understands.

  This can be linked with module 1.4 of AETCOM - the foundations of Communication-1 and used for introducing or reinforcing the principles of effective communication.

  For discussing points of effective communication, the Kalamazoo consensus statement which provides a working model for teaching communication skills can be used.

  1. Builds relationship
  2. Opens the discussion
  3. Gathers information
  4. Understands the patient's perspective
  5. Shares information
  6. Manages flow

  The other option is to use the Five A's behavior change model for health behavior change counseling to improve chronic illness care- Assess, Advise, Agree, Assist, Arrange.
- Discuss about how this illness affects the patient's life.
- At the end the student is asked to reflect on the experience and write it down in the log book.

Formative assessment:

- **Clinical skills:** Doctor patient communication can be assessed using Log book to record the patient details in the clinical experience. Reflections about

this patient encounter in the OPD is to be written down by the student and reviewed by teacher-in-charge of ECE.

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Reflections can be structured using the following guiding questions

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate for improvements in the module:

1. How helpful has the ECE module been in improving your knowledge about lifestyle changes post myocardial infarction?
2. Which components of the program helped you to learn?
3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Resources:

1. Makoul G. Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 2001; Apr; 76(4): 390-3.
2. Vallis, Michael et al. “Clinical review: modified 5 As: minimal intervention for obesity counseling in primary care” Canadian family physician Medecin de famille canadien vol. 59, 1 (2013): 27-31.

ECE Module 3: Parkinson's disease

Setting: OPD/ Classroom

Topic: Role of Basal Ganglia in Voluntary control of posture and movement

ECE through: Parkinson's disease (actual patient/ video)

Goal:

The student must realize the relevance of basic sciences in patient care and relate to experience of patients as a motivation to learn.

Expected Competency:

1. Demonstrate understanding of alterations in normal functions of Basal ganglia and its clinical expression.

Objectives:

At the end of the ECE module I MBBS student shall be able to:

1. Explain anatomical, biochemical and physiological basis of symptoms and signs of Parkinson's disease
2. Explain the difference between pyramidal and extrapyramidal lesions
3. Observe the examination of motor system

   *Please note that teaching-learning of the clinical skills must be supplemented by a DOAP session (Demonstrate Observe Assist Perform)on examination of Motor system or preceded by it, as feasible, so that the student is able to demonstrate the correct clinical examination of the motor system ultimately.

Learning Experiences:

- Introduction and instruction to students: 20 mins
- Exposure to clinical context and Discussion: 90 mins
- Summary and conclusion: 10 mins
- Reflections: 30 mins
- Assignment: 30 mins

ECE: Classroom setting: 3 hours

Actual patient/simulated patient with Parkinson's disease can be invited to the classroom or a video recording of the history and physical examination can be shown to the students as per feasibility.

Observation Guide:

Instructions to the students:

- During the consultation, listen carefully to the patient's complaints. Note the onset, duration and progress of these symptoms.
- Observe the physical examination carried out and note down the salient features of the examination.
- Try to find an explanation for his/her symptoms and signs.

Part II: Post clinic discussion: 1 hr

In small groups:

- Students will share their observations
- Facilitator must take care to give an opportunity to all students to voice their observations.
- All points emerging must be noted down on black board/ whiteboard during discussion
- Facilitator discusses the patient's history –onset of tremors and parts affected history of falls, poor balance, muscle stiffness, drooling of saliva, difficulty in writing, loss of memory along with change in voice and the basis of signs like: mask-like face, pill rolling movement, festinant gait and cog wheel rigidity.
- Facilitator also discusses the technique of examination of tone in the patient.
- At the end, the student is asked to reflect on the experience and write it down in the log book.

Formative assessment:

Basic Science correlation: To be assessed on the basis of assignment on 'Treatment options for the Shaking Palsy'

Reflections can be structured using the following guiding questions:

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate forimprovements in the module

1. How helpful has the ECE module been in improving your knowledge about Parkinson's disease?
2. Which components of the program helped you to learn?
3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Resources:

Appropriate text resources to be identified by the institutional subject experts.

ECE Module4: Varicose Veins

Setting: Classroom & OPD

Topic of Basic Science: Front of Thigh / Veins of Lower limb

ECE through- Varicose vein case (Video / Patient)

Goal:

The student must be able recognize the clinical manifestations of altered anatomy of venous system.

Expected Competency:

1. Demonstrate understanding of alterations in normal anatomy and physiology in peripheral venous system and its clinical expression
2. Demonstrate understanding of principles behind clinical examination of Varicose veins

Objectives

1. Discuss the clinical manifestation of impaired venous drainage in Lower limb
2. Explain the basis of treatment of Varicose veins

Learning Experiences:

- Introduction and Instruction to students: 20 mins
- Exposure to clinical context and discussion: 90 mins
- Summary and conclusion: 10 mins
- Reflections: 30 mins
- Assignment: 30 mins

ECE: Classroom setting: 3 hours

A 40-year old male, bus conductor noted dilated engorged tubular structures over his calf and thigh region. These were becoming prominent after a long time standing posture.

**This clinical scenario can be used as either, a paper based case supplemented by video or on actual patient if feasible.

Facilitators guide:

- *What are these dilated engorged tubular structures?*
- *Why do these develop in lower limb only?*

Clinical Examination:

Trendelenburg's test and other clinical tests

**Perform Trendelenburg's test on actual patient, if available.

Facilitators guide:

- *What are the steps to perform Trendelenburg's test? What is anatomical basis for these tests?*
- *Which veins can be tested by this method and why?*
- *What will be the steps to manage varicose veins?*

Formative assessment:

- Structured Long answer question on veins of lower limb
- OSCE for demonstration of Trendelenburg's test
- Submit assignment on the topic medical and surgical basis of treatment of varicose veins.

Reflections can be structured using the following guiding questions:

- What happened? (What did you learn from this experience)

- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate for improvements in the module

1. How helpful has the ECE module been in improving your knowledge about varicose veins?
2. Which components of the program helped you to learn?
3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Resources

Appropriate text resources to be identified by the institutional subject experts.

ECE Module 5: Type 2 Diabetes mellitus (T2DM)

Setting: Class room /OPD

Topic of Basic Science: Carbohydrate Metabolism

ECE through: Type 2 Diabetes Mellitus Case (Role play/ Paper based case/ actual Patient)

Goal: The student must be able recognize the clinical manifestations of altered carbohydrate metabolism

Expected Competency

1. Demonstrate understanding of alterations in metabolism and physiology in diabetes mellitus and its clinical expression
2. Explain the basis and rationale of biochemical tests done in diabetes mellitus

At the end of the ECE module I MBBS student shall be able to:

1. Explain the significance of estimating Blood glucose level, urine glucose and ketone bodies and HbA1c
2. Discuss the role of HbA1c in management of diabetes mellitus
3. List the guidelines to collect blood sample for glucose estimation
4. Interpret the results of the Blood glucose test, Urine glucose,urine ketones and HbA1c
5. Demonstrate the use of glucometer to estimate blood glucose level

Learning Experience:

Total 3 hours

1. Introduction & Instruction 20 mins
2. Exposure to clinical content and discussion in small groups 60 mins
3. DOAP - use of glucometer for estimating blood sugar level 30 mins
4. Summary & Conclusion 10 mins
5. Reflection &Assignment 30 mins

ECE Classroom setting:3 hours

Mr. Shukla, a 45 year old businessman was happy that he had lost 4 kg weight in last 2 months. He felt he was losing weight as he had started drinking more water than usual though he kept feeling hungry all the time. Maybe getting up at night too to empty his bladder was disturbing his sleep and made him feel tired all through the day.

His physical examination and lab investigations carried out as part of the yearly health checkup showed the following significant findings:

BMI: 28

Fasting Plasma Sugar: 180 mg/dl Urine Sugar: absent

Postprandial Plasma Sugar: 230 mg/dl Urine Sugar: +

Urine ketones: absent HbA1c: 7.9 %

He was asked to follow up with a physician so he has come to your OPD.

**Perform this clinical scenario as a role play. You may distribute copies of a mock lab report to aid discussion.*

Facilitator's Guide:

- *Explain what is happening with Mr.Shukla. What are alterations in normal physiology/ biochemistry that can explain clinical presentation of Mr. Shukla?*
- *Why is urine sugar absent in fasting sample?*
- *Explain the significance of raised HbA1c and high BMI in a patient of Type 2 DM*
- *Why should the blood sample for glucose be collected in fluoride -EDTA bulb or tube (grey).*

The facilitator will then have a DOAP session (Demonstrate Observe Assist Perform) on use of glucometer to estimate blood glucose levels

Formative assessment:

Basic Science correlation: To be assessed on the basis of assignment on 'Diabetes - A metabolic disorder'

Reflections can be structured using the following guiding questions:

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Program Evaluation:

✓ Feedback from students to evaluate forimprovements in the module

✓

1. How helpful has the ECE module been in improving your knowledge about disorders of carbohydrate metabolism?
2. Which components of the program helped you to learn?
3. Did the ECE module make learning basic science subjects more interesting?
4. Are you motivated to read further on this topic as a result of participating in ECE?
5. Suggest changes in the program that will help you learn still better.

✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

ECE Module 6: Acid -Base Disorder

Setting: Class room & Clinical Biochemistry Laboratory

Topic of Basic Science: Acid -Base Balance

ECE through: Acid -Base Balance Disorder Case (paper based case)

Goal: The student must be able recognize the clinical manifestations of altered acid base balance

Expected Competency:

1. Describe the processes involved in maintenance of normal pH of body fluids and the derangements associated with these.
2. Discuss and interpret results of Arterial Blood Gas (ABG) analysis in various disorders.
3. Observe use of ABG analyzer.

At the end of the ECE module I MBBS student shall be able to:

1. Explain the basis of the biochemical changes noted due to compensatory mechanisms in various acid base disorders.
2. Describe the use of ABG analysis and Serum electrolyte values in diagnosis of acid base disorders.
3. Describe and interpret the results of the ABG analysis in the different types of Acidosis and Alkalosis.
4. Describe the Principle of Arterial Blood Gas (ABG) analyzer

Learning Experience:

Total 3 hours

1. Introduction & Instruction - 15 mins
2. Exposure to clinical content and Discussion 1hr 30 mins
3. Demonstration of working of ABG analyzer 30 mins

4. Summary & Conclusion 15 mins
5. Assignment 30 mins

ECE Classroom setting: Objectives1-3can be achieved with the help of the following case and Objective 4 can be demonstrated in the Clinical Biochemistry Laboratory.

Part 1:

Mrs. Rajashree is a 45 year old teacher. She was suffering from severe diarrhea for the last 5 days. The stools were watery and copious. She also complained of fatigue and shortness of breath since morning.

Facilitator's Guide:

- *What is the critical course of events that will alter her acid base status?*
- *What acid base abnormalities would you expect in her based on above information?*
- *What physical findings would you expect from this acid base disturbance?*

Part 2:

Her blood reports were as follows:		
Fasting Blood Sugar: 100 mg/dl		$PaCO_2$: 30 mmHg
pH: 7.24	Cl^- :106 meq/L	Na^+ 134 meq/L
HCO_3^-: 15meq/L	K^+: 4.2meq/L	

Facilitator's Guide:

- *Review the Biochemical report. What is the primary abnormality? How did you decide that?*
- *What are alterations in normal physiology/ biochemistry that can explain clinical presentation of Mrs. Rajashree ?*
- *Is the compensatory response observed?*
- *Calculate the anion gap and interpret the findings.*

Part 3:

Laboratory Visit:

The students to observe the working of an ABG analyser in the Laboratory

Facilitator's Guide:

- Facilitator will demonstrate the working of an ABG analyzer and explain its principle.

Formative Assessment:

Students can be given various ABG reports to interpret and explain the compensatory response that would occur.

Reflections can be structured using the following guiding questions:

- What happened? (What did you learn from this experience)
- So what? (What are the applications of this learning)
- What next? (What knowledge or skills do you need to develop so that you can handle this type of situation?

Programme Evaluation:

- ✓ Feedback from students to evaluate and modify program
    1. How helpful has the ECE module been in improving your knowledge about Acid- Base disorders?
    2. Which components of the program helped you to learn?
    3. Did the ECE module make the basic science subjects learning more interesting?
    4. Are you motivated to read further on this topic as a result of participating in ECE?
    5. Provide suggestions to improve leaning further.
- ✓ Written feedback from the faculty regarding their opinion as to whether outcomes were achieved and suggestions to improve the program

Annexure IV

Humanities Module

Study of medical humanities plays a pivotal role in preparing students to practice in the community. It develops the students' capacity to listen, interpret and communicate with patients. Appreciating the subjective aspects of a person's healthand illness will enable them to offer individualised care. It will also provide a channel to the students to express themselves through creative mediums of literature, music and arts.

Literature and Medicine

Background

Medicine is an integral part of literature - classic popular and science fiction. A whole genre of medical fiction exists which reflects the community's view of the medicine, its system and health care workers. Literature also portrays human suffering and gives learners perspectives quite different from that obtained from teachers. Many doctors are prolific writers and have written about personal suffering as well as the impact of medicine. The module allows the learner to explore medicine and human suffering from a literary perspective.

Competency addressed

The learner must explore, discuss and reflect on human illness suffering and medicine as portrayed in literature (classic/contemporary)

Learning Session

Year of Study: 1

Hours: 8 hours

Exploratory session: 2 hours

Self-directed Learning: 4 hours

Research / Task / Report

Discussion and closure: 2 hours

Description:

1. An exploratory session is created where either in small groups or an interactive large group, students are allowed to speak about the portrayal of suffering illness and health care workers and the system as portrayed in classic and contemporary literature. Evoke questions about regional literature in particular. Explore differences in portrayal of doctors in classic vs. contemporary literature. Evoke a discussion about doctors accounts of their own suffering
2. Students, individually or in groups, are asked to choose and read and report on a book that has affected their view of the illness, suffering or the medical profession
3. **Discussion and closure:** A closure session where students share their reflection based on their tasks and learnings and their implications

Assessment

Submitted Narrative and reflections

Annexure V

Clinical vignettes for short answer questions

Sample 1

A 55 year old man complained to his general practitioner that he felt tired easily. He also complained of dizziness, sweating and palpitations after meals. He had undergone partial gastrectomy seven years ago involving removal of major part of body and fundus of the stomach. Since last 2.5 years he had stopped taking Vit B_{12}injections.

Q. Explain the physiological basis of:

a. Need of Vit B_{12} injections after partial gastrectomy involving fundus and body of stomach.

b. Symptoms of dizziness, sweating and palpitations observed after a meal in this patient.

Sample 2

A 35 year old male patient reports to the out-patient department with complaints of increasing stretch marks and muscular atrophy. He also complained of increased weight gain especially on the upper back area.

Q.a. Explain the biochemical features **expected** in this patient.

Q.b. Explain the biochemical basis of the tests used to confirm and further evaluate the cause of this condition.

Sample 3

A patient with a diagnosis of leprosy came to the hospital with complaints of absence of sensation in right hand. Clinical examination showed sensory loss in medial one and half finger & medial side of palmar-dorsal aspects of right hand. There was also flattening of hypothenar eminence &difficulty in holding paper tightly between the affected fingers on right side.

Q.a. Mention the affected structure.

Q.b. Describe branches and area of distribution of the affected structure in hand.

Q.c. Explain the anatomical basis of flattening of hypothenar eminence.

Q.d. Explain the difficulty in holding of paper tightly between fingers on right side.

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COMPETENCY BASED UNDERGRADUATE CURRICULUM
FOR THE INDIAN MEDICAL GRADUATE

Knows Knows how Shows Shows how Performs

Observe

Demonstrate

Enumerate

Assist

Counsel

Describe

Prescribe

Analyse

Integrate

Guide

Communicate

Correlate

Interpret

Module 3

Critique

Assessment

Collaborate

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Assessment Module for Undergraduate Medical Education 2019

Medical Council of India
Pocket-14, Sector-8, Dwarka,
New Delhi 110 077

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Foreword

A popular maxim in education is - if it is not assessed it is not learnt. The introduction of a competency based curriculum makes assessment a crucial element of learning. Indeed, the emphasis on competencies makes assessment of its attainment and maintenance a prerequisite. Assessment must serve both to provide the continued input on the progress of the learner that will allow him or her to calibrate and improve and also to ensure that only the learner with the right set of knowledge, skills and attitude is allowed to be admitted into the profession and to provide patient care.

The introduction of a competency based curriculum necessitates structured formative assessment, periodic internal assessment and end of phase summative assessment with appropriate and effective feedback built in. In addition, a mechanism to assess and document competency and skill acquisition needs to be in place. Workplace based assessments need to be introduced to the extent possible keeping in mind the roll out of the student doctor program.

The task at hand is complex and requires extraordinary collaboration between teachers, institutions and Universities. This booklet attempts to align the needs of institutions, Universities, learners and teachers with assessment of competencies in the new MBBS curriculum. It has been prepared by invited experts who have worked along with the Expert group for curriculum appointed by the Board of Governors in supersession of the Medical Council of India.

The booklet provides clarity and guidelines that will be useful in the development and implementation of assessment in the competency based environment. There is an increased emphasis on assessment of outcomes through alignment with objectives. Also provided are ideas and strategies for meaningful formative and summative assessment. Summative assessment is the domain of the Universities; however, this booklet provides some principles that Universities can adopt while aligning the examinations to the curriculum that the learners will undergo.

I am grateful to the authors and the expert group who have made this booklet possible. Suggestions for improvement are most welcome. Institutions and Universities are encouraged to share their best practices so that we can all learn together and help bring out better doctors who will be an asset to the community that they serve and to the nation as a whole.

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MEDICAL COUNCIL OF INDIA
BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

Foreword

This booklet provides a suggested pattern for Competency Based Assessment for the MBBS program commencing 2019. Summative assessment is the domain of the Universities to whom medical colleges are affiliated. Some changes will be required in the way that learners are tested to meet the requirements in the competency based curriculum. In addition, Competency Based Assessment places increased emphasis on formative and internal assessment. This booklet addresses the needs of institutions, Universities and teachers and is aimed at recalibrating the approach to assessment under the auspices of the new curriculum. The booklet is in alignment with the Regulations in Graduate Medical Education, 2019 Part II document.

This booklet has been developed by experts invited by the Board of Governors in supersession of the Medical Council of India and incorporates their vast expertise and experience. The Board of Governors in supersession of the Medical Council of India acknowledges their time and effort in creating this guide that can be used by institutions to develop their own learning process and content. Appreciation is also due to the efforts of the Academic Cell and faculty at the various Regional and Nodal centres who continue to work tirelessly to ensure that the new competency based curriculum and its various unique components are implemented faithfully and flawlessly across the medical colleges in this country. This will best serve the needs of the country and the cause of medical education.

(Dr. R.K. Vats)
Secretary General

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Curriculum Implementation Support Program

Module - 3

Assessment

Guidelines for Assessment in Competency Based UG Curriculum

1. Objectives of the Document

To help the reader to:

- Understand the role and place of assessment in new competency based curriculum
- Understand the changes in assessment as per new curriculum.
- Understand the differences between the traditional assessment and Competency Based Assessment (CBA).
- Understand the components of competency based assessment.
- Understand the tools for competency based assessment.
- Understand the role of feedback in assessment.
- Plan, develop and implement CBA in the colleges and universities.

2. Glossary of terms used in the document

Summative assessment (University examination)	An assessment conducted at the *end of instruction* to check how much the student has learnt.
Formative assessment	An assessment conducted *during* the instruction with the primary purpose of providing feedback for improving learning.
Internal assessment	Range of assessments conducted by the teachers teaching a particular subject with the express purpose of knowing what is learnt and how it is learnt. Internal assessment can have both formative and summative functions.
Validity	Degree to which the inferences drawn from assessment are supported by empirical evidence or theoretical rationale.

Reliability	Degree of confidence that can be placed in the results. Depending on the context, it can be in terms of precision, consistency or reproducibility.
Competency	An observable activity of the health professional with a judicious and consistent mix of knowledge, skills, attitudes and communication.

3. **Introduction**

Competency based education has been defined as an outcome-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies[1]. Much more than a different style of teaching, competency based curriculum obligates a vastly different perspective on assessment. It mandates greater emphasis on setting up an ongoing and longitudinal assessment so that teachers can identify the stage of the learner and decide whether they need further or different learning opportunities to acquire competency. Assessment in competency based curriculum plays a crucial role in its implementation.

Competency is not an all or none phenomenon. Rather it is incremental. The role of teachers is to help the learner acquire and improve upon the competencies. Competency based curriculum moves away from time bound education and looks at competency as the end point. Consequently, we are no longer interested in demonstration of discrete behaviours by the learners; rather we are interested in application of these in each patient context. Thus, it is more about integration of the required knowledge, skills and attitudes rather than anyone of them in isolation. Therefore, assessment in competency based curriculum should incorporate integration to the extent feasible while maintaining subject identity.

4. **Purpose of assessment in competency based curriculum**

While an obvious purpose of assessment in competency based curriculum is to help the teachers decide if the students have acquired the desired competencies, an equally important purpose is to help the students acquire and improve their competencies. Quality assurance also requires quality assessment.

Major characteristics of competency based assessment are their longitudinal nature, provision of developmental feedback and authentic settings, all of which result in lowering the stakes on individual assessments. This has other important implications also for assessment design. Since the stakes are low and purpose is to improve learning, high standardization and psychometric rigor is not required. Authenticity of assessment task is more important than its structure or objectivity. Expert subjective judgment plays a major role in assessment of competencies.

This difference in perspective stems from three important characteristics of competency based curriculum. First, that by definition, teaching and assessment has to be in the *context* of competencies. Second, that discrete assessment of knowledge, skills and attitudes may not always add up to a competency. Third and probably the most important, that there is a high context specificity in assessment. Performing competency 'A' well does not mean that the student can perform the competency 'B' also as well. Similarly, assessment in demonstration room may not be the same as assessment at the bedside. Moreover, many competencies like communication, team work, sincerity etc. may not be amenable to reliable assessment if done sparingly or only at summative examination. Therefore, all competencies need to be assessed multiple times and in different contexts. An implication of this is that only one summative or end of year examination is not suited for this purpose.

Utility of assessment is traditionally expressed as a notional concept represented as using a product of validity, reliability, acceptability, feasibility and educational impact.[2] For CBA, validity and educational impact are the major determinants of its utility. Despite subjective judgments being involved, their reliability can be improved by increasing the number of assessors, assessments, tasks and by involving all teachers of the department in CBA process. This is a simple intervention to not only take care of subjectivity but also to improve ownership of teaching-learning and assessment.[3]

5. How does CBA differ from traditional assessment?

Traditional assessments are easy to design, administer, score and analyse compared to CBA but may not be able to provide complete information about the stage of the student. Traditional assessments are snap shot observations of learning, are generally not linked to instructions or outcomes and *promote test taking behaviour*. They are fragmented and mainly focus on knowledge (sometimes skills). CBA, on the other hand, provides more comprehensive information about not only the current stage of the student but also about his progression and ascendency. They are longitudinal, often with low stakes and help to reduce examination anxiety. CBA is based on direct observation and therefore helps in generation of authentic feedback, which helps the students to learn better. This process of *assessment for learning* is crucial for the acquisition of competencies.

Competency based assessment should help in collecting and analysing evidence to decide if a student is competent in relation to a required competency and in relation to his/her stage of training. The underlying concept of competency – i.e. the *habitual and consistent* use of knowledge, technical skills, clinical reasoning, communication, emotions, values and reflection in daily practice for the benefit of the individual and the community being served, again demands that the student should consistently demonstrate the desired behaviour rather than only during the final examination.

Competency based assessment aids in the process of learning. Effective feedback is paramount to helping learners improve. CBA is an ongoing process so that any deviation in learning can be recognized early and taken care of by providing formative feedback. This concept is crucial and aligns very well with the basic principles of competency based medical education viz. active involvement of the learner, creating an authentic environment for learning, direct observation and provision of formative feedback. CBA requires active participation of the student in the form of self-assessment and reflections.[4] The paradigm is reflected in figure 1.[5]

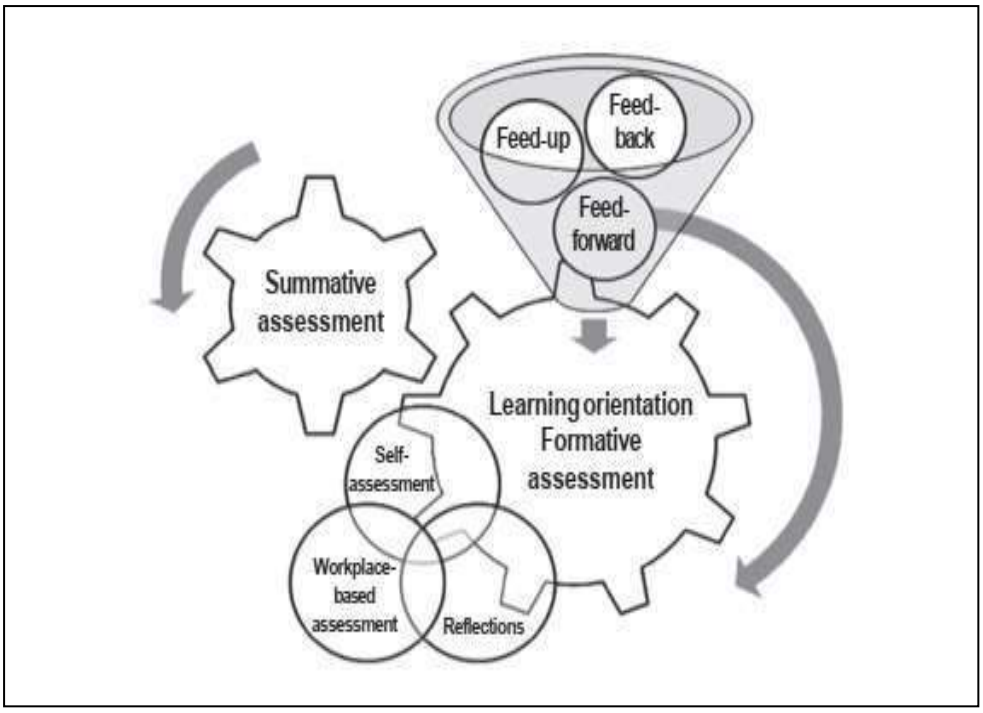


Figure 1. Paradigm of medical student assessment[5]

(Reproduced with permission from National Medical Journal of India)

Medical education literature distinguishes between competence (ability to do) and performance (actually doing). In terms of Miller's pyramid, competence would fall under the 'shows' category while performance falls under 'does'.[6] For the undergraduate students, most of the assessment would be up to 'shows' level. Since they are not authorized to independently take care of the patient or are not directly in charge of patient care, targeting the 'does' level will pose logistic difficulty.

6. What should be assessed?

Assessment requires specification of measurable and observable entities. This could be in the form of whole tasks that contribute to one or more competencies or assessment of a competency *per se*. Another approach is to break down the individual competency into learning objectives related to the domains of knowledge, skills, attitudes, communication etc. and then assess them individually. However, as stated earlier, using individual domain framework may not always result in making an accurate assessment of the specific competency. Therefore, efforts should be made to include competencies in the assessment process as much as possible. CBA is very useful to convey a message to the students to structure their learning around competency framework.

The assessment opportunities can be broadly divided into ongoing and term end. While the term end examinations (Summative assessment) will usually be conducted by the Universities, the ongoing assessments are conducted by the teachers teaching the subject and can be both formal and informal.

The summative assessment e.g. University examinations at the end of professionals, are used for pass or fail decision. The purpose of such assessments is to sample the learning and ensure quality. Since all competencies should be assessed, summative assessments alone are not the option for CBA. For logistic reasons, competencies like communication, team work, ethics, professionalism and many procedural skills are also not assessable at term end examinations.

Ongoing assessment provides many options for this purpose. A blueprint may be needed to decide which competencies should be assessed during internal assessment and which should go to summative or University examinations. Informal assessments should happen during teaching learning activities with the express purpose of finding out the stage of the student and taking corrective action in teaching-learning methodology on an ongoing basis. During lectures, small groups or seminars, use of techniques like clickers, one-minute papers and muddiest point provide valuable information to check understanding and provide developmental feedback.[7] Same can be done during practical/clinical teaching using one-minute preceptor (OMP) or SNAPPS technique (Summarize history and findings, Narrow the differential; Analyze the differential; Probe preceptor about uncertainties; Plan management; Select case-related issues for self-study)[8-10.] Many of these do not need to be considered for pass / fail decisions but are useful to aid learning and acquire competencies. These can be planned by the teachers on a day to day basis and modified depending on the tasks at hand.

Features of Competency Based Assessment (CBA)

- CBA operates within the framework of competencies. Assessment tools should align with competencies/objectives.
- CBA should help to acquire competencies/objectives (*assessment for learning*) and their certification (assessment *of learning*)
- CBA is continuous and ongoing process with opportunities for providing developmental feedback
- Direct observation of students improves utility of CBA and feedback
- Multiple assessors, multiple tools and multiple assessments improve the validity and reliability of CBA

7. Formative & Internal Assessment (IA)

Formative assessment is an assessment conducted during the instruction with the primary purpose of providing feedback for improving learning. It also helps the teachers and learners to modify their teaching learning strategies. The feedback is central to formative assessment and is linked to deep learning, seeking to explore the educational literature and its pedagogical lessons for healthcare educational practice. It provides inputs to both students and teachers regarding adequacy of teaching-learning[10.] A variety of feedback principles and techniques can be used depending on the context.[11, 12]

Although there can be a debate on the summative or formative nature of IA, it still provides the best opportunities for formative purposes. IA is when assessment is done by the teachers who have taught the subject. It overcomes the limitations of day-to-day variability and allows larger sampling of topics, competencies and skills.

In competency based curriculum, IA provides useful avenues for both formative and summative assessment. IA focuses on the content and process of learning i.e. what and how students have learnt throughout the course. This assessment gives priority to psychomotor, communication and affective domains. These domains are usually not assessed by the traditional assessment methods. It should involve all faculty members of a department (Senior Residents upwards) and not just one or two senior teachers. This helps to build ownership of teaching-

learning and assessment as well as provide 'hands-on' experience in assessment to all teachers. IA can be a very useful tool for assessing all competencies in any competency based curriculum.

IA should not be considered as an assessment without external controls and can be utilized in a manner to overcome some of its perceived weaknesses. Utility of IA can be further improved by involving all teachers in the department and limiting the contribution of individual teacher, test or tool.[12]

8. **Designing a system of assessment**

While designing an internal assessment, all domains of learning i.e. cognitive, psychomotor and affective should be taken into account and weightage should be assigned to these domains for assessment.

Miller's pyramid (figure 2) provides a simple way to select appropriate tool for assessment. Efforts should be made to climb higher in the pyramid.[6, 13]The following adapted example illustrates this:

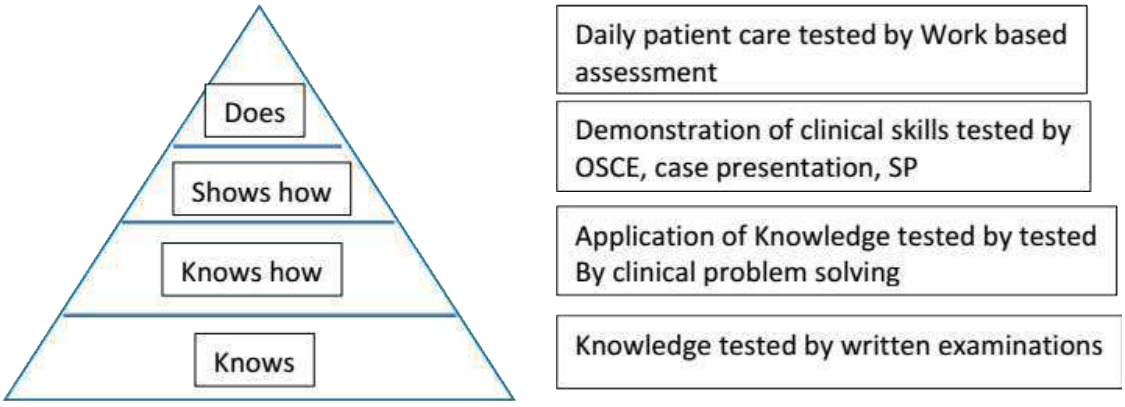
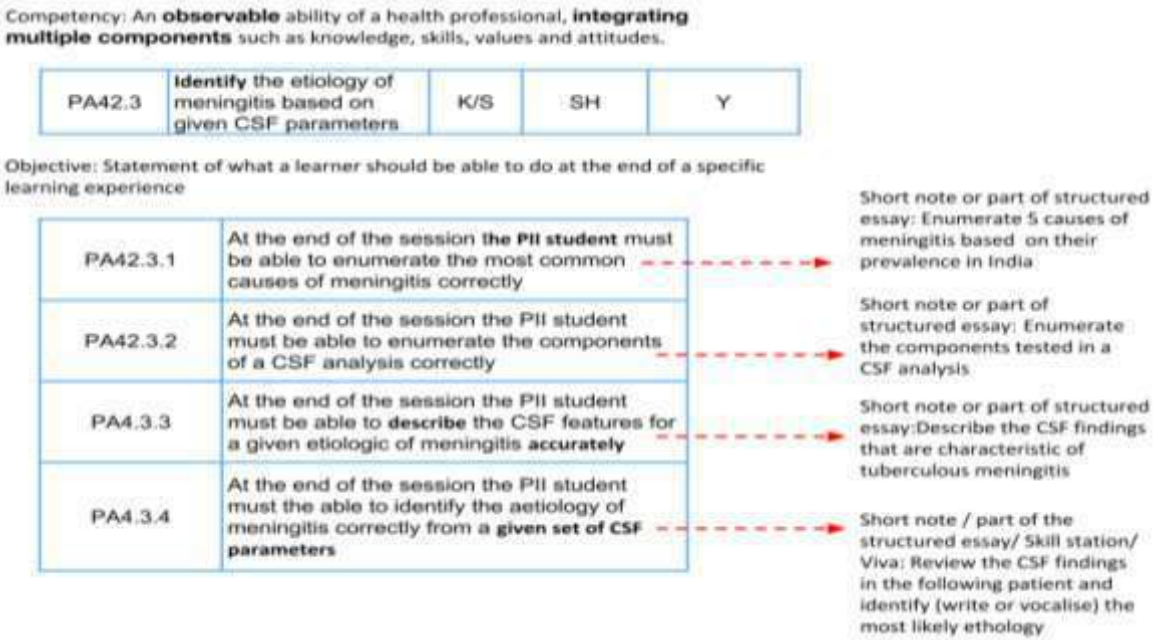


Figure 2. Assessment methods as per levels of competency (Adapted from Ramani)[13]

OSCE: Objective Structured Clinical Examination, SP: Standardised/ Simulated Patients

The key to building validity and making CBA assessment useful is its alignment with competencies/objectives. Including some aspects from competencies of other phases is useful to assess integration of concepts. Some examples of such alignment can be seen in the competency sheet given inTable1.

Table 1. Deriving assessment methods from objectives



A useful approach, especially for affective, psychomotor and communication domains, is to adopt the concept of *assessment toolbox.* A toolbox is a listing of available tools (and rating forms, if required), which are suggested for a particular competency or sub-competency and aims at improving the value of assessment data.[14] The listed tools are suggestions only and can be freely used either singly or in combination by teachers to suit particular requirements. Efforts should be made to use multiple tools for a given competency to improve validity and reliability of assessment.

While assessment will continue to be subject based, efforts must be made to ensure that phase appropriate correlates are assessed to determine if the learner has internalised and integrated the concept and its application.

a. Internal Assessment logistics

Scheduling of IA

A proposed schedule of tests for IA is given in Annexure 1**.** These are minimum required numbers but more tests can be scheduled by departments as required. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year. Prior to University examinations, departments can conduct additional tests as and when required with the purpose of providing

formative feedback to the students. In subjects that are taught at more than one phase, proportionate weightage must be given for internal assessment for each Phase. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently. A student who has not taken minimum required number of tests for IA each in theory and practical will not be eligible for university examinations. Proper records of the work should be maintained which will form the basis for the students' internal assessment and should be available to the assessors at the time of inspection of the college by the Medical Council of India.

Components of IA

(i) **Theory IA can include**: Written tests, should have essay questions, short notes and creative writing experiences.

(ii) **Practical / Clinical** IA can include: practical / clinical tests, Objective Structured Clinical Examination (OSCE) / Objective Structured Practical Examination (OSPE), Directly Observed Procedural Skills (DOPS), Mini Clinical Evaluation Exercise (mini-CEX), records maintenance and attitudinal assessment.

(iii) **Assessment of Log-book**. Log book should record all activities like seminar, symposia, quizzes and other academic activities. Achievement of certifiable competencies should also be recorded in logbooks. It should be assessed regularly and submitted to the department. Up To twenty per cent IA marks (Theory and Practical) should be from Log book assessment.

(iv) **Internal Assessment for Professional development programme (AETCOM)** will include:

a. Written tests comprising of short notes and creative writing experiences in each subject.

b. OSCE based clinical scenarios and/or viva voce. Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce in every subject.

Colleges and teachers should try to build capacity to use a variety of assessment tools. A number of tools are available in the form of assessment toolbox.[14] The construct validity and predictive utility of internal assessment is high.[15] Many of the tools mentioned for IA may appear subjective. However, by virtue of being high on *validity* and by conveying a message to the students not to ignore skills, attitudes and communication (*educational impact*), they contribute to better learning. Since stakes at IA are low, the use of expert subjective assessments to cover areas which are not assessable by conventional objectivised assessment tools is appropriate. There is plenty of evidence in literature to suggest that expert subjective assessments can be as reliable as highly objective ones.[16]

The IA of broader specialties should also include marks from all the allied specialties e.g. General Medicine should include marks of Psychiatry, Dermatology, Venereology & Leprosy and Respiratory Medicine including tuberculosis, while General Surgery should include Orthopaedics, Dentistry, Anaesthesiology and Radio-diagnosis, so that students do not ignore these postings. The proportion of the marks for each allied specialty shall be proportionate to the time of instruction allotted to each. It may be noted that although very small contribution is being made by allied subjects, yet it serves as motivator to the students to not miss these postings. When subjects are taught in more than one phase, the assessment must be done in each phase and must contribute proportionally to final internal assessment.

Assessment of Foundation Course should be included in formative assessment of first phase. Assessment of ECE should be included in formative as well as in internal assessment in first phase subject wise. Assessment of electives should contribute to internal assessment in final phase part-II. *There should be at least one assessment based on direct observation of skills, attitudes and communication at all levels.* Communication and attitudinal assessment should also be built in to all assessments as far as possible**.** A log book must be used to record these components. **A sample format of log book is being published separately.**

Feedback in IA

Feedback should be provided to students throughout the course so that they are aware of their performance and remedial action can be initiated well in time. The

feedbacks need to be structured and the faculty and students must be sensitized to giving and receiving feedback.[11,12]

The results of IA should be displayed on notice board within two weeks of the test and an opportunity provided to the students to discuss the results and get feedback on making their performance better. Universities should guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason(s).

It is also recommended that students should sign with date whenever they are shown IA records in token of having seen and discussed the marks**. Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination.**

Record keeping

The peculiarities of CBA, particularly its longitudinal nature and its use as a measure of progression require a good record keeping. Such records can vary from manual to electronic. In whatever form they are used, the essential features should include regularity, availability to the students and a documentation of discussion on the results (present status, feedback and suggestions for improvement) between the student and the teacher(s). Many aspects can be covered in a group feedback while some will require one to one discussion. The formats for use in Indian settings have been published and can be suitably modified for local use.[12]

These concepts have been incorporated in the proposed GMER 2019 and are reproduced below.

Excerpts from proposed GMER 2019

11.1.1 (b) Internal Assessment: Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for health care in the community, proficiency in carrying out a practical or a skill in small research project, a written test etc.

1. Regular periodic examinations shall be conducted throughout the course. There shall be no less than three internal assessment examinations in each Preclinical / Para-clinical subject and no less than two examinations in each clinical subject in a professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.
2. When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
3. Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
4. The final internal assessment in a broad clinical specialty (e.g. Surgery and allied specialties etc.) shall comprise of marks from all the constituent specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.
5. Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
6. The results of IA should be displayed on the notice board within a 1-2 week of the test. Universities shall guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason.
7. Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

b. Summative assessment logistics (For Universities)

Summative assessment consists of University examinations. Each theory paper will have 100 marks. Marks distribution as per proposed GMER 2019 for various subjects in given in Table 2.

Table 2: Marks distribution for various subjects in University examinations

Phase of Course	**Written-Theory – Total**	**Practicals / Orals/ Clinicals**	**Pass Criteria**
First Professional			<u>Internal Assessment:</u> 50%combined in theory and practical (not less than 40% in each) for eligibility for appearing for University Examinations <u>University Examination</u> Mandatory 50% marks in theory and practical (practical = practical/ clinical + viva) [theory=theory paper(s) only] Internal assessment marks are not to be added to marks of the University examinations and should be shown separately in the grade card.
Human Anatomy - 2 papers	200	100	
Physiology - 2 papers	200	100	
Biochemistry - 2 papers	200	100	
Second Professional			
Pharmacology - 2 Papers	200	100	
Pathology - 2 papers	200	100	
Microbiology - 2 papers	200	100	
Third Professional Part – I			
Forensic Medicine & Toxicology - 1 paper	100	100	
Ophthalmology – 1 paper	100	100	
Otorhinolaryngology – 1 paper	100	100	
Community Medicine - 2 papers	200	100	
Third Professional Part – II			
General Medicine - 2 papers	200	200	
General Surgery - 2 papers	200	200	
Pediatrics – 1 paper	100	100	
Obstetrics & Gynaecology - 2 papers	200	200	

As per proposed GMER 2019, University examinations will be held in the month of September for first & second phase and October for final phase part 1. The examination for final phase part II will be held in the month of January (Table 3).

Table 3: Examinations schedule

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
							Foundation Course	I MBBS			
I MBBS								Exam I MBBS	II MBBS		
II MBBS								Exam II MBBS	III MBBS		
III MBBS Part I									Exam III MBBS Part I	Electives & Skills	
III MBBS Part II											
Exam III MBBS Part II		Internship									
Internship											

Theory question paper (Knowledge part)-For Universities and colleges

Universities should instruct paper setters to follow guidelines for paper setting as given below:

1. Follow MCI competencies for paper setting in the subject.
2. Designing of question paper should take into consideration all levels of knowledge domain e.g. Bloom's taxonomy of cognitive domain. Use appropriate verbs for the questions at each level to assess higher levels of learning.[17] An example is given below in Table 4. Use combination of various types of questions e.g. structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs if

used, should not have more than 20% weightage. Example of theory paper and some examples of questions are given in Annexure 2**.**

3. The question paper setter must sample the contents appropriately from competencies. The blueprinting grid can help the paper setters to balance the question papers in content related aspects as depicted below in Table 5. Blueprinting will add to the value and quality of these assessments. Moderation of theory question paper by subject expert must be arranged by Universities.

Table 4: Verbs in various levels in Knowledge domain (Bloom's taxonomy)[17]

Level	Suggested Verbs
Knowledge	Define, Describe, Draw, Find, Enumerate, Cite, Name, Identify, List, label, Match, Sequence, Write, State
Comprehension	Discuss, Conclude, Articulate, Associate, Estimate, Rearrange, Demonstrate understanding, Explain, Generalise, Identify, Illustrate, Interpret, Review, Summarise
Application	Apply, Choose, Compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer, Use
Analysis	Analyse, Characterise, Classify, Compare, Contrast, Debate, Diagram, Differentiate, Distinguish, Relate, Categorise
Synthesis	Compose, Construct, Create, Verify, Determine, Design, Develop, Integrate, Organise, Plan, Produce, Propose, rewrite
Evaluation	Appraise, Assess, Conclude, Critic, Decide, Evaluate, judge, Justify, Predict, Prioritise, Prove, Rank

Table 5: Blueprinting in knowledge domain

(Representative example only. Actual figures may vary with the subject and Phase)

Level	Topic A	Topic B	Topic C	Topic D	Total
Knowledge	1	2	1	1	5 (20%)
Comprehension	1	1	1	2	5(20%)
Application	2	1	1	1	5 (20%)
Analysis	1	1	2	2	6(24%)
Synthesis		1		1	2 (8%)
Evaluation	1		1		2 (8%)
Total	6(24%)	6(24%)	6(24%)	7(28%)	25 (100%)

Practical/Clinical examination

This part should include assessment in psychomotor and affective domain. Assessment of clinical and procedural skills should be based on direct observations by the examiners. Avoid making this assessment mainly targeted to knowledge domain only. e.g. by asking a learner in a room away from actual patient, “how history was taken”. Instead, learner should be observed while he/she is taking history.

The competencies dealing mainly with skills and affective domains in each subject must be included. Many of the tools mentioned for formative assessment may not be usable / feasible at the University examinations e.g. mini-CEX. However, multiple tools like case presentations, OSCE and/or OSPE should be employed.[11,14,18-22.] The value of conventional case presentation should be improved by having 1 or 2 longer (15 minutes or so) OSCE type stations, where examiners can observe and assess complete history taking (e.g. family history, present history etc.) and/or physical examination skill. This can be done either with check lists or using global ratings. Not only will this improve the validity of case presentations, but also provide an opportunity to assess attitudes and communication in context.

Pre- and para-clinical departments should make practical exercises application oriented. Objective Structured Practical Examination (OSPE), One-Minute Preceptor (OMP), Directly Observed Procedural Skills (DOPS) etc. can be suitably modified for this purpose. Practical tests should not become simply tests of knowledge.

Multiple teachers should be involved in assessment. This will help in not only taking care of subjectivity but also provide much needed training in assessment to senior residents and assistant professors.

The use of multiple methods, by multiple examiners in multiple settings to assess multiple competencies, blueprinting and longitudinal assessment help to improve the reliability and validity of assessment.[6, 18,23]

The relevant provisions from proposed GMER 2019 and are reproduced below:

Excerpts from proposed GMER 2019

University Examinations

11.2.1 University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

11.2.2 Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.

11.2.3 Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.

11.2.4 Viva/oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.

11.2.5 There shall be one main examination in an academic year and a supplementary examination to be held not later than 90 days after the declaration of the results of the main examination.

11.2.6 A learner shall not be entitled to graduate after 10 years of his/her joining of the first part of the MBBS course.

11.2.7 University Examinations shall be held as under:

(a) First Professional

1. The first Professional examination shall be held at the end of first Professional training (1+12 months), in the subjects of Human Anatomy, Physiology and Biochemistry.
2. A maximum number of four permissible attempts would be available to clear the first Professional University examination, whereby the first Professional course will have to be cleared within 4 years of admission to the said course. Partial attendance at any University examination shall be counted as an availed attempt.

(b) Second Professional

1. The second Professional examination shall be held at the end of second professional training (11 months), in the subjects of Pathology, Microbiology, and Pharmacology.

(c) Third Professional

1. Third Professional Part I examination shall be held at end of third Professional part 1 of training (12 months) in the subjects of Ophthalmology, Otorhinolaryngology, Community Medicine and Forensic Medicine and Toxicology
2. Third Professional Part II - (Final Professional) examination shall be at the end of training (14 months including 2 months of electives) in the subjects of General Medicine, General Surgery, Obstetrics & Gynaecology and Pediatrics. The disciplines of Orthopaedics, Anaesthesiology, Dentistry and Radiodiagnosis will constitute 25% of the total theory marks incorporated as a separate section in paper II of General Surgery.
3. The discipline of Psychiatry and Dermatology, Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis will constitute 25% of the total theory marks in General Medicine incorporated as a separate section in paper II of General Medicine.

9. **Capacity building**

Considering the importance of CBA in making competency based curriculum a success, preparing the faculty to decide and use appropriate tools is crucial. Faculty needs to move beyond 'conventional' assessment methods. It is also important to remember that usefulness of many newer tools depends on the way they are used. Faculty also needs to be trained to develop their own toolbox depending on resources, expertise and contextual factors.

The revised Basic Course Workshop (rBCW) in Medical Education Technologies provides training in tools to be used for lower two levels of Miller's pyramid while the Advance Course in Medical Education (ACME) trains in those for higher two levels. In addition, the trained faculty and Medical Education Units should have in-house programs to build capacity for assessment. Involving junior faculty in IA is a useful step to provide hands-on training in assessment. Sensitization and training of all stakeholders at the University and Institutional level is required.

It is equally important to involve the student community and make them aware of these changes. Many changes require a variance from established practices. Foundation course and introductory sessions in each department should orient the students to the changes in assessment.

10. Implementation & Monitoring / Curricular Governance

Internal assessment formats are to be developed by institutes as per proposed GMER 2019. The changes in summative assessment (university examination) are to be adopted by universities and details to be provided to the affiliated colleges. Quality assurance techniques in formative assessment (self / peer monitoring) and University examinations (question paper moderation by subject experts, external monitoring or posting external observers/examiners) should be employed to improve assessment.

11. **Examples / Models**

The suggested formats are provided in annexures.

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Annexure 1

Suggested phase wise scheduling of tests for internal assessment for Colleges

(This is only a suggested sample plan. Local changes can be made if they conform to proposed GMER 2019)

Phase	Minimum Number of tests during the year	Remarks
1st	Human Anatomy 3, Physiology 3, Biochemistry 3, Community Medicine 1	•ECE assessment should be included subject wise •There should be at least one short question from AETCOM in each subject •One of the 3 tests in preclinical subjects should be prelim or pre-university examination
2nd	Pathology 3, Pharmacology 3, Microbiology 3, Two tests for- General Medicine (Including Psychiatry, Dermatology, Venereology & Leprosy (DVL) and Respiratory Medicine including Tuberculosis), General Surgery (Including Orthopaedics, Dentistry, Anaesthesiology and Radiodiagnosis), Obstetrics& Gynaecology, Forensic Medicine & Toxicology and Community Medicine End of posting (EOP) examination at each clinical posting including those of allied subjects	•Clinical subjects should also be assessed at end of each posting (EOP) – Theory and Practical •There should be at least one short question from AETCOM in each subject •One of the 3 tests in Para-clinical subjects should be prelim or pre-university examination

3rd	Forensic Medicine &Toxicology 2, Community Medicine 2, Ophthalmology 2, Otorhinolaryngology 2 Two tests for- General Medicine (Including Psychiatry, Dermatology, Venereology & Leprosy (DVL) and Respiratory Medicine including Tuberculosis), General Surgery (Including Orthopaedics, Anaesthesiology and Radiodiagnosis), Pediatrics, Obstetrics &Gynaecology EOP examination at each clinical posting including allied subjects	•Clinical subjects should also be tested at end of each posting (EOP)-Theory and Practical •There should be at least one short question from AETCOM in each subject •One of the tests in Ophthalmology, Otorhinolaryngology /Forensic Medicine & Toxicology/ Community Medicine should be prelim or pre-university examination
4th	Two Tests for- General Medicine (Including Psychiatry, Dermatology, Venereology & Leprosy (DVL) and Respiratory Medicine including Tuberculosis), General Surgery (Including Orthopaedics, Anaesthesiology and Radiodiagnosis), Pediatrics, Obstetrics & Gynaecology EOP examination at each clinical posting including that in allied subjects	•Clinical subjects should also be tested at end of each posting (EOP)-Theory and Practical •There should be at least one short question from AETCOM in each subject •One of the tests in General Medicine, General Surgery, Pediatrics and Obstetrics & Gynaecology should be preliminary or pre-university examination •Assessment of electives to be included in IA

AETCOM: Attitude, Ethics and Communication

The internal assessment marks for each subject will be out of 100 for theory and out of 100 for practical/clinical (except in General Medicine, General Surgery and Obstetrics & Gynaecology, in which theory and clinical will be of 200 marks each). Internal assessment marks will reflect as a separate head of passing at the summative examination and will not be added to the University marks.

Twenty five percent of weightage in theory tests in General Medicine and General Surgery should be given to allied subjects and there should be at least one question from each allied subject.

Annexure 2

Examples of theory questions

Sl. No.	Type	Explanation	Examples
1	Long essay question	The question should pose a clinical/practical problem to the students and require them to apply knowledge and integrate it with disciplines. Avoid giving one liners as questions. The question stem should be structured and marking distribution should be provided. Use action verbs from higher domains as given in this document. Please avoid simple recall based questions. What is asked in the examination generally sets the agenda of what and how the students learn.	A 6 days old term neonate has presented with jaundice noted at 3 days of age. He is born out of normal delivery at home. On examination, he looks pale, has a liver of 5cms and spleen of 2 cms. Other systemic examination is normal. a. What is your provisional diagnosis? b. Which other conditions need to be considered? c. Enumerate the lab tests that you will order and their likely reports in each of the diagnosis that you considered. d. Explain the physical findings in the light of underlying derangements. - Describe the clinical features, complications and management of type 2 diabetes mellitus. (3+3+4=10)

Sl. No.	Type	Explanation	Examples
2	Short notes	These provide opportunity to sample a wider content, albeit in a short time. The questions should be task oriented rather than Write a short note on xxx. (Two questions based on ECE in Phase 1 in internal assessment) (Two questions based on integration in Phase 2 & 3 in internal assessment)	1. What are the various ways in which acute glomerulonephritis can present during childhood? 2. What is the role of antibiotics in childhood diarrhoeas? 3. What is the utility of routine vitamin K administration during newborn period? 4. Compare and contrast the use of ramipril and amlodipine in treatment of hypertension.
3	Reasoning Questions	These provide excellent opportunities for testing integration, clinical reasoning and analytic ability of the student.	1. Which components of breast milk help in prevention of neonatal infections? How do they help in prevention of infection? 2. Plan immunization for a 2 years old totally un-immunized child. 3. What is the physiological basis of origin of respiratory sounds? How can they help us in making a diagnosis? 4. Explain why adrenaline is the preferred medication in anaphylactic shock.

Sl. No.	Type	Explanation	Examples
4	Short notes Applied aspects	(Pre- & Para-Clinical subjects: questions on applied aspect) (Clinical subjects: questions on preclinical basis)	**Pre & Para-Clinical subjects:** Describe clinical significance of half-life of drugs. **Clinical subjects:** Explain patho-physiological basis of clinical features of heart failure
5	Short notes AETCOM	(one question on AETCOM in all subjects in all phases)	Pharmacovigilance program of India **AETCOM**: What are the rights of a patient in a hospital setting
6	MCQs	MCQs should be scenario based, single response with 4 options in answers. Avoid one liner and negative terms in stem of question. Avoid 'all of above' and 'none of above' in options.	1. A 25 year old lady was using oral contraceptives successfully for last two years. She got tuberculosis and was prescribed Rifampicin. She became pregnant after 2 months of starting Rifampicin despite continuing the oral contraceptives. Which of the following effects of Rifampicin can be the reason for this? A. Induction of oral contraceptive metabolism B. Stimulation of ovulation C. Interruption of entero-hepatic circulation D. Increased excretion of oral contraceptives Key: A

Sl. No.	Type	Explanation	Examples
	MCQs		2. A 2 year old child presents with excessive weight gain over last 1 week. He has puffy eyes, pitting edema and normal blood pressure. Urine examination shows no RBCs but massive proteinuria. Which of the following biochemical parameters is likely to be elevated in this child? a. Urea b. Cholesterol c. Creatinine d. Uric acid Key B 3. Which of the following term best describes the decreased effects of beta adrenergic agonists in bronchial asthma after long term use? A. Pharmacokinetic tolerance B. Pharmacodynamic tolerance C. Tachyphylaxis D. Drug dependence Key: B

Note: AETCOM question should be based on competencies (primarily knowledge based) acquired during the AETCOM module training. At least one question in each paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module); Skills competencies acquired during the Professional Development programme (AETCOM module) must be tested during clinical, practical and viva.

In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass in the said subject.

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COMPETENCY BASED UNDERGRADUATE CURRICULUM
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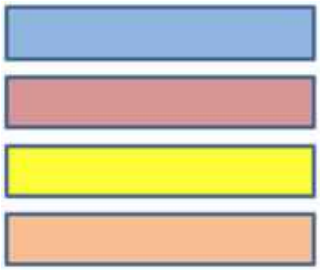
Knows Knows how Shows Shows how Performs

Describe Observe Demonstrate
Enumerate Assist

Counsel Prescribe



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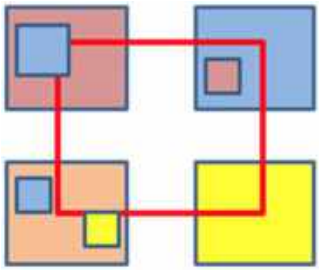
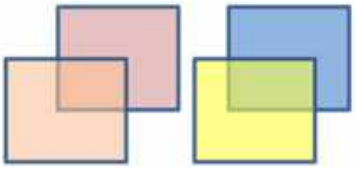
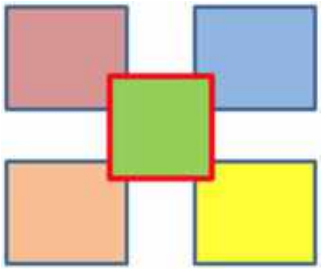


Integrate

Guide Communicate



Correlate



Interpret

Critique Collaborate

Module 4

Alignment and Integration

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Alignment and Integration

Module for

Undergraduate Medical Education

Program

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Foreword

Alignment and Integration

Subject based education has tremendous advantages. It provides learners with the opportunity to dwell deep into the learning matter and acquire strong fundamental concepts and the ability to build on it and attain scholarship. However, the unique needs of medical education necessitate both an understanding of "interconnectedness" between subjects and their ultimate application to the patient. In an attempt to address the need for enhancing the "wholesomeness" of education in the competency based curriculum while retaining the inherent strength and flavour of subject-based instruction, the Expert Group has recommended the use of two strategies: (a) alignment of related subject matter in a temporally coordinated fashion, and (b) use of three integration concepts that will enhance prior recall, application and emphasis of interconnectedness namely **sharing, nesting and correlation.**

This is a novel and challenging approach that has been suggested to further the goal of the competency driven curriculum that will require considerable planning, collaboration and team work amongst learners, teachers, planners and administrators in institutions. We believe that this investment is necessary to prepare learners to confront, adapt and be successful in the challenging environment of medical care. In addition to meeting the needs outlined, this approach will foster self - directed learning, team work, collaboration and inquiry. Importantly, the patient centricity that this approach will bring into the curriculum from year one will ensure that learners always have a connect with the ultimate goal of the MBBS program.

This booklet is intended to help institutions and teachers to design curriculum incorporating the approach suggested by the Expert Group. It is richly illustrated with examples on how to create an aligned and integrated timetable. We hope that this will be a useful guide.

We are grateful to the members of the Expert Group and the Academic Cell for painstakingly putting this booklet together. We hope that teachers and institutions will benefit from the suggestions provided herein and can successfully adapt and apply them into their own environment. We aspire to learn more and share with the nation the best practices that abound in all the medical colleges across the country. The ultimate aim of this exercise is to create a generation of doctors who will provide standard health care to the nation while becoming excellent scientists and scholars.

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Foreword

Alignment and Integration

This booklet provides a suggested pattern for alignment and integration of related competencies encapsulated in different subjects for teaching competency based MBBS program which commenced on August 1, 2019 across the country. Alignment of related topics to the extent feasible is a major thrust of the competency based curriculum. The Regulations in Graduate Medical Education 2019 (GMER 2019) also suggests integration to the extent of 20% of the subject-based curriculum through horizontal and vertical integration. This booklet is in alignment with the GMER 2019 part II document and provides institutions and curriculum planners a step by step approach to create a timetable for teaching, incorporating the principles of alignment and integration.

This booklet has been developed by experts invited by the Board of Governors in supersession of the Medical Council of India and incorporates their vast expertise and experience. The Council acknowledges their time and effort dedicated in creating this guide that can be used by institutions to develop their own learning process and content. Appreciation is also due to the efforts of the Academic Cell of the Council and faculty at the various Regional and Nodal Centres of MCI who worked tirelessly to ensure that the new competency driven curriculum and its various unique components are implemented faithfully and flawlessly across the medical colleges in this country from August 2019.

Vats

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Secretary General

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Curriculum Implementation Support Program

Module – 4

ALIGNMENT AND INTEGRATION

Alignment and Integration

Introduction

The purpose of the MBBS program is to facilitate the medical student to become a primary caregiver to patients. Learning in the various basic and clinical science subjects is predominantly directed towards achieving this purpose. The volume and details required by the student to master each subject that comprises the overall MBBS program is considerable. Subject based instruction provides an opportunity for the student to acquire both vast and deep knowledge of each subject. This structure of instruction, however, may lead to lack of appreciation by the student of the inter-connected nature of knowledge in the various subjects, their relatedness, and importantly their relevance to patient care. Additionally study in silos alone may lead to redundancy in instruction.

Several innovative methods have been developed over the years to address these challenges including various levels of integration of instruction that diminishes and removes boundaries within subjects both horizontally in a phase and vertically across phases. While appreciating the value of these approaches, the proposed Graduate Medical Education Regulations (GMER) 2019 has sought to strike a balance that will retain the strength of traditional subject-based teaching and the reality of subject based assessment while providing the relevance, opportunity to understand the interconnectedness and reduce redundancy in the subjects being taught.

In order to achieve this, the MBBS curriculum will become a) aligned to the extent possible - meaning that as much as possible topics in different subjects in the same phase that have similar threads will be grouped together in the timetable and b) integrated to a limited extent both vertically and horizontally. The purpose of horizontal integration (within a phase) is to remove redundancy and provide interconnectedness. In the earlier phases, the purpose of vertical integration (across phases) is to emphasise the applicative use of the basic science concept taught. In the later phases, its purpose is to utilise and build on prior knowledge and emphasise the foundations of clinical practice.

This document is meant to guide institutions, Curriculum Committee, MEU members, and teachers on how to create a timetable that incorporates the principles that have been laid down above reflecting the spirit of the proposed GMER document 2019.

Objective

The participant must be able to:

Facilitate the development of an aligned and integrated curriculum in his/her institution as envisaged in the GMER 2019 document.

Glossary of terms used

For the purposes of this document -

Alignment implies the teaching of subject material that occurs under a particular organ system/disease concept from the same phase in the same time frame i.e., temporally.

Integration implies that concepts in a topic / organ system that are similar, overlapping or redundant are merged into a single teaching session in which subject based demarcations are removed. For the purpose of this document, topics from other phases that are brought into a particular phase for the purpose of reinforcement or introduction will also be considered as integrated topics. In the GMER 2019, time for integrated teaching is clearly demarcated.

Linker is a session that allows the learner to link the concepts presented in an aligned and integrated topic.

Curricular element or Program addressed

Alignment and Integration

Relevant Extracts from GMER 2019

10.1 Preamble: The salient feature of the revision of the medical curriculum in 2019 is the emphasis on learning which is competency-based, integrated and student-centered acquisition of skills and ethical & humanistic values.

Each of the competencies described below must be read in conjunction with the goals of the medical education as listed in items 2 and 3 of the GMER.

It is recommended that didactic teaching be restricted to less than one third of the total time allotted for that discipline. Greater emphasis is to be laid on hands-on training, symposia, seminars, small group discussions, problem-oriented and problem-based discussions and self-directed learning. Students must be encouraged to take active part in and shared responsibility for their learning.

10.2 Integration must be horizontal (i.e. across disciplines in a given phase of the course) and vertical (across different phases of the course). As far as possible, it is desirable that teaching/learning occurs in each phase through study of organ systems or disease blocks in order to align the learning process. Clinical cases must be used to integrate and link learning across disciplines.

Subject specific competencies with appropriate alignment and integration are available in the new competency based UG Curriculum document uploaded in the Medical Council of India website.

Description of the curricular program

Alignment

Teaching related systems or topics from different subjects in the same phase is strongly recommended. This is the principal method to be followed while creating the phase-wise timetable or calendar and is called alignment (see figure 1).

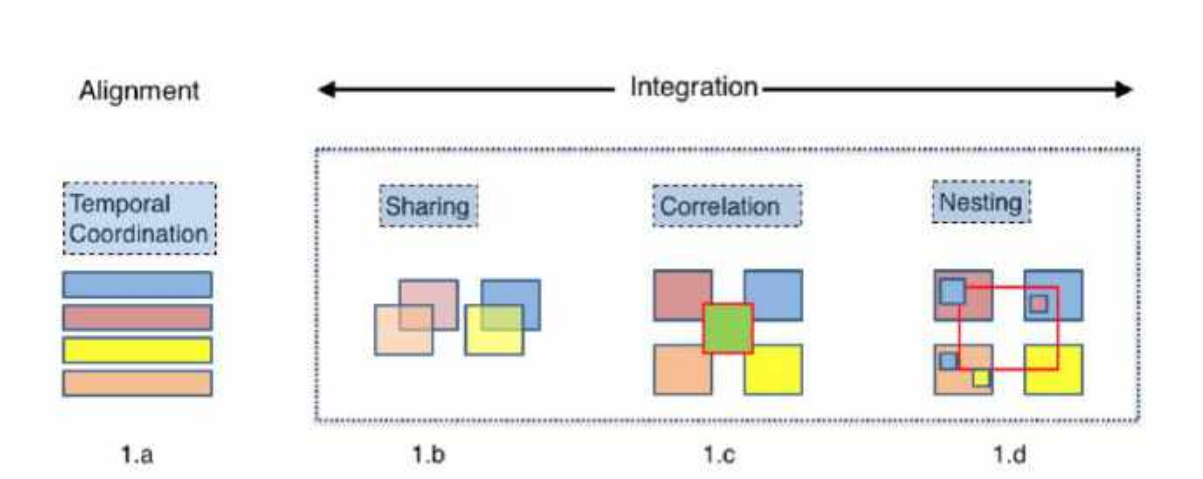


Figure 1: Integration concepts framed in the GMER 2019. Coloured boxes represent subjects. **1a. Alignment** - Temporal coordination: The timetable is adjusted so that topics within the subjects or disciplines which are related, are scheduled at the same time. **1b. Sharing**: Two disciplines may agree to plan and jointly implement a teaching program. **1c. Correlation**: The emphasis remains on disciplines or subjects with subject-based courses taking up most of the curriculum time. Within this framework, an integrated teaching session or course is introduced in addition to the subject-based teaching (green box with red border). **1d. Nesting:** the teacher targets, within a subject-based course, skills relating to other subjects *(Adapted from Harden R Med Edu 2000. 34; 551).*

Alignment is recommended for the majority of the curriculum allowing similar systems or topics in different subjects to be learnt separately but during the same time frame.

Aligning could be done as organ system based (figure 2a) or topic/disease based (figure 2b) or both (figure 2c)

Example: Syllabi in Cardiovascular system or Respiratory system in anatomy, physiology and biochemistry can be scheduled simultaneously in the timetable (figure 2a).

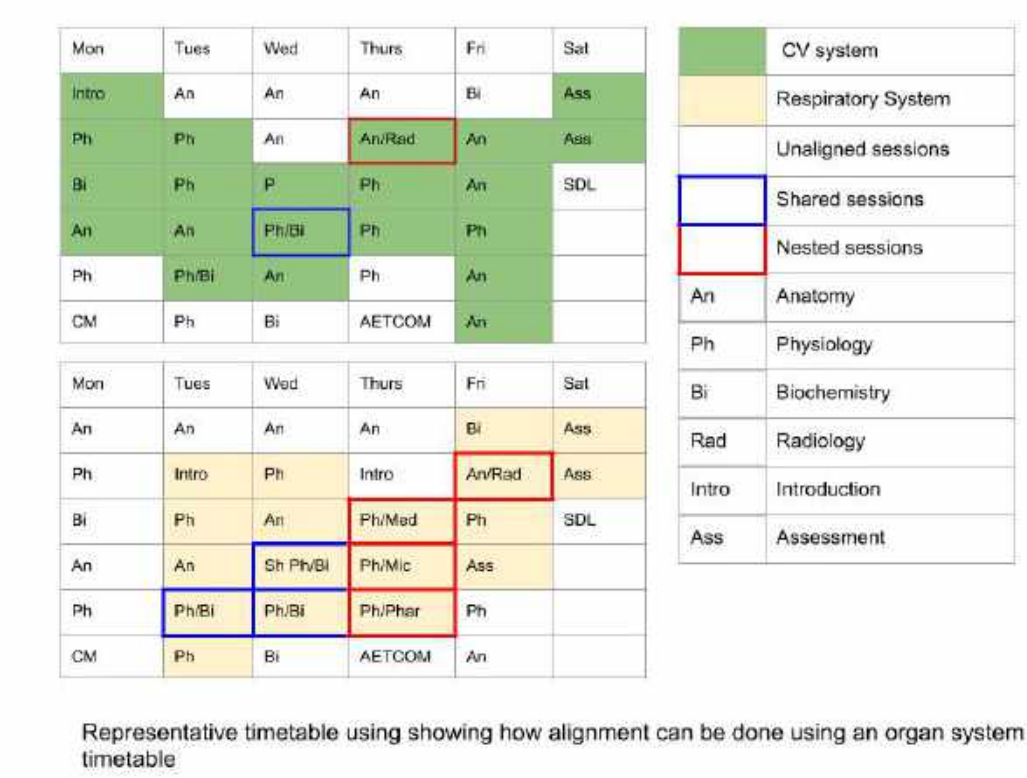
Example: A topic such as acute myocardial infarction or Tuberculosis can be created with the relevant learnings that will lead to the understanding of these topics

If desired, the major alignment can be organ system based with incorporation of some specific topics that will lend itself to integration (see below).

For eg. – In CV organ system the major alignment is with two topics, Acute Myocardial Infarction and Heart failure.

These topics or organ systems that are going to be aligned should be identified by the Curriculum Committee of the teaching institution and must be taught in an aligned fashion in each phase.

The method to derive topic objectives and sessions from competencies is outlined further in this booklet.



Mon	Tues	Wed	Thurs	Fri	Sat
Intro	An	An	An	Bi	Ass
Ph	Ph	An	An/Rad	An	Ass
Bi	Ph	P	Ph	An	SDL
An	An	Ph/Bi	Ph	Ph	
Ph	Ph/Bi	An	Ph	An	
CM	Ph	Bi	AETCOM	An	

Mon	Tues	Wed	Thurs	Fri	Sat
An	An	An	An	Bi	Ass
Ph	Intro	Ph	Intro	An/Rad	Ass
Bi	Ph	An	Ph/Med	Ph	SDL
An	An	Sh Ph/Bi	Ph/Mic	Ass	
Ph	Ph/Bi	Ph/Bi	Ph/Phar	Ph	
CM	Ph	Bi	AETCOM	An	

	CV system
	Respiratory System
	Unaligned sessions
	Shared sessions
	Nested sessions
An	Anatomy
Ph	Physiology
Bi	Biochemistry
Rad	Radiology
Intro	Introduction
Ass	Assessment

Representative timetable using showing how alignment can be done using an organ system based timetable

Figure 2a: Creating an aligned timetable using organ systems (six hours per day basis)

Mon	Tues	Wed	Thurs	Fri	Sat
An	An	An	An	Bi	Ass
Ph	Intro	An	An/Rad	An	Ass
Bi	Ph	PhBi	Ph/Med	An	SDL
An	An	Ph/Bi	Ph	Ph	
Ph	ECE	An	Ass	An	
CM	Ph	Bi	AETCOM	An	

Mon	Tues	Wed	Thurs	Fri	Sat
An	An	Intro	An	Bi	Ass
Ph	Intro	Ph	Intro	An/Rad	Ass
Bi	Ph	An	Ph/Med	Ph	SDL
An	An	BI	Ph/Mic	Ass	
Ph	ECE	Ph	Ph/Phar	Ph	
CM	Bi	Bi	AETCOM	An	

	AITO MI
	AITO Tuberculosis
	Unaligned sessions
	Shared sessions
	Nested sessions
An	Anatomy
Ph	Physiology
Bi	Biochemistry
Rad	Radiology
Intro	Introduction
Ass	Assessment

Representative timetable using showing how alignment can be done using a Aligned and Integrated Topic Based timetable

Figure 2b: Creating an aligned timetable using Topics

Mon	Tues	Wed	Thurs	Fri	Sat
Intro	An	An	An	Bi	Ass
Ph	Ph	Intro	An/Rad	An	Ass
Bi	Ph	PhBi	Ph/Med	An	SDL
An	An	Ph/Bi	Ph	Ph	
Ph	Ph/Bi	An	Ass	An	
CM	Ph	Bi	AETCOM	An	

Mon	Tues	Wed	Thurs	Fri	Sat
An	An	An	An	Bi	Ass
Ph	Intro	Ph	Intro	An/Rad	Ass
Bi	Ph	An	Ph/Med	Ph	SDL
An	An	Sh Ph/Bi	Ph/Mic	Ass	
Ph	Ph/Bi	Ph/Bi	Ph/Phar	Ph	
CM	Ph	Bi	AETCOM	An	

	CV system
	AITO MI
	Respiratory System
	AITO Tuberculosis
	Unaligned sessions
	Shared sessions
	Nested sessions
An	Anatomy
Ph	Physiology
Bi	Biochemistry
Rad	Radiology
Intro	Introduction
Ass	Assessment

Representative timetable using showing how alignment can be done using system based timetable with use of topics in each system to improve integration

Figure 2c: Creating an aligned timetable using organ systems and topics

Integration

Integration is a learning experience that allows the learner to perceive relationships from blocks of knowledge and develop a unified view of its basis and its application. The GMER 2019 applies these principles to the extent that will retain the strengths of subject based education and assessment while providing experiences that will allow learners to integrate concepts.

Keeping this in mind, the Regulations recommend the adoption of temporal coordination (called **alignment** in this document) as the major method to be followed allowing similar topics in different subjects to be learnt separately but during the same time frame (Fig 1a).

Example: Pancreatic Beta cell anatomy and histology, Pancreatic Beta cell physiology and Insulin structure and synthesis in biochemistry are usually taught at different times of the year. An effort is made to group these related topics in different subjects during the same time frame in the calendar (figure 3a and 3b).

In a small proportion - not to exceed 20% of the total curriculum an attempt can be made to **share** (figure 1b) topics or **correlate** (figure 1c) topics by using an integration or linker session. The integration session most preferred will be a case-based discussion in an appropriate format ensuring that elements in the same phase (horizontal) and from other phases are addressed.

Example: Since there is significant overlap in liver function in physiology and bilirubin metabolism in biochemistry - two departments could **share** sessions thereby reducing redundancy in what is being taught. (Note that it is not essential for two teachers to teach but it is important that the session is planned to ensure that the objectives of both subjects are achieved) (figure 3c).

As much as possible, the necessary correlates from other phases must also be introduced while discussing a topic in a given subject - **Nesting** (figure 1d).

Example: In a session on bilirubin metabolism a patient (a paper case is sufficient) with Dubin Johnson syndrome is **nested** as a short discussion to provide an understanding of what can go wrong, how does it manifest and what is the relevance and future application of learning bilirubin metabolism (figure 3e).

Care must be taken to ensure that achievement of phase based objectives are given primacy - the integrative elements from other phases are used only to provide adequate recall and understand the clinical application of concepts. It must be emphasised that integration does not necessarily require multiple teachers in each class. Experts from each phase and subject may be involved in the lesson planning but not it in its delivery unless deemed necessary.

Topics that cannot be aligned and integrated must be provided adequate time in the curriculum throughout the year. These concepts are summarised in table 1 and figure 3 (a-e).

Assessment will continue to be subject based. However, efforts must be made to ensure that phase appropriate correlates are tested to determine if the learner has internalised and integrated the concept and its application.

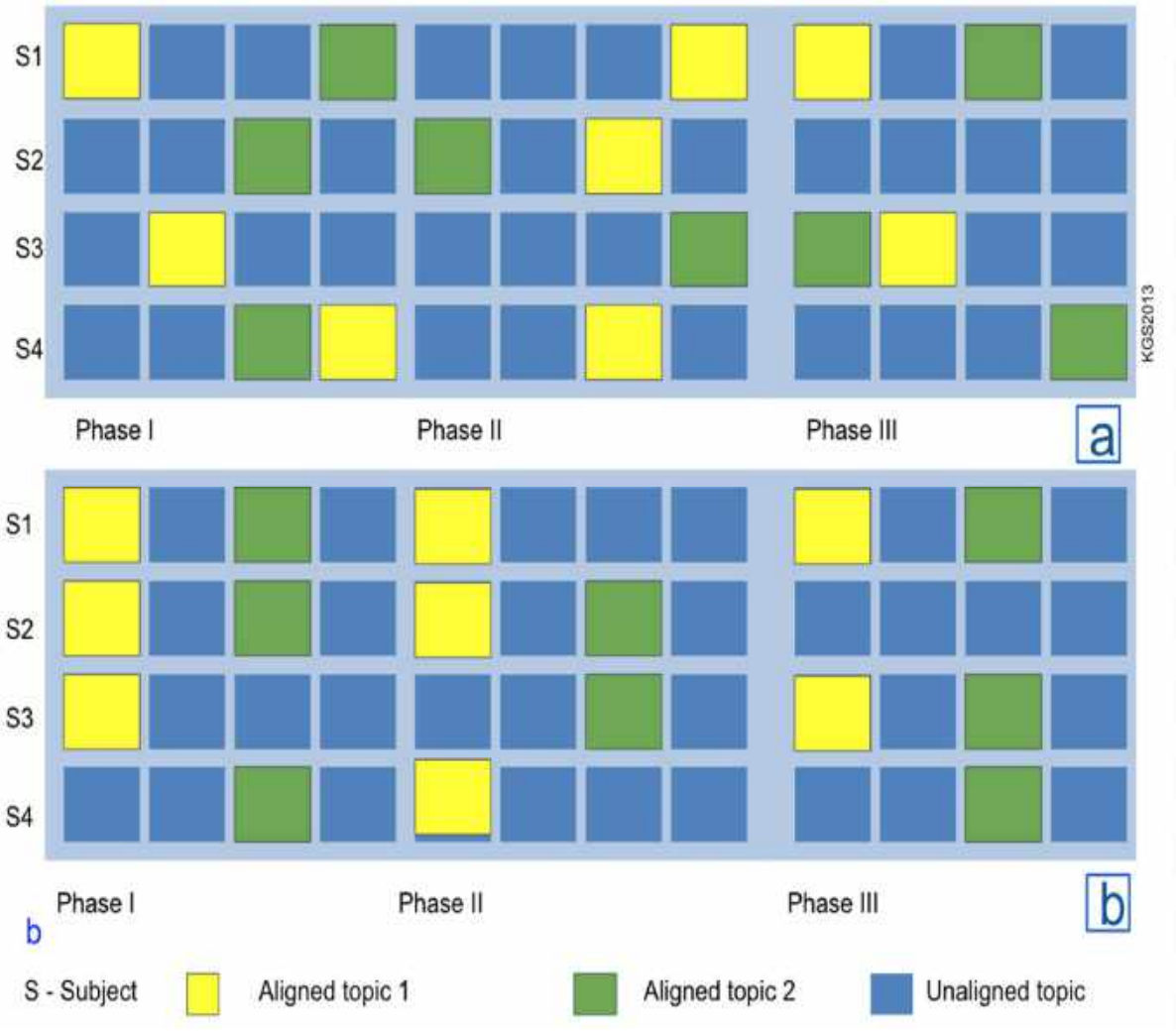
Table 1. Considerations for using alignment and integration in the curriculum

Competency /Objective	Same Phase	Different Phase
Cannot be aligned with a similar topic in a different subject eg. Lower limb anatomy and dissection	Teach separately	-
Can be taught together in different sessions in the same topic eg. Beta Cell histology in anatomy, Beta Cell function in physiology and structure and secretion of insulin, in biochemistry	Align	-
Can be taught in the same session in the same topic eg. Sharing - function of the hepatocyte, in physiology and bilirubin metabolism, in biochemistry eg. **Nesting** - Present the clinical features and laboratory data of patient with Dubin Johnson syndrome in a session on Bilirubin metabolism	Share	Nest
Can be used to link concepts taught in a particular topic eg. a patient with Type 1 Diabetes is used to understand the functions of the pancreatic islet - secretion and metabolism	-	Correlate

Figure 3: Pictorial illustration of alignment and integration concepts used in the GMER

Figure 3a: Traditionally topics which have the same core of ideas in different subjects are taught at different times.

Figure 3b: Alignment is teaching these related components of a topic from different subjects at the same time i.e, in a temporally coordinated fashion.



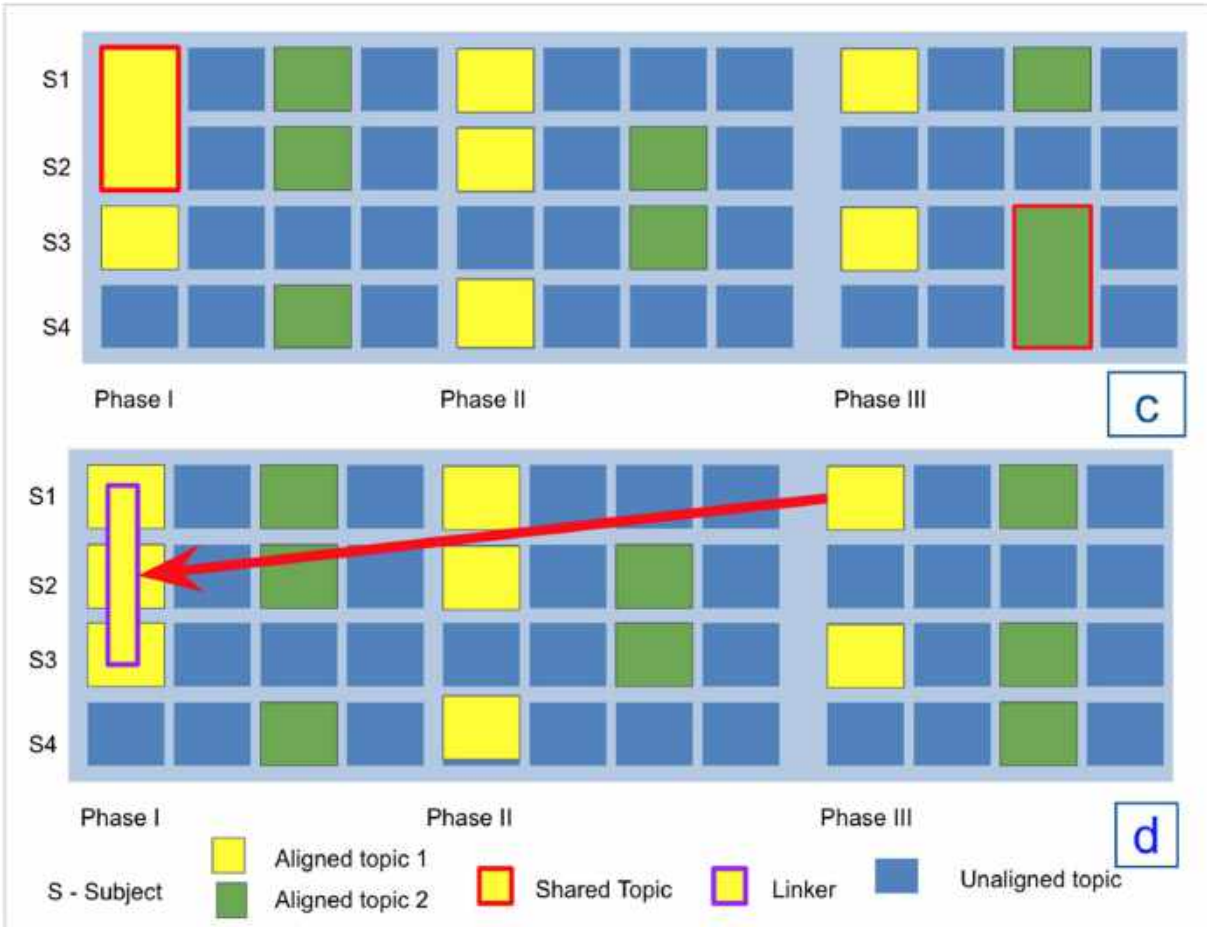


Figure 3c: Redundancy can be reduced by creating a session, merging session objectives from two or more subjects and creating a shared session (Box with red outline).

Figure 3d: Increased correlation can be achieved by using a Linker (Box with purple outline) - usually a case (with sufficient complexity) from the same topic from a higher phase is used to anchor the learning.

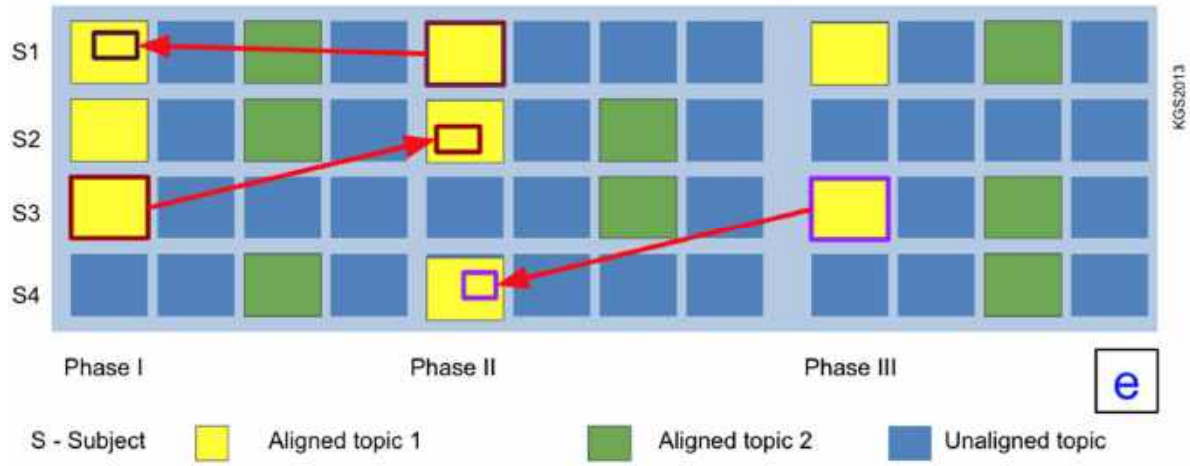


Figure 3e: Appropriate concepts from other phases can be brought into a phase: to increase relevance at a lower phase or increase prior recall or reinforce the fundamental basis at a higher phase. This is done by nesting some learning objectives from the topic in other phases into a learning session.

Steps in the development of Aligned and Integrated Topic (AITo) (Figure 4)

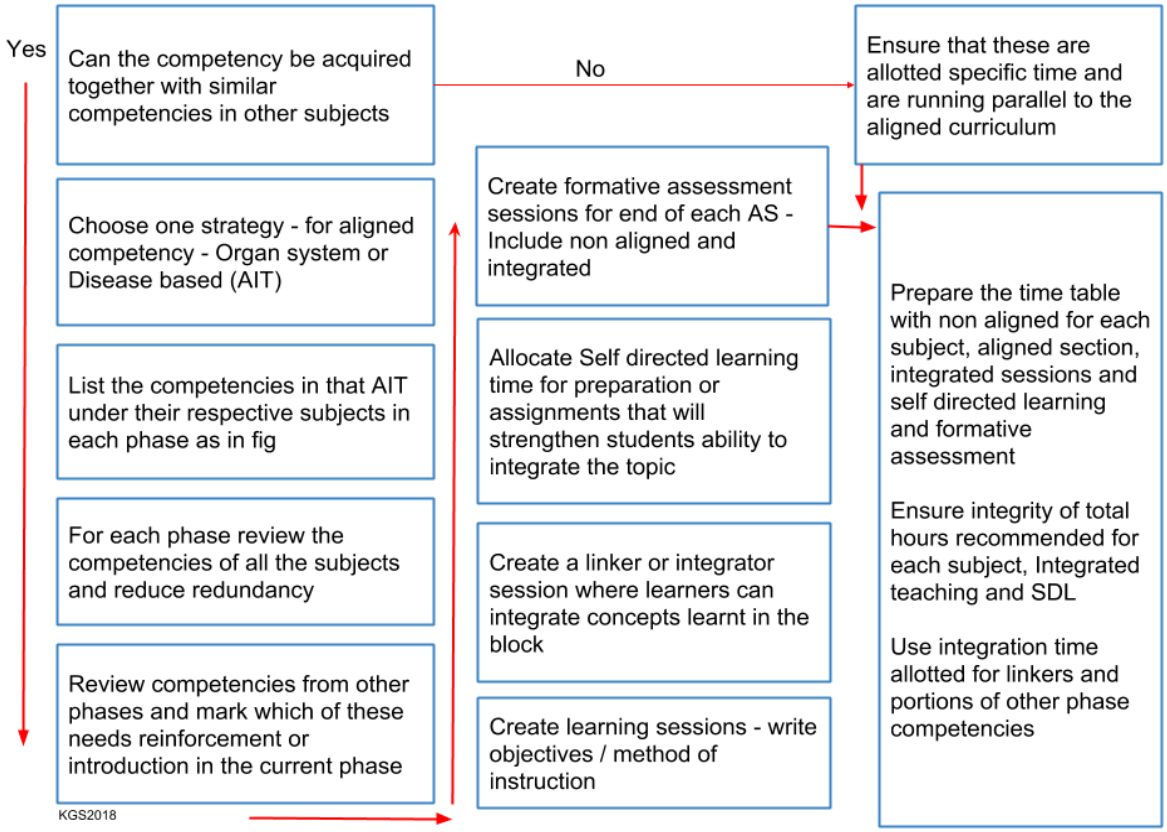


Figure 4: Overview of process to create an aligned and integrated topic

Step 1: Identify a list of topics or organ systems that will be accommodated in the timetable as aligned and integrated topics (AITo). Examples of such topics included: Anemia, Febrile illnesses, Trauma etc. are provided in Appendix 1 **of this book**. Examples of organ system are Cardiovascular System, Gastro-intestinal system, Endocrine system.

Step 2: From the subject-wise competency document book developed by the MCI, transfer the competences that address the topic into a template. Arrange these competencies according to phase and subject (see Appendix 3 for an example).

Examples for the topics are available in Appendix 1. A glossary to understand competency is available in Appendix 2. A comprehensive list of competency for the AITo Anemia is available in Appendix 3.

Step 3: For each competency, derive learning objectives, learning sessions and assessment methods.

a. A learning session is created by putting together a bunch of objectives that can be accomplished in the allotted time and/or require a similar method of instruction.

b. A bunch of learning sessions that are put together that address the topic from different subjects in the phase form an Aligned and Integrated Topic (AITo).

(See Figures 5-8 extracted from the Competency based UG curriculum document published by the Medical Council of India that illustrates this process).

Step 4: In each AITo of the phase, it is important to review competencies from the previous phase that will bear reinforcement in the current phase. Similarly, it is important to ensure that competencies in the next higher phases are reviewed to explore if some of these require introduction in this phase. Integration sessions allotted in each phase may be used to deliver these competencies.

a. By reviewing objectives / competencies in a phase, redundant ones and those in each subject that can be taught together without a subject demarcation can be identified for horizontal integration (**Sharing).**

b. Similarly, by reviewing objectives or competencies across phases, those with a common thread can be identified for vertical integration (**Nesting and Correlation**).

c. Objective writing and session planning must be done with teachers of all subjects involved in the aligned and integrated topic (AITo) and their inputs taken for the integrated session.

d. It is important to remember that ***the concept and not necessarily teachers*** have to be integrated. Using different teachers in each integrated session is nice but rarely required.

Step 5: Consider adding a **linke**r to each AITo. A linker, as defined above, is a session that aptly links the various related stand-alone elements represented in an AITo and helps **Correlate**. In the medical curriculum, the linker is most commonly a case. A case that is creatively written can be used in each phase (often the same case) to allow students to correlate what they have learnt and apply into understanding disease process, diagnosis and care. Using a case-based discussion in small groups will, in addition, encourage collaborative and self-directed learning. Using the case discussion at different time points in AITo, will allow students to reinforce and link concepts appropriately.

An example of creating learning sessions with objectives incorporating principles of alignment, sharing, nesting and correlation is illustrated in figure 9 (1-8).

Step 6: Ensure that adequate time for the AITo is created in the time table. It is important to consider the inclusion of an end of block assessment that will count towards formative/internal assessment.

Important: While creating the timetable ensure that topics in each subject that cannot be aligned are also taught simultaneously in each subject and that the timetable accommodates these topics appropriately.

An example of timetable incorporating an aligned and integrated topic is available in Appendix 4. The functions of the AIT team in collaboration with phase-wise Curriculum subcommittee and Curriculum Committee in creating the AIT is illustrated in figure 11 in the section on governance.

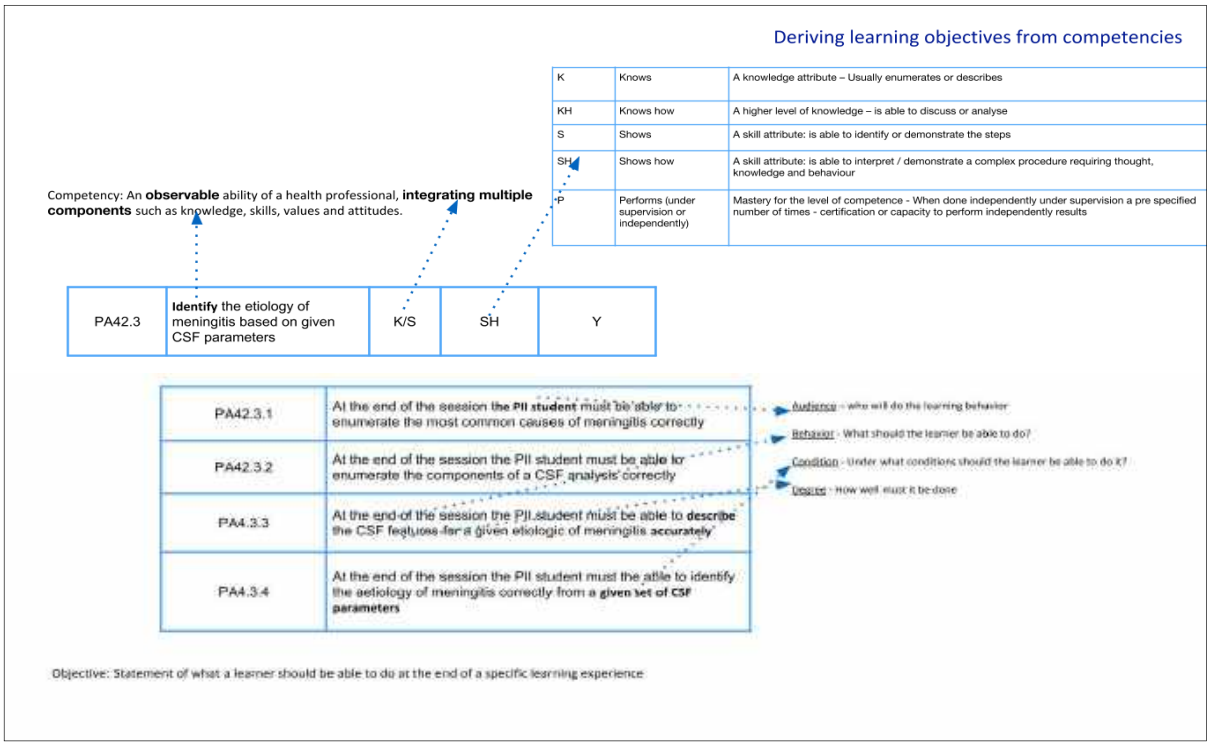


Figure 5 - Deriving learning objectives from competencies

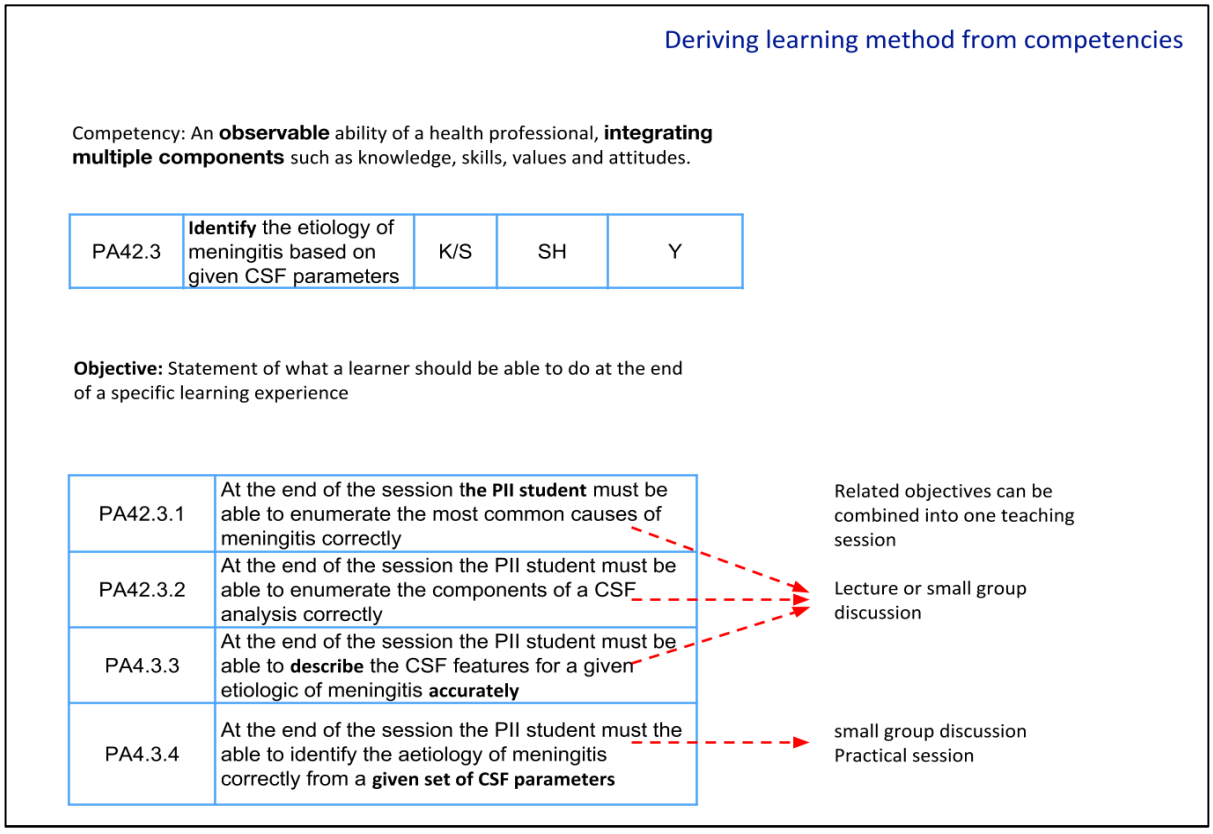


Figure 6. Deriving learning methods from competencies

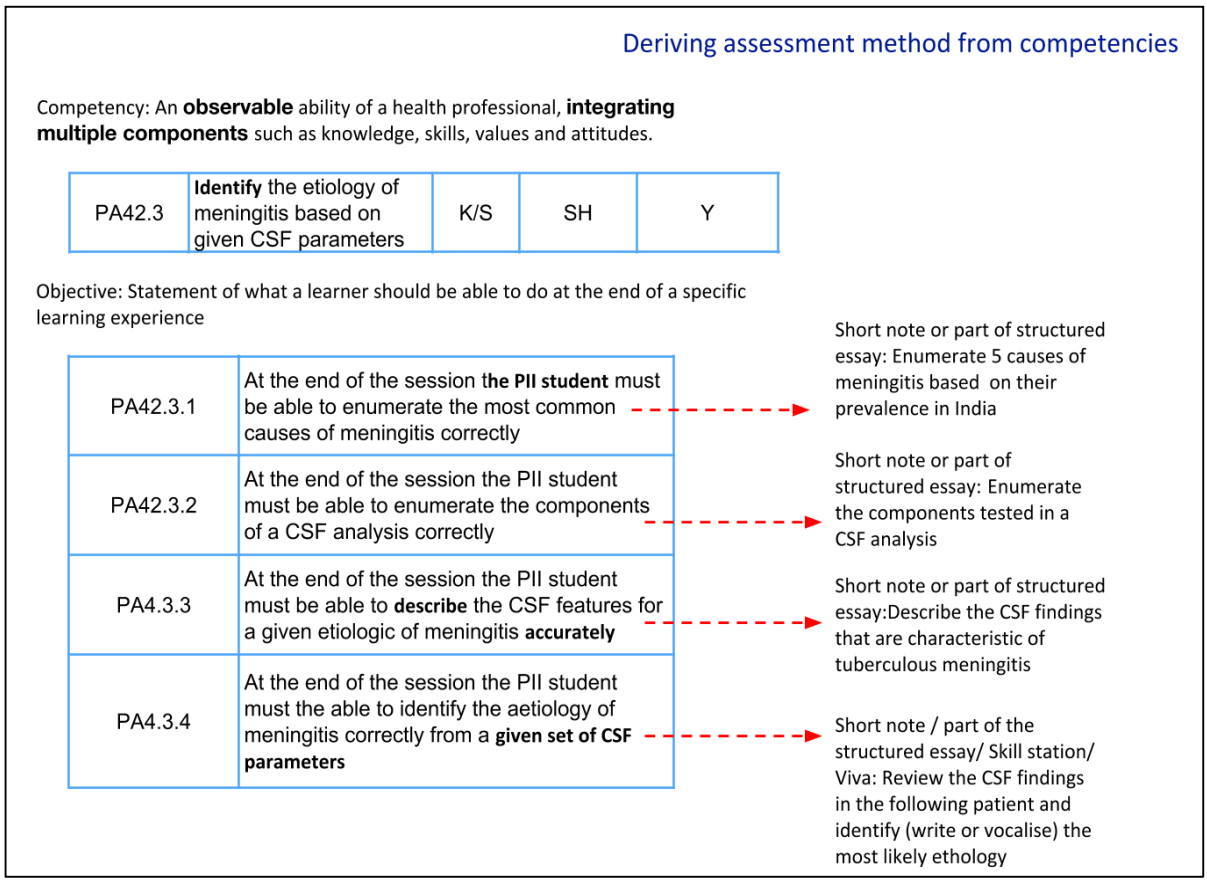


Figure 7: Deriving assessment methods from competencies

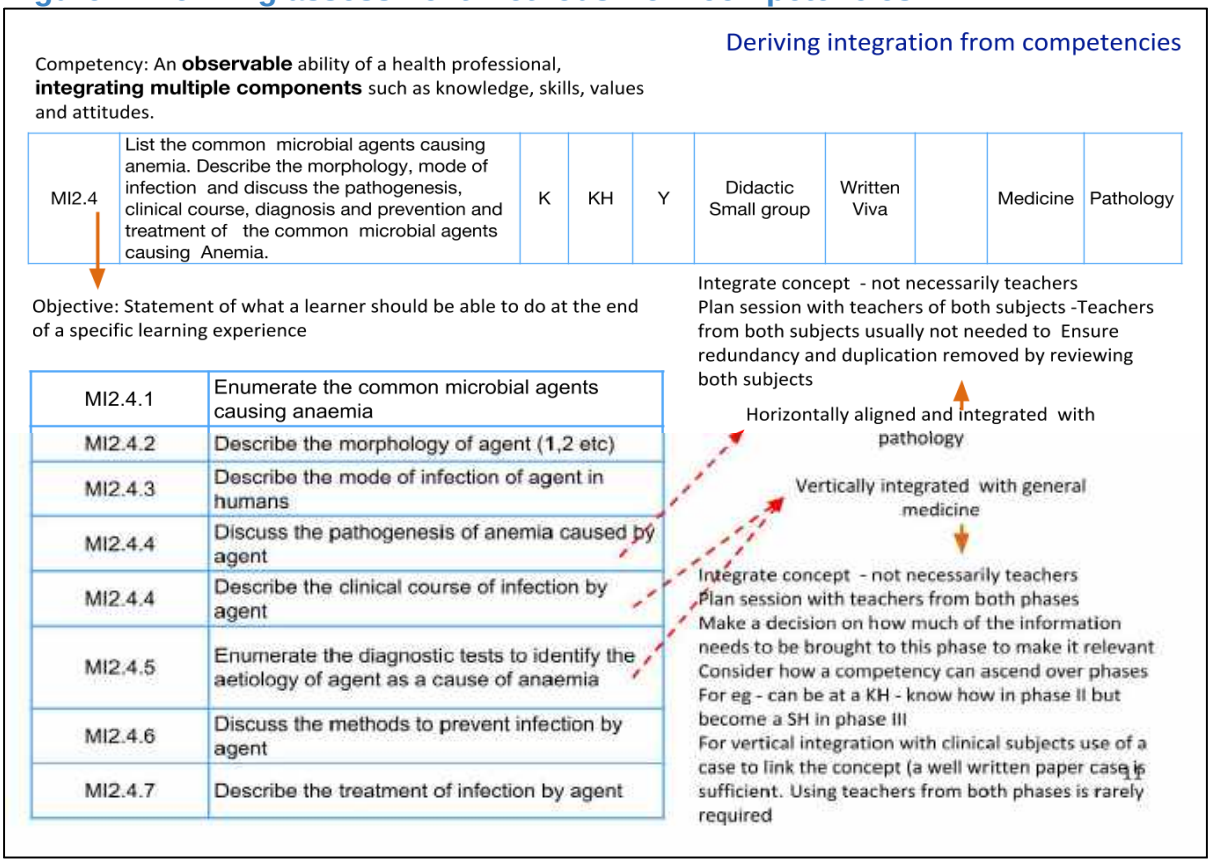


Figure 8: Marking objectives/ competencies for integration

Figure 9 (1-8) has used anemia as an example for creating an Aligned and Integrated topic.

Note: A comprehensive list of competencies for the topic anemia gleaned from the competency booklet is presented in Appendix 3.

For illustrative purposes only

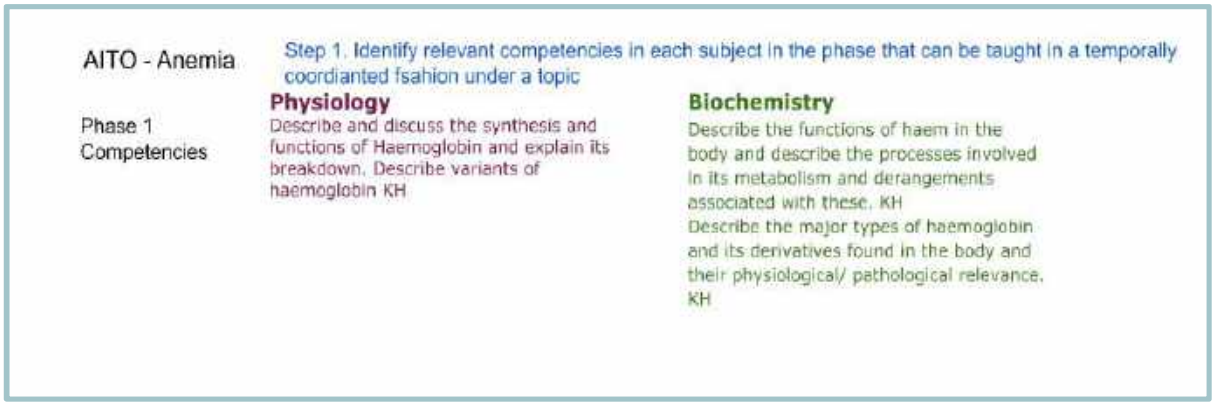


Figure 9.1 In this example two related competencies are identified from physiology (purple) and Biochemistry (Green) from the competency booklet

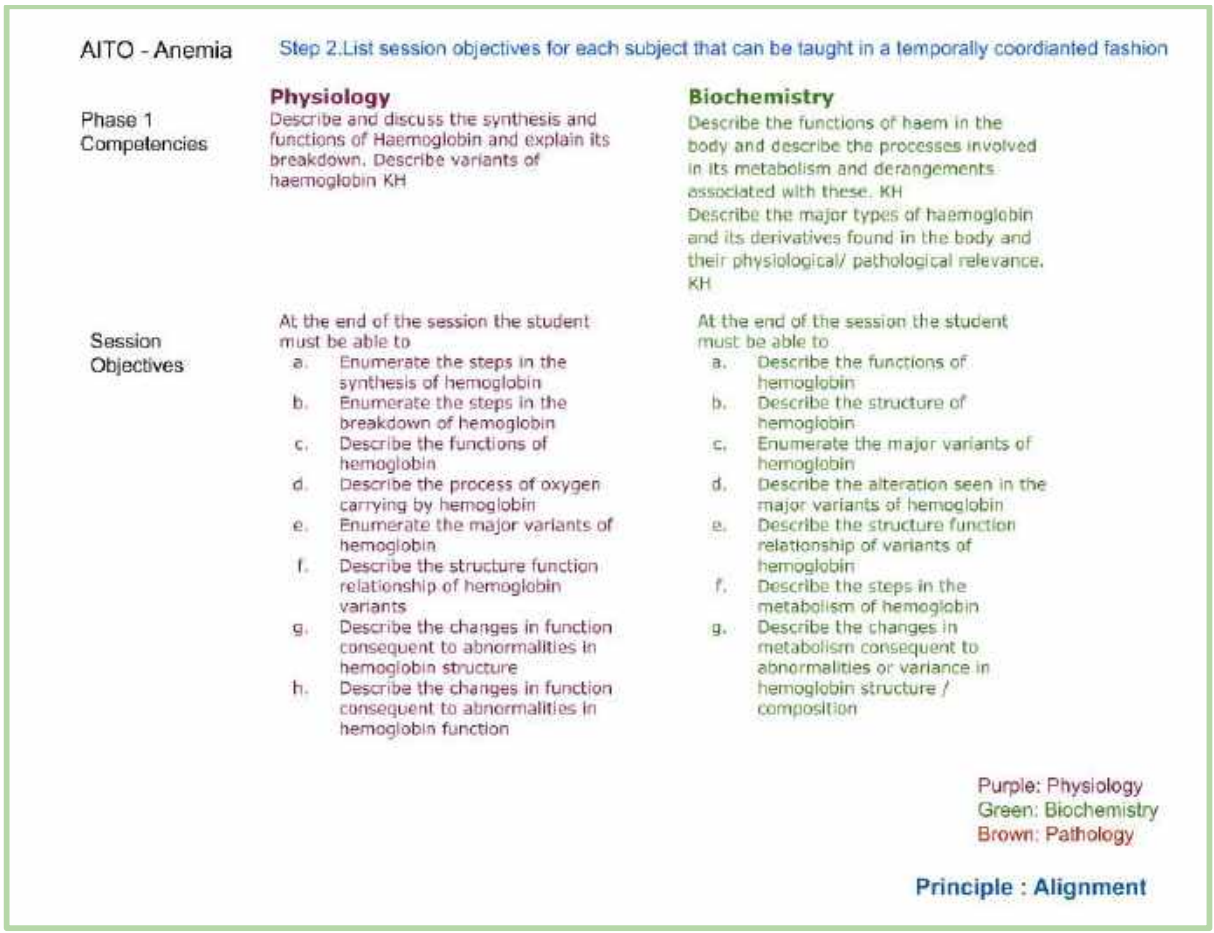


Fig 9.2 Session objectives are derived for each competency are identified

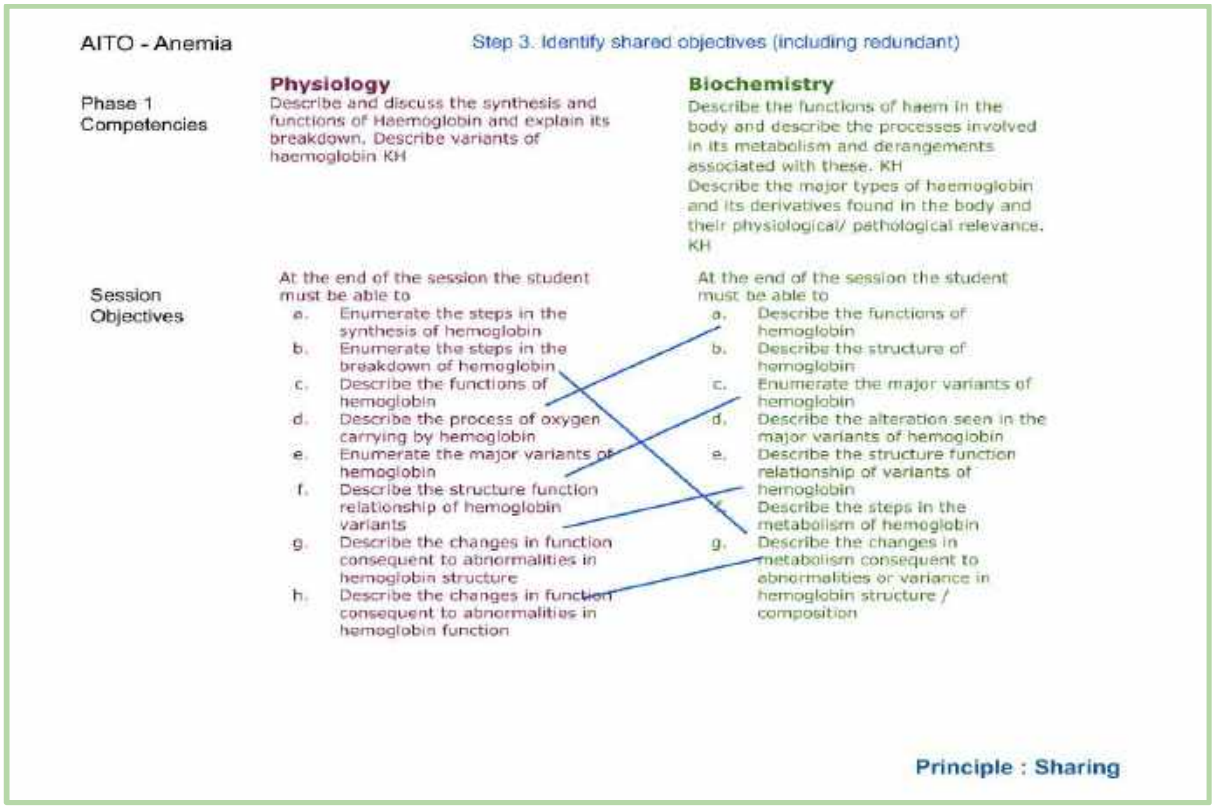


Fig 9.3 Objectives that are similar to both subjects are marked for redundancy and sharing

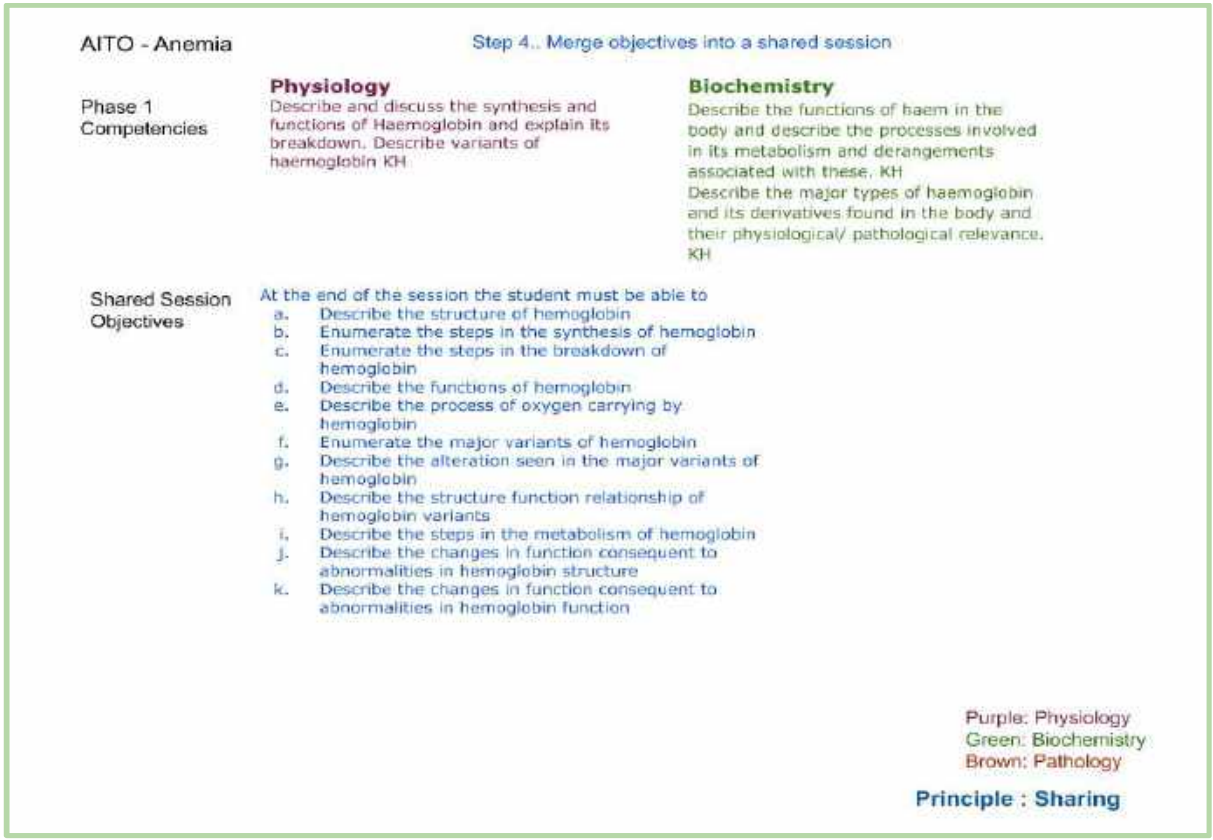


Fig 9.4 A new shared session is created merging the objectives from both subjects by removing redundancy

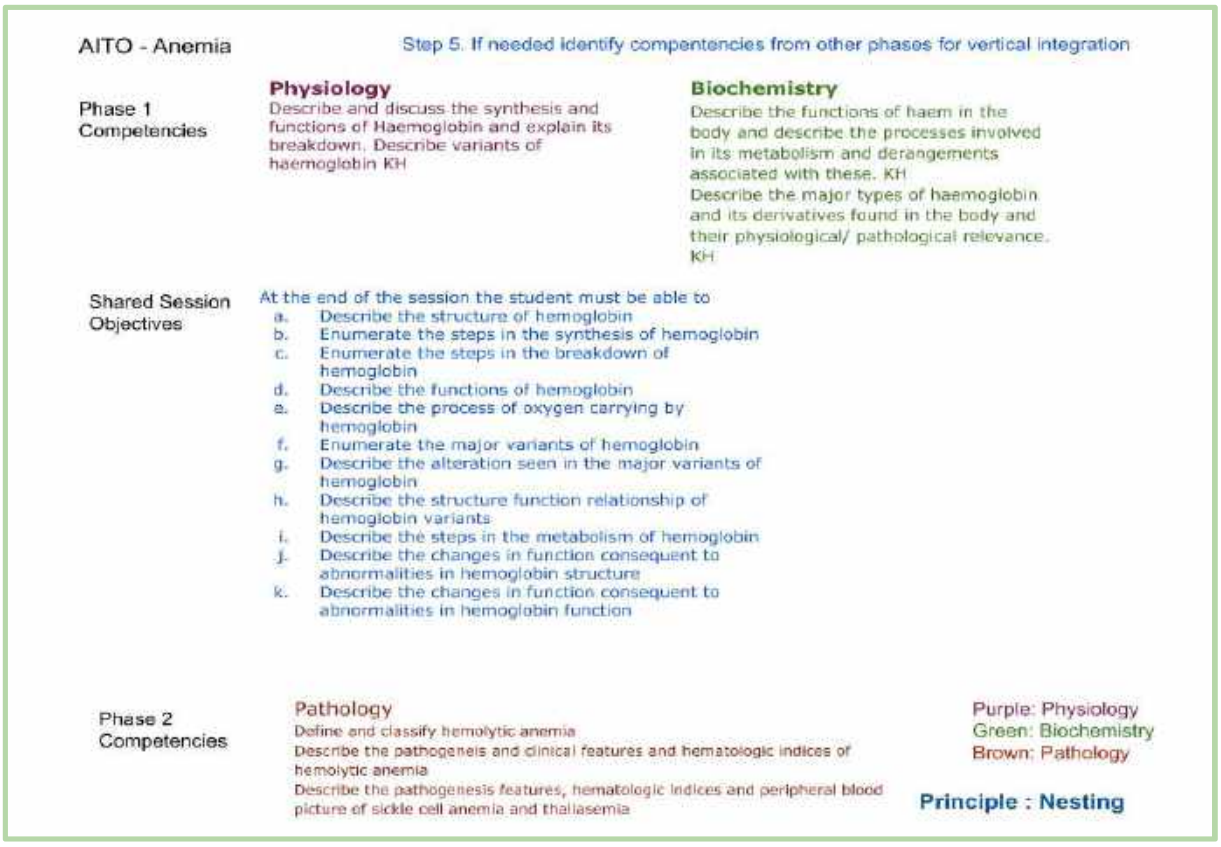


Fig 9.5 If desired, subjects from other phases are reviewed for competencies that will enhance the value of the learning session - in this instance a few competencies from pathology are brought into phase I to enhance the value of learning in the shared session.

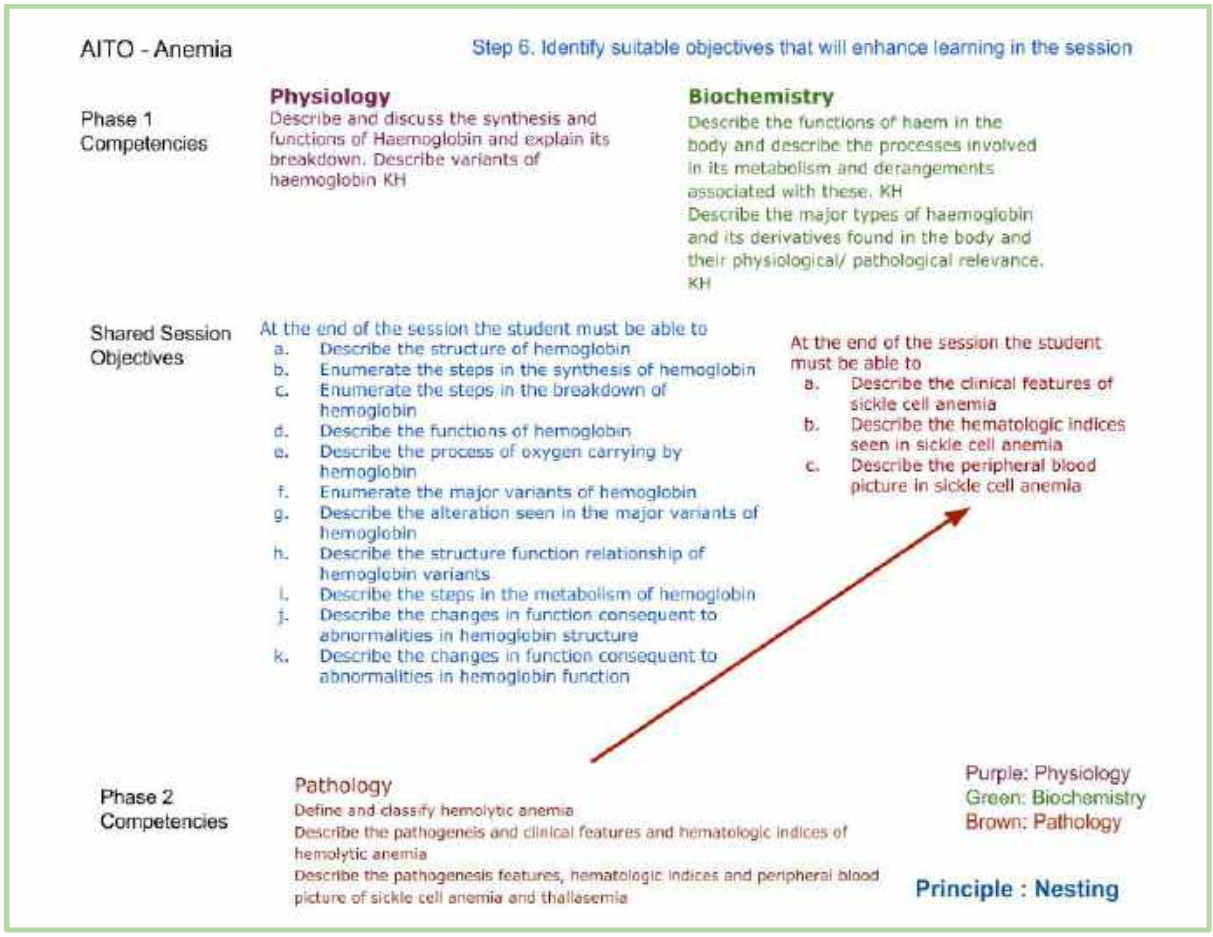


Fig 9.6 Objectives from the pathology (brown) competencies are listed

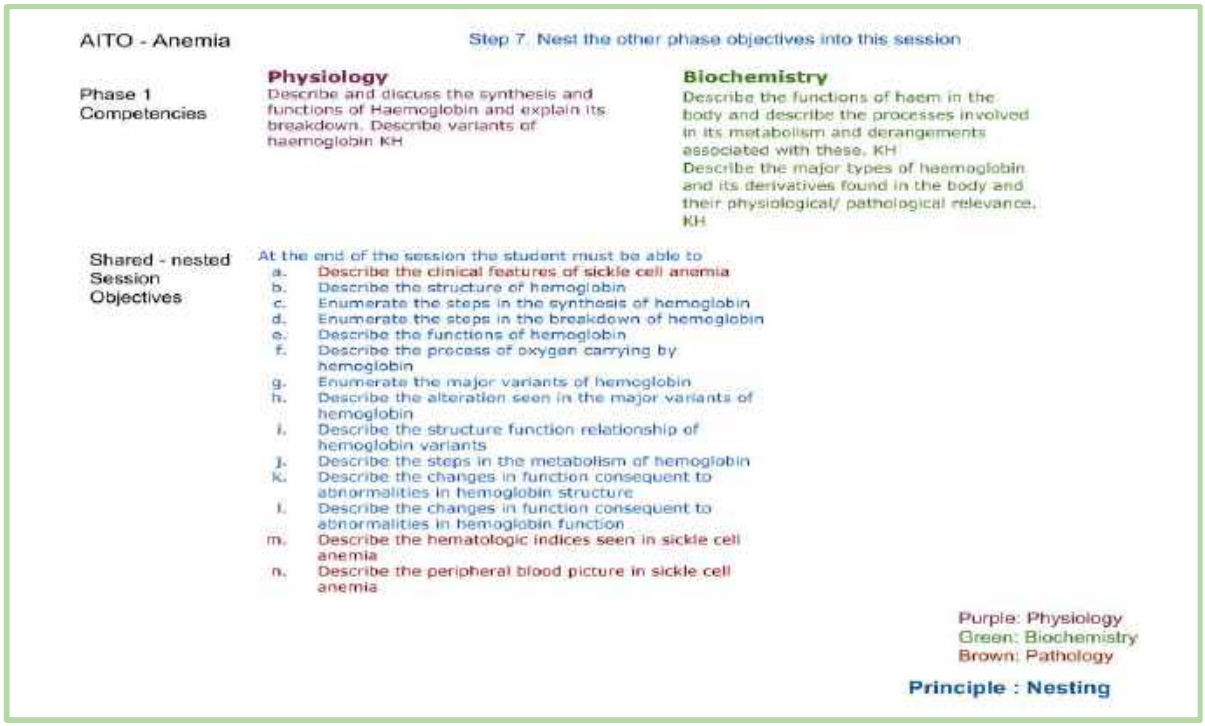


Fig 9.7: Selected objectives are “nested” to the shared session

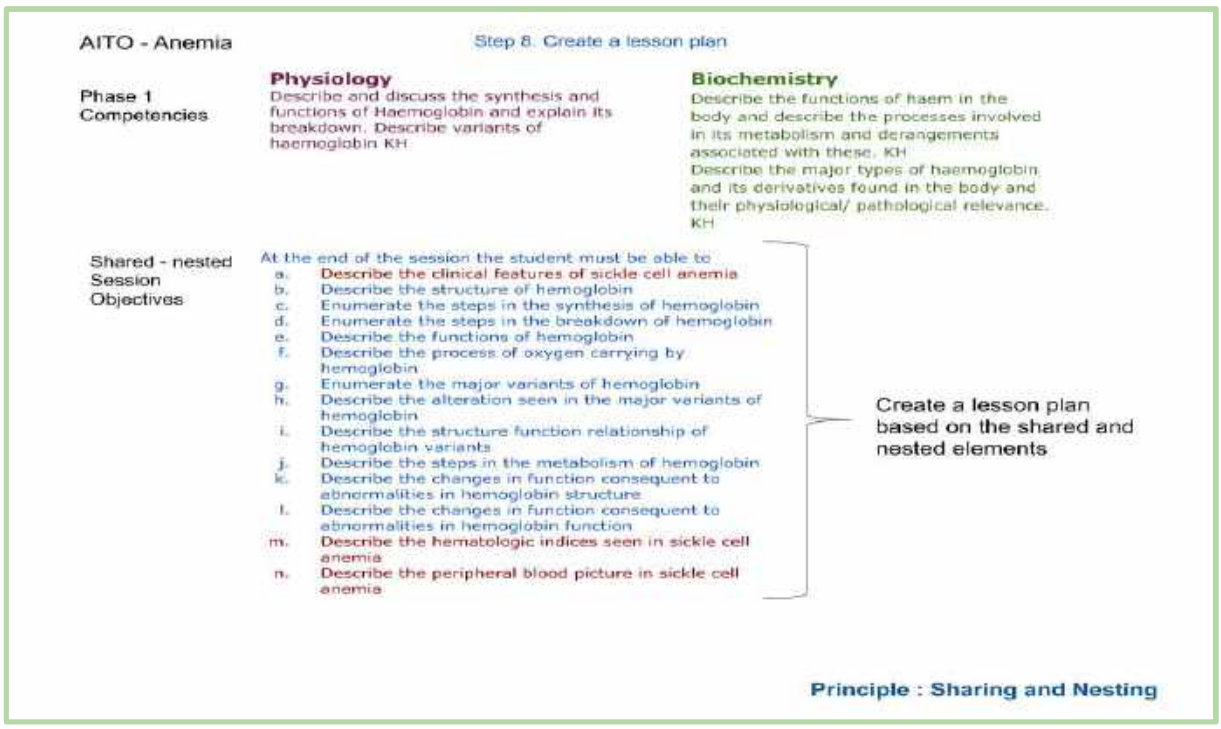


Fig 9.8 A lesson plan is created for the integrated session

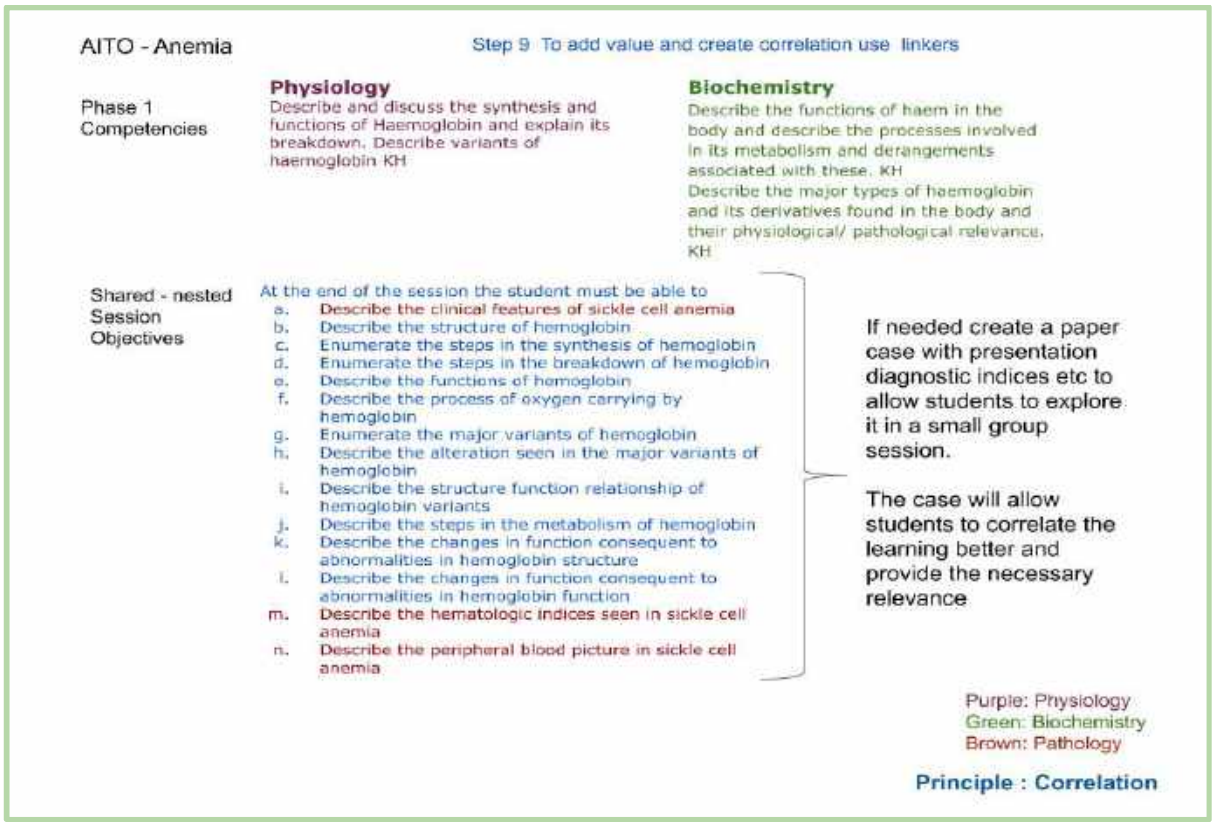


Fig 9.9 A paper case is often used as a linker to improve the relevance and allow greater correlation

Curricular Governance required to create and implement an Aligned and Integrated Curriculum

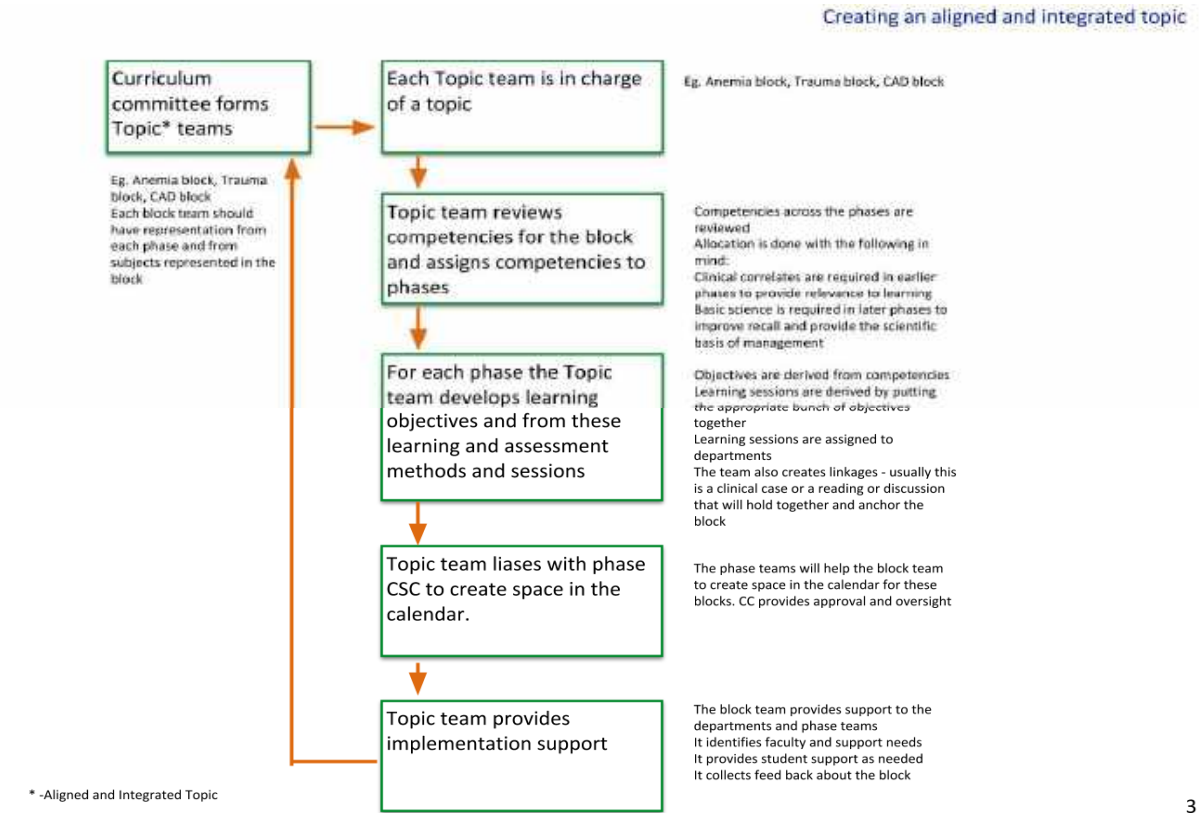


Figure 10: Steps and oversight required in development of Aligned and Integrated Topic

The development of an aligned and integrated curriculum will require significant collaboration from all stakeholders. In addition, curricular oversight will be required for its smooth implementation.

1. The Dean as the head of the institution and also as the Chairman of the Curriculum Committee will be responsible for the overall development, implementation and oversight of the curriculum.

2. The Curriculum Committee as constituted in accordance with the directives of the MCI will:

    a. Develop a strategy for creating and implementing the curriculum and providing oversight,
    b. Decide if the alignment will be topic or organ system based,
    c. Create a phase-wise Curriculum Subcommittee (PWCSC) to oversee the creation and delivery of aligned and integrated curriculum,
    d. Create and support topic teams which will develop objectives and learning sessions for each topic across the phases,
    e. Approve and release the annual timetable for each phase,

f. Liaise with the Medical Education Unit or Department for required faculty support.

3. The Phase-wise Curricular Sub-committees (PWCSC) may be constituted with heads of Departments or key faculty in each phase with adequate representation from other phases and reporting to the Curriculum Committee. The PWCSC should:

    a. Review competencies for each phase and convert them into learning objectives,
    b. Align the curriculum as much as possible and enlist help from other phases in creating necessary vertical integration and links,
    c. Reduce redundancy across the phase by integrating overlapping teaching elements,
    d. Develop learning and assessment methods for each phase,
    e. Prepare the timetable for the phase and present it to the Curriculum Committee for approval.

4. If needed, topic teams or Alignment and Integration (AIT) teams may be created. These teams will have at least one member from each department across phases and is responsible for delivery of the topics identified. The AIT team will:

    a. Create learning and assessment sessions of the Aligned and Integrated Topics (AITo) identified across phases,
    b. Represent the Aligned and Integrated Topic (AITo) to the phase-wise Curricular subcommittee and/or Curriculum Committee,
    c. Review competencies and develop learning objectives for the topic,
    d. Assign learning objectives to each phase and teaching session,
    e. Develop learning and assessment methods for the AITo,
    f. Help faculty with delivering session appropriately and in a collaborative manner across phases,
    g. Collect feedback for the AITo, and
    h. Provide student support.

Further reading

Required Reading

1. Ronald M Harden, The integration ladder: a tool for curriculum planning and evaluation, Medical Education 2000;34:551-557.
2. Alam Sher Malik & Rukhsana Hussain Malik, Universiti Teknologi MARA, Malaysia Twelve tips for developing an integrated curriculum". Medical Teacher 2011; 33: 99–104.
3. David G. Brauer & Kristi J. Ferguson 1, Washington University School of Medicine, USA, University of Iowa, USA; The integrated curriculum in medical education: AMEE Guide No. 96.
4. Integration of basic and clinical sciences - AMEE 2008 Paul Bradley and Karen Mattick, Peninsula College of Medicine and Dentistry, UK, https://amee.org/getattachment/Conferences/AMEE-Past-Conferences/AMEE-Conference-2008/Introduction-to-Medical-Education-Bradley-Mattick.pdf.

Additional reading

1. Gustavo A. Quintero, John Vergel, Martha Arredondo, Maria-Cristina Ariza, Paula Gomez & Ana-Maria Pinzon-Barrios, Integrated Medical Curriculum: Advantages and Disadvantages. Journal of Medical Education and Curriculum Development 2016; J Med Educ Curric Dev 3:S18920 (online).

Appendix 1

Examples of aligned and integrated topics (indicative)

Anemia
Jaundice
Diabetes
Thyroid Diseases
Nutrition
Febrile Illness
Tuberculosis
Malaria
Diarrhoea
Ischemic Heart Disease
Polycystic Ovarian Syndrome

Appendix 2

Understanding the competencies table

1	2	3	4	5	6	7	8	9	10
No.	**Competencies**	**Domain**	**K/KH/SH/ P**	**Core**	**Suggested Teaching Learning method**	**Suggested Assessment method**	**No req to certify P**	**Vertical Integration**	**Horizontal integration**
Physiology									
Summary **Name of Topic: General Physiology** **Number of competencies: (08)**							**Number of procedures that require certification: Nil**		
PY1.1	Describe the structure and functions of a mammalian cell	K	KH	Y	Lectures, Small group discussion	Written/viva			Biochemistry
GM25.4	Elicit document and present a medical history that helps delineate the aetiology of these diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and travel	S	SH	Y	bed side clinic, DOAP	Skill assessment		Community Medicine	

Unique number of the competency
First two alphabets represent the subject (see list)
Number following alphabet reflects topic
Number following period is a running number

Description of competency

Identifies the domain or domains addressed
K - Knowledge
S - Skill
A - Attitude
C - Communication

Identifies the level of competency required based on the miller's pyramid
K - Knows
KH- Knows How
S - Skill
SH - Show How
P - Perform independently

Identifies if the competency is core or desirable. Y indicates Core

Identifies the suggested learning method.
DOAP -
Demonstrate (by student) **O**bserve **A**ssist **P**erform

Identifies the suggested assessment method
Skill assessment - Clinics, Skills lab, Practicals etc

no of times a skill needs to be done independently to be certified for independent performance
Rarely used in UG

Subject(s) in other phases with which the competency can be vertically integrated to increase relevance or improve basic understanding

Subject(s) in the same phase with which the competency can be horizontally integrated or aligned to allow a more wholesome understanding

7

Appendix 3

How to choose competencies from different subjects in various phases for a given topic

(illustrative example)

Competencies for the topic anemia from various phases from the competency booklet volumes 1-3

Year	No.	Competencies*	No.	Competencies*	No.	Competencies*
1		**Physiology**		**Biochemistry**		
	PY2.1	Describe the composition and functions of blood components				
	PY2.2	Discuss the origin, forms, variations and functions of plasma proteins	BI5.2	Describe and discuss functions of proteins and structure-function relationships in relevant areas eg, hemoglobin and selected hemoglobinopathies		
	PY2.3	Describe and discuss the synthesis and functions of Haemoglobin and explain its breakdown. Describe variants of haemoglobin	BI6.11	Describe the functions of haem in the body and describe the processes involved in its metabolism and describe porphyrin metabolism.		
	PY2.4	Describe RBC formation (erythropoiesis & its regulation) and its functions	BI6.12	Describe the major types of haemoglobin and its derivatives found in the body and their physiological/ pathological relevance.		
2		**Pathology**		**Pharmacology**		**Microbiology**
	PA13.1	Describe hematopoiesis and extramedullary hematopoiesis	PH1.35	Describe drugs used in hematological disorders and discuss mechanism/s of action, types, doses, side effects, indications and contraindications, like 1. Drugs used in anemias 2. Colony Stimulating factors	MI2.4	List the common microbial agents causing anemia. Describe the morphology, mode of infection and discuss the pathogenesis, clinical course, diagnosis and prevention and treatment of the common microbial agents causing Anemia.

	PA13.2	Describe the role of anticoagulants in hematology		
	PA13.3	Define and classify anemia		
	PA13.4	Enumerate and describe the investigation of anemia		
3		**Medicine**		**Pediatrics**
	IM9.1	define describe and classify anemia based on red blood cell size and reticulocyte count	PE13.1	Discuss the RDA, dietary sources of Iron and their role in health and disease
	IM9.2	describe and discuss the morphological characteristics aetiology and prevalence of each of the causes of anemia	PE13.2	Describe the causes, diagnosis and management of Fe deficiency
	IM9.4	describe and discuss the genetic basis of some forms of anemia	PE13.3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis
	IM9.5	elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, and family history	PE13.4	Interpret hemogram and Iron Panel

* List of competencies only representative, not complete.

Appendix 4 Sample time table with AIT

Time	Day1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	DAY 8
8-9 am	**Blood and its components by a Hematologist** Linker-Case 1 PY 2.1 Describe the composition and functions of blood and its components		Linker Part A of case 1 addresses PY 2.1 PY 2.2 PY 2.9 small group discussion + Formative assessment					Written Assessment PY 2.5 PA 13.3
9-10 am	**Blood groups , Principles of Blood transfusion and banking** PY 2.9 Describe different blood groups and discuss the clinical importance of blood grouping, blood banking and transfusion	**Blood groups , Principles of Blood transfusion and banking** PY 2.9 Describe different blood groups and discuss the clinical importance of blood grouping, blood banking and transfusion	**Erythropoiesis** - Linker part B PY 2.5 Describe RBC formation (erythropoiesis & its regulation) and its functions PA 13.1 Describe hematopoiesis and extra medullary hematopoiesis	**Role of Iron and Vit A B12 in Erythropoiesis** PA 14.1 Describe iron metabolism PA 15.1 Describe the metabolism of Vitamin B12 and the etiology and pathogenesis of B12 deficiency	**Heam synthesis and metab** PY2.3 Describe & discuss synthesis & functions of Hb & explain its breakdown. Describe Hb variants BI 6.11 Describe the functions of haem in body and describe the processes involved in its metabolism and derangements associated. Porphyrins	**Types of hemoglobin and their clinical significance** BI 6.12 Describe the major types of Hb and its derivatives found in body and their physiological/ pathological relevance.	**Physiology of Hemolysis and Anemia** PA 13.3 Define and classify anemia PY 2.5 Describe different types of anemias & Jaundice	Linker Part B of case 1 addresses PY 2.3 , BI 6.12 ,PY 2.9 , PA 13.3 small group discussion + Formative assessment
10 - 11 am 11-12.00	PY 2.9 Group A) Visit to the blood bank Group B) PY 2.11 Blood Grouping cross matching DOAP session	PY 2.9 Group B) Visit to the blood bank Group A) PY 2.11 Blood Grouping cross matching	**Peripheral smear examination** Group A PY 2.1 Describe the composition and functions of blood and its components OBJ A) Identify RBC , WBC and platelet in normal peripheral smear B) Discuss their functions Group B Visit to Hematology lab / Or ALC animation	**Physiology practical** Group A PY 2.11 Estimate RBC count and interpret normal Group B PY2.11 Estimate Hb, RBC indices and interpret PA 13.4 Enumerate and describe the normal blood parameters	**Physiology practical** Group B PY 2.11 Estimate RBC count and interpret normal Group A PY2.11 Estimate Hb, RBC indices and interpret PA 13.4 Enumerate and describe the normal blood parameters	**Physiology practicals** Group A PY 2.12 Demonstrate the tests for ESR, Hematocrit. Note the findings and interpret the results Group B PY 2.12 Demonstrate Osmotic fragility test . Note the findings and interpret the results	**Physiology practical** Group B PY 2.12 Demonstrate the tests for ESR, Hematocrit. Note the findings and interpret the results Group A PY 2.12 Demonstrate Osmotic fragility test Note the findings and interpret the results	Skill assessment PY 2.9, PY 2.11, PY 2.1, PA 13.4 ,PY 2.12
1-2 pm	**Plasma Proteins** PY 2.2 Discuss the origin, forms, variations and functions of plasma proteins	**Blood groups , Principles of Blood transfusion and banking** PY 2.1 ,2.2 PY 2.9 Formative Assessment Reflective exercise						Feedback-
2-3 pm	Non Aligned sessions in Anatomy					Radiological ANATOMY	Osteology	Remedial
3-4 pm						Surgical Anatomy	Surface Anatomy	
Submissions					PY 2.5 PA 14.1 PA 15.1 Assignment- 1 on Erythropoiesis and factors regulating	PY 2.3 BI 6.11BI 6.12 Assignment 2 on Haem synthesis and metabolism		

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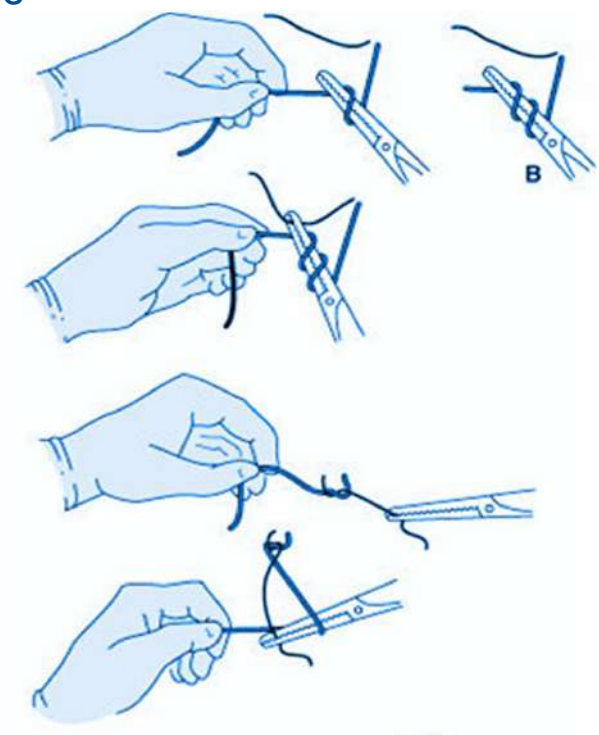
COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE

Knows → Knows how → Shows → Shows how → Performs

Describe
Enumerate
Observe
Demonstrate
Assist
Counsel
Prescribe
Analyse
Integrate
Guide
Communicate
Correlate
Interpret
Critique
Collaborate



Module 5
Skills Training

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Skills Training Module

(Including Guidelines for Skills Lab)

For Undergraduate Medical Education

Program

2019

Medical Council of India
Pocket-14, Sector-8, Dwarka,
New Delhi 110 077

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Skills module

Foreword

Clinicians are defined by their skill sets. From listening to procedures the continuum of skills that are garnered by learners and doctors are myriad. There is a compelling need to focus on observable and measurable skill acquisition in the MBBS program.

The emphasis on skill acquisition is one of the key features of the competency based curriculum and in many ways is its soul. The competency based undergraduate curriculum provides a framework for learning and assessing skills. The curriculum will necessitate a paradigm shift in medical education in India and requires teachers and education administrators alike to re-think the construct and delivery of instruction, like: 1) what are the skills that must be taught, 2) how to create the right environment in which skills can be taught, practiced, observed and assessed, 3) what are the facilitatory skills that teachers must acquire, 4) how should acquisition of skills be documented, and 5) how would the acquisition or non-acquisition of skills affect the progress of the learner?

A skills lab is a safe environment in which learners can acquire and practice skills and be observed and assessed. A skills lab that provides this environment is an important step in helping learners acquire skills – procedural, communication or others. The establishment of a basic skills lab that is in alignment with the requirements of the competency based curriculum must be established by all medical colleges, if the implementation of the new undergraduate curriculum is to be successfully implemented. This will also provide the faculty with the support mechanisms to adapt to these new changes and requirements.

The skills module developed by the Expert Group of MCI is a compilation of best practices and is a guide to teaching skills needed to implement the competency based curriculum. Institutions, educators and teachers are encouraged to use this guide to help facilitate skill acquisition by learners. We also solicit your innovations and best practices so that these can be shared with institutions and teachers across the nation.

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Foreword

Skills module

A key feature of the Regulations in Graduate Medical Education Part II is the emphasis on an outcome driven education with emphasis on acquisition of competencies. The skills, knowledge and practice acquired by the Indian Medical Graduate to deal with the health problems of the community, particularly in the context of a number of newly emerging and re-emerging diseases, is a challenge to medical educationists. This situation necessitates that the student-learner should have acquired competent and verifiable skills at the time of graduation. Acquisition of these skills, which include cognitive, procedural, and communication skills require dedicated teaching learning practices and time in a supervised environment. The primacy of patient safety also necessitates that practice of skill acquisition, its usage and assessment are done in a safe environment under peer supervision and should be a planned collaborative activity of the institution. The Medical Council of India has thus felt that every medical college should establish an adequately equipped skills lab and provide resources and opportunities so that these can be meaningfully used to improve the skill outcomes of the medical graduate.

This booklet on skills module has been designed to help institutions meet the challenge of transforming the learning environment to align with the requirements of implementation of the competency driven undergraduate curriculum. This module has been written and diligently scrutinised by members of the Expert group. The Medical Council of India hopes that medical institutions would find this a useful resource material as they make the momentous transition to the teaching of the new undergraduate curriculum.

Vats

(Dr. R. K. Vats)
Secretary General

Module – 5

SKILLS TRAINING

Skills Training Module

1. Objective of the Document

The objective of the document is to facilitate institutions and faculty to develop and implement skills training as part of implementation of new Undergraduate Curriculum.

2. Glossary of Terms Used in the Document

Skill: Skill is the ability to perform a task leading to a specific predefined outcome.

Skill may be:

a) Intellectual or cognitive which includes clinical reasoning and decision making skills,

b) Procedural or psychomotor skills that require manual dexterity and include laboratory and clinical skills,

c) Communication skills,

d) Team skills including leadership skills.

Competency: The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, attitude, values, and reflection in daily practice for the benefit of the individual and the community being served.

Skill Assessment: A session that assesses the skill of the student including those in the laboratory, bed-side, skills lab, skills station that uses mannequins/ paper cases/simulated patients/real patients as the context demands.

DOAP (Demonstration -Observation - Assistance - Performance): A practical session that allows the student to observe a demonstration, assist the performer, perform in a simulated environment, perform under supervision or perform independently.

3. Introduction

The current undergraduate medical education curriculum focuses on competencies and outcomes and gives emphasis to skill development in all phases. The competencies ‘Shows How’ (SH) or ‘Perform’ (P) are listed in relation to the skills to be acquired by the learner. The Graduate Medical Education Regulations Part II, 2019 envisages that certain skills are prerequisites for graduation. Therefore, it is necessary for institutions to create skill sessions in which essential/ desirable and certifiable skills are acquired. These skill sessions should be planned during their respective phase in a laboratory/during clinical posting. There should be proper documentation of the process of acquisition of skills. When required, a skills lab may be used to impart training. Skills lab provides a safe training environment in which a learner can be observed and be provided with the feedback necessary to improve. It also allows the learner to do tasks repetitively under supervision till the desired level of competency is achieved.

4. Salient Principles

The undergraduate medical education program is designed with a goal to create an “Indian Medical Graduate” (IMG) possessing the requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as a physician of first contact of the community while being globally relevant.

The principles governing skill acquisition have been presented in this module which also facilitate the utilization of ‘Skills lab’ during the undergraduate training and assessment.

This module helps to:

a) understand the link between competency and skill,

b) enumerate the general principles of skill acquisition,

c) explain how to apply these principles,

d) understand the different methods and steps of skills teaching and acquisition (skill cycle),

e) develop skill sessions from a given competency, and

f) impart, assess and document the acquisition of these skills.

The module also elaborates the concepts, processes, resources and organizational set up for a basic skills lab in a college setting.

Context from GMER 2019

2.2.2 All efforts must be made to equip the medical graduate to acquire the skills as detailed in Table 11 Certifiable procedural skills – A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate.

4.1.4. Clinical training shall emphasize early clinical exposure, skill acquisition, certification in essential skills; community/primary/secondary care-based learning experiences and emergencies.

4.1.6. Acquisition and certification of skills shall be through experiences in patient care, diagnostic and skill laboratories.

4.1.8. Progress of the medical learner shall be documented through structured periodic assessment that includes formative and summative assessments. Logs of skill-based training shall be also maintained.

4.2. Appropriate Faculty Development Programmes shall be conducted regularly by institutions to facilitate medical teachers at all levels to continuously update their professional and teaching skills, and align their teaching skills to curricular objectives.

10.5.1. Initiate appropriate cost-effective treatment based on an understanding of the rational drug prescriptions, medical interventions required and preventive measures.

Certifiable Procedural Skills, as given in GMER 2019 are given below:

Table 11 (GMER 2019): Certifiable Procedural Skills:

A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate

Specialty	Procedure
General Medicine	• Venipuncture (I) • Intramuscular injection (I) • Intradermal injection (D) • Subcutaneous injection (I) • Intra Venous (IV) injection (I) • Setting up IV infusion and calculating drip rate (I) • Blood transfusion (O) • Urinary catheterization (D) • Basic life support (D) • Oxygen therapy (I) • Aerosol therapy / nebulization (I) • Ryle's tube insertion (D) • Lumbar puncture (O) • Pleural and ascitic aspiration (O) • Cardiac resuscitation (D) • Peripheral blood smear interpretation (I) • Bedside urine analysis (D)
General Surgery	• Basic suturing (I) • Basic wound care (I) • Basic bandaging (I) • Incision and drainage of superficial abscess (I) • Early management of trauma (I) and trauma life support (D)
Orthopedics	• Application of basic splints and slings (I) • Basic fracture and dislocation management (O) • Compression bandage (I)

Gynecology	• Per Speculum (PS) and Per Vaginal (PV) examination (I) • Visual Inspection of Cervix with Acetic Acid (VIA) (O) • Pap Smear sample collection & interpretation (I) • Intra- Uterine Contraceptive Device (IUCD) insertion & removal (I)
Obstetrics	• Obstetric examination (I) • Episiotomy (I) • Normal labor and delivery (including partogram) (I)
Pediatrics	• Neonatal resuscitation (D) • Setting up Pediatric IV infusion and calculating drip rate (I) • Setting up Pediatric Intraosseous line (O)
Forensic Medicine	• Documentation and certification of trauma (I) • Diagnosis and certification of death (D) • Legal documentation related to emergency cases (D) • Certification of medical-legal cases e.g. Age estimation, sexual assault etc. (D) • Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc. (D)
Otorhinolaryngology	• Anterior nasal packing (D) • Otoscopy (I)
Ophthalmology	• Visual acuity testing (I) • Digital tonometry (D) • Indirect ophthalmoscopy (O) • Epilation (O) • Eye irrigation (I) • Instillation of eye medication (I) • Ocular bandaging (I)

Dermatology	• Slit skin smear for leprosy (O) • Skin biopsy (O) • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (D) • Dark ground illumination (O) • Tissue smear (O) • Cautery - Chemical and electrical (O)

I- Independently performed on patients,
O- Observed in patients or on simulations,
D- Demonstration on patients or simulations and performance under supervision in patients

Certification of Skills: Any faculty member of concerned department can certify skills. For common procedures, the certifying faculty may be decided locally.

5. Major Components and Structure of the Skill Development program

Skill was the term used traditionally to denote procedural skill. However, there has been a paradigm shift and in the present context, it is the ability to perform a task leading to a specific predefined outcome in several domains.

Classification of Skills-

Skills are classified as:

a) **Intellectual or cognitive skills** are defined as abilities such as application, analysis and synthesis as building on basic knowledge and are related to underlying component of knowledge.

e.g. ability to interpret haematological tests of a patient with anemia

b) **Psychomotor or procedural skills** (require manual dexterity and include laboratory and clinical skills

e.g. ability to obtain a blood sample by venepuncture

c) **Communication skills** is defined as the ability to communicate with others in a given situation.

e.g. ability to motivate volunteers for blood donation

d) **Team Skill** is defined as the ability to work together in a team.

e.g. Ability to work towards implementing a project/operating on a patient with the team.

Link between competency and skills

Competency based medical education is outcome oriented. The learner is expected to be able to demonstrate achievement of predefined outcomes including skills. The competency based curriculum document on skills defines levels of competence for different skills from mere awareness to successful performance (K/KH/SH/P). It is necessary therefore to create learning experiences that will allow the learner to attain the predefined level of outcome. For competencies that require an 'SH', or 'P' level of competence, provision of a learning experience that will allow performance of the skill repeatedly under supervision is critical. It should be also noted that the acquisition of the skill and its correct performance must be documented and assessed.

The general principles of skill acquisition and its application are:

a) Outcome is predefined for the phase and level of training,

b) Standard approved process of acquisition including required steps are clearly outlined,

c) Learners are provided opportunity to progressively acquire and practice repeatedly under supervision, in a structured format and in a safe, non-threatening environment, and

d) Opportunities are made available for self-assessment and improvement, feedback and assessment of performance.

Developing a skill session from a competency, methods of skill teaching and steps of skill acquisition

It is important to determine the criticality and feasibility of the skill being taught, as given in Figure 1.

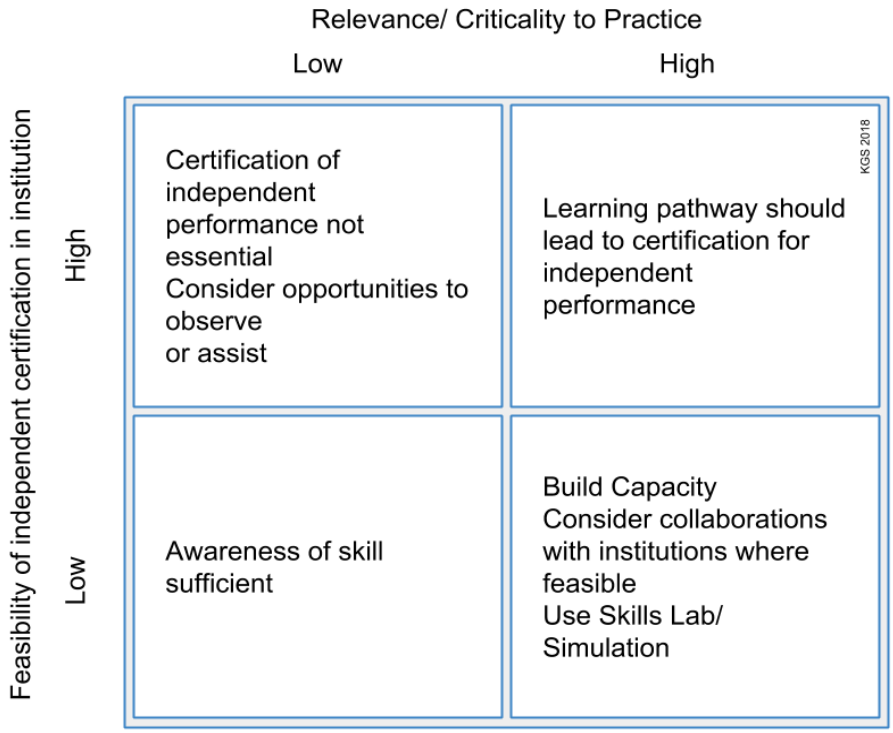


Figure I: Criticality vs feasibility matrix in context to Skills training

Explanation of the criticality vs feasibility matrix with examples from the new undergraduate curriculum:

Example1: Competency of Phase I - PY11.14 -Demonstrate Basic Life Support in a simulated environment.

Domain of 'Skill' at the level of Shows How (SH). Suggested method is DOAP sessions and assessment using OSCE. Now in a real situation, the feasibility of independent performance by a learner may be low, but since the criticality is high, it is a must, to use a Skills lab for training using simulation.

Example 2: Competency of Phase III- EN3.2 - Observe and describe the indications for and steps involved in the performance of diagnostic nasal endoscopy.

Domain of 'Skill' is at the level of Knows How (KH). Suggested method being Lecture, Small group discussion, demonstration and assessment using Written/ Viva voce. Both the feasibility and criticality are low and hence awareness of this skill is sufficient and there is no need for skills training in this competency.

If the competency lends itself to skill acquisition across phases, the phase-wise objectives must be first enumerated. It must be remembered that the ultimate achievement of the competency may be in a later phase but several steps to achieving it phase-wise may be developed.

Example 3: 'performing and interpreting ECG':

In phase 1, the competencies related to this skill acquisition are:

PY 5.13: Record and interpret normal ECG in a volunteer or simulated environment- 'SH'

PY 5.6: Describe abnormal ECG, arrhythmias, heart block and myocardial Infarction- 'KH'

This skill is also addressed in the competencies of General Medicine and Pediatrics. If we take an example of acquiring this skill in adults, the following competencies in General Medicine are related to performing and interpreting ECG for various disorders:

- IM 1.17: Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures - 'SH'.
- IM 1.18: Perform and interpret a 12 lead ECG - 'P'.
- IM 2.10: Order, perform and interpret an ECG - 'P'.
- IM 8.13 Enumerate the indications for and interpret the results of: CBC, Urine routine, BUN, Cr, Electrolytes, Uric acid, ECG - 'KH'.
- IM 10.18: Identify the ECG findings in hyperkalemia - 'SH'.
- IM11.11: Order and interpret laboratory tests to diagnose diabetes and its complications including: glucose, glucose tolerance test, glycosylated hemoglobin, urinary micro albumin, ECG, electrolytes, ABG, ketones, renal function tests and lipid profile- 'SH'.
- IM 12.9: Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio-iodine uptake and scan - 'SH'.
- IM12.10: Identify atrial fibrillation, pericardial effusion and bradycardia on ECG - 'SH'.

In phase 1, while the student acquires the skill of recording and interpreting normal ECG in a volunteer/ simulated environment - to a level of *Shows How* 'SH', he will also gain knowledge of the various abnormal ECGs in arrhythmias, heart block, MI etc. Sensitization of the ECG findings in hyperkalemia, MI, heart failure, thyroid function, diabetes and its complications can also occur at *knows* - 'K' level. This may be achieved during the integration session while conducting teaching learning sessions of PY 5.6,& PY 5.13. It is important to remember that, since the completion of teaching of Phase 1 competency is the priority at this time, the students will be only sensitized to ECG findings in these conditions.

In phase 2, the General Medicine competencies will be dealt in bedside clinics after the students have received preliminary knowledge on these disorders integrated with knowledge in Pathology, Pharmacology, etc. During this phase, phase 2 subjects are primary, but at the same time, the General Medicine competencies are slowly developed towards the requirement of phase 3.

In phase 3, the teaching learning sessions are planned in such a way that each of the competencies mentioned earlier can be slowly progressed to *Shows How / Perform*, as the need may be. Also those competencies requiring a mandatory minimum number of times the skill is to be performed is also required to be documented for each student.

In each phase, learning sessions are derived based on the level of the phase-wise objectives. To ensure a progressive buildup of the competencies to phase 3 at the required level, it is important to have the objectives of phase 3 competencies in place, right at the beginning.

A lesson plan should be made for the learning session that includes objectives, resources, setting (clinical/ laboratory, need for skills lab), learning steps, supervision required, methods of assessment and documentation of the process of the skill acquisition using log/portfolios. These are summarized in Figures II & III.

Figure II: Approach to competency based skill development

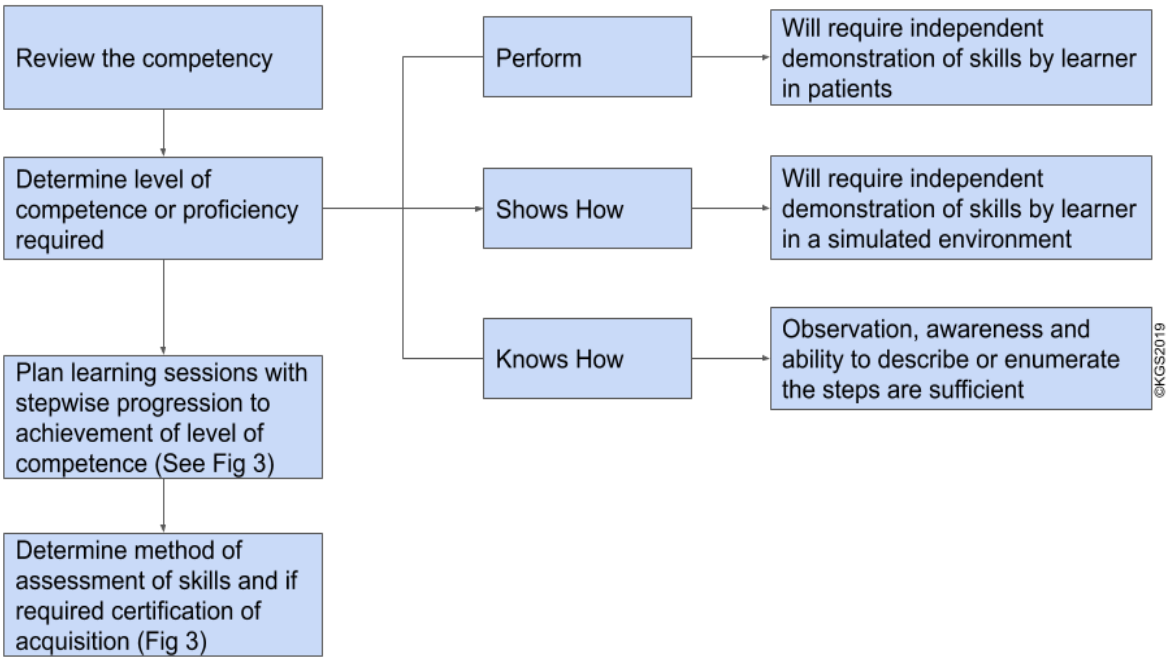
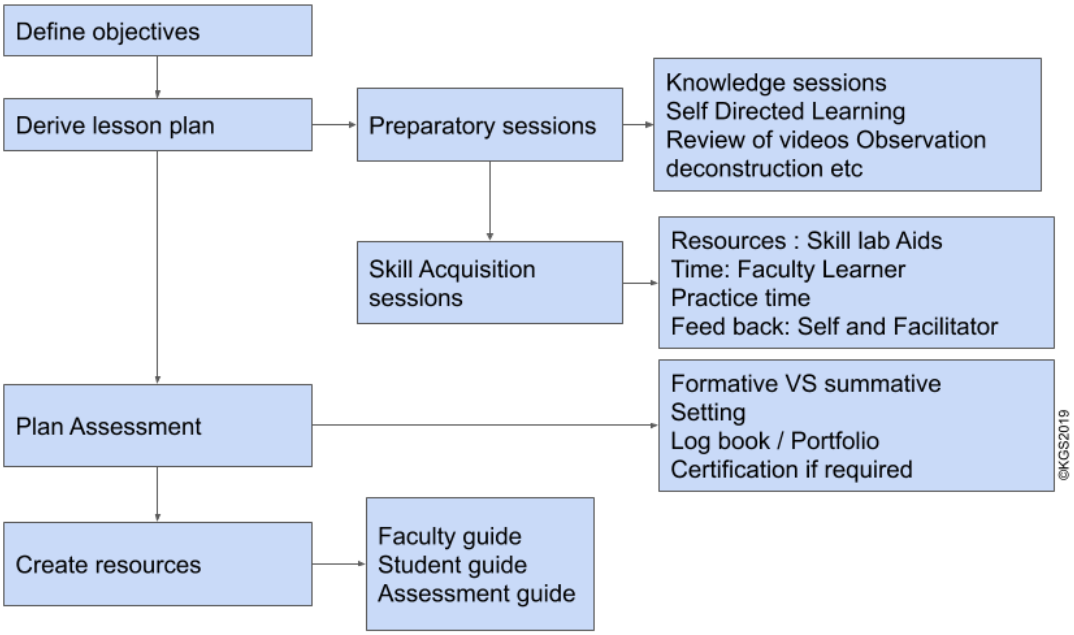


Figure III: Planning a skill session



A template of developing a competency which is skill based is enclosed as **Annexure A (Sample lesson Plan) which can be used as a guide to various subjects. Annexure B shows example of task training modules. This can be used by faculty members to develop specific task modules.**

Methods for teaching intellectual skills

Clinical reasoning is best taught during the course of a clinical encounter either conducted by the physician-teacher (for demonstration), or preferably by the student observing a clinical encounter. Clinical case presentations, case based discussions/ chart stimulated recall, clinical problem solving exercises and structured case presentation models like SNAPPS (Summarising, Narrowing the differential, Analyzing the differential, Probing the preceptor, Planning the management & Self-directed learning) and One Minute Preceptor are good settings for teaching clinical reasoning skills.

SNAPPS model can help learners build illness scripts essentially by way of comparing differential diagnoses and clarifications of uncertainties. This method encourages expression of intuitive as well as analytical thinking and promotes self-reflection by the student.

The One Minute Preceptor (OMP) model is another useful model of structured clinical case discussion. In this five-step micro-skills model, the student presents a case, he/she is then asked to commit to a diagnosis, and is probed for reasoning for the same. The preceptor (teacher), now aware of patient as well as student's diagnosis, appreciates what was done well, points out omissions and teaches general rules (e.g. key features, principles of management, effective communication). Usually, it takes about 10 minutes (arbitrary division of time could be: 6 minutes for case presentation, 3 minutes for questioning and 1 minute for teaching the general rule and feedback). Despite being a teacher initiated model, it drives the student to propose and justify the diagnosis, employing appropriate clinical reasoning skills by the learner (Jyoti Nath Modi et al., 2015).

Reflection and metacognition: Students must be encouraged and provided an opportunity to reflect on their diagnostic approach, and think about what they could be missing.

In addition to these methods, there are alternative ways of acquiring intellectual skills such as case discussions, seminars, small group discussions, critical incidence reporting, grand rounds, bed side teaching, assignments, symposia etc. which can be utilized.

Methods for teaching psychomotor skill:

There are various theories and methods of acquiring a psychomotor skill - Few of these methods are described below:

Peyton's Four-Step Approach has proven to be most helpful. Peyton's approach combines multiple aspects of learning theory.

The Four-Step Approach consists of the following four clearly defined steps:

1. The trainer demonstrates the skill in real time without giving instructions or explanatory words **("Demonstration").**
2. The trainer repeats the procedure, this time describing all necessary sub-steps **("Deconstruction").**
3. The trainer performs the skill for a third time, this time following the sub-steps only as described to him by the trainee **("Comprehension")**. This step has been identified as the most important step of the Four-Step Approach in the past as deeper processing mechanisms reflecting what was observed in the first two steps are necessary for the trainees' to be able to give instructions.
4. The trainee performs the skill on his/her own **("Performance")**.

   The learning in **Steps 1 and 2** is based on a social-cognitive approach to learning theory, whereas Step 4, the actual implementation and training of the procedure up to its successful application, is associated with the behaviorist learning theory.

The **third step** of Peyton's approach is crucial: The perceptually processed information (Step 1 & Step 2) must be actively manipulated in the working memory in Step 3 to be transferred into the long-term memory (Tobias Münster et al., 2016).

In addition to this method, there are alternative ways of acquiring psychomotor skills such as using demonstration, simulation, skills lab, use of models/ mannequins, performance under supervision, cadaveric labs, animal tissue labs, virtual reality, standardized patients, etc. which can be utilized.

Deliberate practice as elucidated by Ericsson (2004) includes finding opportunities for repeated practice, requesting honest feedback on performance at frequent intervals, maximizing learning from each case, reflecting on feedback and errors to improve performance and using mental practice to support clinical experiences. Deliberate practice involves (a) repetitive practice of the intended skill, combined with (b) the thorough assessment of the skill so that the learner (c) can receive specific, informative feedback, which results in an increasingly (d) better performance of skill. The provision of a safe environment for the learner to be observed while performing skills and providing constructive feedback is the critical component of skill acquisition.

When psychomotor skills training require/ necessitate exposure to body fluids or biological hazardous materials, students must be trained on the infection control / biosafety requirements beforehand. Procedures involving dangerous steps like mouth pipetting should be avoided or replaced with suitable other technologies / methods like bulb suction or vacuum aspiration etc. Use of non-hazardous materials must be encouraged.

Method and theory for communication skills

There are several theories involved in communication skills. A consensus statement from experts called the Kalamazoo declaration provides a simple framework that addresses the essential elements that form healthcare communication. These include

build a relationship; open the discussion; gather information; understand the patient's perspective; share information; reach agreement on problems and plans; and provide closure (Makoul, 2001).

The AETCOM module

The AETCOM module describes the competencies phase-wise and also mentions the suggested teaching learning methods with assessment(from AETCOM module (availableat: https://www.mciindia.org/CMS/wp-content/uploads/2019/01/ AETCOM_book.pdf), is reproduced below:

AETCOM Module 2.1: The foundations of communication - 2

Background Communication is a fundamental prerequisite of the medical profession and beside skills is crucial in ensuring professional success for doctors. This module continues to provide an emphasis on effective communication skills. During professional year II, the emphasis is on active listening and data gathering.

Competency addressed:

The student should be able to: Demonstrate ability to communicate to patients in a patient, respectful, non-threatening, non- judgmental and empathetic manner.

Level: SH

Learning Experience:

Year of study: Professional year 2

Hours: 5 (1 + 2 +1+1)

i. Introductory small group session - 1 hour

ii. Focused small group session - 2 hours

iii. Skills lab session – 1 hour

iv. Discussion and closure – 1 hour

Contents: This module includes 3 interdependent learning sessions:

1. Introductory small group session on the principles of communication with focus on opening the discussion, listening and gathering data.
2. Focused small group session with role play or videos where the students have an opportunity to observe, criticise and discuss common mistakes in opening the discussion, listening and data gathering.
3. Skills lab sessions where students can perform tasks on standardised or regular patients with opportunity for self critique, critique by patient and by the facilitator.

Methods for teaching team Skills

Team skills are enhanced by Immersive Learning. A learner is placed in a situation as a part of a team in an immersive simulated learning environment. His performance is monitored and multilevel feedback is provided, leading to the acquisition and enhancement of skills. For e.g. training students to work in an emergency situation can be taught by simulating an offsite emergency scenario where tasks are allotted to students as a team. The students are allowed to perform. This is observed by experts and following a debrief during which the students are allowed to reflect, they can also be assessed by the experts as a team and such a scenario is used for learning to act as an effective team.

6. Organizational set up

6.1 Guidelines for development of skills lab at medical colleges and training institutions have been detailed in Annexure C.

The basic requirements for a skills lab at a medical college are given below: Please refer to the Competency Based Undergraduate Curriculum for the IMG, Volumes I-III (2018) for an exhaustive list of subject based competencies which require skill training (accessible at: https://www.mciindia.org/CMS/wp-content/uploads/2019/01/UG-Curriculum-Vol-I.pdf)

1. Institutions are encouraged to build capacity over and above these minimum requirements.
2. Institutions within a geographical area or governance can create more advanced shared facilities and resources to reduce cost.

Communication skills training using AETCOM module should be conducted. Resuscitation skills of Basic Life Support (BLS), Advanced Cardiac Life support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Advanced Life Support (NALS), Advanced trauma Life Support (ATLS), prescription writing and communication skills along with being an effective team member and leader can be taught/trained using offsite simulation of simulated environments in an integrated manner.

Evaluation and Reporting: Program effectiveness questionnaire from faculty and students should be developed. Acquisition and certification of skills shall be through experiences in patient care, diagnostic and skill laboratories. A proper phase-wise logbook is recommended to ensure completion of competencies requiring skills training. Assessment of skills must be planned according to the level of competence desired. Details can be accessed at
https://mciindia.org/CMS/wp-content/uploads/2019/10/Module_Competence_based_02.09.2019.pdf

6.2 Skill assessment:

Skill assessment is ongoing, formative and summative. Please refer to the module 3 of Medical Council of India on Assessment.

Recommended Reading:

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3. Bugaj TJ and Nikendei, C (2016). Practical Clinical Training in Skills Labs: Theory and Practice. GMS Journal for Medical Education, 33(4). Available at *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5003146/pdf/JME-33-63.pdf* accessed on 19.11.2019.
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7. Furney SL, Orsini AL, Orsetti KE, et al. (2001). Teaching the one minute preceptor. A randomized controlled trial. J Gen Intern Med 16: 620-624. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495264/pdf/jgi_00924.pdf accessed on 19.11.2019.
8. Makoul G. (2001). Essential elements of communication in medical encounters: the Kalamazoo consensus statement. Acad Med. 76(4): 390–393).

9. Miller GE (1990). The assessment of clinical skills/competence/performance. *Academic Medicine,* 65(9) (Suppl), S63-S67. Available at *http://winbev.pbworks.com/f/Assessment.pdf,* accessed on19.11.2019.

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11. Nackman GB, Bermann M and Hammond J (2003). Effective use of human simulators in surgical education. J Surg Res. Dec; 115 (2): 214-8. Available at *https://www.journalofsurgicalresearch.com/article/S0022-4804(03)00359-7/pdf* accessed on19.11.2019.

12. Reznick RK and MacRae H (2006). Teaching surgical skills- changes in the wind. N Eng J Med 355, 2664-69.

13. Rider EA and Keefer CH (2006).Communication skills competencies: definitions and a teaching toolbox. Medical Education; 40: 624–629.

14. Rita Sood and Tejinder Singh (2012). Assessment in medical education: Evolving perspectives and contemporary trends. National Medical Journal of India, 25: 357-364. Available at *http://archive.nmji.in/archives/Volume-25/Issue-6/Medical-Education-I.pdf* accessed on19.11.2019.

15. Syndney Smee (2003). ABC of Skill Learning. BMJ, 326: 703-6. Available at *https://www.bmj.com/content/326/7391/703* accessed on 19.11.2019

16. Tobias Münster, Christoph Stosch, Nina Hindrichs, Jeremy Franklin, and Jan Matthes (2016). Peyton's 4-Steps-Approach in comparison: Medium-term effects on learning external chest compression – a pilot study. GMS J Med Educ. 33(4).

17. Vogel Daniela and Harendza Sigrid (2016). Basic practical skills teaching and learning in undergraduate medical education – a review on methodological evidence. GMS Journal for Medical Education 33 (4), Doc 64. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5003143/pdf/JME-33-64.pdf accessed on 19.11.2019.

18. WHO/WFME accreditation of medical education, Basic Medical Education - WFME Global Standards for Quality Improvement. Available at *https://wfme.org/publications/wfme-global-standards-for-quality-improvement-bme* accessed on 19.11.2019.

Annexure A

Outline of a Session Plan

Annexure A

Outline of a Session Plan

Name of the group:

Facilitator/ Supervisor/ Faculty:

Parameter	Description
Name of the lesson	
Number of learners	
Objectives of the session	
Primary teaching method chosen	
Break up of the session	Step 1 Step 2 Step 3 Step 4 Step 5
Teaching aids required	
Infrastructure required	
Student preparation required/ prior reading required	
Assessment method chosen	
Other comments	

Annexure B

Examples of Task Training Modules

Annexure B

Examples of Task Training Modules

Example 1: Module for Recording Blood Pressure

Competency in Phase-I:

PY5.12: Record blood pressure & pulse at rest and in different grades of exercise and postures in a volunteer or simulated environment.

Skill training: Recording of blood pressure.

Objectives:

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

- Record blood pressure of volunteer by palpatory and Auscultatory method, with sphygmomanometer in right / left upper limb, step wise in sitting / lying down / standing position at rest.
- Suggested Teaching Learning Method: DOAP sessions

Background Knowledge:

PY5.3 Discuss the events occurring during the cardiac cycle
PY5.7 Describe and discuss hemodynamics of circulatory system
PY5.8 Describe and discuss local and systemic cardiovascular regulatory mechanisms
PY5.9 Describe the factors affecting heart rate, regulation of cardiac output & blood pressure
Knowledge about the equipment = Sphygmomanometer, its parts, appropriate size selection and placement.

Equipment/ Instrument/ Other requirement:

- Sphygmomanometer
- Stethoscope

- Volunteer / mannequin
- Hand-outs / check list
- Bed/Couch

Steps in Blood Pressure Recording:

- Patient counselling and consent. Explain to the patient the need for Blood Pressure recording and the procedure. Assess patient's understanding and answer any questions they may have. Respond to the patient's concerns throughout the procedure.
- Check the sphygmomanometer and stethoscope.
- Ensure the equipment mercury column is at zero mark.
- Ensure appropriate position of the patient (sitting on a chair with back supported, feet on the floor, legs uncrossed or lying supine).
- Record Blood Pressure after 5 mins. of inactivity.
- Expose the arm and support it at the level of the heart.
- Palpate the brachial artery in cubital fossa.
- Choose appropriately sized cuff & position the center of cuff's bladder over the brachial artery.
- Wrap the cuff smoothly and snugly around the arm. Cuff should be wrapped in a circular manner one-inch above the level of elbow.
- Correctly palpate the radial artery of the volunteer / or the mannequin with 3 fingers.
- Close the sphygmomanometer valve and inflate the cuff to determine mm Hg at which arterial pulsation can no longer be felt.
- Slowly deflate the cuff by opening the sphygmomanometer valve and note the point where arterial pulsation can be felt again (this is estimated systolic BP).
- Inflate the cuff again to a level 20 – 30 mm Hg more than estimated systolic BP.

- Place diaphragm head of the stethoscope lightly over the brachial artery.
- Deflate the cuff slowly by opening the sphygmomanometer valve so that the pressure falls at 2–3 mm Hg / second.
- Note the mm of Hg pressure at which arterial pulsation / beats can be heard (this is systolic BP).
- Continue deflation and note the mm of Hg pressure at which the last arterial beat is heard (this is diastolic BP).
- Continue deflation for another 10 – 20 mm of Hg past the last heard beat to ensure that the absence of sound is not due to skipped beat.
- Deflate the cuff rapidly and completely.
- If necessary to re-record, wait at least 2 minutes.
- Document the recording in terms of patient position, arm used, cuff size, blood pressure recording.
- Inform the patient of your findings and conclude.

Skill assessment:

OSCE type stations, where observer can observe and assess communication skill (counseling), psychomotor skill and attitude (respond to the patient's concerns, inform the patient of the findings and conclude). This can be done either with check lists or using global ratings.

Suggested Reading:

Books Recommended (latest edition)

1. AC Guyton – Text book of Medical Physiology

2. WF Ganong – Review of Medical Physiology

Example 2: Module for Prescription writing

Competency in Phase-II:

PH3.1: Write a rational, correct and legible generic prescription for a given condition and communicate the same to the patient.

Vertically integrated with General Medicine.

Related Competency in Phase-III:

IM12.14: Write and communicate to the patient appropriately a prescription for thyroxine based on age, sex, and clinical and biochemical status.

Vertically integrated with Pharmacology.

Skill training: Write a prescription taking into consideration appropriate drug/s, appropriate doses, contraindications, drug-drug interactions, side effects and cost.

Objectives:

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

- Establish therapeutic goal/s, based on a diagnosis,
- Choose the medicine/s,
- Choose the dose, route and frequency,
- Choose the duration of therapy,
- Write the prescription,
- Inform the patient,
- Monitor drug effects and compliance,
- Review/alter prescription in the light of further investigation.

Suggested Teaching Learning Method: Skill station using case-based scenarios; communication skills can be taught using role play or videos for cases in Indian context.

Background knowledge

Prescribing constitutes a significant component of the job, especially for newly qualified IMG. Prescribing involves a complex chain of competencies (as mentioned above),

each of which demands a combination of knowledge and skill. It also represents the most challenging task for which they have to be prepared. Moreover, the clinical situation in which an IMG has to make a prescription is eternally challenging as more and more medicines with complex pharmacology are available or withdrawn, patient population becoming older and more vulnerable, chances of litigation and a greater need for considering cost-effectiveness as well as the use of generics.

Steps of good prescribing:

The following steps are essential before a prescription is made:

- To have clarity about the reasons for prescribing,
- To obtain patient's medication history (including drugs of alternative systems of Medicine),
- To consider other factors that might alter the benefits and harms of treatment,
- To consider the patient's financial status and expectations (generic prescription),
- To know about efficacy, safety and cost-effectiveness of medicines,
- To know National Guidelines on use of drugs, National List of Essential Medicines (NLEM) and local formularies,
- To be clear about the legality of prescriptions involving narcotics etc. using the correct documentation,
- To monitor the outcome of treatment, both beneficial and adverse,
- To communicate and document prescribing decisions, reasons for them and importance of medication adherence.
- To work within the limitations of one's knowledge, skills, and experience.

Skill assessment: In phase II, this skill requires certification and the required number is also given. Skill assessment using OSCE, log books or portfolios is recommended.

Suggested Reading:

Books Recommended (latest edition)

1. Goodman & Gilman's The Pharmacological Basis of Therapeutics, ed. Laurence Brunton, Bruce A. Chabner, BjornKnollman.
2. Essentials of Medical Pharmacology, by KD Tripathi
3. Davidson’s Principles and Practice of Medicine
4. Kumar & Clark: Book of Clinical Medicine

Example 3: Module for Pediatric Intravenous Cannulation

Competency in Phase-III:

PE 15.6: Demonstrate the steps of inserting an IV cannula in a model

Background Information

PE 15.1: Discuss the fluid and electrolyte requirement in health and disease

PE 15.2: Discuss the clinical features and complications of fluid and electrolyte imbalance and outline the management

PE 15.3: Calculate the fluid and electrolyte requirement in health

PE 15.4: Interpret electrolyte report

PE 15.5: Calculate fluid and electrolyte imbalance

PE 24.10: Assess for signs of dehydration, document and present

PE 24.14: Plan fluid management as per WHO criteria

PE 27.5: Describe the etio-pathogenesis, clinical approach and management of shock in children

PE 27.19: Check for signs of shock i.e. pulse, Blood Pressure, CRT

PE 27.21: Choose the type of fluid and calculate the fluid requirement in shock

PE 27.23: Assess for signs of severe dehydration

Introduction

Intravenous access is used when therapies cannot be used or are less effective by alternative routes. Peripheral access is safer, easier to obtain, and less painful than central access. An IMG is required to independently perform pediatric IV cannulation, before being certified.

Suggested Teaching Learning method: Mannequin in a Skills lab

Pre-requisites

Knowledge of superficial veins on the limbs,

Knowledge of indications/ contraindications of IV access,

At least 5 successful supervised practice sessions on arm of rubber mannequin. Should have independently performed at least 02 insertions on an adult patient.

Indications

Replacement of fluids and electrolytes

Blood transfusion

Administration of IV medications

Collection of blood samples

Contraindications

Anatomic disparities

Massive edema

Burns

Cellulitis

Injuries at or proximal to insertion site.

Equipments required:

Gloves, which fit comfortably but are tight, especially at finger tips,

Skin disinfectant (Alcohol Swabs),

22-26 gauge IV catheter / butterfly needle,

Adhesive tape,

Syringe (2to 10 cc, depending on the age of the child),

Normal saline

Sample collection bottles

Infusion set, elastic tourniquet

Clinical waste dustbin.

Steps in Pediatric intravenous cannulation

Preparation

- Explain the procedure to the child and the family without using technical jargon. Tell about the indication for cannulation.

- Obtain informed or implied consent, following procedure discussion, risks, and benefits. Consider the age and competence of the child for consent or assent to the procedure.
- Select the vein to be cannulated. The vein should be wide, straight, palpable, non-tortuous and non-sclerosed. Avoid veins close to the joints or bony prominences. Avoid using dominant hand or paralyzed limb.
- Always apply universal precautions.
- Both visualize and palpate the vein to be cannulated. There is a slight ‘give’ over the vessel compared to other tissues.
- Disinfect overlying skin.
- Use appropriate procedures (toys, music, stories etc.) to distract the child during procedure. For a very irritable child, use of oral sedatives may be considered in consultation with the consultant I/C.
- Avoid using the bed for performing the procedure. A procedure room is better. The room should be adequately lighted and have provision for a spot light.
- Select the correct type and size of the cannula, depending on the indication for cannulation. Should be able to identify the size of the cannula by its color coding.
- Have all the equipments on an autoclaved tray.

Procedure

- Seek the assistance of a colleague or a nurse to hold the child’s limb.
- Position yourself comfortably. Wear the appropriate size gloves using all antiseptic precautions.
- Apply a tourniquet 2-3inches above the intended site. Check for signs of arterial occlusion like blanching or absence of pulse.
- Instruct the child to clench the fist which will improve venous filling.
- Disinfect the site with appropriate antiseptic swab and allow it to dry naturally.

- Take out the cannula and hold it firmly, bevel side up. Look for any signs of breakage.
- Stabilize the vein by stretching the skin over it.
- Using a ‘no-touch’ technique, insert the cannula distal to and along the line of the vein keeping it 10-45 degrees to the skin. This will prevent the cannula piercing the opposite wall.

  After insertion, check flashback of blood into hub. If blood is seen, advance cannula slightly further without stylet and stabilize. Apply pressure to tip of cannula to stabilize it and remove stylet.
- Release the tourniquet.
- Flush the cannula with normal saline to see the free flow.
- Once in place, lower the cannula so that it is now resting on the skin. Request your colleague to help with securing the cannula using a hypo-allergenic tape. Avoid elastic tapes.
- Connect a 3 way connector/ IV set depending on the indication.
- Start the flow of fluid. Watch for any extravasation of fluid. If it happens, stop the flow. Re-attempt the cannulation at a site proximal to the previous one. Do not make more than 02 attempts. Request a senior colleague if you are not successful even after 02 attempts.
- Apply a clean splint to stabilize the limb. Dress with a sterile dressing.
- Fingers/toes should not be covered and remain visible.
- Write the date and time of insertion on a sticker and place over the dressing.

Complications

- Thrombosis
- Hemorrhage
- Phlebitis
- Local site infection

- Extravasation of fluids/medications
- Counter puncture of the vessel wall
- Gangrene of fingers/toes

Assessment:

The procedure is to be assessed by a faculty member using DOPS format and feedback provided.

Suggested Reading:

Books Recommended (latest edition)

1. PG Textbook of Pediatrics, IAP P Gupta et al (Editors)

2. Clinical Methods in Pediatrics, P Gupta

4. Davidson’s Principles and Practice of Medicine

5. Kumar & Clark: Book of Clinical Medicine

Example 4: TRAINING MODULE FOR URINARY BLADDER CATHETERISATION (Male & Female)

Competency in Phase III Part 1 and 2

1. **Competency No:**

OG35.17	Demonstrate the correct technique of urinary catheterisation in a simulated/ supervised environment	S	SH
SU29.7	Describe the principles of management of acute and chronic retention of urine.	K	KH
OR13.2	Participate as a member in team for resuscitation of Polytrauma victim by doing all of the following : (a) I.V. access central - peripheral (b) Bladder catheterization (c) Endotracheal intubation (d) Splintage	S/A	KH / SH

2. **Objectives:**

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

a. List the indications for urinary catheterisation (K)
b. Select the equipment for female/male urinary catheterization and choose appropriate catheter type/size (SH)
c. Enumerate the risks associated with catheterization (K)
d. Communicate to the patient about the procedure and care of catheter, including the need for aseptic care (SH)
e. Demonstrate correct method of urinary catheterization with strict aseptic technique in mannequin as well as in patients (male & female) (SH).

3. Background Knowledge:

AN52.2	Describe & identify the micro-anatomical features of: Urinary system: Kidney, Ureter & Urinary bladder Male Reproductive System Testis, Epididymis, Vas deferens, Prostate & penis Female Reproductive system Ovary, Uterus, Uterine tube, Cervix, Placenta & Umbilical cord	K/S	SH
AN48.6	Describe neurological basis of Automatic bladder	K	KH
PY7.6	Describe the innervations of urinary bladder, physiology of micturition and its abnormalities	K	KH
IM18.8	Describe and distinguish based on the clinical presentation, the types of bladder dysfunction seen in CNS disease	K	KH
SU29.7	Describe the principles of management of acute and chronic retention of urine.	K	SH
SU29.9	Describe the clinical features, investigations and principles of management of disorders of prostate.	K	KH
SU29.11	Describe clinical features, investigations and management of Urethral strictures	K	KH
PM7.6	Enumerate the indications and describe the pharmacology and side effects of commonly used drugs in neuropathic bladder	K	KH

4. Setting/Equipment/ Instrument/ other requirements:

Catheterization tray consists of disposable sterile gloves, one fenestrated drape, lubricant, cotton balls with container, artery forceps (2), prefilled 10cc syringe with sterile water to inflate the balloon, sterile specimen container for urine sample collection; sterile catheter, latex (rubber) or silicone: 2 way or 3 way (where possible, select the non-latex

catheter), chlorhexidine 2% aqueous solution, Sterile water, catheter-secure device or adhesive tape, urinary drainage bag.

Choosing the appropriate catheter depends on

i. The size of the patient's urethral canal

ii. The expected duration of catheterization (e.g. intermittent or indwelling)

iii. Knowledge of any allergies to latex or plastic and cleansing solutions

Catheter diameters: 5Fr, 6Fr, 8Fr 10Fr, 12Fr, 14Fr, 16Fr, 18Fr, 20Fr, 22Fr, 24Fr, 26Fr.

Commonly used range is from 12 to 16 Fr

The higher the number the larger the diameter of the catheter.

3Fr. = 1mm (i.e. a 24fr. catheter is 8mm in diameter)

5. Procedure Steps: (can be used to prepare check list)

Communication:

Prior to starting, explain to the patient about the need and process of urinary catheterization. Assess patient's understanding and answer any questions they may have. Check consent for procedure. Explain about the care of catheter after insertion also.

Steps in female catheterization

- Place the patient in the supine position with the knees flexed and separated and feet flat on the bed, about 60 cm apart. If this position is uncomfortable, instruct the patient either to flex only one knee and keep the other leg flat on the bed, or to spread her legs as far apart as possible. A lateral position may also be used for elderly or disabled patients. Drape the patient appropriately using the sterile drapes provided.

- With the thumb, middle and index fingers of the non-dominant hand, separate the labia majora and labia minora. Pull slightly upward to locate the urinary meatus. Maintain this position to avoid contamination during the procedure.
- With your dominant hand, cleanse the urinary meatus, using forceps and chlorhexidine soaked cotton balls. Use each cotton ball for a single downward stroke only.
- Place the drainage basin containing the catheter between the patient's thighs.
- Pick up the catheter with your dominant hand.
- Insert the lubricated tip of the catheter into the urinary meatus.
- Advance the catheter about 5-5.75 cm, until urine begins to flow, then advance the catheter a further 1-2 cm.
- **Note:** If the catheter slips into the vagina, leave it there to assist as a landmark. With another lubricated sterile catheter, insert into the urinary meatus until you get urine back. Remove the catheter left in the vagina at this time.
- Attach the syringe with the sterile water and inflate the balloon. It is recommended to inflate the 5cc balloon with 7-10cc of sterile water, and to inflate the 30cc balloon with 30-35cc of sterile water.
- If resistance is met during advancement of the catheter, pause for 10-20 seconds. Instruct the patient to breathe deeply and evenly. Apply gentle pressure as the patient exhales.
- Improperly inflated balloons can cause drainage and leakage difficulties.
- Gently pull back on the catheter until the balloon engages the bladder neck.
- Attach the urinary drainage bag and position it below the bladder level. Secure the catheter to the thigh. Avoid applying tension to the catheter.
- Remove drapes and cover patient. Ensure drainage bag is attached to bed frame. Remove your gloves and wash hands.

Steps in male catheterization

- Place the patient in the supine position with legs extended and flat on the bed.
- Prepare the catheterization tray and catheter and drape the patient appropriately using the sterile drapes provided. Place the fenestrated (drape with hole) drape over the penis.
- Apply water-soluble lubricant to the catheter tip.
- With your non-dominant hand, grasp the penis just below the glans and hold upright.
- If the patient is uncircumcised, retract the foreskin. Replace the foreskin at the end of the procedure.
- With your dominant hand, cleanse the glans using chlorhexidine soaked cotton balls. Use each cotton ball for a single circular motion.
- Place the drainage basin containing the catheter on or next to the thighs.
- With your non-dominant hand, gently straighten and stretch the penis. Lift it to an angle of 60-90 degrees. At this time, you may use the gel to anesthetize the urinary canal, which will minimize the discomfort.
- With your dominant hand, insert the lubricated tip of the catheter into the urinary meatus.
- Continue to advance the catheter completely to the bifurcation i.e. until only the inflation and drainage ports are exposed and urine flows (this is to ensure proper placement of the catheter in the bladder and prevent urethral injuries and hematuria that result when the Foley catheter balloon is inflated in the urethra).
- **Note:** If resistance is met during advancement of the catheter, pause for 10-20 seconds. Instruct the patient to breathe deeply and evenly. Apply gentle pressure as the patient exhales.
- If you still meet resistance, stop the procedure and repeat above steps with a smaller size.

- Attach the syringe with the sterile water and inflate the balloon. It is recommended to inflate the 5cc balloon with 7-10cc of sterile water, and to inflate the 30cc balloon with 35cc of sterile water. Improperly inflated balloons can cause drainage and leakage difficulties.
- Gently pull back on the catheter until the balloon engages the bladder neck.
- Attach the urinary drainage bag and position it below the bladder level. Secure the catheter to the thigh. Avoid applying tension to the catheter.
- Remove drapes and cover patient. Ensure drainage bag is attached to bed frame. Remove your gloves and wash hands.
- **Note:** Never inflate a balloon before establishing that the catheter is in the bladder and not just in the urethra. If the patient reports discomfort, withdraw the fluid from the balloon and advance the catheter a little further, then re-inflate the balloon.

Risks associated with catheterization include:

a. Urethral trauma and bleeding from inappropriate catheter size or use of force.

b. Urinary tract infections related to poor sterile technique or long-term catheterization.

c. Bladder spasms and pain.

Skill assessment:

i. **Formative:** Demonstration of successful urinary bladder catheterization in a mannequin with demonstration of all aseptic precautions (5 times).

ii. **Summative:** Demonstration of successful urinary bladder catheterization in male and female patients with demonstration of all aseptic precautions (5 times each) during internship.

Example 5: Module for Consent taking and documentation

Competency in Phase-III:

Relevant Competencies:

FM 4.19	Define Consent. Describe different types of consent and ingredients of informed consent. Describe the rules of consent and importance of consent in relation to age, emergency situation, mental illness and alcohol intoxication.	K	KH

SU 10.2	Describe the steps and obtain informed consent in a simulated environment	S/A/ C	SH

IM26.15	Identify, discuss and defend, medico-legal, socio-cultural and ethical issues as they pertain to consent for surgical procedures	K	KH

EN 2.12	Counsel and administer informed consent to patients and their families in a simulated environment	S/A/C	SH

Prior competencies

FM2.32	Demonstrate ability to exchange information by verbal, or nonverbal communication to the peers, family members, law enforcing agency and judiciary	A and C	KH

IM26.35	Demonstrate empathy in patient encounters	S	SH

SU8.2	Demonstrate Professionalism and empathy to the patient undergoing General surgery	A/C	SH

PS1.1	Establish rapport and empathy with patients	A/C	SH

Skill training: Counsel and administer informed consent prior to lumbar puncture to a patient and family in a simulated environment.

Objectives:

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

i. Demonstrate good communication skills and empathy,

ii. Counsel a patient regarding the purpose, steps and complications related to lumbar puncture,

iii. Obtain informed consent,

iv. Document the informed consent as per legal requirements.

Suggested Teaching Learning Methods:

- Lecture regarding the definition, importance, legal aspects of the consent taking process;
- Skill station using case based scenarios;
- Communication skills taught using role play or videos for cases in Indian context; documentation using structured exercises and critics.

Background knowledge

The IMG should be aware of the need and advantages, steps to perform, and consequences of lumbar puncture in a patient suspected to have meningitis or similar illnesses. She / He should know about the rights of the patient to be informed about (a) the procedure, (b) alternatives to the procedure, and (c) right for refusal (autonomy) without treatment being affected. The importance of proper documentation of the informed consent should be emphasized. The communication skills, attitude, ethics and knowledge domains should also be discussed.

Steps for consent taking:

The following steps are essential:

- The student should have completed communication skills training and counselling exercises and must be capable of demonstrating empathy.

- The students should have thorough knowledge of the indications, anatomical and physiologic basis and the consequences of the procedure to be followed.
- The student shall discuss the above information in a language that is understandable to the patient (simulated in skill lab). The student should consider the patient's educational status and expectations and be open to questioning.
- The student shall emphasize the advantages of the procedure to convince the patient and family, but should also make them understand of their right to refusal, without the treatment being affected.
- The student shall describe about the legality of informed consent.
- Perform the correct documentation including writing the consent by hand in vernacular with signatures of patient, legally authorized representative or parent (as the case may be) and countersigned by the witness and the clinician with date, time etc..
- The training can also include critics of few consent documents from various situations and departments (like General Medicine, General Surgery, Pediatrics, Obstetrics & Gynaecology, Radiodiagnosis, Oncology etc.)
- The student can also be introduced to consent taking in relation to recruitment of subjects in research as well (Competency No. IM 26.49 administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment)

Skill assessment: This skill requires certification. Skill assessment is recommended using affective OSCE (using simulated patients), written exercises, logbooks or portfolios.

Example 6: Module for Suturing a wound– simple sutures

Relevant competencies:

- SU14.3 Describe the materials and methods used for surgical wound closure and anastomosis (sutures, knots and needles).
- SU14.4 Demonstrate the techniques of asepsis and suturing in a simulated environment
- Regulations on Graduate Medical Education, Part II, 2019 - Table 11:

  Certifiable Procedural Skills: General Surgery: **Basic suturing**

Objectives:

By the completion of this module, the student will be able to suture a wound by simple suture in a simulated environment.

- Suggested Teaching Learning Method: DOAP sessions

Background Knowledge:

SU5.1 Describe normal wound healing and factors affecting healing.
SU5.2 Elicit, document and present a history in a patient presenting with wounds.
SU5.3 Differentiate the various types of wounds, plan and observe management of wounds.
SU5.4 Discuss medico-legal aspects of wounds.

Knowledge about different suture materials, advantages, disadvantages, selection of appropriate suture material.
Wound cleaning and administration of local anesthesia.

Equipment / Instruments / other requirements:

Suturing task training models / part mannequins.

Appropriate Suture material like 2-zero nylon/silk with atraumatic reverse cutting needle. Suturing Instruments – Thumb forceps, Needle holder and scissors.

	Steps for simple suturing - can be used as check list	Performed Correct = ✓ Not correct= X	Remarks
1	Explain to patient or relatives regarding need of procedure and record informed consent.		
2	Clean the wound and surroundings with appropriate antiseptic solution and maintain asepsis during procedure. Wear well-fitting surgical glove.		
3	Local or general anaesthesia is given / tested/ confirmed		
4	Hold the toothed forceps with non-dominant hand to grasp the skin edges. If necessary, debride edge		
5	Hold a needle holder in dominant hand by partially inserting the thumb and ring fingers into the loops of the handle		
6	Needle grasped at its centre or 50 – 60 % back from pointed end.		
7	The needle grasped 1-2 mm from the tip of needle holder.		
8	Placement of the 1st suture is begun by grasping the skin edge, slightly everting and needle entering perpendicular from outside-in 1.5 cm from the edge of the wound.		
9	The needle is re-grasped with forceps after being driven through the full thickness of the skin from outside in.		
10	Same technique is followed on the other skin edge exactly opposite to the previous bite from inside out.		
11	The suture material is drawn through the skin leaving 2-3 cm protruding from the skin surface.		
12	The long strand is wrapped around needle holder to form loop for throw.		
13	The short strand is grasped and pulled through the loop to form a square knot, just tight enough to approximate the wound edges.		
14	The second throw of the square knot is initiated with the long strand warped around the needle holder.		
15	Hold the short end with the needle holder and pull the strand out to make a knot and tightened securely over the first knot.		
16	The suture material is cut with scissor 1 – 2 cm away from the knot.		
17	The procedure is repeated 1.5 cm away.		
18	Wound is cleaned, local antibiotic ointment/ cream is applied and proper dressing is given.		
19	Patient is explained about postoperative care.		

Skill assessment:

OSCE type stations, where observer or their group members can observe with a check list.

Note: Apart from the Psychomotor skill, the module can be further expanded to include communication skill (counseling, obtaining consent) and attitude (respond to the patient's concerns, inform the patient of your findings and conclude). This can be done either with check lists or by using global ratings.

Annexure C

Guidelines for development of skills lab at medical colleges

Annexure C

6.1 Guidelines for development of skills lab at medical colleges:

1. Every medical institution must provide students access to a skills laboratory where they can practice and improve skills pre-specified in the curriculum.
2. The purpose of the skills lab is to provide a safe and non-threatening environment for students to learn, practice and be observed performing skills in a simulated environment thus mitigating the risks involved in direct patient exposure without adequate preparation and supervision.
3. The skills lab attempts to recreate the clinical environment and tasks which future health care workers have to perform with various levels of complexity and fidelity.
4. Skills labs are used to enhance - clinical, psychomotor and communication skills - as well as teamwork.
5. The skills lab that fulfills the requirements of the outcomes in undergraduate curriculum should contain, at the minimum, the following:

    a. The skills lab should have a total area of at least 2000 sqft for 100 students, there must be a facility for minimum of 04 rooms (preferably 08) for examination of patients or standardized/ simulated patients.

    b. The skills lab should be equipped with a facility for video recording and review of the interaction. This is vital for teaching communication skills.

    c. A room for demonstration of skills to small groups,

    d. A review or debriefing area,

    e. Stations for practicing skills individually or in groups,

    f. Trainers or mannequins required to achieve skills outlined in the competency based undergraduate curriculum document,

    g. Adequate storage space for storage of mannequins and/or other equipments,

h. A room for faculty coordinator, and for support staff.

i. Dedicated technical officer and support staff must be available.

6.2 Suggested facilities in Skill Labs (for 100 students) by the start of Phase 1 in all medical colleges

Part Time task trainer simulators / models / mannequins for:

- First aid, Bandaging, splinting; n=4
- Basic Life Support (BLS), CPR (Cardio Pulmonary Resuscitation) mannequin: n=4
- Various types of injections- Subcutaneous, Intra-muscular, Intra-venous; n=5
- Urine Catheter insertion; n =4
- Skin & Fascia suturing n=5
- Breast examination model /mannequin
- Gynecological examination model / mannequin including IUCD (Intra Uterine Contraceptive Device) Training model
- Obstetrics mannequins including Obstetric examination, conduct and management of vaginal delivery.
- Neonatal & Pediatric resuscitation mannequins
- Whole body mannequins, Trauma mannequin (Optional)

Each model (Low or High Fidelity) should have a module for training including objectives, methods and assessment. Modules can also have hybrid models where real patients or standardized/simulated patients/ computer simulations can be used.

BOARD of GOVERNORS in supersession of Medical Council of India

COMPETENCY BASED UNDERGRADUATE CURRICULUM

FOR THE INDIAN MEDICAL GRADUATE

Knows Knows how Shows Shows how Performs

Describe Enumerate Observe Demonstrate Assist

Counsel

Integrate

Analyse

Logbook Guidelines

Interpret

Guide

Communicate

Critique

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Guidelines for preparing Logbook

for

Undergraduate Medical Education Program

Medical Council of India
Pocket-14, Sector-8, Dwarka,
New Delhi 110 077

This booklet has been prepared by the Expert Group nominated by the Board of Governors in supersession of the Medical Council of India, for use by faculty members / institutions / Universities. These guidelines for recording logbook entries are recommended to be followed for the MBBS students from the academic year 2019-20 onwards. This module aims to create a standard protocol for documenting the achievement of selected competencies listed in the Competency Based UG Curriculum (2018) and the Regulations on Graduate Medical Education, 2019, Part II.

The instructions given herewith are guidelines only for the colleges / Universities and can be adapted / modified as per requirements.

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Guidelines for preparing Logbook

Foreword

The competency driven curriculum places great emphasis on the acquisition of a pre-defined set of knowledge, skills, attitude and values that would allow the learner to become a physician of first contact in the community. Traditional summative assessment is not sufficient to ensure that the learner has indeed acquired requisite competencies. A formative process that documents the progression of the learner in the acquisition of competencies by him or her therefore becomes a necessary and integral tool. As defined in this booklet, the logbook is a *verified record* of the progression of the learner documenting the acquisition of the requisite knowledge, skills, attitude and/or competencies. The logbook thus is an academic document that becomes both a snap shot of the progress of the learner as well as a prerequisite for progression to the next phase of learning or graduation from the course.

This booklet provides a guide as well as examples on how the traditional logbook can be modified to work in alignment with the principles of the competency driven curriculum. Importantly, it illustrates through example, planning of activities, derivation of components of the activity, criteria for successful completion, remedial and feedback into the log table. This sample may be used and adapted as required for the local needs of colleges.

This sample booklet has been developed by the curriculum expert group based on the needs of the competency driven curriculum. As we gain experience with the curriculum we are keen to learn best practices from colleges across the nation and how institutions have adapted the logbook to help their learners.

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भारतीय आयुर्विज्ञान परिषद्

MEDICAL COUNCIL OF INDIA

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Guidelines for preparing Logbook

Foreword

This booklet has been developed by the curriculum expert group to help institutions to create a logbook that documents the undergraduate student's acquisition of skills and record of other important activities required as part of the academic program. Completion of the activities specified and submission of the certified logbook is a **prerequisite** for a student to apply for the end of phase summative examination.

This booklet provides a sample template for the logbook as well as a simple log table that will allow institutions to document and act on various activities that are required by students to complete the course. It also emphasises the need for feedback and remedial action when required to be taken by the students.

The templates provided here can be adapted by institutions in print or in the electronic format. Logbooks can be created phase -wise or subject - wise. Evidence for the activities in the logbook can be maintained in a portfolio or as an Annexure to the logbook.

The logbook is an important document recording the student's progress. The suggested log format supports objectives enunciated in the competency driven undergraduate curriculum by helping document competency acquisition by the learner.

Vats

(Dr. R. K. Vats)
Secretary General

Logbook for the MBBS Curriculum

Introduction

A key aspect of the new Competency Based UG Curriculum is the emphasis on acquisition of competencies as a requisite for progression in the course. Active learning process by the student and his/her progression to achievement of competencies / pre-determined tasks need to be documented. A record of activities completed and competencies acquired is necessary to ensure that the learner has acquired the key competencies. The logbook forms an integral part of the formative / continuous assessment program. This document outlines the means and processes to create and record such activities in the form of a unified logbook. The process is illustrated using examples based on the principles of formative evaluation. This is a suggested format. Institutions can develop their own process and records based on local requirements incorporating the major elements outlined in this document.

Glossary

Logbook: is a *verified record* of the progression of the learner documenting the acquisition of the requisite knowledge, skills, attitude and/ or competencies.

Portfolio is a collection of learner's progression in tasks and competencies. A portfolio is an evidence of events documented in the logbook. It includes selected assignments, self-assessment, feedback, work-based and in-training formative assessments, reflections and learnings from planned activity in the curriculum. **The maintenance of portfolio is desirable. If portfolio is not possible to be maintained, an annexure to logbook can be used for documenting details.**

Activity: This term refers to a predefined task performed by learners that contributes to the achievement of stated objectives or competencies.

Remedial: Remedial is a planned activity aimed at correcting deficits that prevent a learner from achieving an intended outcome.

Feedback: Feedback is a formal active interaction performed at the completion of an observed activity (or activities) intended to facilitate positive change, growth and improvement of the learner through guided reflection of activity (ies) performed.

The faculty will determine the competencies that need to be part of the logbook. Skill competencies that have Performance '(P)' automatically qualify to be in the logbook most of the time. Selected skill competencies with Shows How '(SH)' in the psychomotor and communications domains will require a logbook entry.

Certain competencies which require documentation of self-directed learning - reflections, narrative and creative writing experiences, participation in group activities such as seminars, symposia etc. may be included in the logbook. Competencies that require documentation of collected clinical or laboratory experiences, predetermined patient or community interactions such as field visits may also be included in the logbook. Successful documentation and submission of the logbook is a prerequisite for being allowed to take the final summative examination (GMER 11.1.1.b.7).

The competencies addressed during Foundation Course should be entered in the logbook of the first professional year. Since AETCOM is a longitudinal program, it should find a place in the logbook of each professional year or have its own logbook spreading across the years.

Whether logbooks are maintained subject-wise or phase-wise, in print or in electronic format is left to the discretion of individual institutions. It is important that the logbook reflects the spirit and purpose of the Competency driven Curriculum, captures and documents the acquisition of chosen competencies and the progress of the student without being unwieldy and inefficient. While it is tempting to enter the acquisition of each and every competency in logbook, this will lead to a drain on faculty time and is best avoided. Hence, many 'K' (Knows) and 'KH' (Knows How) competencies may be left out, unless they lead to activities mentioned above.

Note that all elements of the competency need not be addressed by an activity. Also, the objectives of the competency need not be met in one session. Often multiple sessions are required with progressive enhancement of knowledge or skills leading to the acquisition of the competency. Indeed, this can take place in sessions spread over two or more phases.

The faculty will determine the level of achievement or criteria that will determine satisfactory (meets expectations) completion of the activity and contribute towards the acquisition of the competency. The faculty will use a numerical score but should determine the pass or satisfactory score. The faculty will also prescribe what a learner should do if he or she does not meet the expectations and hence has not successfully completed the activity i.e. should he or she repeat the activity? should there be remedial training after x number of repeats? etc.

The performance of the learner must be transferred to the log table (see tables 1, 2 and 3 for professional year 1) . Explanation for each column in the table is provided after Table 3.

Table 1. Sample template of Logbook page in Human Anatomy

Subject: Human Anatomy **First Year MBBS**

Sub Item: Dissection / Histology / Museum sessions / Vertical Integration / Early Clinical Exposure / Seminar / Self Directed Learning

1	2	3	4	5	6	7	8
Competency # addressed	**Name of Activity**	**Date completed: dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner

Separate sheet(s) for Foundation Course, AETCOM, Humanities, Sports, extracurricular activities, subjects (as in the index), needed.

(This table can be replicated in as many pages, as needed)

Table 2. Sample template of Logbook page in Biochemistry

Subject: Biochemistry **First Year MBBS**

Sub Item: Practicals (Student Lab.) / Practicals(Clinical Lab.) / Vertical Integration / Early Clinical Exposure / Seminar / Self Directed Learning

1	2	3	4	5	6	7	8
Competency # addressed	**Name of Activity**	**Date completed: dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner

Table 3. Sample template of Logbook page in Physiology

Subject: Physiology **First Year MBBS**

Sub Item: Practicals (Student Lab.) / Practicals(Human Physiology) / Vertical Integration / Early Clinical Exposure / Seminar / Self Directed Learning

1	2	3	4	5	6	7	8
Competency # addressed	**Name of Activity**	**Date completed: dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner

Explanation of each column in the logbook table (Tables 1, 2, 3 above)

1. The **number** of the competency addressed includes the subject initial and number (from Vol. I, II, or III of the UG Curriculum)
   e.g., AN 2.1
2. **Name of activity** -
   e.g., Seminar on Liver or Group discussion or Session 1 of CPR (if the institution has numbered each activity, the number may be entered)
3. **Date the activity gets completed**
4. **Attempt at activity by learner**: Indicate if:
   a. First attempt (or) only attempt
   b. Repeat (R) of a previously done activity
   c. Remedial activity (Re) based on the determination by the faculty
5. **Rating - Use one of three grades:**
   a. Below expectations (B);
   b. Meets expectations (M)
   c. Exceeds expectations (E)
6. **Decision of faculty**
   a. C: activity is completed, therefore closed and can be certified, if needed
   b. R: activity needs to be repeated without any further intervention
   c. Re: activity needs remedial action (usually done after repetition did not lead to satisfactory completion)

7. Initial (Signature) of faculty indicating the completion or other determination

8. Initial (Signature) of the learner if feedback has been received.

The logbook shall have pages dedicated to participation in Foundation Course (in first phase) and AETCOM activities (in all phases). There can be a logbook for each phase, which must be submitted before the examination and available for university examiners to review, if necessary or at random. If the subjects are included in more than one phase (e.g. Community Medicine, General Medicine etc.), the subjects can have a logbook covering various competencies (activities) in all phases.

The final summary page at the end of the logbook (see appendix 1) can have a quantitative expression as to the percentage of achievement of competencies at various levels. This page may be replicated in logbooks of subsequent phases (unless a common book is used). **The sample templates given above pertain to the first Phase of the MBBS course but can be modified and used for other phases as well.**

Illustrative Examples

1. Psychomotor skills

An example of a psychomotor skill that has to be acquired in Phase 1 is given here step-wise, from identifying the competency to the logbook entry required.

1. **Competencies identified:**
    - **a.** PY6.8: Demonstrate the correct technique to perform & interpret Spirometry.
    - **b.** PY6.9: Demonstrate the correct clinical examination of the respiratory system in a normal volunteer or simulated environment.
    - **c.** PY6.10: Demonstrate the correct technique to perform measurement of peak expiratory flow rate in a normal volunteer or simulated environment.

    It is desirable to break down the competency into objectives so that learning sessions can be devised accordingly

2. **Name of activity:** Examination of the Respiratory System in normal persons.

3. **Components of activity:**
    - **a.** Attend teaching session on PY6.7. Describe and discuss lung function tests & their clinical significance.
    - **b.** Attend practical session on examination of the respiratory system and measurement of lung function.
    - **c.** Review video available (optional).
    - **d.** Demonstrate (by student) examination of the respiratory system, incentive spirometry and peak expiratory flow rate in a volunteer or standardised patient accurately.
    - **e.** Interpret a set of given patterns of Pulmonary Lung Function Tests (PFTs) accurately.

4. **Criteria for successful completion of activity**
    a. Demonstration of examination and procedure as pre-specified.
    b. Interpretation of PFT patterns provided accurately.

5. **Numerical scoring for activity**

    Not required.

6. **Documentation of activity in portfolio or Annexure of logbook**

    Not required.

7. **Recommended action when learner is unsuccessful**
    a. Provide feedback
    b. Allow repeat
    c. If repeat x 2 is unsuccessful, learner must review video available / work with the faculty prior to retaking the activity.

8. **Any other comments**

    Equipment required to be listed

Sample logbook entry for psychomotor skills (see Tables 4 & 5)

Table 4: Sample logbook entry for psychomotor skills where the student has successfully completed the activity

Subject: Physiology **First Year MBBS**

Sub Item: Practicals (Physiology)

1	2	3	4	5	**6**	7	8
Competency # addressed	**Name of Activity**	**Date dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations Or Numerical Score	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)*	**Initial of faculty and date**	**Feedback Receive**d Initial of learner
PY6.8	Demonstrate the correct technique to perform & interpret Spirometry	18-09-2019	F	M	C		
PY6.9	Demonstrate the correct clinical examination of the respiratory system in a normal volunteer or simulated environment	19-09-2019	F	M	C		
PY 6.10	Demonstrate the correct technique to perform measurement of peak expiratory flow rate in a normal volunteer or simulated environment	20-09-2019	F	M	C		

Table 5: Sample logbook entry for psychomotor skills where the student has not successfully completed the activity

(S)He had to repeat it. And he or she has completed it a week later. Then the logbook entry will appear thus.

Subject: Physiology **First Year MBBS**

Sub Item: Practical (Physiology)

1	2	3	4	5	6	7	8
Competency # addressed	**Name of Activity**	**Date dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations Or Numerical Score	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner
PY6.8-6.10	Respiratory exam in normal	19-09-2019	F	B	R		Yes, Initial

2. AETCOM Competency

1. Competency identified:

a. AETCOM module 1.4 (also included as IM 26.20)

Ability to communicate to patients in a patient, respectful, non-threatening, non- judgmental and empathetic manner

2. Name of activity:

i. Large group session- 2 hours

ii. Self-directed learning with documentation of personal reflection- 2 hours

iii. Small group discussions – 2 hours

iv. Discussion and closure – 1 hour

3. Components of activity:

a. Introductory large group sessions on the principles of communication.

b. Self-directed/Guided learning by students on the importance and techniques of effective communication.

c. Small group sessions on improving communication. These sessions can include either videos or role play highlighting common mistakes in patient - doctor communication and allowing students to identify these mistakes and discussing on how to correct them.

d. Closure session with reflection by students in a small group based on sessions 1, 2 and 3 and with emphasis on learning done and future directions.

4. **Criteria for successful completion of activity:** Active participation in 3 a, b & c

i. Assessment of reflections by peer groups / mentors

5. **Numerical scoring for activity:** Not required

6. **Documentation of activity in portfolio or Annexure of logbook:**
Required. Document reflection

7. Recommended action when learner is unsuccessful

i. Provide feedback
ii. Allow repeat / discuss chance to improve in subsequent sessions.
iii. If repeat x 2 is unsuccessful learner must review video available / work with the faculty prior to retaking the activity.

8. Any other comments

Student reflections may be part of the portfolio as a record of the activity done.

Table 6. Sample logbook entry where the student has successfully completed the activity

Subject: AETCOM **MBBS Phase I**

1	2	3	4	5	**6**	7	8
Competency # addressed	**Name of Activity**	**Date dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner
AETCOM 1.4	Basics of communication (P1)	22-10-2019	F	M	C		

This competency is completed by various activities on a longitudinal basis through various phases and hence it is important that the logbook is maintained/ available through the phases.

3. Documentation of field or clinic visit

Pre-specified activities that are part of the curriculum need to be captured in the logbook. One such example is a community visit or specialised clinic visit.

1. **Competencies identified**

   PE 6.11 Visit to the Adolescent clinic
2. **Name of activity**

   Visit to adolescent clinic
3. **Components of activity:**
   - **a.** Activity is planned
   - **b.** Learner visits center in small groups
   - **c.** A briefing session is provided
   - **d.** Learner understands organisation, team work, services provided, criteria for referral
   - **e.** Learner observes care provided to adolescents
   - **f.** Learner interacts with team members
   - **g.** A debrief of learning done is provided
   - **h.** Learner writes a summary of observation and reflection
4. **Criteria for successful completion of activity**

   Activity completed and documented in logbook

   Summary of observations placed in portfolio or Annexure to logbook
5. **Numerical scoring for activity**

   Not required
6. **Documentation of activity in portfolio or Annexure of logbook**

   Required. Document narrative of visit and learnings
7. **Recommended action when learner has not completed the task satisfactorily**
   - **a.** N/A
8. **Any other comments**

Table 7. Sample logbook entry where the student has successfully completed the visit

Subject: Pediatrics **MBBS Phase III (2)**

Sub item: Visit to Adolescent Clinic

1	2	3	4	5	**6**	7	8
Competency # addressed	**Name of Activity**	**Date dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations OR Numerical Score	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner
PE 6.11	Visit to Adolescent Clinic	17-09-2019	F	M	C		

Appendix I

Sample Logbook for professional year 1

College Emblem

Name and address of the college:

Personal details
Name of the student: Date of admission to MBBS Course: Date of beginning of the current Phase: Reg: No. (College ID) Reg. No. (University ID) Permanent Address: E mail ID: (optional) Mobile Number: (optional)

LOGBOOK CERTIFICATE (Sample)

This is to certify that the candidate Mr/ Ms ……, Reg No. ……., admitted in the year 2019-20 in the ---------- Medical College, ---------- has satisfactorily completed / has not completed all assignments /requirements mentioned in this logbook for first year MBBBS course in the subject(s) of Anatomy/ Physiology/Biochemistry/Foundation Course/ AETCOM during the period from …… to……. . She / He is / is not eligible to appear for the summative (University) assessment as on the date given below.

Signature of Faculty

Name and Designation

Countersigned by Head of the Department

Principal/Dean of the College

Place:
Date:

GENERAL INSTRUCTIONS

1) The logbook is a record of the academic / co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.

2) The student is responsible for getting the entries in the logbook verified by the Faculty in charge regularly.

3) Entries in the logbook will reflect the activities undertaken in the department & have to be scrutinized by the Head of the concerned department.

4) The logbook is a record of various activities by the student like:

- Overall participation & performance
- Attendance
- Participation in sessions
- Record of completion of pre-determined activities.
- Acquisition of selected competencies

5) The logbook is the record of work done by the candidate in that department / specialty and should be verified by the college before submitting the application of the students for the University examination.

INDEX

Table 1. Sample of Logbook page in Human Anatomy
Subject: Human Anatomy **First Year MBBS**

Sub Item: Dissection / Histology / Museum sessions / Vertical Integration / Early Clinical Exposure /Seminar /Self Directed Learning

1	2	3	4	5	6	7	8
Competency # addressed	**Name of Activity**	**Date completed: dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner

Separate sheet(s) for Foundation Course, AETCOM, Humanities, Sports, extracurricular activities, subjects (as in the index) needed.

(This table can be replicated in as many pages, as needed)

Table 2. Sample of Logbook page in Biochemistry

Subject: Biochemistry **First Year MBBS**

Sub Item: Practicals (Student Lab.) / Practicals(Clinical Lab.) /Vertical Integration /Early Clinical Exposure /Seminar/ Self Directed Learning

1	2	3	4	5	6	7	8
Competency # addressed	**Name of Activity**	**Date completed: dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner

Separate sheet(s) for Foundation Course, AETCOM, Humanities, Sports, extracurricular activities, subjects (as in the index) needed.

(This table can be replicated in as many pages, as needed)

Table 3. Sample of Logbook page in Physiology

Subject: Physiology **First Year MBBS**

Sub Item: Practicals (Student Lab.) / Practicals(Physiology) / Vertical Integration / Early Clinical Exposure / Seminar / Self Directed Learning

1	2	3	4	5	6	7	8
Competency # addressed	**Name of Activity**	**Date completed: dd-mm-yyyy**	**Attempt at activity** First or Only (F) Repeat (R) Remedial (Re)	**Rating** Below (B) expectations Meets (M) expectations Exceeds (E) expectations	**Decision of faculty** Completed (C) Repeat (R) Remedial (Re)	**Initial of faculty and date**	**Feedback Receive**d Initial of learner

Separate sheet(s) for Foundation Course, AETCOM, Humanities, Sports, extracurricular activities, subjects (as in the index) needed.

(This table can be replicated in as many pages, as needed)

Final Summary

Sr. No	Description	Dates		Attendance percentage	Status	Signature of Teacher
		From	To		Complete/ Incomplete	
1	Foundation Course					
2	AETCOM Module					
3	Early Clinical Exposure					
4.	Vertical Integration					
5	Humanities					
6	**Subject:** Human Anatomy					
7	**Subject:** Physiology					
8	**Subject:** Biochemistry					
9	Extracurricular activities					
10	Sports /Physical Education					

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Curriculum Implementation Support Program

Module on Electives

for

Undergraduate Medical Education

Program

2020

Medical Council of India
Pocket-14, Sector-8, Dwarka,
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Foreword
ELECTIVES

Students who join medicine come in with many professional and personal aspirations. While meeting the needs of the profession and nation, the MBBS program is also designed to create time and opportunity for students to explore future interests. Allowing students time to experience a specialty or project of their choice is thus key to helping student interest bloom.

Creating a diversity of choices within a specified framework that will allow students to be part of a laboratory, participate in research, be part of a super-specialty care team or interact with patients in a community care setting is a mandate of the new regulations notified by the Government of India. Electives allow students to get a taste of a future career; they also allow them to pursue academic interests, do projects and work in diverse environments. These experiences outside the traditional boundaries of the core program allow students to reflect, plan and grow their careers. They also allow students to begin the process of professional networking early.

Institutions must give sufficient importance to the planning and execution of electives. Besides creating diverse opportunities, thought must be given to providing a safe and enabling environment for students to learn. Identifying and orienting preceptors for this purpose, developing portfolio and log book events and continuous program evaluation are key to the success of the program. I urge all institutions to look beyond traditional boundaries to create areas of opportunity for students. Strategic collaborations with centers of excellence will increase value for students while building bridges of collaborative work among institutions.

This booklet is designed to help institutions plan and execute elective rotations. The Expert Group has elucidated a balanced approach that can be followed by all institutions. As always we are keen to learn and share any best practices that institutions develop. I am grateful to the Academic Cell of MCI and the Expert Group as well as the nodal and regional centers of the MCI for their continued contribution in supporting institutions and teachers in implementing the forward looking changes in the new competency based UG curriculum.

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Foreword

Electives

Changes in the Graduate Medical Education Regulations notified by the Government of India in 2019 have been done with a view to create physicians of first contact who are relevant to both their community and the globe. These regulations aim at defining outcomes and help students work towards these. These Regulations also envisage a broader role for trainees as scholars, researchers and specialists. In order to diversify experience, stimulate interest in research and discover learning beyond primary care, an opportunity has been created in the new MBBS program for the student to undertake electives of his or her choice subject to availability. Two months of elective time one each in the basic sciences or research and the other in clinical sciences or community clinics have been created. Leverage has been given to institutions to create these electives based on local circumstances and perceived need. Elective postings are compulsory for students and its successful completion is necessary for students to be able to attend the final examination.

This booklet is intended as a guide for institutions to plan the elective postings. Institutions are requested to provide the opportunity for students to take electives of their choice, if needed through external collaborations, if such opportunities are limited while following the guidelines mentioned in the Graduate Medical Education Regulations and this booklet. I would like to express my gratitude to the Academic Cell of MCI and the Expert Group whose constant guidance has helped in the successful roll out of the new curriculum.

Secretary General, MCI

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Curriculum Implementation Support Program

Module:

ELECTIVES

Electives

Introduction

The MBBS program is geared to create a primary care provider of first contact. It also visualises the student as a future scholar, specialist, researcher and scientist.

Provision of avenues in the competency based undergraduate MBBS program for the student to explore and experience various streams of the profession is important. Electives are learning experiences that will provide the learner with an opportunity to gain immersive experience of a career stream, discipline or research project.

The opportunity to “work” in a clinical, laboratory, research, community set up or in a team-based setting at an early stage in the profession is an invaluable experience for learners as this will have lasting impact on their professional life. An elective allows students to think of a career beyond examinations and gives them an impetus to think laterally besides laying down the foundation for future professional pathways. It also allows students to match their aspirations with the ground reality in a field of their dreams.

The revised Regulations on Graduate Medical Education, part II 2019 (GMER 2019) have created such opportunity in the MBBS program providing students options to do electives in basic sciences, join in ongoing clinical programs and in research settings. This document is meant to guide institutions, Curriculum Committee members and MEU faculty of colleges, and teachers on how to prepare and experience the conduct of an elective that incorporates the principles enshrined in the GMER document, 2019.

Objectives

The participant must be able to develop electives for block 1 and block 2 as envisaged in GMER 2019 document.

Glossary

Elective: An elective is a learning experience created in the curriculum to provide an opportunity for the learner to explore, discover and experience areas or streams of interest.

Block: is a defined time period during which learning experiences are created in a particular specialty, subject or theme.

Log Book: Is a *verified record* of the progression of the learner documenting the acquisition of the requisite knowledge, skills, attitude and/or competencies.

Portfolio: is a collection of the learner's progression in tasks and competencies. A portfolio is an evidence of events documented in the log book. It includes selected assignments, self-assessment, feedback, work-based and in-training formative assessments, reflections and learnings from planned activity in the curriculum.

Log books are thus linked to portfolios and may be included in the portfolio.

Definitions

An Elective is a learning experience created in the curriculum to provide an opportunity for the learner to explore, discover and experience areas or streams interest in the profession.

Curricular Element or Program addressed

Electives

Relevant extract from Regulations on Graduate Medical Education, Regulations on Graduate Medical Education (Amendment), 2019, part - II for MBBS course starting from academic year 2019-20 onwards

9.3. Electives

9.3.1 Objectives: To provide the learner with opportunities:

(a) For diverse learning experiences,

(b) To do research/community projects that will stimulate enquiry, self-directed, experiential learning and lateral thinking.

9.3.2 Two months are designated for elective rotations after completion of the examination at end of the third MBBS Part I and before commencement of third MBBS Part II.

9.3.3 It is mandatory for learners to do an elective. The elective time should not be used to make up for missed clinical postings, shortage of attendance or other purposes.

9.3.4 Structure

(a) The learner shall rotate through two elective blocks of 04 weeks each.

(b) Block 1 shall be done in a pre-selected preclinical or para-clinical or other basic sciences laboratory OR under a researcher in an ongoing research project. During the electives, regular clinical postings shall continue.

(c) Block 2 shall be done in a clinical department (including specialties, super-specialties, ICUs, blood bank and casualty) from a list of electives developed and available in the institution OR as a supervised learning experience at a rural or urban community clinic.

(d) Institutions will pre-determine the number and nature of electives, names of the supervisors, and the number of learners in each elective based on the local conditions, available resources and faculty.

9.3.5 Each institution will develop its own mechanism for allocation of electives.

9.3.6 It is preferable that the list of elective choices are made available to the learners in the beginning of the academic year.

9.3.7 The learner must submit a learning log book based on both blocks of the elective.

9.3.8 75% attendance in the electives and submission of log book maintained during elective postings is required for eligibility to appear in the final MBBS examination.

9.3.9 Institutions may use part of this time for strengthening basic skill certification.

Description of Curricular program

Two choices of electives are offered to medical students before the commencement of III MBBS part 2. For the purpose of this document these shall be called Block 1 and Block 2. The salient features of each block and their differences are summarised in Table 1.

Table 1: Salient features of Electives in Block 1 and Block 2

	Block 1	Block 2
When	Before commencement of IIIrd MBBS part 2	Before commencement of IIIrd MBBS part 2
Duration	4 weeks	4 weeks
Focus of electives	Pre-/para - clinical disciplines or in other basic sciences laboratory or join ongoing research programs	Clinical specialties or community clinics (rural or urban)
Nature of learning	Supervised Experiential Immersive Self-directed	Supervised Experiential Immersive Self-directed
Regular clinical postings	Will continue	Will not be offered
Attendance	Mandatorily 75% attendance is required as prerequisite to be allowed	Mandatorily 75% attendance is required as prerequisite to be allowed

	to take Part 2 summative examination	to take Part 2 summative examination
Assessment	Formative Record of activities in log book and portfolio (or annexure to log book) to be submitted as prerequisite to be allowed to take Part 2 summative exam	Formative Record of activities in log book and portfolio (or annexure to log book) to be submitted as prerequisite to be allowed to take Part 2 summative exam
Out of institution experience	Allowed (note clinical postings allowed to continue)*	Allowed within the city*
Out of city or state experience	Continuation of clinical postings makes this difficult	Allowed with due approval*

* See caveat in text

The primary purpose of block 1 is to provide the learner with research experience in basic sciences OR laboratory sciences OR in clinical sciences. The purpose of block 2 is to provide the learner an explorative experience with guided patient care in a specialty of choice.

Electives in both blocks will require planning and coordination by the institution, various departments involved and preceptors who will directly supervise and guide students. Coordination will also be required with external institutions, community clinics and preceptors as may be required for the conduct of electives.

1. Planning the learning experience

The first step in the process is to plan the learning experience. Given the diversity of blocks there will be some variation in the content style and degree of learning; however, each elective should have the following:

a. defined learning objectives,
b. an identified preceptor responsible for guiding the student,

c. a pre-published timetable of activities identified for the learner during the elective,
d. list of learning resources for the learner to be used during the elective,
e. provision to be part of the team to obtain an immersive learning experience,
f. prerequisites, if any, to be completed before joining the elective,
g. defined formative assessments with appropriate requirements for portfolio and log book entry, and
h. program evaluation by the stakeholders.

A template for planning learning experiences is provided in Table 2.

Examples of several kinds of learning experiences are found in annexure 1.

Table 2: Template for planning learning experiences in electives

Name of Block	
Name of Elective	
Location of hospital lab or research facility	
Name of internal preceptor(s)	
Name of external preceptor (if any)	
Learning objectives of the elective	
Number of students that can be accommodated in this elective	
Prerequisites for the elective	
Learning resources for students	
List of activities in which the student will participate	
Portfolio entries required	
Log book entry required	
Assessment	
Other comments	

2. Identifying learning experiences

To ensure that there is an immersive learning experience and greater attention to the learner, each preceptor identified must be tagged with only a minimum number of students. Therefore, it is important to identify a sufficient number of preceptors, laboratory positions, and existing research projects (for block 1) and specialties and community clinics, for block 2. Input from both faculty and students can be sourced to identify electives that are feasible and desired.

If required and feasible, collaboration with external resources including central and private research institutes and laboratories, hospitals and clinics can be done ensuring that the quality and principles outlined in section 1 are maintained. Student-initiated external rotations may be permitted as long as they do not violate institutional rules and conform with the broad principles outlined. Rotations outside the city will require prior permission from the Medical Council of India. Examples (neither exhaustive nor comprehensive) of block 1 and block 2 electives are provided in Table 3.

Table 3: Examples of Block 1 and Block 2 learning experiences

Block 1	Block 2
Laboratory Experience:	**Clinical Specialty Experience:**
Pathology	Emergency room
Microbiology, Virology	Intensive Care unit
Biochemistry	Psychiatry
Genetics	Adolescent Reproductive Health issues
Molecular biology	Neonatology
Immunology	Dermatology
Pharmaco-vigilance and clinical pharmacology	Health care quality and safety

Infection Control	Rehabilitation and palliative care
Community outreach experience	Sports medicine
Assisted living	Clinical Ethics
Hospice care	**Super-specialty experience**
School Health programs	Hematology
Community outreach for National Health Programs	Oncology
Maternal and child health outreach	Rheumatology
Research	Endocrinology and Diabetes
Student initiated research	Nephrology
Participation in faculty research	Neurosurgery
Community and epidemiologic surveys	Cardiology / Cardiac Surgery
Others	GI surgery
Bioinformatics / Tissue engineering	Organ Transplant Anesthesia
Computers and artificial intelligence in health care	**Urban or Rural community experience**
	Rural Community Health Center
	Primary Health Center
	Corporation health clinic
	Selected private primary care clinic

3. Student counseling and allocation of electives

The list of available learning experiences for each block and the names of preceptors for each should be available to students on the institutional notice board at least three months before the commencement of the electives. A process for submitting applications for both blocks with choices should be made available to

the students. Written information on each learning experience must be available for students to examine and make an informed choice.

A counseling session with faculty mentors to help students choose electives is desirable. The faculty mentors must ascertain a student's expectation from the electives he/she has chosen. Students must also be made aware of the rules regarding attendance, work schedule, documentation and assessment requirements for each elective. The allocation of electives may be done based on student choice and availability of rotation by faculty who have been identified to be in-charge of the electives program, for each block. The allocation must be done sufficiently in advance and the students informed so that the prerequisites for the electives, if any (such as knowledge training in good laboratory practices, good research practices, CPR training etc.) can be completed by the student. A process to identify the veracity of student initiated electives must be in place.

4. Student research

Block 1 may also be used by students under the guidance of a preceptor to complete funded (e.g. ICMR student grant, institutional grant etc,) or unfunded research projects. In addition, predefined work, monitoring, presentation and writing plan may be finalised by the learner and the preceptor, prior to starting the elective. Students may also participate in a pre-existing research project ongoing under the preceptor.

It is important to define the objectives, role of the student in the project and his or her part in the writing and publication or presentation of a part of the project. An assessment by the preceptor of the student’s role, contribution, involvement and performance must be made. Documentation of experiences, observations, reflections and presentations by the student may be added to the portfolio or as annexure to the log book. Appropriate log book entries that document the student participation and which are verified by the preceptor are critical for successful

completion of the work undertaken. Similar arrangements must be made if an external preceptor or institution is identified.

5. External institutions

Given the number of positions available in each elective and the need to provide a broad diverse experience for students, colleges can enter into agreements with external institutions within the country to accommodate students for undertaking an elective experience in both block 1 and block 2, as long as this is not in conflict with the rules and policies of the Medical Council of India, the college of the student and the institution identified and the conditions outlined above are complied with. Student-initiated external rotations may not be discouraged provided they meet the expectations of the program as outlined. Out of city/state experiences may be decided based on institutional policy (since clinical postings will continue during block 1, out of city programs may not be feasible here). Out of state electives in block 2 require prior permission from the Medical Council of India. Identifying suitable preceptors in the host institution and briefing them of the expectations and requirements of the program is important. A local preceptor or faculty who can liaise with the external preceptor will help to solve problems and ensure smooth conduct of the elective.

6. Student safety

In each of these electives especially in those involving external rotations, safety of the student should be paramount. Rotations in which the student may be exposed to potentially hazardous situations must be avoided. It must be made clear to the preceptors by the college authorities that students need to be supervised and must not be involved in patient care as the responsible health provider. When required, students must complete the prerequisite training such as good laboratory practice, universal precautions, good clinical practice etc. before being allowed to participate in electives. The student must be oriented to the program through a formal

orientation process that spells out the expectations/outcomes and the precautions to be observed.

7. Assessment

Assessment will be formative (refer to MCI module no. 3 on Assessment, for details). Attendance of not less than 75% and successful completion of items that require log book entry and their submission is a requirement for the student to become eligible to take the final examination. Assessment elements could include participation in grand rounds, seminars, case records, submission of assignments, reflection on learnings, preparation of abstracts for research posters, design and participation in patient education programs etc. The module on Log book available on the MCI Website may be consulted for further information.

8. Program evaluation

Provision for evaluation of the program based on information from all stakeholders should be made in order to evaluate the effectiveness of the program and need for modifications and improvement.

9. Curricular governance

The Curriculum Committee of the college constituted as per MCI norms and headed by the Dean of the college will be responsible for the design, conduct, implementation and evaluation of the elective program. The design and conduct of block 1 may be assigned to Phase 1 and Phase 2 subcommittees constituted by the Dean while that of block 2 may be assigned to Phase 2 Sub-committee. The departmental heads and preceptors are responsible for the day-to-day conduct of the program, guiding and supervising and assessing students.

Annexure 1

1. Example of a learning experience in block 1

Table 4: Example of a block 1 learning experience

Name of Block	Block 1
Name of Elective	Medical Genetics
Location of hospital Lab or research facility	Medical College hospital
Name of internal preceptor(s)	Name/s
Name of external preceptor (if applicable)	N/A
Learning objectives of elective	1. to demonstrate the conduct of commonly available genetic tests in a controlled environment 2. to enumerate indications for common genetic tests 3. To enumerate the testing protocol for commonly performed genetic tests 4. to demonstrate the correct method to perform a karyotype 5. to present a genetic history and determine the nature of inheritance of a given condition
Number of students that can be accommodated in this elective	4
Prerequisites for elective	Necessary immunisations, Universal precaution certification
Learning resources for students	Departmental handbook provided
List of activities of student participation	1. Work daily with a supervisor in observing, assisting and performing genetic tests 2. Participate in departmental education activities 3. Present at least two tests done by student as a case work up

Portfolio entries required	1. Documentation of worked up cases 2. Documentation of presentation done
Log book entry required	Completion of posting signed by preceptor with a “meets expectation ‘(M)’ grade”
Assessment	**Formative:** attendance; day-to-day participation in departmental activity; performance of assigned tasks and presentation of worked up case in department
Other comments	

2. Example of a learning experience in block 2

Table 5: Example of a block 2 learning experience

Name of Block	Block 2
Name of Elective	Diabetology
Location of hospital Lab or research facility	Medical College hospital
Name of internal preceptor(s)	Name/s
Name of external preceptor if applicable	N/A
Learning objectives of elective	1. To provide care for patients with diabetes in a supervised environment 2. To function effectively as a team member in a multidisciplinary team managing diabetes 3. To counsel patients about diabetes care appropriately 4. To describe the pathophysiological clinical correlates as they apply to care of patients with diabetes
Number of students that can be accommodated in this elective	6
Prerequisites for elective	Must have received necessary immunisations, Basic Life Support training
List of activities of student participation	1. Participate in OP and IP rounds 2. Participate in afternoon teaching sessions of the department 3. Present at least two cases that are fully worked up in the teaching session 4. Participate in patient education and multidisciplinary team meetings 5. Participate in audit meetings
Learning Resources	Seshadri K: Clinician's handbook of diabetes

Portfolio entries required	**Assignments provided** Two worked up case records that have been presented Documentation of self-directed learning as summary and reflection
Log book entry required	Satisfactory completion of posting by a preceptor with a “meets expectation ‘M’ grade”
Assessment	Attendance **Formative:** Participation in OP & IP rounds and team activities, Presentation of worked up cases, Documentation of attendance and required portfolio and log book entries
Other comments	

3. Example of a research rotation in block 1

Table 6: Example of a research learning experience in block 1

Name of Block	Block 1
Name of Elective	Research (Preceptor initiated)
Location of hospital Lab or research facility	Medical College hospital
Name of internal preceptor(s)	Name
Name of external preceptor	N/A
Learning objectives of elective	1. To collect data as prescribed in the protocol 2. To document data in the electronic case record correctly 3. To demonstrate the use of statistical software to do basic research calculations 4. To write an abstract based on the collated data 5. To present abstract to a group of peers and supervisors
Number of students that can be accommodated in this elective	4
Prerequisites for elective	Good clinical practice, Good laboratory practice
List of activities of student participation	1. Work with supervisor in making observations, collect data and document as per protocol 2. Work with statistician to provide a statistical analysis of the data 3. Participate in research meetings of the department, internal and external meetings 4. Write abstract of work done 5. Present abstract in an internal meeting and if possible at an external meeting as a poster or oral presentation

Learning Resources	Sackett DL: Clinical epidemiology Robbins & Cotran Pathological basis of disease
Portfolio entries required	Laboratory notes Statistical work sheet Abstract created
Log book entry required	Satisfactory completion of posting with a “meets expectation ‘(M)’ grade”
Assessment	Attendance Successful completion of research objectives and log book entry
Other comments	

4. Example of an external rotation in block 2

Table 7: Example of a community clinic rotation in block 2

Name of Block	Block 2
Name of Elective	Community Clinic
Location of hospital Lab or research facility	Primary health care center in (name of) a village
Name of internal preceptor(s)	Name
Name of external preceptor if applicable	Name
Learning objectives of elective	1. To provide primary care to patients in a resource limited setting under supervision 2. To function as a member of a health care team in a primary care center 3. To participate in health outreach activities of a primary care center
Number of students that can be accommodated in this elective	6
Prerequisites for elective	Required immunisations to be taken, BLS, Basic Suturing and first aid
List of activities of student participation	1. Provide patient care under the supervision of a community clinic preceptor 2. Assist in common procedures in a community care clinic 3. Counsel patients in their own language 4. Participate in national health care programs offered through the PHC 5. Participate in team meetings of the PHC
Learning Resources	The Washington Manual of Medical Therapeutics, 2019

Portfolio entries required	Daily log of patients seen and activities participated At least 04 fully worked up patients to be documented
Log book entry required	Satisfactory completion of posting by external preceptor co-signed by institutional preceptor
Assessment	Attendance Successful verification of required portfolio entries, Successful completion of the posting as certified in the log book with a “meets expectation ‘M’ grade”
Other comments	

5. Example of a block 1 rotation in emerging infections

Table 8: Example of a learning experience in block 1 in virology

Name of Block	Block 1
Name of Elective	Emerging viral infections
Location of hospital Lab or research facility	Medical college hospital
Name of internal preceptor(s)	Name
Name of external preceptor if applicable	N/A
Learning objectives of elective	1. To obtain experience in the laboratory investigation of viral outbreaks 2. To obtain experience in diagnostic testing in viral diseases
Number of students that can be accommodated in this elective	6
Prerequisites for elective	Universal precautions and Good laboratory practice modules to be completed
List of activities of student participation	1. Participate in laboratory activities including sample processing, sequencing RT PCR viral cultures etc. 2. Participate in academic programs of the department 3. Write up the laboratory work up of two patients with viral illness 4. Visit to a center with electronic or confocal microscope 5. Present at least two cases in departmental academic forum
Learning Resources	Handbook of Virology testing
Portfolio entries required	Lab Notes and work book entries; Presentations done

Log book entry required	Satisfactory completion of posting authenticated by preceptor
Assessment	Attendance Successful verification of required portfolio entries, Successful completion of the posting as certified in the log book with a “meets expectation ‘M’ grade”
Other comments	

6. Example of a block 2 rotation in emerging infections

Table 9: Example of a learning experience in block 2 in virology

Name of Block	Block 2
Name of Elective	Clinical infectious disease and virology
Location of hospital Lab or research facility	Medical college hospital
Name of internal preceptor(s)	Name
Name of external preceptor if applicable	N/A
Learning objectives of elective	1. To function as part of an infectious disease team 2. To be able to approach and investigate infection outbreaks 3. Get hands on experience on contact tracing, community isolation measures, and use of technology 4. To understand the principles of the management of viral infections
Number of students that can be accommodated in this elective	6
Prerequisites for elective	Universal precautions and must have taken required immunizations; CPR training
List of activities of student participation	1. Participate in inpatient and outpatient team rounds 2. Participate in community outbreak investigations 3. Counsel patients on correct precautions during outbreaks 4. Diagnose and understand the principles in the management of viral diseases 5. Liaise with the laboratory in the diagnosis 6. Present at least one patient or outbreak investigation in the departmental meeting

Learning Resources	Handbook of clinical virology
Portfolio entries required	Case record of at least one patient Record of patient counseling session or contact tracing done
Log book entry required	Satisfactory completion of posting by preceptor
Assessment	Attendance, Successful verification of required portfolio entries, Successful completion of the posting as certified in the log book with a “meets expectation ‘M’ grade”
Other comments	

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COMPETENCY BASED UNDERGRADUATE CURRICULUM

Knows Knows how Shows Shows how Performs

Describe

Discuss

Counsel

Analyse

Differentiate

Activate

Deploy

Monitor

Predict

Integrate

Communicate

Interpret

Define

Pandemic Management Module for UG

Module 7

Clinician Communicator Team Leader Professional Lifelong Learner

Knowledge | Skills | Attitude | Values | Responsiveness | Communication

Curriculum Implementation Support Program

Module on Pandemic Management

August 2020

Medical Council of India
Pocket-14, Sector- 8, Dwarka,
New Delhi 110 077

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Foreword

Pandemic Management

The Medical Council of India has prepared revised Regulations on Graduate Medical Education and competency based Undergraduate curricula, accompanied by detailed guidance for its implementation. One of the desirable outcomes of the Competency derived education program is to enable the Indian Medical Graduate to be prepared for the unknown - to be able to understand, investigate, treat and prevent new and emerging diseases as a clinician, community leader and scholar. The emergence of COVID19 and its rapid spread across the globe has further underlined the need to develop these skills in our graduates.

This Pandemic Management module is designed to ensure that the MBBS student acquires competencies in handling not only the illness, but also the social, legal and other issues arising from such disease outbreaks. A pandemic or disease outbreak calls in to play all the five roles envisaged for the Indian Medical Graduate viz. clinician, communicator, leader and member of health care team, professional, life-long learner and committed to excellence, is ethical, responsive and accountable to patients. It is expected that this longitudinal module extending from Foundation Course to the final year undergraduate program will help in ensuring the creation of an IMG who will serve humanity as a doctor, leader and healer in bleak times such as the occurrence of a pandemic.

We are grateful to the members of the Expert Group and the Academic Cell for painstakingly putting this booklet together. We hope that teachers and institutions will benefit in creating a generation of Indian Medical Graduates who will be able to provide promotive, preventive and curative aspects of health care to the nation in times of extreme need like the outbreak of a pandemic.

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Foreword

Pandemic Management

The world community including India is facing an unprecedented crisis due to the rapidly spreading Covid-19 infection, across countries and continents. Recent reports indicate Covid-19 cases have crossed the 18 million mark globally. The impact of Covid-19 infection is being felt severely on the health sector. An acute necessity is being felt to maximise the health care facilities available in the country particularly the availability of trained health care workers to meet this unexpected health crisis.

The Competency based undergraduate curriculum was designed to enable the Indian Medical Graduate to be prepared to meet new challenges - to be able to recognise, diagnose, investigate, and treat newly emerging diseases as a clinician and community health leader; the Covid-19 pandemic outbreak has provided this opportunity. The longitudinal module on Pandemic Management extending from Foundation Course to the final year undergraduate program prepared by the Academic Cell and Expert Group is designed to provide year-wise detailed protocols in training the students to fulfil their role as a doctor, leader and healer during this difficult period of a rampaging pandemic. The Medical Council of India is appreciative of the efforts of the members of the Expert Group and the Academic Cell in preparing this module in a very short time.

Vatm 19/8/20

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Secretary General

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How to use this document

This document has been prepared, considering the metamorphosis of a first year MBBS student to the Indian Medical Graduate (IMG) and the knowledge and competence that is expected from him/her in adapting to and managing a clinical condition that is predicted to happen, too often in the form of outbreaks, epidemics and pandemics, during his/her career.

The module is arranged in a Phase-based manner. It is expected that components of Self Directed Learning, Early Clinical Exposure, Integration and alignment as envisaged in the Competency documents (2018) would be incorporated in the execution of these modules in various phases, as applicable. It is also expected that the modules would be covered by an interdisciplinary team under supervision by the college level Curriculum Committee. The major coordinating departments involved in the execution of this document are identified in the table below.

Longitudinal Module on Management of Pandemics for MBBS course

Period	Module	Broad areas	No. of hours	Major department(s) to coordinate
Foundation Course	F.1	History of Outbreaks, Epidemics & Pandemics	2	Pre-Clinical
Phase I	1.1	Infection Control: Part - I Infection Control Practices – Hand washing, Decontamination Use of PPEs	4	Microbiology
Phase II	2.1	Infection Control: Part II Air borne precautions Contact Precautions Infection Control Committee	4	Microbiology
	2.2	Emerging and Re-emerging infections, early identification and control of new infections	6	Community Medicine
	2.3	Sample Collection, Microbial diagnosis, Serologic tests and their performance parameters	6	Microbiology
	2.4	Vaccination strategies including vaccine development & Implementation	6	Community Medicine, Biochemistry
	2.5	Therapeutic strategies including new drug development	6	Pharmacology, General Medicine
Phase III Part 1	3.1	Outbreak Management including Quarantine, Isolation, Contact Tracing	5	Community Medicine
	3.2	Interdisciplinary Collaboration, Principles of Public Health Administration, Health Economics, International Health	5	
	3.3	Operational Research, Field work, Surveillance	8	
Electives		Epidemiology and research Components		Community Medicine
Phase III Part 2	4.1	Care of patients during Pandemics	6	Clinical departments (General Medicine, Pulmonary Medicine, Anaesthesiology as Integrated sessions)
	4.2	Emergency Procedures	8	
	4.3	Death related management	2	
	4.4	Communications and media management	4	
	4.5	Intensive Care Management during Pandemics	4	
	4.6	Palliative Care during Pandemics	4	
		Total	80 hours	

Skills suggested

1. **Infection Control related**
    a. Hand washing
    b. PPE Donning & Doffing
    c. Disinfection

2. **Diagnostic**
    a. Sample collection
    b. Sample transportation & storage
    c. Choose the appropriate test based on performance parameters

3. **Disease Management**
    a. Pharmaco-vigilance measures
    b. Protocol based Management
    c. Therapeutic decision making
    d. Terminal care including CPR, ALS, PALS

4. **Epidemic Management**
    a. Outbreak investigation
    b. Contact tracing, Quarantine and Isolation
    c. Surveillance
    d. Documentation

5. **Research**
    a. Operational research
    b. Clinical trial protocol preparation including Vaccine trials
    c. Ethical considerations

6. **Communication**
    a. To the media
    b. Use of Telemedicine
    c. Patient & stakeholder communication

7. **Intensive Care**

8. **Palliative care during pandemics**

Foundation Course

Module F

Module F.1
History of Outbreaks, Epidemics & Pandemics

Background:

The occurrence of disease is a common phenomenon in communities. The frequency with which disease occurs in a population depends upon a number of epidemiological factors specific to the host, agent and environment including geographical location. Most of the diseases occur with a predictable frequency which is considered as normal for the population in that area. If there is increase in the frequency (more than expected), change in type of host population, clinical manifestations or involvement of newer geographical locations, then depending upon the extent of involvement, an outbreak, epidemic or pandemic has occurred.

A medical student must be aware of such events that have occurred in the past. This can help them learn from historical events, particularly causative or precipitating factors that might have resulted in such events, the most successful strategy that lead to its control and ways that can help in predicting and controlling future events of similar nature and / or magnitude.

Competencies addressed:

The student should demonstrate the ability to:	**Level**
Define pandemic and differentiate it from outbreak/epidemic.	K
Identify the reasons and /or events that lead to pandemics in the past.	KH
Describe key strategies (by the State/Central Government, Non-Government Organization and society at large) that were adopted in prevention and control of these pandemics.	KH
Discuss the role which will be played by National and International bodies like WHO and ICMR, if these events take place	KH

Learning Experience

Year of study: Foundation course Professional year 1

Hours: two (02)

i. Reading history of pandemics in small groups- 0.5 hours

ii. Identifying reasons/events that lead to these pandemics - 0.5 hours

iii. Sharing with large group & summarizing learning points - 1 hour

Students can also be given assignments where they can come prepared with the history of pandemics in the past through online/offline resources or hand outs can be made for them to discuss in class.

Some of the points for discussion in small group can be-

- Type of microbe involved in the pandemic and its properties that helped it spread e.g. route of entry and exit from host, mechanism of transmission involved, ability to survive on various external surfaces etc.
- How did the microbe evolve? Is this emerging or re-emerging in nature?
- Identify common factors in the community that helped the microbe to re/emerge and spread e.g. deforestation, change in trade practices, Host characteristics that supported the spread etc.
- Impact on health, economics and society,
- Steps taken to control the pandemic,
- Time taken to control,
- Current state of infection by that organism.

Assessment

1**. Formative**: Not required

2. **Summative:** Not required

Introductory write-up:

A **pandemic** is derived from a Greek word (*pan*, ="all" and *demos*, ="people"). This is an epidemic that affects a significant number of people across a large geographic location, multiple continents or worldwide. Pandemics usually are caused by new microbes, particularly viruses. A large number of previously unexposed population is highly susceptible to these new microbes and if the disease is capable of human to human transmission, then the spread of these organisms is quite rapid leading to pandemics with major impact on society.

Thus, depending upon the pathogenic/ virulence properties of the new microbe, host susceptibilities and risk factors, pandemics can result in significant increase in morbidity and mortality in affected population in large geographic areas with huge impact on the economic growth, social life, and political parties.

Though most of the times it is difficult to pinpoint the factors that result in emergence or re-emergence of microbes capable of causing pandemics, some of the factors that are contributing significantly are global travel, industrial development, urbanization, global food production, wildlife trade, deforestation and overall misuse of nature. Socio-economic and anthropogenic environmental changes have resulted in emerging zoonosis, which can spread and cause pandemics as had happened in the spread of Black Death in the 14th century due to expansion of trade routes.

Further, the way the world is connected today, human beings have become extremely vulnerable to the rapid spread of new infections including zoonosis. A primarily animal pathogen can evolve into a human pathogen, and then with time, need for the original animal host is lost as microbes establish human-to-human transmission. Though this is a gradual process, but it has resulted in evolution of many predominantly human viral pathogens like smallpox, Human Immunodeficiency Virus(HIV), Nipah virus, Rabies, West Nile viruses, Ebola, Marburg, human monkey pox viruses, influenza A, dengue, SARS, Corona virus etc. resulting in widespread outbreaks, epidemics as well as pandemics.

As declared by the World Health Organization, the latest pandemic that we are facing globally is Covid-19 pandemic, a respiratory illness caused by the newly identified Coronavirus, which has originated in the live market of Wuhan in China. But this is not new as a large number of pandemics have happened in the past and few examples of devastating pandemics are given below:

1) Antonine Plague (165 AD)

Death Toll: 5 million
Cause: Unknown
Antonine Plague was an ancient pandemic that affected Asia Minor, Egypt, Greece and Italy and is thought to have been either Smallpox or Measles, though the true cause is still unknown.

2) Plague of Justinian (541-542 AD)

Death Toll: 25 million
Cause: Bubonic Plague
Generally regarded as the first recorded incident of the Bubonic Plague, killed up to a quarter of the population of the Eastern Mediterranean and devastated the city of Constantinople by killing an estimated 5,000 people per day and eventually resulting in the deaths of 40% of the city's population.

3) The Black Death (1346-1353 AD)

Death Toll: 75 – 200 million
Cause: Bubonic Plague
Bubonic Plague is thought to have originated in Asia. It spread most likely via the fleas living on the rats that commonly lived on merchant ships. Ports being major urban centres at the time, gave the perfect breeding ground for rats and fleas, and thus the insidious bacterium flourished, devastating three continents.

4) Third Cholera Pandemic (1852–1860 AD)

Death Toll: 1 million

Cause: Cholera

Third Cholera Pandemic was the deadliest of the seven cholera pandemics. This originated in India, spreading from the Ganges River Delta before spreading through Asia, Europe, North America and Africa. British physician John Snow succeeded in identifying contaminated water as the means of transmission for the disease.

5) Flu Pandemic (1889-1890 AD)

Death Toll: 1 million

Cause: Influenza virus

It was also known as “Asiatic Flu” or “Russian Flu”. This was thought to be an outbreak due to the Influenza A virus. Rapid population growth of the 19th century, particularly in urban areas, helped in the spread of the flu, and the outbreak spread rapidly across the globe.

6) **Sixth Cholera Pandemi**c (**1899-1923)**

Death Toll: 800,000+

Cause: Cholera

Originated in India then spread to the Middle East, North Africa, Eastern Europe and Russia.

7) Flu Pandemic (1918)

Death Toll: 20 -50 million

Cause: Influenza virus

1918 flu pandemic was different from other influenza outbreaks. The host properties of Influenza virus were affecting the juveniles previously and the elderly or already immunologically weak individuals but, the new strain had infected and killed completely

healthy young adults, leaving children and those with weaker immune systems still alive.

8) Asian Flu (1956-1958)

Death Toll: 2 million

Cause: Influenza virus

Asian Flu was a pandemic outbreak of Influenza A of the H2N2 subtype, that originated in China in 1956 and lasted until 1958.

9) Flu Pandemic (1968)

Death Toll: 1 million

Cause: Influenza virus

“The Hong Kong Flu” was caused by the H3N2 strain of the Influenza A virus. Outbreak appeared in July 1968 in Hong Kong and by September 1968 virus had spread to Philippines, India, Australia, Europe, and the United States.

10) HIV/AIDS Pandemic (at its peak, 2005-2012)

Death Toll: 36 million

Cause: HIV/AIDS

It was first identified in the Democratic Republic of the Congo in 1976.Currently, there are nearly 35 million people living with HIV. As awareness has grown, new treatments have been developed that make HIV far more manageable, and many of those infected go on to lead productive lives.

11) Covid-19, the novel Coronavirus:

In December 2019, in the region of Wuhan, China, a new (“novel”) Coronavirus began appearing in human beings. This new virus named as Covid-19, spreads incredibly quickly among people, due to its newness – no one had immunity to Covid-19, because no one had Covid-19 until 2019. Countries across the world declared mandatory stay-at-home measures, closing schools, businesses, and public places to curtail the spread of disease.

The outcome of the Covid-19 pandemic is difficult to predict, at least presently. But we can learn from the history of pandemics to determine our best course of action.

Dealing with pandemics

Looking back in history, we can see respiratory viruses, particularly influenza viruses have been a major cause of repeated pandemics. This has justified the need for global influenza surveillance and monitoring systems, so as to keep an active surveillance of the strains of virus, their pathogenic potentials and host preferences. WHO has developed pandemic phases in 1999 with latest revisions in 2009 as planning tools that can loosely correspond to pandemic risk, identify sustained human to human transmission and give time for preparedness and response. These tools are not designed to predict. The six phases as given by WHO can be studied in three stages-

1. Inter-pandemic phase
2. Pandemic alert period
3. Pandemic phase

Thus, a basic understanding of these phases provides a framework to help countries to tackle the pandemic and prepare response planning.

Preparedness for impending pandemics is a necessary step to successful handling with minimal loss of life, economic and social disruptions. This requires involvement of government leadership, health sector, on-health sectors, individuals, families, and communities whole-heartedly. Activities that lead to capacity development, planning, coordination, and communication at various levels are critical for successful management.

The **WHO** plays an important role in rapid detection and verification of health emergencies like pandemics, as this is essential to save lives. WHO works with Member States across a range of activities, including coordination under the International Health Regulations (2005). Some of the important activities are:

Within 48 hours of an emergency, WHO

- Grades the severity of the event,
- Deploys field teams and activates global stockpiles of essential supplies, including personal protective equipment, medicines, and vaccines.
- Communicates the risk to the community and neighbouring countries through official International Health Regulations.
- Activates the Global Health Cluster, the Global Outbreak Alert and Response Network (GOARN), emergency medical teams and standby partners.
- WHO also develops new technologies to be able to detect and track new health events in the most difficult settings, such as the Early Warning, Alert and Response System (EWARS).
- Helps countries strengthen their public health surveillance system.
- Provides guidance on risk communications.
- Advises countries on establishing or accessing laboratory services.
- Enhances laboratory biosafety and biosecurity capacities.
- Increases domestic testing capacity in range and volume.

The WHO also supports Member States with the help of the World Bank, UNICEF, the World Food Programme and other partners to deliver universal health coverage and basic health services during these times. The WHO also deploys mobile medical teams and maintains stockpiles of essential supplies, life-saving medicines and personal protective equipment that can be dispatched quickly across the world. The WHO Emergency Medical Teams (EMT) Initiative also helps organizations and Member States build national capacities and stronger health systems so that countries have the ability to respond promptly when a disaster strikes or an outbreak flares.

Role of the **Indian Council of Medical Research (ICMR)**

The ICMR, New Delhi is one of the oldest medical research bodies in the world and apex body in India. This is the main national agency for the Planning, Formulation, Coordination, Implementation and Conduct or promotion of biomedical research in India.

For prevention and control of influenza outbreaks, ICMR Influenza Network was initiated in 2003. The influenza network collects clinical data, epidemiological data from patients with influenza-like illness (ILI) and severe acute respiratory infections (SARI) from several clinical virology setups in India. The surveillance database contains data on genetic characterization of the influenza viruses isolated. The network provides useful data for monitoring circulating influenza strains, detection of emerging/re-emerging viruses and defining seasonality in different geographical areas.

Thus, ICMR plays a very active role in monitoring and helps in predicting impending pandemics.

Indian Council of Medical Research is also coordinating “India COVID-19 Clinical Research Collaborative Network”. The goal of this network is to enhance the clinical understanding of Covid-19 in the country so as to develop specific clinical management protocols and further R&D for therapeutics. For this purpose, a central database of clinical and laboratory parameters of hospitalized Covid-19 cases is being created. All hospitals currently managing Covid-19 patients are invited to become partners in the network. ICMR also issues timely advisories required in testing and treatment of patients during pandemics.

Resources:

(1) Swetha G, Eashwar VM, Gopalakrishnan S. Epidemics and Pandemics in India throughout History: A Review Article. Indian Journal of Public Health Research & Development. 2019; 10(8):1570-6.
(2) https://www.ncbi.nlm.nih.gov/pubmed/30212163.
(3) Hughes JM, Wilson ME, Pike BL, Saylors KE, Fair JN, Le Breton M, Tamoufe U, Djoko CF, Rimoin AW, Wolfe ND. The origin and prevention of pandemics. Clinical Infectious Diseases. 2010 Jun 15; 50(12):1636-40.
(4) Daszak P. Anatomy of a pandemic. The Lancet. 2012 Dec 1;380 (9857):1883-4. The Lancet’s Zoonoses Series; http://www.thelancet.com/series/zoonoses.
(5) https://www.mphonline.org/worst-pandemics-in-history/

(6) WHO Global Influenza Preparedness Plan. The role of WHO and recommendations for national measures before and during pandemics, World Health Organization. 2005 (WHO/CDS/CSR/GIP/2005.5).
(7) https://www.who.int/activities/rapidly-detecting-and-responding-to-health-emergencies.
(8) https://www.who.int/activities/strengthening-national-emergency-preparedness.
(9) https://www.who.int/activities/accessing-essential-health-services-in-fragile-conflict-affected-and-vulnerable-settings.
(10) https://www.who.int/activities/building-a-skilled-workforce-to-respond-to-emergencies.
(11) Dasgupta, S., & Crunkhorn, R. (2020). A History of pandemics over the ages and the human cost. The Physician, 6(2). https://doi.org/10.38192/1.6.2.1.

Phase I: Module 1

Module 1.1
Infection Control Practices- Part I

Background:

Exposure to infectious organisms is a common phenomenon but development of disease following such exposures can be easily prevented by following certain practices that have been labelled as “Standard Precautions”. It has been shown in studies that students who receive education about standard precautions have a higher level of knowledge and comply better. Various studies along with “Patient Safety Module” by WHO strongly recommends incorporation of infection control modules in the curriculum of medical schools as medical students, the future doctors need to understand these concepts at an early stage to be able to incorporate them in their practice. The student must be taught scientific bases of these practices that can protect against infections both in community as well as hospital settings. The student should be taught about the basics of Infection control practices with emphasis on ability to use Personal Protective Equipment (PPE) optimally.

This module is aimed at enabling the learner to practise standard infection control practices including proper and consistent hand washing, use of PPEs and to familiarise with various disinfection and antiseptic procedures.

Competencies addressed

The student should be able to:	**Level**
Demonstrate proper hand washing	SH
Demonstrate Donning and Doffing of PPE	SH

Learning Experience

Year of study: Professional year 1

Hours: 4 hours

I. Interactive discussion – 1 hour
    a. Basics of infection and chain of transmission,
    b. Significance and ways of infection prevention,
    c. Role of hand in spread of infections and importance of hand hygiene in prevention of spread of infections,
    d. Components of standard precautions and use of PPE,
    e. Cough etiquette.

II. DOAP session on hand washing, use of gloves, mask, donning and doffing of PPE -1 hour

III. Visit to the hospital and discussion with the staff about the infection control practices followed by them - 1 hour

IV. Debriefing and Feedback - 1hour

Assessment

1. **Formative:** Viva can be used. This could be done immediately after the module and/or later with internal assessment.

   The technique of hand washing and donning & doffing of gloves can be randomly observed during conduct of practical sessions in first MBBS particularly in dissection halls. Peer feedback can also be incorporated.

2. **Summative:** Not required

Resources:

https://www.cdc.gov/infectioncontrol/training/infection-control.html.

Phase II: Module 2

Module 2.1
Infection Control Practices - Part II

Background:

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The basics of infection and components of the standard precaution have been covered in the first phase. The second phase student is better equipped to understand the details of transmission-based precautions as they now learn about the microbes along with disinfection and antiseptic procedures in detail. This is also the right time to introduce a student to the roles and responsibilities of an Infection Control Team in a hospital.

This module is aimed at enabling the learner to identify the most probable route of spread of a particular microbe causing infection and based upon that, identify which transmission-based precaution need to be adhered to along with standard infection control practices.

Competencies addressed

The student should be able to:	**Level**
Describe and discuss the implementation of airborne and contact precautions in a specific clinical situation	KH
Describe and discuss the functioning of institutional Infection Control Committee	KH

Learning Experience

Year of study: Professional year 2

Hours: 4 hours

I. Interactive discussion – 1 hour
   a. Revisit the various routes of spread of infections
   b. Need for isolation of patients in various circumstances
   c. Airborne and contact precautions including use of PPEs

d. Disinfection and antisepsis in patient care
e. Roles and responsibilities of infection control team

II. Small group case discussion followed by plenary– 1.5 hours

Example of Case study

Rajani, 34 years has returned home from Italy, at a time when that country is having an epidemic of a new virus infection. She has mild cough and sore throat. When she develops severe breathlessness, she is admitted in the general ward of the hospital. You have been asked to take a detailed history and examine the patient.

- What precautions are necessary in this case?
- What precautions are advised for the subordinate staff attending her?

III. Visit to the isolation ward in the hospital with discussion with the staff about the precautions they take - 1 hour

IV. Debriefing and Feedback - 0.5 hour

Assessment

1. Formative: OSCE, Viva, MCQ can be used.

2. Summative: OSCE, Viva, MCQ

Resources:

https://www.who.int/diseasecontrol_emergencies/training/m4_infection.pdf?ua=1

https://www.cdc.gov/infectioncontrol/training/infection-control.html.

Module 2.2
Emergence and Re-emergence of microbes

Background:

The serendipitous discovery of Penicillin by Alexander Fleming in 1928 made man dream about victory over microbes, but emerging and re-emerging infectious diseases have proven the futility of that dream and power of the microbes over man.

Emerging Infectious Disease (EID) are diseases that have been newly detected or were found only in restricted geographical locations with few cases. In contrast to this, **Re-Emerging Infectious Diseases** (REID) are diseases that were once major health problems and then their incidence declined to a great extent, but are again becoming health problems for a significant proportion of the population either globally or in a specific geographical location.

Incidence of these Emerging and Re-Emerging infectious diseases is increasing and there are a large number of factors that contribute to the origin or spread of these diseases which can increase the risk of Outbreaks or Pandemics dramatically. These factors can be related to the microbial properties, environmental, socio-economic, and demographic factors. Majority of the EID and REID are Zoonotic in origin and signifies the role of cohabitation in evolution of these organisms.

Keeping in mind the significance of understanding the factors that result in evolution of these infectious diseases and understanding mechanisms that can be adopted for prevention and control of these diseases a sound knowledge, skills and attitudes about Emergence and Re-emergence of microbes need to be developed in undergraduate medical students.

Competencies addressed:

The student should be able to:	Level
Define emerging and re-emerging infections. Explain reasons or Identify factors responsible for emergence and re-emergence of these infectious diseases.	K
Discuss strategies for early identification, prevention and control of emerging and re-emerging infectious diseases.	K
Discuss the challenges faced in control/ prevention of these infections	KH

Learning Experience

Year of study: Professional year 2

Hours: 6

i. Exploratory and interactive theory session- 1 hour

ii. Self study/ individual/ small group assignment about any one emerging or re-emerging infectious disease – 2 hours

iii. Discussion in small groups about reasons/ factors responsible for emerging or re-emerging infectious disease identified through case studies - 1 hour

iv. Plenary of findings in the case studies and closure - 2 hours

Assessment

1. **Formative:** Required, SAQ, MCQ, Viva Voce
2. **Summative**: Required

Resources:

1. Zumla A, Hui DS, (eds). Emerging and Re-Emerging Infectious Diseases, An Issue of Infectious Disease Clinics of North America E-Book. Elsevier Health Sciences; 2019 Nov 2.
2. Lessler J, Orenstein WA. The Many Faces of Emerging and Re-emerging Infectious Disease. Epidemiologic reviews. 2019 Nov 4.

Module 2.3
Diagnostic tools

Background:

Diagnostics are a fundamental component of successful outbreak containment or control strategies, being involved at every stage of an outbreak, from initial detection to eventual resolution. Each individual pathogen presents specific diagnostic challenges.

Pandemics are caused by either emergence or re-emergence of microbes. In case of re-emergence, availability of validated diagnostic protocols and tools make laboratory confirmation of the cases easy but this is not the case when we have newly evolved microbes causing pandemic. The laboratory diagnostic tests are either not available and if available, they need to be validated and their performance characteristics like sensitivity, specificity, positive predictive and negative predictive value studied before they can be used for diagnosis. The health care professionals are faced with various dilemmas at these times which can range from a very basic query like the best time and best sample that needs to be collected, to sensitivity and specificity of a chosen procedure that can be isolation of microbes, antigen or antibody detection or gene that needs to be detected in molecular diagnostics.

Thus, the questions are innumerable and it becomes important to train a medical student to deal with such dilemmas in the diagnosis of an infection particularly during pandemics. They must be taught to choose and collect the most appropriate clinical sample in a suitable container with/without transport media, at the most appropriate time from a suspected case during pandemic and interpret the results of the test keeping in mind various performance characteristics and validation requirements.

Competencies addressed:

The student should be able to:	Level
Describe specimen selection, collection, transportation & storage requirement during a pandemic.	KH
Choose and collect the most appropriate clinical sample in a suitable container at the most appropriate time from a suspected case during pandemic (or in a simulated environment).	SH
Demonstrate appropriate safety measures in handling and processing of clinical specimens (use of PPE etc.)	SH
Discuss various diagnostic modalities available for an infectious disease. Explain sensitivity, specificity, positive predictive value & negative predictive value of each of the diagnostic test/modality.	KH
Chose the most appropriate diagnostic test keeping in mind sensitivity, specificity, positive & negative predictive value of the diagnostic test/modality available.	SH

Learning Experience

Year of study: Professional year II

Hours: 6

i. Exploratory and interactive theory session- 1 hour

ii. Sample collection demo and hand on in skill lab- 1 hour

iii. Visit to laboratory with demonstration of diagnostic test-1hour

iv. Small group activity, where students can be asked to discuss different test reports of suspected cases with performance characteristic and asked to interpret followed by discussion on choosing a lab test– 2 hours

v. Discussion and closure - 1 hour

Assessment

1**. Formative:** Required by assignments, OSPE, viva

2. **Summative:** Required by OSPE, SAQ, MCQ

Resources:

1. Kelly-Cirino CD, Nkengasong J, Kettler H, et al**.** Importance of diagnostics in epidemic and pandemic preparedness**.** BMJ Global Health 2019;4: e001179.
2. J Michael Miller, Matthew J Binnicker, Sheldon Campbell, Karen C Carroll, Kimberle C Chapin, Peter H Gilligan et al. A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018. Update by the Infectious Diseases Society of America and the American Society for Microbiology, *Clinical Infectious Diseases*, Volume 67, Issue 6, 15 September 2018, Pages e1–e94.
3. Washington JA. Principles of Diagnosis. In: Baron S, editor. Medical Microbiology. 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston; 1996. Chapter 10. Available from: https://www.ncbi.nlm.nih.gov/books/NBK8014/.

Module 2.4

Vaccination strategies including vaccine development & Implementation

Background:

Virulent agent, susceptible host and favourable environment forms the epidemiological triad for all infectious diseases in all settings. The disease can be controlled by addressing any of these components. If available, an effective vaccine can be very useful in breaking the chain of transmission quickly as host will no longer remain susceptible. Given the ease of logistics and quickness of action, vaccine has been looked upon as a potential saviour in situations of epidemics and pandemics especially in diseases caused by viruses. In fact, world owes it to vaccines, for the eradication of Smallpox and control of Polio and Measles. However, the development of vaccines is a long and tedious process, which takes several months to years. Also, equally important is to develop a rational strategy for use of vaccine for any illness. Usually there is undue pressure from communities and administrators for use of vaccines as ad-hoc measure. As a trained medical personnel, the Medical Officer should be able to guide them on this issue sensibly. Also, the Medical Officer should be vigilant to the generalized complacency that follows in the diseases known to have vaccine available. This module will focus on empowering the students to develop sound and rational knowledge about vaccines, vaccine development process and their role in small and large disease outbreaks.

Competencies addressed:

The student should be able to:	**Level**
Describe the process of vaccine development.	KH
Describe the role of vaccines in disease control and eradication.	KH
Describe the steps to prepare a micro plan for vaccination activity at PHC level.	KH
Describe the importance of routine vaccination during pandemics.	KH
Describe the role of communities in vaccination programmes.	KH
Describe the cold chain for vaccine storage and delivery.	KH

Learning Experience

Year of study: Professional year 2

Hours: 6

i. Exploratory and interactive theory session- 30 min.
ii. Small Group Discussion- 3 hrs.

Suggested Topics for discussion: Vaccines in Disease Control, Vaccine Development Process, Routine Vaccination during Pandemic & Pandemic Influenza Vaccines -WHO.

iii. Visit to PHC/ local hospital to show cold chain and sample micro-planning for Supplementary Polio Vaccination [Interaction with Medical Officer] -2 hrs.
iv. Discussion and closure – 30 min.

Assessment

1. Formative: Required- assignment, MCQ, SAQ

2. Summative: Short Answers, Short Notes

Resources:

1. Pandemic influenza vaccines: WHO. Available from: https://www.who.int/immunization/newsroom/vaccine_PI/en/
2. Vaccine Testing and the Approval Process- Centre for Disease Control, USA. Available from: https://www.cdc.gov/vaccines/basics/test-approve.html
3. Immunization Handbook for Medical Officers. National Health Mission. 2017. https://nhm.gov.in/New_Updates_2018/NHM_Components/Immunization/Guildelines_for_immunization/Immunization_Handbook_for_Medical_Officers%202017.pdf
4. Vaccination in Humanitarian Emergencies: Literature review and case studies. Available from: https://www.who.int/immunization/sage/meetings/2012/april/2_SAGE_WGVHE_SG1__Lit_Review_CaseStudies.pdf

Module 2.5
Therapeutic strategies including new drug development

Background:

In many pandemics, causative organisms may not be identified in the beginning. Even when identified, it is likely that a specific drug may not be available. However, persons with illnesses will have to be taken care of. This includes general care, supportive care, early recognition and management of complications. Many drugs which are already being used for existing indications may be used as 'off label'. The knowledge of biochemical features, enzymes, receptors, co-receptors, facilitating and inhibiting molecules may help one in postulating and verifying the use of some existing molecules. Considering the major role of immune mediators in disease pathogenesis and that of immunity in the elimination of the organism, various immune-modulators may also be considered in the management at various stages. Some of these molecules may also be used for prophylaxis in exposed persons or for primary prophylaxis in susceptible populations.

The development of a molecule, identifying its effects and detecting toxicities and side effects needs to be done systematically. Before release, any molecule has to undergo phase 1, 2 and 3 trials. Almost always this is done in animals and human volunteers. Post marketing trials also may lead to new observations. However, these steps which generally require long time lags may have to be shortened during a pandemic situation. Many drugs which show good effects may be discarded, as time passes. Experiences with one pandemic in one part of the globe may not be applicable to another. This module helps the learner to understand the pharmacologic approach to a pandemic situation.

Competencies addressed:

The student should be able to:	Level
Describe and discuss the various phases of drug trials	KH
Prepare a plan for evaluation of off label use of a drug	SH
Organise pharmaco-vigilance activities	SH
Discuss ethical aspects of clinical trials in pandemics	SH

Learning Experience

Year of study: Professional year 2

Hours: 6

i. Exploratory and interactive theory session- 1 hour
ii. Small Group Discussion- 2 hours

Suggested Topics for discussion- New Drug Development – Challenges and Solutions – Urgency in procedures – Need for monitoring.

iii. Visit to a pharmaceutical firm/ pharmacy lab to show various stages of drug development or an ADR monitoring exercise in clinical wards - 2 hours. (since it is not present in many cities - an appropriate video followed by discussion)
iv. Discussion and closure – 1 hour

Case study

1. During the beginning of the Covid-19 epidemic, various drugs were tried in different parts of the globe at various stages of the epidemic. Some of them are off label use of existing drugs, some are extrapolations based on molecular features of the virus. Discuss how you would reach a conclusion and explain to the authorities.
2. There is a pandemic caused by an unknown virus. Someone has come with a claim that a plant extract can be used to prevent and treat this infection.

Describe and discuss how you will proceed to identify any benefit from such an attempt.

3. A group of persons who have taken a tablet for prevention of infection during a pandemic develops a skin eruption. How will you establish any linkage between the drug and the new manifestation or conclude that this is a new manifestation that is just being recognised.

Learning Points

a. Various phases of clinical trials
b. Compliance with regulatory authorities
c. Exploration of off label uses and new molecules for therapy
d. Pharmaco-vigilance measures.

Assessment

1. **Formative:** SAQ, Viva
2. **Summative:** SAQ, Viva

Phase III: Part 1

Module 3

Module 3.1
Outbreak management
including quarantine, isolation, contact tracing

Background

Outbreak management is one of the most important duties for all health care providers concerned with public health. To manage outbreaks, first we must investigate the outbreak to find out answers to what, where, when and who are affected and also as far as possible trace the source which may help us to suggest control measures so that we can contain the outbreak.

Competency addressed

The student should be able to:	**Level**
Demonstrate the ability to conduct various epidemiological investigation related to pandemics - Level (or in a simulated environment)	SH

Learning experience

Year of study: professional Year 3

1. Introduction of case scenarios (4) -1 hour
2. Self-directed learning -1 hour
3. Interactive Lecture – 1 hour
4. Preparation of epidemic curve, spot map and calculating attack rate from a given data
5. Discussion and closure- 1 hour

Case scenario 1

Mr. X, Medical Officer of a primary health centre noticed increased number of cases with symptoms of fever, sore throat and cough during third week of March. While taking detailed history one patient had a history of international travel 2 weeks back from a place where some of his friends also had similar illness. In the next week, one of the tertiary care hospitals in the city reported increased number of severe acute respiratory illness among admitted patients and two of them died due to this.

As a Medical Officer or a member of a district health care team, how do you investigate this and manage the situation?

Case scenario 2

Dr. X was appointed as Medical Officer of the Primary Health Centre. One of his field staff reported three cases of watery diarrhoea and dehydration (two mild and one severe) in his field area and he referred them for admission to the hospital.

As a health professional what do you think about this episode and how do we proceed to investigate and control the situation.

Case scenario 3:

Dr. X was on casualty duty that day. Mr. Y, 49 years old, presented to Medicine casualty with high grade fever (3 days), retro-orbital pain, myalgia and rash. While eliciting detailed history from the patient, he revealed that there was history of fever and body ache for his brother and brother's wife one week back for which they took treatment in a private hospital. Mr. Y and his four brothers lived in nearby houses in the same compound (within 300 metres). He took paracetamol on the first two days of fever thinking that he was feverish as he walked in the rain the previous day.

As a health professional what do you think about this episode and how do we proceed to investigate and manage the situation.

Case scenario 4:

Mr. A,17 years old, was brought to Medicine casualty with history of headache, myalgia and vomiting in the past 2 days. He reached home only 4 days back after a tour along with 13 friends. The day after he came home, he had mild fever and body ache. He thought it might be due to tedious travel and took rest at home. But last night his friend phoned him and said that one of their friends was taken to hospital following fever, vomiting and loss of consciousness.

As a health professional what do you think about this episode and how do we proceed to investigate and manage the situation.

Learning Points

a. Define terms: outbreak, epidemic, pandemic.

b. How to detect / recognise an outbreak- warning signs of an impending outbreak - Steps of outbreak investigation
c. Describing the event in terms of time, place and person and importance of epidemic curve, spot map and attack rate.
d. Responses at different levels – general and specific measures include reservoir control, breaking the chain of transmission and protecting the at-risk group.
e. Differentiate between isolation and quarantine.
f. Role of contact tracing in outbreak control.
g. If it is a new disease, gaps will be there, so to fill the gap research activity is required.

Assessment

1. **Formative:** conducting clinic-social discussion based on a scenario, short answer questions, OSPE response station.
2. **Summative:** modified essay/ short question on steps of outbreak investigation, OSPE response in practical.

Discussion

Definition of an outbreak/ epidemic:

An **outbreak or epidemic** is defined as the occurrence in a community or region of cases of an illness clearly in excess of expected numbers. Usually an outbreak is limited to a small focal area, an epidemic covers large geographic area and has more than one focal point. **Pandemic** is defined as an epidemic occurring world-wide or over a very wide area crossing international boundaries and usually affects a large number of people.

Warning signs of an impending outbreak

- Clustering of cases or deaths in time and /or place,
- Unusual increase in cases or deaths,
- Even a single case of measles, AFP, Cholera, plague, dengue or JE,
- Acute febrile illness of unknown aetiology,
- Occurrence of two or more epidemiologically linked cases of meningitis,
- Shifting age distribution of cases,
- High or sudden increase in vector density,
- Natural disasters.

Detecting an outbreak

1. **Rumour register:** it has to be maintained in each public health facility for collecting information related to infectious diseases. There are key informants in the community like teachers, Anganwadi workers (AWW), ward members, Self-help Group (SHG), Youth club leaders, etc. They are the eyes and ears of health services in the community
2. Media – an important source of health information
3. Review of routine data
4. Through strict vigilance on warning signs of impending outbreak

Steps of outbreak investigation:

1. **Verification of the diagnosis**: The first and foremost step in outbreak investigation would be to verify the diagnosis. A clinical examination along with laboratory investigations of a sample of cases may be sufficient for this, but the epidemiological investigation should not be delayed until laboratory results are available.
2. **Confirmation of existence of an outbreak**: For this, Medical Officer should check
    - If there is an abnormal increase in the number of cases, or
    - See there is clustering of cases, or
    - If the cases are epidemiologically linked, or
    - If some trigger events have occurred, or
    - If many deaths have occurred.

    An arbitrary limit of two standard errors from the endemic occurrence is used to define epidemic threshold for common diseases like influenza. If there is evidence of an outbreak, and if the aetiology, source and route of transmission are known, specific control measures need to be initiated immediately. If anyone of the above is unknown, the outbreak must be investigated to identify the specific cause. The Rapid Response Team (RRT) which was formed during the phase of epidemic preparedness should be alerted and requested to further

investigate the outbreak. At the same time general control measures should be started.

3. **Defining population at risk:** before starting investigation, it is necessary to have the attack rates.
4. **Rapid search area map and age gender distribution of entire population in the area.** This is essential for calculating for all cases and their characteristics: this is to identify all cases including those who have not sought medical care and those possibly exposed to the risk.

   For this, we can use a carefully designed epidemiological case sheet. The information collected should be relevant to the disease under study. Based on the information collected from the affected ones, search for more cases and their contacts should be continued. Laboratory investigations are done with the help of microbiologist. Microbiologist may advise on what samples are required, mode of collection and transport and also the laboratory to which these are to be sent. Entomological investigation should also be done if the outbreak warrants it.

5. **Data Analysis:** Data collected should be analysed to identify common event or experience using the epidemiological parameters like time, place and person.
   Time: Epidemic curve can be constructed based on chronological distribution of dates of onset and number of cases. It may suggest a time relationship with exposure to a suspected source, whether it is a common source or propagated epidemic, whether it is of a seasonal or cyclic pattern.
   Place: A spot map is prepared with cases in relation to possible source of infection. Clustering may suggest common source of infection.
   Person: Analyse the data by age, sex, occupation, and other risk factors. Find out attack rates/ case fatality rates for those exposed and not exposed. In food borne epidemic, food specific attack rates are calculated.

6. **Formulation of hypothesis:** on the basis of time, place and person analysis, hypothesis is formulated to explain the epidemic in terms of possible source, causative agent, possible modes of spread, people at risk and the environmental factors

7. **Testing the hypothesis:** If the hypothesis fits with the facts, response measures can be initiated; otherwise, further analytical investigation in terms of case control studies will need to be carried out. In the meantime, general control measures are carried out.
8. **Evaluation of ecologic factors:** This is to prevent further transmission of disease. Ecologic factors include sanitary status of eating establishments, water and milk supply, break down in water supply, population movements, atmospheric changes, population dynamics of insects and animal reservoirs.
9. **Further investigation of population at risk**: To obtain additional information, for e.g. serological study may reveal clinically in-apparent cases and throw light on the pathogenesis of the condition.
10. **Writing the report:** This can be an interim report which includes details of the investigation, the diagnosis and control measures initiated. Once the outbreak is coming under control, we should make follow up visits to see whether control measures are implemented adequately and also help to collect new information which was missed in the previous visits. The final report is given within 10 days of the outbreak being declared to be over. The outbreak is declared over when there are no new cases for a period of two incubation period since the onset of last case.

Responses to an outbreak

1. **General measures is** till the specific source and route of transmission is identified. For example, if one is suspecting a droplet infection outbreak, start a campaign requesting people to follow social distancing, use of mask and hand hygiene.
2. **Specific measures** depend on the causative agent. The broad steps are:
    - Identification and nullification of the source of outbreak like chlorinating wells,
    - Minimising transmission to prevent further exposure: vector control,
    - Protection of the host- immunization / chemoprophylaxis,
    - Controlling the reservoir include early diagnosis, notification, isolation, treatment, quarantine.

Isolation: Separation **of infected** persons or animals **for the period of communicability** from others in such places and conditions as to prevent or limit the direct or indirect transmission of infectious agent from those infected to those who are susceptible. Purpose is to protect the community by preventing transfer of infection from the reservoir to the possible susceptible host.

Quarantine: Limitation of freedom of movement **of healthy person** or domestic animals exposed to communicable disease for **a period not longer than the longest usual incubation period** of the disease to prevent contact with those not so exposed.

Contact tracing: The process of identifying, assessing and managing people who have been exposed to a disease to prevent onward transmission. When systematically applied, this will break the chain of transmission of an infectious disease and is an effective tool in public health. This has to be explained according to the scenario provided.

Resources:

1. Park's Textbook of Preventive and social medicine - 25th edition-published by Banarasidas Bhanot-2019.
2. Medical officer's manual on Integrated Disease Surveillance Project by National institute of Communicable Diseases, DGHS, GOI 2006.

Module 3.2

Interdisciplinary collaboration, Principles of Public Health Administration, Health Economics

Background:

When an outbreak is suspected as given in the case scenarios of previous module, interdisciplinary collaboration is essential. Inter-sectoral coordination is one among the four principles of primary health care. To ensure this, the outbreak control team or multidisciplinary team is convened to conduct the investigation in the field for confirming the outbreak and taking measures for preventing the spread of disease. The powerful public health administration which aims equity, use of appropriate technology, community participation and inter-sectoral coordination is our strength. While managing an outbreak we would understand that many of the determinants of health lie outside the domain of Health Department. Provision of safe drinking water, sanitation, nutrition, legal measures for imposing strict interventions, good house and shelter are some examples. This also points towards the importance of interdisciplinary collaboration. Members of the community should have all the rights to participate in their duties towards controlling an outbreak.

Competency addressed

The student should be able to:	Level
Demonstrate the ability to conduct various epidemiological investigation related to pandemics (need clarity on simulated environment).	SH

Sub competency

Demonstrate the ability to form interdisciplinary team for conducting outbreak investigation.

Learning objectives

The learners should be able to:

1. List the four principles of primary healthcare,

2. Describe the scope of inter-sectoral coordination in outbreak control,
3. List the members of inter-sectoral team for outbreak investigation,
4. Describe the activities of inter-sectoral team in each case scenario provided,
5. Demonstrate the formation and meeting of Rapid Response Team (RRT) as role play according to the case scenarios.

Learning experience

Year of study: professional Year 3

1. Introduction of topic based on previous case scenario -1 hour
2. Self -directed learning -1 hour
3. Interactive Lecture – 1 hour
4. Role play on forming RRT- 1 hour (based on one case scenario)
4. Discussion and closure- 1 hour

Learning Points

a. Inter-sectoral coordination as one among the four principles of primary health care,
b. The role of inter-sectoral coordination in outbreak management,
c. How this can be applied in all four case scenarios,
d. Who are included in the outbreak investigation team and what are their roles and responsibilities?
e. What is health economics? What is the impact of epidemic/pandemic on economic status of the family/ state/country?
f. Cost effectiveness of interventions/ actions to control epidemic.

Assessment

1. **Formative**: theory examination -as short questions /practical – group viva voce.
2. **Summative**: modified essay/ short question on role of inter-sectoral coordination in epidemic management, practical - viva voce.

Discussion points

Inter-sectoral coordination: It is a fact that health care cannot be provided by the health sector alone. While managing outbreak we realise that many of the determinants

of health are outside the domain of health care. Hence inter-sectoral coordination as one among the four principles of primary health care is worth mentioning. The other areas closely related to health are agriculture, animal husbandry, food, industry, education, housing, public works, communication etc. To ensure such coordination, administrative system should take the lead with suitable legislation and strong political will. Proper planning should be there to avoid duplication of activities.

In the event of a suspected outbreak, the Rapid Response Teams (RRT) which is a multidisciplinary team that looks into various aspects of an outbreak is alerted and meeting is convened. The team includes an epidemiologist, clinician, microbiologist and other specialities and sectors as per requirements (described earlier). The main role of RRT will be to investigate and confirm outbreak. The members of RRT are regularly doing their work but, in the event of an outbreak, come together to undertake a special function. They should work in coordination with the Government health staff. They will help and support health staff in management and control of outbreak but the responsibility of implementing control measures mainly rests with local health staff. RRT should be formed at all levels of administrative system (district, block, Panchayath). The name, address and mobile phone number of RRT members should be available at respective levels so that they can be alerted as soon as possible.

Health economics: Health economics as a branch of economics, is concerned with issues related to efficiency, effectiveness, values and behaviour in the production and consumption of health and health care. Pandemics may affect a large population across borders and nobody can predict when it ends, especially if it is a new disease without vaccine or treatment. So, we are forced to implement other measures like isolation, quarantine and complete lock-down to save the lives of the people. But, at the same time globally we have to face economic crisis due to reduction in gross domestic product (GDP) due to loss of life, workplace closures and quarantine measures.

Economic evaluation can be done as the comparative analysis of alternative course of action in terms of both their cost and consequences. Methods can be cost-benefit analysis (in monetary terms) and cost-effective analysis (in natural units).

The Epidemic Diseases Act, 1897 (ANNEXURE I)

One of the shortest legislations in India, The Epidemic Diseases Act has four sections. It is aimed at 'providing for better prevention of the spread of Dangerous Epidemic Diseases'. The Act was first enacted in the British colonial era primarily to control the Bubonic Plague outbreak in the late 1800s. It has remained relevant ever since.

Section 2A of the Act allows the Centre to prescribe regulations to inspect any ship or vessel leaving or arriving in any port and to detain any person planning to leave or arrive into India.

The Government's decisions on restricting international and domestic travel to and from India fall under the provisions of this Act.

The Act also empowers State Governments under Section 2(1) to prescribe Regulations with respect to any person or group of people to contain the spread of Covid-19.

Penalty

Section 3 of the Epidemic Diseases Act, 1897 gives the penalties for violating the Regulations. Section 188 of the Indian Penal Code states that it will be six months imprisonment or Rs. 1000 fine or both.

The Disaster Management Act, 2005 (ANNEXURE II)

The Disaster Management Act was enacted to tackle disasters at both Central and State Government levels.

Section (2) defines a disaster as a "catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man-made causes". **On March 14, 2020 the Central Government termed Covid- 19 as a 'notified disaster' as a "critical medical condition or pandemic situation".**

The Act enables the Centre and States to enforce a lock-down and restrict public movement. It allows the Government to get access to the National Disaster Response Fund, the State Disaster Response Fund and the District Disaster Response Fund. It also has provisions for allocation of resources for prevention, mitigation, capacity building etc.

The Penalties

Sections 51 to 60 of the Act prescribes the penalties for the violators.

The Law describes the offence as obstructing any officer or employee from performing their duty or refusing to comply with directions. Violators can be jailed for up to 1 year or fine, or both. In the case of dangerous behaviour, the jail term can be extended to two years.

Resources:

1. Park's Textbook of Preventive and social medicine - 25th edition: published by Banarasidas Bhanot -2019.
2. Medical officer's manual on Integrated Disease Surveillance Project by National Institute of Communicable Diseases, DGHS, GOI 2006.

Module 3. 3:
Operational research, field work, surveillance

Background

Operational research is the discipline that uses statistics, mathematics, computer modelling and similar science models for decision making. It is a potential tool for use in many areas that demands evidence-based or model-based decision making. One such area is the epidemic/ pandemic management but it is used less frequently. The reason for its limited use may be because of low awareness among the specialist community. In the era of frequent epidemics, it is the need of the hour to sensitize undergraduate medical students of today (health professionals of tomorrow) about operational research and its use in epidemic management.

Another important area is surveillance which is the backbone of public health programmes and provides information on public health events so that effective action can be taken in controlling and preventing disease outbreaks. The course of an epidemic depends on how early it is identified and how effectively specific control measures are applied.

Competency addressed

The student should be able to:	Level
Demonstrate the ability to conduct various epidemiological investigation related to pandemics (or in simulated environment)	SH

Sub-competencies addressed

1. Demonstrate the ability to appreciate the need of operational research in epidemic control.
2. Demonstrate the ability to identify syndromes and underlying diseases in the given scenario and suggest control measures.

Learning experience

Year of study: professional Year 3

1. Introduction of topics based on previous case scenario -1 hour
2. Self –directed learning -1 hour
3. Interactive Lecture – 2 hours (surveillance, operational research)
4. Discussion and closure- 1 hour
5. Visit to PHC/sub-centre and field area along with field staff of sub-centre -3 hours

Points to be discussed

a. What is operational research?
b. The role of operational research in outbreak management,
c. How this can be applied in all four case scenarios,
d. What is public health surveillance, its key elements and uses of surveillance in outbreak prevention,
e. Integrated Disease Surveillance Project (IDSP) – syndromes and core conditions in IDSP, types of surveillance, data collection methods,
f. How surveillance activity is carried out in peripheral institution (SC/PHC) as per IDSP
g. What are the field activities and how data is collected, compiled, analysed and reported?

Assessment

1. **Formative:** theory examination –as short questions /practical – viva voce
2. **Summative**– modified essay/ short question on role of operational research in epidemic management, Public Health Surveillance, practical – viva voce.

Discussion points

Operational research (OR): is the discipline that uses statistics, mathematics, computer modelling and similar science methodology for decision making. This is helpful in many areas especially outbreak management activity that requires evidence-based or model-based decision making. Operational research can address important issues in epidemic management like how to allocate resources among options for a

better control of epidemic, what resources are needed to control an outbreak and which resources should be employed for the same.

Analytical computer-based models are used for plotting and forecasting epidemics. Advanced models with quantitative analysis are used for quantifying exposure and forecasting resources needed. Decision making techniques are used to help policy makers to set up policies. It is again a multi-disciplinary approach which requires team activity of OR/ statistics researchers, epidemiologist, managers, physicians, microbiologists etc. which help staff dealing with Statistics to better understand the nature of the epidemic and that is reflected in predictive accuracy of models. At the same time, epidemiologists will be more involved in OR and modelling which help them to better manage outbreaks.

Public health surveillance: Surveillance is defined as ongoing systematic collection, collation, analysis and interpretation of data and dissemination of information to those who need to know in order that action can be taken. In simple words, it is a data collection for action. We already have a system of decentralized state-based surveillance program in the country named as **Integrated Disease Surveillance Project (IDSP)**. This is the back bone of public health program as it provides information so that timely action can be taken in controlling and preventing diseases/ outbreaks.

Key elements of surveillance system are:

- Detection and notification of health event,
- Investigation and confirmation (epidemiological, clinical, laboratory),
- Collection of data,
- Analysis and interpretation of data,
- Feedback and dissemination of results,
- Response – a link to public health program as action for prevention and control

Uses of surveillance in outbreak control and prevention:

- Recognize cases or cluster of cases to trigger interventions to prevent transmission or reduce morbidity and mortality,

- Identify high risk groups or geographical areas to target interventions and guide analytic studies,
- Demonstrate the need for public health intervention programs and resource allocation during public health planning,
- Monitor effectiveness of prevention and control measures.

Core conditions under surveillance:

- Regular surveillance: vector borne diseases, water borne diseases, Respiratory diseases, vaccine preventable diseases, disease/s under eradication, other conditions (RTA), international commitments, Unusual clinical syndromes.
- Sentinel surveillance: Sexually transmitted disease/ blood borne, other conditions (water quality, outdoor air quality.
- Regular periodic surveillance: NCD risk factors, State specific diseases (Dengue, JE, Leptospirosis).

Types of surveillance in IDSP

Syndromic: Diagnosis made on the basis of symptoms/ clinical pattern by paramedical personnel and members of the community.

Presumptive: Diagnosis made on typical history and clinical examination by Medical Officer.

Confirmed: Clinical diagnosis confirmed by laboratory test.

Major syndromes and (conditions) given under IDSP

- Acute watery diarrhoea – (Cholera),
- Fever <7 days duration- only fever (malaria), fever with rash (Measles/Dengue), altered consciousness (Japanese encephalitis), fever with bleeding (Dengue), with convulsions,
- Fever > 7 days– (Typhoid),
- Jaundice- (Hepatitis),
- Cough >3 weeks,- (Pulmonary Tuberculosis),
- Acute flaccid paralysis - (Poliomyelitis),
- Unusual event?

Data collection methods

- Routine reporting – passive surveillance
- Sentinel surveillance
- Active surveillance
- Laboratory surveillance
- Outbreak investigation

PHC / sub-centre visit– interacting with Medical Officers of PHC and field staff about surveillance activities going on there as part of IDSP. Also getting acquainted with different registers and reporting formats for all three types of surveillance (syndromic, presumptive, Laboratory).

Field area visits with field staff to acquire skills of data collection methods, recording, analysing and reporting.

Resources:

1. Park's Textbook of Preventive and social medicine - 25th edition published by Banarasidas Bhanot-2019.
2. Medical Officer's Manual on Integrated Disease Surveillance Project by National Institute of Communicable Diseases, DGHS, GOI 2006.

Phase III: Part 2

Module 4

Module 4.1
Care of patients during Pandemics

Description:

During any pandemic, infected persons can be divided into three categories. Asymptomatic persons, mildly symptomatic, Advanced disease. Epidemiologically all symptomatics can also be classified as suspected, probable and confirmed. Most infected persons in most infections tend to be asymptomatic but infective to others. They are usually not picked up unless there is substantial active surveillance mechanisms in place. If all contacts are kept under observation or in quarantine and they are regularly screened, the asymptomatic persons can be picked up in large numbers.

The patients who come to the hospital are mostly symptomatic. Some of them may be serious enough to be hospitalised and some may need intensive care. They are usually graded as mild, moderate and severe, based on clinical finding and prognosis. The progression from mild to moderate and severe will depend on many factors.

The Institutional approach to a person reaching the health system includes proper triaging with the purpose of recognising and restricting the potential for transmission of infection to others, recognising bad prognostic signs and early institution of care depending on the presentation. All health care workers at the triage point should be aware of the specific information that needs to be elicited (e.g. travel history) and the bad prognostic indicators (symptoms and signs). In many illnesses, contact / airborne precautions must be initiated in the triage area itself and unnecessary movement of patients and close associates must be restricted too.

The clinical management of patients during pandemics must be based on specific protocols/ guidelines from immediate higher authority. This should be evidence-based and as per standard practices recognised. Extreme care should be taken to

document all history and other epidemiologic evidences, however subtle they may be. All activities should be properly documented and communicated to higher authorities as required. The treatment can be divided into non-pharmacologic interventions (like isolation, nutritional support), supportive care, specific management (if any), recognition and management of complications and prevention.

Competencies addressed

The student should be able to:	**Level**
Describe and discuss the triage facilities required for persons during epidemics	KH
Demonstrate the role of IMG in triage and referral	SH
Demonstrate the ability to manage a suspected / confirmed case in the emergency room during a pandemic	SH

Case study

There is some news about an unknown disease spreading in the town. An ambulance stops in front of your clinic. A group of 05 persons immediately jump out and rush to transport the patient to the emergency room. Mrs. Gracy, 65 years suffering from cough and breathlessness, is carried by four persons to the clinic. One among the group of doctors examines the patient and requests the nurse to arrange for a Chest X-ray and Blood Glucose estimation. Another doctor records the blood pressure. A third person tries to do a venesection. The patient is sent to the Radiology department. The patient develops breathlessness and syncope while returning to the emergency room.

- How should the emergency room prepare to receive a suspect case during an emergency?
- How can such a situation be handled better and safely during an outbreak?
- What precautions should be taken while patient is transported during an outbreak?

Learning Points

- Principles of Triage during epidemics,
- Precautions and care to be made while transporting a person with infections,
- Responsibility to other health care workers while a person with infection is cared.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 6 hours

a) Interactive discussion – 2 hours
    i. Triage practices to be followed in a clinic / hospital
    ii. Primary care to be given to a patient on reaching the hospital
    iii. Steps to be taken to reduce transmission of infections in emergency area.

b) Role play to highlight the various roles to be played in emergency area - 1 hour
c) Visit to the hospital with discussion with staff about the practices followed - 2 hours
d) Debriefing and Feedback - 1hour

Assessment

1. **Formative:** DOPS, Viva can be used. This could be done immediately after the module and/or later with internal assessment.
2. **Summative:** not required

Module 4.2
Emergency Procedures during Pandemics

Description:

During outbreaks of illnesses, many patients can develop life-threatening complications. This is more common among persons of extreme age (children and elderly), depending on the pathogen. It is also likely to be more common among persons with co-morbidities as well. These co-morbidities may also make them vulnerable to dangerous events. Toxin or cytokine-mediated damage, metabolic causes, coagulation abnormalities, sepsis etc. can cause multi-organ dysfunction quickly. Persons may develop respiratory, cardiac, renal or neurological events. Proper and timely intervention can prevent further deterioration or even reverse the situation. The IMG should demonstrate required competencies to perform certain procedures. These may include endotracheal intubation, ventilation, cardiopulmonary resuscitation, tracheostomy, to name a few. All situations demand extreme care to be adopted to protect the health care worker involved in such procedures as well. Beyond the skills that are necessary to perform these psychomotor procedures, the IMG should also have the knowledge, attitude and communication skills to manage such a situation.

Competencies addressed

The student should be able to:	**Level**
Demonstrate the ability to perform life-saving interventions during outbreaks, ensuring safety of HCWs	SH

Case study

Mr. Joseph, 72 years old, has been admitted with a febrile illness, one week after a foreign trip at a time when a pandemic had been declared in the country he visited. He is being managed in an isolation room with all airborne precautions. The nurse notices that he has suddenly developed breathlessness and is tachypnoeic. The

oxygen saturation by pulse oximetry is only 70%. The duty doctor has found crackles all over the lung fields and mild cyanosis. The relatives are planning to take him home on their own. The doctor is called in by an emergency call.

- What are the steps that can be taken immediately to ensure a better survival for him?
- What are the factors influencing the decision to do any invasive procedure?
- How will you discuss the issues with the relatives?

Learning points

1. The type of emergency procedures required in various emergencies,
2. The logistics and infrastructure facilities and prioritisation to be considered,
3. The aspects related to communication with the relatives,
4. The immediate, short-term and long-term care of such persons in Intensive care.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 8 hours

I. Interactive Discussion – 2 hours
    1. Indications for invasive procedures in Pandemics
    2. Points to be verified before emergency procedures
    3. Steps to be taken to reduce transmission of infections
    4. Attitude and Communication Issues related to complicated procedures

II. Skill development program – with mannequins e.g. intubation, CPR, ALS, PALS etc - 4 hours *(This may be linked with the routine Skill training component as well)*

III. Role Plays for communication skills and documentation - 1 hour

IV. Debriefing and Feedback -1hour

Assessment

1. **Formative:** OSCE, DOPS, Viva can be used. This could be done immediately after the module and/or later with internal assessment
2. **Summative:** OSCE, Viva, SAQ, MCQ

Module 4.3
Managing Death during Pandemics

Description:

During outbreaks of illnesses, many patients may expire, due to various causes. This is more common among persons of extreme ages (children and elderly) depending on the pathogen. It is also likely to be more common among persons with co-morbidities as well. These co-morbidities may also make them vulnerable to death as well. The inevitable consequence of death during pandemics must be handled with extreme caution. The management may start from the time the person becomes sick or is brought in a moribund condition. Death may be unexpected or even expected at times. Many procedures discussed in the previous module may not help in preventing death. Breaking the bad news regarding the condition of the patient well in time may ease the handling of death related issues. Documentation of death in as much clear terms as possible is absolutely essential. Handling of the dead body adhering to the infection control recommendations is also very important. Cooperation from relatives and administration has to be ensured, depending on the situation. The IMG is expected to be well aware of the medical and social consequences of death during a pandemic. Beyond the skills that are necessary to perform these procedures, the IMG should also have the knowledge, attitude and communication skills to manage such a situation.

Competencies addressed

The student should be able to:	**Level**
Demonstrate the ability to handle death related events during outbreaks	SH

Case study

Mr. Abdul, 50 years old, has been admitted with a febrile illness, which he developed after staying with his son who recently came from a metropolitan city where an unknown disease had been declared. He was intubated and was on ventilator for two

days. He was being managed in an isolation room with all airborne precautions. He was showing signs of improvement when he suddenly became unconscious and stopped breathing. Cardio-pulmonary resuscitation was attempted but failed. He died about 15 minutes after he developed the symptoms in the ICU. The doctor declared that he is no more.

- How is the event discussed with the relatives?
- What documents are to be prepared regarding the event?
- What care has to be exercised to prevent the transmission of infection after death?
- How will you discuss the issues with the relatives?

Learning points

- The emotional issues for the relatives and HCWs related to death of a person during epidemics.
- The principles of documentation and reporting and legal and ethical issues of death during epidemics.
- The aspects related to infection control practices like prophylaxis (if any), disinfection etc.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 2 hours

i. Interactive discussion – 1 hour
   a. Confirmation and documentation of death
   b. Steps to be taken to reduce transmission of infections
   c. Attitude and Communication Issues related to handling of dead bodies
   d. Responding to media

ii. Role Play for communication skills and documentation with debriefing and feedback - 1 hour

Assessment

1. **Formative:** Viva can be used. This could be done immediately after the module and/or later with internal assessment.
2. **Summative:** Viva, SAQ, MCQ

Module 4.4
Information Management during Pandemics

Description:

During the spread of any infection, the community reacts in a certain fashion. Initially there will be fear of spread, maligning the affected people, stigma and discrimination and panic. The media also plays with this and try to sensationalise the whole issue. Any variations from normal pattern of response and functioning of HCWs will be criticised and negative messages will be generated. The media, when well informed, can help a lot in public awareness, health education and behaviour change. It depends to a large extent in sharing the proper information with them at the right time. The sanctity of the media and the right of society to criticise must also be respected.

The social media gets flooded with messages related to outbreaks very early. Most of these messages are based on inadequate information and improper interpretation of the unscientific ideas. Unfortunately, most of the knowledge that is shared in the social media is neither verified nor controlled by anyone. At the same time the online social media is an effective tool for spreading the right messages.

In many epidemics, contact precautions are to be adopted by HCWs and the general public. The visit to the hospital could contribute significantly to spread of infections. In many infections, home or institutional quarantine may be in place. These persons may develop many illnesses and other problems that do not require a face to face consultation. In such instances, the authorities have opened up the avenue of Telemedicine as a viable alternative. History taking and to some extent visual examination of the patient can be done using common virtual platforms. More exploratory options are available using sophisticated instruments like electronic stethoscope, portable ultrasound etc. Counselling is another activity that can use this platform. Online prescriptions in standardised format is also being accepted now. The IMG should be aware of the clinical, emotional, social and legal issues associated with this form of medical practice. Familiarity with electronic medical records, referral

patterns, virtual documentation etc. is also desirable. The virtual platform is also useful for health education and formal teaching and training for students and HCWs.

Competencies addressed:

The student should be able to:	**Level**
Demonstrate the ability to prepare media reports, use online communication	SH
Demonstrate the ability to handle media communication and education	SH
Demonstrate the ability to recognise spam & fake messages	SH

Case study 1

Mrs. Rachel, 30 years old, has been admitted with a febrile illness, 4 days after attending a funeral attended by many persons from outside the country. She became sick and was intubated in the emergency room. There was some delay in transferring the patient to intensive care unit. Within a few minutes, a few cameramen from visual media reached the campus and started reporting alleged deficiencies in care. Messages with similar content also started appearing in the social media. It was argued that the delay was because a very fatal infection was suspected in the patient and HCWs were refusing to see the patient. It was also suggested that this disease is spreading fast, is lethal and no cure is available.

- As the Medical Officer on duty on that particular day, you are asked to comment on what went wrong?
- You have been requested by your friends to start a messaging series countering the text messages appearing in the social media. What steps are recommended?
- How will you create a proper message for the visual media and social messaging platform?
- How can you develop a Tele-consultation system in your practice?

Learning points

- The chance of even small variations in the working of hospitals getting media attention
- The irresponsible behaviour from many corners of the society
- The need to prevent fake messages and to spread correct information.
- The proper use of Telemedicine for clinical and academic work.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 4 hours

i. Interactive discussion - 2 hours
   a. Responding to media
   b. Use and misuse of social media for health related messages.

ii. Visit to the media centre / Tele Medicine unit - 1 hour

iii. Role Plays for responding to media with Debriefing and Feedback - 1 hour

Assessment

1. **Formative:** Viva can be used. This could be done immediately after the module and/or later with internal assessment
2. **Summative:** Not needed

Module 4.5
Intensive Care Management during Pandemics

Description:

Pandemics become important, when there is a high degree of morbidity and associated mortality. This usually happens to persons at extremes of age. The elderly are highly vulnerable due to the aging process and compromised system functions and also because of many co-morbidities. Children and infants suffer mainly because of lack of immunity and higher chances of mingling and other issues like malnutrition. However, this pattern may get altered due to various reasons. The working population constituted by the young and middle aged can be affected in epidemics with direct links to the environment – ecological and employment related: e.g. Leptospirosis, Dengue, Chikungunya etc. Gender variations can also happen due to various predisposing factors among any gender groups. Serious involvement of organs systems like respiratory, cardiac, nervous or renal can lead to rapid deterioration in the patient's condition which may require extra care with lot of support and monitoring.

Intensive care is specialised care given in specialised settings with regular monitoring and corrective measures instituted without delay by a team of trained health care workers. The Intensive Care Unit (ICU) of today works with lots of gadgets and standard protocols. In addition to the technical details about diagnosis, prognostication and management, the team care concept and management of affective and communication issues related to ICU care also has to be imbibed by the learner. This form of care is usually very expensive and adds to the financial burden of the family as well. Maintenance of a good ICU demands the use of lots of technology, behaviour change, attitudinal modifications and team skills.

The routine intensive care that is offered for management of pandemic related cases also needs special training, as this involves high levels of integrity, dedication and commitment in terms of effort, compassion and a sense of urgency. This is also compounded by the fact that there are epidemiological issues as well.

This module intends to give the learner an insight into the intricacies of intensive care during the pandemics.

Competencies addressed:

The student should be able to:	**Level**
Visit, enumerate and describe the functions of an Intensive Care Unit	KH
Enumerate and describe the criteria for admission and discharge of a patient to an ICU	KH
Observe and describe the management of an unconscious patient	KH
Observe and describe the basic setup process of a ventilator	KH
Observe and describe the principles of monitoring in an ICU	KH

Case study

55 year old Krishnan, known case of systemic hypertension and type 2 diabetes mellitus presented with cough and breathing difficulty in the last 3 days. Patient was diagnosed with Covid-19 infection. Patient was referred to Covid isolation ICU in view of severe breathing difficulty, tachypnoea and desaturation. Patient was transported to ICU in oxygen trolley with O_2 via simple face mask considering all Covid-19 precautions.

Monitors were attached. On examination, patient conscious, oriented, tachypnoeic, Pulse Rate -120/min, BP-128/72mmHg, RR-32/min. ABG showed respiratory alkalosis with PaO2/FiO2 = 138(moderate ARDS). Initial CURB 60 score was 2. Patient was put on High Frequency Nasal Cannula (HFNC) with flow rate of 40L/min and FiO2 of 90%. Routine investigations were sent which includes CBC, ESR, RFT, LFT, serum electrolytes, coagulation profile, viral markers, blood grouping. Prognostic markers were done : CRP > 100 mg/L, LDH – 600 units/L, Trop I - <2.5 ng/L, D dimer – 1400 ng/ml, Serum ferritin – 565 ng/ml. Chest X-ray showed bilateral chest infiltrates. ECG showed normal sinus rhythm.

As the doctor on duty on that particular day, you are asked to plan future management.

Learning points

1. Initial assessment of patient in ICU
2. Early stabilisation of patient
3. Prognostication and management using standard protocols
4. Coordination with doctors and paramedical staff
5. Communication with the bystanders
6. Reporting to higher authorities

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 4 hours

i. Interactive Discussion – 1 hour
   a. Interactive Lecture with videos

ii. Visit to the ICU – 1 hour
   a. Infection control
   b. Monitoring of vital signs
   c. Interpreting investigations
   d. Monitoring using equipment

iii. Role Play – 1 hour

iv. Debriefing session by intensivist - 1 hour

Points for Discussion

INITIAL STABILISATION OF PATIENT IN ICU

When a patient is received in ICU,

1. Make sure that the below said equipments are available:
   a. Oxygen source
   b. Airway cart
   c. Working suction
   d. Monitors

e. Emergency drugs
f. Defibrillator

2. Attach monitors
3. The primary survey should follow A-B-C-D-E

A- Airway

- If the patient can speak, the airway is patent
- Airway patency not maintained, triple manoeuvre-head tilt, chin lift and jaw thrust.
- If still not maintained, use oropharyngeal/nasal airways.

B- Breathing

- Check for oxygen saturation and respiratory rate
- If SpO2<90% and RR>30---give oxygen supplementation via
    a) Nasal prongs
    b) Simple face mask
    c) Venturie face mask

C- Circulation

- SBP<90—check distal pulses, confirm IV access and give fluid bolus
- Start on inotropic support

D - Determine GCS and assess pupils

E- Examine the patient

4. **Inform superior officer**

Assessment

1. **Formative:** Pre-test – Post Test; Viva can be used. This could be done immediately after the module and/or later with internal assessment.
2. **Summative:** Case based short note with plan of management, MCQ

Module 4.6
Palliative Care during Pandemics

Description:

During pandemics and other periods, many patients are likely to develop long lasting consequences after acute illness. After intensive care, a stage may be reached, when patients do not require to be in major institutions or need regular therapeutic procedures. Such persons require long-term care with social support systems. They may require only supportive, curative and rehabilitative interventions. The care is also aimed at making life comfortable and pleasant for them in the future. The patient may or may not recover, but giving hope for a better tomorrow may help them cope with the illness.

Palliative care is a broad speciality with plenty of activities. This module aims to familiarise the learner with the concept of palliative care.

This module may also be used to discuss about the issues related to isolation and solitude by the patients and also about the unhealthy stigma and discrimination experienced by patients, relatives and colleagues. Points may be raised about the issues faced by Health Care Workers, their emotional issues, burn out etc. as well. Social issues related to restriction of activities may be also be discussed along with this module.

Competencies addressed:

The student should be able to:	**Level**
Demonstrate an understanding and needs and preferences of patients when choosing curative and palliative therapy.	KH

Case study

James, 38 year old salesman, developed a febrile illness He was tested positive for a new viral infection. He developed shock while on treatment. He was started on inotropic supports, catheterised, was shifted with O_2 via simple face mask.

In CCU, on day 2 patient developed fever, GCS was E3VTM4, oliguria. Investigations revealed increased total count, increase in CRP, thrombocytopenia, altered RFT. ABG showed high anion gap metabolic acidosis. Patient developed sepsis with Acute Kidney Injury and Renal Replacement Therapy was initiated. Post dialysis patient was on double inotropic (noradrenaline and vasopressin) supports.

Post op day 4, GCS was E2VTM3, anisocoria present, investigations revealed haemoglobin - 9g/dl, total count – 20,000, platelet count – 60,000, urea/creatinine – 90/3, potassium – 5.2, altered LFT and coagulopathy. CT brain was taken which showed large right tempero-parietal bleed with IVH and midline shift. Since the patient was in septic shock with multi-organ dysfunction and DIC, it was decided for conservative line of management. Intensivist decided to discuss about palliative care with the family.

“I am Dr. , I am the treating physician of your son. I am here to explain the health condition of your son. As you know your son now has multi-organ failure. He has widespread blood stream infection which has affected his multiple organs. His vitals are unstable and is on multiple inotropic supports. He developed a condition called DIC and as a result there is large bleeding in his brain. In this situation, surgery would offer no benefit. It might further worsen his condition. Now, his vitals are only maintained with so much medications and ventilatory support. Any therapy aiming to improve his clinical condition will be futile. We are anticipating a gradual clinical deterioration which might end up in his death. So, we would suggest a palliative comfort care for this patient with your consent.

Learning points

1. Need to assess a patient well before palliative care is suggested
2. Importance of planning palliative care

3. Communicating to the patients and relatives about the need and utility of planned palliative care

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 4 hours

i. Interactive discussion – 1 hour
   a. Interactive Lecture with videos

ii. Visit to the palliative care unit – 1 hour
   a. Pain & palliation
   b. Educational activities regarding continuation of care and warning signs
   c. Monitoring using basic observations and examinations
   d. Nutritional care
   e. Emotional care

iii. Role Play – 1 hours

iv. Debriefing session by intensivist - 1 hour

Assessment

1. **Formative:** Pre-test – Post Test; Viva can be used. This could be done immediately after the module and/or later with internal assessment
2. **Summative:** Case based short note on palliative care, MCQ

Module 4.7
Mental health issues during Pandemics

Description:

The pandemic, besides affecting the physical health, has a potential of immense mental health effects, both during and after its occurrence. The mental health repercussions are on an affected individual and in the general community. There is an apprehension of contracting the disease, the uncertainty of procuring medical help and the unpredictable nature of the disease, which causes fear and anxiety in the people. Social isolation or social distancing impacts wellbeing; work from home and home schooling are new and alien dimensions to life. There are worries about the real-world consequences of the pandemic, such as financial struggles.

The loneliness of quarantine, death and long-term consequences affecting oneself and the family are causes for perturbation in patients. Stigma and guilt for spreading the disease are two burdens carried by most patients. There is an increase in anxiety, depression, stress, post-traumatic stress disorder and the possibility of risk of suicide. Besides these direct and indirect psychosocial effects, the virus directly or through an immune reaction affects the brain and leads to mental health and neurological manifestations. In the aftermath of the disease, long term complications can precipitate mental illness.

Some groups of people are more prone to mental health impact. The vulnerable population are frontline workers, elders, children and adolescent, people suffering from mental illnesses and disabilities, women, migrant workers and individuals in conflict situations.

Competencies addressed:

The student should be able to:	Level
Describe and discuss the mental health consequences of an epidemic on the general population, patients and health care workers	K
Demonstrate the ability to look after one's mental health during a stressful time of a pandemic	KH
Demonstrate the role of IMG in identification and referral of significant mental illness in response to the pandemic	SH
Demonstrate the ability to counsel patients with minor stress related symptoms in response to the pandemic	SH

Case study

Mr. P. businessman aged 62 years, admitted in a single room of a Covid-19 hospital with mild respiratory symptoms. He could not sleep for two nights. During ward rounds, he expresses worry about the future of his business in case something happens to him. His wife and son were admitted to another isolation hospital, and he was unable to communicate with them and suffers from palpitations and tremors when he thinks about them. You are approached by relatives, who request you to assess him for suicidal ideas.

How will you manage the situation?

Learning points

The student should be able to recognize:

1. The psychological impact of a novel disease and about which there is little known, and many uncertainties exist.

2. Issues related to quarantine or lockdown such as social distancing, isolation, stigma, loss of contacts.
3. Patient's concerns about availability and cost of treatment, economic issues, probable death and its impact.
4. Signs and symptoms of anxiety, panic and depression and its management.
5. Signs of suicidal ideation and the need for referral of patients if needed.
6. The ability to counsel patients for minor stress related symptoms.

Learning Experience

Year of study: Professional year Phase III Part 2

Hours: 04

v. Interactive Lecture with videos – 1 hour
vi. Group discussion with frontline staff and telephonic conversations with recovered patients and their family members (live or recorded) - 1 hour
vii. Role plays – 1 hour
viii. Debriefing session by a physician, psychiatrist and nurse - 1 hour

Discussion points

Different issues are faced by people belonging to the following categories:

a. Older people who are dependent on others for daily activities and who are technologically handicapped,
b. People with co-morbidities that worsen with any co-existing illness, e.g. Chronic Kidney Disease, Chronic Lung, Liver and heart diseases,
c. Worsening of disorders in persons with pre-existing mental health problems,
d. People with disabilities,
e. Persons who do not stay with their relatives, e.g. at nursing homes, homeless people,
f. Ethnic minorities, persons staying in far off places,
g. Illiterate persons, persons who cannot use electronic media,
h. Healthy persons who are caring for the above types of patients at home.

There are other relevant issues like:

i. **Knowing when a psychiatry referral is required.** Being aware of where the nearest help is available,
ii. **Knowledge and skills required for supportive counselling.** Counselling involves forming an empathetic, warm and genuine relationship, demonstrating non-judgmental, active listening and giving positive feedback and reassurance. It involves encouraging the person to find simple solutions to their problems,
iii. **Burden and mental health of caretakers.** Health care workers are at risk for mental health issues which can be prevented and treated. Self-care and the need for professional advice as and when required is important. Periodic relaxation with duty breaks may be helpful.

The emotional issues may take the form of anxiety as expressed by persistent and excessive worry, irritability and sleep problems. Panic attacks may present as sudden onset of anxiety with trembling, paresthesia, palpitations, shortness of breath, choking sensation, chest pain, nausea, vomiting, dizziness, sweating and a sense of impending doom.

It is necessary to observe for signs of depression. These include sadness of mood, helplessness, hopelessness, loss of worth, decreased interactions, loss of appetite, loss of sleep, and recurrent thoughts about death or suicide. There may be references to bereaved persons, guilt, self-hatred, and self-harm. Unless taken care of promptly, these may lead to suicidal ideation/ attempts.

Stress may have varying presentations and may include:

- **physical symptoms:** headaches, sleeping and eating difficulties,
- **behavioural symptoms:** low motivation to work, starting or increasing use of alcohol or drugs, decreased interaction,
- **emotional symptoms:** fear, anxiety, sadness and anger.

A psychiatry referral is required if symptoms are pervasive, distressing and cause impairment. The presence of persistent suicidal ideas is another important reason for a consult. Patients who do not improve with brief counselling interventions would benefit from interventions by a psychiatrist.

Interventions suggested are:

a. Be informed and do not fall prey to rumours and social media infodemic.
b. Have a routine regarding sleep and meals. Allocate time for work, rest and exercise. Set up priorities and follow a daily pattern of activities. Revive hobbies.
c. Be in contact with your social circle. Regular conversations and communications at a personal level with the use of phones or digital media (video conferencing) is important.
d. Restriction of screen time is suggested.
e. Engage oneself in stimulating and motivational activities.
f. Connect with nature, life, people around and with those who have recovered.
g. Look after oneself through nutritious food, exercises, motivating and positive thoughts and practice spirituality.
h. Use relaxation and breathing exercises to help in anxiety and sleep.
i. Seek help from phone counselling and self-help groups.
j. Refer to psychiatrist, if required for telemedicine consults.

Assessment

1. **Formative:** DOPS, Viva can be used. This could be done immediately after the module and/or later with internal assessment.

2. **Summative:** not required.

Further reading:

WHO. Mental health and psychosocial considerations during the COVID-19 outbreak-Interim guidance WHO/2019-nCoV/MentalHealth/2020.1 available at https://www.who.int/publications/i/item/WHO-2019-nCoV-MentalHealth-2020.1

The copy of THE EPIDEMIC DISEASES ACT, 1897 & THE DISASTER MANAGEMENT ACT, 2005 which have been attached as Annexure I and Annexure II respectively, have been obtained from India Code Depository of All Central and States Acts Website.

Link:- https://www.indiacode.nic.in/

Annexure I

THE EPIDEMIC DISEASES ACT, 1897

&

Annexure II

THE DISASTER MANAGEMENT ACT, 2005

THE EPIDEMIC DISEASES ACT, 1897

ARRANGEMENT OF SECTIONS

SECTIONS

THE EPIDEMIC DISEASES ACT, 1897

ACT NO. 3 OF 1897[1]

[4*th February*, 1897.]

An Act to provide for the better prevention of the spread of Dangerous Epidemic Diseases.

WHEREAS it is expedient to provide for the better prevention of the spread of dangerous epidemic disease; It is hereby enacted as follows :—

1. Short title and extent.—(*1*) This Act may be called the Epidemic Diseases Act, 1897.

[2][(*2*) It extends to the whole of India except [3][the territories which, immediately before the 1st November, 1956, were comprised in Part B States]] [4]* * *

[5]* * * * *

[6]**2. Power to take special measures and prescribe regulations as to dangerous epidemic disease.**—(*1*) When at any time the [7][State Government] is satisfied that [7][the State] or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the [8][State Government], if [9][it] thinks that the ordinary provisions of the law for the time being in force are insufficient for the purpose, may take, or require or empower any person to take, such measures and, by public notice, prescribe such temporary regulations to be observed by the public or by any person or class of persons as [9][it] shall deem necessary to prevent the outbreak of such disease or the spread thereof, and may determine in what manner and by whom any expenses incurred (including compensation if any) shall be defrayed.

(*2*) In particular and without prejudice to the generality of the foregoing provisions, the [7][State Government] may take measures and prescribe regulations for—

[10]* * * * *

(*b*) the inspection of persons travelling by railway or otherwise, and the segregation, in hospital, temporary accommodation or otherwise, of persons suspected by the inspecting officer of being infected with any such disease.

[11]* * * * *

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1. This Act has been amended in its application to—
   (*1*) the Punjab by the Epidemic Diseases (Punjab Amendment) Act, 1944 (Punjab Act 3 of 1944); in East Punjab by East Punjab Act 1 of 1947:
   (*2*) the C. P. and Berar by the C. P. and Berar Epidemic Diseases (Amendment) Act, 1945 (C. P. and Berar Act 4 of 1945).
   The Act has been extended to—
   (*1*) the whole of Madhya Pradesh by M.P. Act 23 of 1958 (when notified).
   (*2*) the transferred territories of Punjab by Punjab Act 8 of 1961.
   (*3*) in Dadra and Nagar Haveli (w.e.f. 1-7-1965) by Reg. 6 of 1963, s. 2 and Sch.
   (*4*) to Lakshadweep (w.e.f. 1-10-1967) : *vide* Reg. 8 of 1965, s. 3 and Sch.
   (*5*) Union territory of Pondicherry by Act 26 of 1968, s. 3 and Sch.
   The Act has been repealed in its application to Bellary District by Mysore Act 14 of 1955.
2. Subs. by the A.O. 1950.
3. Subs. by the Adaptation of Laws (No. 2) Order, 1956 for "Part B States".
4. The word "and" rep. by Act 10 of 1914, s. 3 and the Second Schedule.
5. Sub-section (*3*) rep. by s. 3 and the Second Schedule, *ibid*.
6. For Notifications issued under this section, *see* different local Rules and Orders.
7. Subs. by the A.O. 1937, for "G.G. in C."
8. Subs., *ibid.*, for "India".
9. Subs., *ibid.*, for "he".
10. Paragraph (*a*) omitted, *ibid.*
11. Sub-section (*3*) omitted by Act 38 of 1920, s. 2 and the First Schedule.

[1][**2A. Powers of Central Government.**—When the Central Government is satisfied that India or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease and that the ordinary provisions of the law for the time being in force are insufficient to prevent the outbreak of such disease or the spread thereof, the Central Government may take measures and prescribe regulations for the inspection of any ship or vessel leaving or arriving at any port in [2][the territories to which this Act extends] and for such detention thereof, or of any person intending to sail therein, or arriving thereby, as may be necessary.]

3. Penalty.—Any person disobeying any regulation or order made under this Act shall be deemed to have committed an offence punishable under section 188 of the Indian Penal Code (45 of 1860).

4. Protection to persons acting under Act.—No suit or other legal proceeding shall lie against any person for anything done or in good faith intended to be done under this Act.

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1. Ins. by Act 38 of 1920, s. 2 and the First Schedule. Earlier substituted by the A.O.1937.
2. Subs. by the Adaptation of Laws (No.2) Order, 1956, for "a Part A State or a Part C State".

THE DISASTER MANAGEMENT ACT, 2005

ARRAGEMENT OF SECTIONS

CHAPTER I

PRELIMINARY

SECTIONS

CHAPTER II

THE NATIONAL DISASTER MANAGEMENT AUTHORITY

CHAPTER III

STATE DISASTER MANAGEMENT AUTHORITY

CHAPTER IV

DISTRICT DISASTER MANAGEMENT AUTHORITY

SECTIONS

CHAPTER X

OFFENCES AND PENALTIES

SECTIONS

CHAPTER XI

MISCELLANEOUS

THE DISASTER MANAGEMENT ACT, 2005

ACT NO. 53 OF 2005

[23*rd December*, 2005.]

An Act to provide for the effective management of disasters and for matters connected therewith or incidental thereto.

BE it enacted by Parliament in the Fifty-sixth Year of the Republic of India as follows:—

CHAPTER I

PRELIMINARY

1. Short title, extent and commencement.—(*1*) This Act may be called the Disaster Management Act, 2005.

(*2*) It extends to the whole of India.

(*3*) It shall come into force on such date[1] as the Central Government may, by notification in the Official Gazette appoint; and different dates* may be appointed for different provisions of this Act and for different States, and any reference to commencement in any provision of this Act in relation to any State shall be construed as a reference to the commencement of that provision in that State.

2. Definitions.—In this Act, unless the context otherwise requires,—

(*a*) "affected area" means an area or part of the country affected by a disaster;

(*b*) "capacity-building" includes—

(*i*) identification of existing resources and resources to be acquired or created;

(*ii*) acquiring or creating resources identified under sub-clause (*i*);

(*iii*) organisation and training of personnel and coordination of such training for effective management of disasters;

(*c*) "Central Government" means the Ministry or Department of the Government of India having administrative control of disaster management;

(*d*) "disaster" means a catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man made causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of, environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area;

(*e*) "disaster management" means a continuous and integrated process of planning, organising, coordinating and implementing measures which are necessary or expedient for—

(*i*) prevention of danger or threat of any disaster;

(*ii*) mitigation or reduction of risk of any disaster or its severity or consequences;

(*iii*) capacity-building;

(*iv*) preparedness to deal with any disaster;

(*v*) prompt response to any threatening disaster situation or disaster;

(*vi*) assessing the severity or magnitude of effects of any disaster;

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1. 28th July, 2006 (ss. 2, 3, 4, 5, 6, 8, 10, 75, 77, 79), *vide* notification No. S.O. 1216(E), dated 28th July, 2006;

*1st August, 2007 [ss. 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 38, 39, 40, 41, 48, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, sub-sec. (2) of s. 70, 71, 72, 73, 74, 78, 79], *vide* notification No. S.O. 722(E), dated 7th May, 2007;

*17th March, 2008 (ss. 44, 45), *vide* notification No. 517(E), dated 17th March, 2008;

*18th October, 2011 (s. 46), *vide* notification No. S.O. 2397(E), dated 18th October, 2011, *see* Gazette of India, Extraordinary, Part II, sec. 3(*ii*).

(*vii*) evacuation, rescue and relief;

(*viii*) rehabilitation and reconstruction;

(*f*) "District Authority" means the District Disaster Management Authority constituted under sub-section (*1*) of section 25;

(*g*) "District Plan" means the plan for disaster management for the district prepared under section 31;

(*h*) "local authority" includes panchayati raj institutions, municipalities, a district board, cantonment board, town planning authority or Zila Parishad or any other body or authority, by whatever name called, for the time being invested by law, for rendering essential services or, with the control and management of civic services, within a specified local area;

(*i*) "mitigation" means measures aimed at reducing the risk, impact or effects of a disaster or threatening disaster situation;

(*j*) "National Authority" means the National Disaster Management Authority established under sub-section (*1*) of section 3;

(*k*) "National Executive Committee" means the Executive Committee of the National Authority constituted under sub-section (*1*) of section 8;

(*l*) "National Plan" means the plan for disaster management for the whole of the country prepared under section 11;

(*m*) "preparedness" means the state of readiness to deal with a threatening disaster situation or disaster and the effects thereof;

(*n*) "prescribed" means prescribed by rules made under this Act;

(*o*) "reconstruction" means construction or restoration of any property after a disaster;

(*p*) "resources" includes manpower, services, materials and provisions;

(*q*) "State Authority" means the State Disaster Management Authority established under sub-section (*1*) of section 14 and includes the Disaster Management Authority for the Union territory constituted under that section;

(*r*) "State Executive Committee" means the Executive Committee of a State Authority constituted under sub-section (*1*) of section 20;

(*s*) "State Government" means the Department of Government of the State having administrative control of disaster management and includes Administrator of the Union territory appointed by the President under article 239 of the Constitution;

(*t*) "State Plan" means the plan for disaster management for the whole of the State prepared under section 23.

CHAPTER II

THE NATIONAL DISASTER MANAGEMENT AUTHORITY

3. Establishment of National Disaster Management Authority.—(*1*) With effect from such date as the Central Government may, by notification in the Official Gazette appoint in this behalf, there shall be established for the purposes of this Act, an authority to be known as the National Disaster Management Authority.

(*2*) The National Authority shall consist of the Chairperson and such number of other members, not exceeding nine, as may be prescribed by the Central Government and, unless the rules otherwise provide, the National Authority shall consist of the following:—

(*a*) the Prime Minister of India, who shall be the Chairperson of the National Authority, *ex officio;*

(*b*) other members, not exceeding nine, to be nominated by the Chairperson of the National Authority.

(*3*) The Chairperson of the National Authority may designate one of the members nominated under clause (*b*) of sub-section (*2*) to be the Vice-Chairperson of the National Authority.

(*4*) The term of office and conditions of service of members of the National Authority shall be such as may be prescribed.

4. Meetings of National Authority.—(*1*) The National Authority shall meet as and when necessary and at such time and place as the Chairperson of the National Authority may think fit.

(*2*) The Chairperson of the National Authority shall preside over the meetings of the National Authority.

(*3*) If for any reason the Chairperson of the National Authority is unable to attend any meeting of the National Authority, the Vice-Chairperson of the National Authority shall preside over the meeting.

5. Appointment of officers and other employees of the National Authority.—The Central Government shall provide the National Authority with such officers, consultants and employees, as it considers necessary for carrying out the functions of the National Authority.

6. Powers and functions of National Authority.—(*1*) Subject to the provisions of this Act, the National Authority shall have the responsibility for laying down the policies, plans and guidelines for disaster management for ensuring timely and effective response to disaster.

(*2*) Without prejudice to generality of the provisions contained in sub-section (*1*), the National Authority may —

(*a*) lay down policies on disaster management;

(*b*) approve the National Plan;

(*c*) approve plans prepared by the Ministries or Departments of the Government of India in accordance with the National Plan;

(*d*) lay down guidelines to be followed by the State Authorities in drawing up the State Plan;

(*e*) lay down guidelines to be followed by the different Ministries or Departments of the Government of India for the purpose of integrating the measures for prevention of disaster or the mitigation of its effects in their development plans and projects;

(*f*) coordinate the enforcement and implementation of the policy and plan for disaster management;

(*g*) recommend provision of funds for the purpose of mitigation;

(*h*) provide such support to other countries affected by major disasters as may be determined by the Central Government;

(*i*) take such other measures for the prevention of disaster, or the mitigation, or preparedness and capacity building for dealing with the threatening disaster situation or disaster as it may consider necessary;

(*j*) lay down broad policies and guidelines for the functioning of the National Institute of Disaster Management.

(*3*) The Chairperson of the National Authority shall, in the case of emergency, have power to exercise all or any of the powers of the National Authority but exercise of such powers shall be subject to *ex post facto* ratification by the National Authority.

7. Constitution of advisory committee by National Authority.—(*1*) The National Authority may constitute an advisory committee consisting of experts in the field of disaster management and having practical experience of disaster management at the national, State or district level to make recommendations on different aspects of disaster management.

(*2*) The members of the advisory committee shall be paid such allowances as may be prescribed by the Central Government in consultation with the National Authority.

8. Constitution of National Executive Committee.—(*1*) The Central Government shall, immediately after issue of notification under sub-section (*1*) of section 3, constitute a National Executive Committee to assist the National Authority in the performance of its functions under this Act.

(*2*) The National Executive Committee shall consist of the following members, namely:—

(*a*) the Secretary to the Government of India in charge of the Ministry or Department of the Central Government having administrative control of the disaster management, who shall be Chairperson, *ex officio;*

(*b*) the Secretaries to the Government of India in the Ministries or Departments having administrative control of the agriculture, atomic energy, defence, drinking water supply, environment and forests, finance (expenditure), health, power, rural development, science and technology, space, telecommunication, urban development, water resources and the Chief of the Integrated Defence Staff of the Chiefs of Staff Committee, *ex officio*.

(*3*) The Chairperson of the National Executive Committee may invite any other officer of the Central Government or a State Government for taking part in any meeting of the National Executive Committee and shall exercise such powers and perform such functions as may be prescribed by the Central Government in consultation with the National Authority.

(*4*) The procedure to be followed by the National Executive Committee in exercise of its powers and discharge of its functions shall be such as may be prescribed by the Central Government.

9. Constitution of sub-committees.—(*1*) The National Executive Committee may, as and when it considers necessary, constitute one or more sub-committees, for the efficient discharge of its functions.

(*2*) The National Executive Committee shall, from amongst its members, appoint the Chairperson of the sub-committee referred to in sub-section (*1*).

(*3*) Any person associated as an expert with any sub-committee may be paid such allowances as may be prescribed by the Central Government.

10. Powers and functions of National Executive Committee.—(*1*) The National Executive Committee shall assist the National Authority in the discharge of its functions and have the responsibility for implementing the policies and plans of the National Authority and ensure the compliance of directions issued by the Central Government for the purpose of disaster management in the country.

(*2*) Without prejudice to the generality of the provisions contained in sub-section (*1*), the National Executive Committee may—

(*a*) act as the coordinating and monitoring body for disaster management;

(*b*) prepare the National Plan to be approved by the National Authority;

(*c*) coordinate and monitor the implementation of the National Policy;

(*d*) lay down guidelines for preparing disaster management plans by different Ministries or Departments of the Government of India and the State Authorities;

(*e*) provide necessary technical assistance to the State Governments and the State Authorities for preparing their disaster management plans in accordance with the guidelines laid down by the National Authority;

(*f*) monitor the implementation of the National Plan and the plans prepared by the Ministries or Departments of the Government of India;

(*g*) monitor the implementation of the guidelines laid down by the National Authority for integrating of measures for prevention of disasters and mitigation by the Ministries or Departments in their development plans and projects;

(*h*) monitor, coordinate and give directions regarding the mitigation and preparedness measures to be taken by different Ministries or Departments and agencies of the Government;

(*i*) evaluate the preparedness at all governmental levels for the purpose of responding to any threatening disaster situation or disaster and give directions, where necessary, for enhancing such preparedness;

(*j*) plan and coordinate specialised training programme for disaster management for different levels of officers, employees and voluntary rescue workers;

(*k*) coordinate response in the event of any threatening disaster situation or disaster;

(*l*) lay down guidelines for, or give directions to, the concerned Ministries or Departments of the Government of India, the State Governments and the State Authorities regarding measures to be taken by them in response to any threatening disaster situation or disaster;

(*m*) require any department or agency of the Government to make available to the National Authority or State Authorities such men or material resources as are available with it for the purposes of emergency response, rescue and relief;

(*n*) advise, assist and coordinate the activities of the Ministries or Departments of the Government of India, State Authorities, statutory bodies, other governmental or non-governmental organisations and others engaged in disaster management;

(*o*) provide necessary technical assistance or give advice to the State Authorities and District Authorities for carrying out their functions under this Act;

(*p*) promote general education and awareness in relation to disaster management; and

(*q*) perform such other functions as the National Authority may require it to perform.

11. National Plan.—(*1*) There shall be drawn up a plan for disaster management for the whole of the country to be called the National Plan.

(*2*) The National Plan shall be prepared by the National Executive Committee having regard to the National Policy and in consultation with the State Governments and expert bodies or organisations in the field of disaster management to be approved by the National Authority.

(*3*) The National Plan shall include—

(*a*) measures to be taken for the prevention of disasters, or the mitigation of their effects;

(*b*) measures to be taken for the integration of mitigation measures in the development plans;

(*c*) measures to be taken for preparedness and capacity building to effectively respond to any threatening disaster situations or disaster;

(*d*) roles and responsibilities of different Ministries or Departments of the Government of India in respect of measures specified in clauses (*a*), (*b*) and (*c*).

(*4*) The National Plan shall be reviewed and updated annually.

(*5*) Appropriate provisions shall be made by the Central Government for financing the measures to be carried out under the National Plan.

(*6*) Copies of the National Plan referred to in sub-sections (*2*) and (*4*) shall be made available to the Ministries or Departments of the Government of India and such Ministries or Departments shall draw up their own plans in accordance with the National Plan.

12. Guidelines for minimum standards of relief.—The National Authority shall recommend guidelines for the minimum standards of relief to be provided to persons affected by disaster, which shall include,—

(*i*) the minimum requirements to be provided in the relief camps in relation to shelter, food, drinking water, medical cover and sanitation;

(*ii*) the special provisions to be made for widows and orphans;

(*iii*) *ex gratia* assistance on account of loss of life as also assistance on account of damage to houses and for restoration of means of livelihood;

(*iv*) such other relief as may be necessary.

13. Relief in loan repayment, etc.—The National Authority may, in cases of disasters of severe magnitude, recommend relief in repayment of loans or for grant of fresh loans to the persons affected by disaster on such concessional terms as may be appropriate.

CHAPTER III

STATE DISASTER MANAGEMENT AUTHORITIES

14. Establishment of State Disaster Management Authority.—(*1*) Every State Government shall, as soon as may be after the issue of the notification under sub-section (*1*) of section 3, by notification in the Official Gazette, establish a State Disaster Management Authority for the State with such name as may be specified in the notification of the State Government.

(*2*) A State Authority shall consist of the Chairperson and such number of other members, not exceeding nine, as may be prescribed by the State Government and, unless the rules otherwise provide, the State Authority shall consist of the following members, namely:—

(*a*) the Chief Minister of the State, who shall be Chairperson, *ex officio*;

(*b*) other members, not exceeding eight, to be nominated by the Chairperson of the State Authority;

(*c*) the Chairperson of the State Executive Committee, *ex officio*.

(*3*) The Chairperson of the State Authority may designate one of the members nominated under clause (*b*) of sub-section (*2*) to be the Vice-Chairperson of the State Authority.

(*4*) The Chairperson of the State Executive Committee shall be the Chief Executive Officer of the State Authority, *ex officio*:

Provided that in the case of a Union territory having Legislative Assembly, except the Union territory of Delhi, the Chief Minister shall be the Chairperson of the Authority established under this section and in case of other Union territories, the Lieutenant Governor or the Administrator shall be the Chairperson of that Authority:

Provided further that the Lieutenant Governor of the Union territory of Delhi shall be the Chairperson and the Chief Minister thereof shall be the Vice-Chairperson of the State Authority.

(*5*) The term of office and conditions of service of members of the State Authority shall be such as may be prescribed.

15. Meetings of the State Authority.—(*1*) The State Authority shall meet as and when necessary and at such time and place as the Chairperson of the State Authority may think fit.

(*2*) The Chairperson of the State Authority shall preside over the meetings of the State Authority.

(*3*) If for any reason, the Chairperson of the State Authority is unable to attend the meeting of the State Authority, the Vice-Chairperson of the State Authority shall preside at the meeting.

16. Appointment of officers and other employees of State Authority.—The State Government shall provide the State Authority with such officers, consultants and employees, as it considers necessary, for carrying out the functions of the State Authority.

17. Constitution of advisory committee by the State Authority.—(*1*) A State Authority may, as and when it considers necessary, constitute an advisory committee, consisting of experts in the field of disaster management and having practical experience of disaster management to make recommendations on different aspects of disaster management.

(*2*) The members of the advisory committee shall be paid such allowances as may be prescribed by the State Government.

18. Powers and functions of State Authority.—(*1*) Subject to the provisions of this Act, a State Authority shall have the responsibility for laying down policies and plans for disaster management in the State.

(*2*) Without prejudice to the generality of provisions contained in sub-section (*1*), the State Authority may—

(*a*) lay down the State disaster management policy;

(*b*) approve the State Plan in accordance with the guidelines laid down by the National Authority;

(*c*) approve the disaster management plans prepared by the departments of the Government of the State;

(*d*) lay down guidelines to be followed by the departments of the Government of the State for the purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistance therefor;

(*e*) coordinate the implementation of the State Plan;

(*f*) recommend provision of funds for mitigation and preparedness measures;

(*g*) review the development plans of the different departments of the State and ensure that prevention and mitigation measures are integrated therein;

(*h*) review the measures being taken for mitigation, capacity building and preparedness by the departments of the Government of the State and issue such guidelines as may be necessary.

(*3*) The Chairperson of the State Authority shall, in the case of emergency, have power to exercise all or any of the powers of the State Authority but the exercise of such powers shall be subject to *ex post facto* ratification of the State Authority.

19. Guidelines for minimum standard of relief by State Authority.—The State Authority shall lay down detailed guidelines for providing standards of relief to persons affected by disaster in the State:

Provided that such standards shall in no case be less than the minimum standards in the guidelines laid down by the National Authority in this regard.

20. Constitution of State Executive Committee.—(*1*) The State Government shall, immediately after issue of notification under sub-section (*1*) of section 14, constitute a State Executive Committee to assist the State Authority in the performance of its functions and to coordinate action in accordance with the guidelines laid down by the State Authority and ensure the compliance of directions issued by the State Government under this Act.

(*2*) The State Executive Committee shall consist of the following members, namely:—

(*a*) the Chief Secretary to the State Government, who shall be Chairperson, *ex officio*;

(*b*) four Secretaries to the Government of the State of such departments as the State Government may think fit, *ex officio*.

(*3*) The Chairperson of the State Executive Committee shall exercise such powers and perform such functions as may be prescribed by the State Government and such other powers and functions as may be delegated to him by the State Authority.

(*4*) The procedure to be followed by the State Executive Committee in exercise of its powers and discharge of its functions shall be such as may be prescribed by the State Government.

21. Constitution of sub-committees by State Executive Committee.—(*1*) The State Executive Committee may, as and when it considers necessary, constitute one or more sub-committees, for efficient discharge of its functions.

(*2*) The State Executive Committee shall, from amongst its members, appoint the Chairperson of the sub-committee referred to in sub-section (*1*).

(*3*) Any person associated as an expert with any sub-committee may be paid such allowances as may be prescribed by the State Government.

22. Functions of the State Executive Committee.—(*1*) The State Executive Committee shall have the responsibility for implementing the National Plan and State Plan and act as the coordinating and monitoring body for management of disaster in the State.

(*2*) Without prejudice to the generality of the provisions of sub-section (*1*), the State Executive Committee may—

(*a*) coordinate and monitor the implementation of the National Policy, the National Plan and the State Plan;

(*b*) examine the vulnerability of different parts of the State to different forms of disasters and specify measures to be taken for their prevention or mitigation;

(*c*) lay down guidelines for preparation of disaster management plans by the departments of the Government of the State and the District Authorities;

(*d*) monitor the implementation of disaster management plans prepared by the departments of the Government of the State and District Authorities;

(*e*) monitor the implementation of the guidelines laid down by the State Authority for integrating of measures for prevention of disasters and mitigation by the departments in their development plans and projects;

(*f*) evaluate preparedness at all governmental or non-governmental levels to respond to any threatening disaster situation or disaster and give directions, where necessary, for enhancing such preparedness;

(*g*) coordinate response in the event of any threatening disaster situation or disaster;

(*h*) give directions to any Department of the Government of the State or any other authority or body in the State regarding actions to be taken in response to any threatening disaster situation or disaster;

(*i*) promote general education, awareness and community training in regard to the forms of disasters to which different parts of the State are vulnerable and the measures that may be taken by such community to prevent the disaster, mitigate and respond to such disaster;

(*j*) advise, assist and coordinate the activities of the Departments of the Government of the State, District Authorities, statutory bodies and other governmental and non-governmental organisations engaged in disaster management;

(*k*) provide necessary technical assistance or give advice to District Authorities and local authorities for carrying out their functions effectively;

(*l*) advise the State Government regarding all financial matters in relation to disaster management;

(*m*) examine the construction, in any local area in the State and, if it is of the opinion that the standards laid for such construction for the prevention of disaster is not being or has not been followed, may direct the District Authority or the local authority, as the case may be, to take such action as may be necessary to secure compliance of such standards;

(*n*) provide information to the National Authority relating to different aspects of disaster management;

(*o*) lay down, review and update State level response plans and guidelines and ensure that the district level plans are prepared, reviewed and updated;

(*p*) ensure that communication systems are in order and the disaster management drills are carried out periodically;

(*q*) perform such other functions as may be assigned to it by the State Authority or as it may consider necessary.

23. State Plan.—(*1*) There shall be a plan for disaster management for every State to be called the State Disaster Management Plan.

(*2*) The State Plan shall be prepared by the State Executive Committee having regard to the guidelines laid down by the National Authority and after such consultation with local authorities, district authorities and the people's representatives as the State Executive Committee may deem fit.

(*3*) The State Plan prepared by the State Executive Committee under sub-section (*2*) shall be approved by the State Authority.

(*4*) The State Plan shall include,—

(*a*) the vulnerability of different parts of the State to different forms of disasters;

(*b*) the measures to be adopted for prevention and mitigation of disasters;

(*c*) the manner in which the mitigation measures shall be integrated with the development plans and projects;

(*d*) the capacity-building and preparedness measures to be taken;

(*e*) the roles and responsibilities of each Department of the Government of the State in relation to the measures specified in clauses (*b*), (*c*) and (*d*) above;

(*f*) the roles and responsibilities of different Departments of the Government of the State in responding to any threatening disaster situation or disaster.

(*5*) The State Plan shall be reviewed and updated annually.

(*6*) Appropriate provisions shall be made by the State Government for financing for the measures to be carried out under the State Plan.

(*7*) Copies of the State Plan referred to in sub-sections (*2*) and (*5*) shall be made available to the Departments of the Government of the State and such Departments shall draw up their own plans in accordance with the State Plan.

24. Powers and functions of State Executive Committee in the event of threatening disaster situation.—For the purpose of, assisting and protecting the community affected by disaster or providing relief to such community or, preventing or combating disruption or dealing with the effects of any threatening disaster situation, the State Executive Committee may—

(*a*) control and restrict, vehicular traffic to, from or within, the vulnerable or affected area;

(*b*) control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area;

(*c*) remove debris, conduct search and carry out rescue operations;

(*d*) provide shelter, food, drinking water, essential provisions, healthcare and services in accordance with the standards laid down by the National Authority and State Authority;

(*e*) give direction to the concerned Department of the Government of the State, any District Authority or other authority, within the local limits of the State to take such measure or steps for rescue, evacuation or providing immediate relief saving lives or property, as may be necessary in its opinion;

(*f*) require any department of the Government of the State or any other body or authority or person in charge of any relevant resources to make available the resources for the purposes of emergency response, rescue and relief;

(*g*) require experts and consultants in the field of disasters to provide advice and assistance for rescue and relief;

(*h*) procure exclusive or preferential use of amenities from any authority or person as and when required;

(*i*) construct temporary bridges or other necessary structures and demolish unsafe structures which may be hazardous to public;

(*j*) ensure that non-governmental organisations carry out their activities in an equitable and non-discriminatory manner;

(*k*) disseminate information to public to deal with any threatening disaster situation or disaster;

(*l*) take such steps as the Central Government or the State Government may direct in this regard or take such other steps as are required or warranted by the form of any threatening disaster situation or disaster.

CHAPTER IV

DISTRICT DISASTER MANAGEMENT AUTHORITY

25. Constitution of District Disaster Management Authority.—(*1*) Every State Government shall, as soon as may be after issue of notification under sub-section (*1*) of section 14, by notification in the Official Gazette, establish a District Disaster Management Authority for every district in the State with such name as may be specified in that notification.

(*2*) The District Authority shall consist of the Chairperson and such number of other members, not exceeding seven, as may be prescribed by the State Government, and unless the rules otherwise provide, it shall consist of the following, namely:—

(*a*) the Collector or District Magistrate or Deputy Commissioner, as the case may be, of the district who shall be Chairperson, *ex officio*;

(*b*) the elected representative of the local authority who shall be the co-Chairperson, *ex officio*:

Provided that in the Tribal Areas, as referred to in the Sixth Schedule to the Constitution, the Chief Executive Member of the district council of autonomous district, shall be the co-Chairperson, *ex officio*;

(*c*) the Chief Executive Officer of the District Authority, *ex officio*;

(*d*) the Superintendent of Police, *ex officio*;

(*e*) the Chief Medical Officer of the district, *ex officio*;

(*f*) not exceeding two other district level officers, to be appointed by the State Government.

(*3*) In any district where zila parishad exists, the Chairperson thereof shall be the co-Chairperson of the District Authority.

(*4*) The State Government shall appoint an officer not below the rank of Additional Collector or Additional District Magistrate or Additional Deputy Commissioner, as the case may be, of the district to be the Chief Executive Officer of the District Authority to exercise such powers and perform such functions as may be prescribed by the State Government and such other powers and functions as may be delegated to him by the District Authority.

26. Powers of Chairperson of District Authority.—(*1*) The Chairperson of the District Authority shall, in addition to presiding over the meetings of the District Authority, exercise and discharge such powers and functions of the District Authority as the District Authority may delegate to him.

(*2*) The Chairperson of the District Authority shall, in the case of an emergency, have power to exercise all or any of the powers of the District Authority but the exercise of such powers shall be subject to *ex post facto* ratification of the District Authority.

(*3*) The District Authority or the Chairperson of the District Authority may, by general or special order, in writing, delegate such of its or his powers and functions, under sub-section (*1*) or (*2*), as the case may be, to the Chief Executive Officer of the District Authority, subject to such conditions and limitations, if any, as it or he deems fit.

27. Meetings.—The District Authority shall meet as and when necessary and at such time and place as the Chairperson may think fit.

28. Constitution of advisory committees and other committees.—(*1*) The District Authority may, as and when it considers necessary, constitute one or more advisory committees and other committees for the efficient discharge of its functions.

(*2*) The District Authority shall, from amongst its members, appoint the Chairperson of the Committee referred to in sub-section (*1*).

(*3*) Any person associated as an expert with any committee or sub-committee constituted under sub-section (*1*) may be paid such allowances as may be prescribed by the State Government.

29. Appointment of officers and other employees of District Authority.—The State Government shall provide the District Authority with such officers, consultants and other employees as it considers necessary for carrying out the functions of District Authority.

30. Powers and functions of District Authority.—(*1*) The District Authority shall act as the district planning, coordinating and implementing body for disaster management and take all measures for the purposes of disaster management in the district in accordance with the guidelines laid down by the National Authority and the State Authority.

(*2*) Without prejudice to the generality of the provisions of sub-section (*1*), the District Authority may—

(*i*) prepare a disaster management plan including district response plan for the district;

(*ii*) coordinate and monitor the implementation of the National Policy, State Policy, National Plan, State Plan and District Plan;

(*iii*) ensure that the areas in the district vulnerable to disasters are identified and measures for the prevention of disasters and the mitigation of its effects are undertaken by the departments of the Government at the district level as well as by the local authorities;

(*iv*) ensure that the guidelines for prevention of disasters, mitigation of its effects, preparedness and response measures as laid down by the National Authority and the State Authority are followed by all departments of the Government at the district level and the local authorities in the district;

(*v*) give directions to different authorities at the district level and local authorities to take such other measures for the prevention or mitigation of disasters as may be necessary;

(*vi*) lay down guidelines for prevention of disaster management plans by the department of the Government at the districts level and local authorities in the district;

(*vii*) monitor the implementation of disaster management plans prepared by the Departments of the Government at the district level;

(*viii*) lay down guidelines to be followed by the Departments of the Government at the district level for purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistance therefor;

(*ix*) monitor the implementation of measures referred to in clause (*viii*);

(*x*) review the state of capabilities for responding to any disaster or threatening disaster situation in the district and give directions to the relevant departments or authorities at the district level for their up gradation as may be necessary;

(*xi*) review the preparedness measures and give directions to the concerned departments at the district level or other concerned authorities where necessary for bringing the preparedness measures to the levels required for responding effectively to any disaster or threatening disaster situation;

(*xii*) organise and coordinate specialised training programmes for different levels of officers, employees and voluntary rescue workers in the district;

(*xiii*) facilitate community training and awareness programmes for prevention of disaster or mitigation with the support of local authorities, governmental and non-governmental organisations;

(*xiv*) set up, maintain, review and upgrade the mechanism for early warnings and dissemination of proper information to public;

(*xv*) prepare, review and update district level response plan and guidelines;

(*xvi*) coordinate response to any threatening disaster situation or disaster;

(*xvii*) ensure that the Departments of the Government at the district level and the local authorities prepare their response plans in accordance with the district response plan;

(*xviii*) lay down guidelines for, or give direction to, the concerned Department of the Government at the district level or any other authorities within the local limits of the district to take measures to respond effectively to any threatening disaster situation or disaster;

(*xix*) advise, assist and coordinate the activities of the Departments of the Government at the district level, statutory bodies and other governmental and non-governmental organisations in the district engaged in the disaster management;

(*xx*) coordinate with, and give guidelines to, local authorities in the district to ensure that measures for the prevention or mitigation of threatening disaster situation or disaster in the district are carried out promptly and effectively;

(*xxi*) provide necessary technical assistance or give advise to the local authorities in the district for carrying out their functions;

(*xxii*) review development plans prepared by the Departments of the Government at the district level, statutory authorities or local authorities with a view to make necessary provisions therein for prevention of disaster or mitigation;

(*xxiii*) examine the construction in any area in the district and, if it is of the opinion that the standards for the prevention of disaster or mitigation laid down for such construction is not being or has not been followed, may direct the concerned authority to take such action as may be necessary to secure compliance of such standards;

(*xxiv*) identify buildings and places which could, in the event of any threatening disaster situation or disaster, be used as relief centers or camps and make arrangements for water supply and sanitation in such buildings or places;

(*xxv*) establish stockpiles of relief and rescue materials or ensure preparedness to make such materials available at a short notice;

(*xxvi*) provide information to the State Authority relating to different aspects of disaster management;

(*xxvii*) encourage the involvement of non-governmental organisations and voluntary social-welfare institutions working at the grassroots level in the district for disaster management;

(*xxviii*) ensure communication systems are in order, and disaster management drills are carried out periodically;

(*xxix*) perform such other functions as the State Government or State Authority may assign to it or as it deems necessary for disaster management in the District.

31. District Plan.—(*1*) There shall be a plan for disaster management for every district of the State.

(*2*) The District Plan shall be prepared by the District Authority, after consultation with the local authorities and having regard to the National Plan and the State Plan, to be approved by the State Authority.

(*3*) The District Plan shall include—

(*a*) the areas in the district vulnerable to different forms of disasters;

(*b*) the measures to be taken, for prevention and mitigation of disaster, by the Departments of the Government at the district level and local authorities in the district;

(*c*) the capacity-building and preparedness measures required to be taken by the Departments of the Government at the district level and the local authorities in the district to respond to any threatening disaster situation or disaster;

(*d*) the response plans and procedures, in the event of a disaster, providing for—

(*i*) allocation of responsibilities to the Departments of the Government at the district level and the local authorities in the district;

(*ii*) prompt response to disaster and relief thereof;

(*iii*) procurement of essential resources;

(*iv*) establishment of communication links; and

(*v*) the dissemination of information to the public;

(*e*) such other matters as may be required by the State Authority.

(*4*) The District Plan shall be reviewed and updated annually.

(*5*) The copies of the District Plan referred to in sub-sections (*2*) and (*4*) shall be made available to the Departments of the Government in the district.

(*6*) The District Authority shall send a copy of the District Plan to the State Authority which shall forward it to the State Government.

(*7*) The District Authority shall, review from time to time, the implementation of the Plan and issue such instructions to different departments of the Government in the district as it may deem necessary for the implementation thereof.

32. Plans by different authorities at district level and their implementation.—Every office of the Government of India and of the State Government at the district level and the local authorities shall, subject to the supervision of the District Authority,—

(*a*) prepare a disaster management plan setting out the following, namely:—

(*i*) provisions for prevention and mitigation measures as provided for in the District Plan and as is assigned to the department or agency concerned;

(*ii*) provisions for taking measures relating to capacity-building and preparedness as laid down in the District Plan;

(*iii*) the response plans and procedures, in the event of, any threatening disaster situation or disaster;

(*b*) coordinate the preparation and the implementation of its plan with those of the other organisations at the district level including local authority, communities and other stakeholders;

(*c*) regularly review and update the plan; and

(*d*) submit a copy of its disaster management plan, and of any amendment thereto, to the District Authority.

33. Requisition by the District Authority.—The District Authority may by order require any officer or any Department at the district level or any local authority to take such measures for the prevention or mitigation of disaster, or to effectively respond to it, as may be necessary, and such officer or department shall be bound to carry out such order.

34. Powers and functions of District Authority in the event of any threatening disaster situation or disaster.—For the purpose of assisting, protecting or providing relief to the community, in response to any threatening disaster situation or disaster, the District Authority may—

(*a*) give directions for the release and use of resources available with any Department of the Government and the local authority in the district;

(*b*) control and restrict vehicular traffic to, from and within, the vulnerable or affected area;

(*c*) control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area;

(*d*) remove debris, conduct search and carry out rescue operations;

(*e*) provide shelter, food, drinking water and essential provisions, healthcare and services;

(*f*) establish emergency communication systems in the affected area;

(*g*) make arrangements for the disposal of the unclaimed dead bodies;

(*h*) recommend to any Department of the Government of the State or any authority or body under that Government at the district level to take such measures as are necessary in its opinion;

(*i*) require experts and consultants in the relevant fields to advise and assist as it may deem necessary;

(*j*) procure exclusive or preferential use of amenities from any authority or person;

(*k*) construct temporary bridges or other necessary structures and demolish structures which may be hazardous to public or aggravate the effects of the disaster;

(*l*) ensure that the non-governmental organisations carry out their activities in an equitable and non-discriminatory manner;

(*m*) take such other steps as may be required or warranted to be taken in such a situation.

CHAPTER V

MEASURES BY THE GOVERNMENT FOR DISASTER MANAGEMENT

35. Central Government to take measures.—(*1)* Subject to the provisions of this Act, the Central Government shall take all such measures as it deems necessary or expedient for the purpose of disaster management.

(*2*) In particular and without prejudice to the generality of the provisions of sub-section (*1*), the measures which the Central Government may take under that sub-section include measures with respect to all or any of the following matters, namely:—

(*a*) coordination of actions of the Ministries or Departments of the Government of India, State Governments, National Authority, State Authorities, governmental and non-governmental organisations in relation to disaster management;

(*b*) ensure the integration of measures for prevention of disasters and mitigation by Ministries or Departments of the Government of India into their development plans and projects;

(*c*) ensure appropriate allocation of funds for prevention of disaster, mitigation, capacity-building and preparedness by the Ministries or Departments of the Government of India;

(*d*) ensure that the Ministries or Departments of the Government of India take necessary measures for preparedness to promptly and effectively respond to any threatening disaster situation or disaster;

(*e*) cooperation and assistance to State Governments, as requested by them or otherwise deemed appropriate by it;

(*f*) deployment of naval, military and air forces, other armed forces of the Union or any other civilian personnel as may be required for the purposes of this Act;

(*g*) coordination with the United Nations agencies, international organisations and governments of foreign countries for the purposes of this Act;

(*h*) establish institutions for research, training, and developmental programmes in the field of disaster management;

(*i*) such other matters as it deems necessary or expedient for the purpose of securing effective implementation of the provisions of this Act.

(*3*) The Central Government may extend such support to other countries affected by major disaster as it may deem appropriate.

36. Responsibilities of Ministries or Departments of Government of India.—It shall be the responsibility of every Ministry or Department of the Government of India to—

(*a*) take measures necessary for prevention of disasters, mitigation, preparedness and capacity-building in accordance with the guidelines laid down by the National Authority;

(*b*) integrate into its development plans and projects, the measures for prevention or mitigation of disasters in accordance with the guidelines laid down by the National Authority;

(*c*) respond effectively and promptly to any threatening disaster situation or disaster in accordance with the guidelines of the National Authority or the directions of the National Executive Committee in this behalf;

(*d*) review the enactments administered by it, its policies, rules and regulations, with a view to incorporate therein the provisions necessary for prevention of disasters, mitigation or preparedness;

(*e*) allocate funds for measures for prevention of disaster, mitigation, capacity-building and preparedness;

(*f*) provide assistance to the National Authority and State Governments for—

(*i*) drawing up mitigation, preparedness and response plans, capacity-building, data collection and identification and training of personnel in relation to disaster management;

(*ii*) carrying out rescue and relief operations in the affected area;

(*iii*) assessing the damage from any disaster;

(*iv*) carrying out rehabilitation and reconstruction;

(*g*) make available its resources to the National Executive Committee or a State Executive Committee for the purposes of responding promptly and effectively to any threatening disaster situation or disaster, including measures for—

(*i*) providing emergency communication in a vulnerable or affected area;

(*ii*) transporting personnel and relief goods to and from the affected area;

(*iii*) providing evacuation, rescue, temporary shelter or other immediate relief;

(*iv*) setting up temporary bridges, jetties and landing places;

(*v*) providing, drinking water, essential provisions, healthcare, and services in an affected area;

(*h*) take such other actions as it may consider necessary for disaster management.

37. Disaster management plans of Ministries or Departments of Government of India.—(*1*) Every Ministry or Department of the Government of India shall—

(*a)* prepare a disaster management plan specifying the following particulars, namely:—

(*i*) the measures to be taken by it for prevention and mitigation of disasters in accordance with the National Plan;

(*ii*) the specifications regarding integration of mitigation measures in its development plans in accordance with the guidelines of the National Authority and the National Executive Committee;

(*iii*) its roles and responsibilities in relation to preparedness and capacity-building to deal with any threatening disaster situation or disaster;

(*iv*) its roles and responsibilities in regard to promptly and effectively responding to any threatening disaster situation or disaster;

(*v*) the present status of its preparedness to perform the roles and responsibilities specified in sub-clauses (*iii*) and (*iv*);

(*vi*) the measures required to be taken in order to enable it to perform its responsibilities specified in sub-clauses (*iii*) and (*iv*);

(*b*) review and update annually the plan referred to in clause (*a*);

(*c*) forward a copy of the plan referred to in clause (*a*) or clause (*b*), as the case may be, to the Central Government which Government shall forward a copy thereof to the National Authority for its approval.

(*2*) Every Ministry or Department of the Government of India shall—

(*a*) make, while preparing disaster management plan under clause (*a*) of sub-section (*1*), provisions for financing the activities specified therein;

(*b*) furnish a status report regarding the implementation of the plan referred to in clause (*a*) of sub-section (*1*) to the National Authority, as and when required by it.

38. State Government to take measures.—(*1*) Subject to the provisions of this Act, each State Government shall take all measures specified in the guidelines laid down by the National Authority and such further measures as it deems necessary or expedient, for the purpose of disaster management.

(*2*) The measures which the State Government may take under sub-section (*1*) include measures with respect to all or any of the following matters, namely:—

(*a*) coordination of actions of different departments of the Government of the State, the State Authority, District Authorities, local authority and other non-governmental organisations;

(*b*) cooperation and assistance in the disaster management to the National Authority and National Executive Committee, the State Authority and the State Executive Committee, and the District Authorities;

(*c*) cooperation with, and assistance to, the Ministries or Departments of the Government of India in disaster management, as requested by them or otherwise deemed appropriate by it;

(*d*) allocation of funds for measures for prevention of disaster, mitigation, capacity-building and preparedness by the departments of the Government of the State in accordance with the provisions of the State Plan and the District Plans;

(*e*) ensure that the integration of measures for prevention of disaster or mitigation by the departments of the Government of the State in their development plans and projects;

(*f*) integrate in the State development plan, measures to reduce or mitigate the vulnerability of different parts of the State to different disasters;

(*g*) ensure the preparation of disaster management plans by different departments of the State in accordance with the guidelines laid down by the National Authority and the State Authority;

(*h*) establishment of adequate warning systems up to the level of vulnerable communities;

(*i*) ensure that different departments of the Government of the State and the District Authorities take appropriate preparedness measures;

(*j*) ensure that in a threatening disaster situation or disaster, the resources of different departments of the Government of the State are made available to the National Executive Committee or the State Executive Committee or the District Authorities, as the case may be, for the purposes of effective response, rescue and relief in any threatening disaster situation or disaster;

(*k*) provide rehabilitation and reconstruction assistance to the victims of any disaster; and

(*l*) such other matters as it deems necessary or expedient for the purpose of securing effective implementation of provisions of this Act.

39. Responsibilities of departments of the State Government.—It shall be the responsibility of every department of the Government of a State to—

(*a*) take measures necessary for prevention of disasters, mitigation, preparedness and capacity-building in accordance with the guidelines laid down by the National Authority and the State Authority;

(*b*) integrate into its development plans and projects, the measures for prevention of disaster and mitigation;

(*c*) allocate funds for prevention of disaster, mitigation, capacity-building and preparedness;

(*d*) respond effectively and promptly to any threatening disaster situation or disaster in accordance with the State Plan, and in accordance with the guidelines or directions of the National Executive Committee and the State Executive Committee;

(*e*) review the enactments administered by it, its policies, rules and regulations with a view to incorporate therein the provisions necessary for prevention of disasters, mitigation or preparedness;

(*f*) provide assistance, as required, by the National Executive Committee, the State Executive Committee and District Authorities, for—

(*i*) drawing up mitigation, preparedness and response plans, capacity-building, data collection and identification and training of personnel in relation to disaster management;

(*ii*) assessing the damage from any disaster;

(*iii*) carrying out rehabilitation and reconstruction;

(*g*) make provision for resources in consultation with the State Authority for the implementation of the District Plan by its authorities at the district level;

(*h*) make available its resources to the National Executive Committee or the State Executive Committee or the District Authorities for the purposes of responding promptly and effectively to any disaster in the State, including measures for—

(*i*) providing emergency communication with a vulnerable or affected area;

(*ii*) transporting personnel and relief goods to and from the affected area;

(*iii*) providing evacuation, rescue, temporary shelter or other immediate relief;

(*iv*) carrying out evacuation of persons or live-stock from an area of any threatening disaster situation or disaster;

(*v*) setting up temporary bridges, jetties and landing places;

(*vi*)providing drinking water, essential provisions, healthcare and services in an affected area;

(*i*) such other actions as may be necessary for disaster management.

40. Disaster management plan of departments of State.—(*1*) Every department of the State Government, in conformity with the guidelines laid down by the State Authority, shall—

(*a*) prepare a disaster management plan which shall lay down the following :—

(*i*) the types of disasters to which different parts of the State are vulnerable;

(*ii*) integration of strategies for the prevention of disaster or the mitigation of its effects or both with the development plans and programmes by the department;

(*iii*) the roles and responsibilities of the department of the State in the event of any threatening disaster situation or disaster and emergency support function it is required to perform;

(*iv*) present status of its preparedness to perform such roles or responsibilities or emergency support function under sub-clause (*iii*);

(*v*) the capacity-building and preparedness measures proposed to be put into effect in order to enable the Ministries or Departments of the Government of India to discharge their responsibilities under section 37;

(*b*) annually review and update the plan referred to in clause (*a*); and

(*c*) furnish a copy of the plan referred to in clause (*a*) or clause (*b*), as the case may be, to the State Authority.

(*2*) Every department of the State Government, while preparing the plan under sub-section (*1*), shall make provisions for financing the activities specified therein.

(*3*) Every department of the State Government shall furnish an implementation status report to the State Executive Committee regarding the implementation of the disaster management plan referred to in sub-section (*1*).

CHAPTER VI

LOCAL AUTHORITIES

41. Functions of the local authority.—(*1*) Subject to the directions of the District Authority, a local authority shall—

(*a*) ensure that its officers and employees are trained for disaster management;

(*b*) ensure that resources relating to disaster management are so maintained as to be readily available for use in the event of any threatening disaster situation or disaster;

(*c*) ensure all construction projects under it or within its jurisdiction conform to the standards and specifications laid down for prevention of disasters and mitigation by the National Authority, State Authority and the District Authority;

(*d*) carry out relief, rehabilitation and reconstruction activities in the affected area in accordance with the State Plan and the District Plan.

(*2*) The local authority may take such other measures as may be necessary for the disaster management.

CHAPTER VII

NATIONAL INSTITUTEOF DISASTER MANAGEMENT

42. National Institute of Disaster Management.—(*1*) With effect from such date as the Central Government may, by notification in the Official Gazette appoint in this behalf, there shall be constituted an institute to be called the National Institute of Disaster Management.

(*2*) The National Institute of Disaster Management shall consist of such number of members as may be prescribed by the Central Government.

(*3*) The term of office of, and vacancies among, members of the National Institute of Disaster Management and manner of filling such vacancies shall be such as may be prescribed.

(*4*) There shall be a governing body of the National Institute of Disaster Management which shall be constituted by the Central Government from amongst the members of the National Institute of Disaster Management in such manner as may be prescribed.

(*5*) The governing body of the National Institute of Disaster Management shall exercise such powers and discharge such functions as may be prescribed by regulations.

(*6*) The procedure to be followed in exercise of its powers and discharge of its functions by the governing body, and the term of office of, and the manner of filling vacancies among the members of the governing body, shall be such as may be prescribed by regulations.

(*7*) Until the regulations are made under this section, the Central Government may make such regulations; and any regulation so made may be altered or rescinded by the National Institute of Disaster Management in exercise of its powers.

(*8*) Subject to the provisions of this Act, the National Institute of Disaster Management shall function within the broad policies and guidelines laid down by the National Authority and be responsible for planning and promoting training and research in the area of disaster management, documentation and development of national level information base relating to disaster management policies, prevention mechanisms and mitigation measures.

(*9*) Without prejudice to the generality of the provisions contained in sub-section (*8*), the National Institute, for the discharge of its functions, may—

(*a*) develop training modules, undertake research and documentation in disaster management and organise training programmes;

(*b*) formulate and implement a comprehensive human resource development plan covering all aspects of disaster management;

(*c*) provide assistance in national level policy formulation;

(*d*) provide required assistance to the training and research institutes for development of training and research programmes for stakeholders including Government functionaries and undertake training of faculty members of the State level training institutes;

(*e*) provide assistance to the State Governments and State training institutes in the formulation of State level policies, strategies, disaster management framework and any other assistance as may be required by the State Governments or State training institutes for capacity-building of stakeholders, Government including its functionaries, civil society members, corporate sector and people's elected representatives;

(*f*) develop educational materials for disaster management including academic and professional courses;

(*g*) promote awareness among stakeholders including college or school teachers and students, technical personnel and others associated with multi-hazard mitigation, preparedness and response measures;

(*h*) undertake, Organise and facilitate study courses, conferences, lectures, seminars within and outside the country to promote the aforesaid objects;

(*i*) undertake and provide for publication of journals, research papers and books and establish and maintain libraries in furtherance of the aforesaid objects;

(*j*) do all such other lawful things as are conducive or incidental to the attainment of the above objects; and

(*k*) undertake any other function as may be assigned to it by the Central Government.

43. Officers and other employees of the National Institute.—The Central Government shall provide the National Institute of Disaster Management with such officers, consultants and other employees, as it considers necessary, for carrying out its functions.

CHAPTER VIII

NATIONAL DISASTER RESPONSE FORCE

44. National Disaster Response Force.—(*1*) There shall be constituted a National Disaster Response Force for the purpose of specialist response to a threatening disaster situation or disaster.

(*2*) Subject to the provisions of this Act, the Force shall be constituted in such manner and, the conditions of service of the members of the Force, including disciplinary provisions therefore, be such as may be prescribed.

45. Control, direction, etc.—The general superintendence, direction and control of the Force shall be vested and exercised by the National Authority and the command and supervision of the Force shall vest in an officer to be appointed by the Central Government as the Director General of the National Disaster Response Force.

CHAPTER IX

FINANCE, ACCOUNTS AND AUDIT

46. National Disaster Response Fund.—(*1*) The Central Government may, by notification in the Official Gazette, constitute a fund to be called the National Disaster Response Fund for meeting any threatening disaster situation or disaster and there shall be credited thereto—

(*a*) an amount which the Central Government may, after due appropriation made by Parliament by law in this behalf provide;

(*b*) any grants that may be made by any person or institution for the purpose of disaster management.

(*2*) The National Disaster Response Fund shall be made available to the National Executive Committee to be applied towards meeting the expenses for emergency response, relief and rehabilitation in accordance with the guidelines laid down by the Central Government in consultation with the National Authority.

47. National Disaster Mitigation Fund.—(*1*) The Central Government may, by notification in the Official Gazette, constitute a Fund to be called the National Disaster Mitigation Fund for projects exclusively for the purpose of mitigation and there shall be credited thereto such amount which the Central Government may, after due appropriation made by Parliament by law in this behalf, provide.

(*2*) The National Disaster Mitigation Fund shall be applied by the National Authority.

48. Establishment of funds by State Government.—(*1*) The State Government shall, immediately after notifications issued for constituting the State Authority and the District Authorities, establish for the purposes of this Act the following funds, namely:—

(*a*) the fund to be called the State Disaster Response Fund;

(*b*) the fund to be called the District Disaster Response Fund;

(*c*) the fund to be called the State Disaster Mitigation Fund;

(*d*) the fund to be called the District Disaster Mitigation Fund.

(*2*) The State Government shall ensure that the funds established—

(*i*) under clause (*a*) of sub-section *(1*) is available to the State Executive Committee;

(*ii*) under sub-clause (*c*) of sub-section (*1*) is available to the State Authority;

(*iii*) under clauses (*b*) and (*d*) of sub-section (*1*) are available to the District Authority.

49. Allocation of funds by Ministries and Departments.—(*1*) Every Ministry or Department of the Government of India shall make provisions, in its annual budget, for funds for the purposes of carrying out the activities and programmes set out in its disaster management plan.

(*2*) The provisions of sub-section (*1*) shall, *mutatis mutandis*, apply to departments of the Government of the State.

50. Emergency procurement and accounting.—Where by reason of any threatening disaster situation or disaster, the National Authority or the State Authority or the District Authority is satisfied that immediate procurement of provisions or materials or the immediate application of resources are necessary for rescue or relief,—

(*a*) it may authorise the concerned department or authority to make the emergency procurement and in such case, the standard procedure requiring inviting of tenders shall be deemed to be waived;

(*b*) a certificate about utilisation of provisions or materials by the controlling officer authorised by the National Authority, State Authority or District Authority, as the case may be, shall be deemed to be a valid document or voucher for the purpose of accounting of emergency, procurement of such provisions or materials.

CHAPTER X

OFFENCES AND PENALTIES

51. Punishment for obstruction, etc.—Whoever, without reasonable cause—

(*a*) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or

(*b*) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,

shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.

52. Punishment for false claim.—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

53. Punishment for misappropriation of money or materials, etc.—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

55. Offences by Departments of the Government.—(*1*) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(*2*) Notwithstanding anything contained in sub-section (*1*), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.

57. Penalty for contravention of any order regarding requisitioning.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.

58. Offence by companies.—(*1*) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company,

shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly:

Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence.

(*2*) Notwithstanding anything contained in sub-section (*1*), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section—

(*a*) "company" means any body corporate and includes a firm or other association of individuals; and

(*b*) "director", in relation to a firm, means a partner in the firm.

59. Previous sanction for prosecution.—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

60. Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by—

(*a*) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or

(*b*) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

CHAPTER XI

MISCELLANEOUS

61. Prohibition against discrimination.—While providing compensation and relief to the victims of disaster, there shall be no discrimination on the ground of sex, caste, community, descent or religion.

62. Power to issue direction by Central Government.—Notwithstanding anything contained in any other law for the time being in force, it shall be lawful for the Central Government to issue direction in writing to the Ministries or Departments of the Government of India, or the National Executive Committee or the State Government, State Authority, State Executive Committee, statutory bodies or any of its officers or employees, as the case may be, to facilitate or assist in the disaster management and such Ministry or Department or Government or Authority, Executive Committee, statutory body, officer or employee shall be bound to comply with such direction.

63. Powers to be made available for rescue operations.—Any officer or authority of the Union or a State, when requested by the National Executive Committee, any State Executive Committee or District Authority or any person authorised by such Committee or Authority in this behalf, shall make available to that Committee or authority or person, such officers and employees as requested for, to perform any of the functions in connection with the prevention of disaster or mitigation or rescue or relief work.

64. Making or amending rules, etc., in certain circumstances.—Subject to the provisions of this Act, if it appears to the National Executive Committee, State Executive Committee or the District Authority, as the case may be, that provisions of any rule, regulation, notification, guideline, instruction, order, scheme or bye-laws, as the case may be, are required to be made or amended for the purposes of prevention of disasters or the mitigation thereof, it may require the amendment of such rules, regulation,

notification, guidelines, instruction, order, scheme or bye-laws, as the case may be, for that purpose, and the appropriate department or authority shall take necessary action to comply with the requirements.

65. Power of requisition of resources, provisions, vehicles, etc., for rescue operations, etc.—(*1*) If it appears to the National Executive Committee, State Executive Committee or District Authority or any officer as may be authorised by it in this behalf that—

(*a*) any resources with any authority or person are needed for the purpose of prompt response;

(*b*) any premises are needed or likely to be needed for the purpose of rescue operations; or

(*c*) any vehicle is needed or is likely to be needed for the purposes of transport of' resources from disaster affected areas or transport of resources to the affected area or transport in connection with rescue, rehabilitation or reconstruction,

such authority may, by order in writing, requisition such resources or premises or such vehicle, as the case may be, and may make such further orders as may appear to it to be necessary or expedient in connection with the requisitioning.

(*2*) Whenever any resource, premises or vehicle is requisitioned under sub-section (*1*), the period of such requisition shall not extend beyond the period for which such resource, premises or vehicle is required for any of the purposes mentioned in that sub-section.

(*3*) In this section,—

(*a*) "resources" includes men and material resources;

(*b*) "services" includes facilities;

(*c*) "premises" means any land, building or part of a building and includes a hut, shed or other structure or any part thereof;

(*d*) "vehicle" means any vehicle used or capable of being used for the purpose of transport, whether propelled by mechanical power or otherwise.

66. Payment of compensation.— (*1*) Whenever any Committee, Authority or officer referred to in sub-section (*1*) of section 65, in pursuance of that section requisitions any premises, there shall be paid to the persons interested compensation the amount of which shall be determined by taking into consideration the following, namely:—

(*i*) the rent payable in respect of the premises, or if no rent is so payable, the rent payable for similar premises in the locality;

(*ii*) if as consequence of the requisition of the premises the person interested is compelled to change his residence or place of business, the reasonable expenses (if any) incidental to such change:

Provided that where any person interested being aggrieved by the amount of compensation so determined makes an application within the thirty days to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where there is any dispute as to the title to receive the compensation or as to the apportionment of the amount of compensation, it shall be referred by the Central Government or the State Government, as the case may be, to an arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, for determination, and shall be determined in accordance with the decision of such arbitrator.

*Explanatio*n.—In this sub-section, the expression "person interested" means the person who was in actual possession of the premises requisitioned under section 65 immediately before the requisition, or where no person was in such actual possession, the owner of such premises.

(*2*) Whenever any Committee, Authority or officer, referred to in sub-section (*1*) of section 65 in pursuance of that section requisitions any vehicle, there shall be paid to the owner thereof compensation the mount of which shall be determined by the Central Government or the State Government, as the case may be, on the basis of the fares or rates prevailing in the locality for the hire of such vehicle:

Provided that where the owner of such vehicle being aggrieved by the amount of compensation so determined makes an application within the prescribed time to the Central Government or the State Government, as the case may be, for referring the matter to an arbitrator, the amount of compensation to be paid shall be such as the arbitrator appointed in this behalf by the Central Government or the State Government, as the case may be, may determine:

Provided further that where immediately before the requisitioning the vehicle or vessel was by virtue of a hire purchase agreement in the possession of a person other than the owner, the amount determined under this sub-section as the total compensation payable in respect of the requisition shall be apportioned between that person and the owner in such manner as they may agree upon, and in default of agreement, in such manner as an arbitrator appointed by the Central Government or the State Government, as the case may be, in this behalf may decide.

67. Direction to media for communication of warnings, etc.—The National Authority, the State Authority, or a District Authority may recommend to the Government to give direction to any authority or person in control of any audio or audio-visual media or such other means of communication as may be available to carry any warning or advisories regarding any threatening disaster situation or disaster, and the said means of communication and media as designated shall comply with such direction.

68. Authentication of orders or decisions.—Every order or decision of the National Authority or the National Executive Committee, the State Authority, or the State Executive Committee or the District Authority, shall be authenticated by such officers of the National Authority or the National Executive Committee or, the State Executive Committee, or the District Authority, as may be authorised by it in this behalf.

69. Delegation of powers.—The National Executive Committee, State Executive Committee, as the case may be, by general or special order in writing, may delegate to the Chairperson or any other member or to any officer, subject to such conditions and limitations, if any, as may be specified in the order, such of its powers and functions under this Act as it may deem necessary.

70. Annual report.—(*1*) The National Authority shall prepare once every year, in such form and at such time as may be prescribed, an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the Central Government and that Government shall cause the same to be laid before both Houses of Parliament within one month of its receipt.

(*2*) The State Authority shall prepare once in every year, in such form and at such time as may be prescribed, an annual report giving a true and full account of its activities during the previous year and copies thereof shall be forwarded to the State Government and that Government shall cause the same to be laid before each House of the State Legislature where it consists of two Houses, or where such Legislature consists of one House, before that House.

71. Bar of jurisdiction of court.—No court (except the Supreme Court or a High Court) shall have jurisdiction to entertain any suit or proceeding in respect of anything done, action taken, orders made, direction, instruction or guidelines issued by the Central Government, National Authority, State Government, State Authority or District Authority in pursuance of any power conferred by, or in relation to its functions, by this Act.

72. Act to have overriding effect.—The provisions of this Act, shall have effect, notwithstanding anything inconsistent therewith contained in any other law for the time being in force or in any instrument having effect by virtue of any law other than this Act.

73. Action taken in good faith.—No suit or prosecution or other proceeding shall lie in any court against the Central Government or the National Authority or the State Government or the State Authority or the District Authority or local authority or any officer or employee of the Central Government or the National Authority or the State Government or the State Authority or the District Authority or local authority or any person working for on behalf of such Government or authority in respect of any work done or purported to have been done or intended to be done in good faith by such authority or Government or such officer or employee or such person under the provisions of this Act or the rules or regulations made thereunder.

74. Immunity from legal process.—Officers and employees of the Central Government, National Authority, National Executive Committee, State Government, State Authority, State Executive Committee or District Authority shall be immune from legal process in regard to any warning in respect of any impending disaster communicated or disseminated by them in their official capacity or any action taken or direction issued by them in pursuance of such communication or dissemination.

75. Power of Central Government to make rules.—(*1*) The Central Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

(*a*) the composition and number of the members of the National Authority under sub-section (*2*), and the term of office and conditions of service of members of the National Authority under sub-section (*4*), of section 3;

(*b*) the allowances to be paid to the members of the advisory committee under sub-section (*2*) of section 7;

(*c*) the powers and functions of the Chairperson of the National Executive Committee under sub-section (*3*) of section 8 and the procedure to be followed by the National Executive Committee in exercise of its powers and discharge of its functions under sub-section (*4*) of section 8;

(*d*) allowances to be paid to the persons associated with the sub-committee constituted by the National Executive Committee under sub-section (*3*) of section 9;

(*e*) the number of members of the National Institute of Disaster Management under sub-section (*2*), the term of the office and vacancies among members and the manner of filling such vacancies under sub-section (*3*) and the manner of constituting the Governing Body of the National Institute of Disaster Management under sub-section (*4*) of section 42;

(*f*) the manner of constitution of the Force, the conditions of service of the members of the Force, including disciplinary provisions under sub-section (*2*) of section 44;

(*g*) the manner in which notice of the offence and of the intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government or the other authority or officer under clause (*b*) of section 60;

(*h*) the form in which and the time within which annual report is to be prepared under section 70;

(*i*) any other matter which is to be, or may be, prescribed, or in respect of which provision is to be made by rules.

76. Power to make regulations.—(*1*) The National Institute of Disaster Management, with the previous approval of the Central Government may, by notification in the Official Gazette, make regulations consistent with this Act and the rules made thereunder to carry out the purposes of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely:—

(*a*) powers and functions to be exercised and discharged by the governing body;

(*b*) procedure to be followed by the governing body in exercise of the powers and discharge of its functions;

(*c*) any other matter for which under this Act provision may be made by the regulations.

77. Rules and regulations to be laid before Parliament.—Every rule made by the Central Government and every regulation made by the National Institute of Disaster Management under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period of thirty days which may be comprised of one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or regulation or both Houses agree that the rule or regulation should not be made, the rule or regulation shall thereafter have effect only

in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule or regulation.

78. Power of State Government to make rules.—(*1*) The State Government may, by notification in the Official Gazette, make rules to carry out the provisions of this Act.

(*2*) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

(*a*) the composition and number of the members of the State Authority under sub-section (*2*), and the term of office and conditions of service of the members of the State Authority under sub-section (*5*), of section 14;

(*b*) the allowances to be paid to the members of the advisory committee under sub-section (*2*) of section 17;

(*c*) the powers and functions of the Chairperson of the State Executive Committee under sub-section (*3*), and the procedure to be followed by the State Executive Committee in exercise of its powers and discharge of its functions under sub-section (*4*) of section 20;

(*d*) allowances to be paid to the persons associated with the sub-committee constituted by the State Executive Committee under sub-section (*3*) of section 21;

(*e*) the composition and the number of members of the District Authority under sub-section (*2*), and the powers and functions to be exercised and discharged by the Chief Executive Officer of the District Authority under sub-section (*3*) of section 25;

(*f*) allowances payable to the persons associated with any committee constituted by the District Authority as experts under sub-section (*3*) of section 28;

(*g*) any other matter which is to be, or may be, prescribed, or in respect of which provision is to be made by rules.

(*3*) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before each House of the State Legislature where it consists of two Houses, or where such Legislature consists of one House before that House.

79. Power to remove difficulties.—(*1*) If any difficulty arises in giving effect to the provisions of this Act, the Central Government or the State Government, as the case may be, by notification in the Official Gazette, make order not inconsistent with the provisions of this Act as may appear to it to be necessary or expedient for the removal of the difficulty:

Provided that no such order shall be made after the expiration of two years from the commencement of this Act.

(*2*) Every order made under this section shall be laid, as soon as may be after it is made, before each House of Parliament or the Legislature, as the case may be.

NATIONAL MEDICAL COMMISSION

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Foreword
Online learning and Assessment

The COVID- 19 pandemic in many ways has challenged educators to innovate and ensure that the medical students are able to continue their learning during a situation that has placed an unprecedented strain on the medical education system. Creating a learning experience that allows learners to accomplish the required competency online, many of which are skill and attitude based, is a tough ask. Despite this, many institutions have risen to the challenge and displayed ingenuity in creating a learning environment that fulfils many of the demands of medical education.

Online learning, while not without its drawbacks, has some significant strengths that warrant its continuation in some form beyond these tough times. Flexible learning opportunities, greater learner involvement, impetus to self-directed and collaborative learning are some of the obvious strengths of online learning. Blended learning is going to be the future of medical education.

This module prepared by the Expert Group with inputs from outside experts is a primer of how to improvise at times of necessity and demand. It provides guidance to Curriculum Committee of medical colleges and to the teachers on how to use the online medium to help learners achieve many of the stated competencies including procedural skills and Attitude, Ethics and Communication skills which are traditionally considered not amenable to distance learning. Many of these modalities require very little monetary investment. Wherever possible - low cost alternatives to paid premium platforms - such as open access and free to use resources have been outlined.

Online medical education is nascent - and is fertile with innovations happening in all the medical institutions in the country. I request all the institutions in the country to share their best practices in a spirit of collaboration and ensure that our students get to learn in an environment - real or virtual - that best allows them to fulfil their aspirations. I am grateful to the Expert Group for preparing this learning module on Online learning and assessment which is of current relevance.

Chairman
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राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission

Foreword
Online learning and Assessment

The implementation of the new competency based Undergraduate curriculum across medical colleges in India required training of medical college teachers in the various changes built into this outcome-driven new curriculum, year-wise. To achieve this, the Expert Group, advising academic matters, developed a sequential step-wise Curriculum Implementation Support Program (CISP) which included a number of training modalities like Faculty Guides, Learning Resource materials and in-situ training of teaching faculty of colleges through a multi-tier Faculty Development Program. The successful implementation of CISP I in the first year of teaching of the new UG curriculum was a major achievement.

The COVID-19 outbreak in early 2020 posed a major setback to our efforts to train medical college faculty on the changes incorporated in the second year of the new UG curriculum wherein the major challenge of horizontal and vertical integration of curricula were built in,in addition to new teaching learning modalities like Learner-doctor method of clinical training (Clinical Clerkship). This challenge forced the Academic cell and the Expert Group advising the National Medical Commission to explore Online teaching-learning and assessment modalities. This module on Online learning and Assessment is the outcome of these efforts and provides valuable and much needed information to medical college faculty. I hope the information contained herein will be useful to students, teachers and institutions interested in virtual teaching.

Vats

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Module on
Online
Learning and Assessment

Glossary

AETCOM: Attitude, Ethics and Communication module introduced into its Faculty Development Program by the Medical Council of India in 2015 for undergraduate medical education.

Asynchronous learning: A learning event in which teachers and students participate at different times. Generally, there is no real-time interaction between the teacher and the students.

Blended learning: Learning which integrates online learning with conventional face-to-face (f2f) teaching. Also called **'hybrid learning'**.

Distance learning: A form of remote teaching-learning method where media replaces word of mouth as the sole means of academic communication. There is often a spatial distance between the teacher and the student.

E-learning: Teaching-learning which is delivered using electronic resources. The teacher and the student may be within the same classroom or at a remote location.

Flipped classroom: An approach where the conventional sequence of teaching-learning activities is reversed. Students read the material at home *before the class* and then use the classroom time to discuss, clarify concepts, create and apply knowledge.

Online Learning: Teaching-learning interactions which take place over the internet. This term is conventionally used for learning that happens across a distance. Learning can happen either partially or purely through the internet.

Pedagogy: Theory and practice of education.

Synchronous learning: A learning event in which teachers and learners engage at the same time. The place may be same or different. It is conventionally used in the context of online learning.

Disclaimer

Mention of/or example of a technology, platform or app for online teaching and assessment is not to be seen as an endorsement of the same.

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Introduction to online learning

The Covid-19 pandemic has dramatically changed the medical education environment and made the shift to online learning inevitable. Close human contact that was the essence of clinical teaching now looks so distant. The current coronavirus pandemic has forced us to explore non-conventional ways of teaching-learning and assessment. Medical schools will now need to be prepared to train the next generation of digital learners using virtual learning environments. This does not mean that traditional classroom teaching will become obsolete, but there is now an opportunity to use both methods efficiently in a hybrid manner, to make the process of learning efficient and effective.[1]

Though online learning has been in vogue for many years now, its application in medical education, especially in India, is rather new. Some teachers have had the experience of online learning – some as facilitators, and others as 'students' – during earlier faculty development interventions[2-3]; but its use for undergraduate education is a relatively new phenomenon.

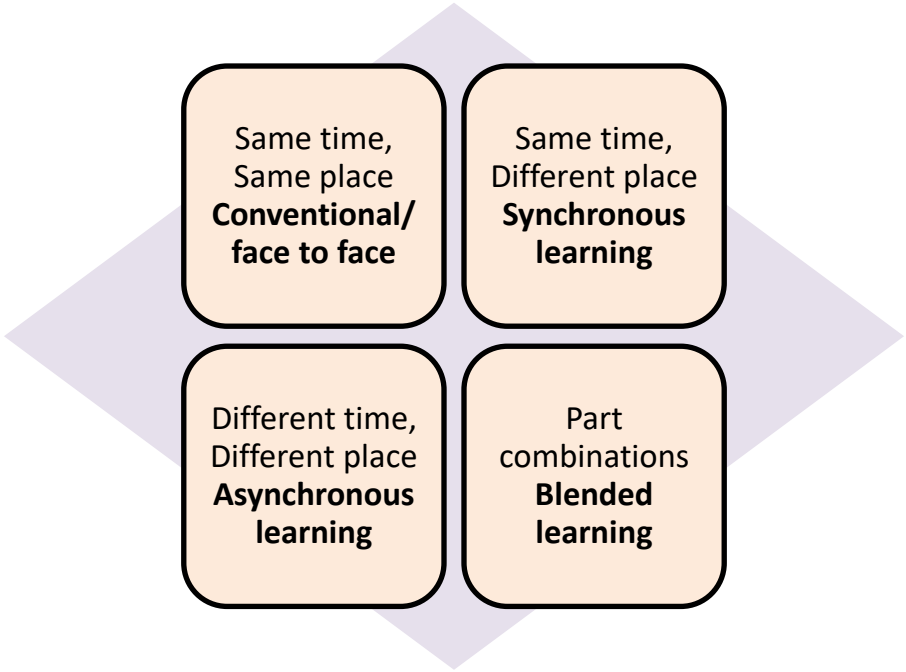
The 'theory' of online learning is more or less the same when compared to face-to-face (f2f) instruction, but there are subtle differences and similarities. The educational cycle, the learning processes, need for interactivity, integration, assessment and feedback are similar in both formats. The use of technology, the spatial distance between the teacher and students, and learner isolation stand out as prominent differences.

Different people have different ideas, interpretations and perspectives about online learning. Depending on the purpose, technology, context and institution, various terms such as e-learning, distance learning, web-based learning, web-facilitated learning, virtual learning, internet learning, distributed learning, computer-based learning, and technology-based learning have been used rather loosely and interchangeably to denote non face-to-face (f2f) learning.[4-7]

Means et al[8] define online learning as "*'learning that occurs entirely (purely online learning) or partially (blended learning) through the internet"* and this is the definition we are going to use in the context of this module.

The most accepted typology of online learning is given in Figure 1.

Fig.1: Typology of online learning (Modified from Coldeway, 1995)[9]



Blended learning is a teaching-learning format where the facilitator effectively integrates the online teaching component with face-to-face sessions. For the purpose of this module, blended learning has been taken as: *"Seamless integration of traditional face to face learning with online activities to enhance the learning experience".*

Online learning: What works, what doesn't

Several factors influence the effectiveness of online learning. These factors include technical skills, academic skills, learner motivation, administrative issues, social interaction, time management, technical problems, cost, and accessibility to the internet.[10] Poor design of courses and inadequate availability of multimedia materials could affect the quality of online training. Online learning has been reported to be as effective as didactic teaching. It can also be instrumental in promoting self-directed learning. Learners can have greater control over their learning as they can go over the content at their own pace. Teachers too can evaluate competencies through online assessments and provide learners feedback for self-improvement.

If faculty in higher education are not adequately trained in educational methods, the problem of ineffective teaching gets exaggerated during online sessions as it has special requirements.[11] Online teaching requires a learner-centered approach, where teachers

need to be competent in using principles of pedagogy, constructive and transformative learning, and assessment and feedback.[12]

Online learning formats

Online learning platforms now offer many opportunities that are being widely used around the world, such as online videos, tutorials, webcasts, video-conferences and virtual simulations. Online teaching-learning can be implemented through **synchronous** or **asynchronous modes**.

The range of available choices for real-time communication extends from online discussion spaces to online chat rooms to online meeting applications. Classroom lectures have now been replaced by live-streamed online lectures, where technology allows recording and online dissemination. Small group discussions and tutorials have been replaced with interactive webinars using online platforms. Almost all these learning resources can also be easily accessed using smartphones.

Information or learning resources can be posted on online platforms, such as websites and blogs. Videos can be shared to demonstrate essential clinical skills, procedural skills or communication skills. Lectures, problem-based learning, simulated lab work, sessions using virtual patients, and discussions can be conducted online, both in synchronous and asynchronous mode. All of these, if used effectively, can build in student engagement and interaction.

Online learning offers flexible learning experiences and allows learners the freedom to experiment with learning at their own pace. It is however not a replacement for f2f teaching.[13] It is initially expensive to set up and requires familiarity with technology.[14]

What the future holds for online learning in India

Although the recent surge in use of online learning has been propelled by the Covid-19 pandemic, it is likely to be adopted as a regular part of teaching and learning in the future as well. Furthermore, newer modes of health care delivery are evolving with rapid advances in information technology. Online learning promises to play a major role in this backdrop.

The recently introduced, competency-based curriculum in India already advocates use of e-learning as a tool for encouraging self-directed learning among students. The CBME document of Medical Council of India (2018)[15] recommends e-learning at the following junctures:

Table 1: Emphasis on online learning in the recently introduced competency-based curriculum

- As a lifelong learner, the Indian Medical Graduate is expected to "*demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient*"
- One of the objectives of Foundation Course is to "*to enable the learner to acquire enhanced skills in use of information technology*"
- The new curriculum has reserved time for self-directed learning during every phase of the MBBS course
- The document recommends mandatory provision of skills laboratory in every medical college
- It also recommends mandatory provision of virtual lecture theatres

In addition, medical students also need to develop certain skills, collectively called 21st century skills[16] to fully benefit from online instruction. They need to have digital literacy skills. While students in general are comfortable working with computers and other digital platforms, a deliberate effort must be made to inculcate information technology related literacy, which includes, accessing information, evaluating it critically, and its application to address a given problem. Readers would recall that the Foundation Course introduced from 2019 admissions tried to address many of these issues.

The Pedagogy of Online Learning

Pedagogical approaches which are used for face to face (f2f) teaching might not work if replicated in online settings. It is time to re-conceptualize pedagogical approaches for online teaching.[17]

Table 2: Pedagogical approaches to be used in online learning

1. *Online learning must not be restricted to delivery of information:* Online methods should not merely be used as tools to distribute teachers' notes or PowerPoint slides.

2. *Online tools must be used to innovate and create knowledge*: Online teaching must address higher-order cognitive skills. It must promote creativity, innovation, critical thinking and problem-solving skills in undergraduate medical students.

3. *Online tools must be explored to teach all domains*: Ways and means to teach psychomotor skills, communication skills, ethics, and medical humanities via online mode must be explored.

4. *Online approaches used must encourage participation and collaboration*: Online learning must be conducted through 'involvement' and 'inclusiveness' of the learners. This will also reduce learner isolation.

5. *Feedback, support and mentoring of learners must be carried out:* Learners in online sessions need more interactivity, mentoring, support, feedback and evaluation than the traditional classrooms. Communication between facilitators and learners must be encouraged.

6. *Online teaching must be supplemented by online assessment:* Periodic formative and summative assessment must be built into online courses.

7. *Quality assurance of online teaching and learning must be monitored:* Quality assurance in online teaching must be adopted within the institutional policy document.

Building student engagement online

Here are some tips for building learner engagement in online sessions which work both in synchronous and asynchronous modes:

a. **Allow students to do most of the work**: It is important to give students time to engage and interact with the content. Student should be taught to take up responsibility for their own learning. This must be supplemented by facilitating discussions amongst students, and by giving them collaborative projects.
b. **Interactivity is the heart and soul of effective learning**: Students must be given opportunities to interact with the content, teacher, peers, environment and context; and
c. **Strive for presence**: Teachers should strive to ensure the following three types of presence in their online sessions:

Table 3:

Enhancing effectiveness of online teaching by ensuring cognitive, teaching and social presence

Type of presence	Examples
Cognitive presence (Related to content)	• Select suitable content • Arrange from simple to complex • Introduce content in bite-sized modules • Introducing conceptual and theoretical knowledge into discussions
Teaching presence (Related to instructor)	• Facilitating discussions • Acknowledge and encourage students' contribution • Identify areas of agreement and disagreement • Respond to technical concerns • Set the appropriate climate for learning
Social presence (Related to interaction)	• Allow students to express emotions • Ask for evidence of reading, thinking and understanding others' responses • Build cohesiveness amongst learners by given group work and allowing student-student interactions

(Adapted from Garrison et al[18], and Pelz[19])

Good Online Teaching Practices

The principles for good teaching offline[20-21] and online[1] have been enlisted in literature. These principles reflect the basic premise of alignment between objectives, teaching-learning and assessment methods, need to promote interactivity, use of assessment, feedback, collaborative work, self-directed learning and promotion of higher order thinking skills using online pedagogical approaches.

Table 4: Good Online Teaching Practices

Principle 1: *Teaching-learning methods must match curricular objectives and assessment*
Online pedagogy must be aligned with clear learning objectives, meaningfulness of content covered, the appropriateness of student activities, and the type of assessment.

Principle 2: *Synchronous and asynchronous teacher-student interaction must be encouraged*
Create supportive and non-threatening online environment. Open synchronous and asynchronous communication channels to encourage students to complete their work. This results in higher levels of achievement.

Principle 3: *Promote higher order thinking skills and communication skills*
Online pedagogy should include learning strategies that encourage demonstration of higher order thinking skills and communication skills.

Principle 4: *Teamwork and cooperation among students must be encouraged*
Online pedagogy must encourage collaboration and social interaction among students. This enhances their involvement in learning.

Principle 5: *Encourage active learning*
Teachers must incorporate authentic, problem-solving activities that augment student efforts to actively construct meaningful knowledge through interactivity and application in real-life situations.

Principle 6: *Encourage development of self-directed learning*
Online pedagogy should offer meaningful opportunities to students to bridge the knowledge gap by motivating and instilling responsibility in them. Resultantly, students will embark on significant self-directed learning.

Principle 7: *Opportunities for online summative and formative assessment must be provided*
Online courses should build in valid and reliable assessment periodically. This will provide learners timely feedback and ample opportunities to reflect on their progress.

Principle 8: ***Mechanisms for providing prompt feedback must be built into the course***
Students need appropriate, timely and specific feedback on their performance. Online pedagogy must provide opportunities for students to reflect on what they have learned, what they still need to know, and how to assess themselves.

Principle 9: ***Effective time management and timely task completion must be emphasized***
Learning to use one's time well is critical for students, more so in an online environment as there is no substitute for time on task. Due emphasis should be given to defining time expectations for students in order to establish the basis for high performance.

Principle 10: ***All stakeholders must communicate high expectations from students***
In an online setting, it is pertinent to set clear expectations for quality student performance. Clear and high expectations provide students with precise guidelines about the type and quality of work essential for proficient and timely assignment completion.

Principle 11: ***Respect diverse talents and ways of learning***
Students have a wide variety of learning styles and needs. Online pedagogy should carefully consider prior knowledge, cognitive processing, personality styles, beliefs about learning, and demographics.

Principle 12: ***There must be a robust mechanism for monitoring development and mentoring***
Online pedagogy must support continuous monitoring and mentoring so as to facilitate achievement of intended outcomes of online learning.

(Modified from Saiyad et al[1] with permission)

Teacher roles, competencies and skills required for online teaching

Good online teaching practices will also require faculty to develop competencies in three major areas: technology, subject expertise, and pedagogy. Technical support to develop and manage online teaching modules, time, and support to online teaching are other minor issues.

Table 5 below lists some of the expectations from teachers by students when going through online courses:

Table 5: Students' expectations during online courses

- Easy to follow course design and navigation
- Clear directions for activities and assessments
- Reasonably quick grading and feedback
- Regular communication from the instructors

Based on these needs, teachers need to perform the following roles and develop the required competencies to be effective at online teaching (Table 6):

Table 6: Teacher roles and competencies needed for online teaching

A: Roles:

- instructional designer
- content facilitator
- technologist
- process facilitator
- advisor or counselor
- assessor
- manager or administrator
- researcher

Goodyear et al[22]

B: Competencies

To perform the above roles, the following **competencies** will be required:

- Knowledge of the online process
- Technical skills
- Online communication skills
- Content expertise, and
- Personal attributes: inherent motivation, integrity, visible, responsive and approachable, organized, analytical, respectful, active, flexible, open, honest, compassionate and supportive, and ability to lead by example.

(*Salmon*[23]; *Keengwe et al*[24]).

Skills needed for online teaching

The teaching skills required in the context of online teaching include[25]:

a. ***Communication skills:*** The need for clear and concise instruction is important for online teaching. Teachers who are adept at face to face teaching may need to augment their communication skills to be good online teachers.
b. ***Technological skills:*** Skills specific to the medium and content being taught, general computer literacy to be able to use word processors, spread sheets and presentations are pre-requisites for online teaching. For using simulations, additional skills may be required.
c. ***Pedagogical skills*****:** Online is only a medium for academic exchange - it requires a full complement of teaching skills, including generating learning objectives, matching content and mode to objectives, promoting interactivity, assessment and feedback, classroom management, and mentoring. A particular mention must be made of the skills of the teacher to engage the students who are physically separated from the teacher as well from peers and to encourage them to apply what they are being taught.
d. ***Design skills*****:** These include understanding and applying instructional design principles using learning materials in different formats. Teachers need to use student feedback to make changes in the format as well as ensure quality of learning.
e. ***Managerial skills*****:** Managing the classroom is as important in online teaching as it is in f2f situation. Ability to manage time, demonstrating leadership, managerial and mentoring skills, handling assignments and record keeping and following institutional, legal, ethical and professional requirements are some examples of these skills.[13]

Technology for online teaching

There have been rapid advances in technology used to deliver educational content, and now even social media platforms have started exploring educational needs. Moore's law,[26] which is often extrapolated to state that technology advances which almost doubles every eighteen months, suggests that training people in use of one technology will have limited effect. Further, with advances in technology, teaching methods are also expected to evolve (Table 7).

Table 7: Types of technology available in online courses

- **Websites and blogs** – access to stored information and repositories; electronic versions of scientific papers
- **Multimedia technology** – appropriate combination of video / still images and sound
- **Asynchronous modes** – like threaded discussions, assignments
- **Interactive resources** – providing real time interaction between teachers and students

Compatibility, accessibility, ease of use, user-friendly, opportunities for feedback are some of the criteria directing the choice and adoption of online platforms. While selecting a technological resource, the following points become important:

- Technology needs to be chosen depending on user needs, and not simply because it exists. Technology needs to be aligned to the learning objective.
- Technology has to be user-friendly to all stakeholders. This includes elements such as easy installation of software on computers, requirement of basic programming skills etc.
- Technology needs to be accessible and amenable to use in a variety of platforms, such as desktop computers, laptops, tablets and even smart phones.
- Technology needs to be compatible with the level of learners in terms of language and ease of learning to make it effective.
- Consideration of costs always determine feasibility of use of technology.

It is often useful to use a mix of appropriate technological resources which are available. This enables one to cater to online learners with a diverse variety of learning styles. This in turn helps students achieve desired learning outcomes.[27]

Pre-requisites to begin online teaching

To initiate online teaching, preparations will be required at all levels of stakeholders (teacher, learner, institution etc.). An important point is to ensure that all students have equal access to technology. So availability of enough computers and access to a high-speed internet connection on campus for all faculty and learners is an essential investment. The checklist to identify the pre-requisites in terms of infrastructure and support system that is required is given below (Table 8):

Table 8: Checklist to identify pre-requisites for initiating online teaching

1. Besides generalized IT support, does the institution have a separate cell to provide technical support to online learning activities?
2. Has a Committee been formed to coordinate and monitor online teaching in the institute?
3. What learning management system and software packages has the institute installed?
4. Is high speed internet freely available on campus?
5. Do all faculty and learners have access to laptops and/or smart phones?
6. Do all faculty and learners have individual and unique log-in IDs and passwords to access the learning management system?

(Modified from Brenton[28])

7

A Coordination Committee formed for each phase of MBBS teaching and headed by the MEU will be useful to monitor the quality of online teaching. Further, it may be useful to decide the workload and number of online sessions given to students each week, at the inter-departmental level. It is important not to subject them to cognitive overload as the attention span of students in online sessions can be pretty short.

Tools for online teaching

- **Online collaboration tools**: These enable the teacher and learner to upload and access lessons and assignments online. Texts, documents, images and videos can be shared, viewed and also edited in real time. Tools included in Google Apps and Google Classroom are a wonderful medium to brainstorm and simultaneously document the work of both the instructor and learner. Other tools available for online learning are Google Meet, Zoom, Cisco Webex, Free conference call, Microsoft teams, Go to meeting etc.

- **Presentation software:** Widely used tools such as Microsoft PowerPoint and Google Slides are an excellent means to augment lecture content by embedding high resolution images, diagrams, animation, audio and video files.
- **Course management platforms:** This is also known as Learning Management Systems (LMS). These platforms allow stakeholders to organize all resources needed for a class in terms of the syllabus, document sharing, audio and video files, assignment announcement and submission, discussion boards, online quizzes, grading tools, etc. Canvas is one such example. Some of the widely known online learning management tools are Swayam, Moodle, Google Classroom, Coursera, Clinical Key, Udemy, Teachable among many others.
- **Audience response systems:** These are easy and quick ways to connect with learners and gauge their learning in order to adjust the pace of teaching to learner requirement. This was usually done through clickers in a traditional classroom. A more popular option now is with use of software and applications which enable one to embed interactive polls between presentations, and gather responses through smart phones, which can be displayed in real-time to learners.
- **Lecture-capture tools:** Instructors are able to record their lectures on their local devices without additional requirements and upload them for learners. Such tools are useful for their ability to provide the learner with opportunities to review the content at their own time, pace and frequency. Studies have shown that such tools only augment the teaching-learning process rather than diminish student attendance.

Best practices in selecting appropriate technology

Radical changes in application of technology are already reshaping all areas of teaching and learning.[29]. Traditional forms are being challenged and massive online open courses (MOOCs) are paving their way in. Nevertheless, a visible disconnect exists between technologies, research, design and practice.[30]

Quite often, you will find instructors using fancy technology simply because it exists. There might be no need to use complex technology where a simple discussion or a simple reading might suffice. Technology is generally effective when the application directly supports the objectives and the purpose of the curriculum. Multimedia which simulates real-life situations will always be preferred, and it is best if they are tailored to the local context.

Here is a list of do’s and don’ts that can help one use technology in an optimal manner (Table 9):

Table 9: Some do's and don'ts when using technology in online teaching	
Do's	**Don'ts**
Choose and integrate appropriate technology that supports overall educational goals and curricular objectives.	Avoid using technology for the sake of using it, if it doesn't support the lesson plan. It is a costly mistake which must be avoided.
Train and encourage teachers to make judicious use of technology in their classrooms.	The role of technology should be to empower teachers and learners rather than to replace them.
Technology should be adjustable in terms of students' skills and abilities, provide feedback on progress, and give them enough opportunities to collaborate in the teaching-learning process.	Instructors should not be over-dependent on technology. No technology is foolproof, and technology depends on multiple external factors.
Ensure that teachers and learners are actively involved with a range of relevant and practical engagement techniques. Such strategies should become standard practice.	Mere use of technology doesn't necessarily guarantee engagement. Student engagement strategies will need to be built in while designing a lesson plan.
An optimal level of fidelity (realism) is preferred when using simulations. The degree to which technology simulates the intended task or environment must preferably match with the learner's expertise and the educational objectives of the module.	Every technology requires a minimum level of infrastructure, in terms of hardware and software tools or internet accessibility. Students with limited access to these technologies must also be considered during planning. Fair and equal access to all students is a pre-requisite for use of technology.

Implementing Online Teaching

Once the basic infrastructural requirements are in place, online learning can be implemented at institutions for individual batches. Preparation for online teaching at the level of the individual class can be divided into the following phases:

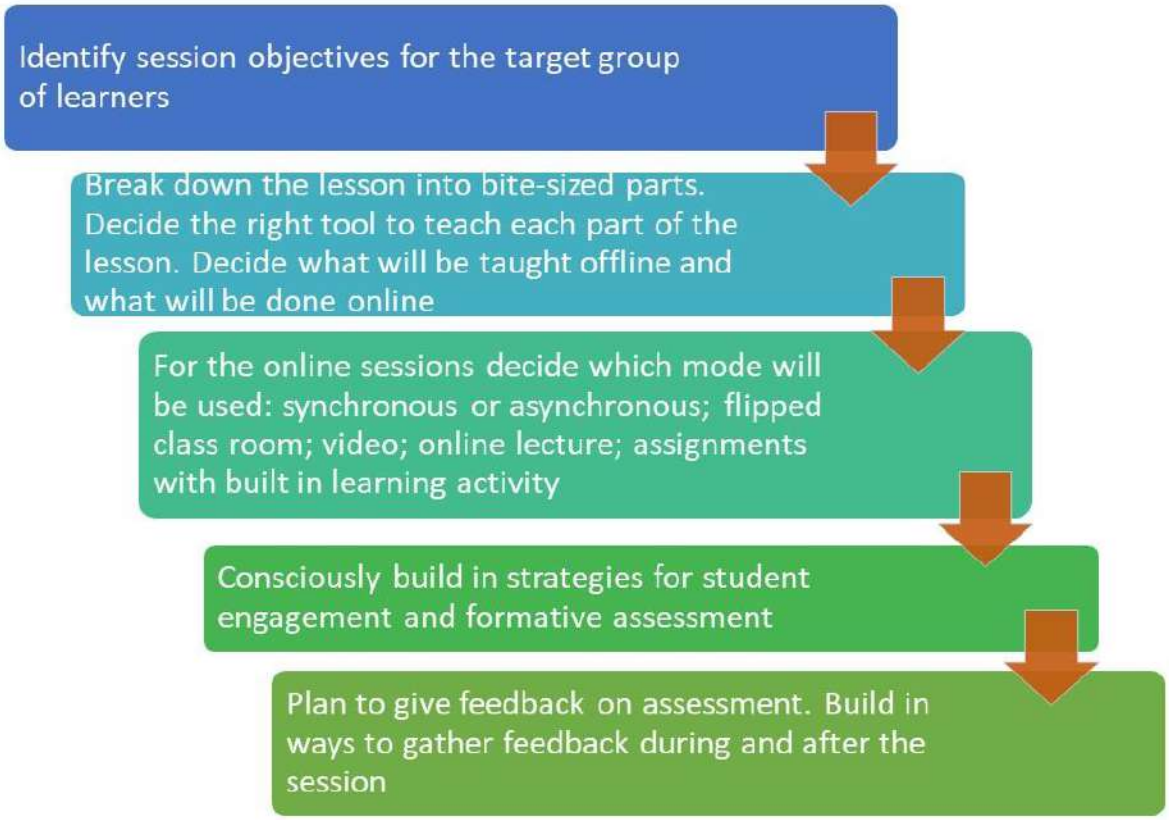
(a) Lesson planning
(b) Conducting online sessions
- Keeping students engaged
- Facilitating online discussions
- Managing Online classroom

(c) Post-session assessment and evaluation

A. LESSON PLANNING FOR ONLINE TEACHING

A well-designed lesson plan is key to the conduct of an effective online teaching session. Similar to any other teaching plan, if one identifies and aligns the 'golden triangle' of learning objectives, teaching-learning methods and assessment, the subsequent conduct of online teaching session will be a smooth affair. The following flow chart (Fig. 2) will help in preparing a lesson plan before actual conduct of online teaching session.

Fig. 2: Lesson planning for online teaching session



It is important to break the lesson into small bite-sized parts. It is important to be prepared with Plan B in case of technology glitches. Never feel embarrassed to accept the failure of technology system and be ready to plan the session on another day or with some other mode. Not everything needs to be delivered in the synchronous online mode. It is important to explore ways other than online lectures. It is best to use a mix of suitable methods to deliver content and make the content more relevant and interesting.

Table 10 lists some of the asynchronous methods to teach students online.

Table 10: Examples of asynchronous online teaching methods
• Send reading material and ask them to take a self-assessment • Assign video to watch and ask to submit related assessment • Ask learners to teach the class or conduct quiz • Share resources and ask learners to submit a project • Send learners on an online scavenger hunt: Ask them to search for credible literature on a specific topic • Give paper case and have a discussion online • Have a debate • Start a wiki • Give an experiential activity and ask learners to write reflections

The **flipped classroom** concept uses valuable synchronous time to clarify concepts, clear doubts and discuss the more in-depth issues of the topic, after the learners have learnt the basics on their own.

CONDUCTING ONLINE SESSIONS

Keeping students engaged

Keeping learners engaged is the most challenging part of online teaching as there is no face to face contact.

Table 11 lists some of the tips and strategies to keep learners engaged during the actual session.

Table 11: Tips and strategies to keep learners engaged
• Try and learn learners' names and use them • Build a rapport with learners: use formal and informal ways of interaction, model disclosure • Create the right environment for the class; build trust • Be available to answer questions and solve doubts • Introduce interactivity through online tools which enable conduct of polls, and gather real-time response • Embed multiple choice questions or quizzes between the session to gauge learning understanding • Ask how and why questions to challenge learners like you would be in a traditional classroom • Give opportunities for learners to ask questions and clarify their doubts • Check if the pace of the lesson is fine with the class • Use break-out rooms and give group work • Encourage discussions online

Questioning is one of the simplest ways of engaging with students. The art of questioning has to be learnt for use both in online and offline modes. Broadly, these questions are not meant to be graded, but used only as a tool to generate attention, promote thinking, link knowledge and promote application. Some of the types of questions used for this purpose (Table 12) are as follows:[31]

Table 12: Type of questions that can be used for student engagement	
Format of question	**Example**
Rhetorical question	Have you seen blood pressure being recorded? Let me show you.
Questions which generate interest	What would happen if you don't eat carbohydrates for 3 days?
Questions to ascertain baseline knowledge	Can someone tell the route of administration of BCG vaccine?
Questions to help the class recall already learnt facts	What is the daily protein requirement for a normal adult male?
Redirecting questions	We learnt of some drugs which can decrease blood sugar level. Can you tell me some drugs which will increase blood sugar?
Bridge questions' (i.e. questions which bridge the gap between knowledge and its application)	How can the clinical differences in diarrhea originating from small intestine and large intestine help you to decide on the need for antibiotics in a child with diarrhea?

Facilitating good online discussions

Online discussions have high pedagogical value as they promote interactivity, engage students and build in social presence. Gao et al[32] have suggested that online discussions should aim at promoting higher order thinking. This can be done by questioning, elaborating, interpreting and relating information to prior knowledge. Discussions should help students to construct their own knowledge. Presenting and discussing conflicting perspectives (e.g. role of statins in cutting down risk of myocardial infarction, differing views on ethics) helps in generation of knowledge which is long lasting.

At first, it may appear difficult but most of the nuances of good face-to-face discussions can be applied online as well. Some of the techniques of good facilitation are as follows:[33]

a. Involving all students in discussions is important. If the groups are very large, it makes sense to divide them into manageable sub-groups with facilitators in each group. In case enough faculty are not available, residents can be trained in facilitation skills.
b. Teachers should make an effort to identify non-responders and encourage them to contribute. Similarly, one should not allow a few students to dominate the discussion.
c. All contributions must be acknowledged. This opportunity should be utilized to provide feedback to students.
d. A good facilitator knows when to speak and when to go silent. While the facilitator may have to take the lead in the beginning, a good discussion means that students interact with each other with the facilitator taking a back seat.
e. Students tend to be callous and abrasive with each other in online settings. This might lead to friction and others might not participate enthusiastically. Therefore, it is important to set ground rules in the beginning and intervene when any untoward incident occurs
f. Allow students to lead the discussion after they get used to the format. This helps them to develop ownership of the process and brings out new ideas, new way of looking at existing situations, and a much-needed change from monotony.

Online classroom management

One of the key differences between conventional and online classes is classroom management. In a conventional classroom, the teacher can ‘see’ all students, notice their body language, ask/answer questions from specific students and move around in the class. In online classes, however, this functionality is limited. Several software packages allow conversion of a large class into smaller groups (breakaway groups). But the best

method is to manage the group as a whole. Just like conventional classes, it may be good idea to keep the class size small. Students generally remain ‘anonymous’, especially when the online class size is large. This usually helps otherwise shy students to ask doubts using the chat box function.

Another important difference lies in the learning environment. While mobile devices are generally discouraged in conventional classes, they play an important role in online classes. As both teachers and students are getting used to the new behavioural norms, it may take some time to adjust when f2f classes start again.

A concern voiced by many teachers is the ‘disappearance’ of students after logging in. While asking all students to keep “*camera on-mike muted*” might be one option, online assessment provides an important tool to ensure presence. The online teacher lacks the opportunity to see the expressions of her students to gauge their understanding. This is where role of ongoing assessment comes in. This will be discussed more under the assessment section.

Table 13 lists some online classroom management techniques:

Table 13: Online classroom management techniques

1. Lay down ground rules for the classroom
2. Encourage students to develop their own ground rules
3. Emphasize interaction. Try to identify non-responders
4. Use breakaway groups to encourage interaction
5. Be a roving facilitator when using breakaway groups
6. Avoid information overload
7. Pose probing and application-oriented questions
8. Provide immediate feedback
9. Use techniques like flipped classroom to promote active learning
10. Don’t read from your slides
11. Link attendance to participation in class
12. Use more than one technology to promote interaction.

B. POST-SESSION ASSESSMENT AND EVALUATION

Wherever possible, plan to conduct online summative assessment after an online teaching session. It does not stand to reason that the learners trained through one type of learning environment are assessed through a different one. Where online assessment is not possible, traditional methods of assessment can be used.

Some simple informal classroom assessment techniques such as polls, muddiest point or one-minute paper can help in knowing whether the concepts just taught have been understood by students or not. For formal assessment, MCQ tests can be carried out using Google Forms or other interactive tools.

Evaluation must be carried out as part of quality assurance practices. Evaluation of both the learning process and outcomes must form a part of any online teaching program. Student feedback can help in improving the manner of delivery of this content. More on this topic can be read in the section on Quality Assurance of online learning.

Teaching Procedural Skills Online

Teaching procedural skills online is a formidable challenge to medical educators. E-learning has been shown to be effective in supporting skills teaching. Fitts and Posner's[34] three-stage theory of motor skill acquisition is a popular method used in teaching surgical and motor skills. These three stages of acquisition of a skill are:

(a) **Cognition** or understanding the task: This needs explanations about the activity.

(b) **Integration** or comprehension and performing the mechanics of the task: This needs provision of feedback and deliberate practice.

(c) **Automation** or ability to perform a task with efficiency, speed and precision: This needs little cognitive input but automated performance. The focus is on refining performance.[35]

While the stage of cognition can be fostered by online interactive sessions, the stages of integration and automation require specific planning. Complex procedural skills can be taught by breaking them down into small steps. Peyton[36] suggested a four-step approach to introduce skills to new trainees as follows:

Step 1: Demonstrate: The instructor shows the skill at a normal pace. No additional comments are offered at this step.

Step 2: Talk the trainee through: The instructor describes each sub-step of the procedure while showing the skill again to the students.

Step 3: Trainee talks trainer through: Here the trainee describes the steps while the instructor performs the skill for the third time, based on the trainee's description.

Step 4: Trainee does: The trainee performs the skill on his or her own.

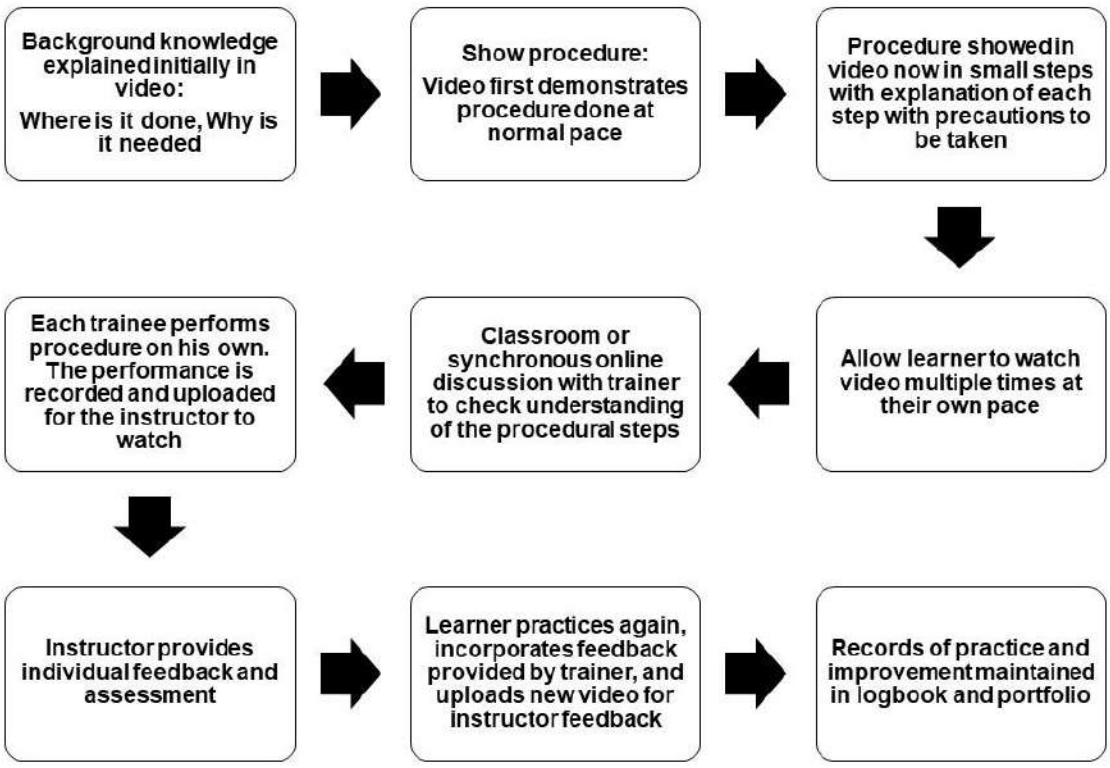
These steps break the task into four components: demonstration, deconstruction, formulation and performance.

Online instructional videos provide learners an opportunity to watch the demonstration and to deconstruct different steps of the skill at the trainee's pace. These videos have the flexibility of being paused and being watched repeatedly at multiple occasions. This is said to help learners understand complex procedures better. This process helps in acquisition and retention of the procedural knowledge.[37] Further, if used in a blended manner, this can be combined with actual performance. The performance phase can be recorded and can be used to provide formative feedback. These videos can be used for

supervision, post-procedure debriefing, providing feedback, assessment and promoting reflection.[37]

Alternatively, these videos can be watched in small groups / online break rooms with discussion.

Fig.3: Suggested training model of how online videos can be used to teach skills



For example, a simple procedural skill such as tying a knot, or suturing needs task-training models. An instructional video can take the trainee through the steps of demonstration and deconstruction. The comprehension step ("trainee talks the trainer through") can be done by using synchronous interactive online sessions with the trainer. The next step of performance ("trainee does") can be recorded. Simple recording devices such as a laptop, smart phone or headgear camera can be used for supervision and recording. The recorded video can be uploaded to obtain feedback and for assessment. The learner can repeat the performance based on the received feedback, and again upload a new video

until he attains the pre-defined level of competence. Feedback provided on these videos have been shown to improve simulation scores, technical skills and even patient safety.[38]

Availability of task training models or kits for all the procedural skills could be a challenge. The learning resource material needs to be developed or acquired depending on the availability, resources and requirements. If common training kits can be made available for all the learners by the institution, it ensures uniformity. For more complex procedural skills, availability of mannequins and online screen-based virtual-reality simulators will be valuable for training, feedback and assessment.

It is possible to prepare peer-reviewed educational videos to teach skills and procedures.[39] People learn effectively from multimedia.[40] Learners have been found to use online videos prepared for conducting OSCEs for self-study of clinical skills.[41]

Teaching health humanities online

Competencies that focus on imbibing appropriate values, ethical conduct, professionalism, interpersonal and communication skills are an important component of the MBBS program. These skills were previously deemed to be obtained passively by observing and associating with senior colleagues in the profession. However now, with the introduction of modules like AETCOM[42], the acquisition of these competencies has been mainstreamed. Many of these outcomes lend themselves to online acquisition with correct lesson planning and appropriate use of technology.

It must be remembered that learning needs should drive the use of any technology and not vice versa. Many of the learning outcomes can be attained by fairly low investment in technology and use of free and open-access resources. We have chosen examples from the AETCOM module[42] to demonstrate how the online learning environment may be used and adapted to help learners acquire requisite competencies.

Example 1. This example uses a first-year communication module that encompasses large group and small group learning, observation skills, collaborative and self-directed learning and formative assessment. This example uses Module 1.4 of the AETCOM booklet[42].

S. No.	Component	Online adaptation	Resources
1.1	Introductory session	Online lecture to large group OR Uploaded recorded lecture with online discussion (flipped classroom format)	Online video platform (subscription or open source) Above + Online repository such as YouTube
1.2	Self-directed learning	Provide assignments that require students to: - research and compile information individually and in groups - prepare and upload reports These reports are then reviewed by faculty and shared with students	Group email OR Online word processing platforms that allow documents to be shared or edited together ± Online video platform that allows group calls
1.3	Small group sessions on improving communication skills	A communication video with common mistakes in communication is prepared with standardized patients This is viewed together by learners A discussion (live or chat box), that elicits student observations of these mistakes and how to correct them, follows	Online video platform (subscription or open source)
1.4	Closure session	A discussion in small groups that summarizes learning and future learning to be done	Online video platform
1.5	Assessment	Students are graded for - Participation in activity and - assessment of self-directed learning	Spreadsheet or an electronic form with components

Example 2. The second example adds the complexity of a skill session. This example uses Module 3.1 of the AETCOM booklet[42].

S.No.	Component	Online adaptation	Resources
2.1	Introductory session	Same as in example 1.1	Same as in example 1
2.2	Small group sessions	Same as in example 1.3	
2.3	Skills lab sessions	A standardized patient is available online for real-time communication. A communication task is provided to the student which is done online. (Ideally the session is recorded and uploaded to the server for retrieval by the student designated peer and preceptor) The standardized patient assesses learners using a check list and comment form and submits it online. He can also be available for the debrief. After the task is completed, the student retrieves the recording of the encounter and records observation, comments and points for improvement The preceptor can view the interaction live OR can retrieve the recorded encounter and review. A debrief opportunity is created between the student and the preceptor where the performance is reviewed and a plan for improvement is made through guided reflection.	Online video platform (subscription or open source) with recording facility (ideal) and ability to retrieve and view (ideal) Online form to collect patient-preceptor and learner impressions of encounter

Example 3: This example describes a way to emulate a team tag-along session. This example uses Module 2.4 of the AETCOM booklet[42].

S.No.	Component	Online adaptation	Resources
3.1	Tag-along session	An identified member of the health care team joins on a video call with the group of students and facilitator. After an initial goal-setting discussion, the member of the health care team does a walkthrough of his or her area talking and taking questions from the students. A front facing camera fixed to the upper garment and earphones are simple and cost-effective workarounds (as opposed to having another person accompanying the team member with a camera). It is important to brief patients and colleagues involved in this session and get necessary permissions for use of videos and images.	Online video platform (subscription or open source) Smart phone to transmit the walk - through to the online platform
3.2	Small group discussion	Can be done immediately following the walk through or later to elicit observations, reflections, summaries and learning	Online video platform (subscription or open source)

Example 4: This example provides a way to emulate a session on empathy. This example uses Module 2.8 of the AETCOM booklet[42].

S.No.	Component	Online Adaptation	Resources
4.1	Patient interviews	With suitable and appropriate permissions students may be allowed to interview family members of patients through an online platform. (If needed, faculty observer can be present to ensure comfort and safety). Logins from different locations of family members allows exploration of feelings of relatives - not proximate to the patient.	Online video platform (subscription or open source)
4.2	Large group discussion	After suitable permissions have been taken, family members are asked to join, speak and answer questions from participants in a large group discussion on a moderated online platform.	Online video platform (subscription or open source)
4.3	Self-directed learning	Lists of online resources such as videos or movies are provided. Students can view them offline - write a report and submit them.	Ability to submit through email or an online submission process
4.4	Closure	Same as in 1.4	
4.5	Formative assessment	Submission of items in 4.3	

Example 5: This example provides an example for emulating an online-case based discussion on medical ethics. This example uses Module 3.2 of the AETCOM booklet[42].

S.No.	Component	Online Adaptation	Resources
5.1	Introduction of the case	A paper case may be posted ahead of time and introduced through a small group online session. Innovation could include a video recording of a patient interview followed by discussion.	Online video platform (subscription or open source)
5.2	Self-directed learning	Same as in 1.2 based on the case provided	
5.3	Anchoring lecture	Same as in 1.1	
5.4	Discussion and closure of case	Same as in 1.4 Additionally, an online role play can be done with two students. Remaining students can identify issues and critique them.	Online video platform (subscription or open source)

From these examples, it may be evident that a good approximation of learning which occurs in a physical environment, can be emulated in an online environment. This requires adequate planning and use of resources even if limited creatively. It must be emphasized that, remote learning is not a substitute to proximal guided learning that a master teacher provides. The use of webcams and phone cams reduce the amount of detail that can be captured in an online system and do not completely replace the aesthetics and immersive experience of a skills lab or patient care setting. However, planning, practice and wise use of technology allows skill acquisition to proceed in an uninterrupted fashion.

Online assessment

Online assessment involves the use of electronic or digital devices to construct or deliver assessment tasks. This may also be used to monitor progress of learners, to mark or grade assessments, and for record keeping of these data. The digital devices can range from simple devices such as smart phones or tablets, to laptops and desktop computers, and can go up to complex simulators and gaming devices.

Role of assessment in online teaching

Assessment can be used in different ways in online teaching. Some of them are as follows:

1. ***Assessment before teaching***: Using short quizzes or tests before starting a topic can be useful for teachers to gauge the baseline knowledge and skills of the students. This can be used to subsequently tailor the teaching according to the level of the learners. This can even be done informally by asking questions before the session starts using the poll option or chat box. Teachers need to know the level of the group as a whole and not individual performance in this situation.

2. ***Assessment during teaching***: This can be done at the level of a course or at the level of a teaching session.

    a. Tests conducted midway between a course help students to self-assess their learning and keep up with the deadlines. They help teachers to make mid-course corrections and give feedback to learners.

    b. It is always a good idea to break up long teaching sessions into smaller sections. This helps students to concentrate. Several simple classroom assessment techniques[42] exist and these are useful as these are quick, anonymous, and non-graded. Techniques such as polls, muddiest point or one-minute paper can help in assessing knowledge, recall, and understanding. Several of these techniques can be adapted to online settings with use of interactive applications. Here key messages from the topic just taught can be asked in an applied form. This helps teachers in knowing whether the concepts just taught have been assimilated by students or not. Again, here group performance will be important rather than individual performance. If most of the students have got the answers wrong, the concept will have to be revisited and explained. Concept maps and one sentence papers can be used to test ability to synthesize knowledge.

Breaks such as these, also give students a chance to ask for clarifications, which they otherwise hesitate to ask.

3. ***Assessment after teaching***: This can be done at the level of a unit or at the level of a course:

    a. After completion of a unit (or some units), formative assessment can be done. Here the purpose will be to assess the performance of the learners, as well as to give feedback about what they have done well and what can be improved.
    b. After the completion of a course, summative assessment is performed to make pass/fail decisions for certification.

4. ***Assessment as learning***: It is customary to classify assessment as formative (assessment *for* learning) and summative (assessment *of* learning). The contemporary trend is to use assessment to facilitate learning. This involves giving students an assessment task which will require them to go through an authentic experience or perform an activity, and thereafter submit a report. For example, students could be asked to go into the community or a hospital ward, interact with certain subjects, read about the topic, and compile their findings and submit their learning in the form of a report. This kind of assessment erases the artificial divide between learning and assessment. This also promotes self-directed learning.

Formats for e-assessment

When online assessments first started, they merely involved transfer of paper-based questions to an online format. However, much of that has now changed. With e-assessment, a whole range of different question formats are possible.

These include multiple choice questions and their variations such as extended matching or assertion-reason type questions. But besides these, there is the possibility of using audiovisual triggers such as clinical photographs, X-rays, gross or microscopic images, graphs, or auscultation sounds. Simulations can be used to develop electronic patient management problems and virtual patient scenarios.

Live interactivity is possible in online assessment which makes it possible to perform virtual OSCE, where students can be assessed using standardized patients or videos. This is useful for assessment of communication skills and history taking skills.

Electronic portfolios can be used to gather evidence of learning. Activity based assessment such as project-based assessment or reflective writing are useful methods

which can assess behavioural competencies which are usually considered ‘immeasurable’.

The different question formats that can be used in online assessment are summarized in Table 14.[44-45]

Table 14: Different question formats that can be used in online assessment

- Multiple choice questions and its variants
- Short answer questions
- Online polls
- Picture based questions based on audiovisual clues
- Electronic Patient Management Problems
- Objective structured video examination (OSVE)
- Projects
- Reflections
- Portfolios

Advantages of automation

Use of well-designed online assessment formats brings in efficiency and ease in marking assignments. Several assessment formats can be automated during their construction phase, reducing subsequent faculty workload. Use of well-constructed rubrics and standard marking formats can make most assessment formats more reliable and fair to learners, by reducing inter-rater variability. It is possible to verify whether students are adhering to deadlines and submitting assessments on time. Monitoring learner progress is simplified as record keeping is much more meticulous and at one’s fingertips.

Rethinking the concept of what to ask

Since online assessment first began by replicating paper-based assessment to computer-based settings, most people presume that it can be used only to test objective assessment questions. However, this is not true. The way students learn, depends heavily on what kind of mental processes are activated by the questions asked during assessment. If questions merely test rote learning, students will veer towards surface learning. When questions asked are more complex, students will start learning deeply and try to connect the dots between different mechanisms. The kind of trigger that we use to ask questions influences the learner’s way of studying differently. This can be done by the following ways (Table 15):

Table 15: How to ask questions differently

What to ask	How to do this and what this does	Example
Ask higher order questions	Rather than asking questions from the lower levels of Bloom's Taxonomy which encourage rote learning, ask questions from the higher levels such as comprehension, application, analysis, synthesis and evaluation. These could be in the form of problem-solving exercises, projects, surveys, or case studies.	Instead of asking: *Enumerate the morphological changes seen in the heart in rheumatic heart disease.* convert it into a higher-order question by simply using a clinical scenario. *If a child with rheumatic fever is not treated, what are the changes that can be expected to be seen in the heart 15 years later?*
Ask integrated questions	Ask questions based on pathophysiology and mechanisms in clinical subjects. Similarly, when teaching basic subjects, the applied relevance must be emphasized. This will help students to form neural connections in their mind and study a subject deeply by understanding the basics rather than merely memorizing it by rote.	Instead of asking: *'What is the action of cyclooxygenase on inflammation?'* the student can be given a scenario like, '*After watching too many webinars, a student has a headache and takes an aspirin to relieve the pain. Which steps of inflammation will be affected by the medication*?'

Build authenticity into questions	When students will finally encounter patients, they are likely to face complex situations. So instead of restricting questions to one chapter or topic, it may be useful to expose them to scenarios where they need to explore their learning beyond unit-wise or department-wise boundaries. Authentic scenarios will help in preparing students for real life patients.	If a question about a treatment of a condition is asked, it may be possible to include details about a co-morbid condition, which could lead to side effects or contradiction to use of a routine drug. If a patient is poor, and a drug cannot be afforded, then that kind of situation can be built into the question. If a patient might not be expected to comply with a regimen, then what choices would a physician have to alter his management?

Assessment in clinical settings

When it comes to assessing clinical competencies, cognitive parts of competencies such as clinical reasoning and communication skills can be assessed online. It is also possible to test heart sounds or visual signs through online platforms. Simple electronic patient management problems or complex AI technology-based virtual patients (computer-based simulations) can be used to test clinical reasoning skills.[46-48]

There have been reports where Objective Structured Video Examinations (OSVE) have been used with some evidence of being valid.[49] In an OSVE, different clinical scenarios were chosen depending upon the clinical and communication skill competencies to be tested. Short patient-clinician interactions, less than 10 minutes long, were scripted and filmed. Each scenario included some deliberate communication skills elements such as greeting the patient, checking for the identity, use of open and closed questions, eye contact, displaying empathy, clearing doubts, summarizing and closing. Some obvious errors in communication were included in the script. Students were expected to watch the video. Thereafter, they were given answer sheets where they had to identify what was done right and what was done badly in the patient-doctor interaction.

However, Holmboe[50] stated that “although simulated patients and other simulation technologies were important and reliable tools for teaching clinical skills and evaluating competence, they cannot substitute direct observation of students’ clinical skills on real patients by the faculty”.

Now, with the availability of software which permits real time interactivity such as Google Meet, Zoom or Skype, students can be observed and assessed on history taking or communication skills using real or standardized patients. These sessions can be recorded easily and assessed. Assessment of communication skills, professionalism and attitudes can be done through use of simulations, standardized patients and online *viva*. This has been discussed earlier. Use of hypothetical scenarios can help in assessing a student's competence in managing complex clinical situations.

With the availability of break-out rooms, several institutes are experimenting with conduct of online or electronic OSCEs. This, however, requires a great deal of coordination and planning so that students move in and out of online OSCE sessions seamlessly. Each room needs presence of cameras and recording equipment. Faculty and standardized patients are needed depending on the stations. Proctoring devices and encryption of data may be essential. This is an expensive affair, and needs involvement of a whole team of faculty, assistants and IT specialists to run smoothly.

Choosing the right assessment tools

The assessment clock model[51] provides educators practical guidance about how to determine the key characteristics of assessment and decide the most suitable assessment tool in a normal or crisis situation. This model is based on van der Vleuten's[52] empirical formula:

> *Utility of assessment = Validity x Reliability x Cost-effectiveness x Acceptability x Educational Impact*

The model can be interpreted to suggest that in normal circumstances, when one is developing a low-stakes examination, more weightage should be given to features like the cost, acceptability and educational impact. For high stakes examinations, validity and reliability are more important characteristics. However, in crisis situations like the Covid-19 pandemic, weightage would be on acceptability and cost issues, especially as we are transitioning to a new method of assessment, and there are issues of fairness and security.[53] Validity and reliability will remain the most important issues for high-stakes examinations like selection examinations and high-quality items must be chosen carefully for inclusion into question banks.

Feedback in online settings

Feedback is a two-way process. Students need to get feedback on how they are performing, while teachers need feedback from students on how their teaching is being received.

When learners are provided with formative feedback, assessment becomes a learning opportunity. Online assessment enables provision of individualized feedback which plays a very important role in enhancing student learning. This can be done using several formats. In case of assessment-related feedback, examples and model answers provide excellent opportunity for the student to compare his performance. This can help one to reflect on the assessment process also.[54] Feedback can be built into assessment, using automation in certain cases. For example, in case of self-assessment modules to be administered at the end of every unit, specific feedback can be built into each option chosen by the learner. Automation easily enables this to be shown to the learner as soon as they have submitted their responses. Another way of providing feedback is to design automated feedback statements based on scores obtained by the learner. This might not be very specific but can provide some guidance to the learner. For faculty, common feedback responses can be designed in the form of macros which need to be inserted by ticking a box, enabling faster marking and provision of specific individualized feedback.

Feedback related to psychomotor skills can be given after viewing recorded videos as explained earlier. The logbook can also be maintained electronically with options for locking after each loop. This can also serve as a permanent record of the progress made by the learner.

If time permits some personal time devoted to each student can be very productive. However, personalized feedback requires lot of time and effort from teachers. To be available to students for voice interactions outside the scheduled sessions can be very helpful, but taxing for the teachers. It may be a good idea to provide fixed time slots for personalized interactions through virtual or telephonic modes.

Group feedback is another technique, where all assignments and feedback are available for all members to view and correct themselves. This also makes the whole process transparent.

One advantage of using online tools is that feedback can be given in the form of small doses which are spaced out throughout the course. Small doses of frequent formative feedback will be more easily accepted and assimilated by learners. Faculty will need to be trained in providing constructive feedback. Use of rubrics and macros can enable specific feedback to be delivered efficiently and at fixed periods, depending on the pace at which learners are progressing.

The issue of plagiarism

A common complaint among teachers is that students tend to copy and paste from online sources. Plagiarism is a universal phenomenon among learners. It will be important to spread awareness about what constitutes plagiarism and why it should not be practiced

among both students and faculty. Use of anti-plagiarism software should become a routine practice. A strict non-tolerance policy against plagiarism needs to be enforced and a culture of academic integrity needs to be slowly encouraged on all campuses.

The cost of online assessment

While there are several free or low-cost software and applications which permit one to conduct low-stakes examinations and classroom assessment easily, using online tools for high-stakes examinations comes at a high cost. However, as the number of users increase, the cost of these software applications is likely to come down.

Proctoring devices are required to eliminate the possibility of student cheating and manipulation. These need to be installed at the level of the Universities and institutions, to prevent copying. Electronic software is available which block the use of other screens when the examination is on. There are ways to monitor eye movement and time away from the camera. These tools can enable examinations to be carried out under surveillance of web cameras. This will incur massive costs and will require storage of huge amounts of electronic data.

It must be remembered that online assessment is not the ultimate solution to all our woes. It must be used in conjunction with face-to-face assessment. However, it does help in reducing faculty workload through automation. To be fully acceptable, we will have to seek tools which make assessment valid, reliable, cost-effective and acceptable.[55] Overall, one cannot ignore the educational impact of using assessment on student learning. Online assessment is now an integral part of the assessment toolbox. It is not a substitute, but a complement to regular face to face assessment.

Quality assurance in online learning

As the use on online modes of teaching and learning increases, it becomes important to monitor the quality of educational processes and determine if the intended educational outcomes have been attained.

Several processes need to be evaluated for quality assurance in online learning.[56-57] These are listed below:

(a) Leadership and management: Policy, vision, mission, goals, planning
(b) Faculty profile and faculty development
(c) Availability of technology, infrastructure and learning resources
(d) Curriculum design
    i. Competencies, learning outcomes and learning objectives
    ii. Instructional methods
    iii. Course activities and learner engagement
    iv. Assessment
    v. Continuous quality improvement and evaluation
(e) Learner support and feedback: learner profile
(f) Learner accessibility and experience

Just as in the traditional classroom, some **benchmarks** are essential to the conduct of online teaching. These include[58]:

- clear planning,
- good infrastructure,
- faculty support to conduct online learning,
- clear standards for good course design,
- clear instructions for students,
- open communication channels between faculty and students,
- regular feedback to students on their progress,
- regular feedback from students on their experience, and
- continuous monitoring and evaluation.

How to conduct blended learning sessions

It is predicted that online learning will continue to be a part of our regular teaching armamentarium even when the pandemic ends, albeit in a blended learning format. **Blended learning is the "thoughtful integration of classroom face-to-face learning experiences with online learning experiences**".[59] Given the experience of online learning that has been gained during the pandemic, it may be useful to continue using it in the post-pandemic phase, in a blended learning format, subject to further deliberations and consensus.

Blending the advantages of face-to-face interactions with online sessions enhances the learning process. Blended learning can:[60]

- Expand the opportunities available for learning,
- Provide information and resources for learners,
- Streamline course management activities,
- Facilitate student engagement through interactivity and group work.

Hallmarks of blended learning:

There are four hallmarks of blended learning (Fig.4). These are:

1. **Seamless integration of online and face-to-face session:**
   The facilitator integrates the face-to-face session with online activities by summarizing the online activity and linking it with the face-to-face session.

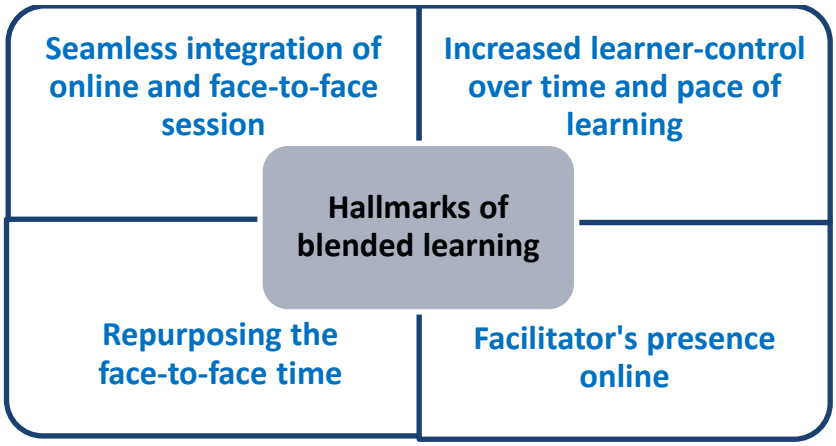
2. **Increased learner control over time and pace of learning:**
   Learners should be able to access the online contents at the time and place of their convenience. There should be flexibility in learning.

3. **Online presence of facilitators:**
   Facilitators should be visible through the online activities. This is possible by providing timely feedback and participation in discussions.

4. **Repurposing the face-to-face time:**
   Traditional class time is replaced with time taken by students to carry out their online learning activities. It is ideal to use the face-to-face learning time to impart higher-order learning and skills, while using the online sessions to recall or deliver basic knowledge and carry out collaborative activities. Blended learning provides

possibilities to repurpose the contact time to facilitate deeper thinking and in-depth learning.

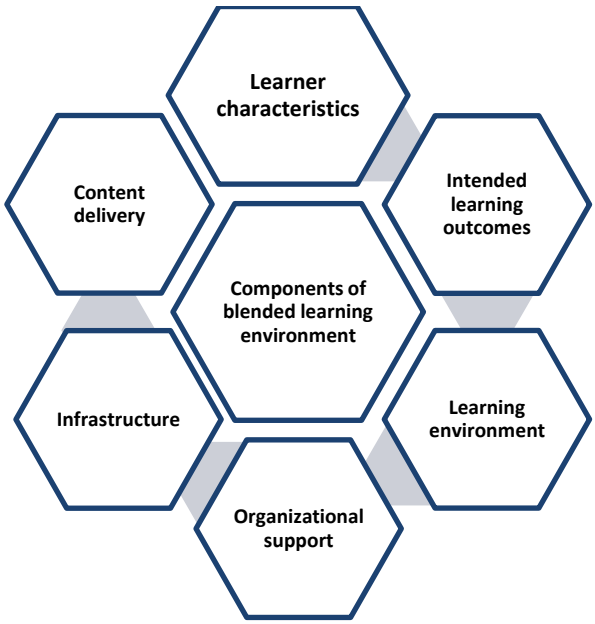
Fig. 4: Hallmarks of blended learning



Components of blended learning

Fig. 5 shows the main components which make up the blended learning environment.

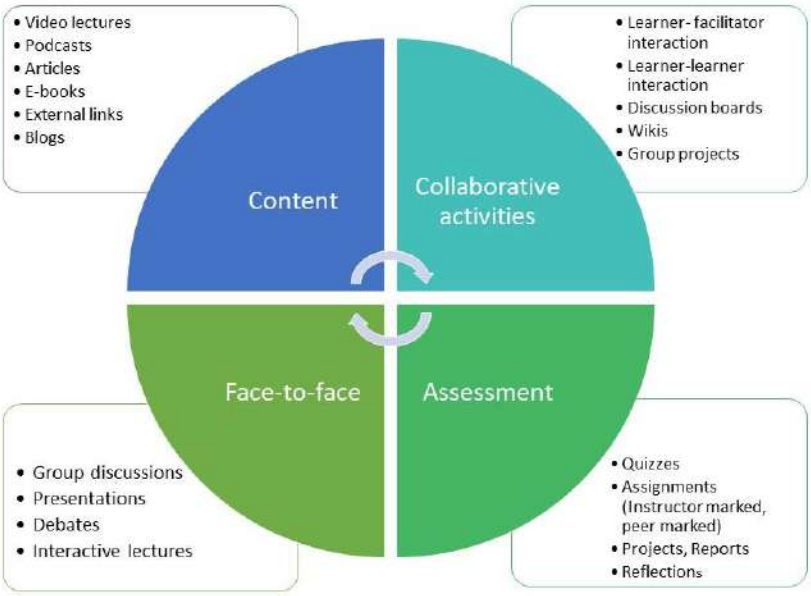
Fig. 5: Main components of the blended learning environment



Designing a blended learning session

The process of blended learning goes through the following steps in a cyclical manner: planning, designing, implementing, reviewing and improving. Fig. 6 shows some of the activities that can be incorporated into blended learning sessions:

Fig. 6: Examples of activities which can be included in blended learning



Questions to be asked while designing online activities

1. How will the learning activity support the intended learning outcomes?
2. What will motivate the learners to engage in online activities?
3. How can the facilitator motivate the learners and encourage to support one another in online learning?
4. Can a learner's activities and tasks be incorporated into continuous assessment, so that the learning activities can conform to the principles of student-centred learning?

EXAMPLE

Here is an example of a blended learning module for undergraduate students of final MBBS (Part II):

BLENDED LEARNING MODULE ON CORONARY ARTERY DISEASE

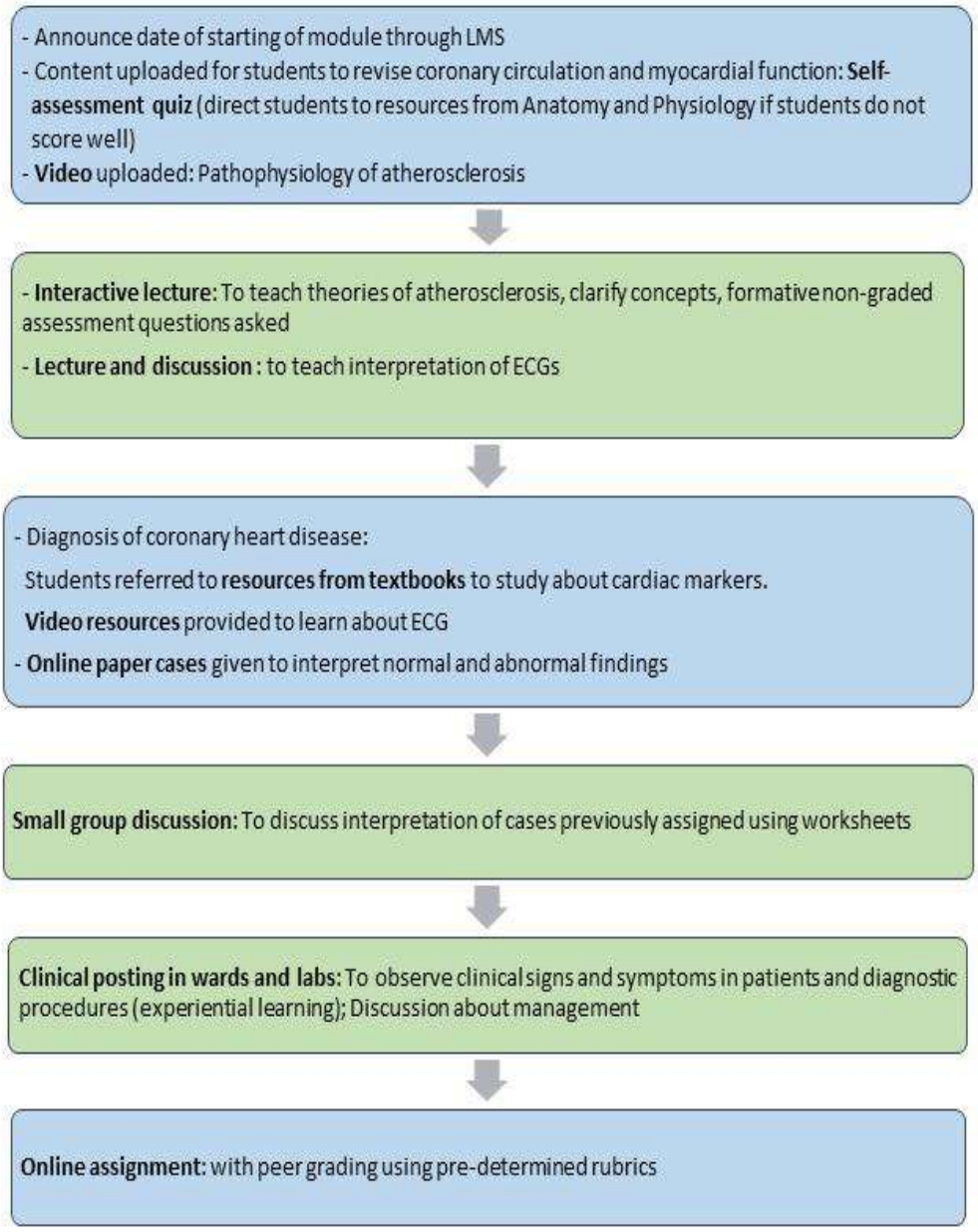
Learning objectives:
On the completion of this module, the learner should be able to:

- Describe the etiopathogenesis of coronary artery disease
- Choose the correct approach to diagnose coronary artery disease
- Apply the right medical and surgical approaches to manage a case of coronary artery disease

Fig. 6: Online and face-to-face components of a blended learning module on coronary artery disease

- Face-to-face

- Online component



Advantages of Blended Learning

1. Improved content access to the learners,
2. Learner-centered teaching,
3. Improves communication, creativity, collaboration and critical thinking among learners,
4. Inculcate life-long learning skills,
5. Provides greater flexibility to the learners.

Challenges:

1. Creating infrastructure to deliver online contents,
2. Training faculty members in the process,
3. Providing accessibility to the learners,
4. Organizational culture and support.

Blended learning is an effective method which is student centric and provides flexibility to learners. It must be adapted to meet the needs of the new digitally savvy learners.

EPILOGUE

The concept of triage

During the Covid- 19 pandemic, most faculty have been involved in clinical care, and learners had to be off campus due to safety concerns. Medical education had to take a back seat. Clinical teaching, specially, has been disrupted in these unprecedented circumstances. At a time like this, we will have to take some difficult decisions to cater to our immediate needs and mitigate the long-term negative consequences. We will have to evaluate the feasibility of what can be done and triage our resources. At all levels, we will have to determine: (a) what activities can be continued, (b) what activities should be postponed, (c) what activities can be adapted to another format and what remedial action/s need to be taken, (d) what activities should be dropped, and (e) what new activities need to be added.[61] For example, if clinical teaching cannot be conducted during the pandemic, one has to assess which parts can be converted into video or online teaching, and what needs to be postponed for later. Batches of students who have missed certain competencies must be taught and assessed on those competencies, once the campus is safe for on-site classes. If Covid- 19 related competencies were not being taught earlier, they have to be added to the curriculum. This kind of mapping of competencies where sacrifices and difficult choices to be made are charted out, is useful in a crisis. These kinds of negotiations must be made reflecting on the ultimate impact on medical education in the future.

Sharing resources

Since most institutes face a resource crunch, it is advisable to share resources such as instructional videos and skills laboratories between institutes. Preparing instructional videos is time consuming and needs trained resource faculty. Once these instructional videos are prepared, they can be reused, and a library of such videos can be developed as collaborative project between the institutions or Universities for common use. Colleges of one region can collaborate and create electronic question banks using the concept of consortia. All participating institutes will need to contribute good quality questions which are validated to the question bank. Administrative costs of maintaining the question bank can be shared between all participating institutes.

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NATIONAL MEDICAL COMMISSION

NOTIFICATION

New Delhi, the 18th November, 2021

No. UGMEB/NMC/Rules & Regulations/2021/ .— In exercise of the powers conferred by section 57 read with sub-section (1) of section 24 of the National Medical Commission Act, 2019 (30 of 2019), the National Medical Commission hereby makes the following regulations namely:-

1. Short title and commencement.— (1) These regulations may be called the National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.

(2) They shall come into force on the date of their final publication in the Official Gazette of India.

2. Definitions.— (1) In these regulations, unless the context otherwise requires,—

(a) "Act" means the National Medical Commission Act, 2019 (30 of 2019);

(b) "Commission" means the National Medical Commission constituted under section 3 of the Act;

(c) "Curriculum" includes the elements detailed in Schedule III;

(d) "Foreign Medical Graduate" shall have the meaning assigned to it in clause (c) of regulation 2 of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021;

(e) "Intern" means a medical graduate undergoing compulsory rotating internship training under these regulations;

(f) "Log Book" means an official document chronicling the performance of an intern and a record of the work done, procedures performed and competencies achieved by him;

(g) "Mentor" shall mean an appropriately qualified and trained medical teacher and senior to the trainee, who guides the trainee in all aspects of graduation, such as, education, skill enhancement, research work and ethical values;

(h) "Notification" means a notification published in the Official Gazette and the expression "notify" shall be construed accordingly;

(i) "Permanent Registration" is the registration of eligible persons with a duly recognised primary medical qualification as regulated under the provisions of Chapter VI of the Act, that provides license to an individual to independently practice modern scientific system of medicine or allopathy in India;

(j) "Primary Medical Qualification" means a medical graduation degree, such as, Bachelor of Medicine and Bachelor of Surgery (MBBS) conferred in India or an equivalent qualification of any country other than India or an

erstwhile licentiate qualification of India granted under the Indian Medical Council Act, 1956 (102 of 1956), which are in force as on the date of commencement of the Act that continues to be in force till the date of their expiry for all purposes, as if they had been issued or granted under the provisions of the Act or the rules or regulations made thereunder;

(k) "Schedule" means the Schedule annexed to these regulations;

(l) "University" shall have the same meaning assigned to it in clause (*f*) of section 2 of the University Grants Commission Act, 1956 (3 of 1956) and includes a health University in India or an equivalent institution outside India that has a Medical faculty duly recognised in that country.

(2) Words and expressions used in these regulations and not defined herein but defined in the Act shall have the respective meanings assigned to them in the Act.

3. Internship to be an integral part of undergraduate medical education.— Without prejudice to the provisions of these regulations, compulsory rotating medical internship shall be an integral part of undergraduate medical education degree.

4. Bar on licence to permanent registration.—No medical graduate shall be eligible to permanent registration to practice medicine in India unless he undergoes the compulsory rotating medical internship in India as provided in Schedule II.

5. Duration and Period of Internship— The overall duration of compulsory rotating medical internship shall not be less than twelve months and institutions or hospitals from where it may be undergone shall be such as specified in Schedule I and shall be completed within a period of two years from the date of qualifying credentials to pursue compulsory rotating medical internship.

6. Quality of internship.— No medical graduate shall be considered to have undergone compulsory rotating medical internship unless—

(a) all the essential (practical) aspects of medicine in the areas specified in the Schedule III and IV are completed during the internship; and

(b) the entire course of internship is done under active supervision of the mentor duly qualified in that respect, and the mentor has duly issued certificate in that respect, as per the proforma provided in Schedule IV

7. Qualifications of mentor.— No person shall be eligible either to supervise a medical internee or certify the completion of compulsory rotating medical internship, unless he possesses all the qualifications specified in Schedule IV.

8. The Dean/ Principal/ Director or any other equivalent authority shall be responsible for implementation of these Regulations.

SCHEDULE - I

[*See* regulation5]

DURATION and PERIOD OF CRMI

1. Total Duration

Every candidate shall be required to undergo a compulsory rotating medical internship (CRMI) for a minimum period of twelve months, to the satisfaction of the college authorities and the University concerned after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ National Exit Exam for MBBS (Next), so as to be eligible for the award of the MBBS degree by the respective Universities.

2. Period for Completion

(a) The Internship shall be completed within two years of passing the final MBBS or Foreign Medical Graduate Examination (FMGE) or NExT Step-1 examination, whenever in force.

(b) The minimum duration of compulsory rotating medical internship may be extended appropriately by a reasonable period on recommendation by the College or University for reasons including but not limited to:

(i) insufficient period of attendance; or

(ii) any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.

(c) The duration of internship may be curtailed or temporarily suspended or even withdrawn or cancelled at any time by the institution or University according to the prevailing rules or regulations of the relevant authority, provided–

(i) the registrant, due to any reason whatsoever, desires not to pursue CRMI; or

(ii) the registrant is not found to have fulfilled eligibility requirements; or

(iii) there are proven acts of indiscipline; or

(iv) there are proven acts of professional misdemeanor or misconduct; or

(v) any other acts or actions including those violating law of the land.

(d). An intern shall be allowed to avail the following leaves;-

A. Normal Leave:

(i) Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.

(ii) The entire period of fifteen days cannot be availed during any of the one week or two weeks postings applicable to a single department or specialty

B. Maternity Leave:

(i) Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations of the Central Government or State Government, as may be applicable

C. Paternity Leave: Male interns may be permitted paternity leave for two weeks either in continuation or in intervals of one week each within one year of internship.

D. Medical Leave:

(i) Medical Leave shall be included within the fifteen days of normal leave.

(ii) Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board.

E. The internship shall be extended if the leave of absence of any kind exceeds beyond this period:

(i) The period of extension shall be equivalent to the period beyond permissible fifteen days of leave.

(ii) The internship shall be repeated only in the department or specialty wherein the above extension is necessary.

SCHEDULE- II

(*See* Regulation 4)

ELIGIBILITY CRITERIA FOR COMPLETION OF CRMI

The following requirements need to be fulfilled to be eligible for CRMI.

1. Indian Medical Graduates

(a) The applicant should have successfully completed the MBBS course of any University from a college or institution approved and recognised by the Commission and listed by the Undergraduate Medical Education Board under the provisions of section **35** of the Act.

(b) The qualifying examination for Indian Medical Graduates shall be in accordance with the applicable rules and regulations of the Commission at the time of commencement of internship;

(i) The Final MBBS Examination of various Universities or institutions of India;

(ii) The National Exit Test (NExT) Step-1 held under sub-section (1) of section **15** of the Act whenever this examination becomes operational;

(iii) Any other requirement as may be regulated or notified by the Central Government or, as the case may be, the Commission.

(c) All Indian Medical Graduates shall complete their entire period of compulsory rotating internship training (CRMI) in the institution where they have pursued and completed their Bachelor of Medicine and Bachelor of Surgery (MBBS);

(i) One-year approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre- registration training detailed above; and such training shall, as far as possible, be at the Base or General Hospital. The training in Community Medicine should fulfill the norms of the NMC as proposed above. However NExT step 2 will be mandatory for these candidates also.

2. Foreign Medical Graduates

(a) All Foreign Medical Graduates, as regulated by the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, are required to undergo internship at par with Indian Medical Graduates if they desire to seek Permanent Registration to practice Medicine in India.

(i) All Foreign Medical Graduates, unless otherwise notified shall be required to undergo CRMI at par with Indian Medical Graduates after the National Exit Test Step-1 after NExT becomes operational.

(b) Indian citizens (including overseas Indian citizens) who are Foreign Medical Graduates who do not fall under the purview of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021shall be regulated by the provisions of sub-section (3) of section **13** of the Indian Medical Council Act, 1956 (102 of 1956) in accordance with the Advisory no MCI-203(1)(Gen)/2020- Regn./118239, dated the 2nd September, 2020 and shall be required to complete CRMI in India if they have not undergone such practical training after obtaining such qualification as may be required by the rules and regulations in force in the country granting such qualification or has not undergone any practical training in that country.

(c) Foreign Medical Graduates who require to complete a period of Internship shall do so only in medical colleges or institutions approved for providing CRMI to Indian Medical Graduates;

(i) Foreign Medical Graduates may be posted first in colleges which have been newly opened and have yet to be recognized;

(ii) May be posted to different medical colleges or institutions through a counseling or seat allocation process based on the merit;

(iii) Medical colleges or institutions may allow up to 7.5 per cent of their permitted quota of interns to accommodate internship by Foreign Medical Graduates.

(d) The college or institution and its affiliated hospitals and Community Health Centres shall be recognised by the Commission for conducting the CRMI programme

SCHEDULE- III

[*See* regulation 2(c)]

CURRICULUM AND SPECIALITIES OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)

1. DISCIPLINE

(a).COMMUNITY MEDICINE The aim of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and recognize the importance of community involvement. He/she shall acquire competence to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands-on experience in the District Hospital and Primary Health Centre. The details are as under: -

(i) 12 weeks (Total): Community Medicine (compulsory residence in center)

(ii) 3 weeks: General Medicine

(iii) 3 weeks: General Surgery

(iv) 3 weeks: Obstetrics and Gynecology

(v) 3 weeks: Community Medicine

District Hospital /Community Health Centre:

A. Tasks an intern must be able to do without assistance:

1. An intern must:

(a) Be able to diagnose common ailments and advise primary care;

(b) Demonstrate knowledge on 'Essential drugs' and their usage;

(c) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.

2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.

3. An intern must:

(a) Gain full expertise in immunization against infectious disease;

(b) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;

(c) Learn skills in family welfare planning procedures.

4. An intern must:

(a) Gain capabilities to conduct programmes on health education;

(b) Gain capabilities to use Audio visual aids;

(c) Acquire capability of utilization of scientific information for promotion of community health.

B. An intern must have observed or preferably assisted at the following:

1. An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental or social agencies.

2. An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

Taluka Hospital/ First Referral Unit/ CHC

A. An intern must be able to do without assistance:

1. An intern shall provide health education to an individual/community on:

(a) tuberculosis;

(b) small family, spacing, use of appropriate contraceptives;

(c) applied nutrition and care of mothers and children;

(d) immunization.

B. An intern must be able to do with supervision:

An intern shall attend at least one school health programme with the medical officer.

Primary Health Centre / Urban Health Centre

A. An intern must be able to do without assistance the following:

(a) Participate in family composite health care (birth to death), inventory of events;

(b) Participate in use of the modules on field practice for community health, e.g., safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders, etc;

(c) Participate in and maintain documents related to immunisation and cold chain;

(d) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure, etc.

B. An intern must be able to do under supervision the following:

(a) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception, etc.);

(b) Undergo village attachment of at least one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres;

(c) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

(b). GENERAL MEDICINE

1. Goal:-The aim of posting of an intern in General Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

2. An intern must have observed/assisted or preferably performed at the following ope rations/procedures:

(a) Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy;

(b) Therapeutic procedures;

(c) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration;

(d) Cerebrospinal Fluid (CSF) aspiration, Air way tube installation;

(e) Oxygen administration, etc.;

(f) **Biopsy Procedures**: Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, nasal/nerve/skin smear for leprosy under supervision;

(g) **Skills that an intern should be able to perform under supervision:**

(i) should be familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser;

(ii) should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non- communicable diseases and tuberculosis, HIV patients, etc.;

(iii) should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements;

(iv) should be able to demonstrate understanding of the coordination with local and national epidemic management plans;

(v) should be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

(c). PSYCHIATRY

1. Goal:-The aim of posting of an intern in Psychiatry is to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. He/she should also be able to recognize the behavioral manifestations of systemic illnesses and differentiate them from psychiatric disorders.

2. Therapeutic-

A. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Diagnose and manage common psychiatric disorders;

(ii) Identify and manage psychological reactions;

(iii) Diagnose and manage behavioral disorders in medical and surgical patients;

(iv) ECT administration;

(v) Therapeutic counseling and follow-up.

(d). PEDIATRICS

1. Goal:

The aim of posting of an intern in Pediatrics is to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

An intern must have observed / assisted or preferably performed the following procedures:

(i) diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information;

(ii) Diagnostic techniques: blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine;

(iii) Techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling;

(iv) Use of equipments**:** vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;

(v) Institute early management of common childhood disorders with special reference to paediatric dosage and oral rehydration therapy;

(vi) Screening of new born babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;

(vii) Recognise growth abnormalities; recognise anomalies of psychomotor development;

(viii) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:

- protein-energy malnutrition
- deficiencies of vitamins especially A, B, C and D;
- Iron deficiency

2.2 Skills that an intern should be able to perform under supervision:

(i) An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.

(ii) An intern should be able to advise about management and prognosis of acute and chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

(e). GENERAL SURGERY

1. Goal-The aim of posting of an intern in General Surgery is to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.

2. Therapeutic-

A. An intern must have observed / assisted or preferably performed the following procedures:

(i) venesection or venous access;

(ii) tracheostomy and endotracheal intubation;

(iii) catheterization of patients with acute retention or trocar cystostomy;

(iv) drainage of superficial abscesses;

(v) basic suturing of wound and wound management (including bandaging);

(vi) biopsy of surface tumours;

(vii) perform vasectomy.

B. **Skills that an intern should be able to perform under supervision**:

(i) Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel patients regarding the same;

(ii) Advise about rehabilitation of patients after surgery and assist them for early recovery;

(iii) Should be able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements;

(iv) Should be able to demonstrate understanding of the use of national and state/ local cause of death statistics**.**

C. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Resuscitation of critical patients;

(ii) Basic surgical procedures for major and minor surgical illnesses;

(iii) Wound dressings and application of splints;

(iv) Laparoscopic/ Minimally Invasive surgery;

(v) Lymph node biopsy.

(f). ANESTHESIOLOGY

1. **Goal**:- The aim of posting of an intern in anaesthesia is to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

2. THERAPEUTIC-

A. **An intern must have observed or preferably assisted in**:

(i) Pre-anaesthetic checkup and prescribe pre-anaesthetic medications;

(ii) Venepuncture and set up intravenous drip;

(iii) Laryngoscopy and endotracheal intubation;

(iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks;

(v) Simple general anaesthetic procedures under supervision;

(vi) Monitor patients during anaesthesia and in the post-operative period;

(vii) Maintain anaesthetic records;

(vii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

B. **Skill that an intern should be able to perform under supervision**:

(i) Counseling and advise regarding various methods of anaesthesia;

(ii) Recogniseproblems associated with emergency anaesthesia;

(iii) Recognise and assist in treating complications in the post-operative period.

C. An intern must have observed or preferably assisted at the following operations/ procedures

Anaesthesia for major and minor surgical and other procedures.

(i). OBSTETRICS AND GYNAECOLOGY

1. **Goal-**The aim of posting of an intern in Obstetrics &Gynaecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labor and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.

2. THERAPEUTIC-

A. An intern must perform or assist in:

(i) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalo-pelvic disproportion;

(ii) Diagnosis of pathology of pregnancy related to:

- abortion;
- ectopic pregnancy;
- tumours complicating pregnancy;
- acute abdomen in early pregnancy;
- hyperemesis gravidarum;

(iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;

(iv) Induction of labor and amniotomy under supervision, Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perennial tears,

(v) Assist in forceps delivery;

(vi) Detection and management of abnormalities of lactation;

(vii) Evaluation and prescription oral contraceptives with counseling;

(viii) Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;

(ix) Medico-legal examination in Gynecology and Obstetrics.

B. Skills that an intern should be able to perform under supervision:

(i) Dilatation and curettage and fractional curettage;

(ii) Endometrial biopsy;

(iii) Endometrial aspiration;

(iv) Pap smear collection;

(v) Intra Uterine Contraceptive Device (IUCD) insertion;

(vi) Mini-lap-ligation;

(vii) Urethral catheterization;

(viii) Suture removal in post-operative cases;

(ix) Cervical punch biopsy.

C. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Major abdominal and vaginal surgery cases;

(ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

(j). ORTHOPAEDICS

1. Goal:- The aim of posting of an intern in Orthopaedics and Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis and common congenital deformities such as congenital talipesequinovarus (CTEV) and dislocation of hip (CDH).

2. THERAPEUTIC-

A. An intern must have observed or preferably assisted in:

(i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint;

(ii) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles' fracture;

(iii) Manual reduction of common dislocations – interphalangeal, metacarpo-phalangeal, elbow and shoulder dislocations;

(iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;

(v) Emergency care of a multiple injury patient;

(vi) Transport and bed care of spinal cord injury patients.

B. Skill that an intern should be able to perform under supervision:

(i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;

(ii) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand.

C. An intern must have observed or preferably assisted at the following operations:

(i) Drainage for acute osteomyelitis;

(ii) Sequestrectomy in chronic osteomyelitis;

(iii) Application of external fixation;

(iv) Internal fixation of fractures of long bones.

(k). PHYSICAL MEDICINE AND REHABILITATION

1. Goal:-The aim of posting of an intern in Physical Medicine & Rehabilitation is to impart such knowledge and skills that may enable him/ her to diagnose and treat common rheumatologic, orthopedic and neurologic illnesses requiring physical treatment. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTIC-

A. An intern must have observed or preferably assisted in:-

(i) Diagnosing and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations, etc.;

(ii) Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions;

(iii) Procedures of fabrication and repair of artificial limbs and appliances.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Use of self-help devices and splints and mobility aids;

(ii) Accessibility problems and home-making for disabled;

(iii) Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee, etc.;

(iv) Therapeutic counselling and follow-up.

(l). OTORHINOLARYNGOLOGY (ENT)-

1. Goal:- The aim of posting of an intern in ENT is to impart such knowledge and skills that may enable him to diagnose and treat common otorhinolaryngological conditions such as ear pain, foreign bodies and acquire ability for a comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including emergencies and malignant neoplasms of the head and neck.

2. THERAPEUTIC

A. An intern must have observed or preferably assisted in:

(i) Ear syringing, antrum puncture and packing of the nose for epistaxis;

(ii) Nasal douching and packing of the external canal;

(iii) Removing foreign bodies from nose and ear;

(iv) Observing or assisting in various endoscopic procedures and tracheostomy.

B. Skill that an intern should be able to perform under supervision-

(i) Intern shall have participated as a team member in the diagnosis of various ENT-related diseases and be aware of National programme on prevention of deafness;

(ii) Intern shall acquire knowledge of various ENT related rehabilitative programmes**.**

C. An intern must have observed or preferably assisted at the following operations/ procedures:

Intern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems.

(m). OPHTHALMOLOGY

1. Goal:- The aim of posting of an intern in ophthalmology is to impart such knowledge and skills that may enable him to diagnose and treat common ophthalmological conditions such as Trauma, Acute conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision.

2. THERAPEUTIC-

A. An intern must have observed or preferably assisted in:

(i) Sub-conjunctival injection;

(ii) Ocular bandaging;

(iii) Removal of concretions;

(iv) Epilation and electrolysis;

(v) Corneal foreign body removal;

(vi) Cauterizationofcorneal ulcers;

(vii) Chalazion removal;

(viii) Entropion correction;

(ix) Suturing conjunctival tears;

(x) Lids repair;

(xi) Glaucoma surgery (assisted);

(xii) Enucleation of eye in cadaver.

B. Skill that an intern should be able to perform under supervision:

Advise regarding methods for rehabilitation of the blind.

C. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Assessment of refractive errors and advise its correction;

(ii) Diagnose ocular changes in common systemic disorders;

(iii) Perform investigative procedures such as tonometry, syringing;

(iv) direct ophthalmoscopy, subjective refraction and fluorescin staining of cornea.

(n). FORENSIC MEDICINE AND TOXICOLOGY

1. Goal:- The aim of posting of an intern in Forensic Medicine and Toxicology is to impart such knowledge and skills that may enable him to identify and know the basic procedures related to medico-legal cases.

If the college/ institute is deficient in autopsy facilities, MOU shall be signed with center in the same district so as to provide training to interns.

2. An intern must have observed or preferably assisted in:

(i) Documentation and certification of trauma;

(ii) Diagnosis and certification of death;

(iii) Legal documentation related to emergency cases;

(iv) Certification of medical-legal cases e.g. Age estimation, sexual assault, etc.;

(v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.

B. An intern must have observed a medico-legal autopsy/ post-mortem.

XIII. LAB SERVICES CONSISTING OF CLINICAL PATHOLOGY, LABORATORY MEDICINE, BIOCHEMISTRY AND HEMATOLOGY SERVICES ALONG WITH BLOOD BANKING

An intern must be able to PERFORM without assistance and interpret the results of the following laboratory investigations:

(i) Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites;

(ii) Urine: (Routine chemical and microscopic examination);

(iii) Stool: (for ova/cyst and occult blood);

(iv) Blood Banking: Blood grouping (manual), saline cross-matching;

(v) Sputum and throat swab for Gram stain and acid-fast stain;

(vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear;

(vii) Performing blood sugar test by glucometer;

(viii) Pleural and ascitic fluid for routine chemistry and microscopy;

(ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper order;

(x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations;

(xi) Fill requisition forms appropriately.

(o). CASUALTY SERVICES/ EMERGENCY MEDICINE

1. Goal:-The aim of posting of an intern in casualty is to impart such knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first-line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.

2. THERAPEUTIC-

A. An intern must perform or assist in:

(i) Identification of acute emergencies in various disciplines of medical practice;

(ii) Management of acute anaphylactic shock;

(iii) Management of peripheral-vascular failure and shock;

(iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF);

(v) Emergency management of drowning, poisoning and seizure;

(vi) Emergency management of bronchial asthma and status asthmaticus;

(vii) Emergency management of hyperpyrexia;

(viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries;

(ix) Assessment and administering emergency management of burns;

(x) Assessing and implementing emergency management of various trauma victims;

(xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico-legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

B. Skill that an intern should be able to perform under supervision:

(i) Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same;

(ii) Electrocardiogram(ECG);

(iii) Routine radiographs of chest, abdomen, skull, etc.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Resuscitation of critical patients;

(ii) documentation medico legal cases;

(iii) management of bleeding and application of splints.

(p)DERMATOLOGY, VENEREOLOGY AND LEPROSY

Goal:-The aim of posting of an intern in Dermatology, Venereology & Leprosy is to impart such knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, and cutaneous manifestations of systemic illnesses.

2. THERAPEUTIC-

A. At the end of internship an intern must be able to:

(i) Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies;

(ii) Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.

B. An intern must have observed or preferably assisted at the following procedures:

(i) Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases;

(ii) Skin biopsy for diagnostic purpose.

(q). RESPIRATORY MEDICINE-

Goal:-The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTIC –

A. An intern must perform or assist in:

(i) Diagnosing and managing common respiratory disorders and emergencies;

(ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests;

(iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses**.**

B. An intern must have observed or preferably assisted at the following operations/ procedures:

(i) Laryngoscopy;

(ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo- thoracic drainage aspiration;

(iii) Therapeutic counseling and follow up**.**

(r). RADIO-DIAGNOSIS

1. Goal:-The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and prepare patients for various radiologic procedures.

A. An intern must acquire competency in:

(i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis;

(ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT Scans with emphasis on fractures and head injuries;

(iii) Recognising basic hazards and precautions in radio-diagnostic practices specially related to pregnancy;

(iv) Demonstrating awareness of the various laws like Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).

2. SPECIALTIES FOR TRAINING:

(a) Time Distribution for Internship- An intern shall be posted by rotation as specified in the Table below:-

Sr. No.	Nature of Posting	Department / Specialty	Duration	Remarks
(1)	(2)	(3)	(4)	(5)

1.	Mandatory Exclusive	Community Medicine	12 weeks	(a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with rotation of: (i) 3 weeks- General Surgery (ii) 3 weeks- General Medicine (iii) 3 weeks- Obstetrics and Gynaecology (iv) 3 weeks- Community Medicine (b) Not more than 15 interns at any given time in one centre (c) As provided in the Minimum Requirements for Annual MBBS Admissions Regulations (2020) section A.1.14 related to Community Medicine must be followed.
2.	Mandatory Exclusive	General Medicine	6 Weeks	Includes postings in out- patient, in-patient wards and admission day emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)
3.	Mandatory Exclusive	Psychiatry	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies
4.	Mandatory Exclusive	Pediatrics	3 weeks	Includes postings in Out- patient, In-patient wards and Admission Day Emergency postings and exposure to Neonatal or Pediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)
5.	Mandatory Exclusive	General Surgery	6 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency and both Minor and Major Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units (ICUs)
6.	Mandatory Exclusive	Anesthesiology and Critical Care	2 weeks	Includes postings in Operation Theatre, Intensive Care Units, Basic Life Support (BSL) training and additionally Pain Clinic and Palliative Care, if available
7.	Mandatory Exclusive	Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU), Intensive Care Units (ICU)and Family Planning methods
8.	Mandatory Exclusive and Concurrent PMR with Orthopedics	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out- patient, In-patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) may run concurrent in afternoons/mornings equivalent to 4 half-days (14% of total postings)

9.	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures
10.	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings
11.	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12.	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
13.	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
14.*	Electives Exclusive*	Broad Specialties Group	4 weeks total; 2 weeks minimum,	• Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Center • Radio diagnosis • Lab Medicine • Geriatric Medicine
15.*	Electives Exclusive	Indian Systems of Medicine	1 week	***May** choose any:* • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa

***Note 1: Electives may be selected by candidates as per their choice:**

- **Distribution for electives:**

- Major broad specialty: One minimum for 1 week

- Remaining 3 weeks- Any broad specialty or 2 weeks for broad specialty and 1 week for AYUSH

- Indian systems of Medicine: Optional any one for 1 week. If the college does not have facilities for Electives in AYUSH, an Memorandum of Understanding (MOU) with any Government institution in the same town/ city / district may be established by the college; training must be certified by the mentor with the concurrence of college/ institution where the candidate is enrolled for MBBS.

Note 2: Exposure of interns is mandatory in the following relevant areas during posting for training in clinical departments, namely:—

(i) Laboratory Medicine and Clinical Biochemistry;

(ii) Histopathology and Cytopathology;

(iii) Hematology, and Transfusion Medicine / Blood Bank;

(iv) Microbiology (including Virology);

(v) Hospital Infection Control, Biomedical Waste Management, Central Sterile Supply Units;

(vi) Medical Record Keeping;

(vii) Hospital Information Services.

3. CERTIFIABLE PROCEDURAL SKILLS

A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate that should be included in log books

Specialty	Procedure
General Medicine	• Venipuncture (I) • Intramuscular injection (I) • Intradermal injection (D) • Subcutaneous injection (I) • Intra Venous (IV) injection(I) • Setting up IV infusion and calculating drip rate (I) • Blood transfusion (O) • Urinary catheterization (D) • Basic life support (D) • Oxygen therapy (I) • Aerosol therapy / nebulization (I) • Ryle's tube insertion (D) • Lumbar puncture (O) • Pleural and asciticfluid aspiration (O) • Cardiac resuscitation (D) • Peripheral blood smear interpretation (I) • Bedside urine analysis (D)
General Surgery	• Basic suturing (I) • Basic wound care (I) • Basic bandaging(I) • Incision and drainage of superficial abscess(I) • Early management of trauma (I) and trauma life support(D)
Orthopedics	• Application of basic splints and slings(I) • Basic fracture and dislocation management (O) • Compression bandage (I)
Obstetrics	• Obstetric examination(I) • Episiotomy(I) • Normal labor and delivery (including partogram) (I)
Gynecology	• Per Speculum (PS) and Per Vaginal (PV) examination(I) • Visual Inspection of Cervix with Acetic Acid (VIA) (O) • Pap Smear sample collection & interpretation (I) • Intra- Uterine Contraceptive Device (IUCD) insertion & removal(I)
Pediatrics	• Neonatal resuscitation(D) • Setting up Pediatric IV infusion and calculating drip rate (I) • Setting up Pediatric Intraosseous line (O)
Forensic Medicine	• Documentation and certification of trauma (I) • Diagnosis and certification of death(D) • Legal documentation related to emergency cases (D) • Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D) • Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D
Otorhinolaryngology	• Anterior nasal packing (D) • Otoscopy (I)

Ophthalmology	• Visual acuity testing (I) • Digital tonometry(O) • Indirect ophthalmoscopy (O) • Epilation (O) • Eye irrigation(I) • Instillation of eye medication (I) • Ocular bandaging(I)
Dermatology	• Slit skin smear for leprosy(O) • Skin biopsy(O) • Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (D) • Dark ground illumination (O) • Tissue smear (O) • Cautery - Chemical and electrical (O)
Pathology and Blood Banking	• Peripheral blood smear preparation, staining and interpretation (I) • Urine routine and microscopy examination (I) • Manual blood sugar estimation (I) • CSF examination (I) • Blood grouping (I) • Saline cross match method (I)
Microbiology	• Gram's stained smear interpretation (I) • KOH examination of scrapings for fungus (I) • Dark ground illumination (O) • ZN stained smear interpretation (I) • Wet mount examination of stool for ova and cysts (I) • Identification of blood parasites on PBS (I)
Pharmacology	• Writing a prescription (D) • Audit of a given prescription (D) • Recognize an adverse drug reaction (I) • Be able to prepare a list of essential drugs for a healthcare facility
Applied Anatomy	• Identification of structures on X-rays/ ultrasound
Applied Physiology	• Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV) (O) • Perform, analyze, and interpret measurements of cardiac and vascular function (e.g. HR, BP, ECG) (D) • Interpret blood parameters (e.g. hematocrit/red blood cell count, lactate, glucose) (I) • Perform, analyze, and interpret CNS function (e.g. nerve conduction velocity, EMG, cranial nerve examination) (D)
Applied Biochemistry	• Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D) • Estimate serum total cholesterol, HDL cholesterol, triglycerides(D) • Estimate serum bilirubin, SGOT/SGPT/alkaline phosphatase (D) • Estimate calcium and phosphorous(D)
Biomedical waste management	• Segregation and disposal of sharps, plastics, OT material, HIV/ HBsAg/ HCV/ corona virus infected material (O)

I: Independently performed on patients

O: Observed in patients or on simulations

D: Demonstration on patients or simulations and performance under supervision in Patients

SCHEDULE-IV

(*See* regulation6 (b) and 7)

1. MENTOR- A mentor for intern shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of the Department concerned.

2. ASSESSMENT

(i) The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works.

(ii) Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training;

(a) The assessments shall predominantly test clinical/ practical skills.

(b) Feed-back mechanisms must be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.

(c) Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.

(d) The Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship.

(e) Interns shall have to undergo an eligibility licentiate test/NExT step-2 whenever duly notified as a requisite to granting of Permanent Registration/ license to practice.

3. STIPEND

(a) All interns shall be paid stipend as fixed by the appropriate authority applicable to the institution/ University or State.

(b) Stipend may not be paid during any period of extension except in the case of maternity or paternity leave or medical leave, as may be recommended and approved by the Medical Board. Total stipend paid for the entire internship may be for fifty-two weeks (Twelve months) only.

4. TRAINING

(i). Internship training shall be supervised:

(a) The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician or mentor in each department or supervisor who shall be a Faculty member.

(b) The supervisor shall be responsible for any ethical and legal issues related to interns being supervised by them.

(c) The restrictions of independent practice related to patient care and other services during internship are as in section **5.3***(e).*

(ii). Interns shall be given adequate opportunities to acquire competencies to become confident primary care physicians:

(a) The emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course.

(b) Based on the progress of knowledge, skill acquisition, graded responsibility for patient care should be given.

(c) Interns shall be trained to independently handle common acute emergencies and be aware of individual limitations and necessity of proper and timely referral of such cases to appropriate centres.

(iv). Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care.

(v). Each medical college must ensure that the intern gets learning experience in the community:

(a) These shall include community and outreach activities, collaboration with rural and urban community health centers, participation in Government health programmes, etc.

(b) Internship should be increasingly scheduled to utilise clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital.

(c) A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas:

Provided that where an intern is posted to District or Sub-Divisional Hospital for training, there shall be a committee consisting of representatives of the college/University, the State Government and the District administration, who shall regulate the training of such trainee.

(d) Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal or Dean of College.

SCHEDULE-V

[*See* regulation 2(f)]

A. Sample Log Book Page

Skills in Emergency Medicine / Casualty/ Trauma

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control Hemorrhage									
Intubate									
Basic Adult Resuscitation									
Basic Pediatric Resuscitation									
Draw blood									
Use vacutainer									
Canulate vein									
Set up IV infusion									
Monitor IV infusion									
Give IM injection									
Give SC injection									
Give IV Injection									
Fill Requisition Form									
Order grouping /cross matching									
Order blood/ blood products									
Set up transfusion									
Draw blood for culture aseptically									
Immediate assessment of chest pain									
Immediate assessment of abdominal pain									
Immediate assessment of unconscious patient									
Immediate assessment of stroke									
Immediate assessment of trauma									

B. Sample Log Book Page

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control hypotension									
Triage									
Perform actions necessary in the first few minutes of arrival of a sick patient									
Seek help appropriately									
Manually handle / lift / shift patients									
Prepare for emergency surgery / procedures									
Monitor patients requiring oxygen									
Appropriately use mask, Non invasive ventilation									
Monitor sick patients in HDU									

Note:

- These are only incomplete sample skills
- Every institution can prepare such lists for each posting and include communication skills etc.
- Instead of numbers check boxes can be used for simplicity and to avoid cumbersome entries

C. **SAMPLE INTERNSHIP ASSESSMENT AND FEED-BACK FORM**

Name:_____Student / Intern ID: _____

Supervisor:_____Department/ Specialty: _____

Unit:___Dates:__/_____/_____to_____/_____/_____Leaves: _____days

RATING

PLEASE RATE ON A SCALE OF A, B, C, D
WITH
A: Outstanding
B: Good
C: Average
D: Needs further training
Scoring may be based on

(a) Knowledge
(b) Patient Care
(c) Procedural Skills
(d) Independent care
(e) Communication Skills
(f) System Based Practice
(g) Professionalism
(h) Life-long Learning

FEED-BACK

Strengths:

_____

_____

_____

_____

Areas of Improvement needed:

_____

_____

_____

Comments:

_____

_____

_____

_____

Student:_____ Date:_____

Faculty: _____ Date:_____

Dr. SANDHYA BHULLAR, Secy.

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